

**PERCEPTIONS OF PROFESSIONAL NURSES ABOUT THE
BRIDGING COURSE PROGRAMME IN ALLEVIATING
SHORTAGE OF STAFF AT HEALTH SERVICES IN THE
AMATHOLE SUB-DISTRICT, EASTERN CAPE PROVINCE**

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DECLARATION

I hereby declare that this descriptive study on the perceptions of professional nurses about the Bridging Course for alleviating the shortage of staff at health care facilities of the Amathole sub-district, Eastern Cape Province, is my work and that it has not been submitted before for any degree or examination in any other university and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

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DEDICATION

This work is dedicated first and foremost to the Almighty God who gave vision to my late loving and caring parents, Governat and Nofanele Nabanti who, although they never attended school, none the less, vowed to educate their children and to my late eldest brother, Clifford Nabanti, for paying my school fees; Also to my five children, Pikolomzi Sandisiwe, Nangamso, Olwethu, Meyisi Kangelani, Bhaso Mveleli Mkhabela, for their support and help while on this journey, and to my two grandsons for keeping me sane during this trying period; and my Bridging Course students who blessed me with their love and help and give meaning to my professional life.

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ABSTRACT

The study focuses on the perceptions of professional nurses concerning the Bridging Course programme for the alleviation of shortage of staff at health care facilities of the Amathole sub-district, specifically, Mngquma Local Municipality in the Eastern Cape Province, South Africa.

The Amathole sub-district is situated in the most remote rural areas of the then Transkeian homeland comprising the three magisterial districts, Nqamakwe, Butterworth and Centane. The health services in this area are experiencing a gross shortage of professional nurses.

The aim of the study is to describe the perceptions of professional nurses about the Bridging Course programme in the alleviation of the shortage of staff at health care facilities of the Amathole sub-district in the Eastern Cape. The research question that guided this study was, "What role does the Bridging Course play in the alleviation of the shortage of staff at health care services in the Amathole sub-district in the Eastern Cape?" The objective of the study was to determine and describe the perceptions of professional nurses about the Bridging programme for alleviating the shortage of staff at health care services of Amathole sub-district in the Eastern Cape Province.

The research design was quantitative and descriptive. The population consisted of the 289 Registered Nurses currently employed in the two District Hospitals and 16 Primary Health Care (PHC) clinics situated in this sub-district. The simple stratified sample of 149 Registered Nurses used was taken from the above population. Data were collected quantitatively using a closed-ended questionnaire. Quantitative data were analysed using the Statistical Package of Social Sciences (SPSS version 20).

Ethical considerations were ensured by means of assuring privacy, confidentiality and anonymity as far as the participants are concerned. Prior to conducting the study, approval was sought from the University of Fort Hare Research Committee, the Eastern Cape Health Research Committee, the District Manager for PHC services and the Nursing Service Managers of the two District Hospitals concerned.

The study revealed that the Bridging Course students indeed are playing a vital role in this rural area by being a present help during placement in clinical areas, thereby alleviating shortage of staff.

Nurses are critical to the quality and safety of the healthcare system hence the need for the presence of the Bridging Course students in clinical areas of this rural area. In conclusion, the findings were used to attract the attention of the relevant stakeholders so as to influence the decision of the South African Nursing Council on abolishing the Bridging Course programme in the hope of retaining the Bridging Course in this rural area.

The researcher recommends the preservation of the Bridging Course programme in this remote and rural area with a gross shortage of nurses.

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CHAPTER 1: INTRODUCTION AND PROBLEM STATEMENT

1.1 Introduction

The study focuses on the role of the Bridging programme in alleviating the shortage of Registered Nurses, whether they trained in the three year, four year or Bridging Course programmes in the Amathole sub-district, specifically the Mquma Local Municipality in the Eastern Cape Province, South Africa. The Amathole sub-district is situated in the most remote and rural areas of the former Transkeian homeland comprising three magisterial districts: Nqamakwe, Butterworth and Centane. It is among the poorest local municipalities of the Eastern Cape Province with the worst infrastructure, a remarkably high unemployment rate, poverty, high concentration of communicable diseases e.g. TB and HIV&AIDS. Hoy and Robbins (1979:40) discussed this state of affairs as in developing countries like this rural area. Roads, including those leading to the health facilities, are in a bad state. In some areas there is no access to clean running water, and tanks are utilised to collect rain water, meaning that water becomes a scarce commodity during periods of drought. In some areas there is no electricity, and no toilet facilities, therefore pit toilets have to be used. This state of affairs has resulted in a chronic shortage of nurses in these areas, as nurses take up posts in these parts to get initial employment and later request transfers to urban areas (Policy and Plans for Human Resources for Health, 2006:8). Since 1994, following the establishment and strengthening of Primary Health Care (PHC) services based on the transformation of the health system, this change has led to the introduction of free health services for all (Mekwa, 2000:271). The free health services introduced increased the demand for health services and no registered nurses were available to meet such demands.

The role of the PHC nurse involves integrating preventive with curative services. A combination of knowledge, skill and experience is needed to provide a comprehensive service (Mekwa, 2000:271). The shortage of professional nurses in the Amathole sub-district is indicated in the table 1.1. The nurse\patient ratio ultimately determines the nurse work load, job satisfaction and effectiveness of care.

This ratio closely correlates with mortality rates in hospitals (Solidarity Research Institute, 2009:13). According to health service record for this sub-district, the nurse\patient ratio is as indicated in Table 1.1

Table 1.1: Nurse/patient ratios in the Amathole sub-district, District Health Service (DHS) records, nurse/patient ratio (2011) Mnquma Municipality

Facility	Nurse\patient ratio
1.Butterworth Hospital	1:30
2.Tafalofefe Hospital	1:40
3.PHC Clinics	1:50

Nurses are often said to be the backbone of the health services. (Breier, Wildschut and Mqgqolozana, and 2009:152). Health services in this rural area are faced with a shortage of staff. This is not a South African problem only, but other countries also struggle with similar shortages. Legally enforceable nurse\patient staffing ratios have been introduced because of this (Solidarity Research Institute Report, 2009:2). In South Africa, training of nursing students takes place at universities and nursing colleges. Universities are accredited for the 4-year BA degree and fall under the Department of Higher Education & Training. Public Nursing colleges are accredited for training diploma students and satellite campuses under these, previously called Nursing Schools train the students in Bridging courses, and the lower categories like the Enrolled Nurses and Enrolled Nursing Assistants (South African Nursing Council (SANC) directives for training of students, 1989, R.683). Private Nursing Colleges are accredited to teach the Bridging Course and the lower categories, such as assistant nurses and enrolled nurses. Student nurses, due to the earlier history of the development of the nursing profession, could train as enrolled nursing assistants with a grade 9 certificate to become enrolled nurses with further training and later become professional nurses. This progression is in line with the implementation of the Recognition of Prior Learning (Skills Development Act, 97 of 1998) (RPL). This

history of the profession left a legacy of overproduction of sub-categories or lesser professional nurses.

There was a large pool of sub-categories in the nursing profession. The Nursing Council (SANC) identified the need to raise the standard of the nursing profession. This was achieved by introducing the Bridging Course. SANC introduced this course in April 1989(R.683). A large pool of Enrolled Nurses was thus given an opportunity to develop both personally and professionally (National Qualifications Framework Act no. 67 of 2008). This category of nurse was now allowed to train at approved nursing schools to become Registered Nurses (Nursing Act no.50 of 1978, as amended). The selection of an enrolled nurse for training in this programme depends on years of experience as an enrolled nurse, from two years and above, the matriculation certificate, or a standard 8 certificate and a letter of recommendation from the Nursing Service Manager of the hospital, or the District Manager in the case of a nurse employed in the PHC clinic. Such an enrolled nurse will then be granted two years' study leave by the Provincial Health Department. The incumbent will then apply to the Head of the Nursing School approved by the SANC (R. 683:1989) for admission on the Bridging Course programme. Once accepted, the Head of the Nursing School registers the candidate as a student with the SANC (R.683:1989).

The Bridging programme fits in very well in this situation as the students in the programme, in most instances, are experienced enrolled nurses who have had more than ten years' experience in a clinical setting because they moved from being enrolled nursing assistants to enrolled nurses until getting the opportunity to study to become registered nurses (Skills Development Act, No. 9 of 1999). The demand for nursing services could not be met by student nurses from a 4th year diploma or degree programme as they do not have any previous experience in nursing care when placed in the clinical areas for experiential learning. Current production levels are relatively low, however, taking into consideration the needs for health services, especially at PHC level (Mekwa, 2000:271). The Bridging Course students therefore add value by alleviating the shortage of staff in the clinical practice areas of this sub-district. They use their experience and the specified skills of sub-category nurses while they are waiting to develop their skills preparing to become professional nurses (NQF Act No.67 of 2008).

Up to this point in time the value of the Bridging Course has never been mentioned or documented. Their services have been taken for granted although it is of vital importance in this rural area. The researcher felt the need to document the value of this sub-category of nurses.

The community service offered by the newly qualified professional nurses does help in this rural area, although these professional nurses leave for urban areas after completion of the specified period, which is one year.

1.2 Problem statement

The SANC has issued a resolution to abolish the Bridging Course programme by 2015. The Amathole sub-district in this research study has been the centre of the Bridging Course training programme since 1998. The value of this programme in the health care facilities of this disadvantaged, remote and rural area cannot be underestimated. The student in this programme is an experienced enrolled nurse with more than ten years of experience in some instances in a clinical setting. These students are granted study leave from the facility, within the Amathole District where they are employed. On successful completion of the two-year programme, they return to their former places of employment to plough back the knowledge gained in the course. This invariably increases the number of Registered Nurses in the sub-district and alleviates the shortage of staff in the health care services of this rural area. The nurse \patient ratio in this rural and remote sub-district is indicated as 1:30, 1:40 and 1:50 in the PHC clinics. This indicates that quality patient care is compromised. Even at a ratio of 1:8, a nurse has only three minutes out of every hour to care for each patient (Solidarity Research Institute Report, 2009:8). Whereas other nursing students from the 4 year Diploma\ degree need constant supervision on basic nursing care procedures like bed making, feeding of or turning position in bedridden patients, the Bridging Course student is already experienced in these procedures.

The Bridging programme students gained knowledge during their earlier training as Enrolled Nursing Assistants as well as Enrolled Nurses. They therefore add value in

the clinical areas compared to the undergraduate students of the four-year degree\diploma when they are placed in clinical areas for experiential learning. The undergraduate four-year degree\diploma students do not have previous experience; hence they need constant supervision in accomplishing basic nursing procedures and practical demonstrations. There are not enough Registered Nurses to carry out this supervisory role because of the grave shortage of nurses in addition to their characteristics of being over-subscribed. The resolution by the SANC to abolish the Bridging Course programme by 2015 will by no means be beneficial to quality patient care in this rural area.

How the skills development programme will be effected regarding the lower categories of nurses like Enrolled Nursing Assistants and Enrolled Nurses has not yet been specified. The researcher therefore wanted to bring to the attention of the relevant stakeholders the issue of the gross shortage of professional nurses in this rural area and the value of this programme in alleviating this shortage.

1.3 Significance of the study

The study seeks to describe to the significant stakeholders the importance of the Bridging Course programme in alleviating the staff shortage in this sub-district of Amathole since its initiation in 1998.

1.4 Theoretical framework

The study is guided by Virginia Henderson's need theory, describing the unique function of a nurse in executing the basic needs of any individual whether ill or well (Basavanthappa, 2007:62). Virginia Henderson's theory guiding this study is about the needs of the individual and the preservation of life. This theory emphasises the unique function of the nurse in executing the tasks that meet the basic needs of any individual, as the individual might do himself or herself if they had the strength, will or knowledge to do them (Basavanthappa, 2007:62). Nursing, according to this theory, means temporarily assisting the individual who lacks the necessary strength, will or

knowledge to help themselves to satisfy one or more of the basic needs (Basavanthappa, 2007:53).

Henderson's fourteen basic components of nursing care are put into practice in the nursing process. These components are termed activities of daily living. These components include, among other things, breathing normally, eating and drinking adequately, eliminating body waste, moving and maintaining desirable position, sleeping and resting, selecting suitable clothes, dressing and undressing, maintaining body temperature within normal limits by adjusting clothing and modifying the environment (Basavanthappa, 2007:65).

The main concepts of the Henderson theory are the human being, health, environment and nursing. By human being is meant that the patient is an individual who requires assistance to achieve health and independence or a peaceful death. Health is viewed in terms of the patient's ability to perform the fourteen basic components of nursing care unaided.

This theory forms the basis of the Bridging Course curriculum. The course was introduced with basic bedside nursing as its core value, since the Bridging Course student is an experienced Enrolled Nurse who has basic nursing care training (SANC R.683:1989). This student, therefore, while on placement in the clinical learning areas, does not need the direct and constant supervision of a Registered nurse in executing the procedures involved in basic bedside nursing care, like feeding a helpless patient, BP monitoring and bed bathing. In the remote and rural areas like the community in this research, there, more specifically, is simply no time for this type of supervisory element during the clinical placement of student nurses as required by the (SANC R.683:1989) because of the gross shortage of Registered nurses.

1.5 Aim of the study

The aim of this study was to describe the perceptions of professional nurses concerning the Bridging Course programme with regard to the alleviation of the staff shortage in this sub-district of Amathole.

1.6 Research question

What are the perceptions of professional nurses regarding the value of the Bridging Course student in clinical areas in as far as alleviating shortage of nurses is concerned?

1.7 Research objective

The objective of this study was:

To determine and describe the perceptions of professional nurses regarding the Bridging Course programme with regard to the in alleviation of staff shortages within the Amathole sub-district, Eastern Cape Province.

1.8 Definition of concepts

1.8.1 Perception

Awareness of by means of senses, assignment of meaning (Alfaro-Lefevre, R. 2002: 203). In this study, perception refers to the way in which the professional nurses of this sub-district notice the value of the Bridging Course programme that is providing much needed help in clinical learning areas.

1.8.2 Shortage of nurses

Defined as the demand of nurses exceeding the supply (Solidarity Research Institute Report, 2009:8). In this study, it means the nurse/patient ratio of about 1:30, 1:50 and 1:44 according to the District Health Office records of this sub-district.

1.8.3 Bridging Course training Programme

A two-year course programme training enrolled nurses to gain registration as professional nurses according to the SANC regulation, R.683, under the Nursing Act, No. 50 of 1978, as amended (Nursing Act, No. 33 of 2005). In this study, the Bridging Course is a programme for training enrolled nurses employed in any of the health facilities within the Amathole District, be it a PHC facility or a hospital.

1.8.4 Professional nurse

The Nursing Act defines a professional nurse as a person who is qualified and competent to independently practise comprehensively in the manner and to the level prescribed, and who is capable of assuming responsibility and accountability for such practice (Nursing Act, no.33 of 2005:34). In this study, a professional nurse is the nurse who works hand in hand with student nurses and is responsible for their guidance in a clinical situation.

1.8.5 Alleviation

To alleviate is to make something less severe, to ease as in the surgical procedures designed to alleviate pain (Ganong, W.F. 2005: 129). In this study, alleviation refers to the value that the Bridging Course student is adding in as far as the nurse shortage is concerned in clinical learning areas, for alleviating the shortage experienced by the professional nurses on duty.

1.9 Summary

In this chapter the study was introduced, the background of the study was presented, the objective was given and the aim of this study was explained. The problem statement was outlined and the concepts in the study were defined.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The previous chapter presented the problem statement underlying the study, the aim of this study and its significance, as well as the concepts guiding the study. In this chapter, the researcher focuses on describing the staff shortage, context of nursing practice, the Bridging Course programme, and reasons for the shortage of nurses as well as the strategies in place to deal with shortage of Registered Nurses.

2.2 Staff shortage

2.2.1 Definition staff shortage

Solidarity Research Institute Report, (2009:8) define staff shortage as the demand for nurses exceeding the supply. In this rural area it is indicated by the nurse patient ratio in the clinical areas of 1:50 in the PHC clinics as opposed to the ideal put forth by WHO 1:50 (Solidarity Research Institute, 2009:13).

2.2.2 Historical background of shortage of staff

Shortage of nurses is not a South African problem only, but a global phenomenon as well. Internationally, many countries and regions also struggle with similar shortages. In the American state of California and the Australian state of Victoria, legally enforceable nurse/patient ratios have been introduced to measure staff shortage (Solidarity Research Institute Report, 2009:8). The same report revealed an extreme nurse/patient ratio in the Eastern Cape of 1:44 and 1:50 in some wards. Even at a ratio of 1:8, a nurse has only three minutes out of every hour to care for each patient

and perform all routine tasks, as well as having to handle any possible emergency, the report says.

Hoy and Robbins (1979:24) say every country has priorities in health care according to its needs. They further state that half the world's population lives in the developing countries like South Africa. These are poor countries whose health care is primarily determined by poverty rather than climate. Primary Health Care services (PHC) are the backbone of health care delivery in this area. These PHC services are dispersed through various communities of this sub-district and are utilising the same pool of nurses that were formally employed in the two District Hospitals serving this area. The Bridging Course programme came in handy because of the nature of the status of their students as experienced enrolled nurses.

Glazer and Alexandre (2008:21) report on the shortage of nurses in the USA. It is a well-documented fact, failure to solve which will have dire consequences for the USA people who entrust themselves to the government for their health care. The nurse \patient ratio ultimately determines nurses' workload, job satisfaction and effectiveness of care. This ratio correlates closely with mortality rates in hospitals (Solidarity Research Institute Report, 2009:8). This report further states that each additional patient above four per nurse causes a 7% increased probability of patients dying within 30 days of admission to a hospital. The national survey prepared by the Federation of Nurses and Health Professionals in the USA (2001) found that 1:5 nurses plan to leave the profession within five years because of unsatisfactory working conditions, low pay, severe understaffing, high stress levels, physical demands, mandatory overtime and irregular hours.

2.3 Context of nursing practice

In this study, the researcher focused in the clinical learning areas for nursing students which consists of Butterworth Hospital, Tafalofefe Hospital and the PHC clinics in this sub-district of Amathole. Shortage of professional nurses in these areas is a thorny issue since this is the personnel expected to supervise student nurses.

At the International Nurses Day conference, the paper read by Phillip from DENOSA, titled 'Nurses in South Africa face challenges'(Phillip, S. 2005) indicated that the South African population is growing by 14% while the nursing profession is growing by 10%, resulting in the shortage of fully qualified staff. The SANC statistics (2005) showed that there is a ratio of 1:577 Auxiliary nurses in the Gauteng Province, and that clinical areas of health like midwifery, intensive care units (ICU) and operating theatres (OT) are suffering from the shortage of nursing staff.

The Solidarity Research Institute Report (2009:10) explained that the nurse/patient ratio is calculated by dividing the number of patients in a hospital at any one time, by the number of nurses working in that health facility at the same time. Different types of wards require different levels of care, e.g. ICU will require more care than that required in the out patient's department (OPD). The nurse\patient ratio is likened to teacher\learner ratio in schools. The higher the number of learners to each teacher, the more unpleasant the school becomes for all concerned and this invariably affects school results (Solidarity Research Institute Report, 2009:10).

Mekwa, in her study on the transformation in nursing education (2000:271), said the change of emphasis from hospital-centred care to PHC and the establishment of the District Health system are both affecting staffing norms. The distribution profile of health workers by category, population and geographical area against set standards is also affecting the staff shortages (Policy Plans for Human Resource Health, 2006:8).

Current production levels are relatively low, taking into consideration the health service needs, especially at PHC level. The difficulties in recruiting and retaining professional nurses are a strong indication of shortage in a profession (Breier, M. *Et al.* 2008:52). Nurses must be trained in large numbers to enable appropriate deployment and placement of nursing professionals (Policy Plans for Human Resource Health, 2006:13). Diverse health services like home health care agencies and rehabilitation centres are utilising the same pool of nurses that are being produced (Hoy & Robbins, 1979:26).

The increased workload, as South African services are put under strain by economic migrants and political refugees from the neighbouring African states like Zimbabwe

and many others, is impacting on nurse shortages (Solidarity Research Institute Report, 2009:13).

Hoy and Robbins (1979:19) further describe shortage of nurses in poor countries as a result of an increase in the number of infectious diseases like TB. This is the case in our rural community, where TB & HIV/AIDS are on the rise. Maladministration of scarce resources is also a factor in the nurse shortage, because ill-paid nurses end up leaving the public service. Donelan *et al* (2010:175) report that Registered Nurses are ranked similarly to physicians in public esteem, but physicians are more visible than nurses in media coverage. This results in nursing workforce issues being overshadowed by other health priorities. Even uprisings demanding the improvement of conditions of service by nurses do not help, as is the case in this rural area. During these episodes of labour unrest stirred by the nursing staff, it is the Bridging Course student who remains at the bedside of patients and is taking care of patients.

Current and projected nursing shortages reflect that fewer people are entering the nursing profession. It is projected that it will be difficult and more costly to respond to the future shortage of nurses by 2020 due to a decline in the number of available nurses. The Bridging Course programme could come in handy because of the short duration of its training period, which is two years, while the students of this programme help in clinical areas during placement during period. Nursing shortage, the presenter continues, has profound implications for quality care. Reasons for the nurse shortage are said to be multifaceted, together posing challenges both in recruiting new Registered Nurses and retaining those that exist. Increased demand of professional nurses is due to the ageing population, other career options, wages, workload and unsatisfactory work environment.

Wildschut and Mqolozana (2008:1), being commissioned by the Department of Labour, made an effort to correctly define, identify and quantify the shortage of professional nurses. The report focused on the supply and demand of nurses, auditing of the existing programmes to address the skills' need. On the recruitment and retention, the report found that there is an adequate supply of people with the necessary skills required by the labour market, but they are not willing to take up

employment at current levels of remuneration and conditions of employment (Wildschut and Mgqolozana, 2008:3). Bridging Course students do not concern themselves with conditions of service at this juncture because they are on study leave.

This is also the case in the rural community of the study, where Registered Nurses apply to occupy posts only to seek transfer to urban health facilities. The same state of affairs is the norm for those professional nurses who are doing community service as required; when they have completed the service, they leave the rural areas to seek employment in urban areas. On the other hand, the Bridging Course student is already employed, and is on study leave. That means that she/he will return to the original institution from where the study leave was granted on completion of the training period. This alone makes the Bridging Course programme more convenient for these remote and rural areas.

On measuring scarcity, indicators commonly used are self-reported shortage by the relevant authorities at grass roots level, Registered Nurses supply per 100,000 population, vacancy rates, strong employment growth, wages, turnover rates, unemployment rates, and the difficulty with recruiting and retaining of the nursing staff (Wildschut and Mgqolozana, 2008:4).

2.4 Bridging Course

It takes two academic years to train a Bridging Course student to become a qualified Registered Nurse, experienced both in bedside nursing and PHC service. This is the case because this particular nurse has undergone previous training as a pupil nurse (R.2175, Nursing Act no. 50 Of 1978, as amended). The Bridging Course programme was instituted by the SANC in April 1989 in line with the implementation of the Recognition of Prior Learning (RPL) principle proclaimed by the South African Qualifications Authority (SAQA) (SAQA Act, No. 58 of 1995).

2.4.1 The Bridging Course training programme

The Bridging Course curriculum is spread over a period of two years as follows:-

First year: Ethos of nursing, Integrated General Nursing Science 1, with emphasis on Maslow's theory of human needs and Virginia Henderson's basic human needs, Patho-Physiology 1, Applied Anatomy 1, Applied Physiology 1, Nutrition, Microbiology, 40 hours of clinical teaching, 180 hours of classroom lectures, and objective structured clinical evaluation (OSCE) before the SANC written examinations. This examination consists of 2x3-hour-paper written examinations (SANC, R.683:1989).

Second year: Professional Practice, Integrated General Nursing 2, Epidemiology, Parasitology, Disaster and Emergency care, Psycho-pathology, Genetics, Immunology, Patho-physiology 2, Applied Anatomy 2, Applied Physiology 2, PHC, 30 hours of clinical teaching, 150 hours of classroom teaching, OSCE, SANC examinations consisting of 2x3- hour-paper written examinations SANC (R.683:1989).

In this sub-district, the Bridging Course programme was started in 1998 with 24 students; by the end of 2011 the total intake record of students was 298 in the Nursing School approved by the SANC, situated in this rural sub-district of interest to the researcher. The first successful candidates of this programme emerged in 2000, and returned to their respective institutions of employment. They are now registered with the SANC as professional nurses, to be translated by their respective Human Resource Departments into professional nurses in this sub-district. This invariably reduces the number of Enrolled Nurses in this sub-district and an increase in the number of professional nurses. If this programme remains in force, this cycle of events will continue and it is the researcher's desire to have this sub-district continue to produce Registered Nurses in this way, as these nurses are likely to stay in these rural health facilities because most of them are born and bred here and have their homes here.

2.5 Reasons for the shortage of nurses

There are various reasons for the shortage of nurses, such as distribution profile, attrition rates, remuneration, community-based practice area, migration, diseases, diverse health services, increased workload, burnout syndrome, infrastructural issues, absenteeism, insufficient material resources and poor working conditions.

2.5.1 Distribution profile

The distribution profile of health care workers by category, age, population and geographical area against set standards, invariably impacts on the shortage of nurses (Policies & Plans for Human Resources for Health, 2006:8). This is the case, as the rural areas are shunned by the young professionals' preference for the urban areas, due to the differing environmental conditions.

2.5.2 Attrition rates

Some nurses retire, some die, and the geographical biases prevailing in the country, such as rural versus urban, all these contribute to nurse shortages (P&PHRH, 2006:8). In such instances, the Bridging Course students help in clinical learning areas by applying their skills of bedside nursing care.

2.5.3 Remuneration

Harrison (2010:33) is of the opinion that the business of health care should be fairly rewarded. She further asks why is it that nurses always are the ones expected to tighten their belts. The same occurs in the nursing faculties of the Eastern Cape, where nurse educators prefer to return to the clinical areas to receive the Occupation Specific Dispensation (OSD), as this incentive does not exist for lecturers at the Nursing Colleges. Despite this transfer from Nursing Colleges and Universities to clinical areas, the nursing shortage still exists as the young professional nurses do not want to stay in the rural areas.

Halcomb *et al* (2010:528) report on the casualization of the teaching workforce and employment practices that have had an impact on staff shortage due to reduced government funding. Solidarity Research Institute Report (2009:13) on the role of wages in migration decisions discussed the likely effect of wage increases in source countries in order to slow down the migration flow. Hurst (2009:15) wrote that expenditure on temporary nursing staff is justified as it curbs the shortage of nurses and lures nurses to work overtime.

2.5.4 Community-based practice area

McCloskey & Kennedy-Grace (1990:77) give reasons for the shortage of nurses being the focus area. In developing countries, where there are scarce resources and the conditions of service appalling, this is a community-based practice area. The establishment and strengthening of the PHC services, based on the transformation of the health system and implemented through the District Health System, requires a large number of Registered Nurses (Mekwa, 2000:271). The Bridging Course student is equal to this task as instruction in PHC is part of their curriculum.

2.5.5 Migration

There are issues and ethics behind migration of nurses. This issue was debated in the International Council of Nurses because it is a global issue. It is said that the reason for developing countries to recruit nurses is that they are faced with ageing populations as their technology increases longevity. The ageing population, they continue, is faced with chronic diseases like cancer and many more. Coupled with the ageing population, babies that would not have reached full-term or would have died at birth in the past are now surviving. All this means an increase in the population in these countries, requiring an increase in the nursing staff, the report observed. This report further explained that planning and management in this regard is inadequate and often financially and politically driven. Statistics of the nursing staff are often biased in favour of the political scenario rather than the grassroots reality. No wonder that the SANC has decided to do away with the Bridging Course programme, despite the gross shortage of professional nurses in these rural health

facilities. This state of affairs, the report observes, is demoralising to the nurses who are faced with the current staff shortages. Recruitment is opposed to poor retention strategies inbuilt into the system, the article continues.

The department of health does not nurture the existing nursing staff. In the same report, it is reported that the WHO, in its own research on the nursing shortage, found that, in Kenya, one nurse was responsible for one hundred (100) malnourished and malarial babies, working double shifts each day . It could benefit these rural health facilities if the same situational analysis could be done on the viability of the Bridging Course before abolishing it.

Fargin and Emerita (2006:14) reported in a journal article on the 'exodus' of nurses to the USA, as hurting poor countries. McCloskey and Kennedy-Grace (1990:69) described the fact that developing countries are losing their professional nurses to the developed countries like the USA and the UK as a problem.

DENOSA reported (2007:43) that a Registered Nurse working in the USA earns R394 000 per annum, while Registered Nurses in South Africa barely earn one third of this amount. An ICU nurse from Cape Town reported that, working in UK after her 10 years of nursing experience in South Africa, she feels acknowledgement as a professional by both doctors and colleagues alike. Her opinion counts. This is obviously not the case in our country; nurses here are very often taken for granted, hence the migration. The Physicians for Human Rights (2004) have said that richer countries of the North act like a vacuum cleaner, unethically sucking in labour from the poorest countries of the world. The Bridging Course-trained professional nurse is more likely to remain in these rural health facilities. This is so because she\he has been granted study leave in this sub-district and therefor has to pay back by working in the same sub-district for a specified period as per government policy on study leave. The 4-year Diploma/BA degree trained professional nurse, on the other hand, on completion of the community service period, will apply to any area of his\her choice simply because he\she is still young. The Bridging Course-trained nurse might have been granted study leave in her late forties, while the 4-year graduate might have started her\ his training in her\ his early twenties, completing in late twenties, and therefor most likely eager to travel in search of greener pastures.

2.5.6 Disease profile

Hoy and Robbins (1979:40) explain the nurse shortage in the developing countries as due to these countries being faced with a large concentration of communicable diseases like TB and HIV/AIDS. To manage this, departments have created programmes to deal with several aspects of HIV/AIDS, like PMTCT, ARV treatment and VCT, with the aim of offering preventative and curative care services (P&PHRH:2006:8). These additional services need more professional nurses. Current production levels are relatively low, taking into consideration the health service needs, especially at PHC level (Mekwa, 2000: 271). Massive production is strongly indicated in this area (Wildschut and Mggolozana, 2008:53). Replacement demand there are people in the education and training facilities who are in the process of acquiring the necessary skills, but the lead time means that they are not available to meet the immediate short-term replacement need (National Skills Authority, 2007:4). The Bridging Course programme, because of the brevity of its two-year period of training, is capable of filling in the gaps sooner than the four-year graduate or the diploma nurse, and that is why this Bridging Course programme is indispensable in these rural health facilities.

2.5.7 Diverse health services

Hoy and Robbins (1979:33) pointed out that the growing number of home health care agencies and rehabilitation centres are utilising the same pool of Registered Nurses, hence increasing the growing shortage.

2.5.8 Increased workload

The Solidarity Research Institute Report (2009:13) gives reasons for the shortage of nurses in South Africa as caused by the strain put on the health services by economic migrants and political refugees from African countries like Ethiopia, Sudan, Mozambique, Somalia and many more. This current state of affairs is worsening the nurse/patient ratio in the clinical areas.

2.5.9 Burnout syndrome

This syndrome is related to stressful working conditions (Polikandrioti, 2009:195). This syndrome can be best observed in professional nurses working in these remote and rural health facilities and is caused by poor environment and poor working conditions.

2.5.10 Infrastructural issues

According to the Reconstruction and Development Program (RDP) (1994:22), the policy manual of the South African government, the previously disadvantaged rural communities with a neglected infrastructure were to be prioritised with the provision of basic services like road construction, supply of clean water and sanitation, electricity and free health services, PHC services. Up to now, the sub-district in this study is yet to realise this dream. This current state of affairs is unbearable to the highly qualified professional nurses working in these health facilities, hence the brain drain to urban, more developed areas. This state of affairs has a negative influence in as far as recruitment of newly qualified and young professional nurses is concerned, and so it is with retaining of the existing experienced nurses.

2.5.11 Absenteeism

This is defined as a habitual pattern of absence from a duty or obligation (Wildschut and Mqolozana, 2008:49). This pattern has become the norm for the professional nurses working in these rural health facilities. It happens in the form of excessive use and abuse of sick-leave or some other types of leave. Absenteeism can also be attributed to nurses being infected by the HIV/AIDS, as this is on the rise in this rural area. Absenteeism is affecting patient care negatively because of the shortage of professional nurses on duty during any single day. This is indicated by high maternal deaths in the maternity departments of the rural health facilities.

2.5.12 Insufficient material resources

McCloskey and Kennedy-Grace (1990:69) state that it is not uncommon for resources like medicines, surgical and medical equipment and supplies to be unavailable for long periods in these rural health facilities where the majority of people are poor and the youth unemployed and thus depend on the services of the PHC clinics. This state of affairs creates mistrust of professional nurses by the communities they serve, as these poor and mostly ignorant people simply conclude that professional nurses are keeping these drugs for themselves. This makes life even more unbearable to the young and inexperienced professional nurse, hence the high turnover of professional nurses in these rural health facilities.

2.5.13 Poor working conditions

Polikandrioti (2009:195) indicated that poor remuneration leads to a poor status being accorded to the nursing profession. This, coupled with a variety of environmental conditions like poor roads leading to these health facilities, is making these health facilities unattractive and inaccessible, especially during rainy seasons. Most of the Bridging Course candidates have their homes in these rural areas and is not easy for most of them to migrate due to family attachments and obligations. These are their homes and they are most likely to endure the existing hardships.

2.6 Consequences of nurse shortages

Dean (2011:11) writes that the significant nurse shortages contribute to appalling standards of care. Glazer and Alexandre (2008:19) warn that failure to solve the shortage of nurses has dire consequences for the people. Hurst (2009) states that the expenditure on temporary nursing staff is justified. Nurse shortages impact negatively on patient load, increase risk of error, risk of spreading infection to patients, risk of occupational injuries, increase in nursing turnover and job dissatisfaction due to difficult working conditions. Thembeke Gwagwa, General

Secretary of DENOSA, in an interview, (2009:29) revealed that the shortage of nurses is the major issue and, as such, our vision of a better life for all cannot be realised. Hurst (2009:3) states that the errors of omission are largely as a result of the 85% nursing shortage, 56% shortage of material resources and 38% due to communication errors.

2.7 Strategies in place to deal with shortage of Registered Nurses

The South African government, through the Department of Health, has put in place some measures to attract and retain professional nurses. These include a rural allowance, a housing allowance, and Occupational Specific Dispensation (OSD) (P&PHRH, 2006:8). The SANC also plays a role by training different categories of nurses, like sub-professionals e.g. nursing auxiliaries (R.2176) and pupil nurses (R2175) and through pre-registration programmes, e.g. the comprehensive four-year Diploma\BA degree (R.425, Nursing Act No. 50 of 1978, as amended) and the Bridging Course leading to registration as a General Nurse or Midwife or Psychiatric Nurse (SANC R.683) utilising the Recognition of Prior Learning principle (RPL) (Mekwa, 2000:13). The universities are accredited by the SANC to offer the BA degree, Public Nursing Colleges the 4-year Diploma, and their Satellite Campuses the sub-professionals and the Bridging Course.

2.7.1 Housing allowance

All categories of nurses are given a housing allowance, whether one is staying in a rented apartment or owns a house. The Bridging Course student is no exception (Policy and Plans for Human Resources for Health, 2006:8).

2.7.2 Rural allowance

This is granted to every professional nurse working at a health facility that is situated more than 5 km from any National road (Policy and Plans for Human Resources for Health 2006:8). The implementation of this allowance has sparked resentment, especially among the rural professional nurses, as the geographical terrain is not the same. Some health centres are even more than 100 km from the National road, and yet this rural allowance is the same amount for most of the professional nurses, regardless the distance.

2.7.3 Occupation specific dispensation (OSD)

This is an allowance that is given only to those professional nurses who are in possession of a speciality qualification e.g. Advanced Midwifery, Paediatric Nursing and many others. Hoy and Robbins (1979:26) are of the opinion that if the control of salaries and the conditions of service for nurses would be in the hands of nurses, or if nurses, at least, were involved in the administration of their benefits so as to correct the current job dissatisfaction, the current state of affairs would be different and nursing affairs would change for the better. They further observed that the appointment of the Nursing Division in the Department of Health and Social Security would enhance good rapport among nurses as they would now be having professional advice on the matters concerning nurses.

McCloskey and Kennedy-Grace (1990:130) wrote about the development of flexible models of nurse education to meet the needs of the students, the nursing faculty and educational institutions. This is necessary as nurse training, in many instances; deal with adult learners who expect educational experiences to meet both their intellectual needs and situational needs, e.g. the Bridging Course student. On the subject of nurses and political power, McCloskey and Kennedy-Grace (1990:377) suggest that solutions to the world and community problems surrounding shortage of nurses and health care issues would be impacted upon only if nurses were given a chance to access decision making.

2.8 Summary

In conclusion: the study was undertaken to obtain the perceptions of Registered Nurses in this sub-district about the Bridging Course programme with regard to the alleviation of the staff shortage. The literature reviewed showed that shortages in the nursing staff are a reality. The reasons, consequences and strategies in place to resolve the crisis of staff shortages have been described. The role of the Bridging Course student in clinical areas as opposed to that of the 4-year/BA degree student nurse has been highlighted and explained.

CHAPTER 3: RESEARCH DESIGN AND METHODS

3.1 Introduction

The previous chapter described the concepts in this study e.g. Alleviation, perception and shortage of nurses. In this chapter, the researcher focuses on describing the research design and the method used. Research is a vehicle by which we develop knowledge (Clifford 2004:14). The research approach is discussed first, followed by the discussion of the research design.

3.2 Research approach

The research approach was quantitative (Brink *et al* 2011:107).

3.3 Research design

The research design was non-experimental and descriptive. In this type of design there is no manipulation of the independent variable (Brink, *et al.*, 2011:102). The descriptive design pictures the phenomenon as it occurs naturally, in this case the Bridging Course training programme.

3.4 Population

This is the entire group of persons or objects that is of interest to the researcher which meets the criteria that the researcher is interested in studying (Brink *et al.*, 2011:133).

In this study the population consisted of 289 Registered Nurses currently employed in this sub-district, excluding nurse educators.

3.5 Sampling

This refers to the researcher's process of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink, *et al.*, 2011:133). The sample was drawn from the two District Hospitals and 16 PHC clinics situated in this sub-district.

3.5.1 Sampling method

A simple stratified random sample of 149 professional nurses was utilised. The aim of this sampling technique is to replicate the proportions of sub-groups present in the population (Brink *et al.*, 2011:133). The sampling was done according to three strata. The first stratum was based on the geographical area. The second stratum consisted of the two District Hospitals that are in this sub-district, while the third stratum was represented by the 16 PHC clinics distributed in the same District Health System of this sub-district.

50% of Registered Nurses was drawn randomly from these three strata already mentioned, the two District Hospitals, Hospital No. 1 with 149 $n = 75$ professional nurses, Hospital No. 2 with 43 $n = 22$ professional nurses and the 16 PHC clinics in this sub-district $n = 97$ $n = 52$, making a total of 149 Registered Nurses. See the table 3.1

Table 3.1: Stratified random sample

Hospital and PHC clinic	Total population	Proportional sample (50%)
Hospital 1	149	75
Hospital 2	43	22
PHC clinic 1	14	07
PHC clinic 2	03	02
PHC clinic 3	05	03
PHC clinic 4	04	02
PHC clinic 5	12	06
PHC clinic 6	07	04
PHC clinic 7	08	04
PHC clinic 8	04	02
PHC clinic 9	04	02
PHC clinic 10	05	03
PHC clinic 11	05	03
PHC clinic 12	14	07
PHC clinic 13	03	02
PHC clinic 14	04	02
PHC clinic 15	02	01
PHC clinic 16	03	02
16 PHC clinics=+ 2 Hospitals	289	149

3.5.2 Inclusion criteria

To be included in the research, Registered Nurses currently registered with the SANC had to

- Hold current employment within the health facilities of this sub-district.
- Have been employed for a minimum of five years and above.

3.5.3 Exclusion criteria

Based on the inclusion criteria, those Registered Nurses with less than five years' experience were excluded, as well as nurse educators were excluded from the study.

3.6 Data Collection

This is the precise, systematic gathering of information relevant to the research purpose or the specific objectives or the questions of the study. The data collected in a quantitative study is usually numerical (Burns & Grove, 2009:43).

3.6.1 The instrument

Data collection in this study was effected through a structured, closed-ended questionnaire, based on the literature review, consistent with the aim of the study. The questionnaire was designed using a five-point Likert scale ranging from strongly disagree, disagree, uncertain, agree and strongly agree. There were two sections to the questionnaire, A and B. Section A consisted of the biographic details concerning gender, age and qualifications. Section B consisted of the five-point Likert scale questions about the role that is played by the Bridging Course students in clinical areas, as well as the conditions at the workplace affecting service delivery.

3.6.2 Data collection process

The researcher visited the two District Hospitals in the sub-district and the 16 PHC clinics, also in the same District Health System. The aim and the significance of the study was explained. The questionnaires were hand-delivered to the participants and left with them to respond in their own time without being coerced. It was explained to them that the questionnaires would be collected by hand by the researcher after two days. Prior to the study, the approval for the research was sought from the University

of Fort Hare (UFH) Health Research Committee. Additionally, permission to undertake the study was obtained from the Nursing Service Managers in charge of the two District Hospitals and the District Manager in charge of the PHC services in this sub-district.

Questionnaires and informed consent forms were given personally by hand to the participants during on duty time, after careful explanation. Participants were given ample chance to ask questions during the handing over of questionnaires and during collection. Completion of the questionnaire was expected to take approximately 30 minutes. Questionnaires were left with the respondents to be returned when completed by those willing, or to be collected after two days. All questionnaires were duly returned or collected fully completed. The research subjects were given a chance beforehand to withdraw from the study if they so wished and were informed that no penalty would be incurred if they wished to withdraw.

3.7 Validity and reliability

3.7.1 Reliability

Reliability assesses the consistency of the instrument in measuring a concept. It refers to the degree to which the instrument can be depended upon to yield consistent results if used repeatedly over time on the same person or if used by two researchers (Brink *et al.*, 2011: 163). Reliability was ensured through a pilot study to measure the understandability of the questionnaire. Questionnaires to that effect were given to 10% of the population, n = 33, namely Registered Nurses who would not participate in the study, to refine the data collection instrument and to investigate the feasibility of the proposed study (Brink *et al.*, 2011:166).

3.7.1.1 Internal consistency

This addresses the extent to which all items of an instrument measure the same variable (Brink *et al.*, 2011:164). In this study, the researcher developed the questionnaire on the basis of the literature review and it was reviewed by the supervisor.

3.7.2 Validity

This refers to the extent to which the instrument reflects the abstract concept being examined (Burns & Grove, 2009:380). For validity to be assured, the instrument must test what it is meant to test. An instrument can be valid for one purpose and not for another. In this study validity was ensured through testing for content and face validity.

3.7.2.1 Content validity

Is the assessment of how well the instrument represents all the components of the variable to be measured (Brink *et al.*, 2011:160) and how accurately the question asked tends to elicit the information sought. The questions were developed based on the content gained from the literature review. They were checked for understandability by the supervisor.

3.7.2.2 Face validity

This merely means that the instrument appears to measure what it is supposed to measure. It is based on intuitive judgement of experts in this field. In this study, the supervisor reviewed the questionnaire to ensure that it would measure what it was meant to measure (Brink *et al.*, 2011:160).

3.8 Data analysis

Data analysis involves putting all the scores from the questionnaire into a manageable form. After the data is summarised according to the variables studied, e.g. the Bridging Course learner and the shortage of staff, they are tabulated, and frequency of occurrence is expressed in numbers and percentages. When this had been done, a summary of the data was made. Descriptive data were expressed in rates, ratio and percentages, and analysed as categories or classifications. The findings should answer questions, should support or refute stated hypothesis.eg.the

Bridging Course student is indeed alleviating shortage of staff in the health facilities of this sub-district in this study or not (Hofstee E). This was effected with the help of a statistician utilising the Statistical Package for the Social Sciences, Version 20 (SPSS). Data were captured from the questionnaires by the data capturer.

3.9 Ethical considerations

A researcher is responsible for conducting research in an ethical manner. Nursing research requires not only expertise and diligence, but also honesty and integrity (Burns & Grove, 2009:184). Prior to the study, the researcher sought approval for the research from the University of Fort Hare Health Research Committee. The research proposal had been sent for approval to the Eastern Cape Research and Ethics Committee at the Department of Health's head office. There were no anticipated risks in this study

3.9.1 Informed consent

This is the prospective subject's agreement to participate in a study as a subject (Burns & Grove, 2009:201). Subjects have to choose whether or not to participate in the research. The ethical principles of voluntary participation and protecting the participants from harm are put into practice in the concept of informed consent. Subjects were given consent forms to sign after careful explanation of this research. Explanations regarding the benefits were given.

3.9.2 Confidentiality

Confidentiality concerns the management of private information shared by the subjects (Burns & Grove, 2009:196). In this study, subjects were assured of confidentiality by explaining to each and every one of them that their identity would not be revealed at any point during this research, and that the data collected would be stored in a safe place, and would not be shared with anybody without their permission (Burns & Grove, 2009:206).

3.9.3 Anonymity

In research, this means that the subject's identity cannot be linked with his individual responses (Burns & Grove, 2009:196). In this study, names of individuals were not mentioned.

3.9.4 Privacy

Data cannot be gathered from the subjects without their knowledge (Burns & Grove, 2009:195). Invading an individual's privacy might cause loss of dignity, friendships or employment or create feelings of anxiety, guilt, embarrassment or shame (Burns & Grove, 2009:195). For this study, permission was sought from subjects and they were requested to sign consent to that effect. Participants were ensured that their information would not be shared with anybody and that the questionnaires would be destroyed after three years of safekeeping.

3.10 Summary

In this chapter the researcher explored the research design used, the population, the sample and how it was selected, tools used to collect data, and who participated in this study. Where the study was conducted and how the data were analysed are also discussed, as were the ethical considerations and how these were implemented.

CHAPTER 4: PRESENTATION OF RESULTS

4.1 Introduction

The previous chapter described the research methodology. This chapter is about the interpretation of the findings of this study about the perceptions of professional nurses regarding the bridging course and its contribution towards alleviating shortage of staff at health care services in the Amathole sub-district, Eastern Cape Province, South Africa.

4.2 Presentation of results

The results from the questionnaire are presented in relation to sample realisation of determining a descriptive analysis of data. The results gathered from section A of the questionnaire are presented and interpreted first and then section B follows.

4.2.1 Section A: Biographical data

This section of the questionnaire recorded biographical data of respondents according to gender, age and academic qualifications. The data are presented in the tables that follow.

Table 4.1: Gender of respondents from the Mquma health facilities

Facility	Male		Female		N =	Total %
	Frequency	Percentage	Frequency	Percentage		
Butterworth Hospital	4	5	71	95	75	100
Tafalofefe Hospital	1	1	21	99	22	100
PHC clinics	0	0	52	100	52	100

Table 4.1 shows that of a total of 75 (100%) respondents from Butterworth Hospital, 71 (95%) were females and only four (5%) were males. This is a legacy of the nursing profession, as only females were interested in nursing in the past. Currently males also show interest and the Employment Equity Act is encouraging them to do so as none should be discriminated against on the grounds of gender (Employment

Equity Act, 1998). At Tafalofefe Hospital a total of 22 (100%) of respondents participated and 21 (99%) were females and only 1 (1%) was a male. This could be interpreted as largely due to the fact that rural folk are still holding on to their culture, traditions and beliefs that suggest that nursing is a female oriented profession. At Primary Health Care clinics, all participants were females, namely 52 (100%). This also reveals the similarities in rural folk and the type of socialisation in their culture that determines that nursing can only be done by females.

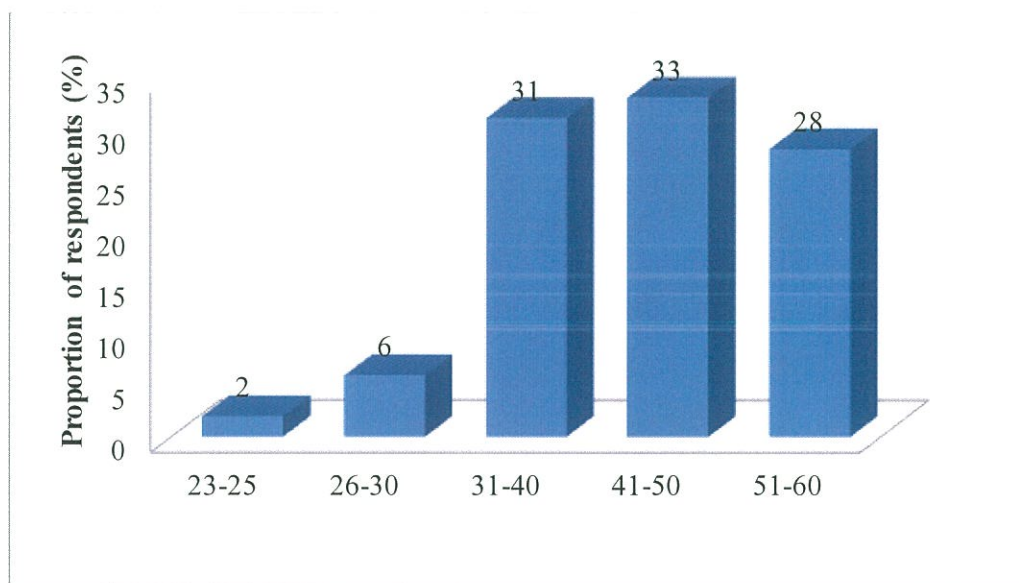


Figure 4.1: Age group of professional nurses at Butterworth Hospital (N = 75)

Figure 4.1 shows that, of the 75 (100%) of professional nurses who responded, 25 (33%) were between 41 and 50 years, 23 (31%) were between 31 and 40 years, 21 (28%) were between 51 and 60 years, while 4 (6%) were between 26 and 30 years while only two (2%) were between 23 and 25 years of age. This picture may be interpreted in different ways, for instance that few of the younger generation of nurses are in rural areas or that they are still at school. Only situational analysis by relevant authorities would reveal the reality as to why young nurses are fewer in this rural health facility (McCloskey & Kennedy-Grace, 1990:2).

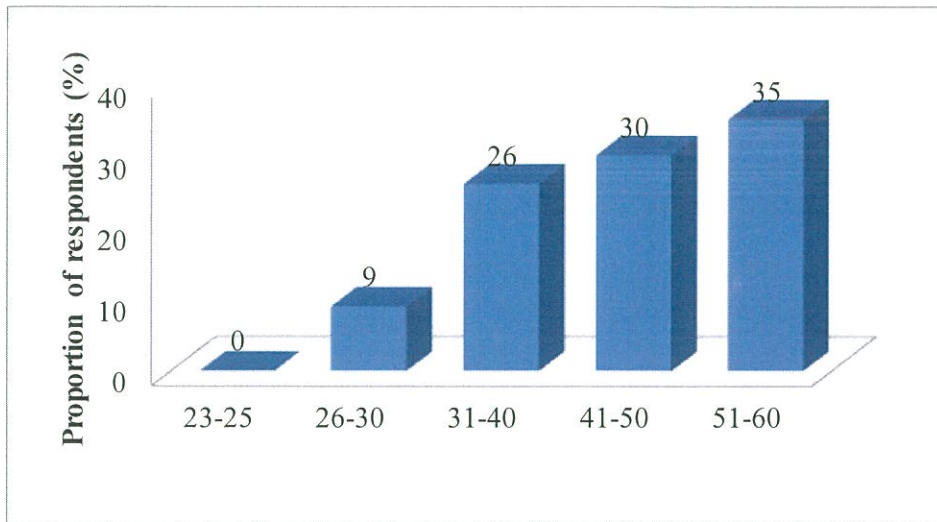


Figure 4.2: Age group of professional nurses at Tafalofefe Hospital (N = 22)

Figure 4.2 shows that none of the 22 (100%) professional nurses at Tafalofefe Hospital featured in the age group of 23 to 25 years, and only two (9%) were in the 26 to 30 age group, eight (35%) were between the ages of 51 and 60 years, seven (30%) were between 41 and 50 years, six (26%) were between 31 and 40 years. This could well be interpreted as that the majority of professional nurses, 35%, are nearing retirement (McCloskey & Kennedy-Grace, 1990:2), that no young ones from the 23 to 25 age group are following, only 9% from the 26 to 30 age group and 30% (41 to 50) and 26% (31 to 40) would still be able to work for some time to come.

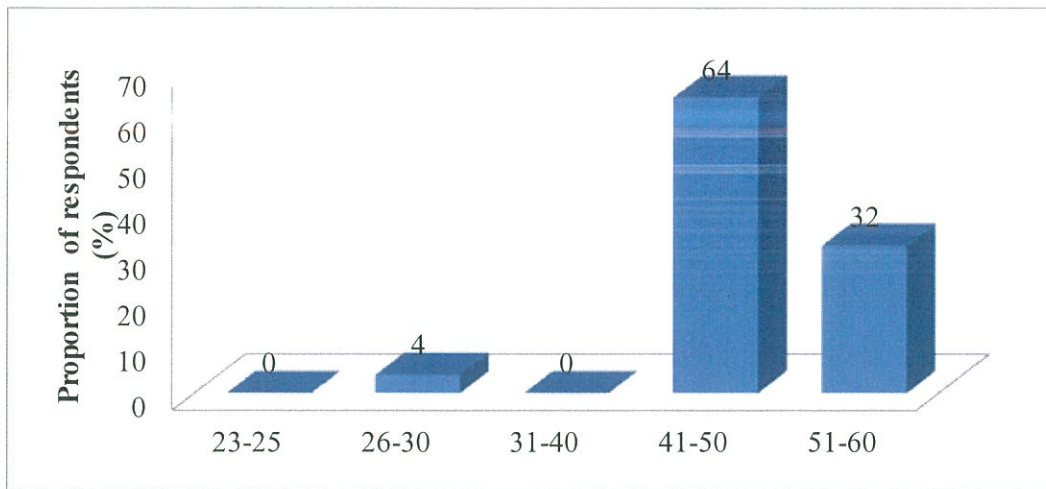


Figure 4.3: Age group of respondents at Primary Health Care clinics of Mnquma Municipality (N = 52)

Figure 4.3 shows that 52 (100%) professional nurses at PHC clinics responded to the question; 33 (64%) were between 41 and 50 years, 17 (32%) were between 51 and 60 years, two (4%) were between 26 and 30 years, and none was in the 23 to 25 and 31 to 40 year groups. This could mean that patients are in safe and experienced hands and the younger nurses have seniors to guide them. It could also mean that the young professionals are reluctant to work in this rural area (Policy and Plans for Human Resources for Health).

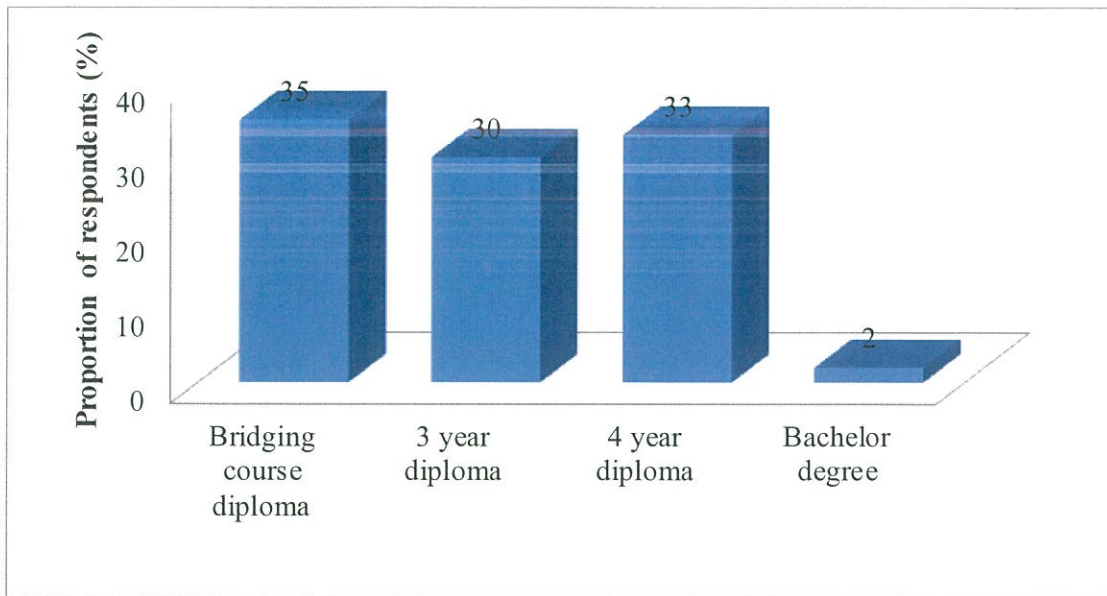


Figure 4.4: Academic qualifications of professional nurses at Butterworth Hospital (N = 75)

Figure 4.4 shows that of the 75 (100%) participants at Butterworth Hospital who responded to the question, 26 (35%) were holding a Bridging Course Diploma, 25 (33%) a 4-year Diploma, 23 (30%) a three-year Diploma and only one (2%) had a BA degree. This could be interpreted as the Bridging Course holding its ground in this hospital, followed by 4-year Diploma. The three-year Diploma, represented by 30%, could well mean the professional nurses at a pensionable age (Policy and Plans for Human Resource for Health, 2008:8). The professional nurses with BA degree are represented least.

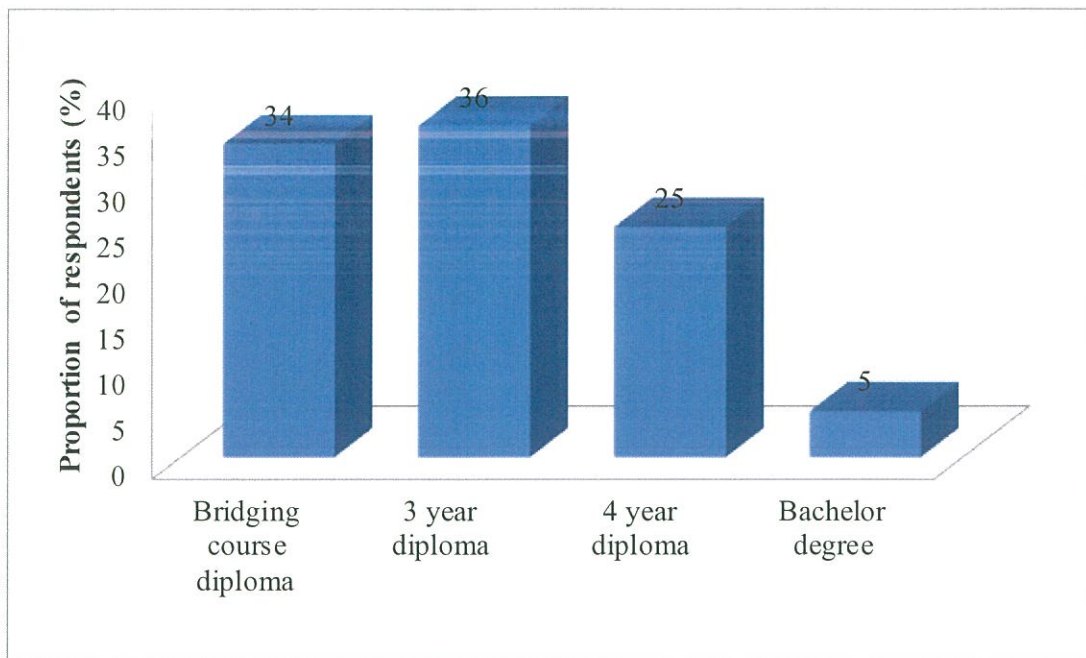


Figure 4.5: Academic qualifications of professional nurses at Tafalofefe Hospital (N = 22)

Figure 4.5 shows that among 22 (100%) of the participants, eight (36%) were holding a three-year Diploma, seven (34%) were holding a bridging course Diploma, five (25%) had a four-year college Diploma and only two (5%) had a Bachelor's degree.

The picture is similar, and that is the characteristic of a rural environment. The old three- year Diploma group is nearing retirement. The qualified professional nurses holding four-year Diplomas and Degrees are seen to be reluctant to work in rural areas. Wildschut and Mgqolozana (2008:52) were of the opinion that current production levels are relatively low, taking into consideration the health service needs, especially at PHC level.

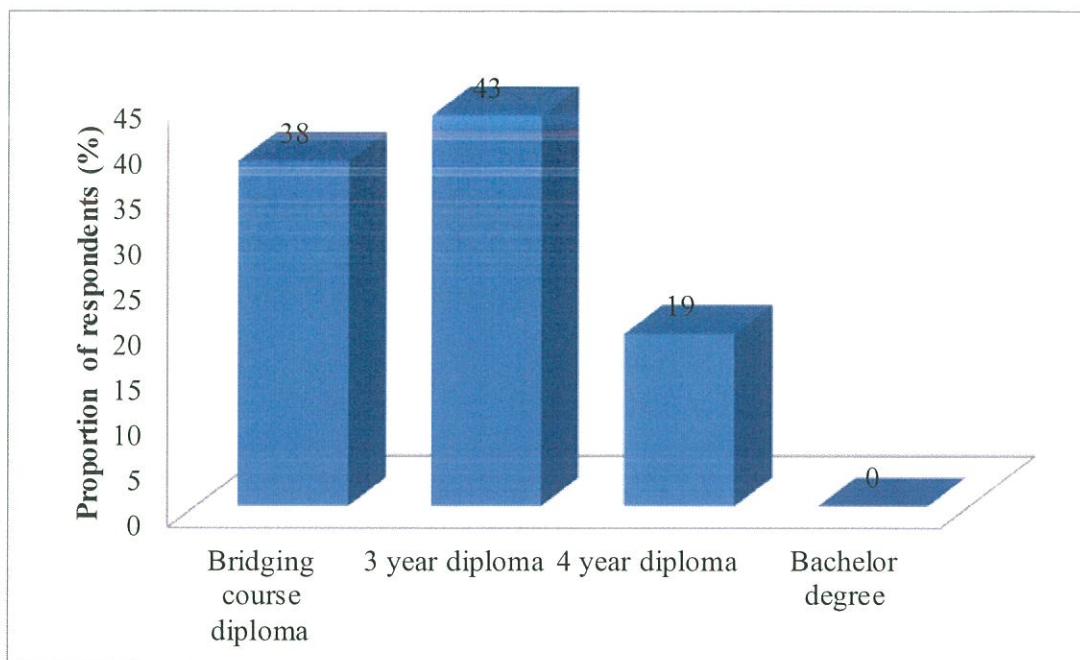


Figure 4.6: Academic qualifications at the Primary Health Care clinics (N = 52) in Mngquma Municipality

Figure 4.6 showing data for the PHC clinics, reveal a sample of 52 (100%) respondent, 22 (43%) of whom had a three-year diploma, 20 (38%) had a bridging course diploma and 10 (19%) were holding a four-year college diploma. None had a Bachelor's degree. One would appreciate the homogeneity of a rural setting. Therefore, in a sample of 149 participants, 50 professional nurses were holding a bridging course diploma, 53 had a three-year diploma, 40 had a four-year Diploma and only three had a Bachelor's degree. Even here one would appreciate the homogeneity of rural setting, as the Bridging Course and the three-year diploma professional nurses are in the majority (Wildschut and Mgqolozana, 2008:52).

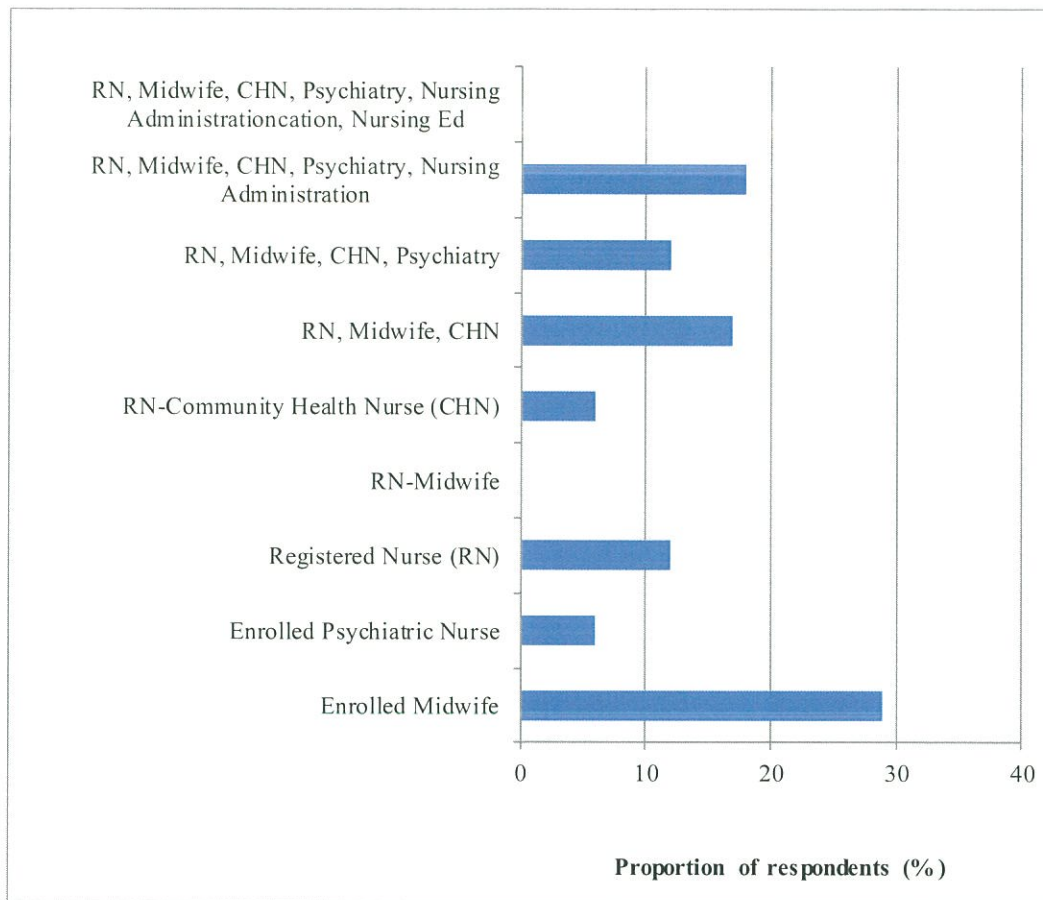


Figure 4.7: Professional qualifications at Butterworth Hospital (N = 75)

Figure 4.7 shows that, of 75 (100%) participants at Butterworth Hospital, almost 21 (28%) of the participants were Enrolled Midwives, four (5%) were Enrolled Psychiatric Nurses, about nine (12%) were Registered Nurses. Those who were Registered Nurses, Midwives and Community Health Nurses were about 14 (18%) and those with an additional Psychiatric nursing and Nursing Administration qualification were about 14(18%). Those with nursing education over and above nursing administration unfortunately are not indicated in the graph.

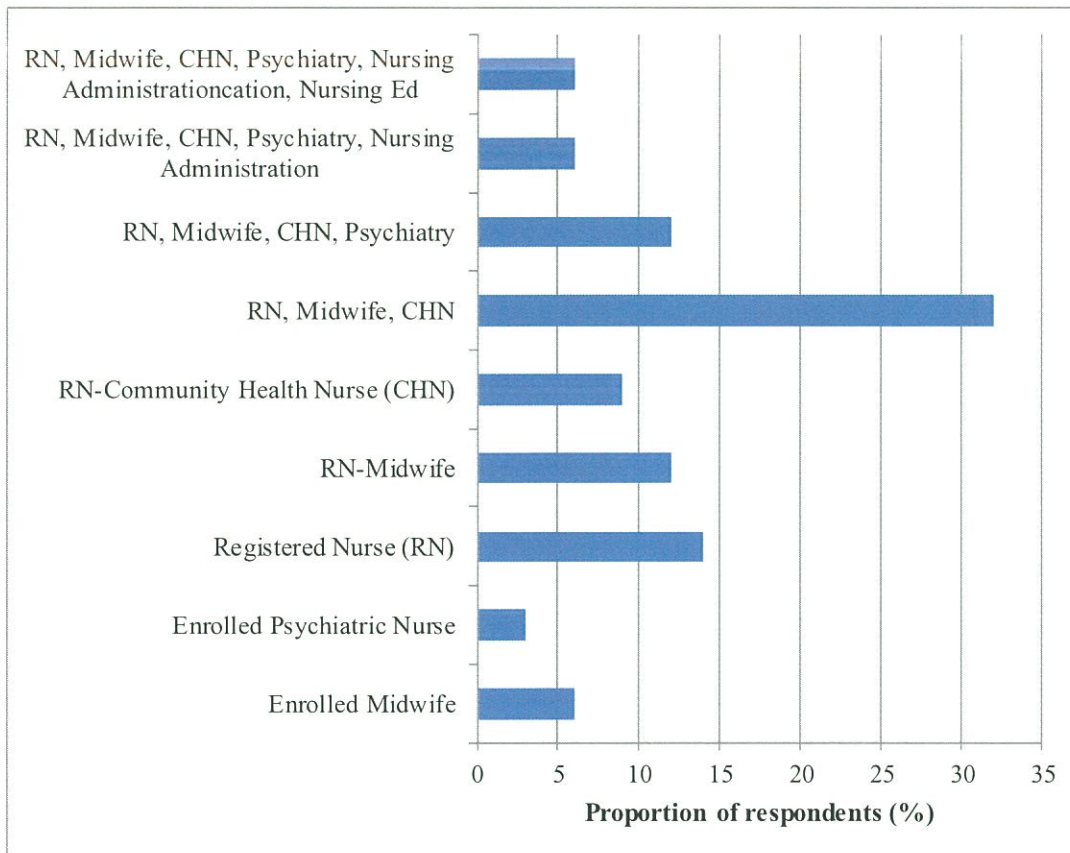


Figure 4.8: Professional qualifications at Tafalofefe Hospital (N = 22)

Figure 4.8 shows that, at Tafalofefe Hospital, where 22 (100%) participants responded to the question, about six (32%) of the respondents were Registered Nurses with additional qualifications of midwifery and community health nursing. About four (14 %) were Registered Nurses; about three (12 %) had an additional Psychiatry and Community Health Nursing qualification against their names. About two (9%) were Registered Nurses with an additional qualification of community health nursing. About one (6%) was qualifying as an Enrolled Midwife. Again about 1 (6%) was a Registered Nurse with additional qualifications in midwifery, community health nursing, psychiatry and nursing administration. About one (6%) had an additional qualification over and above that of nursing education.

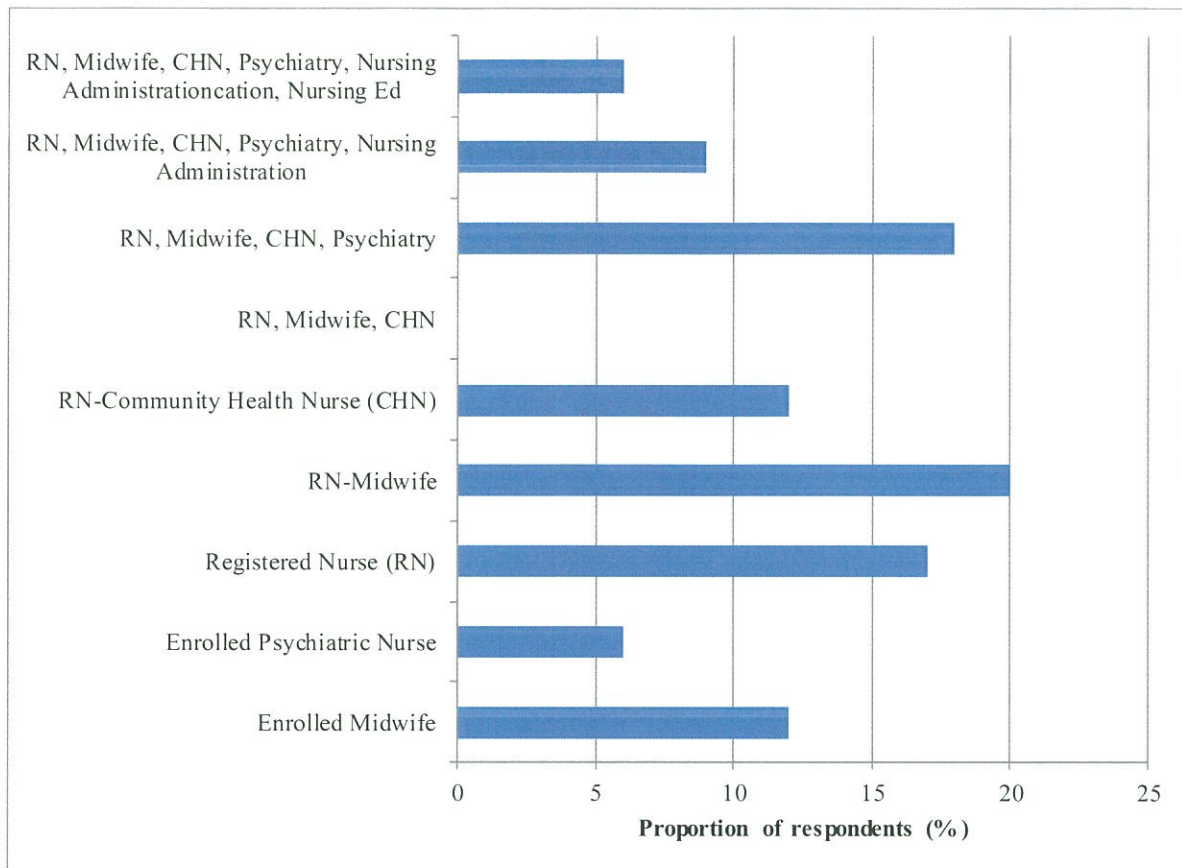


Figure 4.9: Professional qualifications at the Primary Health Care clinics of Mquma Municipality (N = 52)

Figure 4.9 shows that 52 (100%) respondents at the PHC clinics participated and 10 (20%) of them were Registered Nurses with midwifery as an additional qualification. About nine (18%) had an additional qualification in midwifery, community health nursing and psychiatry. About eight (17%) were Registered Nurses only. About six (12%) were Enrolled Midwives. About six (12%) were Registered Nurses with an additional qualification of community health nursing. About four (8%) had psychiatry and nursing administration as additional qualifications over and above community health nursing and psychiatric nursing. About 3 (6%) were qualifying as Registered Nurses with additional qualifications of midwifery, community health nurse, psychiatry, nursing administration and nursing education.

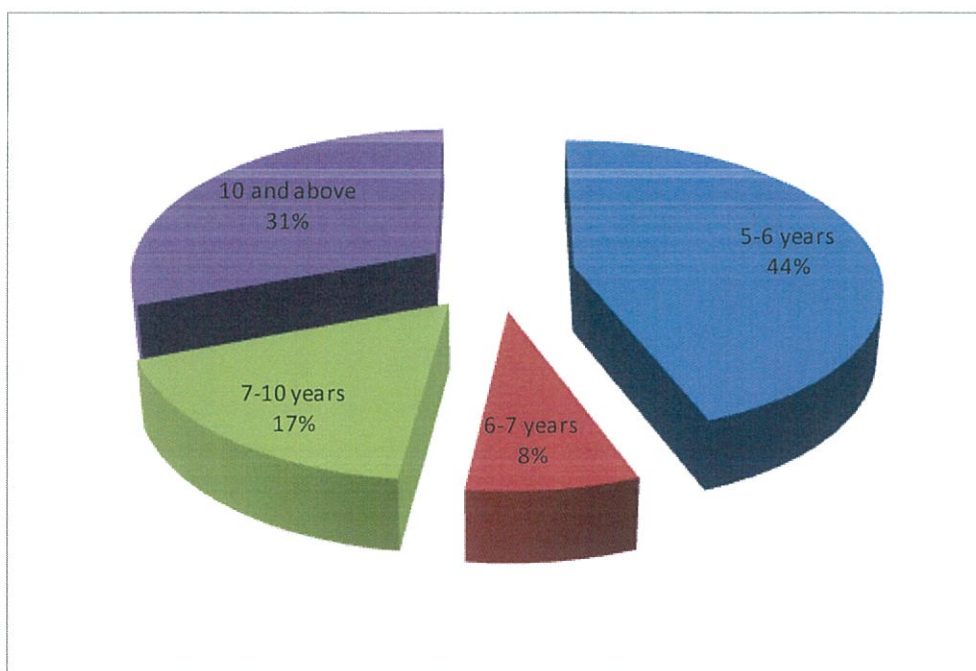


Figure 4.10: Duration in years of working as a professional nurse in this sub-district (Butterworth Hospital) (N = 75)

Figure 4.10 indicates that 75 (100%) participants responded regarding the number of years working as a professional nurse at Butterworth Hospital in this sub-district; 33 (44%) had worked there for 5 to 6 years, 23 (31%) had worked for 10 years and above, and 13 (17%) had worked there for 7 to 10 years while only six (8%) had worked for 6 to 7 years.

This state of affairs paints a picture of high turnover of professional nurses at this hospital, as the highest number of 44% professional nurses worked for a period of 5 to 6 years. The long serving 31% had been there for 10 years and above. Fudge (2008:8) reported the scourge of global recruitment of professional nurses from developing countries. Booyens (2000:199) stated that high turnover is an indication of dissatisfaction among personnel.

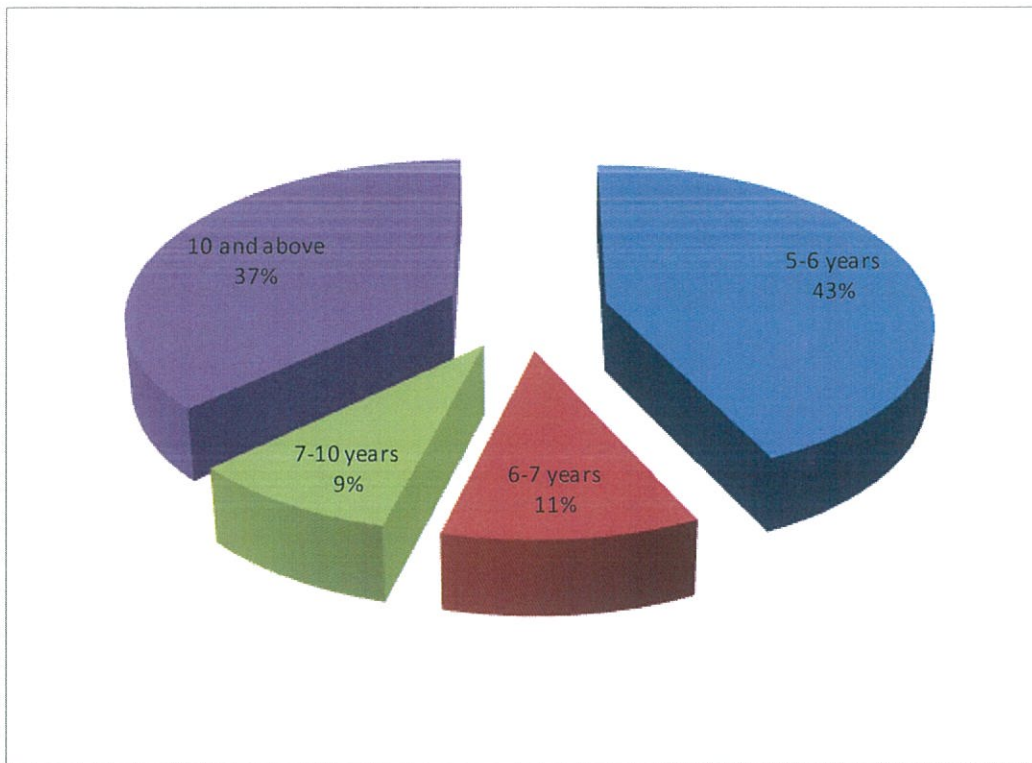


Figure 4.11: Duration in years working as a professional nurse in this sub-district (Tafalofefe Hospital) (N = 22)

Figure 4.11 indicates that 22 (100%) of participants from this hospital responded to the question on duration of years working as a professional nurse at Tafalofefe in this sub-district, with nine (43%) having worked there for 5 to 6 years, eight (37%) worked for 10 years and above, two (9%) had worked for 7 to 10 years, three (11%) had worked there for 6 six 7 years. Even here one is faced with a possible reality of high turnover as the majority had been working at this hospital for 5 to 6 years. Fudge (2008:8) reported on global recruitment of professional nurses from the developing countries and this is the case in this rural area.

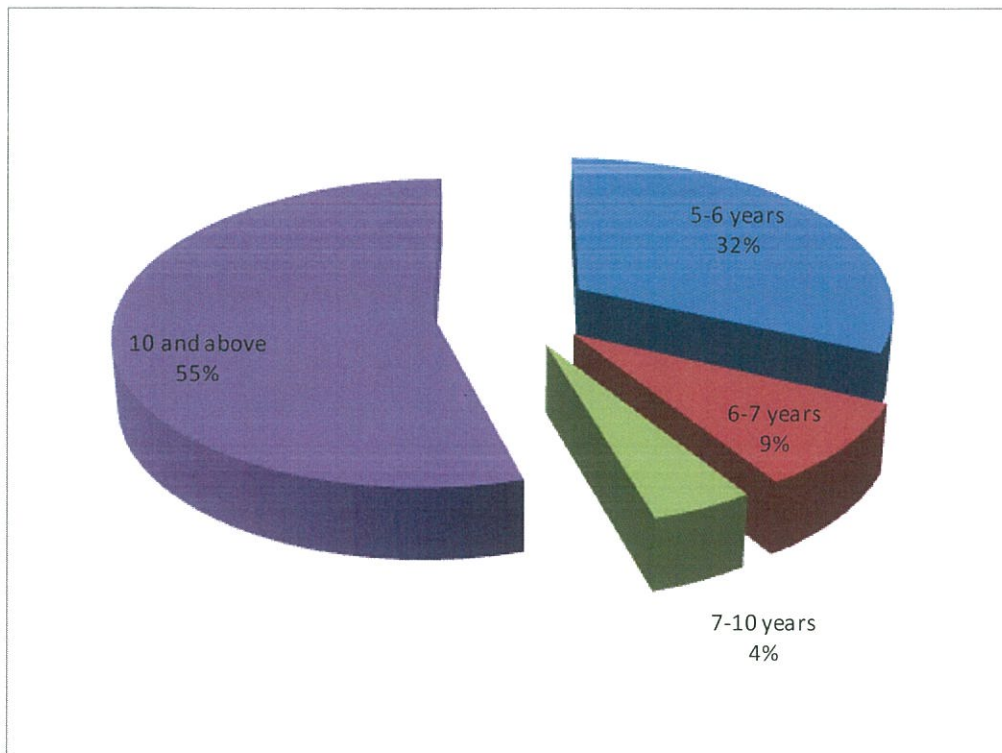


Figure 4.12: Duration in years working as a professional nurse at the Primary Health Care clinics, Mnquma Municipality (N = 52)

Figure 4.12 indicates that 52 (100%) participants responded to the question on duration of years working as a professional nurse at these Primary Health Care clinics and 29 (55%) participants had worked in these clinics for 10 years and above, 17 (32%) had worked there for 5 to 6 years, four (9%) worked for 6 to 7 years, while two (4%) worked for 7 to 10 years. The picture in these rural PHC clinics is that the majority, 55%, worked for over 10 years. This is appreciated because patients can now rely on experienced professional nurses for their care and that the young professional nurses are getting the guidance they need (Policy and Plans for Human Resource for Health, 2006:8).

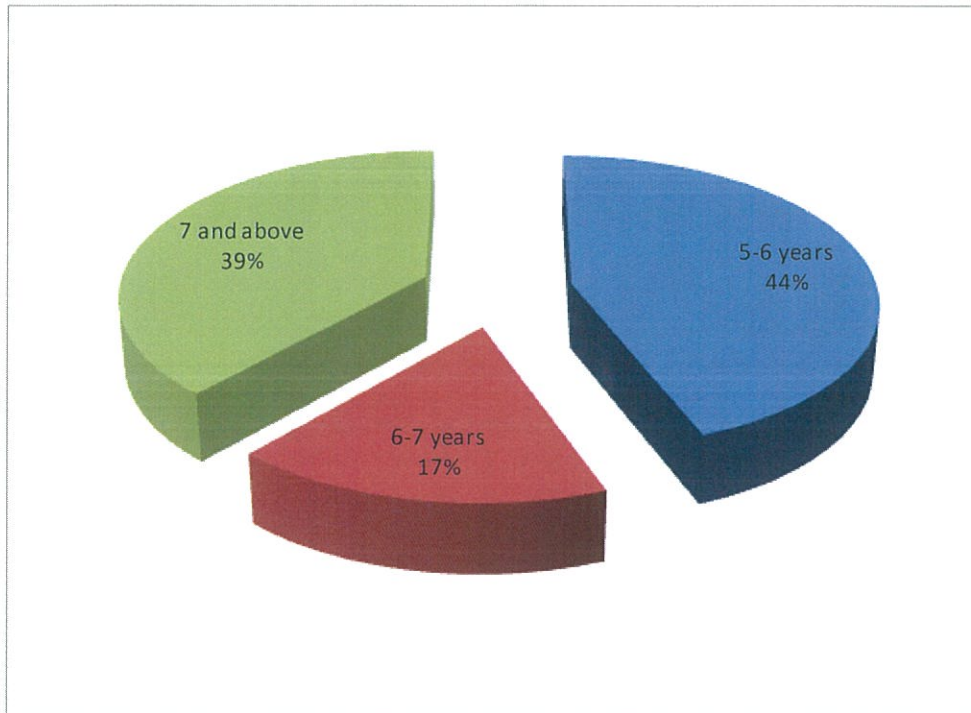


Figure 4.13: Length of period in years registered as professional nurse (Butterworth Hospital) (N = 75)

Figure 4.13 shows that 75 (100%) participants responded to the question and that 33 (44%) had been registered with the SANC for 5 to 6 years, 29 (39%) had been registered for 7 years and above while 13 (17%) had been registered for 6 to 7 years. The picture shows that there are more young professionals than experienced older ones.

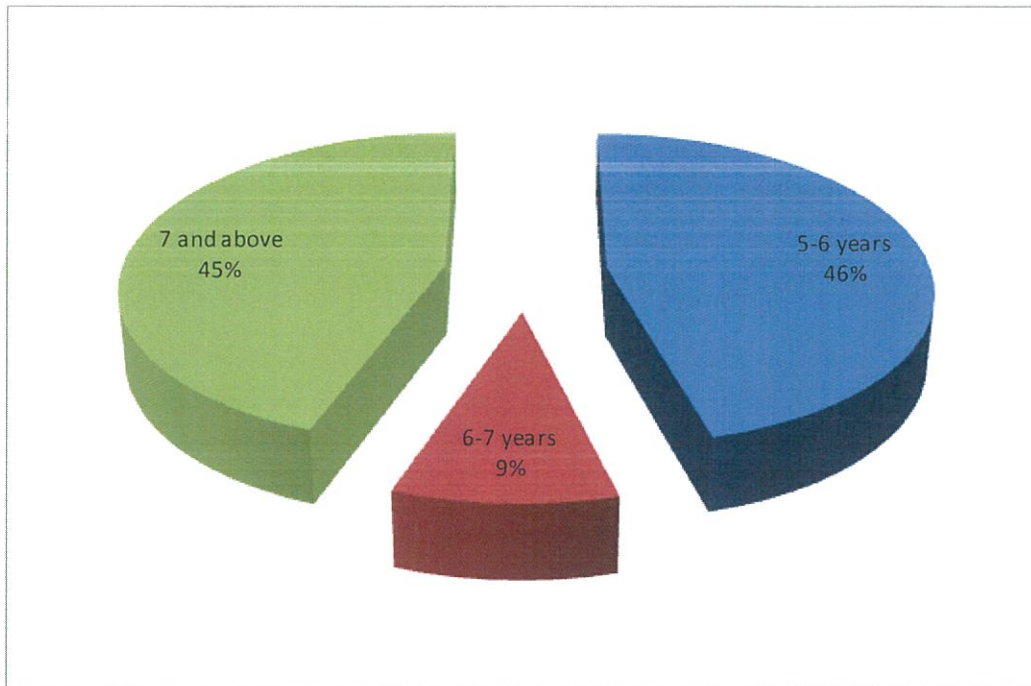


Figure 4.14: Length of period in years registered as professional nurse (Tafalofefe Hospital) (N = 22)

Figure 4.14 shows that 22 (100%) participants responded to the question, 11 (50%) had been registered for 5 to 6 years, 9 (41%) had been registered for 7 years and above and 2 (9%) had been registered for 6 to 7 years. This means that the majority are still young professional nurses. In a conference paper (DENOSA, 2007) stated that population grows by 14% while production of nurses grows by 10%, hence the shortage of professional nurses.

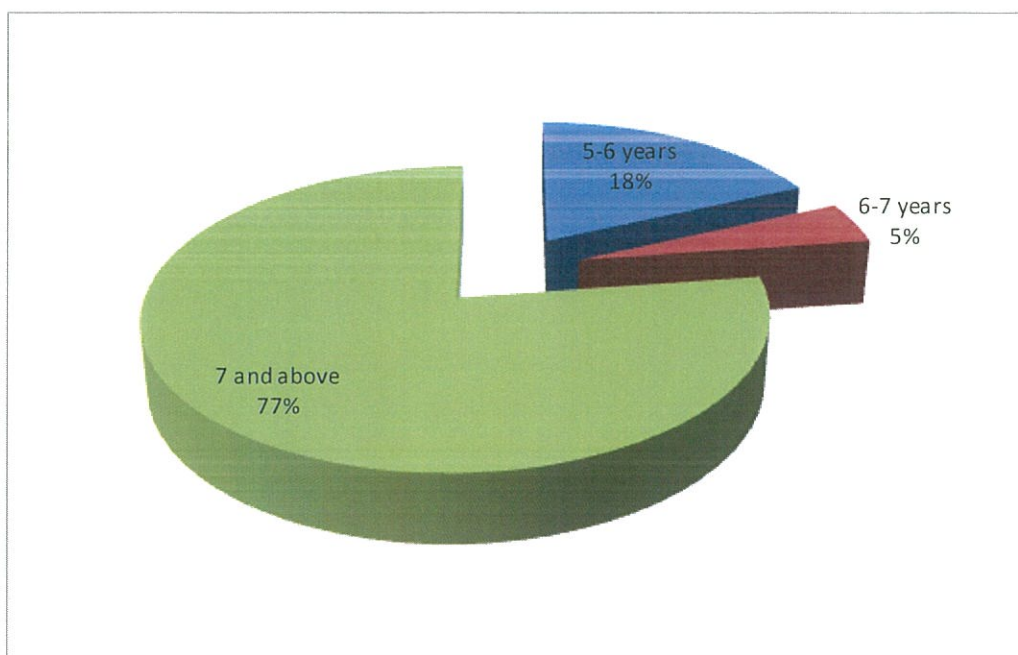


Figure 4.15: Length of period in years registered as professional nurse at the Primary HealthCare clinics (N = 52)

Figure 4.15 reports on the situation at Primary Healthcare clinics. Out of 52 (100%) participants who responded to the question, 40 (77%) had been registered for seven years and above, nine (18%) had been registered for 5 to 6 years and three (5%) had been registered for 6 to 7 years.

It is therefore appreciated that patients at PHC clinics are taken care of by experienced nurses (77%), as only 5% of professional nurses had been registered for 6 to 7 years. The remaining 18%, which had been registered for 5 to 6 years is in a position to be oriented by their seniors. It is a cause for concern, however, that the younger generation of nurses are represented by only 18% and 5 % respectively (P&PHRH: 2006:8).

4.4 Section B: Role played by the bridging course students in clinical areas

A questionnaire designed according to topics to which participants were expected to respond freely, utilising a 5-point Likert scale ranging from strongly disagree to disagree, uncertain, agree and strongly agree. The results were presented according to different views expressed by professional nurses about the Bridging Course student and the status of the community service area which results in nurses leaving this sub-district and contributing to the shortage of nurses. A total of 149 participants responded.

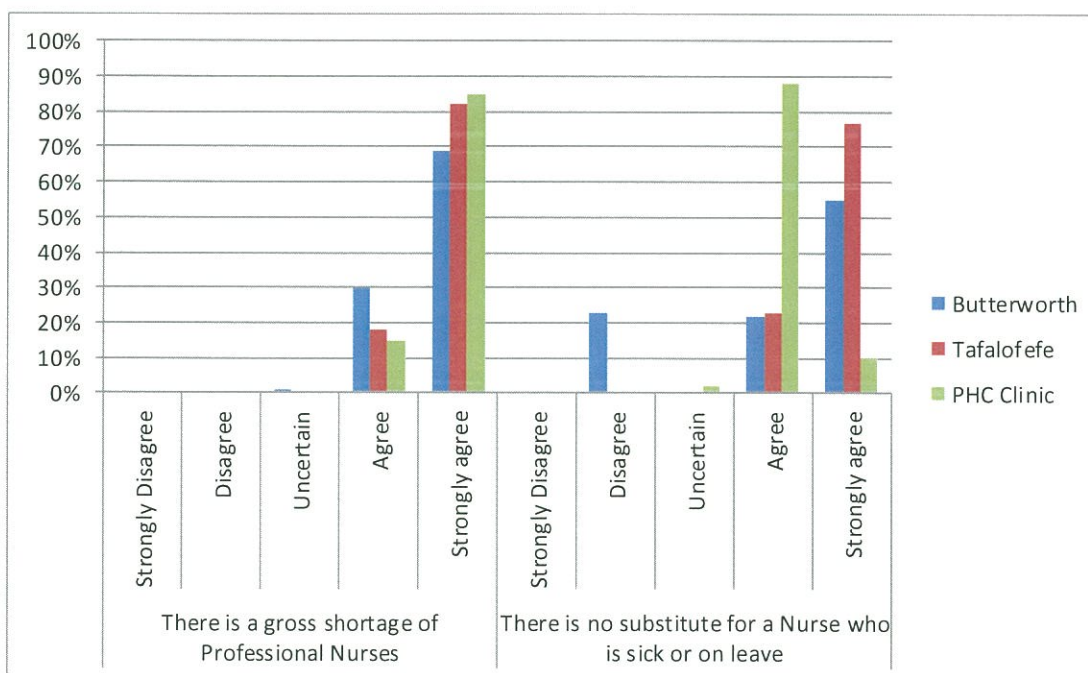


Figure 4.16: Gross shortage of professional nurses at clinical areas in Butterworth (N = 75), Tafalofefe (N= 22), PHC Clinics (N = 52)

Figure 4.16 shows that participants from Butterworth Hospital, where 75 (100%) participants responded to the statements, 74 (99%) agreed with the statement, and only one (1%) disagreed. At Tafalofefe Hospital, 22(100%) participants responded and 100% agreed with the statement.

At PHC clinics, all the participants 52 (100%) responded to the question, and all of them agreed. These responses support the fact that professional nurses in this area are working under desperate working conditions (McCloskey & Kennedy-Grace, 1990:2).

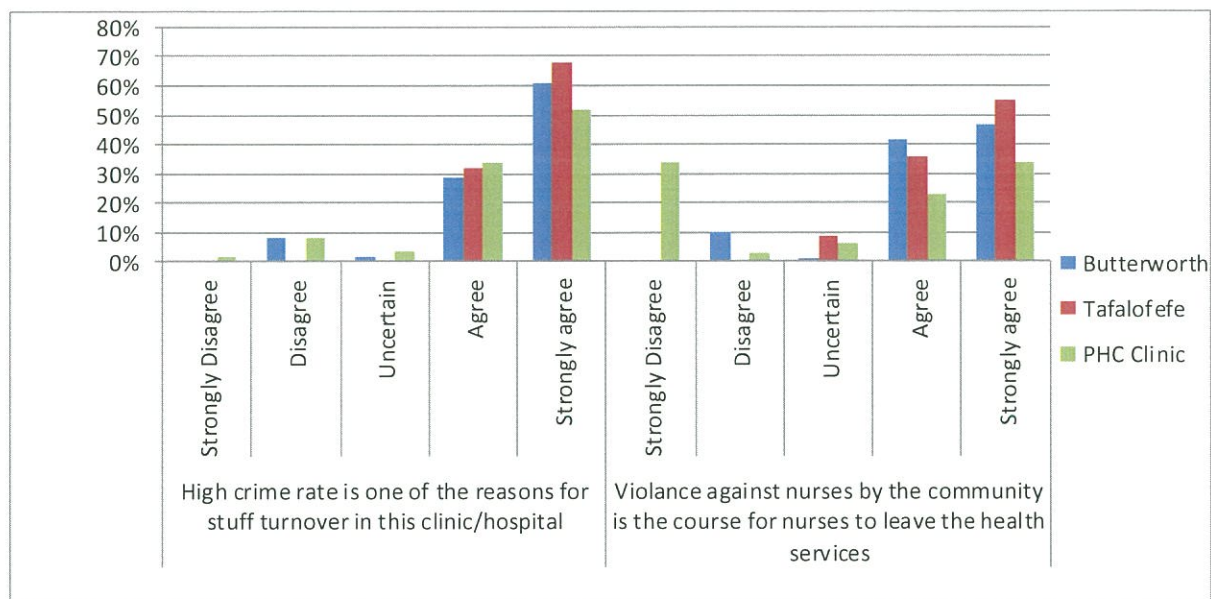


Figure 4.17: Safety and security in the workplace: Butterworth (N = 75), Tafalofefe (N = 22), Primary Health Care Clinics (N = 52)

Figure 4.17 shows that regarding the safety and security issue, at Butterworth Hospital, with 75 (100%) participants who responded, 90% agreed with this statement and 10% disagreed with the statement. At Tafalofefe Hospital, where a total of 22 (100%) participants responded to the statement, all of them agreed with the statement on the prevalence of crime in this area. As far as violence levelled against nurses is concerned, 91% agreed with the statement and only 9% disagreed. In the PHC clinics, out of 52 (100%) participants who responded to the question, 86% agreed with the statement and only 14% disagreed. The majority of respondents agreed to the fact that these rural healthcare facilities are not safe places to work in, therefore it is no wonder that the professional nurses are migrating to greener pastures (Fudge, 2008:8).

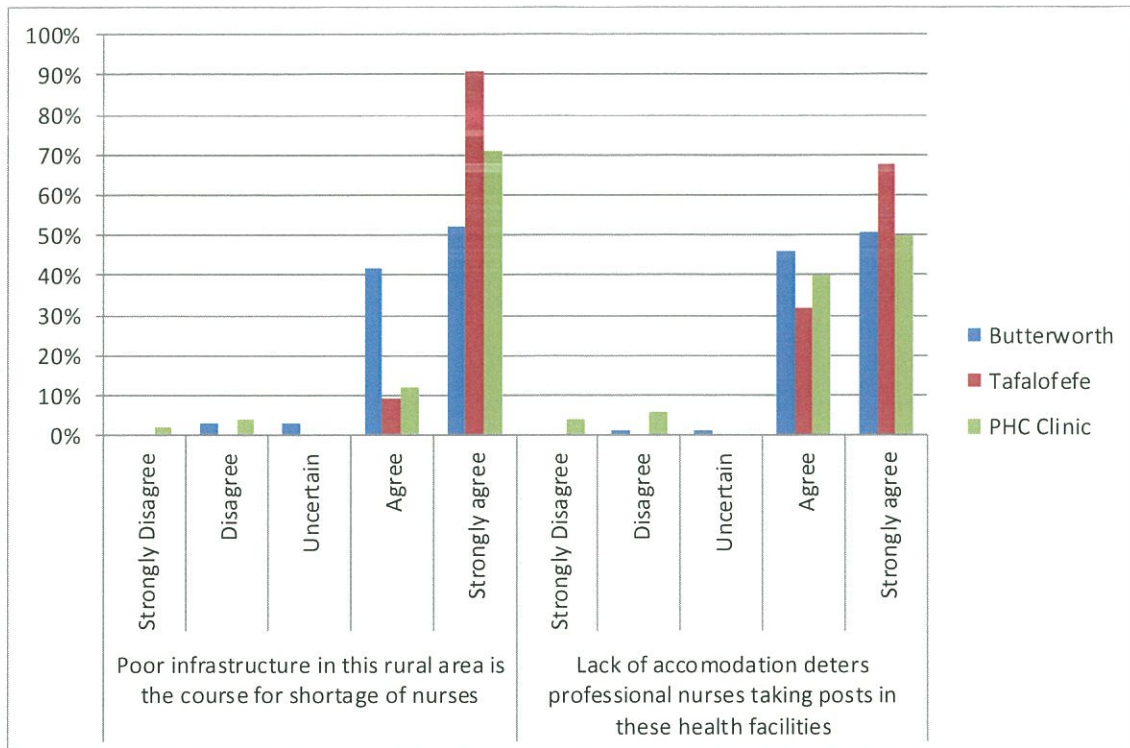


Figure 4.18: Infrastructural issues affecting service delivery; Butterworth (N = 75), Tafalofefe (N = 22), Primary HealthCare Clinics (N = 52)

Figure 4.18 shows that 75 (100%) nurses at Butterworth Hospital responded to this statement, and that 38 (52%) 94% agreed with the statement and only 6% disagreed. Poor accommodation got 97% agreeing with the statement and only 3% disagreeing. At Tafalofefe Hospital, with 22 (100%) participants who responded to the question, all participants agreed with the statement. At PHC clinics, out of 52 (100%) participants who responded to the question, 83% agreed with the statement and 17% disagreed. Professional nurses in these healthcare facilities are conscious of their plight; one would experience this while visiting (Reconstruction and Development Program (RDP), 1994:22).

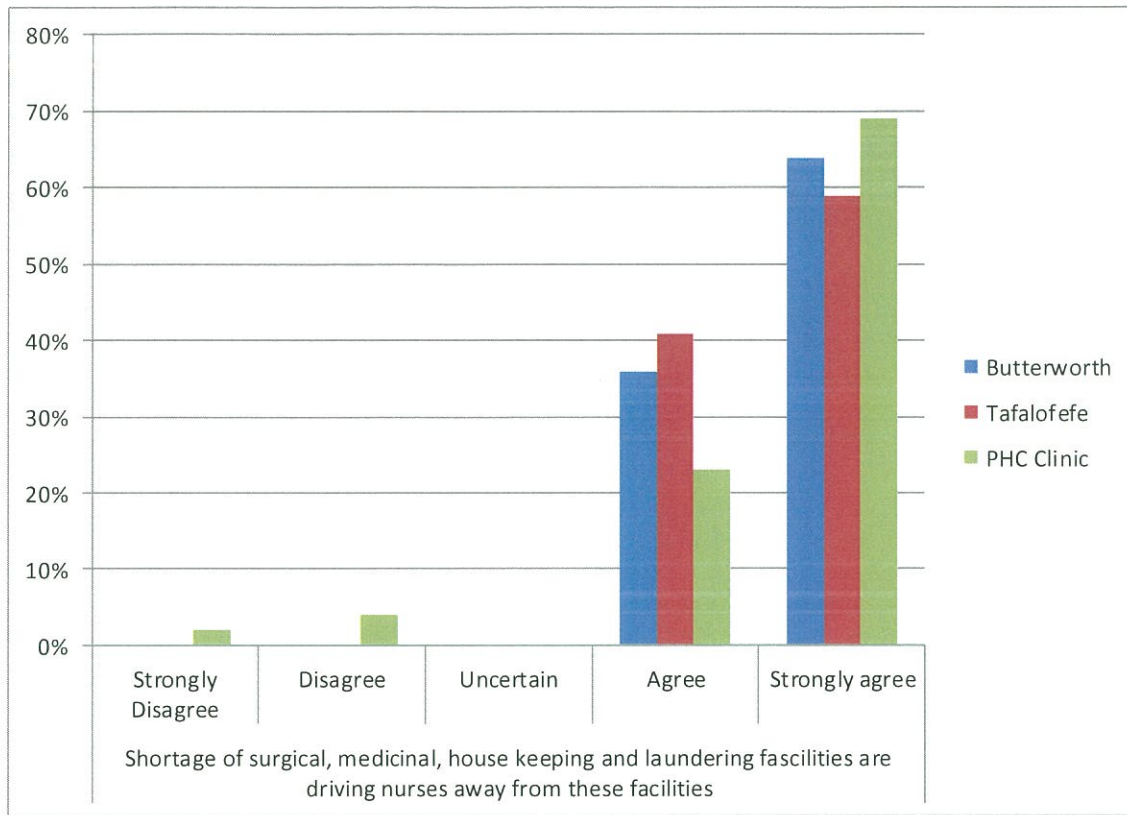


Figure 4.19: Insufficient material resources; Butterworth (N = 75), Tafalofefe (N = 22), Primary HealthCare Clinics (N = 52)

Figure 4.19 shows that at Butterworth Hospital, with a total of 75 (100%) respondents, all agreed with the statement on the shortage of supplies.

At Tafalofefe, with a total of 22 (100%), all agreed with this statement. At PHC clinics, 52 (100%) participants responded to the question, 92% agreed with the statement and only 8% disagreed. The majority of respondents in all areas of this study were in support of the statement about insufficient material resources (McCloskey & Kennedy-Grace, 1990:2).

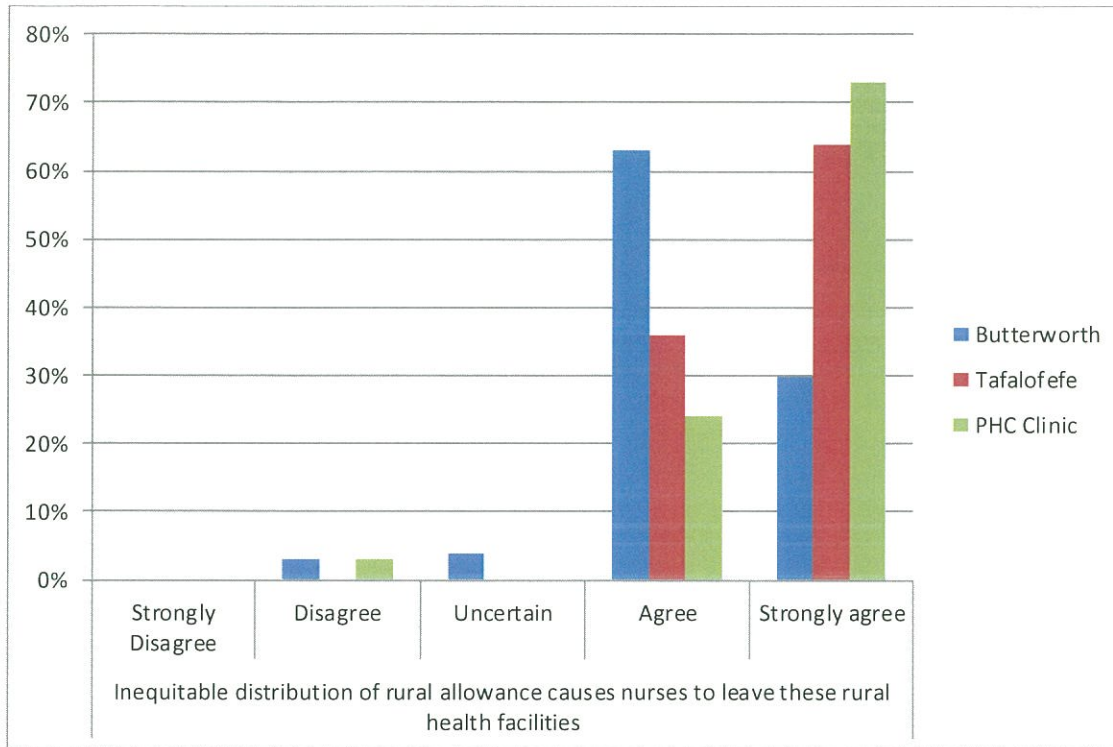


Figure 4.20: Hygiene factors of motivation; Butterworth (N = 75), Tafalofefe (N = 22), Primary HealthCare Clinics (N = 52)

Figure 4.20 indicates that, concerning motivational factors at Butterworth Hospital, 75 (100%) participants responded to the question and 93% agreed with the statement. Only 7% disagreed.

At Tafalofefe Hospital, 22 (100%) participants responded to the question and all of them agreed with this statement. At PHC clinics, 52 (100%) participants responded to the question, 97% agreed with the statement and only 3% disagreed. This shows that, despite the government's motivational initiatives, implementation of the same leaves much to be desired (HSRC Report, 2005:43).

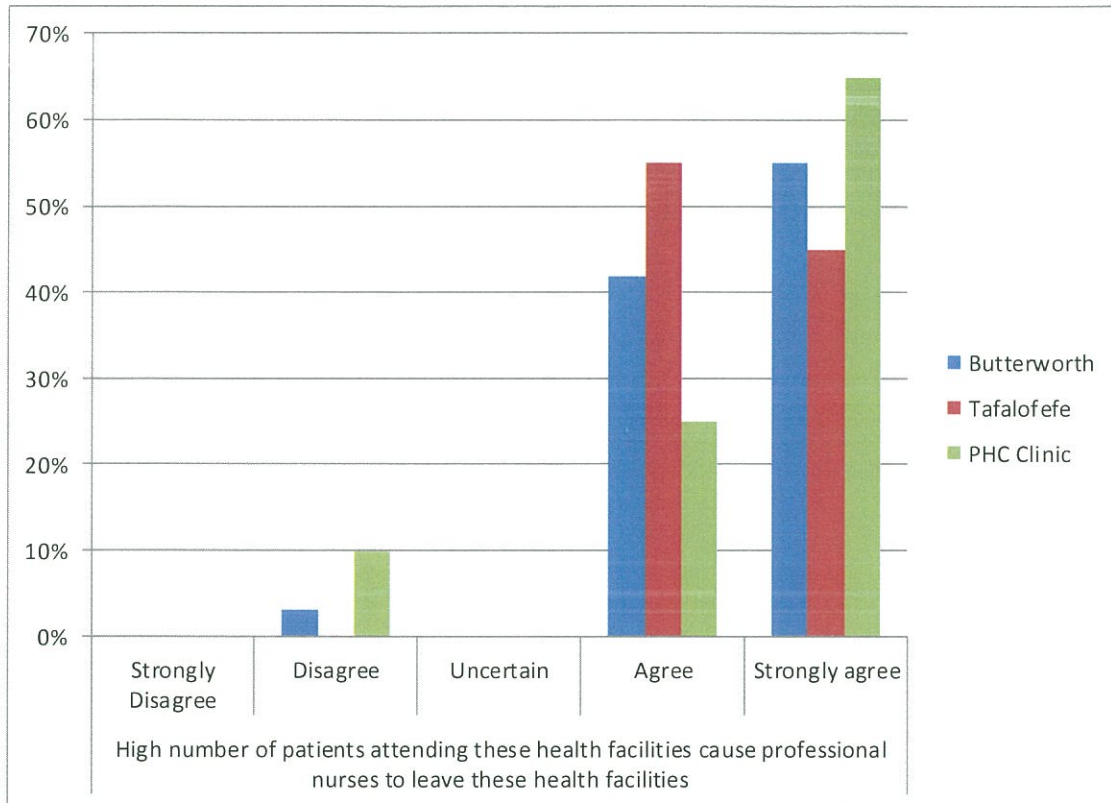


Figure 4.21: Increased workload; Butterworth (N = 75), Tafalofefe (N = 22), Primary Health Care Clinics (N = 52)

Figure 4.21 shows that 75 (100%) of the participants at Butterworth Hospital responded to the statement about increased workload on the nurses, as shown by the nurse/patient ratio discussed in the literature review, and 100% of them agreed with the statement. At Tafalofefe Hospital, 22 (100%) of participants responded to the question and 100% of them agreed with the statement. At PHC clinics, 52 (100%) participants responded to the question and 90% agreed with the statement, while 10% disagreed. The majority of respondents are aware of the increased workload (Solidarity Research Institute Report, 2009:13).

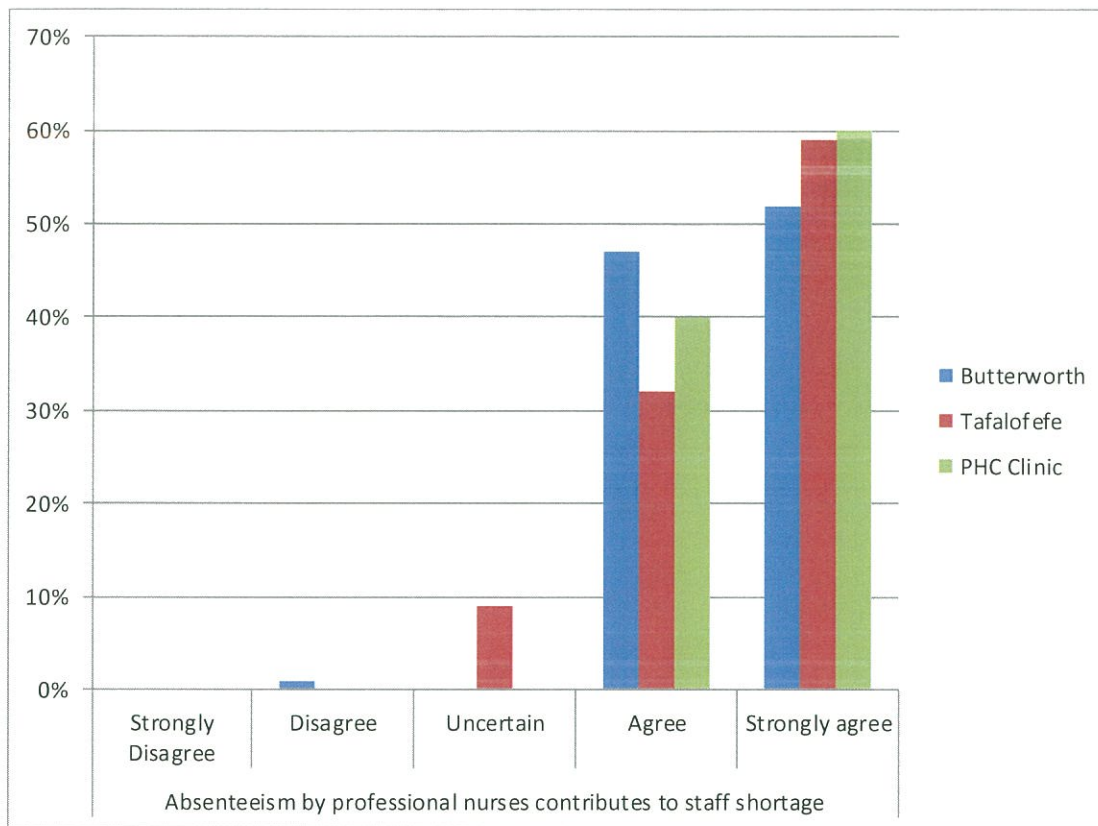


Figure 4.22: Absenteeism: Butterworth (N = 75), Tafalofefe (N = 22), Primary Health Care Clinics (N = 52)

Figure 4.22 shows that 75 (100%) participants at Butterworth Hospital responded to the question concerning absenteeism, 99% agreed to this and only 1% disagreed.

At Tafalofefe Hospital, 22 (100%) participants responded to this question and 91% agreed with the statement, while 9% disagreed. At PHC clinics, 52 (100%) participants responded to the question and 100% of them agreed with the statement. This shows that dissatisfied personnel will simply absent themselves from duty (Wildschut and Mgqolozana, 2009:49).

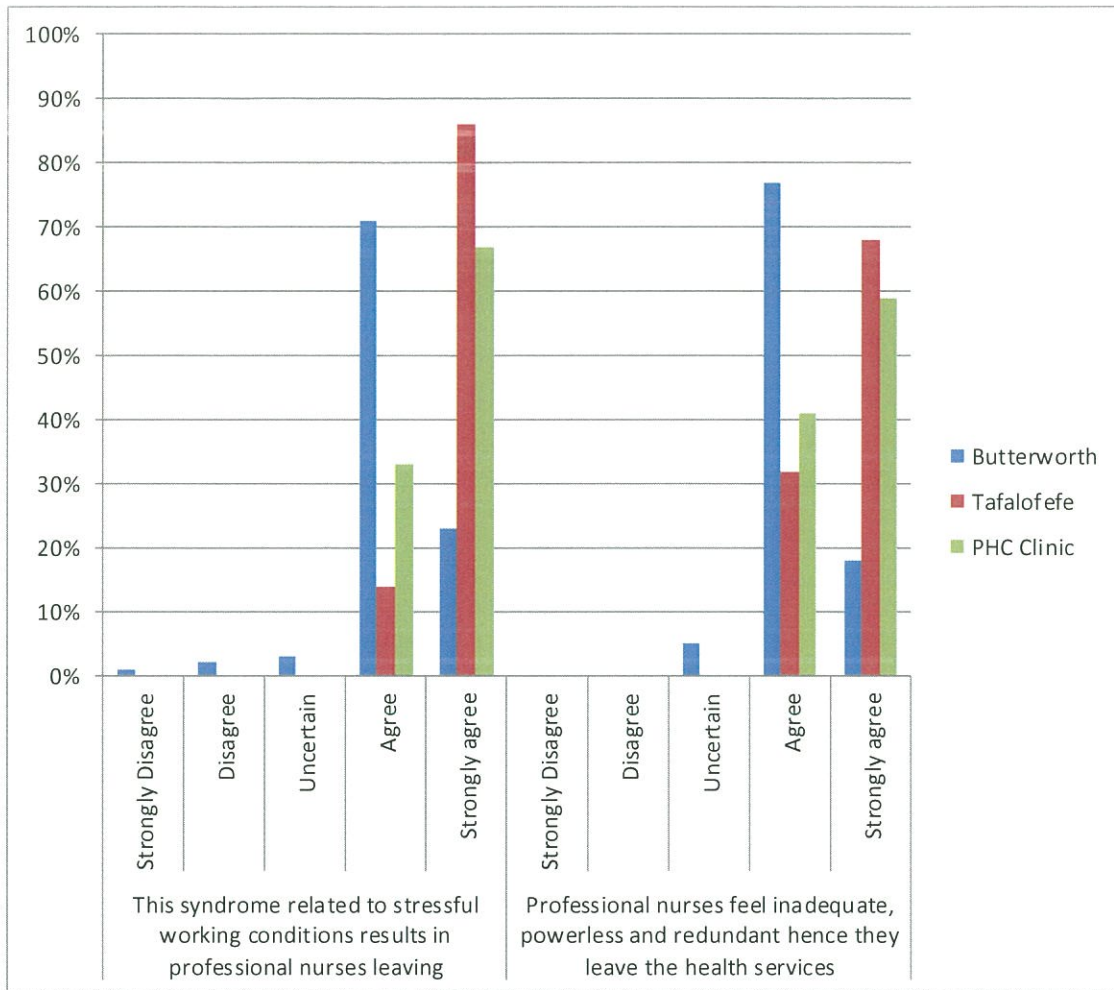


Figure 4.23: Burnout syndrome: Butterworth (N = 75), Tafalofefe (N = 22), Primary Health Care Clinics (N = 52)

Figure 4.23 concerns the Burnout syndrome statement. At Butterworth Hospital, 75 (100%) of the participants responded to the question and 94% agreed with the statement while 6% disagreed. At Tafalofefe Hospital, with 22 (100%) participants who responded, all agreed with the statement. At PHC clinics, 52 (100%) responded to the question and all of them agreed with the statement.

This supports the fact that professional nurses are not happy with their lot and this could impact negatively on service delivery (Polikandrioti, 2009:195).

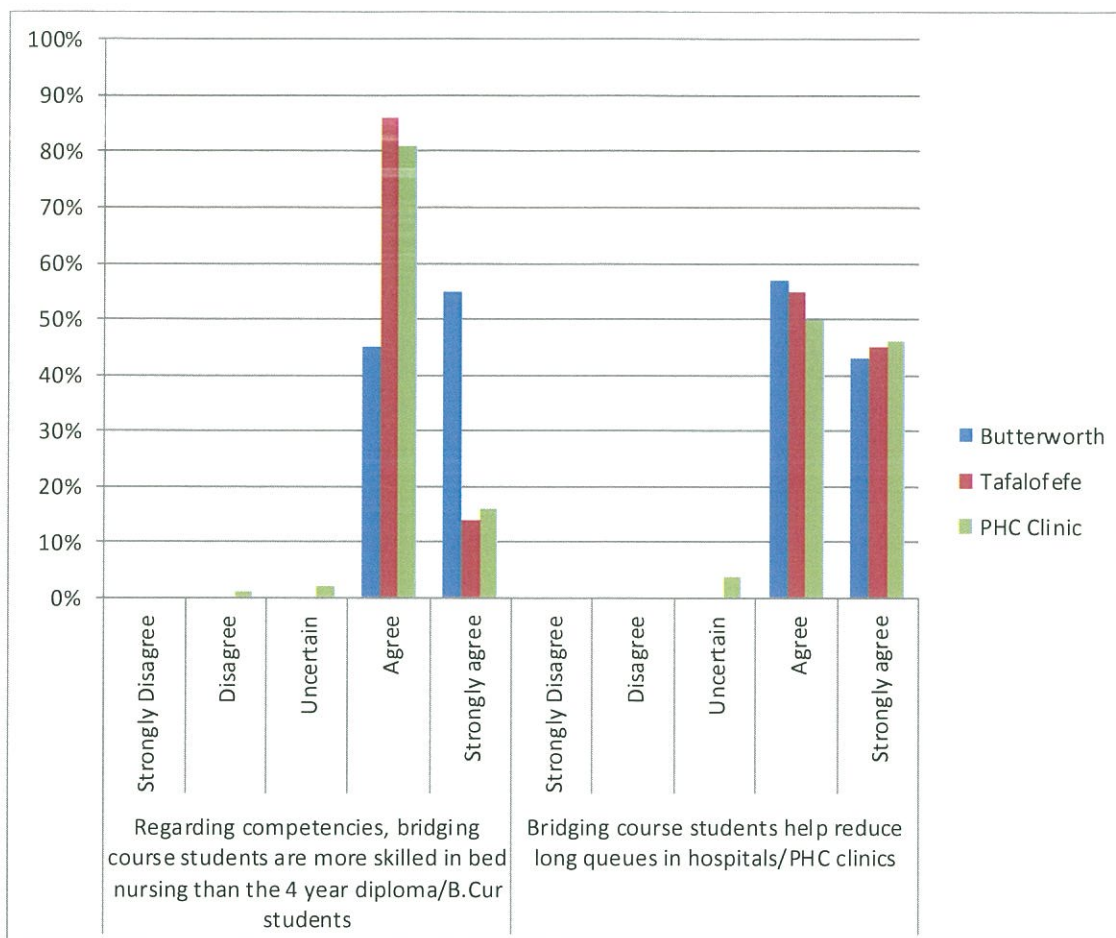


Figure 4.24: Role of the Bridging Course students in clinical areas: Butterworth (N = 75), Tafalofefe (N = 22), Primary Health Care Clinics (N = 52)

Figure 4.24 indicates that, at Butterworth Hospital, with 75 (100%) participants who responded to the question, all of them agreed with this question.

At Tafalofefe Hospital, with 22 (100%) participants who responded to the question, all of them agreed to this question.

At PHC clinics, with 52 (100%) participants who responded to this statement, 97% agreed with the statement and only 3% disagreed. This shows that Bridging Course students are adding value by their presence in these healthcare facilities, because of

their previous experience in basic nursing procedures (National Skills Authority, 2007:4).

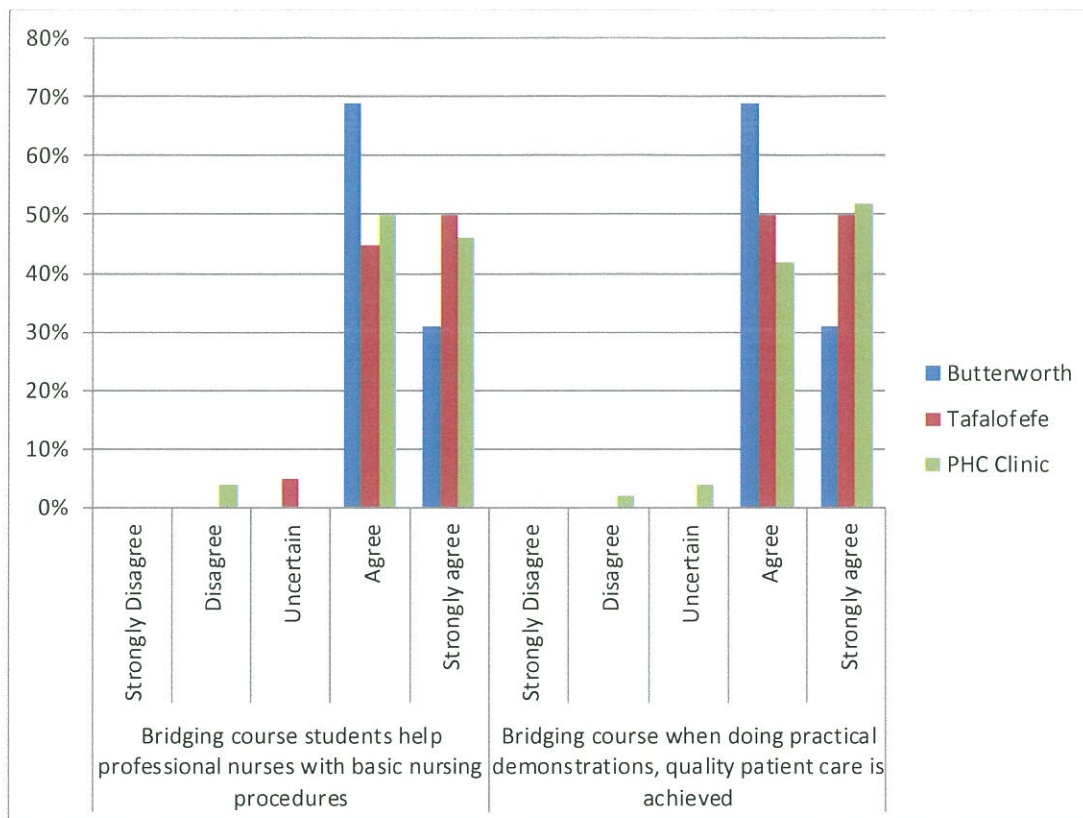


Figure 4.25: Quality Patient care: Butterworth (N = 75), Tafalofefe (N = 22), Primary Health Care Clinics (N = 52)

Figure 4.25 shows that all of the 75 (100%) participants in Butterworth who responded to the question agreed with the statement dealing with the area of quality patient care rendered when the Bridging Course students are available in clinical learning areas. At Tafalofefe Hospital, of 22 (100%) participants who responded to the question, 95% agreed with the statement and only 5% disagreed. At PHC clinics, out of 52 (100%) participants who responded to the statement, 96% agreed, while only 4% disagreed. The majority of respondents agreed with this statement, showing that the presence of the Bridging Course students is appreciated in these rural health facilities faced with the grave shortage of nurses (Policy and Plans for Human Resource for Health, 2006:8).

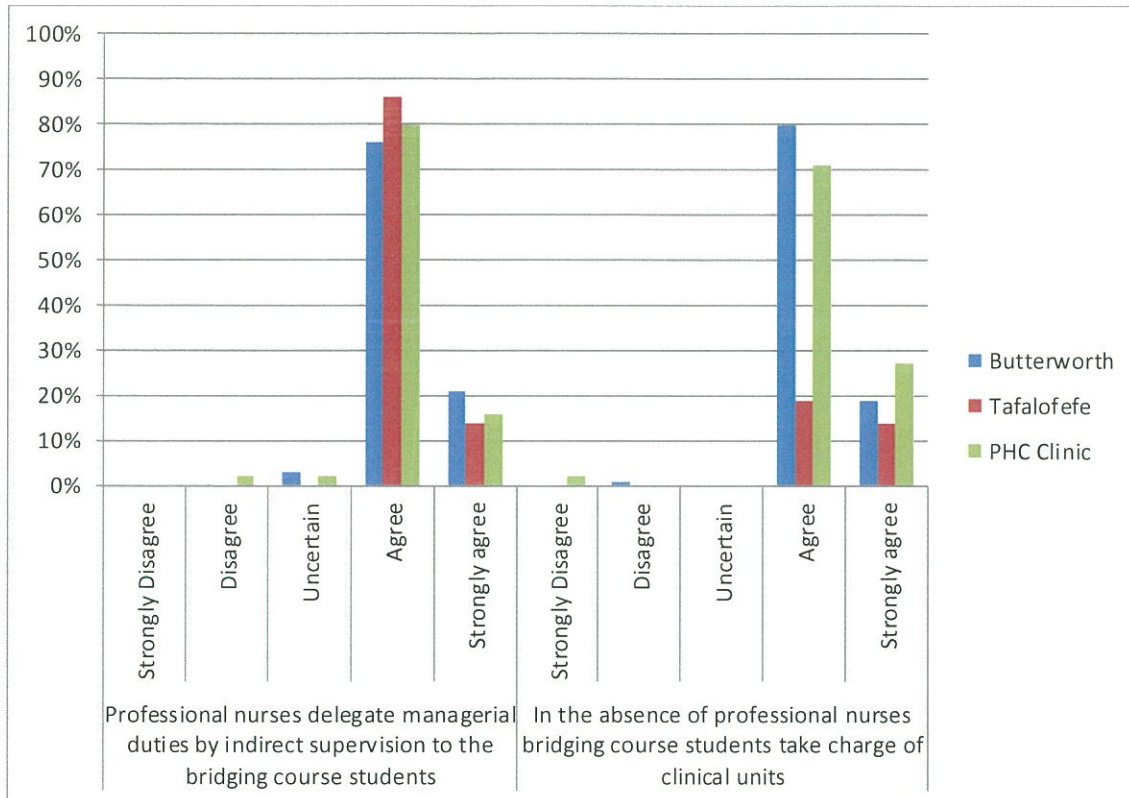


Figure 4.26: Support rendered by the Bridging Course students to unit managers: Butterworth (N = 75), Tafalofefe (N = 22), Primary Health Care Clinics (N = 52)

Figure 4.26 shows that 75 (100%) participants at Butterworth Hospital responded to the statement; 97% agreed, while only 3% disagreed with the statement that Bridging Course students are capable of rendering help in the clinical areas through management of clinical units by indirect supervision. At Tafalofefe Hospital, with 22 (100%) participants who responded to the statement, all agreed with this statement. At PHC clinics, with 52 (100%) participants who responded to the statement, 96% agreed, while only 4% disagreed. Even with this statement, respondents showed appreciation of the students of the Bridging Course because of the nature of their skills and experience (National Skills Authority, 2007:4).

CHAPTER 5: DISCUSSION OF FINDINGS, LIMITATIONS AND RECOMMENDATIONS

5.1 Introduction

The previous chapter dealt with the results of the data collected and interpretation of the same. In this chapter, the researcher focuses on the discussion of findings, the implications of the findings, limitations of the research, recommendations derived from the research results, and the summary. The discussion process included examination of evidence, formation of conclusions, exploration of the significance of findings, generalizability of findings, and consideration of implications and suggestions for further studies.

5.1.1 Significance of the study

The study attempted to expose and make known the role played by the Bridging Course programme in alleviating shortage of staff within this sub-district of Amathole.

5.1.2 Research Question

The research question that needed to be answered, was: What are the perceptions of professional nurses regarding the value of the Bridging Course student in clinical areas in as far as the alleviation of the shortage of staff is concerned?

5.1.3 Objective of the study

The objective of the study was: To describe the perceptions of professional nurses about the Bridging Course programme in alleviating the shortage of staff at Amathole sub-district, Eastern Cape Province.

5.2 Discussion

The study revealed that the highest number of professional nurses at Butterworth hospital, which is 35%, is in the age bracket of 41 to 50 years, the lowest number being in the age group of 23 to 25 years, which is 2%. At Tafalofefe hospital, the highest number is 35% in the 51 to 60-year category. At the PHC clinics, the highest number of professional nurses is at 64%, being those in the 41 to 50-year group. The lowest number of nurses at PHC Clinics is in the 26 to 30-year bracket (4%), while none is at the 23-25-year category. This means that there are few young professional nurses who are employed in this remote and rural area (Policy and Plans for Human Resources for Health, 2006:8). This could mean that this gross shortage of staff is not going away soon (McCloskey & Kennedy-Grace, 1990:2).

As far as academic qualifications are concerned, the professional nurses with a Bridging Course Diploma are in the majority at Butterworth Hospital, making up 35%; the second-largest group, at Tafalofefe Hospital, is 34%; and at the PHC clinics these nurses also form the second largest group of professional nurses, 38%, after the professional nurses with a 3-year Diploma.

Professional nurses with the 4-year Diploma were the second largest group by numbers (33%) at Butterworth Hospital. At the PHC clinics, the largest group of professional nurses comprised the old 3-year Diploma graduates, which means that these are the professional nurses who are nearing retirement, at 43 %. At Tafalofefe Hospital, the same category, the 3-year Diploma, comprised 36% of the professional nurses, the largest group in this hospital.

In all three sites of this study, the BA degree graduates had the lowest numbers, 2%, 5% and 0% respectively. This is supported by Wildschut and Mqgqolozana (2008:52) in their report on skills shortage when stating that production levels are low compared to the need for professional nurses at healthcare facilities.

The 4-year Diploma graduates followed with 33%, 25% and 19% respectively at the three sites of the study. This indicates that, although the Bridging Course only started in 1998, and had its first products in the year 2000, this rural area had by far

the largest number of professional nurses operating in the area (National Skills Authority, 2007:4).

Looking at the length of period that professional nurses have been working in this area, the majority had been there for 5 to 6 years, with 44%, 43%, and 32 % in the three sites consecutively. This shows that nurses in this area come and go, and the turnover rate is high. This is not good for quality patient care as inexperienced professional nurses are more in number than those with experience (Booyens, 2000:199).

In the clinical practice area, the overwhelming majority (99%) of respondents at all three sites of the study agreed on the shortage of nurses; 81% of respondents agreed to the risks that the profession faces as far as safety is concerned. They also agreed with the fact that nurses face violence from their patients, agreed to the poor infrastructure as a deterrent to nurses coming and staying in this area, as well as insufficient resources causing frustration to nurses (Polikandrioti, 2009:195).

Increased workload and absenteeism were also agreed upon as thorny issues responsible for the shortage of nurses, with more than 90% of respondents agreeing with these statements. The overwhelming majority of professional nurses agreed that the Bridging Course students are helping in the alleviation of the shortage of nurses at healthcare facilities by their experience in and knowledge of patient care (Wildschut and Mqolozana, 2008:52).

5.3 Implications

The study revealed the significant increase in the number the Bridging Course trained professional nurses in this area, and the role that is played by the Bridging Course students in curbing the shortage of nurses in this area. The study is limited in as much as it was conducted in the remote and rural areas and cannot, as such, be generalised to other areas where there are Bridging Course students, like the urban areas where the infrastructure is better than in the rural areas.

5.3.1 Implications for research

There is still much research about the Bridging Course that needs to be undertaken before it is abolished. Situational analysis in the area of service delivery and healthcare workers need to be done in these rural health facilities.

5.3.2 Implications for clinical practice

In the clinical areas, especially in the area of bedside nursing care, the Bridging Course programme is proving to be of significance in these rural health facilities.

5.3.3 Implications for administration

Administratively it would be appreciated if those in managerial positions and in decision making positions get their facts right before taking decisions impacting on the lives of the poor and often ignorant rural folk. Abolishing the Bridging Course will be detrimental to both patient care and the development of the Enrolled Nurse in these rural health facilities.

5.3.4 Implications for nursing education

This course has improved many enrolled nurses, gave hope of upward mobility to the Enrolled Nursing Assistant who is at the bottom of the ladder in the nursing profession. If the Bridging Course it is to be discontinued, it could be likened to taking one step forward and two steps backwards.

5.4 Limitations

The study is limited in as much as it can be applied only in a rural setting.

5.5 Recommendations

The researcher, from the outcomes of the study, would like to recommend the preservation of the Bridging Course, particularly for the under privileged areas like the area in this study. As shown by the number of the Bridging Course trained professional nurses in this area, they are holding the fort in these healthcare facilities. It is just a matter of the relevant stakeholders making a situational analysis in this area to reach the suitable conclusion for the healthcare services in this area.

5.6 Summary

In this study the researcher's interest was focused on the Bridging Course programme. The researcher has witnessed the role played by the students of this programme while on placement in the clinical learning areas of this rural area. The questionnaire, directed to professional nurses in this sub-district, asking for their views on the Bridging Course students while on placement in their clinical learning areas, revealed, by an overwhelming majority, that these students are indeed functional in curbing the shortage of staff in these healthcare facilities as they do not need direct and constant supervision on basic nursing care like their counterparts, the four-year Diploma\BA-degree students.

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APPENDICES

APPENDIX A

Letter of application to the University of Fort Hare Ethics Research Committee

Department of Nursing Science
University of Fort Hare
East London
5201
The Committee
University of Fort Hare Research Ethics Committee
University of Fort Hare
Alice.

REQUEST FOR APPROVAL TO CONDUCT A RESEARCH STUDY

I am pursuing a Master's degree in Nursing Science (M.Cur) at this University, East London branch. One of the requirements for this qualification is to conduct a research study in the related field. The research study that I have proposed to do is: 'Effectiveness of the Bridging programme in alleviating staff shortages at health care services in one Eastern Cape Province sub-district.

The purpose of the study is to determine and describe the effectiveness of the Bridging programme in alleviating the shortage of professional nurses in the sub-district of Amathole, Eastern Cape Province, so that if possible, the relevant stake holders would appreciate the contribution made by this programme in the nursing profession and document it for future reference. The department will be given a summary of the findings on request.

A descriptive, quantitative research study will be used utilising a questionnaire for data collection. To respond to this questionnaire will probably take 20 minutes. The participants will not benefit directly from this study, but it will help to make known the

role that is being played by the Bridging Course programme in this sub-district of the Amathole.

Hoping that this request will receive your favourable consideration

Kind regards

Mrs I.F. Hlabahlaba

Researcher, MA student.

Contact details: 0744190611

APPENDIX B

Letter of application to the Eastern Cape Department of Health Research Ethics Committee

Department of Nursing Science

University of Fort Hare

East London branch

5200

Eastern Cape Department of Health Ethics Committee

Eastern Cape Department of Health

Bisho

REQUEST FOR APPROVAL TO CONDUCT A RESEARCH STUDY

I am pursuing a Master's programme in Nursing Science (M.CUR) at the University of Fort Hare, East London branch. One of the requirements for this qualification is to conduct a research study in the related field. The research study that I propose to do is: The effectiveness of the Bridging Course programme regarding alleviation of staff shortage in one sub-district of Amathole, Eastern Cape Province.

The main purpose of this study is to determine and describe the effectiveness of the Bridging Course programme in alleviating the staff shortage in this area of the Eastern Cape Province and to make recommendations concerning the value of this programme in as far as bedside nursing care is concerned. A descriptive, quantitative research will be used making use of a questionnaire for data collection. It will probably take 20 minutes to respond to this questionnaire. No direct benefits will be received by participants, but your contribution to this study will help to bring to light the role that is being played by the Bridging Course in this sub-district.

Hoping that this request will receive your favourable consideration

Yours sincerely

Mrs I. F. Hlabahlaba

Researcher- MA Student

Contact details 0744190611

APPENDIX C

Letter of application to the Manager District Health Services, Amathole sub-district

Department of Nursing Science
University of Fort Hare
East London branch
5200

The District Manager Health
Mnquma Local Municipality
Butterworth

REQUEST FOR APPROVAL TO CONDUCT A RESEARCH STUDY

I am currently doing a Master's degree in Nursing Science (MCUR) with the University of Fort Hare, East London branch. One of the requirements for this qualification is to conduct a research study in the related field. The research study that I have proposed to do is: 'The effectiveness of the Bridging Course programme in alleviating staff shortage at health care services in one sub-district of Amathole, Eastern Cape Province'. The main purpose of this study is to determine and describe the effectiveness of the Bridging course programme regarding alleviation of the shortage of nurses in this sub-district, since these students are the people working in clinical learning areas for experiential learning whilst they are on placement in these clinical learning areas for practical exposure. Descriptive, quantitative research will be used utilising a questionnaire for data collection. It will probably take 20 minutes to complete the questionnaire. There will be no direct benefits that will be received by the participants but your contribution will help make known the role that is being played by the Bridging Course in this sub-district.

Hoping that this request will receive your favourable consideration

Kind regards

Mrs I. F. Hlabahlaba

Researcher- MA Student

Contact details 0744190611

APPENDIX D

Letter of application to the Nursing Service Manager, District Hospital, Mnquma Cluster

Department of Nursing Science
University of Fort Hare
East London branch
5200

The Nursing Service Manager
Butterworth Hospital
Butterworth

REQUEST FOR APPROVAL TO CONDUCT A RESEARCH STUDY

I am currently a student at the University of Fort Hare doing a Master's degree in Nursing Science (MCUR). One of the requirements for this programme is to conduct a research study in the related field. The research study that I have proposed to do is: 'Effectiveness of the Bridging Course programme regarding the alleviation of staff shortage in this sub-district of Amathole'. The main purpose of this study is to determine and describe the effectiveness of the Bridging Course programme in alleviating the staff shortage in this rural and remote area and to possibly make recommendations to the relevant authorities about the value of this programme in this area. Descriptive, quantitative research will be used making use of questionnaire for data collection. It will take approximately 20 minutes to complete this questionnaire. There will be no direct benefits that will be received by the participants but your contribution will help make known the role that is being played by the Bridging Course in this sub-district. Hoping that this request will receive your favourable consideration. Thanking you in advance

Yours sincerely

Mrs I.F. Hlabahlaba

Researcher- MA Student.

Contact details: 0744190611

APPENDIX E

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Title of the research: The effectiveness of the Bridging programme in alleviating the shortage of staff at health care services in the Amathole sub-district, Eastern Cape Province.

Researcher: Mrs I.F. Hlabahlaba

Purpose of the study: The main purpose of the study is to determine and describe the effectiveness of the Bridging programme in alleviating staff shortage at health care services of Amathole sub-district, Eastern Cape Province.

You are kindly requested to participate in this study. You will be requested to participate by filling in a questionnaire. Participation or non-participation will have no impact on you in any way. Answering the questionnaire will take you approximately 25 minutes.

Potential Risks and discomfort

There are no known risks or discomfort associated with your participation in this research.

Potential Benefits

You will not benefit directly from your participation in this study. However, the recommendations resulting from this study may influence the future development of policy in support of the continuing implementation of the RPL principle in favour of the existing EN sub-category with resultant additional help in our patient care in this area.

Privacy and Confidentiality

Confidentiality will be respected. Unless required by law, no information that might directly or indirectly reveal your identity will be released or published without your specific consent to that effect.

Participation or withdrawal from the study:

You are not obliged in any way to participate in this study. There will be no penalty if you decide to decline. You are free to withdraw from this research study at any time; this will not affect you in any way though it will be costly to the researcher.

Contact details

If you have any questions, concerns or complaints about this research you may contact my supervisor, Dr E. Seekoe at this number: cell 0829791763 or at eseekoe@ufh.ac.za

Rights of the research subject

For questions about your rights while participating in this study, you may contact the Institutional Review Board at the University of Fort Hare, the Research Ethics Committee at 0437047588.

Your signature below indicates that you have agreed to participate in this study. You will be given a copy of this consent form to keep with your records.

I ----- the undersigned hereby agree to participate in this research study.

Signature of participant

Date

Investigator’s Signature

Date

Contact details 0474190611

APPENDIX F

COVER PAGE FOR QUESTIONNAIRE

TITLE: The effectiveness of the Bridging programme in alleviating shortage of staff at health care services of Amathole sub-district, Eastern Cape Province.

OBJECTIVE: The objective of this study is: To determine and describe the effectiveness of the Bridging Programme in alleviating the shortage of staff at health care services of the Amathole sub-district, Eastern Cape Province.

Instructions: Section A: Biographical data. In this section you are requested to tick what is applicable to you, for an example, gender:

Male	
Female	

Section B: The effectiveness of the Bridging Programme. This is a Lickert scale type of questionnaire. You are requested to tick what is applicable to you, for an example:

Strongly disagree	disagree	uncertain	Agree	Strongly agree

THE EFFECT OF THE BRIDGING PROGRAMME QUESTIONNAIRE

The attached questionnaire forms part of this research project on the effectiveness of the Bridging programme in alleviating the shortage of staff at health care services. You are not requested to furnish your name; you are requested to answer all the questions as honestly and as accurately as you can. There is no right or wrong answer. Mark the response that best reflects your views about the effect of the Bridging programme in this sub-district.

TITLE: The effectiveness of the Bridging programme in alleviating staff shortage at health care services of Amathole sub-district, Eastern Cape Province

OBJECTIVE: The objective of the study is: To determine and describe the effectiveness of the Bridging programme in alleviating staff shortage at health care services of Amathole sub-district in the Eastern Cape Province.

SECTION A: BIOGRAPHICAL DETAILS

This section of the questionnaire refers to the background or biological information. The researcher is aware of the sensitivity of the questions in this section, and thus the information will be kept confidential and will only be used to compare groups of respondents. Once again, you are reminded that your information will remain anonymous.

1. Please indicate your gender.

MALE	
FEMALE	

2. Please choose the age that is applicable to you.

23-25	
26-30	
31-40	
41-50	
51-60	

3. Please indicate your academic qualifications in nursing.

	YES	NO
Bridging Course Diploma in Nursing		
3-year Diploma in Nursing		
4-year Diploma in Nursing		
Bachelor's degree in nursing		

4. Please indicate the qualifications applicable to you.

ENROLLED MIDWIFE	
ENROLLED PSYCHIATRIC NURSE	
Registered Nurse (RN)	
RN-MIDWIFE	
RN-COMMUNITY HEALTH NURSE (CHN)	
RN, MIDWIFE, CHN	
RN, MIDWIFE, CHN, PSYCHIATRY	
RN, CHN, MIDWIFE, PSYCHIATRY, NURSING ADMINISTRATION	
RN-CHN, MIDWIFE, PSYCHIATRY, NURSING ADMINISTRATION, NURSING EDUCATION	

4. Please choose the length of period you have been working as a professional nurse in this sub-district.

Years	Butterworth Hospital	Tafalofefe Hospital	Primary Health Care Clinic
5-6			
6-7			
7 -10			
10 and above			

5. Please indicate the length of the period you have been registered as a professional nurse.

years	
5-6	
6-7	
7 AND ABOVE	

SECTION B: Role of the bridging course students in clinical areas

INSTRUCTIONS

For each of the following statements, kindly indicate what your views are by rating your response as per scale provided from 1-5. Mark with an x in the box appropriate to your response. 1 = strongly agree, 2 = Agree, 3 = uncertain, 4 = disagree, 5 = strongly disagree

1. Community service area

1.1 There is a gross shortage of RN in this PHC clinic/hospital.

Strongly agree	Agree	Uncertain	Disagree	Strongly disagree

1.2 There is no substitute for a nurse who is sick or on vacation.

Strongly agree	Agree	Uncertain	Disagree	Strongly disagree

1.3. Professional nurses are reluctant to take posts in this area.

Strongly agree	Agree	Uncertain	Disagree	Strongly disagree

2. Safety and security

2.1. High crime rate is one of the reasons for staff turnover in this PHC clinic.

Strongly agree	Agree	Uncertain	Disagree	Strongly disagree

2.2. Violence levelled against nurses by the community is one of the causes of nurses leaving this hospital/ PHC clinic.

Strongly agree	Agree	Uncertain	Disagree	Strongly disagree

3.3. Long waiting queues of patients result in nurses being verbally abused by tired and frustrated patients.

Strongly agree	Agree	Uncertain	Disagree	Strongly disagree

3. Infrastructural issues

3.1 Poor infrastructure in this area in the form of bad roads, lack of sanitation, lack of electricity in some of these PHC clinics and lack of clean water supply is one of the reasons for the shortage of staff in this PHC clinic.

Strongly agree	Agree	Uncertain	Disagree	Strongly disagree

3.2 Lack of accommodation in this PHC clinic is a deterrent for nurses to take up posts in this area.

Strongly agree	Agree	Uncertain	Disagree	Strongly disagree

4. Lack of sufficient material resources

4.1 Shortage of surgical equipment, medicinal supply, house-keeping supplies and laundering facilities are jointly driving nurses away from these PHC clinics.

Strongly agree	Agree	Uncertain	Disagree	Strongly disagree

5. Hygiene factors of motivation

5.1 Inequitable distribution of a rural allowance is the cause of RN leaving these rural PHC clinics for urban areas, as this allowance is the same amount regardless of where your place of employment is situated.

Strongly agree	Agree	Uncertain	Disagree	Strongly disagree

6. Increased workload

6.1 The high loads of patients attending these health facilities due to the economic migrants and foreign refugees are one of the causes nurses leave these rural areas because of mere fatigue.

Strongly agree	Agree	Uncertain	Disagree	Strongly disagree

7. Absenteeism

7.1 Absenteeism by nurses is contributing to staff shortage as exhausted nurses simply absent themselves from duty.

Strongly agree	Agree	Uncertain	Disagree	Strongly disagree

8. Burnout syndrome

8.1. This syndrome related to stressful working conditions in these rural health facilities is the reason nurses are leaving these PHC clinics for greener pastures.

Strongly agree	Agree	Uncertain	Disagree	Strongly disagree

8.2 Nurses feel inadequate, powerless and redundant, hence they leave these rural healthcare services resulting in shortage of staff.

Strongly agree	Agree	Uncertain	Disagree	Strongly disagree

9. Role of the Bridging Course students

9.1 Competencies of the Bridging Course students

They are more skilled in bedside nursing than the 4-year Diploma/BCur students.

Strongly disagree	Disagree	Uncertain	Agree	Strongly agree

9.2. Bridging Course students help in reducing long queues in hospitals/PHC clinics by applying their knowledge gained through previous training and experience.

Strongly disagree	Disagree	Uncertain	Agree	Strongly agree

10. Quality patient care:

10.1 Bridging Course students help professional nurses with basic nursing procedures as they do not require supervision on these.

Strongly disagree	Disagree	Uncertain	Agree	Strongly agree

10.2 When these Bridging Course students are doing their compulsory practical demonstrations on live patients, these patients in turn enjoy quality care rendered.

Strongly disagree	Disagree	Uncertain	Agree	Strongly agree

10.3 Bedside nursing care improves considerably during the months that Bridging Course students are placed in clinical learning units for experiential training.

Strongly disagree	Disagree	Uncertain	Agree	Strongly agree

10.4. During the months when Bridging Course students are in block for tutorials, shortage of staff becomes evident in clinical units.

Strongly disagree	Disagree	Uncertain	Agree	Strongly agree

10.5 Bridging Course students are capable of making accurate observations on patients and therefore are easing the burden on professional nurses working in PHC departments and Out Patients Department (OPD)

Strongly disagree	Disagree	Uncertain	Agree	Strongly agree

11. Support rendered by the Bridging course students to unit managers

11.1 Professional nurses delegate Bridging Course students to management duties by indirect supervision while engaged in other pressing duties.

Strongly disagree	Disagree	Uncertain	Agree	Strongly agree

11.2 When the need arises, Bridging Course students take charge of clinical units in the absence of Registered Nurses

Strongly disagree	Disagree	Uncertain	Agree	Strongly agree

11.3 Bridging Course students are capable of supervising their subordinates on basic nursing procedures.

Strongly disagree	Disagree	Uncertain	Agree	Strongly agree

11.4 Bridging Course students are capable of initiating basic nursing care without waiting for instruction.

Strongly disagree	Disagree	Uncertain	Agree	Strongly agree

THANK YOU FOR PARTICIPATING IN THIS STUDY.

RESEARCHER'S NAME: I.F. Hlabahlaba

RESEARCHER'S SIGNATURE *I.F. Hlabahlaba* **DATE:** 2013-08-22



University of Fort Hare
Together in Excellence

ETHICAL CLEARANCE CERTIFICATE

Certificate Reference Number: SEE04 1SHLA01

Project title: The effectiveness of the bridging programme in alleviating shortage of staff at health care services of the Amathole sub-district, Eastern Cape Province.

Nature of Project: Masters

Principal Researcher: Ivy Fuyiwe Hlabahlaba

Supervisor: Dr E Seekoe

Co-supervisor:

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

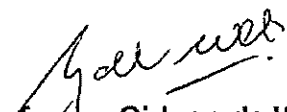
The Principal Research must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

The UREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
 - Any unethical principal or practices are revealed or suspected
 - Relevant information has been withheld or misrepresented
 - Regulatory changes of whatsoever nature so require
 - The conditions contained in the Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project.

The Ethics Committee wished you well in your research.

Yours sincerely


Professor Gideon de Wet
Dean of Research

16 July 2013



Province of the
EASTERN CAPE
HEALTH



MNQUMA SUB DISTRICT

P/BAG X 3080
BUTTERWORTH 4960
TEL: 047-4910740/1/2/51

ENQUIRIES Mrs Mdyeshana


FAX: 047 4910771

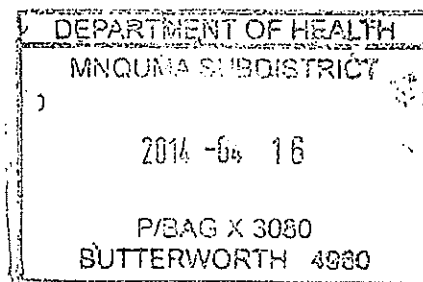
TO : Whom it may concern
FROM : Mquma Sub-District
DATE : 2014-04-16
SUBJECT : Verification

This serves to verify that permission was granted to conduct the study on the bridging course in our clinics.

Should you require for the information don't hesitate to contact this office.

Regards:


N.T Ngxola
HRD Manager





Province of Eastern Cape. Iphondo leMpuma- Koloni

ISEBE LEZEMPILO DEPARTMENT OF HEALTH
DEPARTEMENT VAN GESONDHEID MNQUMA HOSPITAL CLUSTER
(BUTTERWORTH & TAFALOFEFE HOSP)
Private Bag /Ingxowa Eyodwa X3051, Butterworth, 4960, SOUTH AFRICA
BATHO PELE (PEOPLE FIRST / ABANTU KUQALA)

Telephone: + 27491 4164

Facsimile: + 27 4910338

Date: 22/08/2013

Enquiries: Mrs G.N Mashiyi

TO WHOM IT MAY CONCERN

RE: RESEARCH ON THE PERCEPTIONS OF PROF.NURSES ABOUT THE BRIDGING COURSES.

Mrs J.F Hlabahlaba has requested permission to conduct a study on the above topic. After consultation approval is granted for her to commence with the study in Butterworth Hospital.

Regards

G.N Mashiyi
Area Manager Nursing

22/08/2013

Date