

Nurse Managers' Views of Measures to Improve Nurse Retention at a Selected Hospital in KwaZulu-Natal, South Africa

Zoe Pillay

<https://orcid.org/0000-0003-3232-0423>
University of Zululand, South Africa
University of South Africa
pillayzoe@gmail.com

Jane Kerr

<https://orcid.org/0000-0002-9265-3660>
University of Zululand, South Africa
KerrJ@unizulu.ac.za

Mokholelana M. Ramukumba

<https://orcid.org/0000-0002-4163-9092>
University of South Africa
mokholelana@gmail.com

Abstract

The massive global nursing shortage in health care settings increases nurses' workloads and complicates workflow. Health care personnel employed in public hospitals generally work under appalling working conditions. As disease burdens increase, high vacancy rates and workloads increase, thereby producing chronic staff shortages. Nursing managers can commit to their role in designing and maintaining strategies for effective management of human resources for health. The purpose of the current study was to explore and determine the views of nurse managers regarding staff turnover and retention, and make recommendations to improve nurse retention. An exploratory, descriptive, qualitative study was conducted using purposive sampling to select nurse managers at a selected hospital in KwaZulu-Natal (KZN), South Africa. Focus group discussions (FGDs) were conducted with 18 nurse managers from the hospital. The FGDs were transcribed verbatim and analysed using thematic analysis from which four themes were generated, namely: staff turnover challenges; current retention strategies; measures to improve retention; and strategies to strengthen management. The participants believed that excessive workload and the lack of human resources compromised the quality and efficiency of patient care. Retention strategies recommended included:

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improving benefits and rewards; increasing staff development; developing nursing support systems; maintaining adequate resources for optimal functioning; using emerging technology applications; and strengthening leadership roles. The current study revealed weak retention measures in the selected hospital and recommended new and improved retention measures to retain nurses and curtail turnover.

Keywords: nurse managers; nursing shortage; retention measures; staff turnover

Introduction and Background

According to the Human Resources for Health South Africa (HRH SA) (NDoH 2013, 8), ensuring an appropriate, trained and sustainable workforce is a priority for the South African health sector. Additionally, unsatisfactory working conditions contribute to current nurse shortages, resulting in nurses leaving the profession and deterring newcomers from choosing nursing as a profession.

In 2020, the KwaZulu-Natal (KZN) population was 11 289 086. There were 35 528 professional nurses, giving a population to professional nurse ratio of 325:1 (SANC 2020, 1), and there were 2 731 student nurses training to become professional nurses on 31 December 2019 (SANC 2020, 1). Added to which, the nursing workforce is ageing, with 16% of South African nurses aged from 60–69 years and 3% above 69 years (SANC 2018, 1). Ageing nurses, vacant posts and nurses leaving the profession or the country signify the importance of developing effective strategies to retain those who are in health care positions.

The International Council of Nurses (ICN 2015, 4–6) states that the global economic crisis impacts on the nursing workforce when global nurse shortages produce growing health care demands. The global nurse shortage impacts health care systems and patients, and negatively impacts nurses, since they are the largest group of health professionals. According to the National Strategic Plan for Nurse Education, Training and Practice (NDoH 2013, 14), the global health workforce crisis is characterised by critical shortages, imbalanced skills mix, labour migration, and uneven geographic distributions of health professionals, leaving millions without access to health services.

The KZN DoH Strategic Plan (2020, 3; 57) aims at disease prevention and health promotion and calls for a patient-centred approach emphasising quality and effectiveness. Nurse shortages limit these health outcome achievements. The existing retention policy is ineffective; retention is difficult; and the attrition rate of nurses leaving is increasing (NDoH 2013, 22; 41; 53). According to the HRH SA (NDoH 2013, 57), there is a lack of retention of health care professionals and an inability to fill vacant posts. The KZN DoH Annual Report (2018, 193) states “the vacancy rate in the Professional Nurse occupation is 11.04%. Hence, the greatest challenge to providing an efficient and effective health care service is human resource shortages”. Recognising the challenges created by nursing shortages, the HRH SA (NDoH 2020, 36) developed

a project to identify the nursing gap, and to guide the preparation of sufficient numbers of various categories of nurses. Therefore, the current study focused on nurse retention and turnover rate reduction at one hospital in KZN.

Research Problem

Globally, the shortage of human resources for health care undermines the ability of countries to improve health outcomes and the performance of health systems. This is exacerbated in South Africa, where there is a quadruple burden of disease (WHO 2018, 1). Excessive workloads, staff shortages and poor remuneration characterise the working environment of nurses in the public sector (Manyisa and Van Aswegen 2017, 37). The high turnover of professional nursing staff and the difficulties in finding replacements have a negative impact on effective human resource management and the general management of hospitals (Dewanto and Wardhani 2018, 6).

At the time of the current study, the selected hospital had 500 beds and a total of 221 nurses, and served a population of 660 000 (KZN DoH 2020, 1). In 2020, the KZN population to nurse ratio was 325:1 (SANC 2020, 1). Statistics showed that 78 professional nurses resigned from the hospital (Regional Hospital Persal 2015); thus, there was an urgent need for the hospital to develop appropriate measures to retain nurses and reduce turnover rates. Nurse managers play a pivotal role in the hospital, because they act as the bridge between senior management and the nurses at the bedside (Van Roekel-van Schothorst et al. 2020, 15). Nurse managers' views and roles in developing or improving retention measures are important, and for this reason it was deemed necessary to conduct the study.

Research Question

The primary research question for the study was: What measures could be employed to improve the retention of nurses at a selected hospital in KZN?

Purpose and Objectives of the Study

The purpose of the study was to determine the views of nurse managers regarding staff turnover and retention, and based on these views to recommend consistent and effective measures to address the critical issues related to staff turnover

The objectives of the study were to describe the experiences of nurse managers in respect of the current turnover; and to identify nurse-retention solutions.

Definition of Concepts

In the current study the following definitions apply:

- **Nurse manager:** refers to all professional nurses in senior and departmental management positions in the hospital.

- **Nursing shortage:** refers to a lack of sufficient professional nurses on the nursing staff establishment.
- **Retention measures:** refers to the organisation’s procedures and policies that are used to prevent highly talented and skilled employees from quitting their jobs in the organisation (Kempegowda and Purushotham 2016, 68). Here, retention measures are strategies that the hospital and nurse managers have developed to retain nurses.
- **Staff turnover:** is the separation of an employee from an organisation (Brabson et al. 2019, 400). Here, staff turnover refers to professional nurses leaving the hospital for reasons other than retirement.

Research Methodology

Study Design

An exploratory and descriptive qualitative approach was adopted for the study (Creswell 2014, 4). The study site was a selected hospital in KZN, South Africa, known for its high staff turnover.

A total of 18 nurse managers comprising four senior nurse managers and 14 departmental nurse managers aged between 35 and 64 years participated in the study. Non-probability purposive sampling was used as the participants were directly involved in the management and retention of nurses. Inclusion criteria were that the participants had to be employed full time as nurse managers and had to take responsibility for the recruitment, retention and turnover of nurses.

Data Collection

The data was collected during November 2015. Each nurse manager was approached personally by the primary researcher after permission was granted from the hospital CEO and Research Ethics Committee of the Department of Health Studies of the University of South Africa. The data was collected using semi-structured focus group discussions (FGDs) which were conducted in a private room to avoid distractions.

Table 1: Category of FGD and number of participants in each

Category of FGD	Senior managers (FGD 1)	Departmental nurse managers (FGD 2)	Departmental nurse managers (FGD 3)
Number of participants	4	8	6

The interviews lasted approximately 60 minutes and were captured using an audio recorder. The three FGDs were composed of senior managers and departmental nurse

managers. A thematic analysis was used to analyse the data and is further discussed under the results.

Ethical Considerations

Ethics approval for the study was granted by the Research Ethics Committee of the Department of Health Studies of the University of South Africa (REC 012714-039), the KZN Department of Health (KZN DoH) and the CEO of the selected hospital in KZN. The nurse managers signed a written informed consent. The participants were informed of the right to withdraw from the study at any time without any recrimination. They were assigned code numbers for identification to maintain anonymity and no unauthorised person was allowed access to the data in order to protect the data and to maintain confidentiality. The data was stored verbatim on a laptop hard drive and will be kept for five years after the completion of the study before destroying it permanently from the hard drive.

Trustworthiness in Qualitative Research

Trustworthiness is defined as the conceptual equivalent of validity applied to research with quantitative data (Connelly 2016, 435–436). Trustworthiness involves establishing and achieving the following:

- **Credibility**, that is, is a declaration of confidence in the truth of and interpretations of the data (Patton 2015, 685). The credibility of the study was enhanced by using prolonged interviews of approximately 60 minutes and by recording the interviews, to increase the rigor of the study.
- **Transferability**, which is referred to as opening up the possibility of transferring findings to other research (Patton 2015, 685). The primary researcher aimed to achieve transferability by providing thick descriptions to ensure replication so that in similar contexts and conditions the results could be transferable.
- **Dependability**, which according to Patton (2015, 685), is concerned with the process of inquiry in a logical and traceable way and if it was documented by the researcher or inquirer. The primary researcher enhanced the dependability of the study by maintaining a thick detailed description of all data and relevant methodological information, to show consistency.
- **Confirmability**, which means that there was confirmation that the data and findings are real and not due to the researcher's imagination (Patton 2015, 685). The primary researcher sought confirmation from the participants by conducting member checks thus ensuring that the interpretations were true reflections of their views and experiences. An audit trail (participants' narratives) and member checking (participants' validation), served to enhance the confirmability and accuracy of the research results.

Results

The primary researcher interviewed 18 participants between 35 and 64 years of age. A thematic analysis was used to review the data to identify common issues that recurred, such as: turnover challenges; retention measures; improving retention; and recommended strategies. These were presented by means of the following four themes: staff turnover challenges; current retention strategies; measures to improve retention; and strategies to strengthen management.

The audio recordings were reviewed and transcribed verbatim by the primary researcher followed by the verification process by the supervisor. The data was analysed to generate themes using the data analysis steps described in Flick (2014, 371). The following steps were followed:

1. The researcher studied the recordings from all FGDs and transcribed them
2. After transcription, the researcher read the written data again to check for accuracy and immerse herself in the entire dataset, making notes on general impressions which were abbreviated into codes.
3. The researcher read the coded sections again to mark sections that fitted into the topic, cut, pasted and grouped similar data from the quotes and then classified them to develop themes, sub-themes and categories. Themes appeared as major headings in the findings. A general description of the themes was derived by developing emerging meanings into sub-themes and categories from individual quotes.

Theme 1: Staff Turnover Challenges

The nurse managers viewed staff turnover as a challenge in terms of depleted human resources and high patient numbers:

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

The senior nurse managers elaborated on their experiences related to staff turnover and portrayed a grim picture of the extent of resignations:

There were 78 professional nurses that resigned. (Regional Hospital Persal 2015)

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

create a steady and stable workforce. A few believed that the age distribution was a nationwide phenomenon:

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

The participants described various factors that influenced nurses to leave, such as the high nurse-patient ratio; poor working conditions; a lack of staff development; low salaries; and an excessive workload. The majority emphasised the high workload:

There are too many patients and nurses cannot cope with the high workload.

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

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

Theme 2: Current Retention Strategies

The participants described the measures that are currently being implemented to retain nurses, and to enhance the stability of the workforce and the quality of patient care. The participants explained that to retain nurses, they held regular team-building meetings with staff to discuss the challenges and successes in the workplace and to improve teamwork and support work effectiveness:

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

Furthermore, the participants stated that the intention of the hospital-based incentive system currently being implemented was to increase nurses' performance. They acknowledged that staff turnover was a complex issue and that multiple factors were involved. They cited some of the initiatives by the NDoH used to address poor remuneration because they believed that non-market-related packages were the main cause of staff turnover:

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

Only nurses who meet the requirements set out by the NDoH of having qualifications in specific post-basic courses only like theatre and ICU are entitled to receive the Occupation Specific Dispensation (OSD) allowance. Other nurses don't receive the OSD.

Theme 3: Measures to Improve Retention

The participants believed that if working conditions were to be improved, there could be tangible results in terms of staff retention. They believed that monetary rewards carried the most weight in any attempts to retain nurses in their current positions. The participants recognised that the total benefits for nurses were not market-related and that most nurses stay in the profession because there is nothing better for them out there. They further indicated that various service and performance incentives and awards, such as mentorship and clinical practice awards, might accomplish the aim of retaining nurses:

Besides the best performance award, there should be incentives and awards like best mentorship award for the mentor who created a positive and ongoing learning environment; a research award for the nurse who was involved in researching a practice issue; a clinical practice award for the nurse who implements an effective programme to enhance quality of care as this has never been considered before.

In addition, the participants recommended certain strategies, such as improved and standardised delegation, staff mix, and skill mix, to maximise collaborative efforts to effect positive outcomes. Adequate nurse staffing and reasonable workloads are believed to affect patient outcomes. One participant suggested using the human factor engineering (HFE) system to formulate workload reduction and safety interventions as measures that could improve the morale of staff and support retention efforts:

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

In order for nurses to contribute to the goals of a health care organisation while experiencing fulfilment in their commitment to rendering efficient patient care, the optimal functioning of resources is paramount. The data revealed that adequate supplies and budgeting were key issues. The participants recommended using more effective technologies to manage supply-chain processes in order to enable nurses to render optimal care:

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

The participants believed that both the hospital environment and disease patterns are changing. Technology is being tested and used to ensure patient safety and increase the efficiency and quality of health care:

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

In addition, the participants recognised the need to familiarise all nurses, including themselves, with the changes in patient care models to minimise the impact of change on nurses.

Theme 4: Strategies to Strengthen Management

Various strategies were recommended to strengthen management in order to retain nurses. The participants acknowledged that given the current situation in the hospital, it was essential to revisit and redefine supportive leadership styles, to achieve the desired results. A transformational leadership approach was recommended to connect with nurses at a deeper level and make them feel valued and appreciated by being sensitive to their emotions and understanding their reactions:

We should use leadership skills such as transformational leadership to motivate nurses, inspiring them to perform to the best of their ability and to help them to refine personal and professional skills, as this may assist in meaningful results in retaining nurses but there isn't enough time to inspire and motivate individually nurses.

One participant recommended that management identify more empowering strategies, such as competency orientation and opportunities for nurses to take up leadership roles, and to encourage retention:

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

The participants acknowledged that the complex situation in the hospital can easily lead to frustrations and agitation for all those involved. Therefore, it is imperative to create a culture of trust; to establish highly effective and accessible communication channels at all levels; to keep staff updated; and to encourage nurses to speak out before mental, physical, and emotional strain overcome them, thus improving management effectiveness. The participants had previously mentioned collaborative networks. They elaborated on the idea to suggest the establishment of formal mentorships to support and guide younger nurses:

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

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

This strategy could be formalised into a policy to support the transition of newly qualified nurses to facilitate the achievement of hospital goals.

Discussion of Results

The study results showed that the hospital experienced a serious nursing shortage due to high levels of resignation. The dominant views on the turnover challenges manifested in nurses exhibiting behaviours consistent with burnout, absenteeism and patients’ not receiving quality care. The participants’ observations concurred with Wentzel, Collins and Brysiewicz’s (2019, 5) finding that nurses experience fatigue due to physical and emotional exhaustion.

The selected KZN hospital introduced various retention measures that did not seem to curb the nurses’ intention to leave. Some of these measures were internal and others were implemented at a national level. However, it is apparent that more needs to be done to retain existing nursing staff as job satisfaction remains low even after the implementation of the OSD in 2007 (Khunou and Davhana-Maselesele 2016, 9). Nurse managers emphasised monetary gain. Recent studies have found that monetary incentives usually have a positive impact on nurses’ performance and motivation, thus attracting and retaining them (Al-Hawary and El-Fattah Banat 2017, 56; Mustafa and Noorina 2019, 6).

The majority of the participants also identified the need to reduce excessive workloads and establish the right skill mix to maximise positive patient outcomes. Malatji, Ally and Makhene (2017, 325) confirm that the right number and skill mix of staff can have an impact on the workload of nurses, thus improving working conditions and contributing to the retention of nursing staff.

Complex measures were recommended by senior participants, such as agile strategies to maintain adequate resources and the HFE system to manage workloads. HFE identifies potential predictors of high workload, performance and patient safety for future performance improvement (Lowndes et al. 2020, 686). However, the current study assumes that such measures will need to be investigated further.

The creation of supportive hospital environments was found to be the main theme in the recommendations. A high number of participants believed that mentorship and support

programmes should focus more on new and younger nursing recruits because they were particularly prone to quitting their jobs. Govender, Brysiewicz and Bhengu (2015, 7) agree that nurses feel supported by mentors who encourage them and help them develop confidence, and recommended that a structured mentoring programme be established to guide nurses.

Recommendations were made to ensure that retention measures are a joint effort that includes various levels of management.

Limitations

The current study focused only on the retention of nurses at one KZN hospital, and therefore a similar study at another hospital could produce different findings. However, qualitative researchers do not seek to generalise findings. In the study, the primary researcher sought an understanding that might prove useful in the context of the study.

Recommendations

Based on the findings of the current study, the following recommendations are made for nursing management. Nurse managers should: involve nurses at all levels in health care decision-making; motivate for employee wellness programmes to be initiated and sustained; facilitate well-structured discussions that provide emotional and psychological support to enhance the work experience of nurses; ensure that an advancement system is accompanied by rewards in an effort to retain younger nurses in the profession; and in conjunction with human resource personnel, ensure that innovative and improved retention strategies are planned, implemented, and evaluated throughout the implementation process in order to determine successes and rectify errors immediately. It is recommended that further research be conducted in the following areas: nurses' perceptions of mutual obligations between organisations and themselves and the relationship between perceived advancement opportunities and nurses' intention to leave.

Conclusion

The shortage of nursing staff was critical at the KZN hospital selected for the current study, and this situation could be considered to be a microcosm of what is happening more generally in both the public and private health care sectors in South Africa. Therefore, more needs to be done to investigate, plan and implement effective measures that are likely to retain nursing staff and recruit more nurses into the profession. The majority of nurse managers in the study had a high level of consensus among them regarding their experiences and challenges and assisted in shedding more light to the depth of the problem. The nurse managers were unanimous regarding the provision of advancement opportunities; creation of a sense of belonging; recognition of high-performing staff members; and adoption of effective leadership styles as measures that could be implemented to retain nurses in their positions. Moreover,

providing attractive incentives in the form of rewards and benefits; providing emotional and psychological support for nurses; and reducing excessive workloads seemed to be dominant views. Also, if planned and implemented appropriately, these measures could positively influence the success of efforts to retain valued nursing staff.

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