

**ROLE OF HOSPITAL MANAGEMENT IN CURBING NURSE ATTRITION RATE
AT A PUBLIC HOSPITAL**

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Declaration

I hereby declare that the volume of work titled **ROLE OF HOSPITAL MANAGEMENT IN CURBING NURSE ATTRITION RATE AT A PUBLIC HOSPITAL** as my own work. All references used in this dissertation are acknowledged in full.

Signature: _____ Date: _____

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Abstract

The retention of nurses in public hospital is vital to the operation of these hospitals as they are the first people that patients meet with when coming to the hospital. However, there are problems that have been documented which lead to nurses leaving the public hospitals to search for greener pastures mainly in the private sector hospitals. To add to what is known on the matter currently, the purpose of this study is to find out what challenges are facing management with regard to retaining nurses in public hospitals with the view of recommending initiatives that can be put in place to bring a solution to the problem of nurse attrition.

Using a qualitative approach, nine respondents were purposefully selected for the study. They were interviewed for the purpose of obtaining their perceptions on the role of management of hospital in curbing the nurse attrition occurring in the hospital. Five of the participants were selected from the management team of the hospital and four from the nursing staff. Their perceptions were analysed inductively to allow codes to emerge from the study.

The main findings of the study are that attrition and retention of nurses are driven by personal, organisational and market factors.

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List of Acronyms

DA	Democratic Alliance
DoH	Department of Health
KZN	Kwazulu Natal
PH	Public Hospital
SA	South Africa

Chapter 1 – Introduction

1.1 Introduction

One of the challenges facing hospital managers is to curb the attrition of nurses. The focus of the study is to establish the role that the management of a public hospital can play in retaining nurses. It is therefore important to establish the role of different stakeholders empirically, hence the study. The aim of this study is to clarify the role of management in dealing with the attrition of nurses from the hospitals, particularly in the public sector. It also looks at what the nurses' perception of the role of the hospital management in retaining nurses. Chapter one serves as an orientation for the reader, giving a glimpse of what the study is all about and how it was conducted, thereby giving clarity regarding what to expect in the chapters that follow.

1.2 Background to the study

The migration of nurses has been going on since the 1970's (Moodley, 2006:1), but accelerated in the 1990's (Kingma, 2007). There are many reasons given for the constant migration of nurses from the public sector. Since 1994 the government opened borders for more people to come to South Africa and the health care services in the country had to start catering for the needs of extra people in addition to citizens of the country (Kriel, 2011:7). In addition to that the effects of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) put in more pressure on the health system of the country. This began to wear down the health workers in the country (Mataboge & Du Plessis, 2012:28). Even as the demand on the health services was on the rise, the government still decided to close down nursing colleges. The opportunity to source effective talent management was therefore lost in this way (Xaba & Philips, 2001:6).

The lack of nurses in general and the additional lack of training nurses created even more pressure on the health workers which contributed to them leaving the organisation (Mhlanga, 2014). Nurse attrition was not well managed in the beginning when it started to manifest (Moodley, 2006:1). Nurse attrition began to accelerate in the 1990's, although it has been happening since the 1970's (Kingma, 2007). Part of the problem was that the implementation, in appointing managerial staff, was done in a way that made qualifying whites feel side-lined, for example the Affirmative Action Policy, hence their exodus (Dlanga, 2014). This was

considered detrimental to the system. New hospital managers were not trained to administer the Affirmative Action Policy at hospital level (Dlanga, 2014). The government sought to make the nurses stay in the public sector by implementing an incentive based policy which did not work too well because the salary scales still remained lower than those of the private hospitals and hospitals overseas (Jolson, 2011).

The problem with the policies that government put in place was that they did not take into account the fact that migration of nurses from the public sector depends not only on the pay they were receiving, but also on other reasons including working conditions (Kingma, 2007). This means that nurses quit the public sector because they find it difficult to cope with compounding problems. Improvement of working conditions is also very vital in retaining nurses in the public sector. For this improvement of working conditions, good managers are needed. The inevitable was that there were many ongoing problems in the organisation. The simple implication would be that senior management office bearers are incapable of problem solving (Levy, 2012). Government hospitals should be properly managed in order to retain nurses the way private hospitals do.

Nurses in the private sector do not have to deal with as many patients as in the public sector, using sub-standard equipment, or having to endure lack of necessary facilities at times (Mapumulo, 2012:14). This may explain why there is more job satisfaction among nurses in the private sector as compared to those in the public sector (Kaestner, 2005:8). Therefore government should be striving towards job satisfaction. Job satisfaction can be achieved if management are strategically used to promote it.

The good government policies did not have to compete with private and overseas-based hospitals. Nurses who went overseas were paid in dollars and pounds and this became a great pull factor for nurses (Jolson, 2011).

In fact, the nurses who go to Saudi Arabia earn in excess of R15 000 tax free every month and they could live on R4000 because they are given free accommodation (Moodley, 2006). With that incentive, nurses left the public sector in large numbers. Evidently, the South Africa government cannot match these concessions.

In the light of the exodus, government reacted with a threat that all nurses who do not ply their trade in South Africa for three years would be deregistered from the roll of nurses in

South Africa (Moodley, 2006:1). That policy was known as The Nursing Bill at the time. It was aimed at creating a regulatory framework for the nursing profession (Moodley, 2006:1). Despite those measures nurses and other health care workers still made the decision to leave the public sector (Mapumulo, 2012:7).

1.3 Problem statement

Nurses in South Africa are leaving their posts in droves (Fletcher, 2001:324). To be exact, from 2001-2002 about 300 nurses leave South Africa every month and the majority are headed for the United Kingdom (Tshitangano, 2013:2). Among other reasons cited by nurses for leaving the public sector are working conditions and non-functional relationships with fellow staff members as well as with management in the hospitals (Xaba & Phillips, 2001:6). It should be within the capacity of any manager to manage problems that negatively affect staff members in any organisation, create a team spirit, and be responsive to the needs of the staff members. A study conducted in Canada by Hall and Doran (2001) revealed that nursing leadership has an important influence on the entire repertoire of nursing outcomes studied, such as job satisfaction, job pressure, job threat and role tension. In other words, the job satisfaction of the nurses was influenced by the leadership style of the nurse managers under whom they served. McCabe and Garavan (2008) further found that when management of hospitals gives necessary support to nurses, the nurses become more committed and motivated to work harder, to do more for the 'good leaders'. In the absence of such leadership to foster satisfaction of nurses in the public hospitals, there is likelihood that any effort by the government to minimise nurse attrition would be a futile exercise. Management of public hospitals have a crucial role to play in the daily affairs of the nursing staff and therefore are well placed to be used as instruments to curb nurse attrition.

Currently managers of public hospitals do not, according to government, need to be medical practitioners. This means that they do not fully understand the medical environment and subsequently the needs of the staff, which leads to additional frustration of the professional hospital staff, including the nurses (Mackenzie, 2014). Managers in public hospitals are people from the business sector and other sectors unrelated to medicine (Mapumulo, 2012:14). This alone demonstrates clearly that nurses may know more on the particular medical needs of patients. Indeed this does not warrant the services of a manager who knows so little, to approve everything that needs to be purchased to address patients' needs.

Even though there are training and development programmes for management of hospitals, they concentrate mainly on the complex issues of hospital management and the retention of nurses take the sidelines (Mackenzie, 2014). They seem not to take the management of existing talent seriously. This may be taken as an indication that the role of hospital management in the retention of nurses is still not being explored as a possibility in the public health sector. The problem with this situation is that managers are given the impression that other matters must take centre stage, while matters of staff retention must be left to the Department of Health.

One report by Price Waterhouse Coopers found that non-medical health care executives tend to give workforce issues the least priority in comparison with other complex issues (Mackenzie, 2014). It is a problem because it means nurses and other staff members do not matter too much to such managers. This can cause nurses to lose satisfaction in their working environment. Job dissatisfaction is one of the major reasons people leave their places of employment (Manpower Group, 2012:2).

It was no surprise therefore, when nurses at the Rob Ferreira Hospital in Mpumalanga Province left their posts in large numbers, to the extent that in 2002 the hospital had less than 50% of the required nursing staff. The Democratic Alliance (DA) (2005:3-4) report revealed that those who left complained about gross mismanagement and unavailability of resources in the hospital. This example demonstrates how mismanagement can cause nurse attrition. Such management problems were the case at some hospitals in the Eastern Cape, Gauteng and Mpumalanga (DA, 2005:1). South Africa have dysfunctional hospitals characterised by weak functioning. Problems and breakdowns continue for a long time before being addressed. In addition, there are always high conflict levels among staff members and between staff and management (Von Holdt & Murphy, 2006:3).

It is apparent that management of hospitals need to improve so that nurses may be retained in the public sector. In view of all the above, it seems that nurses in public hospitals within South Africa have an unnecessarily high attrition rate. Hospital management can contribute to this high attrition by not managing the retention of nursing talent. The problem is that even though there are systems in place by government, nurse attrition continues persistently, and the management teams of public hospitals do not show capacity to create good working conditions (DA, 2005:1). This study is intended to investigate the totality of this problem and

to subsequently provide recommendations. This is achieved through an exhaustive interrogation of the entire nursing attrition by responsible management. This study should also establish the most efficient and effective systems management must put in place to deal decisively with attrition rates, thereby reducing the exodus of South African nurses from public hospitals.

1.4 Specific questions

The main research question is as follows:

- What is the role of hospital management in curbing nursing attrition rate at a public hospital?

The following sub questions flow from the main question:-

- What are the challenges that are facing management with regard to retaining the nurses?
- How can hospital management deal better with nurse attrition?

1.5 Aims of the study

The aims of the study are as follows:

- To determine the challenges facing management with regard to retaining nurses; and
- To determine the role of hospital management in curbing nurse attrition.

1.6 Significance of the study

There is a dearth of data on which to develop international health human resource policy at the present moment (Kingma, 2007). This study should contribute to the creation of the body of knowledge that needs to exist for international health institutions to formulate the right policies for hospital nursing staff. This study can also benefit government managers because they can use the findings to develop new policies that include the hospital management in their implementation.

1.7 Definition of Key Terms

Attrition rate — a factor normally expressed as a percentage which reflects the degree of loss in personnel because of a variety of reasons that prevail within a specified period of time (Dictionary of Military and Associated Terms, 2005).

Job satisfaction — an attitude that is expressed by someone towards the job that they do (Heysteck, Roos, & Middlewood, 2005:37).

Migration — the changing of one's place of residence, especially to another country (Rinnie, 1995:407).

Nurse — someone who looks after sick or injured people at hospital or clinic (Rinnie, 1995:440).

Public hospital — a hospital which is owned by the government thereby receiving government funding (McGraw-Hill Concise Dictionary of Modern Medicine, 2002).

1.8 Overview of Chapters

Chapter one — Orientation of the study.

Chapter two — A brief overview of trends and models of attrition are provided. Also, discussed in this chapter are the concepts in the public sector of worker migration, service capacity, management challenges and retention strategies.

Chapter three — In this chapter the research design design and metholodolgy, trustworthiness and ethics followed by the researcher are elucidated.

Chapter four — Presents data analysis and interpretation of the results.

Chapter five — The general conclusion and recommendations to reduce the attrition rate are discussed.

1.9 Summary

Chapter one is meant to offer familiarisation with this study. This is achieved by describing the elements that went into conducting the study. Chapter one outlines the background of the problem, formulates the research questions and the aims of the study are described. An explanation is provided with regard to methodology and research design.

The following chapter gives further understanding on the topic through the details derived from literature. This means that the next chapter investigates what literature reveals with regard to the role played by management of hospitals in the curbing of nurse attrition in the public sector.

Chapter 2 – Literature review

2.1. Introduction

The core significance of the previous chapter was to serve as an orientation to the study, and to give clarity as to what efforts went into conducting the research. Discussed in this chapter are the attrition trends and models. An outline of the public sector, worker migration, service capacity, management challenges and retention strategies are provided.

2.2 Trends in nurses attrition rate and remuneration

Trends show that nurses' attrition rate is a double digit figure. For example, research in the Limpopo province conducted in four hospitals, revealed the average attrition rate was 37% (Matlala & Van der Westhuizen, 2012:10). In terms of remuneration, it had been found that nurses in South Africa, earned R60 000.00 annually as compared to the counter-parts in Saudi Arabia who earned R324 000, 00 annually. This salary discrepancy is high; hence most nurses leave the public sector looking for greener pastures (Stanz & Greyling, 2010:1).

2.3 Models of Employees Attrition

In the last four decades attrition models have been developed. In the late 1970s, an intermediate attrition model was developed, and in the nutshell it stated prior to leaving the organisation an employee would experienced (Mobley, 1982:123). Expanding Mobley intermediate attrition model, scholars developed another attrition model which showed that attrition in the workplaces was caused by personal factors (i.e. family responsibility, job satisfaction & expectations), organisational (i.e. policies, supervision, pay and physical working conditions) and labour market or external factors (Mobley, Griffeth, Hand & Meglino, 1979:517).

A South African attrition model developed using a sample size of 504 of nurses, showed that there was a relationship between job satisfaction, organisational culture, commitment and attrition (Jacobs & Rootd, 2008:71). A recent South African study named the external factors external factors as industry factors (Khoele & Daya, 2014:1). The researcher aligns this study with the model proposed by Mobley *et al.* (1979:517) because the results show similarly that causes for nurses attrition were personal, organisational and market factors. Before

discussing the challenges experienced by hospital managers and the retention strategies they use, an outline of public health services is provided below.

2.4 An Outline of the Public Health Services Sector in South Africa

The primary source of health services in South Africa is the local clinic. The clinics may refer a patient to a district hospital if the health problem that a patient has calls for it (KZN Health Department, 2010:18). Clinical staff in district hospitals is responsible for developing staff and services at primary health service level (Doherty, 2013:x). Regional hospitals also provide clinical and non-clinical services available at the lower levels of health provision services, but at a more advanced level (KZN Health Department, 2010:99).

The retention of nurses is important because the success of the prevention interventions that the Department of Health comes up with regarding problematic diseases depends on knowledgeable and skilled workers (KZN Health Department, 2010: 6). The department is faced at present, with a predicament in which nurses are trained for the public sector, but after some time of service they leave the public hospitals because they are unable to cope with the demand for health services (Reid, 2004:3). About 40 million people depend on the public health services (Bagraim, 2013:2). It is important therefore, to make sure that the nurses do not leave the public service because their training and skills are needed in the country. If there are a few qualified nurses the life saving capability of the health system is compromised (Broughton, Knowler & Leeman, 2002:1). Attrition of nurses evidently harms the health system of South Africa, while it benefits the health systems of other countries (Tshitangano, 2013:1).

Besides all the above, replacing a nurse is a time consuming exercise. The vacant post has to be advertised, and then there is the time taken by the human resource staff in the selection process and then the induction and training of the new nurse (Torington et al., 2011). It is better to retain nurses in the public health system than to go through all the mentioned processes. In short, nurses are the back bone of health provision and their exit from the public health system spells out trouble, because it can create a dearth of skilled personnel. It is important to retain the nurses in the public sector.

In South Africa public hospitals are placed under the management of the provincial Departments of Health (Von Holdt & Murphy, 2006:2). In the hospital itself however, a management team is installed to focus on the day-to-day administration of the hospital (Doherty, 2013:4). At national level, Department of Health prepare policy and channel funds from the national fiscus to the provincial departments (Von Holdt & Murphy, 2006). The provincial departments take care of district hospitals and the primary health care facilities (KZN Department of Health, 2010:82). The actual structure of health provision services in provinces is divided into primary health clinics, district hospitals, regional hospitals and central hospitals. This division is according to the specialities in clinical care associated with each level, based on the health policy (Von Holdt & Murphy, 2006:2). At hospital level CEO's are appointed to manage the hospital (Von Holdt & Murphy, 2006:6). The CEO does not need to have medical training to meet the criteria for employment (Mhlanga, 2014). The management of hospitals is not responsible for recruitment of staff and other human resource matters as well as the financial facet of running the hospital (Von Holdt & Murphy, 2006:6). The provincial department takes care of those matters (KZN Health Department, 2010:48).

Some of these CEO's are appointed on an acting basis and as time progresses they are given the position permanently, even if some of them make it clear that they do not have any experience in running hospitals (Von Holdt & Murphy, 2006:8). The issue of experience becomes important when critical decisions have to be made quickly (Doherty, 2013: iii).

2.5 General Dynamics of Worker Migration from the Public Sector in South Africa

Many government workers are leaving the public sector to work in the private sector or go overseas (Xaba & Phillips, 2001:6). This is not applicable just to nurses, but teachers also have been leaving the government schools for private employment in droves (Mampane, 2002). There are many scouts sent from overseas to come look for teachers here in South Africa for schools in Britain and other European countries (Xaba & Phillips, 2001:6). There are also many police officers who leave that profession for private work with some going to security and private investigation sector (Pruit, 2010:129).

The trend of movement is away from the public sector towards opportunities in the private sector and overseas institutions. In the education sector, some research findings have revealed that there are teachers who leave the public sector schools because of problems with

superiors, problems with management of schools, and because of being overlooked for promotion in some instances (Xaba & Phillips, 2001:6). This may be the case in the public health sector. This aspect needs to be studied fully to gain the hidden insights so as to understand the trends fully, hence this study. While there are many reasons why people leave the public sector in general, the role of management in the migration of these servants is particularly not the most researched and yet it is important.

Many things have been articulated with regard to management of government institutions. There have been issues of public servants getting promoted to higher positions after they had falsified qualifications or because of political connections (Kanyane, 2010:78). Appointing people in this way has bad consequences. This has the potential to reduce the job satisfaction of some of their subordinates (Kanyane, 2010:78). In some cases there have been instances where government institutions have been led by people who were pushed into such positions by unions they belong to (Mapumulo, 2012:14). It is difficult to work in such situations.

Evidenced by what has been articulated above, there seems to be problems in government institutions. It is probable, therefore, that those problems can be found in hospitals as well (Waldner, 2012:5). It means then, that qualified nurses may be leaving because of situations such as those stated above, like unqualified managers, diminished opportunities for growth and promotion, as well as reduction in levels of job satisfaction and consequent hidden factors. In chapter one, it was stated that research findings reveal that many problems exist that cause nurses to leave the public sector. Among them is the relationship with management, which is also highly articulated in the grapevine. For a better understanding of the context of this study, it is evident that the concept “hospital management” be explained clearly and fully. It is imperative that this basic concept of the study be placed at the centre of the present discourse, and be isolated for a deeper understanding of its core functions and peripheral influence and impacts.

2.6 Service Capacity of Public Hospitals in South Africa

2.6.1 Status of buildings

Regarding buildings, many health facilities do not need much improvement except that they need to be expanded to increase their capacity to admit more patients (Waldner, 2012:5). The major problems are, in most cases, patient loads, budget and equipment (DA, 2009:2). It

means that if hospitals are expanded the problem of patient load may be decisively addressed and there would be more room for extra equipment.

In addition to more hospitals and clinics, Academic Health Complexes are needed for the purpose of health service delivery in South Africa. Academic Health Complexes are primary infrastructures for the education and training of staff that will ensure more output of health professionals to meet the current shortfall (DoH, 2011:11). The building of such facilities is important because South Africa currently suffers from scarcity of nurses, doctors, pharmacist and other health professionals (DA, 2009:3). In essence, the status of current buildings seems only to affect service capacity of public hospitals in that they are smaller than the demand is for such service.

2.6.2 Availability of Functional Medical Equipment

Many public hospital nurses and doctors have to battle with broken equipment among other problems (Mapumulo, 2012:1). Cases have been cited where doctors were so desperate they operated on patients under torch light. They did not have sufficient sterile gloves, swabs, and intravenous drips, among others, for their operations. One Mpumalanga hospital ended up having to transfer patients to hospitals in Gauteng Province to get medical attention (DA, 2009:3).

If such a situation persists, it may lead to health professionals, including nurses, to seek better pastures elsewhere (Doherty, 2013:4). This fact indicates that the non-availability of functional medical equipment in public hospitals impacts negatively on the capacity of the hospitals to offer quality services.

A case in point is the Umtata Hospital in the Eastern Cape where at one point the hospital was noted to be without curtains to provide for the privacy of patients, no medication available for the patients and the stationary needed by nurses was bought at their own expense (DA, 2005:5). This situation indicates how desperate circumstances can become in some hospitals. As a result of the circumstances that prevailed at the time in the Umtata hospital, the hospital experienced a mass exodus of health professionals in search of greener pastures elsewhere (DA, 2005:5). Clearly the exodus of health professionals may lead to staff shortages, and impact negatively on the capacity to offer quality health services to patients.

Managers of public hospitals find it difficult to solve the problem of medical equipment shortage because that is the role of the provincial department (Von Holdt & Murphy, 2006:3). Again, the hospital managers in many hospitals do not understand the importance of some equipment as they are not clinically trained. They tend to focus on costs of the equipment instead of the way in which the quality of health services can be improved. The price of such equipment, according to them, must be within the amount that the hospital can spend from their budgets for equipment (Doherty, 2013:i). A closer look at the priorities of public hospital managers here described indicates that hiring people without medical understanding to run hospitals has its own pitfalls. Surely these managers do not understand how doctors' job can be made easy through the procurement of goods and functional tools.

2.6.3 Availability of Medicines

Medicines in public hospitals are supplied from provincial distribution hubs (DoH, 2002:14). There have been complaints that these distribution hubs have not been very efficient in distributing medicine to hospitals (Johnson, 2015). Medicine does not always reach hospitals in time, thereby creating a backlog of people waiting for their medicine (DA, 2005:6). Many people depend on public health facilities for medicine, including those with chronic conditions (DoH, 2011:80).

The problem of medicine and equipment has been recorded in the recent past in six provinces, namely Eastern Cape, Free State, Gauteng, Kwa-Zulu Natal, Limpopo and Northern Cape (Waldner, 2012:5). This fact highlights the extent to which the problem of non-availability of medicine and equipment across South Africa. If hospitals can not offer medicine to patients it impacts negatively on the services capacity of public hospitals.

Sometimes the problem is not with the distribution hubs, but with staff members within the hospitals who take medicine from the hospitals for their own use (DA, 2005:11). This is a problem because it declines the quantity of medical supplies available for public use. It is the job of the hospital manager to ensure that the staff members do not steal anything in the hospital (DoH, 2002:10).

2.7 Comparison of the Public and Private Health Sectors in South Africa

In South Africa, government owned and managed health facilities cater for poorer sectors of society who often do not get satisfactory services from these health facilities (Lehman, 2003).

The staff members in the government health facilities are, themselves, not satisfied with the working conditions which is seen as the key reason why many of them leave the public sector (Hall, 2004:28). The health care workers in the public sector often feel overburdened by the work load they have to handle on a daily basis (George, Quinlan, & Reardon , 2013:1).

The working conditions in public hospitals have been linked with the resignation of nurses from such hospitals to move to the private sector or abroad (Swanepoel, 2001:9). When the nurses leave the public sector to ply their trade elsewhere, they make the situation worse because nurses that are left behind in the public sector have to battle with increased workloads when they have to cover the duties that would have been the responsibility of the departed nurses before they are replaced (George *et al.*, 2013:1). The resignation of nurses exacerbates the situation in that with increased work load comes the deepening of dissatisfaction on the part of the nurses that are still in the public sector (Hall, 2004:32).

Staff shortage coupled with management failures in public hospitals compromises patient care (Von Holdt & Murphy, 2006:1). Management of such facilities have to make things work, often without proper resources for effective and efficient delivery of health care service (Gilson & Daire, 2011:76). Managers themselves do not always possess medical know-how and because of that, they cannot make decisions regarding medical procedures and the resources for such procedures (MacKenzie, 2014).

On the other hand, the private health care sector offer better working conditions for staff members working there (Harrison, Bhana, Ntuli, Roma-Readon, Day, & Barron, 2007: 15). A contrast can be drawn between working conditions in both sectors. Perhaps the fact that working conditions are better is the reason why it is noted that the dissatisfaction of patients who have been treated in private medical facilities is less when compared to dissatisfaction of their counterparts treated in public hospitals (Harrison *et al.*, 2007:16).

There are public hospitals where nurses have to manage over-crowded and under-resourced wards single-handedly (DA, 2005:1). Because managers do not have jurisdiction over human resources, all they can do is to petition their superiors in the provincial departments who have to follow restrictive bureaucratic administrative procedures before they can appoint a nurse (Gilson & Daire, 2011:74). Private hospital managers have the advantage of using human resource agencies to fill vacancies in their hospitals which is a quicker process (Jooste & Prinsloo, 2013). This means that it takes longer in the public sector to replace a nurse than it

does in the private sector, hence no need for nurses to handle wards by themselves in the private sector.

The private sector pulls in a lot of nurses from the public sector because of better working conditions (Kingma, 2007). This indicates that the public sector management styles of hospitals need a lot of fine-tuning (Couper & Hugo, 2005:2). A good hospital manager has to make sure that there are required tools for nurses at all times, and medicines for patients at all times. A good hospital manager must be able to solve problems as they arise.

A good manager must also be able to motivate the staff to such an extent that when they do not have all that they need they can become creative enough to solve immediate problems with what is at their disposal (Kingma, 2007). It means that good management of the hospital involves management not persistently imposing own ideas on the staff, but working with them as a team to solve problems and in the process create the type of working environment that satisfies the staff.

It is important for managers to consistently be given training in matters such as motivation of staff because such matters make working conditions tolerable for the staff (DoH, 2002:5). It does not mean that there is always going to be all the required tools the nurses need to do their work properly, but when they are motivated they will be ready to work through that and even endure it (Kingma, 2007). In essence the hospital managers need to be leaders in the way that they approach their relationship with staff. They have to understand the type of problems that their subordinates face on a daily basis (Stone, 2008:5). This is why it makes sense to have medical people as hospital management (Kaestner, 2005:8). They at least have served in the capacity of their subordinates and therefore endured the same problems.

Making medical persons hospital managers has another effect on staff members that may be unintended. When medical persons have a chance of being promoted, they are more likely to perform in order to meet the standards of management level because this is usually how workers in general tend to behave under similar circumstances (Mapumulo, 2012:7). Workers work well when they know that there is a chance of being promoted (Stone, 2008:5). It is known that people might leave an organisation where they may have worked for many years if they know that there is no chance of them to reach higher levels (Stone, 2008:11).

In comparing the public and private health sectors literature citations above make it clear that operational issues are handled better in the private sector than in public sector. Public hospital managers have much more problems to handle than in the private sector.

2.8 The Context of Hospital Management

There are two important national policies that define the context for hospital management, namely the Batho-Pele Programme and the Patients Rights Charter (DoH, 2002:9). This means that the government recognises the rights of patients, which implies that hospital management teams have to align patients' need with the available resource (George *et al.*, 2009:8). To be able to achieve the alignment the hospital management teams must have the following facets:

- Appropriate staffing and funding;
- Legislation appropriate for effective operation;
- Proper decentralisation of decision making; and
- Human resource development programmes (DoH, 2002:10).

While such policies are in place, hospitals have major problems caused by lack of appropriate staff and enough funds to take care of the communities that they serve (Mapumulo, 2012:7). Hospital management is made difficult in such circumstances. There has been instances when funds took a long time to reach the hospitals and sometimes funds for some hospitals are less than what the hospital requires, e.g. for equipment requirements (DA, 2005:5). Besides having to deal with financial matters, the hospital management team has to ensure that:

- All professional staff take part in professional activities;
- Members of staff use up and down referral system to ensure continuity of care for patients;
- Staff members undertake health surveillance and data collection for simple epidemiological analysis;
- Staff members undergo regular assessment of performance of audits to inform training needs and quality improvements; and
- In-service training is established to develop their competencies (DoH, 2002:10).

Looking at the responsibilities above, it is clear that the management team has to ensure that staff members are kept abreast of developments in the delivery of health services. However,

because of staff shortage, it is often difficult to run some of these development strategies as they may require staff members to be away from their work posts (Mapumulo, 2012:7). The management teams have no power to hire additional staff should they need to nor do they have the funds to hire as is the case with private hospitals (Harrison *et al.*, 2007:15).

Hospitals managers need specialised skills to be able to run hospitals effectively under the prevailing circumstances (Alemu, Yosef, Lemma & Bayene, 2011:9). Currently there is no managerial courses dealing specifically with managing a hospital, but only training programmes offered within the hospital system most of the time (Pillay, 2008:1). This is part of the reason why many of South African hospitals are experiencing a managerial crisis (Doherty, 2013:4). Managing teams of hospitals find it difficult to apply retention strategies set in place to retain the health work force within the public sector (DoH, 2011:10).

Hospital management consist of: the Chief Executive Officer responsible for overseeing the overall running of the hospital; the clinical director whose role is to oversee clinical processes and to set up appropriate management systems, so that he/she can manage the hospital budget, human recourses matters and procurement (Doherty, 2013:i).

Managers in the health care sector are tasked with ensuring and constant improvement of high quality patient care (Parand, Dopson & Renz, 2014:1). This implies that they must ensure that all goes well within the hospital they are running. Hospital managers are in a good position to affect health policy, systems, procedures and organisational climate (Parand *et al.*, 2014:1).

Hospital managers are essentially responsible for hospital governance which is a broad range of responsibilities including:

- Patient rights;
- Patients safety;
- Clinical governance and care;
- Leadership and corporate governance;
- Operational management;
- Facilities management; and
- Infrastructure maintenance (Lourens, 2012:3).

Based on these requirements, the role of the hospital manager is expected to ensure the whole hospital runs smoothly and according to policy requirements. Managers must provide leadership at hospital level and put policy into practice at that level (Gilson & Daire, 2011:71-72). On the part of patients' rights it means that managers must ensure that the patients' right to health services as given by the constitution is not infringed upon by any one in the hospital (Lourens, 2012:3).

Patients' safety involves setting up security parameters to ensure that patients and the whole hospital community are safe from outside aggression (Parand *et al.*, 2014:1). This is important because there have been cases of doctors and nurses attacked by either patients themselves or people from outside in different parts of South Africa (Maphumulo, 2012:7). Hospital managers must make it possible for staff and patients to feel safe when they are within hospital grounds.

Operational management refers to directing of procedures and controls that are designed to ensure the proper functionality of an institution (Bell & Rhodes, 1996:174). The hospital manager has to administer such procedures and controls effectively to make certain that the hospital runs smoothly.

Hospitals use equipment, most of which, has to be disposed of after use to avoid infection (KZN Health Department, 2010:70). The usage of such material means that there has to be ongoing replenishment of supplies that has to go to hospitals. The hospital manager is the one who submits the orders to the district office and where the hospital has to make additional purchases, the manager has to authorise them (KZN Health Department, 2010:116).

The manager is also charged with instituting disciplinary processes when a member of staff is accused of misconduct, but does not deal with human resource a matter which is the prerogative of the department of health (Couper & Hugo, 2005:2).

2.9 Common Hospital Management Challenges

Hospital management has to implement health policy of the country, and because such policies keep changing it makes managing hospitals a challenging task (Couper & Hugo, 2005:2). While managers have a challenge with implementing ever-changing policies, they do not get as much support as they need from health department officials (DA, 2005:2). Some

managers have to struggle to get supplies needed at their hospitals (DoH, 2002:5). The relationship between provincial departments and individual hospitals has often become sour in some areas because officials in the department do not seem to know what is expected from them (Couper & Hugo, 2005:2).

In other instances hospital management problems are consequences of dysfunctional management structures. According to Von Holdt and Murphy (2006:10), these dysfunctional and fragmented prevent integrated management of operations in the hospitals that they studied and they include:

- **The silo structure of management** — this structure of management comes into being when the management of the hospital is fragmented into separate silos of managerial authority. This means that nurses are managed within a nursing silo, doctors in a separate silo, as well as support staff having their own silo. The disadvantage of this structure is that it leads to a disintegration in the management of operational units without any clear channels of accountability;
- **Culture of bureaucracy and incompetence** — Since there is no well-structured locus of authority and control within the institution, managers are not accountable for any particular clinical or operational outcomes. It means one silo can make a decision that affect other department adversely, but wouldn't know because they focus only on their own procedures and they have no communication with other departments of the hospital. This makes it difficult for nurses to run the wards effectively; and
- **Clinical processes displaced by bureaucratic processes** — this is when clinical processes are no longer the primary concern of the hospital replacing it with managerial or financial concerns. This creates fundamental frustrations as clinical outcomes suffer as a result most especially in the hospitals where there are non-clinical managers who usually lack the skill to address clinical concerns of the clinical staff.

The above mentioned points indicate that the dysfunctional methods of management create dissatisfying working conditions for nurses in the hospital. People usually tend to leave their place of employment if they are not satisfied with their working conditions (Parker & Illetschko, 2005:51).

Von Holdt and Murphy (2006:13) elaborated on the following problems of weak management functions in public hospitals:

- **The Human Resource (HR) function** — the HR function in public hospitals is essentially a personnel function for administering payroll, leave, recruitment, etc. It lacks the strategic or proactive capacity to manage human resource development and labour relations, or improve the disciplinary regime. This creates permanent frustration on the part of the staff and thereby demoralising them to the point of wanting to leave;
- **Financial management** — this part of management is usually under sourced in public hospitals and often lacks the capacity to draw up or monitor budgets, control costs or expenditure, or monitor shrinkage and waste. These limitations makes it difficult to keep track of the allocation of funds to different departments of the hospital;
- **Data and information** — where data collection is nonexistent or suspect in areas that includes financial, clinical, HR , then effective management is impossible; and
- **Management skills** — incoherent silos in management means that even if the manager has the right skills he/she can not apply them simultaneously across the hospital units. Another problem is the lack of induction and support programmes for hospital managers, a problem affecting CEO's, as well as heads of HR and finance departments (Von Holdt & Murphy, 2006:13-17).

The weak management systems are evidently a hindrance to the smooth running of a hospital. When hospital management structures are flawed, it is often difficult to ensure good clinical outcomes and the focus of the management seems to be on other procedural issues (Parand *et al.*, 2014:4).

It is reasonable, looking, at the previous paragraphs for one to think that indeed there are problems in the management that need to be solved first which may act as the first step towards retaining nursing staff contingents in public hospitals. The problem is how they get solved.

2.10 Strategies to Address the Problem in Public Hospitals

Even though the management of a hospital can be drawn from the business sector, they can be equipped with relevant skill on how to manage a hospital effectively (DoH, 2011:11). They can have special training using a syllabus drawn by the Department of Health (DoH, 2011:7). The training of every manager should be drawn up in such a way that it gives the managers guidelines of dealing with problems that are likely to crop up now and then in the process of running the hospital. It is especially good for managers to know how to delegate individuals in a hospital setting because failure to do this may result in incompetence that may cost patients their health or lives in severe cases (DoH, 2002:10). In essence the manager should be guided through training as to how they could effectively run a hospital seeing that they may be coming from non health services sectors.

The other issue that managers in hospitals need to consider is the issue of good communication between them and the management and staff because according to Smith (1990:373), communication enhances productivity and is able to improve the job satisfaction of workers in general. Good communication between stake holders provides a chance for both parties to be partners instead of diametrically opposed factions within the hospital (William & Cartledge, 1997:29).

Downward communication from the management should be done in such a way that it does not sound like an authoritarian command from the manager, but the nurses must be allowed space to give their feed back also (Flippo & Musinger, 1982:369). If it does sound like an instruction it may result in opposition from the nurses or misunderstanding (Smith, 1990:380). The last stated fact should be avoided. In order to achieve effective communication the management should:

- Ensure that the ideas they are communicating are formulated and organised clearly to articulate the plan and objectives effectively;
- Give positive attention to the matters that interest the audience they wish to communicate the message to;
- Keep the messages specific enough for the audience to understand it thoroughly;
- Encourage feed back in order to test if the message sent was well understood and whether it was interpreted correctly by the targeted audience;

- Base the message on effects that they will have on the individual because people are more concerned about matters in which they are interested and which they like;
- Keep the social climate and the specific situation in mind because timing is important contextual aspect to remember when the message is given out so as not to impinge on the culture and customs of the targeted audience;
- Highlight the advantages on the part of the nurse as the targeted audience because the nurses will more likely respond well to the message if it is to their advantage;
- Consider the tone and contents of the message because the intonation, facial expression and the way in which feedback is reacted to are important aspects for personal communication;
- Ensure that the transfer of a message is always positive and there must be an attempt to impress, repeat and associate so that the message will be remembered;
- Ensure that affection and respect are clear in the communication as this will make it more successful to build an atmosphere of co-operation and harmony; and
- Remove all obstacles in the transfer, sending and receipt of the message as wrong assumptions, insufficient information, and preconceived notions can be developed if this is not the case (Smith, 1990:390).

Should the management take the above mentioned steps to keep effective communication going on in the hospitals, it may alleviate lack of co-operation and mistrust of the nurses towards management (Mapumulo, 2012:7). According to Du Toit and Marx (cited by Smith, 1990:12), management should be able to ensure co-ordination and assign the duties to right individuals and this needs good communication skills on the part of the management. It means that if the communication processes are managed properly there will be co-ordination and proper delegation in the hospital.

2.11 Summary

It is evident from this chapter that managing a hospital is a task with many challenges. However, in as much as there are problems there are also solutions. It would be to the advantage of most hospitals if management is trained specifically on how to manage a

hospital because there are many differences to the business sector. The literature indicates nurses attrition and retentions were caused by personal and organisational factors, but market factors also contribute.. In the next chapter the methods used to carry out the study are discussed in detail.

Chapter 3 – Methodology

3.1 Introduction

Chapter three outlines the way in which the study was conducted. It also includes an outline of how the sample was selected, what measures were used to get suitable data, how the data was analysed and how trustworthiness was ensured for this study. Chapter three then clarifies to any researcher wishing to make use of this study in the future the manner in which the findings were reached. Fundamentally, this chapter is about the processes and methodology that were applied throughout the study to get to the conclusions.

3.2 Research Design

Research design is defined as the method used to choose a sample, collect data, analyse the data and draw a conclusion from the data (Cohen & Manion, 1997:14). The choice of the design is guided by what is known as the paradigm. There are two paradigms that guide the choice of research design for researchers; these are interpretive and positivist paradigms. The interpretive paradigm is well-suited for this research because it underpins qualitative research. This study is a qualitative inquiry which is aimed at coming up with an interpretation of the respondents' points of view in order to reveal meaning (Straus & Corbin, 1998:524). The interpretivist researchers assume that:

- **Human life can only be understood from within** — people's subjective experiences cannot be observed from some external reality;
- **Social life is a distinctively human product** — reality is not objectively determined, but socially constructed by placing people in their social contexts where there is a greater opportunity to understand the perception they have regarding their experiences;
- **The human mind is a purposive source of meaning** — a sense of understanding of the meaning can be developed by exploring the richness, depth and complexity of phenomena which enable researchers to unearth how meaning is constructed by respondents;
- **Human behaviour is affected knowledge of the social world** — interpretivists are of the view that a single phenomenon can have multiple realities and these realities

can differ across time and place. This creates a two-way relationship between theory and research in that social theory informs our understanding of issues and this assists researchers in making research decisions and making sense of the world; and

- **The social world does not “exist” independently of human knowledge** — the researcher’s own opinions, values or beliefs can inform the way in which they ask questions (Maree, 2010:59-60).

The assumptions, as mentioned above, guide researchers when using the qualitative approach (Straus & Corbin, 1998:524). The focus of the interpretive paradigm is on humans researching activities of humans. The research site is the hospital where the researcher works, and so he has had a chance to observe the situation from within, and has been able to gather some anecdotal evidence of nurses’ dissatisfaction with how things are going in the hospital. The data study offers a way of documenting what has been said anecdotally, thereby revealing the viewpoints of the respondents in greater detail.

Before selecting the interpretivist paradigm, the researcher made an in-depth study of the positivist paradigm. The paradigm is different in that it underpins the quantitative research describing characteristics of populations, samples, numbers, averages, percentages, maxima, minima and probability levels to statistically accept the hypothesis or to reject it. This positivist paradigm could not have served the purpose of the present study because this study is not intended to prove a hypothesis or measure anything using experimental methods (Straus & Corbin, 1998:17). The world view as far as the present study is concerned had to underpin the qualitative research approach.

Qualitative research was suitable for this research because it focuses on getting the facts and not numbers (Maree, 2010:99). In other words, qualitative research is aimed at getting perceptions, feelings, ideas, thoughts etc of respondents regarding the phenomenon under study (Patton, 1989:57). Qualitative research, therefore, is not concerned with measuring the extent or depth of the phenomenon (Straus & Corbin, 1998:17). The study as it was, was not concerned with numbers and measuring anything, but was aimed at ascertaining the views of the respondents in the endeavour to find out how they are affected by their present situation regarding the role management plays in the hospital. Qualitative research techniques make it possible for researchers to find out how the respondents taking part in the study make sense of their environment (Scheurich, 1997:61).

Qualitative techniques are most excellent in searching for deep understanding of a particular phenomenon about which little is known (Straus & Corbin, 1998:19). Unlike quantitative research, qualitative research questions are open-ended so that the respondents can offer as many details as possible about how they are impacted by the phenomenon (Maree, 2010:70). It is important to get as many details as possible because the researcher then gets a chance to get a clear picture of what is actually taking place in a particular situation. This makes it possible for researchers to make accurate conclusions (Fraenkel & Wallen, 1994:379). In relation to the present study the nurses will also be asked open ended questions to discover their deep held thoughts about the prevailing circumstances under which they find themselves so as to clarify the view points of the respondents.

The emphasis of qualitative research is on studying real world situations as they unfold naturally (Patton, 2002:104). The present study investigated what roles the hospital management can play in curbing nurse attrition. This is to be done at the hospital where the nurses are employed. In essence, the nurses are asked questions on how they view the current role of management and how management can improve some situations in the future. This is a real world situation that impacts the nurses in one way or another at the present moment and it is continuing. It is important that both positive and negative reports are recorded, so that the scale is not tipped deliberately. This is called bias and should be avoided at all costs.

Conducting research using qualitative techniques allows a researcher to tap into their own personal experiences and insights which are very crucial in the endeavour to understand the phenomenon being studied (Patton, 2002:105). It means that the researcher him/herself must have a bit of an understanding regarding what is being studied. Working at the hospital that the research is conducted in gave the researcher ample knowledge of what is going on daily regarding the factors that contribute to attrition of nurses and the difficulties surrounding management as well as the relationship between the two parties. Having such knowledge gave one the advantage of knowing who should participate in the study even before the commencement thereof and what important questions to include in the interview schedule.

Furthermore, qualitative research is conducted mainly with respondents at their natural setting (Maree, 2010:70). Having respondents at their natural settings gave the researcher a chance to observe the day to day interaction between management and nurses. Qualitative techniques are relevant when the purpose of the research is to explore, describe and

contextualise the perceptions of respondents (Merriam, 1998:85-89). The study aims to find out what the challenges are with regard to nurses and how management can retain them. Qualitative research is therefore relevant for the present study because it allows the nurses to reflect on their thoughts and thus render rich data to draw the findings from. It was also imperative to make use of the qualitative data because the study was conducted in the work place of the nurses which is their natural environment.

A case study is a qualitative design in which a limited number of units of analysis (only one most of the time) such as an individual, a group or an institution are intensely studied (Welman & Kruger, 2001:190). In this study the unit of analysis was a group of nurses and management staff. The idea is to study the group intensively because they are the ones who have to deal daily with challenges that contribute to the dissatisfaction of nurses. Using the qualitative case study design is further beneficial because case studies study individuals as individuals and there is no need to generalise their perceptions to include the greater population from which the sample is chosen (Terre Blanche, Durheim, & Painter, 2006:406).

3.3 Sampling

Sampling is a process used to select a few individuals from the overall population for the purpose of the research (Maree, 2010:79). In this study a purposive sample was selected. Purposive sampling is a sampling process in which a sample is selected non-randomly for a particular reason that the researcher has in mind (McBurney, 1994:203). In purposive sampling the researcher selects only individuals who are rich in information to make sure that rich data is collected for analysis (Holloway, 1997:142). The sample can be individuals who have a particular characteristic or trait (Creswell, 2002:204). It means that the selection of the sample is based on the objectives of the study (Fraenkel *et al.*, 2011:197).

Respondents for this study have to satisfy criteria. Firstly they have to have had a few years in the profession of nursing. Initially the researcher planned to sample ten respondents for this study, five of whom have to be management who will answer questions based on the current role that they play in the management of the nursing staff and get the view point of nurses on their satisfaction or lack thereof regarding the management style's impact on their work. However, only nine were available. Instead of five nurses only four came forward for the study. The study aims to determine the challenges of management with regard to retaining

nurses. However, in qualitative research, a minimum of 5 respondents may be selected if it can meet the objective of the study (Fraenkel *et al.*, 2011:197).

Some of the nurses in the sample had previously left the public sector for better pastures elsewhere and are now back. Nurses like that can offer an insight into both the public and private sector. There are also nurses who sometimes “moonlight” in private hospitals meaning that they work at private hospitals part time when they are needed by the hospitals and they also have a lot of insight to offer on the matter.

The fundamental reasons, therefore, as to why nurses were considered for this study is that they can supply factual information. Nurses as described in the previous paragraph have the experience of being in the public and private sectors and therefore they were highly factual when they were being interviewed. Such facts ensured the validity of the data that was collected. Also, nurses were selected according to their availability for the study. Nurses were interviewed after their shifts had just ended in most cases. Sometimes nurses in the hospital have to run to catch transport to go home. Those who have to run were avoided seeing that taking part in this study may mean that they have to miss transport.

The situation was different for managers such as the CEO for an example had to be part of this study. Because of that, managers were selected according to how willing they were to make appointments to take part in the interviews. Those who totally could not make appointments were simply not sampled. However many of the management team was willing and ready to form part of this sample.

3.4 Data Collection

Data collection is a process by which suitable tools are used to satisfy the information needs of the study by choosing a data collection method that fits the design and purpose of the study (Mouton, 1996:32). In this case the study was designed as a qualitative study which gathers facts through open-ended questions (Marshall & Rossman, 1999:80). Data for this study was collected through interviewing the respondents. Interviews are a two way discussion in which the researcher asks questions to the respondents to collect data and to learn about the ideas, beliefs, views, opinions and behaviours of the respondents (Maree, 2010:87).

Interviews are essential because they are a way of collecting large amounts of data at once (Marshall & Rossman, 1999:109). The data collected through qualitative interviews aim to

give a way of seeing the world through the eyes of the respondent (Maree, 2010:87). Furthermore, it was appropriate to use interviews as a data collection method for this study because it offers the researcher a lot of flexibility to ask further questions to get more understanding from the respondents (Kornuta & Germaine, 2006:126). This is especially possible when using semi structured interviews (Greef, 2003:302).

Semi structured interviews are interviews in which the line of inquiry is flexible enough to allow for probing and clarification of answers in order to get rich data (Maree, 2010:87). Researchers using this form of data collection are allowed to ask additional questions for deeper understanding of the answers that respondents give (Kornuta & Germaine, 2006:126). The importance of having a chance to ask additional questions is that it helps the researcher to avoid misinterpreting the respondents.

The flexibility of semi-structured interviews allows the researcher to identify new emerging lines of inquiry directly related to the phenomenon which may be explored further (Maree, 2010:87). Thus it can be said that semi-structured interviews offer a versatile way of collecting data (Welman & Kruger, 2001:161).

The facts as presented above made the choice of semi-structured rather than structured interviews a simple one because structured interviews are rigid, as the questions have to be detailed and prepared before hand, as is the case with surveys (Maree, 2010:87). The flexibility of semi-structured interviews allows the interviewer to draw insightful data from the respondent in clarifying the difficulties that they experience.

In line with the character of qualitative research the interviews were conducted in the hospital, which is the nurses' naturalistic environment (Maree, 2010:51). Nurses and managers were asked questions from an interview schedule and when necessity arose additional questions were posed to them just to understand the deeper meaning of what they are saying in their answers. The interview schedule was developed from the literature reviewed in Chapter 2. The nurses gave some time just after their shifts ended for the purpose of this research and managers preferred that appointments be set up in order for them to be able to participate in the study. Transcripts of both sets of respondents were developed verbatim and attached to this study (Appendix 4 & 5).

3.4.1 Procedure for Conducting the Individual Interviews

The interviews with all the respondents were undertaken at times and places convenient for the respondents. The convenient place for the nurses was at the hospital after their shifts. In this way the nurses were not taken away from their day to day duties because they will be off duty. For the managers time had to be made in between their appointments to ensure that they can give their attention to the questions.

At the beginning of each interview, the respondent was given a chance to ask questions or make comments about the study. Clarity for the respondents was important for this study so that they may answer the questions clearly. To make sure that they understand everything about the study, the purpose of the study was clarified and questions allowed for the respondents to ask in this regard.

Respondents were assured that their confidentiality would not be compromised and the tapes would be destroyed after the analysis is done. They were told that no information that would make them identifiable to other people who come across the report would be written as part of this report. They were not asked to give their age, phone numbers, and so on. However their gender and rank in the hospital were important and therefore were obtained. Thereafter the interviews began.

The interviews were recorded on a digital voice recorder so that a transcript can be made afterward. In conducting the interviews, questions on the interview schedule were used. However in some instances it was necessary to ask further questions to make sure that the respondents are well understood so as to avoid misrepresentation of their viewpoints.

During the interviews, it was necessary to make notes in so far as the body language of the respondents was concerned so that it can give further clarity in analysis. Afterward the transcript was made which were followed by analysis.

The interview schedule spoken of above was developed after reading through the literature and having had some informal discussions with the nurses at this particular hospital around the issues of how management can play a role in the curbing of nurse attrition.

3.5 Data Analysis

Since the interviews were conducted in English, the researcher was not required to do any translations. In qualitative research data analysis is an on-going process consisting of data reduction, data displaying and drawing a conclusion from verified data (Miles & Huberman, 1994: 10-11). In the beginning, the data has to be transcribed and typed after which the researcher has to read through it to get deeper understanding of the data (Maree, 2010:104). The importance of understanding the data is that qualitative data analysis is conducted to establish categories, relationships and assumptions that inform the respondents' world views in view of the phenomenon (Patton, 2002:431).

Primarily, qualitative data analysis is an inductive process by nature which follows after the data has been collected (McMillan & Schumacher, 2006:364). Inductive data analysis is one in which the researcher develops codes as they analyse, inductive coding in other words (Maree, 2010:107). It means that data is put into categories of codes according to the similarity of answers to illuminate the actual situation (Gibbs, 2007:73). The researcher manually analysed the data, since he was trained to do so.

These were the six steps suggested by Creswell (2014:197-200) that the researcher to analysing data:

Step 1: Organise and prepare the data for analysis.

With the respondents' permission, data was recorded on a digital recorder. This assisted the researcher to transcribe the data verbatim.

Step 2: Read or look at all the data.

The researcher read the data over and over to be familiar with the content.

Step 3: Start coding all of the data.

The researcher developed themes by taking a key word from the research questions.

Step 4: Use the coding process to generate sub-themes.

The sub-themes were developed by reading the text within the themes.

Step5: Advance how the description and themes will be represented in the qualitative narrative.

Multiple perspectives of respondents were solicited from respondents and were contrasted and mentioned their similarities.

Step 6: Interpretation in qualitative research of the findings or results.

At the end of each transcript, the researcher interpreted the data and compared it with the literature.

3.6 Trustworthiness of the Findings

Trustworthiness has to do with whether or not attention is going to be given to the findings (Lincoln & Guba, 1985:290). Findings from a qualitative study can only be trustworthy if they are credible, transferable, confirmable, and reliable (Maree, 2010:140; Miles & Huberman, 1994:277).

Credibility has to do with the research findings correctly representing the conceptual interpretation of the data as obtained from the respondents (Lincoln & Guba, 1990:296). Using a tape recorder to record the data ensures that the data is credible (Maxwell, 2005:110). A tape recorder ensures that the verbal accounts are accurately and can be quoted largely to confirm the analysis of the researcher and thereby enhance the credibility of the study (Addler & Addler, 1998:88). A tape recorder was used in the collection of data for this study thereby enhancing the credibility of the study. To enhance transferability of the study, the researcher triangulated data from two groups, viz. nurses and managers.

Transferability refers to the degree to which the findings of the study may be generalised to the wider population, cases or situations (Cohen *et al.*, 2002:109). In this study, transferability was achieved by generalising the results to theoretical proposition. The researcher has to provide as much detail as possible to allow readers to make judgements as to whether or not the findings of the study can be generalisable (Lincoln & Guba, 1985:316).

In terms of dependability, the researcher explained the methodological steps followed so that the other researchers can replicate the study (Lincoln & Guba, 1985:328).

Confirmability refers to a measure by which the findings of the researcher are supported by the data collected and doing an audit trial (Lincoln & Guba, 1985:328). In terms of the latter, in this study, the researcher gave the supervisor the transcripts to verify that the researcher was objective when reporting the results.

3.7 Ethical Considerations

Ethical measures are standards to which researchers must conform to when they interact with the respondents (Fraenkel & Wallen, 2011:37). For this study, the ethical measures that were taken into consideration were the following:

- Informed consent — the respondents were informed prior to the study taking place as to what it entailed and for what purpose it was being conducted;
- Right to privacy — the respondents were not asked to identify themselves on tape and the access to the recorded data is restricted to those involved with the study;
- Protection from harm — the respondents were protected from any repercussions in terms of physical, mental or emotional harm, Sensitive issues that would have embarrassed the respondents were avoided all together; and
- Honesty — the respondents in the study were dealt with truthfully. No information was hidden from them.

3.8 Summary

The techniques employed for this study were all related to ensuring a successful qualitative study. The design is actually the blue print of the study and chapter three was dedicated to highlighting all the aspects involved within that blue print. The design, sampling method, data collection methods and analysis of data were discussed in detail to make sure that the reader has full understanding of what went on as the study was conducted. There was consideration of ethics to make sure that the respondents are not hurt in any way. In the next chapter the results of the study are discussed.

Chapter 4 - Results

4.1 Introduction

Chapter three was aimed at providing an outline of the methods that were used to conduct the study. The focus was set on the research design, sampling techniques, strategies for data collection and analysis, as well as ethical measures taken to ensure objectivity, confidentiality and the general protection of respondents. This chapter is intended to present an analysis of the data as obtained through interviews with the respondents

The main research question was broken into two secondary research questions, namely to:

- What are the challenges that are facing management with regard to retaining the nurses?
- How can hospital management better deal with nurse attrition?

The research questions were derived from the literature reviewed in Chapter 2. In order to generate further information about the attrition, respondents listed in Table 4.1 were interviewed. Through their insights new and deeper knowledge was generated.

Table 4.1: Biographical information

Respondents	Gender	Ranks	Experience (in years)	Number
Nurses	2 Females	Charge nurse	5 years	4
		Maternity ward nurse	3 years	
	2 Males	Charge nurse	10 years	
		Traum ward nurse	6 years	
Managers	2 Females	Human Resource Manager	11 years	5
		Pharmaceutical manager	4 years	
	3 Males	CEO	3 years	
		Clinical manager	8 years	
		Medical director	10 years	

It can be seen from Table 4.1 44% of the respondents were nurses and 56% were managers and their years experiences ranged from 3 to 11 years. In terms of the latter it can deduced that they best suited to answer provide answers to the research questions of this study because they have enough time in the field which makes them a source of valuable information.

Table 4.2: Themes that emerged from the data

Themes	Sub-themes
Challenges facing management	Working conditions Relationship with the management
Hospital management	Strategies of curbing attrition Dynamics for nurse attrition Management's efforts to retain nurses Role of major stakeholder

4.2 Themes from the data

Challenges experienced by nurses and hospital management, emerged from the data, are discussed in the following section:

4.2.1 Challenges facing management

Two challenges were identified from the data, namely working conditions and relationship with management.

4.2.2.1 Working condition

In the literature it was discussed that the working conditions of nurses are not good (Parker & Illetschko, 2005: 51). To establish if the nurses are satisfied with their working conditions, the respondents were asked the following question: **How do you feel about your working conditions in the hospital?** Two respondents did not find their working conditions to be burdensome. “As far as conditions in the hospital are concerned, things are ok because there is not a lot of overcrowding in the hospital. Salaries here are not impressive compared to the private sector.” ‘Working conditions are bearable as we do not have problems like overcrowding for an example, but the pay is not competitive.’ This confirms this issue of remuneration which is known to be one of the biggest factors pushing nurses away from the public sector or hospitals overseas (Jolson, 2011).

On the other hand, it also emerged that the working conditions were not horrendous and the facilities can handle the number of patients. A respondent who was satisfied with the working conditions, responded by saying: “I think it’s fine here we can work properly and not have to handle excess numbers of patients. The equipment works fine and it is sufficient.” A respondent adds to that by saying that the equipment is satisfactorily functional and sufficient: “As far as conditions in the hospital are concerned, things are ok because there is not a lot of overcrowding in the hospital. Salaries here are not impressive compared to the private sector.” The literature indicates that having no overcrowding is a sign of good management (Kaestner, 2005:8).

When responding to the working conditions, a respondent who was from management make this startling comment: “The management should work diligently to improve working conditions of the nurses. They should make it a point that every decision is communicated to the nurses and other things such as professional development opportunities. I mean, the

general state of the hospital is substandard even the nurses' accommodation itself is disappointing. Those things must change and that is the role of management." It can be deduced from this comment that this manager, it was not his/her responsibility to improve the working conditions. Instead the respondent blamed top management for not upgrading the nurses accommodation.

Respondents were further asked the question: **If you get a chance would you leave this hospital for the private sector? Why?** This question was asked to see if the challenges that they face in the hospital are so much for them to bear to cause them to leave their employment in the public sector. They were also required to state their reasons for their answer.

Only one respondent would not leave if they had a chance: "Working conditions are fine except for the salary". All the other three would not hesitate to leave should the chance avail itself. One of those respondents was emphatic when answering the question "Yes! for better remuneration." The other respondents also cite remuneration as the main reason why they would leave. Judging by one respondent's answer, "Yes, remuneration here is not equal to what they get in a similar organisation in the private sector", it is clear that private hospitals pay better and this lures the nurses towards that direction. This has been stated by several literature sources as stated in the literature review (Von Holdt & Murphy, 2006:3). Such compensation makes it feel like the nurses are slaves. When asked if they would leave the hospital if they had an opportunity to do so, one of the respondents stated: "Yes, remuneration here is not equal to what they get in a similar organisation in the private sector."

The reason why the respondent who would not leave holds that perception is that the hospital caters for a small community which means there is a lower patient turnout. The respondent answered, "No, enjoying my stay and workload." Their hospital seems to be managing their patient loads better than other government hospitals.

The managers of the hospital also acknowledge that the salaries of the nurses are not enough and they do have an impact on the attrition rate: "There may be other reasons, but the biggest one is the salary that they get."

The area of remunerating nurses at a public hospital is not within the influence of the role of management (Von Holdt & Murphy, 2006:2). This is a frustrating matter judging by one response to the question posed to managers which said : **What do they state as their reasons for leaving?** The respondent, stated, “the issue of remuneration seems to be the key reason for them deciding to go. This is hard for us to resolve given that we can not adjust salary scales of nurses.” Respondent four and five respectively on the management’s side are of the opinion that in addition to better salaries, private hospitals offer better working hours and opportunity for growth. They said: “Private hospitals offer better salaries and better working hours”; “Good money on the other side and better opportunities for growth”.

In essence the nurses and managers agreed on the point that remuneration of nurses at public hospitals is too little and they are thus enticed by the pay that is offered by the private sector. The managers of public hospitals cannot play any role in this regard as this is beyond their job description. For this reason, they cannot play a role in using remuneration as a strategy to retain nurses at the hospital.

Majority of the respondents would leave their posts at the hospital despite the fact that the working conditions at their hospital is better than at other public hospitals. It might mean that the issue of remuneration has more potential to encourage the nurses to leave than the working conditions. In response to previous questions the respondents stated that their working conditions are “not that much burdensome”, but what they are not satisfied with is the money. Having said that they still would not choose better working conditions over money, but the other way round.

4.2.2.2 Relationship with the management

With the aim of obtaining the views of the nurses with regard to their relationship with the management team, the nurses were asked the question: **How would you describe the relationship with the management of the hospital?** The respondents were divided on this one. Two respondents are of the opinion that the relationship is good. One of the respondents is particularly impressed by what the respondent refer to as a continuous interaction between the management team and the nurses: “It’s a mutual kind of relationship. There is continuous interaction about how the business of the hospital is moving” This was not supported by the other two respondents.

The lack of agreement with the previous respondent's view is evidenced in the answer given by respondent three "It is a typical employer /employee based relationship: do your job and get your pay. Also a selfish kind of a relationship meaning that each one protects his job". This is quite intriguing because all the managers referred to the relationship as being a good one when they gave their answers to the question: **How would you describe your relationship with the nurses?** This may indicate lack of interaction between the two groups because the management would have been able to note some concerns of the nurses in their answers. In fact one of the respondents said something indicative of such lack of communication when they stated that there is "no relationship at all — we meet once yearly, no interaction."

To get a clearer picture of communication routines in the hospital the nurses were asked a question: **Is there enough communication between management and the nursing staff?** This question was aimed at finding out if satisfactory communication exists between the management team and the staff. If the communication is good between the employees and their superiors employees tend to be more satisfied in their jobs (Parker & Illetschko, 2005:51). This question has also divided the respondents. Respondents one and four stated that there is no communication going on between the stakeholders. They respectively stated: "No, especially with nurses of lower salaries" and "...the communication is all about telling the nurses what to do." It is clear that the management has to embark on strategies to ensure that the communication is a two way process in the hospital communication. However, this does not seem to be such a lost cause in the hospital as two of the respondents are of the opposite view. Respondent two mentions that there is usage of platforms such as mox system, e-mails, cell phones even facebook. Respondent three corroborates what respondent two is saying. They believe that these platforms make communication highly possible between the management team and the nurses. However, the two respondents had to concede that the platforms are used by management more than the nurses.

What is clear here is that there are channels for communication. This is can be extracted from the answer of one of the respondents who believes there is not enough communication, "No — there is not much communication, only instruction from the management."

Having these platforms only for one way communication is a problem because nurses feel that the management do not understand their challenges. A respondent lamented as follows:

“No, nurses are not part of decisions making. Management and organised labour decide for nurses.” One of the respondents who believes that management does not understand the challenges of the nurses states that “No, there is staff shortage and the management is not doing enough to solve this problems or at least ease the burden on us.” The management is also accused of not being responsive, even if they may understand particular problems.

The accusation levelled at the management of the hospital is also directed at the officials of the Department of Health who are accused of being out of touch with nurses as well. In order to find out if the Department of Health, which has the power to adjust salary scales, is on par with the challenges a question was posed to the nurses: **Do you feel that the Department of Health understands your challenges as nurses? Why?** The nurses feel that the officials of the department do not understand their challenges. This assertion is evident in the comments made by these respondents. “No, because they turn a blind eye against the fact that there is staff shortage,” said a despondent respondent. This was corroborated by another respondent: “No because I think I add more value to the hospital than what the department gives me at the end of the month. What can be derived from these two statements is that the nurses perceive the officials of the department to be ineffective in addressing their needs.”

Management has to regularly ask for feedback from the nurses with regard to their job satisfaction. Feedback may be obtained in the form of surveys conducted on regular basis to be aware of constant changes in the needs of the nurses so as to be able to solve their problems timeously, consciously, and conscientiously. This comes out of one respondent’s comments which says: “Yes, more nurses’ job satisfaction surveys to be done to detect reasons for staff turnover. The findings have to be implemented.”

The management team for its part holds the view that they are doing all that they can, but they are just not well supported when it comes to implementing government policies aimed at retaining nurses. They were asked the question: **Do you feel well equipped to implement government policies aimed at retaining nurses in the public sector?** According to one respondent, “Government policies are usually taken care of by the people from the province, but if you ask our HR [Human Resource] manager and the clinical manager they may be able to tell you about the hospital’s internal retention plan.”

4.3 Hospital management

The following aspects emerged from the responses that the management team gave to the questions: strategies of curbing nurse attrition, dynamics for nurse attrition, efforts to retain nurses and role of major stakeholder.

4.3.1 Strategies of curbing nurse attrition

Throughout the interviews with the management, they gave comments that show that they recognised that they have a role to play in the curbing of nurses' attrition. As one of the respondents put it; "We as management must give attention to material conditions of the hospital and our equipment, while we allow nurses to develop themselves academically". This recognition is important because, as it has been stated by Mapumulo (2012:14), nurses in public hospitals may have a tough time trying to keep up with studies owing to unfavourable working hours.

Furthermore, it would help management not to focus on matters they cannot solve, but put the focus on matters they have the ability to address. This assertion is supported by one respondent who stated that "if we can focus on creating teamwork then I really think everybody will be happy but that's difficult". Creating team work usually entails these concessions encapsulates the role that can be played by management in curbing.

4.3.2 Dynamics for Nurse Attrition

With regard to the dynamics for nurse attrition, it was evident from the responses that nurse attrition does occur in the hospital. Although the respondents on the part of management could not give a clear number, they gave answers such as "I can't think from the top of my head, but I can say \pm 2 nurses a year" ; "More than 10% of the nurses on a yearly basis"; "Let's just say more than we would like". It is therefore clear that nurses are leaving the hospital. The attrition rate were not as higher than these hospitals in Limpopo: Hospital A (32%); Hospital B (38%); Hospital C (42%); Hospital D (35%) (Matlala & Van der Westhuizen, 2012:10).

It also emerged that issues of retention are beyond control the hospital management. A respondent made this comment: "What I know is that there has to be one (a plan to retain nurses) but even if there is the reigning attitude among nurses is that public hospitals are a terrible place to work in while private hospitals are good place so whether we like it or not

nurses will still leave.” Another respondent added by saying: “Given that we can only deal with issues in management of personnel not necessarily their contractual agreement with the state, all we need to do is by fostering good relations so that they can work productively amongst themselves and also work well with us in management.” This data is in line with the model that showed there are factors except personal and organisational factors that cause nurses or employees attrition (Mobley *et al.*, 1979: 517).

4.3.3 Efforts to retain nurses

In the efforts to curb nurse attrition, the management came up with many platforms in which communication between the management themselves and the nursing staff can be carried out. These platforms involve internet-based, analogue forms, as well as face-to-face interactions as mentioned by the nurses above. While the measures taken to ensure proper communication are good, they are not seen as a two-way stream by the nurses because, as they put it, communication platforms in the hospital are merely used as channels to issue out instructions to the nurses. By the admission of both sets of respondents, the working conditions which prevail at the hospital need to be improved. This is the role that management has to take seriously.

4.3.4 Role of Major Stakeholder

Major stakeholders responsible for retaining nurses are the hospital management. The hospital management, as mentioned above, has the responsibility to always make sure that working conditions are pleasant, that nurses are satisfied in their work, that the equipment is functional all the time, and that the workplace needs of nurses are ensured at all times. A respondent said: “we as management must give attention to material conditions of the hospital and our equipment, while we allow nurses to develop themselves academically.”

On the other hand the Department of Health has to ensure that remuneration given to the nurses matches that of private hospitals. To support this statement, one of the respondent alluded as follows: “private sector lures the nurses with good salary packages and we can’t. The policies we as hospitals have to rely on are general policies that deal with all government employers which do not allow manager at the helm of government institutions to have a say.”

4.4 Summary

In this chapter an analysis of the data obtained from the respondents was conducted. The study results revealed that nurses were satisfied with the working conditions, except the meagre salaries they were paid. The majority of the responding nurses indicated that should a possibility arise, they would leave the hospital they are working in “right now”. Management believes that remuneration of nurses is the main reason why nurses are leaving. The nurses corroborate the management’s opinion on that matter. It is clear that this issue of remuneration is the evident cause of the exodus of nurses from the public sector. It emerged that attrition and retention is not caused by personal and organisational factors, but market factors also contribute. The chapter that follows will answer the research questions specifically using the analysis highlighted above.

Chapter 5: Discussion, Recommendations and Conclusion

5.1 Introduction

The literature review emphasised the role that could be played by the managers in retaining nurses. In this last chapter the thoughts of the respondents on the matter is demonstrated. This chapter is aimed at linking the analysis to the aims of the study and thereby come up with an interpretation of the perceptions of the respondents and recommendations.

5.2 Challenges Facing Management

With regard to the first aim of the study which is to determine the challenges facing management with regard to retaining nurses, the findings revealed that the management's biggest problem in retaining nurses is the fact that they are not able to improve the salaries of nurses which is the major factor that causes nurses to leave the hospital. Similarly in the literature, it was discussed that since the salaries were not market related, the nurses left the public sector in high numbers (Stanz & Greyling, 2010:1). The results are very interesting, the nurses said that they were satisfied with the working conditions, expect salaries, but the manager lamented that the accommodation was in bad state.

5.3 Hospital Management

Concerning the second aim which is to provide guidelines on how to manage nursing talent and especially nurse attrition, the findings revealed that the management of the hospital must concentrate on matters that they are able to work on and become efficient in such matters. On person and organisational levels, the data revealed that strategies like two-way communication, teamwork and academic improvements of nurses would go a long work in retaining them.

5.4 Recommendations

Below are the recommendations for the hospital management and future research:

5.3.1. Communication

Having made the findings above it is recommendable that the management of the hospital engage nurses on a frequent basis to enhance the issue of communication between the stakeholders. The nurses themselves suggest that management must seek feedback on a regular basis from the nurses so that the management should always be abreast of the needs of their needs. The issue of CEO coming from a corporate business background becomes irrelevant if only this manager/he seeks and processes feedback in the manner suggested, having all the nurses' views constantly will help in making sure that such needs are met and addressed. This should guarantee the job satisfaction of the nurses.

It has been established in the literature review that when employees feel understood, their loyalty to the institution in which they work is enhanced.

Improved, ongoing communication punctuated with elements of feedback is healthy for the relationships between management and the nursing staff. In having good communication going on within the hospital between management and the nursing staff it does not only help the nurses, but also the management because with constant communication, management will also communicate their own frustrations in trying to make the hospital work. This two-way communication increases the possibility for the nurses to assist management in some very crucial and critical issues and needs within the hospital organisational environment.

In essence, the frequent meetings should not be about telling nurses what to do, but to unite the brains and come up with a strategy for co-operation and in some instances, collaboration.

Communication is also needed between management and the Department of Health for similar reasons and beyond. Management is the middle layer between the nurse and the Department of Health, and can strategically impose interventions through frank communication and on-going feedback.

5.3.2 Job satisfaction survey

As an organisation, the hospitals can be assisted with regular comprehensive surveys that measure the needs of the nursing staff and others as a matter of regular assessment, monitoring and evaluation inside of the institution. This function can be outsourced to an expert institution. The results should be handled transparently and communicated to the Department of Health for interventions regarding aspects like promotion and remuneration, but also utilised internally for the general relational welfare of the transactions between CEO, management and nursing staff. This type of survey can benefit all staff members apart from the nursing staff.

5.3.3 Training

Another essential point to make is that managers of hospitals must be given training, especially on handling professional staff such as nurses. This should enhance their capacity to ensure that nurses feel understood in the work that they do. Training is the backbone of every institution where people work as a collective. Because of training, managers get to know, among others, aspects of human behaviour relevant to relationships, especially in the workplace settings. In addition, they need to know nurses as trained professionals, who themselves can run a hospital. The literature has highlighted that “feeling understood” is a good way of trying to make employees loyal to the institution in which they work.

5.3.4 Remuneration

The Department of Health needs to evolve strategies to increase income through hospitals and clinics, thereby raising funds for generating income for the nurses. Hiring out some facilities in hospitals to private doctors is one way of raising funds for the health sector. Hiring spaces to outlets like Dis-Chem and Clicks is another is one way of doing it. Lots of innovations are possible, and technology is one of them, cited in the literature above, that reduces costs, and boosts the morale of the nursing staff and that of doctors. Obsolete technologies are just not on, especially in their era when our young folks study overseas where there are modern technologies (must they come home to be frustrated?). On the other hand, disposal of old technology is an economic endeavour in the age of recycling.

Indeed the Department of Health can play their role in adjusting the salary scale of nurses to make it competitive with the private sector. If not, at least, make the benefits compatible.

Since this study used small sample, future research can be done using a mixed method research. In terms of measuring data quantitatively at personal, organisational and market levels advanced statistical test like multi-level regression can be used, and qualitatively data can be used to confirm or disconfirm quantitative data.

5.4 Study Limitations

One of the inherent limitation of case study is that it results idiosyncratic and its results cannot be generalised to the population. Another limitation was that the researcher only used a small sample size and a cross-sectional research design. Another limitation of the study was that it was conducted at one location. However, it can be argued that the results of the study can be applied in similar contexts. Yin (2014: 237) argued that case study results can be generalised to theoretical propositions. This study contributed to the body of knowledge by providing a further understanding of how management can play a crucial role in curbing nurses' attrition.

5.5 Conclusion

In this chapter findings of the study were made, thus concluding the research work. The data of this study confirmed the model proposed by Mobley *et al.* (1979:517) because the results show similarly that causes for nurses' attrition and retention were driven by personal, organisational and market factors. In terms of the latter, it is challenging for hospital managers in public hospitals to curb nurses' attrition rate.

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Appendix 1 - Permission letter

SJ Shandu

17 Belloc Street

Orkney

2620

Hospital Manager

1 Hospital Drive

Orkney

2620

Dear sir

Re: Request to conduct interview on hospital premises

I, SJ Shandu, a student of the North West University, am seeking permission to conduct research within the premises of the hospital for the purpose of my studies at the university mentioned above. The study aims to explore the nurses' views about the role that can be played by managers in retaining nurse. The interviews will not coincide with the working hours of the respondents. The respondents envisaged for this research will be 5 nurses and 5 members of the management team.

I hope that my request will be given due attention and the request be granted accordingly.

Yours faithfully

SJ Shandu

Appendix 2 - Consent letter

Researcher: SJ Shandu

Participants consent

By signing below, I agree to take part in a research study that will cover my views on **ROLE OF HOSPITAL MANAGEMENT IN CURBING NURSE ATTRITION RATE AT A PUBLIC HOSPITAL**. I understand that the research will take a short time, and I will choose the most convenient time and location for my participation. I also understand that no identification will be placed on the questionnaires or that would uniquely identify me – such as name or telephone number. I understand that my participation is voluntary and I can choose to skip any question I would prefer not to answer.

Signature: _____ Date: _____

Appendix 3.1 - Interview schedule for nurses

1. How do you feel about your working conditions in the hospital?
2. If you get a chance, would you leave the hospital for the private sector? Why?
3. How would you describe the relationship with the management of the hospital?
4. Is there enough communication between management and the nursing staff?
5. Do you feel that the management understands your challenges as nurses? Why?
6. Do you feel that the Department of Health understands your challenges as nurses? Why?
7. Do you believe that the management of the hospital have a role in retaining nurses in the hospital?
8. What can the officials of the Department of Health do to stop nurses from leaving?

Appendix 3.2 - Interview schedule for management

1. On average, how many nurses leave this hospital for the private health care facilities yearly?
2. What do they state as the reason for leaving?
3. What role can you as a manager play in retaining nurses in their posts?
4. Do you feel well equipped to implement government policies aimed at retaining nurses in the public sector?
5. How would you describe your relationship with the nursing staff?
6. Do you feel well supported by the officials of the Department of Health?

Appendix 4 - Transcript of interviews with management

In view of the fact that respondents were assured that their identity would not be revealed in anyway, the following transcript will not put the names of the respondents or the titles that they hold in the hospital. In this way the rights of the respondents are not infringed upon.

1. Researcher: On average how many nurses leave this hospital for the private health care facilities yearly?

Respondent 1: "I can't think from the top of my head, but I can say ± 2 nurses a year."

Respondent 2: "More than 10% of the nurses on a yearly basis."

Respondent 3: "Let's just say more than we would like."

Respondents 4: "About 10 nurses yearly."

Respondent 5: "There are nurses who leave, but I really can't say how many, sorry."

2. What do they state as their reasons for leaving?

Respondent 1: "The issue of remuneration seems to be the key reason for them deciding to go. This is hard for us to resolve given that we cannot adjust salary scales of nurses."

Respondent 2: "There may be other reasons, but the biggest one is the salary that they get."

Respondent 3: "The money and better opportunities elsewhere."

Respondent 4: "Private hospitals offer better salaries and better working hours."

Respondent 5: "Good money on the other side and better opportunities for growth."

3. What role can you as a manager play in retaining nurse in their posts?

Respondent 1: "Given that we can only deal with issues in management of personnel not necessarily their contractual agreement with the state all we need to do is help the nurses by fostering good relations so that they can work productively amongst themselves and also work well with us in management".

Respondent 2: “I can’t really do much because all I can do for the nurses to be happy in their jobs is to make sure that they get all the medicines they need at the time that they need to get them.”

Respondent 3: “The management should work diligently to improve working conditions of the nurses. They should make it a point that every decision is communicated to the nurses and other things such as professional development opportunities. I mean, the general state of the hospital is substandard even the nurses’ accommodation itself is disappointing. Those things must change and that is the role of management.”

Respondent 4: “We as management must give attention to material conditions of the hospital and our equipment, while we allow nurses to develop themselves academically through lax working frames.”

Respondent 5: “If we can focus on creating team work, then I really think everybody will be happy - but that’s difficult.”

4. Do you feel well equipped to implement government policies aimed at retaining nurses in the public sector?

Respondent 1: “Not really because the private sector lures the nurses with good salary packages and we can’t. The policies we as hospitals have to rely on are general policies that deal with all government employers which do not allow the manager at the helm of government institutions to have a say.”

Respondent 2: “Government policies are usually taken care of by the people from the province, but if you ask our HR manager and the clinical manager they may be able to tell you about the hospital’s internal retention plan.”

(additional question to respondent 2)- Do you know anything about that plan yourself?

Respondent 2: “What I know is that there has to be one, but even if there is the reigning attitude among nurses is that public hospitals are a terrible place to work in while private hospitals are good place. So whether we like it or not, nurses will still leave.”

Respondent 3: I have a bit of training on many policies of government, so I’m partially equipped in that sense.

(additional question to respondent 3)- Does the hospital have an internal retaining plan?

Respondent 3: “There has been policy proposal on that, but the management team has not ratified it yet.”

Respondent 4: “No, not much especially about retention of nurses, no.”

Respondent 5: “I don’t deal with government policy that is meant to retain people in my job.”

5. How would you describe your relationship with the nursing staff?

Respondent 1: “The relationship is good, by and large.”

Respondent 2: “The relationship between us is good I would say.”

Respondent 3: “I would describe it as good.”

Respondent 4: “The relationship is good, we work hard together.”

Respondent 5: “The relationship is professional (formal), but I would like to believe that I’m friendly enough and approachable that the nursing staff can communicate with me at ease.”

6. Do you feel well supported by the officials of the Department of Health?

Respondent 1: “Right now things are fine between us, we work well together”

Respondent 2: “Yes they try to make sure that we get the medicine we order in time and that makes the nurses and the doctors happy...”

Respondent 3: “Well, I usually don’t deal with them directly but through the CEO but there has not been anything amiss thus far”

Respondent 4: “Yes I do especially here in the Dr KK District. There is collaboration in many areas. We often get invited to their in-service education including meetings up to the level of the MEC in the North West as prescribed by the Act...The National Health Act”

Appendix 5 - Transcript of the nurses interview

1. How do you feel about working conditions in the hospital?

Respondent 1: "Working conditions are fine except for the remuneration."

Respondent 2: "As far as conditions in the hospital are concerned, things are ok because there is not a lot of overcrowding in the hospital. Salaries here are not impressive compared to the private sector."

Respondent 3: "Working conditions are bearable as we do not have problems like overcrowding for example, but the pay is not competitive."

Respondent 4: "I think it's fine here. We can work properly and not have to handle excess numbers of patients. The equipment works fine and it is sufficient."

2. If you get a chance would you leave the hospital for the private sector? Why

Respondent 1: "Yes for better remuneration."

Respondent 2: "Yes, remuneration here is not equal to what they get in a similar organisation in the private sector."

Respondent 3: "Yes, I would leave because working here feels like enslavement."

Respondent 4: "No, enjoying my stay and workload."

3. How would you describe your relationship with the management?

Respondent 1: "The relationship is relatively good."

Respondent 2: "It's a mutual kind of relationship. There is continuous interaction about how the business of the hospital is moving."

Respondent 3: "It is a typical employer/employee base relationship: do your job and get your pay. Also a selfish kind of a relationship meaning that each one protects his job."

Respondent 4: "No relationship at all. We meet once yearly, no communication."

4. Is there enough communication between management and the nursing staff?

Respondent 1: "No, especially nurses of lower salaries."

Respondent 2: “Yes, mox system, e-mails, internet, cell phones, policies and procedures briefings from CEO, monthly meetings meeting.”

Respondent 3: “Yes, plenty e-mails, mox system, internet electronic devices, meetings.”

Respondent 4: “No, there is not much communication only instruction from the management.”

5. Do you feel that management understand your challenges? Why?

Respondent 1: “No, there is staff shortage and the management is not doing enough to solve this problems or at least ease the burden on us.”

Respondent 2: “No, nurses are not part of making decisions, management and organised labour decide for nurses.”

Respondent 3: No, management introduce organisational strategic plan of the hospital without involvement of the nurses is on.

6. Do you feel that the Department of health understands your challenges as nurses? Why?

Respondent 1: “No, because they turn a blind eye against the fact that there is staff shortage.”

Respondent 2: No because I think I add more value to the hospital than what the department gives me at the end of the month.

Respondent 3: “No, it does not understand the attribute/aspirations of a modern nurse of today’s age.”

Respondent 4: “They may understand but nothing is done as a result of them understanding”

7. Do you believe that the management of the hospital has a role to play in retention of nurses?

Respondent 1: “Yes they have a role to play.”

Respondent 2: “No they are not competitive compared to their counterparts in the private sector.”

Respondents 3: “Yes, more Nurses’ Job Satisfaction Surveys to be done to detect reasons for staff turnover. The findings have to be implemented.”

Respondent 4: “Yes they have to make things right.”