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Perceptions of nurse educators regarding the implementation of the occupational specific dispensation at a selected nursing college in Limpopo Province

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ABSTRACT

The aim of this study was to explore and describe the perceptions of nurses regarding the implementation of the occupation-specific dispensation (OSD) in a selected nursing college in Limpopo province. A qualitative approach was used with a purposive sampling method for the selection of 12 voluntary participants who had worked for more than five years and been subjected to the implementation of OSD. In-depth interviews were conducted and data analysed according to Tesch's method. The perceptions of nurse educators were shared through participants' responses to a central research question. Participants expressed different responses, both positive and negative. The findings of this study demonstrated: high expectations, unfair treatment in relation to the implementation, and reactions to introduction of OSD. Participants also identified envisaged ways of improving the situation through the identification of ways to correct the problems. This study recommended that management ensure that nurse educators' remuneration packages are competitive with those of similar professions in the clinical setting. Recognition of nurse educators' additional qualifications, long-service experiences and rural allowance reviews in nursing education should be taken into consideration urgently.

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1. Introduction and background

Occupational-specific dispensation (OSD) refers to revised salary structures that are unique to specially identified occupations in the public service. According to Moleketi (2007, p. 2), OSD was a government strategy aimed at recruiting and retaining qualified professionals through improved remuneration and influencing the psychological process that brings about motivation and job satisfaction. Satisfactory

remuneration may bring about self-actualisation, and so result in economic growth for nurse educators. Egerdahl (2009, p. 32) cites poor remuneration and lack of job satisfaction as two of the reasons why nurses leave the country in search of greener pastures. According to Kelly (2005, p. 59), South African nurses were not remunerated according to their experience, skills and specialties, which caused frustration, stress and job dissatisfaction and high staff turnover.

The South African Public Service Co-ordinating Bargaining Council (PSCBC), Resolution 1 of 2007, resulted in the

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implementation of OSD for professional nurses, staff nurses and nursing assistants with effect from 1 July 2007. Moleketi, the then Minister of Public Services, pointed out that this would ensure a fair, equitable and competitive remuneration structure that would provide for longer salary bands and substantial overlaps between salary levels to facilitate adequate salary progression (Moleketi, 2007, p. 2). Moleketi further stated that through OSD salaries of certain occupational categories would be aligned with the market and thus nurses' salaries should be adjusted to be in line with the inflation rate and enable nurses to earn a living wage.

The introduction of OSD raised expectations among nurses, as they perceived it as a means to meet their individual needs, while nurse educators at a selected nursing college viewed it both positively and negatively. Most educators assumed that OSD will enrich all of them as stated by Renchbauer and Sams (2006, p. 2) The assumption was that wages and fringe benefits are needed to satisfy basic needs. Nurse educators in the selected nursing campus were expecting to earn salaries commensurate with their personal needs as a result of the OSD process.

According to Ferguson (2000, p. 2), expectancy theory is related to positive reinforcement. Both expectancy and reinforcement theories hold that a reward should be meaningful to employees. In addition, Cash, Daines, Doyle, von Tettenborne and Reid (2009, p. 384) argue that for employers to recruit and retain nurse educators, salaries and work conditions should be improved.

According to International Labour Organizations (ILO) Convention (C149) on remuneration. People should be rewarded according to their qualifications, specialties, experiences and competencies. Salaries play a significant role in determining job satisfaction and constitute an important determinant of job satisfaction as they are instrumental in fulfilling individual needs for food, shelter and clothing, for example. Salaries also provide the means to enjoy the valued interest of work and motivation. Motivation in turn may bring about self-actualisation and thus can encourage nurse educators to render quality service (Mokoka, 2007, p. 32).

According to Ashraf (n.d., p. 159), job satisfaction can be defined as an individual's overall attitude towards their work. Job satisfaction incorporates both general attitude and satisfaction with specific dimensions of the job, such as pay, the work itself, supervision and co-workers. The degree of satisfaction may vary with how well outcomes fulfil expectations.

This study is based on the researcher's observation as a nurse educator working on one of the selected nursing campuses in Limpopo College. After the implementation of OSD, the researcher heard different views from nurse educators including negative remarks passed by senior nurse educators who were dissatisfied with the implementation strategies. Nurse educators who were in managerial positions ended up remaining within the same bracket as their subordinates, especially those with long experience. For example, the heads of departments or subject heads are only managers by name and position, and still earned the same as any other nurse educator, which created tension and hostility between supervisors and subordinates.

2. Purpose of the study

The purpose of the study was to explore and describe the perceptions of nurse educators regarding the implementation of OSD at a selected nursing campus.

3. Definition of concepts

3.1. Nurse educator

A nurse educator is a person registered with the South African Nursing Council (SANC) as a qualified nurse educator and appointed as a senior professional nurse, chief professional nurse or deputy director of a nursing college (Makhuvha, 2005, p. 13). In this study, a nurse educator refers to a professional nurse who has acquired a nursing education as a specialty, who develops and trains student nurses in theory and practice to produce competent professionals who will be able to provide total quality patient care at all levels.

3.2. Nursing campus

A nursing campus is an educational institution that provides nursing science programmes (Makhuvha, 2005, p. 13). In this study a nursing campus refers to a branch or one of the five nursing campuses including satellites that form the Limpopo College of Nursing.

3.3. Occupational-specific dispensation

The occupational-specific dispensation (OSD) refers to the revised salary structures that are unique to each identified occupation in the public service (South African Communication Information, 2007, p. 1). OSD is a unique remunerative structure introduced into the public service by which all nurses were to be moved from the old salary structure to new scales (Nehawu info, 2008, p. 2). In this study OSD refers to the South African government's strategy to recruit and retain skilled employees, including nurse educators, through improved remuneration.

4. Research design and method

A qualitative, exploratory and descriptive design was used in this study, which Burns and Grove (2009, p. 717) define as a systematic, subjective approach. The researcher used this method to explore the perceptions of nurse educators regarding the implementation of OSD by collecting rich narrative data (Polit & Beck, 2008, p. 763). The population comprised 65 nurse educators, from which a target population was selected comprising 12 who had more than five years' experience and had been subjected to the implementation of OSD. Purposive sampling was used in this study to choose particular individuals who the researcher believed would be able to provide relevant information on the topic.

Unstructured interviews were used to collect data from the 12 participants in order to elicit their perceptions on the

implementation of OSD. According to [Henning, Van Rensburg, and Smit \(2002, p. 4\)](#), the main question serves as a starting point towards the research question; in this case the main question was: *What were your perceptions regarding the implementation of OSD?* The aim of this question was to allow interviewees to speak freely and in their own terms about their perceptions. The interviews were conducted in English, however, participants were allowed to express themselves in their preferred language.

Most interviewees preferred to clarify their views in Tshivenda, Xitsonga and Sepedi. Field notes were taken during the interview to highlight gestures, facial expressions and general body language. Data was audio-taped and transcribed verbatim, whereafter it was translated into English by the researcher.

5. Data analysis

Tesch's model of data analysis was used as a guideline as described by [Mangena \(2009, p. 19\)](#). The purpose of data analysis is to impose order on a large body of information so that general conclusions can be reached and communicated

in a report. In qualitative research, data analysis is carried out during the collection of data and continues after the collection phase. During the process of data analysis, concepts were sought in order that meaning could be made out of the information. In order to organise the data, coding was carried out by following Tesch's eight steps ([Creswell, 2009, p. 184](#); [De Vos, Strydom, Fouche, & Delpont, 2005, p. 347](#)). The researcher and the coder coded independently and the coder who was an experienced researcher also used Tesch's method to analyse the transcribed interviews. The researcher and the co-coder discussed and reached consensus on the findings. The data was grouped into two main themes and categories. Sub-categories were developed to support the categories.

5.1. Measures to ensure trustworthiness

Trustworthiness is the ability of a qualitative study to accurately represent the experiences of the participants. In order to ensure this, the researcher adhered to Guba and Lincoln's principles of truth value (as cited in [Creswell, 2009, p. 353](#)).

Credibility	Prolonged engagement with the participants occurred. The researcher was engaged for a long period with the participants of the study until the point of saturation was reached. Persistent observation took place and the researcher as part of the team was able to observe the perceptions of the nurse educators. This helped with verification of some of the data collected during the interviews. External checks refer to two activities, peer debriefing and member checks. The researcher presented the preliminary findings of the study to the participants of the study, as well as to expert peers. This was done internally during data collection and formally at the end of data collection (Polit & Beck, 2008, p. 334). Member checking entailed gauging the reaction of the participants to the interpretation of the findings and changing any piece of information that participants felt had not been correctly captured. In this way the relationship between the participants and the researcher did not end immediately after data collection.
Confirmability	Confirmability refers to the objectivity of the data, ensuring that the findings, conclusions and recommendations are supported by the data and that there is internal agreement between the researcher's interpretation and the actual evidence. Congruency may be between two or more independent people (Brink, van Der Walt, & van Rensburg, 2006, p. 119 ; Polit & Beck, 2008, p. 539). Confirmability was applied to achieve neutrality. According to De Vos et al. (2005, p. 347) , it is important to ask whether the findings of the study can be confirmed by another person. Confirmability is the way in which the researcher documents the findings. An audit trail is left, which is a recording of activities over time, which another individual can follow. To ensure confirmability, the researcher recorded the interviews and transcribed the information verbatim. The information was returned to the participants to confirm the accuracy of the transcriptions. The transcripts and the tape were also handed over to an expert in qualitative studies to conduct an enquiry audit on the data and the meaning attached to it. The tape recordings were kept safe for future reference.
Transferability	Transferability is the extent to which qualitative findings can be applied to other similar settings (Polit & Beck, 2008, p. 539). The aim was not to generalise but to understand the perceptions of nurse educators and to determine whether the implementation of OSD had motivated their service delivery. The researcher also supplied a thick description of the setting, transactions and processes of the data collection for comparison. A thick description is a rich, detailed and thorough description of the research context in a qualitative study (Polit & Beck, 2008, p. 539). This was done to enable the research user to determine the applicability of the results to their setting.

Dependability

Dependability is the stability of data over time and conditions. If the study were to be replicated with the same participants in a similar context, it would yield the same results (Polit & Beck 2008:39). It is a criterion met once researchers have determined the credibility of the findings, there is no dependability without credibility. De Vos (2005:346) indicated that the social world is ever-changing which makes the concept of replication of a study problematic. Dependability was used as a strategy to achieve consistency. De Vos et al. (2005:346) stated that dependability is an alternative to reliability, in which the researcher has to account for changing conditions in the phenomena. An enquiry audit is one and relevant supporting documents by an external interviewer (Brink et al. 2006:119; Polit & Beck 2008:39). In this study, the researcher ensured dependability through an enquiry audit, in which the supporting documents, such as transcripts and the tape, were scrutinized by an independent expert in qualitative research studies.

6. Ethical considerations

According to Babbie and Mouton (2002, p. 522), De Vos et al. (2005, p. 64), and Struwig and Stead (2001, p. 66), when researching a highly sensitive area, such as focusing on the implementation of OSD, ethical issues are of paramount importance. In order to adhere to these principles, ethical approval was sought from all stakeholders and the university's ethics committee prior to the commencement of this study. Participation in the study was voluntary. Information about the research was given to the participants and they were informed that participation was voluntary and that they could withdraw at any time during the study without any repercussions, and that they could also choose not to participate at all. Participation occurred thus on a voluntary basis, without coercion (Newman, 2000; Polit & Beck, 2008; Terre Blanche & Durrheim, 2004). The purpose of the study was thoroughly explained to the participants.

According to Streubert and Carpenter (1999, p. 38), the researcher must make every effort to ensure that confidentiality is maintained as promised. Although the participants in this research study were known to the researcher, being in the same profession, confidentiality was maintained at all times. Confidentiality of the participants was maintained by not publishing participants' identities, workplaces and place of residence. The data collected could thus not be linked to any participant and was handled only by the researcher, who reported findings generally without linking them to the participants.

7. Outcomes related to the introduction of OSD

7.1. High expectations

It was evident from the study that there were high expectations regarding the OSD. Nurse educators explained that with the introduction of OSD they had high hopes that they would receive a large sum of money as they already had more experience in teaching. It seems that most of the participants' high expectations were not met, as shown by the following statement:

"My expectations were very high because I was hoping to get a lot of money since I had more than 20 years' experience as a lecturer. I had high hopes but after receiving the money which was later taken back, my dream was shattered. It really made me very sad."

Most nurse educators indicated that their experiences and qualifications were not considered. The findings revealed that they spent much of their time delivering quality service, which was not recognised during the implementation of OSD.

It is generally believed that individuals worked hard, gained more experience and continued to further their education and upgrade their skills with the expectation that it would improve their salaries in the future. Nurse educators also had hoped that their qualifications would be considered during the implementation of the OSD. However, the above statement of one of the participants indicates that neither qualifications nor experience, especially for the heads of departments, were considered. This led to their disappointment and left them with the feeling that the issue still needed to be reviewed.

According to the Public Health and Social Development Sectoral Bargaining Council (PHSDSBC) resolution (2009, p. 6), the agreement provides a basis for the recognition of appropriate experience on appointment, which shall be limited to posts in the production levels, up to a minimum of the second grade, as provided in Annexure B1–B7 of this agreement. However, this was not considered during the implementation of OSD on the selected nursing campus, as evidenced by the participants. Heads of department felt that their positions were not taken into consideration. One of them expressed it as follows:

"Salary structures must be reviewed. When the salary structure was adjusted, they were not the same. In our case as heads of department – salary notch adjustments was minimal as our nursing service experience was not taken into account. It led to us getting the same salary with tutorial staff. Some tutorial staff salaries are higher than those of head of departments because their nursing experiences were considered."

Another participant said that:

"... as head of departments our nursing experiences were not considered because we are being considered as supervisors: Who

do not teach students? Who do not assess students both in the clinical and theoretical settings? Who do not accompany students in the clinical area to teach, direct and supervise them? However, I feel that as head of department I also do all these things over and above the supervisory duties.”

7.2. Unfair treatment in relation to the implementation of OSD

The participants felt that the way OSD was implemented brought about unfair adjustments to some of the participants, who indicated that they were dissatisfied and demoralised. The nurse educators felt the college had demoted them when they found that the adjustment brought about very little difference to their salary scales, and this led to low morale. The majority of those who felt that there was unfair treatment were managers. In their view the implementation of OSD was unfair as the salary notch received was lower than that of their supervisees, since the experience of the supervisees was considered and recognised in financial terms.

This view is apparent in the following statements:

“I view the implementation of OSD as being unfair, as the salary notch we received was lower than that of our supervisees.”

“... unfair treatment due to OSD causes low morale to me as my counterparts are earning different salaries with same qualification and experiences.”

According to [Sharma et al. \(2011, p. 452\)](#), incentives do improve productivity and as soon as the incentive is taken away productivity decreases. In terms of Adams' theory of inequity, a person may perceive that they are receiving less than they are giving, while in terms of equity theory, a person may perceive that they are being rewarded according to their contribution or performance ([Spector, 2000:182](#)). Demoralisation is a state of low morale brought about by dissatisfaction caused by either low pay or poor working conditions. Moreover, [Tella, Adeyeni, and Popoola \(2007, p. 3\)](#) argue that workers need to be duly recognised for their contribution in the workplace, taking into consideration the years of experience. Money thus has the power to attract, retain and motivate people to higher performance ([Tella et al., 2007, p. 3](#)).

7.3. Lack of transparency

Nurse educators pointed out that the vice-principals received much more money as they were supervising the satellite nursing schools. The participants were not happy about the category of vice-principals who were appointed to supervise satellite campuses, which occurred just before the introduction of OSD. They felt the category caused confusion between the roles of heads of department and satellite campus supervisors. The following statements reveal a sense of a lack of transparency:

“The management contributed to the unfair implementation because they introduced the issue of supervising satellite nursing schools, which also resulted to misunderstanding /confusion in the dispensation of OSD.”

Another participant echoed the same sentiments when she said:

“The vice-principals received a lot of money as they claimed to be supervising a lot of satellite nursing schools during the OSD process. This is why there are so many notches between them and the head of departments' salary scales.”

The introduction of the category of the vice-principal and the differences in salaries between the vice-principal and the heads of departments revealed that there was a lack of transparency in the implementation of OSD. Managers have a duty to ensure that information is communicated in a clear way and is understood by every employee. Lack of transparency lowers morale and inhibits productivity.

In the researcher's view, reports like this reflect the limitations in the system and the undermining of the Batho Pele principles on transparency. The lack of transparency indicates that nurse educators were not recognised as they expected to be recognised and that the interpretation contravenes the policy of the Batho Pele (people first) principle, which emphasises transparency as a key principle. The management did not provide support or feedback regarding the expressed dissatisfaction resulting in questions remaining unanswered.

7.4. Reactions to the introduction of OSD

Nurse educators explained how they reacted regarding the implementation of OSD. The following four sub-categories emerged from this category:

7.5. Emotional distress related to the OSD implementation

The nurse educators indicated that they were stressed because of poor remuneration, which contributed to emotional distress, frustration, anger and burnout. They were teaching students, like other nurse educators, but were considered as managers doing office work. These emotions originated from the nurse educators' feelings of dissatisfaction due to the unjust implementation of OSD:

“This caused a lot of stress on us as at times; you find that my subordinate is earning more or less the same salary as me, and yet I am expected to deliver more. This had a negative effect since there is a lot of absenteeism due to stress-related diseases.”

According to [Bergh and Theron \(2006, p. 43\)](#), stress suppresses the immune system. Therefore the body becomes susceptible to disease with the possible development of arthritis, osteoporosis, diabetes, cardiovascular disease and periodontal disease. Symptoms of sickness, which may manifest as chronic fatigue, fever, decreased concentration, apathy, irritability, and feelings of hopelessness, worthlessness and depression may be experienced.

The researcher believes that the circumstances under which nurse educators work contribute to increased levels of emotional distress and could lead to the above health complaints.

Some participants complained of having burnout as shown in the following statement:

“... the implementation of OSD affected us to a point that we no longer enjoy what we are doing; it is just that some of us are too old to go to other places ...”

Burnout is the most serious occupational health hazard affecting job satisfaction (Greenglass & Burke, 2002, pp. 89–114). According to Adali and Priami (2002, p. 20), burnout is another type of professional stress resulting from social interaction between the person who provides help and the recipient. This may also contribute to psychosomatic illnesses resulting from negative coping mechanisms. The statement above is supported by the high absenteeism rate and sick leave taken by nurse educators. Participants complained of headaches and tiredness due to work overload, which shows that they experienced feelings of burnout during the process. Moreover, according to Bezuidenhout and Cilliers (2009, p. 1), when health professionals are faced with burnout, their quality of life is negatively affected and productivity is usually low.

7.6. Frustration related to the OSD implementation

The findings of the study revealed a feeling of frustration and anger towards others among nurse educators, especially towards heads of departments.

Participants felt they had no future in nursing education as their presence was not recognised or valued. One of the young nurse educators said:

“Head of departments do not communicate their frustration with us; instead they resort to shouting and being abusive to us which damages our relationship with them. This also limits our ability to perform as expected due to lowered morale.”

The participants indicated that they found themselves having to supervise people who were earning more than themselves, which led to the subordinates not being ready to take any instructions from the head of departments. The following statements show that they feel disrespected by subordinates:

“It is one and the same, whether you are an HOD or not, we still get the same salary and we even get better than some of them.”

One participant indicated that the frustration led to the heads of department exploiting their subordinates and giving them more work to do, saying:

“... after all these people are getting more than what we are getting ...”

The participant also indicated that negative statements led to poor interpersonal relationships and much mistrust among the staff members:

“... OSD is a divide-and-rule situation amongst nurse educators. This has resulted into conflict, which led to hatred and job dissatisfaction amongst nurse educators.”

According to Fowler and Fowler (1995:542), frustration prevents people from achieving their purpose and fulfilling their needs.

Emotions as evidenced in the excerpts from the transcripts disturbed the individuals' homeostasis. Cummius, Gullone, and Lau (2002, p. 12) argue that when the balance of person-ality is disturbed the urge for homeostasis will drive people to pursue different satisfaction through “fight and flight” settlements.

7.7. Fairly implemented

The OSD implementation was regarded as fair by some nurse educators who expressed satisfaction with a higher salary package. This sense of satisfaction increased their motivation. This also shows that wages have an important influence on job satisfaction and in satisfying higher-level needs, such as esteem and self-actualisation (Mokoka, 2007, p. 38). This was evidenced by the following statements:

“The OSD was dream come true to me as I received a lump sum which made me fill the gaps in my financial status and I managed to meet my needs; I even renovated my kitchen....”

According to Gui, Barriball, and While (2009, p. 479), high productivity is associated with job satisfaction, and according to Ashraf (n.d., p. 160), there is a direct link between job satisfaction and the performance of an employee, as a satisfied worker makes extra efforts that lead to better performance at work.

According to Gui et al. (2009, p. 470), job satisfaction refers to an individual's attitude and how well their expectations at work correspond to outcomes. “Job satisfaction” refers to a predominantly positive attitude towards one's job (Bergh & Theron, 2006, p. 176). Job satisfaction may depend on the expectations of a person of what their job should provide and may be influenced by remuneration, working conditions and relationships with managers and colleagues or co-workers.

Participants felt that the OSD was well implemented as it managed to meet their expectations and needs to a certain extent, as reflected in Maslow's hierarchy of needs (Mokoka, 2007, p. 41). According to Maslow's hierarchy of needs theory, a person has needs that must be met, starting from lower-level needs and moving towards higher-level needs. Esteem needs, according to Maslow's theory, are about a person's self-worth and self-confidence, and can be further divided into esteem from others and self-esteem. A person feels good when they are recognised by other people as important.

7.8. Continue with the purpose of work

Participants described how they continued with their work in order to satisfy themselves. Nurse educators also indicated that they were still working because they had a passion for nursing education:

“The OSD motivated me to provide quality service delivery ... to produce competent, knowledgeable and quality scientific nurses.”

"I am both demoralised and under-motivated but whenever I go to class, I ensure that I impart knowledge as expected because I hate poor performance. Remember, nursing education is the core of patient care and therefore nurse educators are important."

Passion refers to dedication to work, having faith and trust in one's workplace. It helps individuals focus on discovering the driving force behind their journey. Without passion life is frustrating and counterintuitive. When passion is found, individuals like to work and form relationships (Lawler, 2006, p. 3).

The passion to perform in a particular manner depends on the expectation that the performance will be followed by a definite outcome for the individual. In the selected nursing campuses, it was found that nurse educators with passion are still working because they love their work. They have a hunger for excellence that is insatiable, a thirst that is unquenchable, and a devotion to an organisation that is unfailing.

7.9. High turnover

Turnover refers to the voluntary separation from an organisation by an individual who receives compensation from that particular organisation. If an employee leaves an organisation we speak of "turnover" and if the employee stays we speak of "retention" (Gurney, 2009, p. 87). Mdindela (2009, p. 1) describes staff turnover as the total movement of employees out of an organisation that results from resignation, transfers and retirement. High turnover can impact negatively on an organisation's capacity to meet its objectives and needs. In most cases, when people are dissatisfied they begin to look for better opportunities, as in the case of some nurse educators who moved to other institutions shortly after the implementation of OSD. On the other hand, some who were not satisfied with the implementation and who participated in the study wished to leave the institution but had reasons that prevented them from so doing. The following excerpts provide evidence of nurse educators' high turnover and their wish to leave the institution:

"The government's aim has failed as recruitment and retention strategy is not attractive at all. Many nurse educators have left for better paying organisations and those who left are not yet replaced which leads to staff shortage and increased workload in our campuses."

"... OSD was implemented unfairly such that we are still working because we have passion of education and training of nurses at our hearts, some nurse educators especially the young ones have left the college for green pastures. Even us who remained are there because we are no longer employable due to age."

7.10. Discussion of findings

The findings clearly show that experience, positions of nurse educators and clinical specialisation were overlooked during the OSD implementation. Participants indicated that their positions as heads of departments and their years of nursing experience were not considered.

Nelson and Spitzer (2010, p. 10) argue that recognition is important because it sends a powerful message that the recipient is important and indicates that the organisation cares about good performance. Recognition is a positive consequence provided to a person in return for performance. Recognition can also take the form of appreciation, approval or the expression of gratitude for what the employee has done for the organisation.

According to the Constitution of South Africa (Act 108 of 1996), nurse educators, like other citizens, are entitled to information on how the OSD will be implemented to avoid and reduce doubts that may arise from the process. Nurse educators said that decisions had been imposed upon them and the final salary notches were not communicated to them. The findings reflect that most nurse educators, particularly those higher up in the hierarchy, felt that they had not been included in the implementation of OSD nor had they been actively involved.

The findings further revealed that the imposed decisions regarding the implementation of OSD lead to nurse educators feeling undervalued and unrecognised. This contributed to feelings of worthlessness and purposelessness, which can hamper quality service. In the researcher's view, the lack of transparency and feedback can be directly linked to lowered productivity and absenteeism.

The distribution of OSD caused frustration among members of staff and created a rift between HODs and their subordinates. One nurse educator indicated that the OSD had also caused division among the HODs themselves, since there were those who wanted the matter to be taken up while others, though dissatisfied, did not support this idea. Anger often erupted during interviews and some participants expressed their increasing need to leave the selected nursing campus. Anger is a strong defensive emotion that may signal that a person feels frustrated, uncertain and confused (Holloway, 2003:54).

The study found that some nurse educators benefitted from the implementation of OSD since their needs were met as a result. It is also true that these nurse educators were motivated to execute their duties as expected.

The nurse educators who indicated that the OSD had been fairly implemented stated that they felt that their contributions to the profession were recognised through the financial rewards they received. This recognition boosted their morale as well as their self-esteem. This finding supports the notion that people continually strive to find ways of satisfying their needs. The lowest-level needs are physiological, followed by safety, then love and belonging, esteem and then the highest level of self-actualisation (Mokoka, 2007, p. 42).

Most of the physiological needs can be satisfied through monetary or financial rewards. People are often motivated to remain in their jobs as a result of the monetary rewards the job offers. According to Akintoye (as cited in Tella et al., 2007, p. 3), money remains the most significant motivational strategy.

The findings of this study also showed that OSD was unfairly distributed, thus contributing to early retirement for some nurse educators over 60 years of age. Low pay and lack of recognition of nurse educators, as well as a steadily increasing workload for those remaining, make it difficult to attract new staff and to retain those already employed. Nurse

educators are leaving in increasing numbers and the resultant vacancies are not filled immediately thereby affecting nursing education and training on the selected nursing campus.

Moreover, as nurse educators are leaving, the morale of those remaining might be shaken. In addition, this turnover might lead to additional turnover as substitute jobs are accessible. This situation occurred on one campus where six nurse educators left for service and other institutions (floor-crossing) within two months. The researcher found a direct link between shortage of staff and increased workload which in turn may result in a high turnover of nurse educators.

8. Recommendations to management and the department

During the interviews, the nurse educators and the researcher came up with suggestions for improving the situation such as the formation of a steering committee which should include representatives of the nurse educators, to address their grievances and dissatisfaction. It was recommended that the selected committee should formulate clearly defined policy guidelines and protocols as a yardstick relating to nurse educators' monetary issues to prevent future high turnover rates leading to shortages of staff, thus leaving the remaining staff with a heavier workload. OSD implementers, such as human resource officers and managers, should be trained in financial management in order to be able to carry out their mandate in a competent way.

9. Recommendations for further research

The current study identified the perceptions of nurse educators with regard to the implementation of OSD, which resulted in both negative and positive implications for the nurse educators. In terms of the findings of this study, it is evident that there are still issues concerning the perceptions of nurse educators regarding the implementation of OSD that need to be further explored. The researcher recommends that future research replicate this study on nurse educators in other settings in order to confirm or dispute the findings of this study. Future research should be directed at the evaluation and assessment of OSD implementation and the effects of OSD implementation on the recruitment and retention of nurse educators.

10. Conclusion

The findings of this study indicate that nurse educators have mixed feelings with regard to the implementation of OSD in the SNC. Most participants indicated that the OSD had been fairly implemented although some felt that the implementation was unfair. In the view of most nurse educators, their expectations had not been met, whereas others seemed satisfied. What is clear is that the OSD implementation process has caused dissatisfaction and disparities among nurse educators, especially those in senior positions, thus contributing to job dissatisfaction, demoralisation, burnout,

anger, emotional distress, confusion and frustration, which might lead to a high turnover of nurse educators in the long term.

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