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Challenges faced by public sector dietitians in Gauteng Province

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CHALLENGES FACED BY PUBLIC SECTOR DIETITIANS IN GAUTENG PROVINCE

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A research report submitted to the Faculty of Health Sciences, University of the Witwatersrand, in partial fulfillment of the requirements for the degree

of

Master of Public Health

Johannesburg September 2013

DECLARATION

I, Thabang Pamela Matlhafuna declare that this research report is my own work. It is being submitted in part fulfillment of the requirements for the degree Master in Public Health at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other University.

…….

……..day of……..2013

DEDICATION

This work is dedicated to my family thanks for your continued support and understanding. To my dad you must be so proud, I finally did it. To my son KaboWame thanks for keeping me on my toes and for the unconditional love. To my partner thanks for being there during the challenging times and for always celebrating and appreciating the small and big achievements.

ABSTRACT

Background: Human resources in health has been identified as one of the current challenges facing health systems in South Africa. Dietitians in South Africa are a reflection of this. There is limited research on South Africa dietitians about their experiences and what motivates or encourages them to stay in the public sector.

Aim: The main aim of the study is to understand the current challenges faced by dietitians working in the public sector with the view to formulate recommendations for the retention of this workforce.

Method: The study used a qualitative method of in-depth interviews with dietitians and policy makers. A thematic content analysis was used to identify key themes.

Results: Dietitians pointed out that they experience challenges in the work settings. These challenges which impacts on their motivation included; the lack of understanding of the role of a dietitian by other health professional, low salary levels, limited opportunities to further their careers in the field, inadequate infrastructure and limited availability of tools required in the work place, high patient loads, and limited supervision and support. Despite the expressed constraints the perspective from the policymakers was positive. They highlighted that recognition of the profession has improved. However, they reported dissatisfaction with the current caliber of dietitians.

Conclusion: Although, there are positive aspects reported about the work experiences of dietitians in hospitals in Gauteng, there remains a range of factors

which contribute negatively to their motivation and retention in the public service. The study indicates that these factors need to be addressed to maintain and increase the positive gains seen by the profession.

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LIST OF ACRONYMS

ADA	American Dietetic Association
ADSA	Association for Dietetics in South Africa
AHP	Allied Health Professional
CPD	Continued Professional development
CEO	Chief Executive Officer
CHC	Community Health Centre
CSD	Community Service Dietitian
DOH	Department of Health
GAIN	Global Alliance for Improved Nutrition
HPCSA	Health Professions Council of South Africa
HSRC	Human Science Research Council
INP	Integrated Nutrition Programme
NGO	Non-Governmental Organisation
TPN	Total Parenteral Nutrition
UNICEF	United Nations Children's Foundation

DEFINITIONS

Community service dietitian: A newly qualified dietitian completing a year of community service in the public sector before they can register for independent practice with the Health Professions Council of South Africa (HPCSA) (HSRC 2012)

Dietitian: A qualified health professional registered with the (HPCSA)-who has a minimum qualification of a four year scientific degree, with training in all aspects and fields of nutrition therapy (HPCSA 1991)

Enteral nutrition: provision of nutrients to the gastrointestinal tract through a tube or catheter when oral intake is inadequate (Mahan and Escott-Stump 2000)

Food Service Management Dietitians: a person who manages the provision of healthy and specialized diets to persons in institutions such as health care facilities, correctional services, welfare care settings, school hostels or old age homes (ADSA)

Nutritionist: is a person responsible for the promotion of nutritional health and well-being and prevention of nutrition –related disorders/ill-health of groups, communities or populations via sustainable and equitable improvements in the food and nutrition system. Nutritionists are not involved in illness management i.e. therapeutic interventions in individual clients/patients/communities (HPCSA 2005)

Total Parenteral Nutrition: delivery of nutrients into a large central vein (Mahan and Escott-Stump 2000)

Chapter 1: Introduction

1.1 Background

Adequate basic nutrition is one of the components of primary health care (PHC) and nutrition is a focus area in the South African health system (Department of Health 1997). The strategy to improve the nutrition in South Africa is under the Integrated Nutrition Programme (INP). The INP is implemented through the following systems; nutrition information system, human resource plan and the financial and administration system (Department of Health 1995). The human resource component focuses on recruitment, placement and remuneration, performance management of staff and capacity building and training. Although nutrition is a national priority, nutrition-related disease indicators are not improving. Malnutrition, stunting, underweight and micronutrient deficiencies still affect a significant number of children in South Africa (Swart et al. 2008).

In the nutrition sector inadequate human resources is listed as one of the most significant contributing factors impacting on the success of the available nutrition programmes (Swart et al. 2008). This is supported by views from the current South Africa Health Review 2008 on Primary Health Care that has highlighted that the delivery of nutrition services in South Africa is hampered by an insufficient human resource component (Swart et al. 2008). It was estimated that an additional 314 dietitians will be required between 2005 and 2008 to accommodate the emerging health problems in South Africa, specifically with the impact of HIV and AIDS (Padarath et al. 2004). Chopra et al, (2009) made additional recommendations that clear roles and responsibilities are needed for personnel working in nutrition to

implement successful nutrition interventions (Chopra et al. 2009). It should be pointed out however, that human resource issues are not entirely by themselves contributing to the challenges. There are other factors impacting negatively; such as the lack of nutritional information and knowledge, attitudes and perceptions from the public and the other health professionals which influence nutrition delivery outcomes (Mackenzie 2008). It can be argued that some of these factors may be some of the contributors that have led to the notion that the nutrition personnel, including dietitians, are not an essential workforce in the public sector. It is also for this reason that their grievances are not given attention. This is supported by research conducted amongst community service dietitians in Kwa Zulu Natal who stated that their contribution with regards to nutrition in patient management was not recognized by other health professionals (Patterson et al. 2007). This is further explained by Mackenzie (2008) who found out that dietitians felt a lack of respect from other health professionals.

According to a report by the Global Alliance for Improved Nutrition (GAIN) the recruitment, training and retention of personnel skilled in nutrition are also a challenge (Chopra et al. 2009).

1.2 Literature review

1.2.1 Workforce production

After 1994, the Department of Health acknowledged the limited capacity in nutrition as illustrated by the following numbers: in 2005 there were 1659 dietitians, 932 student dieticians were registered with the Health Profession Council South Africa (HPCSA) and less than 600 were employed in the public sector (Steyn and Mbhenyane 2008). It is reported that annually the average production of dietitians is at a 150 (Steyn and Mbhenyane 2008). Given the emerging diseases of lifestyle in South Africa it might be possible that the number of dietitians produced by the country is not sufficient, this impacting on the numbers of dietitians available to work in the public sector.

Given the political history of South Africa, dietetics training has only recently been offered at traditionally non-white universities and non-white students were rarely admitted before 1994. This is supported by findings from Visser et al. (2006) which indicate that a majority of community service dietitians experience communication barriers in their work places which led to frustration especially for those without translators (Visser et al 2006). A deduction can therefore be made that the dietitians in South Africa are mostly from the white population and thus are unable to speak local African languages. It can also be concluded that the majority of them are practicing therapeutic nutrition outside of the public sector. This is a challenge that could explain the migration to the private sector for some of the dietitians working in the public sector and strategies need to be explored to overcome the problem.

A review conducted in South Africa with a focus on public health nutrition workforce indicate that the current burden of diseases (HIV/ AIDS, diseases related to poverty and chronic diseases) in South Africa is contributing to the challenges in workforce development (Steyn and Mbhenyane 2008). Some of these disease trends are being seen in countries such as the United States of America which face increasing cases of obesity and diabetes and the available number and skills base of public nutrition personnel is not adequate to address them (Haughton and George 2008). The increase in workload and limited staff are some of the factors that dietitians in Kwa Zulu Natal mentioned as some of the reasons for driving them to leave the public sector (Patterson et al 2007). It is noted that most of the diseases are preventable however, for them to be addressed; there is a need for adequately trained and sufficient numbers of nutrition health staff (Steyn and Mbhenyane 2008) to accommodate preventative care services for those at risk of nutrition-related diseases. A high workload is highlighted in other studies of health personnel especially in the rural areas as leading to de-motivation and a desire to leave the public sector (Kotzee and Coupe 2006). A recommendation has therefore been made to conduct an audit on the available nutrition personnel (this would include dietitians, nutritionists, food service managers, nutrition assistants) (Chopra et al. 2009).

Questions are raised as to whether the current staff complement of dieticians is sufficiently trained to implement the INP activities (Steyn and Mbhenyane 2008). One of the issues that is raised is whether the current workforce has adequate

nutrition knowledge to implement the INP. Studies conducted on community services dietitians have shown that the newly recruited workforce is sometimes exposed to heavy workloads and they often do not receive the required supervision and mentorship (Steyn and Mbenyane 2008, Visser et al. 2006). A recommendation is made for strengthened supervision to improve opportunities for professional development, enhanced competency and therefore the retention of dietitians in the public sector (Paterson et al. 2007, Palermo and McCall 2008). The situation would also necessitate a focus on identifying knowledge gaps, formulate required training for the dietitians as research has indicated that one of the strategies that could be used to improve health worker retention is improving the career development of health personnel as it has a positive effect on their motivation and this has an influence on their decisions to stay or leave the public sector (Willis-Shattuck, et al. 2008). A research paper from Gregor (2007) recommended that further advanced degrees in nutrition need to be introduced. Gregor argued that the advanced degrees in nutrition will increase dietitians clinical knowledge, to increase the independence of dietitians when making clinical decisions. A step that is envisaged could increase the professional image of dietetics and further it could be a way to increase dietitians salary levels as this was seen to be successful in the pharmacy profession (Gregor, 2007). However, the limitation to the proposed advanced degrees is where would the required finance for this come from (Gregor, 2007)? Experience from developed countries such as Canada has highlighted the need for nutrition workforce motivation through improved training and the availability of career advancement opportunities (Fox et al. 2008). The same conclusion has been reached

in studies conducted in Africa. For example in Malawi, ensured career progression seemed to increase retention of health professionals in the rural areas (Manafa et al. 2009).

1.2.2 Workforce challenges

Studies conducted in Australia focusing on the public health nutrition workforce challenges indicate that the nutrition sector often does not feel valued as their effectiveness of programme implementation is observational and this carries little weight when compared to evidence based analytical approaches (Hughes 2003). This is because nutrition intervention results are not immediately visible compared to other medical interventions. Research among other health professionals has shown that if health workers do not experience appreciation and value for the professional expertise from colleagues it could lead to de-motivation and act as a push factor from public service (Manafa et al. 2009, Willis-Shattuck et al. 2008). It can be argued that this could contribute to a decrease in work morale by dietitians and could encourage their migration to other sectors. An additional factor noted in Boyhtari and Cardinal's (1997) research indicated that in the US dietitians complained that they did not have sufficient authority to make clinical diet prescriptions for their patients, the doctors preferred to be in charge of this. The study further indicated that the doctors were not aware of the dietitians' full job responsibilities (Boyhtari and Cardinal, 1997). In order, to address this lack of understanding of the dietitians' role they proposed the following: regular team

(dietitians and the doctors) feedback sessions and the incorporation of nutrition training into the curriculum of doctors (Boyhtari and Cardinal, 1997).

Other challenges encountered by this sector is highlighted in Visser's research which indicates that 28% community service dietitians were planning to pursue a career in the public service after completion of their community service year (Visser et.al. 2006). The challenges mentioned include the lack of equipment to carry out dietetic work which is a significant barrier to the delivery of dietetic services (Visser et al. 2006 and Paterson et al. 2007). This area is further explored in a systematic review of motivation and retention in developing countries which identified that a lack of appropriate infrastructure can influence motivation negatively (Willis-Shattuck 2008). Also, this was seen with doctors in rural South Africa whereby the unavailability of basic equipment led to some of the doctors to leave the public sector as they were unable to conduct their work (Kotzee and Couper 2006).

Recent research conducted amongst dietitians in South Africa shows that the movement of dietitians out of the public sector will increase in the next few years. Over 50% of the respondents said they will be looking for alternative employment in the near future (Mackenzie 2008). The scenario highlights that reasons for the alarming intentions of moving from the public sector need to be investigated. The literature review does offer some indication that there is a need to understand the work environment dynamics experienced by dietitians employed in the public

sector. Therefore, some of the factors that have been identified as influencers of retention include workload, competence, supervision, professional recognition among others. Another factor worth exploring is the impact of salaries on the motivation of dietitians. Gregor (2007) research showed that dietitians in the US are less remunerated compared to other health professionals (pharmacists, physical therapists, occupational therapists, registered nurses and audiologists).

The study tried to explore these factors further and try to identify solutions to improve on them. Therefore, to understand the needs of dietitians in the public sector, data is required in order to develop appropriate supportive policies (Heikens et al. 2008). In addition, the Nutrition Directorate has been advised to formulate a comprehensive human resources plan (Chopra et al. 2009). Understanding this area could assist with informing strategies to minimise their migration to other sectors.

1.3 Statement of the problem

Recent research conducted amongst dietitians in South Africa shows that dietitians employed in the public sector are not planning to stay in the public sector and are looking for alternative employment outside the public sector (Mackenzie 2008 and Visser et. al 2006). Therefore, it is important to understand what encourages better retention levels and motivation amongst dietitians in South Africa.

1.4 Justification for the study

The South African strategic health priorities for 2009 to 2014 reinforce the importance of strengthening human resources. Strategies to address these health

workforce problems have a tendency to focus on certain groups of health professionals especially the medical and nursing sectors. There is limited research on South African dietitians on what would encourage them to stay in the public sector compared to other health cadres such as doctors and nurses. Other cadres of health care workers have not been given such high level priority. Although, as a strategic focus that has its merits, it often neglects other important health workforces like nutrition personnel. This approach often leads to nutrition activities not being sufficiently integrated into the overall health care system or being neglected. The oversight has been highlighted by some researchers who have called for more vigorous nutrition advocacy (Chopra and Darnton-Hill 2006). Therefore, it is important to start conducting research focusing on nutrition personnel as limited knowledge exists about them. The research could contribute to understanding the role of dietitians and their specific experiences in the public sector, and how these factors influence their working in the public sector. The study will also try to provide a synopsis of the challenges faced by dietetic professionals and offer some recommendations on how these can be addressed. The study will also contribute to growing the knowledge regarding this workforce in the aim of informing policy and strategies to retain dietitians working in the public sector.

1.5 Aim of the study

The main aim of this study is to understand the current challenges facing the dietitians in the public health system with the view to formulate recommendations for the retention of this workforce.

1.6 Objectives of the study

The specific study objectives are:

- To understand the working experiences of dieticians in the public sector, focusing on factors that contribute to them staying or leaving the public sector.
- To explore the working conditions (reporting structure, skills development, career progression, integration into hospital system, availability of tools and resources) of dietitians in the public sector.
- To explore and contrast the perception of policy makers about the role of dietitians in the public sector (work scope, retention, shortages, supervision).

Chapter 2: Methodology

2.1 Study design

This descriptive qualitative study was conducted in Gauteng province at three hospitals representing the different levels of care (District, Regional and Tertiary). A qualitative study was the most appropriate method to use to answer this research question as it allows to capture a vast array of perceptions and experiences within the study population and to offer new insight where there has been limited research (Safman and Sobal 2004). Additionally, the in-depth data which can be better elicited through a qualitative study as it provides a richer explanation and answers than would a quantitative study would.

2.1.1 Study sites

The hospitals were selected through convenience sampling due to the following reasons: the close proximity of the hospitals to the researcher as budgetary constraints limited the ability to travel to further out hospitals. Due to this reason the sampling method was ideal.

The selection of the hospitals according to the different levels of care was to allow for any contextual variation that may exist and also to allow comparisons to be made according to this variation. Moreover, this method of selection provided insight into similarities or differences of experiences of dietitians.

2.2 Study population and sample

Study population was all policy makers, dietitians and individuals involved in the nutrition field in the public health sector in Gauteng. The selection of the policy makers was purposive. One policy maker involved in the nutrition sector was identified from the national Department of Health (DOH) and one policy maker from the provincial level of the DOH was selected. At the hospitals level the researcher explained to the Head of Departments (HODs) that the ideal prospective interviewees should be from the four categories of dietitians which were: general dietitian, HIV dietitian (a dietitian working with HIV and AIDS patients), community service dietitian and senior or chief dietitian.

In all the hospitals the researcher was immediately made aware of which categories of dietitians were available. Therefore, the selection of the dietitians was convenient as the number of dietitians in each category were either limited or lacking in those categories. Hence, the researcher interviewed dietitians that were available to participate in the study. The dietitians were of varying characteristics (number of years in service, professional experience and qualification, varying characteristic of work setting). The following categories of dietitians were interviewed: community service dietitian, a junior dietitian, a senior dietitian, chief dietitian, head of department. Section 4.4 under study limitations explains why only these categories were interviewed. A summary of the participants is provided below (Table 2.1). It was envisaged that in the tertiary hospital would have a larger staff establishment and it was suggested that two dietitians from each category be interviewed. However, this was not necessary as after several interviews at the hospital a

saturation point was reached. In total the researcher conducted eleven in-depth interviews out of the envisaged eighteen.

In depth interviews were conducted with hospital dietitians and policy makers by the researcher. In total eleven in depth interviews were conducted between the period of February 2011 and August 2011. A summary of the participants and the sites is provided below (Table 2.1). For the purpose of confidentiality, I do not name the actual names of the hospitals.

Table 2.1: Characteristics of the participants in the study

Hospital/ Province and National Office	**Community Service Dietitian**	**Junior/ General Dietitian**	**Senior/ Chief Dietitian**	**HIV Dietitian**	**Assistant Director/ Head of Department**	**Deputy Director**	**Director**
Tertiary hospital	1	1	2	Not Available	1		
Regional hospital	Not Available	Not Available	1	Dual Role	1		
District hospital	Not Available	Not Available	1	Not Available	Not Available		
Province						1	
National							1
Sub Total	1	1	4	1	2	1	1
Total Study Participants: 11							

2.3 Piloting

The study interview guide was not formally piloted due to time constraints. However, the first interviews assisted the researcher to identify any gaps and concerns with the questions. The first interviews identified that some of the questions were not immediately clear to the study participants therefore, they needed to be phrased another way.

2.4 Data collection methods

2.4.1 In- depth interviews

2.4.1.1 Process followed for development of data collection tools

In order to answer the questions that are embedded in the objectives, I developed a list of information that I would require to answer the questions. From this, I developed the questions that related to this information. The questions were also informed by the literature that I reviewed. Table 2.3 also shows the information that I wanted to explore, which informed the development and structure of the data collection instrument. The interview guide questions were formulated after developing the key points in Table 2.3 (Table 2.3 is from the original study protocol) under the third column referred to as "information to be obtained". These key questions are reflected in the interview guide (Appendix 6 and Appendix 7).

2.4.1.2 Procedure followed to secure interviews

Permission to conduct the study was sought from the Gauteng provincial and district offices (Appendix 1). After acquiring the appropriate clearance from the province and the district a letter requesting permission to conduct the study was sent to the respective hospital Chief Executive Officers (CEOs) (Appendix 2). The CEOs were made aware of the proposed study, a follow up was then conducted telephonically to explain the study and to arrange meetings to negotiate access to the dietitians. The CEO granted permission to go ahead with the study either

electronically (through email to the researcher) or a letter granting permission was fetched from the hospital by the researcher.

In two of the study hospitals the CEOs facilitated the process of introducing the researcher to the heads of the dietetics department and to request that they assist the researcher with the interviews. In the third hospital the researcher directly contacted the head of the dietetics unit by visiting their offices. The researcher showed the HOD the study approval letter, explained the purpose of the study. The HOD subsequently agreed to inform the dietitians and to make arrangements for the interviews by email and to confirm the dates and availability of the dietitians telephonically. The same process of securing the interviews was followed with the dietitians in the other hospitals. Once confirmation was received by email from the dietitians the researcher followed up with a telephone call a few days before the researcher's visit and also on the day of the scheduled interview.

For interviews with the provincial and national policy makers the same process for getting access was followed either through setting up the meetings with their assistants then confirming the meeting dates or times a few days before. If the proposed meeting date was not suitable or another engagement surfaced the researcher was made aware in time of the changes and another date was suggested.

2.4.1.3 Data Collection Procedure

All participants were provided with an information sheet providing a brief on the study (Appendix 3). In addition, the interviewees were provided with a consent form (Appendix 4). Consent was provided before proceeding with any interview. All participants were given the

choice to refuse to be interviewed without prejudice. All participants indicated that they understood the purpose of the study and gave consent to be interviewed. The demographic information and data was sourced through in-depth interviews. An interview guide was utilized to guide the discussion and to enable additional information input from the interviewee.

Informed consent was received from the study participants in the form of a verbal agreement and a signed consent form. All the study participants were fluent in English therefore; all the interviews were conducted in English. The interview was tape recorded and the study participants were informed of this prior to the study. Permission was requested from the study participants if the interview could be recorded (Appendix 5). The study participants signed a tape recording consent form before the researcher commenced with the interview. The researcher made additional hand written notes which were incorporated during the data analysis.

The tape recording duration lasted from minimum thirty (30) minutes with the longest interview taking more than two hours (2:13). On average the interviews took between forty five (45) minutes and one hour.

Table 2.3 provides a summary of the type of data that was collected in relation to the objectives.

Table 2.3: Summary of the type of data collected

Objective	**Method**	**Information obtained**
To understand the working experiences of dietitians in the public sector, focusing on factors that contribute to them staying or leaving the public sector	In- depth semi-structured interviews with 9 dietitians from the 3 hospitals and 2 policy makers	• Views on general working experiences of dietitians in the public sector • Views on what encourage or would encourage dietitians to stay in the public sector • Views on what encourage or would encourage dietitians to leave the public sector
To determine the working conditions (reporting structure, skills development, career progression, integration into the hospital system, availability of tools and resources) of	In-depth semi-structured interviews with at least 9 dietitians from the 3 hospitals	• Information on the dietetic organisational structure • Information on career advancement opportunities. Information on nature of work (what do they do) • Information on availability of tools to conduct day to day duties. • Relationship with the other health disciplines

dietitians in the public sector		• Views on perception of general understanding of dietitians' role by other professionals.
To examine the understanding of policy makers about the role of dietitians in the public sector (work scope, retention, shortages, supervision)	In- depth semi structured interviews with 2 policy makers and 9 dietitians	• Understanding of the role of a dietician • The availability of standards of practice or guidelines • Understanding of the role of dieticians according to area of practice, • Views on production of dieticians from higher institutions • Factors that encourage dietitians to stay in the public sector or leave the public sector • Views on shortages and any envisaged plans to address this issue • Views on training and supervision and continuing education

2.5 Data Analysis

A thematic content analysis was used to identify key themes from the findings. Data management was conducted by recording the interviews using two methods; voice recordings of the interview and notes taken during the interview. Some of the basic data such as the number of interviews conducted and the demographic information was entered into Excel to keep a record of the process and the number of interviews conducted. This was shared with the researcher's supervisor.

The data collected from the voice recordings was transcribed after each interview. The information was checked for accuracy after transcription by playing back the recorded interview and also checking additional information from the written notes.

The data was analysed and codes were developed in order to identify emerging themes. The coded data was then categorized into different sub-themes and the analysis was narrowed down to focus on the emerging common themes to identify the core themes. The themes were identified by looking for either one or combinations of the following: repetitions, categories, similarities and difference. In addition, in order to ensure the reliability of the results, the researcher independently identified the themes and the researcher went back to the original data to confirm the emerging themes and to examine any contradictory evidence in depth. This was also to ensure trustworthiness and objectivity of the data. The use of verbatim quotes in the findings section ensured that I presented objective data as was presented by the respondents. However, it is important to mention that, although I applied all these processes to ensure rigour, I acknowledge that my interpretation of the finding may be influenced by my personal

assumptions. The constant monitoring of the data and my perceptions of the data may have helped to ensure the quality of the data.

The study participants indicated that they have job descriptions available however; a document review was not done to verify if they exist. All the transcribed data was kept in are safe place which could only be accessed by the researcher.

2.6 Ethical Considerations

Ethical clearance was obtained from the University of the Witwatersrand Committee for Research on Human Subjects Medical (Certificate number: M10731, Appendix D). Permission from the hospitals to conduct the interviews was obtained from the Provincial and District offices and from the respective hospital CEOs. The study participants were provided with an information form describing the study intentions and the value of their information for the study. Informed consent was obtained from all the interviewees and they were required to sign a consent form before taking part in the study. The study participants were given assurance that their names will not be used anywhere in the study and that the researcher will refer to the respondents as Respondent A or Respondent B. This was also included in the information sheet and was informed to the respondent. An additional form for permission to audio record the interview was also signed by the study participants.

Chapter 3: Results

This chapter presents the findings regarding the experiences of dieticians in the public sector. The section provides a scope of the views from a range of dieticians from selected public health care facilities, including policymakers involved in the sector. The findings are presented in the form of themes. The following themes will be covered in this chapter: the role of a dietitian- defined and perceived, factors that have impact on retention and motivation. These will be followed by the themes, infrastructure and resources and the future of the profession, a policy perspective.

Table 3.0 gives a breakdown of the demographics of the participants. The participants were all female and covered the range of ethnic background from whites who were in the majority to blacks, None of the participants fell under the coloured population group. The participants had a range of home languages which included English in the majority, followed by Afrikaans then, Sesotho, isiZulu and isiXhosa.

Table 3.0 Demographics of Study Participants

Gender	**Population Group**	**Home Language**	**Age Range**
All Female	1 Indian, 1 Chinese, 6 White, 3 African	1 isiZulu, 1 isiXhosa, 3 Afrikaans, 1 Sesotho, 5 English	22 years- 52 years

The participant's level of service in the public sector ranged from two months to the longest service at eighteen years. The heads of departments and the policy makers had a longer service period. The minimum period of service was six years and the maximum eighteen years.

3.1 The role of a Dietitian- defined and perceived

In general, most of the dieticians, including the policy makers understood the role of a dietitian. The dietitians were aware of their formal job descriptions that define their scope of work and were aware of the available guidelines which assist with providing standards and norms for managing nutrition related diseases. The interviewed dietitians did not present a view that they were unclear about the kind of services they should render. Also, there was an acceptance that dietitians are required to work within the Integrated Nutrition Programme (INP) framework. This clarity and knowledge was illustrated by both a dietitian and policy maker:

"Their role is to be able to give dietary advice, dietary counseling, and medical nutrition therapy to the patients that are inpatient and outpatient at the moment" (Head of Department, Tertiary hospital)

A policy maker said:

"The role is to render nutrition services to the public. That is like the overall role or goal. To implement the Integrated Nutrition Programme but, obviously they will be implementing it at different levels clinical, community and also they will have some at food services but, overall it is to offer those nutrition services" (Policy maker Provincial Department of Health)

The respondents indicated that they have job descriptions in place, but a document review was not done to verify this view. However, one hospital had a job description displayed on the unit's notice board. Therefore, there was only verification of availability of a job description at one hospital.

One of the dietitians highlighted the importance of nutrition intervention in disease prevention and the management of diseases. Based on what the dietitian said, there appeared to be acknowledgement that if dietitians are not successful in what they are doing, the financial implications for rendering health services will be much higher. Their preventive role could have a positive effect.

"If the dietitians are not successful in what we are doing the financial expenses of your public service will be much higher because we are there to play a preventative role. For me a dietitian is a clinical person who needs to be providing that nutritional care and support at a facility level. And I think a dietitian should be providing that clinical guidance in terms of management of nutrition related disease" (Head of Department, Regional hospital).

The dieticians also highlighted the relevance of their role and skills in specific medical conditions. One respondent indicated this by saying:

"The dietetic services in a renal unit will aim to prolong the patient's treatment as far as possible to avoid any further deterioration in kidney function. Nutrition works like an adjunct to medicine , it is like if you have poor nutritional status then the medicine is not going to work" (Senior dietitian, Tertiary hospital)

Respondents mentioned that there are job descriptions available that clarify their respective roles. There however seemed to be an overlapping of those roles; with junior staff reporting to sometimes have to carry out the roles of senior staff. Consequently, this translated into compromised or increased workloads for junior staff. The junior dietitians were put in a situation whereby they had to conduct both their own roles and that of those that should be conducted by senior staff. The point is noted as important because in my view senior staff members can defend their decision to delegate their duties to junior staff by saying that the approach was a way to

give the junior staff members something to do. However, a junior dietitian was of the view that senior staff were shifting their work to the juniors rather than doing it themselves.

"Basically even though some of us are juniors and some of us are seniors we're all doing the same amount of work in terms of workload. A senior does not do more work than a junior. A junior could be doing as much work as a senior. I mean I'm a junior and I do if not more work than some seniors you know!!" (Junior dietitian, Tertiary hospital)

The comment suggests there should be a clearer distinction for roles as it appears that the junior dietitians are overstretched. This could lead to a decrease in motivation as illustrated by the negative tone and anger from the respondent.

"I came last year; I actually basically started that department myself. That is not a junior's job. A junior's job is just to see patients!! For me to establish a department myself is a senior or a chief's work" (Junior dietitian, Tertiary hospital)

The respondent continued to say:

"I think my manager should have done a better job of creating a more senior position so that the work load is appropriate for the job level. The current situation is very discouraging, very demeaning it is very upsetting" (Junior dietitian, Tertiary hospital)

Another consequence of the increased workload and lack of role clarity could lead to dietitians to look for employment elsewhere. The interviewed dietitian had the following to say:

"I am not going to get recognized for all the work I've done. Therefore, the situation has made me look elsewhere for a job and not in the public sector, in the private sector" (Junior dietitian, Tertiary hospital)

Overall, dieticians were aware of their role. However, it was evident that the roles between the juniors and the seniors were not clear. Also, the lack of role clarity between the various dietetic levels contributed to the lack of clarity.

3.1.1 Knowledge and recognition of the profession

Although, the respondents seemed to think the profession is not well known there was a positive perception that it was gaining momentum.

One of the respondents said:

"People do not know what really a dietitian is. I mean I did not know what a dietitian was until you become a dietitian People don't know what a dietitian does, what a central line is. People don't know we do that so we get stereotyped even that happens with doctor's and stuff and who are a huge change in the way people think" (Senior dietitian, Tertiary hospital)

The participants expressed that the profession is recognized by the Allied Health Professional body. They felt that this demonstrates that the profession has achieved acceptance and acknowledgement from its fellow Allied professionals. One of the respondents highlighted this notion in the following statement:

"I think the fact that we are still a recognized allied profession within the public sector speaks for itself that we have managed to put our stamp on what we are doing and why we are doing it and the Department of Health cannot do without us" (Head of Department, Regional hospital)

The regulation from the Allied Professional body prescribes that Dietetics is practiced within a set of norms and standards and ensures that these are adhered to. The compliance with the set out regulations protects the public and also the profession.

According to the respondent it is evident from recent media coverage that the profession is receiving positive responses. The importance of proper nutrition to overall wellbeing and the linkages with proper medicine has been mentioned.

"Today I was listening to a radio programme where doctors who are helping in Somalia were indicating that in their teams they have dietitians; they have nutritionists who are viewed as valuable team members" (Policy maker, National Department of Health)

One policy maker pointed out some examples of the positive strides the profession has achieved. One in particular was the implementation of the Integrated Nutrition Programme (INP) which is the guiding framework for nutrition programmes in South Africa. Another was in relation to how nutrition is included in health programmes.

"In terms of INP much as we might have other challenges I think people are beginning to recognize that there is nutrition and when I started here you would hardly ever find nutrition included in departmental strategic documents. Now you have nutrition indicators" (Policy maker, National Department of Health)

Similar observations were reiterated at the provincial level. Here, the value of nutrition being integrated with other health programmes was mentioned. How and why nutrition was included in a range of health programmes was explained.

"At this level there is no way we can work as nutrition alone. We are under a directorate of maternal and child health and nutrition. So nutrition is an element for me in all of these programmes. Child health nutrition is essential, nutrition is important in maternal health and child health" (Policy maker, Provincial Department of Health)

The positive achievements were also mentioned by most of the senior level respondents across all the three levels of the health sector (Tertiary, Regional and District). A head of department from a provincial hospital said the following:

"I think our success is that the top management knows who we are, we submit reports to the provincial office so that they are aware of what we are doing. The dietetic department also receives positive feedback from the CEO (Chief Executive Officer) when we have management meeting" (Head of Department, Regional hospital)

The study findings show that the profession is starting to be seen to contribute and to impact positively on important health programmes.

3.1.2 Perceptions of limited understanding of dietetics by other health professionals: implications for service utilisation

A common view from the majority of the interviewed dietitians was that although the dietetic profession is recognized by some health professionals, there is still a lot of those who do not understand what a dietitian is, as reflected by the following statements:

"One of the key discoveries was people don't know what nutrition is about and for them it is about food gardens and food and nothing else" (Senior dietitian, Tertiary hospital)

Another dietitian said:

"People think that dietitians give food, do catering, issue supplements. You know that is what they think. The perception is that all we do is we make fat people slim, cook food and stuff" (Senior dietitian, Tertiary hospital)

A policy maker supported the views expressed by the dietitians. She referred to an investigation that confirmed the basis of her view:

"It is actually true they don't understand. We did a landscape analysis a few years ago in 2008/09 just trying to understand what are the hindrances or bottlenecks with implementation of nutrition programmes in South Africa" (Policy maker, National Department of Health)

In addition, one dietitian mentioned that there is limited awareness and information on food related issues that is circulating to other health professionals. In my view, this may create a knowledge deficit about nutrition and the role it plays in disease management. I am also of the opinion that, the interest to read about nutrition topics might be lacking in those who are not in the profession.

"The doctors are not aware of the latest information; information is coming out all the time but food is not necessarily at the forefront" (Senior dietitian, Tertiary hospital)

A common opinion was that the lack of knowledge has an impact on how the services that could be offered by dietitians are utilized. The views show that more advocacy work still needs to be done in order for the public and health professional to identify with the profession.

A more senior member expressed a similar view regarding the need to do more work to change these perceptions.

"We tend to limit ourselves by thinking about here and once you get here you think this is it and I think we can do more" (Policy maker, National Department of Health)

The respondent continued to elaborate that various platforms are used at the national level to advocate for nutrition. However, the challenge still remains to change the perception at the facility level. Therefore, the consensus was to continue with the ongoing advocacy and it was not clear whether there are other strategies to address the perceptions.

"At the national level we are pushing in almost every other meeting to make sure that nutrition does get some recognition but, going down to a facility level is the most difficult thing to do" (Policy maker, National Department of Health)

A dietitian in one of the hospitals pointed out that because the dietetic profession is constantly evolving this could contribute to the negative perception about their competency and on how dietetic duties are delivered. This stems from the fact that the continued change is viewed as impacting negatively on dietitians rather than strengthening the profession. The view was that this constant change resulted in the perception that dietitians are inconsistent in their professional messages. In addition this leads to contradictions in nutrition messages.

"In our profession, it is continually mentioned that research is being done. So there are not always definite conclusions about our professional messages. And also the fact that the profession is new plays a role" (Senior dietitian, Tertiary hospital)

Unfortunately, the context might make dietitians appear to be unsure about their roles and to continually be in situations where they have to prove and defend their knowledge and competency. Also, this creates an opportunity for those who are not trained in dietetics to comment or to offer advice to the public on nutrition topics.

One of the dietitians provided an example to illustrate this:

"Last week I had a patient, she was vomiting solids. So, I kept her on a clear fluid diet and she was on TPN (Total Parenteral Nutrition) when she came to the hospital. The doctors kept on insisting that she must eat soft foods but, she was vomiting. And for me it was a problem. The doctors kept telling me about studies they have read and as dietitians we read those studies" (Senior dietitian, Regional hospital)

The above response shows there are instances when other professions read some of the information that is available on nutrition topics. However, when they do, their interpretation of what the literature says is not always accurate. This has the potential to lead to incorrect diet prescriptions by those outside the dietetic profession.

The dietitian continued angrily to say the following:

"Last week I had a patient. I had calculated the nutritional requirements of the patient. I started the patient on their nutrition therapy (nutritional feeds). But, I still had people coming back and saying "but the patient is not meeting their nutritional requirements. Then you have people fighting with you saying put this patient on "this and that" when you have done all you needed to do" (Senior dietitian, Regional hospital)

The above incident provides an interesting perspective on how unsubstantiated knowledge can leave room for informal interpretations and information. Additionally, situations like the one above generate a lot of anger and frustration among the dietitians.

The situation has led some dietitians to believe that they are undermined by the other health professionals and that their role is not of significant value. This was demonstrated by a comment from a district hospital dietitian who felt that dietitians are not treated with respect and other health professionals overstep their respective professional duties.

"It is like most people feel that they can do our job. For instance the doctors will just write down a dietetic prescription. They feel they are capable of prescribing enteral or TPN (Total Parenteral Nutrition) feeds" (Senior dietitian, Regional hospital)

Another explanation that emerged about the perceived lack of importance of dietetic services is that their services are not regarded as critical services hence not too much emphasis is placed on them. A question of how significant or important their role kept on emerging. A respondent expressed this query in the following way:

"I keep saying this and some people think that it is arrogant for me to say that. If all dieticians do not come to work will the hospital come to a standstill?" (Policy maker, National Department of Health)

In my view the above could be extrapolated to other health professionals that they share the same sentiments hence the lack of acceptance. The above view raises the question around whether the view from other health professionals is also similar to what the policy maker shared. In fact, if a similar sentiment is prevalent with other professionals, it would be important to explore whether it is what drives them to initiate their own nutrition recommendations and disregard what a dietitians prescribe.

Views presented by dietitians at the hospitals, including the policy makers indicate that an additional challenge contributing to the lack of or limited consistency in knowledge is that the profession has not been in existence for a long time. Therefore, other health professionals are not acquainted with it. Another key point is that the profession historically was dominated by a particular race. My interpretation is that as a result the profession has not filtered down to most parts of the country.

"Dietetics as a profession is a new profession and for many years we did not have it in our own universities" It was a white profession and it is still dominated by a specific colour" (Policy maker, National department of Health)

Another respondent said the following:

"I think is that it a fairly new sort of profession, it is not as old and known as nursing" (Community service dietitian, Tertiary hospital)

The above challenges were perceived to have an impact on whether dietitians would receive referrals from other health professionals. In most cases the mentioned factors were viewed to contribute to low levels of referrals.

"If they understood exactly what we do then they would just understand where we come in into the whole treating of patients. They are supposed to know that for this case we need a dietitian" (Senior dietitian, Regional hospital)

Despite this negative impact, not all the hospital dietitians reported receiving limited referrals. In fact, the situation varied across the three hospitals. The more established dietetic departments did not report referral challenges. The observation was that the department had established referral procedures which were well known to most of the health professionals. In addition, in most cases there was a dedicated dietitian responsible for a specific ward. Some of the reasons provided regarding what had contributed to the good referrals and understanding were that there were

good relationships and integration that have been generated. Some of the respondents reported the following:

A dietitian from a Tertiary hospital said:

"In this hospital it is great that because most of the doctors seem to be aware of dietetics, they know it is out there. They do refer. Although sometimes it is a quite a mission as people do not know what we do all too much" (Community service dietitian, Tertiary hospital)

Another dietitian said:

I think we are fairly well integrated. The department is well established; it has been here for a while" (Senior dietitian, Tertiary hospital)

In other hospitals dietitians have established and maintained positive working relationships with other health professionals which have facilitated the improved referral trends.

"We as dietitians we have quite a good relationship and are working closely with the speech therapists because they are responsible for when a patient needs to eat. If a patient cannot eat we need to find out why. That is when we refer to a speech therapist so to establish that they can do swallowing tests" (Senior dietitian, Tertiary hospital)

3.1.2.1 The need to address the limited knowledge about the dietitian's role by other health professionals

Both the dietitians and the policy makers agreed that the limited knowledge about the profession is a huge hurdle and both groups suggested ways to overcome and change this circumstance. The majority of the dietitians interviewed and the policy makers were in agreement that advocacy about the profession is required at all levels of the health system. The initiated activities of promoting the profession were reported to be effective.

"People are beginning to see some value of nutrition so it is possible that the advocacy work that we are doing is good. But, I also think we have started engaging with training institutions more for them to guide them on the kind of product we want " (Policy maker, National Department of Health)

One respondent added that dietitians have started marketing the profession at the hospital level.

"On ward level we have notices that will say who your dietitian is and how to contact them and also indicate a list of diseases where a dietitian plays a role" (Dietitian, Tertiary hospital)

Added to this, there were views amongst some of the respondents that dietitians at the health facility level should be active in promoting the profession and to not necessarily rely on the national nutrition department to take over the task.

"I think it is your responsibility as a dietitian when you get to your working environment to say I am here this is what I do" (Policy maker, National Department of Health)

The overall views from the respondents indicate that there are definite knowledge gaps amongst other health professionals but, the profession is generating strategies at both the lower and higher levels in order to address this. In fact, the results from the advocacy activities reportedly indicate a positive change about how the dietetic profession is viewed. As a result, people are responding well to the profession because it is more visible.

3.1.2.2 Professional competence and skills

A policy maker noted that perhaps a different strategy should be adopted to improve some of the concerns mentioned in the previous section regarding the competency and skills of the profession and how it is viewed by other health professionals. The suggestion made was that the role and training of dietitians should be re-evaluated and re-orientated to be able to serve the needs or disease conditions that are currently prevalent in South Africa.

"The dietetics curriculum is too western and is not preparing us for the conditions under which we work and maybe it is a problem. Hence, I was one of the people who was pushing that nutritionists must be trained for the needs of this country and to be able to address the nutrition problems we are facing here in this country. So I am hoping we will be able to see a difference. I am a dietitian myself but you need a mind shift to think differently and some are struggling to get that mind shift" (Policy maker, National Department of Health)

It was further noted by the respondents that some dietitians are unable to relate the circumstances of their patients to the patients' context and consequently take a biomedical approach rather than a holistic approach. One responded expressed this view by saying:

"Dietitians want to do only the dietetic screening and assessment of the patient and the rest does not apply. This person will then be coming 20 times to you because you will only want to see them like this. We could broaden our profession and get recognized by others, by us challenging outside the dietetic perception" (Policy maker, National Department of Health)

A positive development that was highlighted was that at a policy level the role and importance of a dietitian in HIV management is clear. On the contrary, it seems to limit their scope of practice at the hospital level. It was reported that dietitians were not using this platform as an opportunity to advance the profession. One policy maker pointed this out:

"Our role there is quite clear because at national we have developed guidelines but, what we pick up then is that students when they start working they limit what they can do, they just issue supplements" (Policy maker, National Department of Health)

This point further expands and elaborates some of the factors that contribute to the perceived inadequate recognition of the dietitians' roles by other health professionals. In addition, a policy maker made an example of what the situation was at some hospitals.

"In some facilities nurses do not think that a dietician needs to look at the blood values, nurses do not think that dietitians must know a CD4 count" (Policy maker, National Department of Health)

The comment illustrates that other health professionals are not aware of dietitians' knowledge base and competence and the fact that dietitians are required to assess this kind of information to be able to make an informed diet prescription.

It was interesting that these views were only expressed by the respondents in higher levels of authority and not by the hospital dietitians who are the implementers and are affected by these factors.

An issue of competence was raised as a barrier towards the growth of the profession. One dietitian explained this as follows:

"Some dietitians do not have the competence to work with other professionals. So, I don't think we have made people to respect our profession enough" (Chief dietitian, District hospital)

Consequently, a policy maker provided a view of how improved competence; whereby dieticians are able to assert their knowledge, could contribute towards other health professionals having a high regard for dietetics.

"I need to be having a colleague level discussion with a doctor and say I have assessed this patient she looks pale and I did an Hb test and this is what is happening. Can we discuss that?" (Policy maker, National Department of Health)

However, in reality it was felt that these "colleague level discussions" were not taking place hence, the uncertainty about what dietitians do and what their training entails. In addition to concerns regarding competence there was also a point raised regarding how limited training

within multi-disciplinary teams may affect the extent to which other health professionals perceive dieticians as part of the multi-disciplinary teams.

"I'm not sure how much emphasis is put on team work during our training for people to see us as the core member of the clinical team" (Policy maker, National Department of Health)

The view from some respondents was that because the dietitians are not equipped with skills to function in a team, the desired integration is not achieved. The training focuses more on working in isolation rather than being a member of a team.

One policy maker recommended that dietitians should start providing feedback to the other health professionals. She was of the view that providing regular feedback could be a possible way to bridge the current knowledge gap. In addition to that she expressed that dietitians needed to be proactive in engaging with other health professionals.

"People do not see the need to refer to you because you are either not feeding back to them or guiding them enough. They do not know who you are" (Policy maker, National Department of Health)

Another respondent expressed the same view:

"One gets there and expects other people to know what you do and you sit in your office and wait for clients to be referred to you and if they only refer one patient a day, one is okay with it"(Policy maker, Provincial Department of Health)

In addition some respondents felt that this expectation for dietitians to be more assertive should be addressed during training as the following informant said:

"During training we need to prepare our students to understand that their profession is not well known out there, that is the first thing" (Policy maker, National Department of Health)

Surprisingly, the issue of the competence of dietitians was only mentioned by respondents at high level positions. The researcher did not ask the dietitians about their competence therefore, their views in this regard are not known.

The overall views by the respondents were that perceptions regarding the role of a dietitian are influenced by a range of factors. These include the lack of understanding of the role of dietitians by other health professionals, the profession being a "young" profession and professional competence.

3.2 Factors that have an impact on retention and motivation

This section will explore the factors that the respondents identified as having an influence on the retention and motivation of dietitians. The section will look at factors such as salaries; learning experiences, infrastructure, resource availability, workload and career development.

3.2.1 Salaries

All of the dietitians interviewed reported that salaries influence their decision on whether to stay or to leave the public sector. One head of department explained the situation as follows regarding her department.

"They all left because of remuneration and financial implications that I cannot change. Not one of them left because they were sick and tired of government or the hospitals they were working at" (Head of Department, Regional hospital)

In most cases the issue was very important and prominent with the younger dietitians. The one dietitian highlighted that after completion of the community service year the prospect of working in the public was not as appealing as when one was first employed. The view was that future

earnings in the public sector were not as lucrative because they are similar to what one earns when one is employed as a community service dietitian.

"When you are doing your community service then you are interested in working in the public sector. But, you stop wanting to after community service and want to go into private because, you want to make more money than what you were making during community service, so it does not attract you to stay or want to come into government. And actually the workload and responsibilities increases" (Senior dietitian, Regional hospital)

The observation was also shared by a newly appointed community service dietitian.

"I know I have only been paid once but, it did not go very far (laughing). If I compare it to what other health professionals get paid it doesn't quite seem equal" (Community service dietitian, Tertiary hospital)

They raised an interesting point that they are in a specialized field and therefore deserve to be remunerated accordingly. Also, with the addition of responsibilities in the profession, the dietitians felt that their expected deliverables should be matched with their salaries.

"The package that dietitians get is quite poor. Everyone will say that, I think if you are in a specialized field then you should be paid accordingly" (Senior dietitian, Tertiary hospital)

However, one policy maker admitted that the salaries are low but argued that they are on par with other allied health professionals' salaries with the exception of pharmacists.

"The salaries are miserable I agree, I'm not saying they are better but, they are not worse than other allied health professionals. Are our salaries lower than the physiotherapists? No. Are they lower than the Occupational therapists? No. Why are we complaining more than them? " (Policy maker, National Department of Health)

The fact that the pharmacists' salaries are different from the dietitians' salaries has resulted in resentment from the dietitians as one of the dietitians explained.

"When I started working here I used to think we used to do similar courses as pharmacists. We used to attend the same classes; physiology, physics etc. up until the 3rd year but, when you get to the public service the pharmacist is more recognized than a dietitian. A pharmacist is paid more. So that is frustrating" (Senior dietitian, Regional hospital)

An observation by one policy maker was that other allied health professionals seemed to be content with their current salary packages and that perhaps the differences in reactions should be evaluated or lessons shared. It was further detailed that other allied health professionals actually stayed longer in the public sector and have been able to grow both personally and professionally.

"Other allied health professionals are earning exactly the same salaries but, I see them more assertive, I see them staying in the profession and enjoying it" (Policy maker, National Department of Health)

The view was that salaries should not be the only driving force for dietitians to stay in the public sector. Respondents in more senior positions felt that dietitians should make the effort to spend time perfecting their skills and developing themselves in order to equip themselves for future career prospects and promotions. Although the salary discussion is an important issue, there was however an overall sentiment that dietitians should also demonstrate that they have interest in growing the profession and growing within the profession.

The scenario was different with the dietetics profession in terms of interest to study further and to grow the profession. To emphasize how other health professionals are focusing on growing in their respective fields, a policy maker provided the following example:

"I have a friend who is a physiotherapist. She was telling me how physiotherapists are studying Masters and PHD's and I wondered why aren't dietitians doing that? We are not pushing ourselves; I mean we can count how many dietitians have PHDs" (Policy maker, National Department of Health)

The respondent continued to say:

"Now what I have seen happening is that people keep changing jobs for more salaries even when they are not ready to move on. They have been moving from Gauteng to Limpopo because Limpopo's salaries are higher than when there is a post this side. For me I want people to respect me for what I can do and I am missing that" (Policy maker, National Department of Health)

It is very clear that both the dietitians and the policy makers have different interpretations of the salary issue. One head of department sympathised with the dietitians' situation by relating the current salary levels to the responsibilities that a young dietitian might have.

"So you can understand their living conditions are more expensive to buy a house and to be able to afford a car. You can't really live on the current entry level salary" (Head of Department, Regional hospital)

The low salary levels reportedly resulted in de-motivation and often dietitians started to perform poorly on their duties while others operated their private business.

"And they don't work because they are not paid enough. Then they become lazy or do their own things on the side like doing private practice work during the public service working hours" (Policy maker, Provincial Department of Health)

In looking at the views above, ways to motivate and retain dietitians in the public sector need to be looked at. The findings indicate that salaries are one of the critical factors influencing the retention of dietitians employed in the public sector. One key finding is the view that dietitians expect to be remunerated in line with what other health professionals earn.

3.2.2 Learning experience and opportunities in the public sector

Even though challenges were mentioned regarding interacting with other health professionals, the dietitians reported that where the relationships do exist they find multi-disciplinary team work an important incentive for working in the public sector. Dietitians found the team interaction valuable because it offered them an opportunity to be exposed to new knowledge and to learn from other health professionals.

'The learning environment in a hospital where you go on a ward round offers a learning opportunity even though it is not related to nutrition" (Senior dietitian, Tertiary hospital)

Additionally a head of department had the following to say regarding the learning opportunities:

"They will say that they have learned a lot, the experience they have gained, the relationship that we have with other allied health professionals is positive so they actually enjoy the year where the other peers have problems communicating with their colleagues and other health workers" (Head of Department, Regional hospital)

An appreciation for the opportunity to learn was also expressed by the dietitians working at a tertiary hospital. They indicated that there was also the opportunity to further their studies in the tertiary environment as it is a research orientated environment and furthering ones studies is encouraged.

"People don't stay. They would stay only for themselves to be able to study, to do their Masters, to see a variety of patients, to get enough experience because you won't get the experience at a district hospital. That's why most people would stay here" (Head of Department, Tertiary hospital)

The learning culture was more prominent in the tertiary hospital than in the regional and district hospitals. Two dietitians explained that working in such an institution provides a link between

the academic theory and the reality. This is because in tertiary settings dietitians are exposed to "text book" like cases and they find this interesting as compared to working in smaller hospitals.

"It is very stimulating and as a dietitian you really learn a lot in this type of environment and you feel useful and you feel like you are applying your knowledge. That's what is keeping me here" (Junior dietitian, Tertiary hospital)

Another dietician expressed a similar perspective:

"I love the fact that it is an academic institution. This is the biggest oncology centre in the country. I get wonderful exposure; I see things that I will never see anywhere else" (Senior dietitian, Tertiary hospital)

The findings seem to indicate that the academic setting in the public sector is an important factor that can contribute to dietitians staying rather than only the salary. This is an important area to explore in terms of retaining dietitians.

The dietitians interviewed pointed out that they had opportunities attend continued professional development (CPD) activities. They also mentioned that there were instances when their department arranged for them to attend these meetings. In fact, the department either facilitated the planning of the meetings or offered financial support to the dietitians to enable them to attend.

We do have an opportunity to go to CPD activities. Usually they are free of charge and are sponsored by a company like company X or one of those" (Senior dietitian, Tertiary hospital)

The dietitians also spoke about the different skills that they had gained whilst employed in the public sector. These ranged from acquiring soft skills such as how to interact with other health professionals to administrative skills. They added that their supervisors allowed the dietitians to be exposed to these skills for instances when they will require them in the future.

"I have learned how to use limited resources to the best of your ability; to come up with things that you never thought of to enrich diets because you don't have to give a ready-made up diet like some of the ready-made feeds we use for enteral nutrition. Also, I have learned how to relate to different cultures or the cultural spectrum" (Community service dietitian, Tertiary hospital)

Another respondent added that:

"The government has a large multi-disciplinary team work so you need to know how to work with other professionals other than a doctor such as a speech therapist, a physiotherapist etc. whereas in the private sector you are limited to your own little section and discipline" (Senior dietitian, Tertiary hospital)

The dietitians reported positively on the value of the skills they had acquired and some expressed the desire for more learning opportunities to be offered. From the senior dietitians' views, it seems that they wished to be more self-sufficient and not rely on the managers for other tasks. It is encouraging to see the dietitians being aspirational and wanting to achieve more career growth.

"I would have liked to learn more things especially since my post has some management tasks. I want to learn more around things like ordering feeds and attending more meetings. Not just when my manager is not here. So I want to go more into management" (Senior dietitian, Regional hospital)

Additionally the dietitian continued to say:

"But, I just wish I could get to do it even though she is around, order this so that when my manager is not around I know exactly how to do it correctly and I don't have to call her and ask "ooh so how do I fill this in and so on" (Senior dietitian, Regional hospital)

3.2.2.1 Career Development

In contrast to views regarding learning opportunities, most of the dietitians however, indicated that the career advancement opportunities in the public sector were not very encouraging. Some of the reasons provided for this shortcoming included the limited promotional opportunities in the public sector.

"There are not a lot of career opportunities because I'm the chief dietitian and head of the department there is no other place I can go from here" (Chief dietitian, District hospital)

Another reason was that the ceiling level at the health facilities was either capped at chief dietitian or in bigger hospitals at assistant director level. It was added that positions were available however, these were limited or if available they were not funded.

"Now I do not have a chief dietitian at the moment because they are unfunded staff" (Head of Department, Tertiary hospital)

Consequently, the dietitians at the hospitals only have the choice of being a junior or a senior dietitian. For some dietitians this career limitation can impact on their motivation. One dietitian reported that she found it unfulfilling to be at one position for a long time.

"I think even if you are set in your ways but, if there is no challenge then you are going to get bored. So if there is nothing to work for, where to go from here there is no motivation. So I'm going to look for the next step out there" (Chief dietitian, District hospital)

At the policy level the ceiling is reportedly at deputy director level and that requires experience for one to be able to perform efficiently at that level.

"I think at a management level the problem is the ceiling is not very high. It has not been raised because now the ceiling is deputy director" (Policy maker, Provincial Department of Health)

The current career advancement opportunities have made some dietitians to either leave the profession and to start their careers in other health programmes or divisions as a way to improve their future promotional prospects. The following illustrates what some dietitians are currently doing.

"For example "F" is the manager for the HIV programme site. She is the project manager. It means the nurses and other doctors report to her. Actually there are 2 or 3 of them who are in such positions. So you can branch within the public service but, not necessarily as a dietitian" (Policy maker, Provincial Department of Health)

The respondent continued to emphasise this view:

"Well besides going up the levels; that is, becoming a junior, senior, principal, supervisor; there is then becoming the head of the unit. Therefore, some dietitians have branched off within the public dietitian service" (Policy maker, Provincial Department of Health)

One dietitian positively perceived the dietetic profession as a diversified career because the branching off prospects are available. However, it appears that other dietitians have not explored other job areas that the profession can offer.

"With dietetics it is so vast I can go into sales. I can go into obviously private, food technology and lots of other things but if you are in the hospital it is just clinical. If you enjoy clinical then that is great, but if you don't and want something else then you can still move on" (Community service dietitian, Tertiary hospital)

The above views also suggest that some dietitians are only comfortable with only practicing clinical dietetics and nothing further is of interests to them. This could be a factor that limits career development possibilities and growth. In my opinion it is possible that other dietitians are not aware of other career alternatives. The current study was not able to identify this.

3.2.3 Infrastructure and resources

The poor perception of the role of dietitians has led to their services being underutilized. In fact, resources such as the availability of office space were reported to be overlooked for dietitians in the public service. Some of these decisions or outcomes are guided by the extent to which a field is perceived as important or not.

Out of the three study hospitals, dieticians in two of the hospitals had resources such as computers and they emphasized the importance of having these resources at their hospitals.

"We each have computers, internet access. That comes in handy when you want to read articles, and when we have to do any projects away from the office. We are also fine with stationery as well" (Senior dietitian, Regional hospital)

In contrast, at another hospital the dietitians had to use their personal computers in order to conduct dietetic work such as preparing patient diet sheets and to conduct research.

"Here everyone has to provide their own computers, we kind of expect this kind of stuff working in government but, it still gets in your way at times" (Senior dietitian, Tertiary hospital)

Another dietitian at the same hospital added that the lack of certain equipment can impact on the service dietitians offer their patients;

"When we give nutrition education we like to also give a photocopy of what we said to the patients so that they can remember. Now our photocopier machine is not working so that stops us from doing a proper job" (Junior dietitian, Tertiary hospital)

However, dietitians across all the three hospital reported to have adequate clinical tools that they require to perform their duties.

"We have scales, feeding pumps. We also have measuring tapes and calipers" (Senior dietitian, Regional hospital)

One of the emerging issues contributing to the low morale amongst dietitians was the lack of office space. This was witnessed at one hospital where the dietitians shared one room.

"Sitting like this in an open plan with no partition does not work. I find that people irritate each other. So these things, although they seem small eventually built up to a point where people want to leave" (Head of Department, Tertiary hospital)

The view above was elaborated further by a dietitian working at the hospital:

"Because of our office being in this set up that it is, everyone in one space. You cannot imagine the type of conflict that we have here. I mean people crying and leaving their jobs because of the set up. Just imagine how it is with 14 girls stuck into one space!! There will be lots of conflict and it gets bad that you don't want to come to work anymore" (Junior dietitian, Tertiary hospital)

The lack of adequate space for dietitians to do their job was identified as a hindrance. Also, the unavailability of basic infrastructure can be a factor pushing dietitians to leave the public service. The lack of resources does impact negatively on service delivery.

"The main frustration in government is about not having resources. We have computers here that don't work, the photocopier doesn't work. Nothing works so it hinders on your job. Even if you might enjoy helping a patient and trying to do the best that you can, if there are no resources to do it, it makes it very difficult" (Senior dietitian, Tertiary hospital)

A policymaker added to this view by saying that:

"Some of them will complain that they do not have an office, they share an office, they do not have a computer, they don't have internet, and they do not have emails. If they want emails they are being told there is only one person who can get that. They don't have tool kits" (Policy maker, Provincial Department of Health)

The views regarding the delivery of services were reiterated by another dietitian who indicated that the effect of not having adequate tools has led to increased frustration with her job because she struggles to perform her duties.

"It is frustrating to have sub- standard stuff available. I have never known a company that has no computer, no photocopier. We need that to make diet sheets to give to the patients" (Senior dietitian, Tertiary hospital)

In one hospital the sharing of resources especially nutritional supplements had led to a tense working environment which affects the overall service delivery and the level of satisfaction of dietitians.

"Finances cause a lot of conflict and animosity with us because if you can't get the job done people start fighting for supplements. It becomes a very hostile environment because people are very frustrated because no one is getting what they want to be done. So, tempers get quite high so it is difficult and people are not always happy because of those things" (Senior dietitian, Tertiary hospital)

The availability of resources seemed to have an impact on how dietitians viewed their profession. This resulted in most of them questioning the value of their qualification in terms of the significance of the degree. This inquiry has led to the view that the degree itself may not live up to the status it was perceived to be.

"They don't feel appreciated. They do not feel like they are well recognized. You come here saying I've done my 4 year degree. I'm a registered dietitian. Can you see the sign RD? We come with that attitude "ngifundile mina" (I'm educated). So you expect more when you get to a work environment. You expect the reception to be different. You expect to be heard. Then when you get there and you realize that you must struggle for everything. You must struggle for a pen;

you must struggle for paper, for a phone, for everything for you to get it" (Policy maker, Provincial Department of Health)

The sentiments expressed above highlight the frustration dietitians face in some of the hospitals. It also gives an insight into some of the anger and resentment some dietitians have. Furthermore, the above situation illustrates some of the issues that dietitians are preoccupied with in hospitals rather than focusing on patient care. Consequently, because their function is channeled into bargaining for basic resources these activities have an impact on service delivery and the number of patients that are seen by dietitians. Therefore, patient care has become a lesser priority. The situation has been noted by the heads of departments who have tried to address these challenges. However, the three heads of departments pointed out that some of the resource challenges are beyond their ability to mitigate.

"I think the frustration that the dietitians might have this side is issues that there is no paper, there is no photo copier machine. So those are logistical things that we can't really change much. If there is no photocopy machine that is not at my level to sort it out" (Head of Department, Regional hospital)

The findings have highlighted that the availability of basic tools and adequate infrastructure are important factors that contribute to the retention and motivation of dietitians.

3.2.3.1 Views on ways to address resource issues in the public sector

Policy makers recognized the challenges regarding the lack of resources however; they also expressed concerns about the expectations from dietitians. They felt that dietitians should be made aware during their training that the textbook recommendations about resources cannot always be replicated or translated at facility level. They suggested that alternative ways should be identified to bridge the gap between the textbook and what happens at facility level.

"They must start teaching them that when they say a list of equipment that should be there is this and that out of the 100 that you find in a text book, tell them they will probably only get 20. Tell them that that is the reality. It teaches them to be creative. It means the dietitians that work there are creative. Who teaches them that creativity?" (Policy maker, Provincial Department of Health)

The suggestion above is justifiable but, in spite of this being implemented, a newly recruited community service dietitian said that when selecting community service placement options; their preference was usually the hospitals with adequate resources.

"When I was a student and deciding on my Community. Service and deciding on what I want to do that was one of the things I took into account. I wanted to come into a big proper hospital than to sit around doing nothing the whole day. You need all the resources to be able to do it" (Community service dietitian, Tertiary hospital)

In light of these views, it seems that the reality is that dietitians are not willing to work in under resourced facilities therefore; alternative strategies need to be looked into to ensure that hospitals have minimum equipment and resource requirements. If these are not provided, it will be more difficult to retain dietitians in the public service.

Policy makers indicated that there are certain situations that enable the challenge of resources to be more likely addressed. They explained that from their experience the availability of resources was also influenced by who the dietitians report to. If they report to someone who understands the profession, their requests tended to be given preference.

"If they could report to someone who will understand what they do I think that would help. If the basic resources you require to do your work are made available it would really help, it will work better and make their work easier" (Policy maker, Provincial Department of Health)

On the other hand the lack of or limited resources could point towards how the health system views dietitians. The lack of recognition could also influence decision- makers' actions and decision around resource allocation. Whether it is identifying office space for dietitians or the purchasing of tools that dietitians are compelled to have. A dietitian explained this by saying that:

"It is just that nutrition gets overlooked unlike other departments" (Senior dietitian, Tertiary hospital)

3.2.4 Workload

Some dietitians reported to have increased workloads in the departments but the experience was not consistent with all the dietitians. To illustrate the point above a head of department provided a dietitian's view on workload.

"There is a frustration for some of them because for instance sometimes the patient load can be high" (Head of Department, Regional hospital)

Below a dietitian shared their perspective:

"The workload for me it is too much, you find that we come in at 7 and leave at 3:30pm but, the things you need to do during that time period is just too many" (Senior dietitian, Regional hospital)

Another aspect of workload was that some of the dietitians have to attend to patients and perform administrative duties at their hospitals. The opinion from one of the respondents was that some of the dietitians are struggling to balance the two demands.

"In this hospital it is only me and the other dietitian. We do everything and we are the kitchen managers also. I think if they appoint other people like they should appoint a kitchen manager

then we can focus more on our work which is with patients in the wards" (Chief dietitian, District hospital)

In two of the hospitals the administration roles are conducted by a head of department which frees up time for dietitians to focus on patient care.

"My role here is to coordinate everything and to guide the people that are underneath me and also to train them" (Head of Department, Tertiary hospital)

Dieticians expressed their challenge with increased workload. Many of them were of the view that the reason for this was because they have to divide their responsibilities and the time allocated to see patients. They felt that this was not always adequate and as a result patients were not attended to, with only those patients that are referred being seen.

One explanation for the increased workload was that junior dietitians perform duties of senior dietitians therefore, the lack of role clarification leads to junior dietitians seeing more patients. One junior dietitian explained the situation as follows:

"Even though some of us are Juniors and some of us are Seniors we are all doing the same amount of work in terms of workload., I think Juniors should be doing less work as they are paid less" (Junior dietitian, Tertiary hospital)

This has let some dietitians to feel exploited and has led to diminished job satisfaction. They suggested that the workload should be adjusted for the appropriate level.

However, the opinions around increased workloads differed between the dietitians and the heads of departments. One head of department had a different opinion.

"We do not have much burden from high patient numbers. Although Dietitian "X" might feel that the patient numbers are high. (Head of Department, Regional hospital)

Interestingly the heads of departments and the policy makers agreed that some of the increased workload claims from the dietitians were not justified given the patient statistics that they have which reportedly indicate a low number of patients seen per month. One of the policy makers pointed out that it is very difficult to justify for additional dietitians in hospitals as the current dietitians are unable to demonstrate that they do indeed experience high patient workloads. The informant said:

"When we went out to do this assessment they were seeing very few clients. Even in a hospital that sits a hundreds of HIV/AIDS patients a dietitian will see 30 patients a month when everyone else is seeing 400-500 a month" (Policy maker, National Department of Health)

The head of departments think that the only way to indicate a high workload is through high number of patients whereas the workload might be influenced by other work. The respondents at the national level were aware that some hospitals require more dietitians to ease the workload. However they added that they were not convinced and confident about the services that dietitians render.

"I want to motivate to have more dietitians employed however, can someone please say to me where there is a dietitian this is the quality of the service that we are getting and where there are no dietitians this is the quality of the service that we are getting. Are we able to make that distinction" (Policy maker, National Department of Health)

From the views provided, there is a disjuncture of perspectives between the dieticians at facility level and those that are in positions of authority, that is, the heads of departments (HODs), and the policy makers about the issue of work load. The HODs and policy makers are adamant that the reported high workload cannot be substantiated when compared to the available patient statistics. In my view, the observation is justified because the issue regarding the lack of clarity of roles was reported to have had an impact on the number of patients seen. Implicit in this view

is that the unclear identity of the profession has affected the rate at which other health professionals refer patients. Therefore, how then can the dieticians explain the reported high workload?

In fact, the policy makers were of the view that dietitians are comfortable with the number of patients they see and are not willing to increase the current number of patients.

"We see ourselves as extremely superior from everybody else and we can't work hard. We will have 4-5 patients. If people are saying they are overworked what do they mean?" (Policy maker, National Department of Health)

The policy makers felt that this perception has the potential to limit dietitians' performance and can have detrimental effects on the future of the profession in that the ethical conduct of dieticians will be questioned. One policy maker explained:

"I think it is part of ethics. If you are employed in a certain area in this section and there is less work but, there is a lot of work that you can do on the other side, you could stretch yourself or extend yourself to do something there. You are paid to work. If you do not have clients on your side that means you are not working. You are being paid to do nothing. That is why it has an ethical element" (Policy maker, Provincial Department of Health)

Interestingly the burden of HIV/AIDS that is experienced by the overall health system was not mentioned as a contributing factor to increased workload. However, it was noted to have an impact on the rehabilitation costs of the patient. That is, the costs related to feeding or nourishing the patient back to health.

"The impact on HIV is the fact that you use much more resources for these people, much more feeds much more TPN (Total Parenteral Nutrition) because they stay much longer and they seem to take much longer to get better if they do get better" (Head of Department, Tertiary hospital)

The overall view on the factors that affect retention and motivation included the increased workload which at times was influenced by the lack of role clarity and dietitians doing administrative work and patient care simultaneously. Another important finding is that the views on workload differ between the policy makers and the dietitians which is an interesting point to explore why that is.

3.2.5 Extent of supervision and support

Although all the interviewed dietitians did not mention any challenges with the level and type of supervision they were receiving, the policy makers saw supervision as an area of concern. The policymakers' views under this theme are covered under section 3.3 in this chapter.

The dietitians did not express any negative perceptions about reporting structures and authority.

"I think my level of supervision from my head of department is adequate" (Senior dietitian Tertiary hospital)

Another dietitian had the following to say:

"I don't have a problem with the authority structure, I think it is fine" (Junior dietitian, Tertiary hospital)

Dietitians indicated that they were more comfortable and receptive to supervisors who are able to demonstrate that they are capable of adding value to their growth.

"I don't mind listening to someone who has more experience than me and has been here longer. The problem comes in if someone has been here for a shorter period and has less experience than me and tries to act the same as a senior and I'm a junior then it becomes a problem. I don't mind that whole informal authority structure and I think it is needed" (Junior dietitian, Tertiary hospital)

They all reported to have supportive supervisors who are able to provide guidance to them. They did not feel that they were abandoned and left to navigate issues on their own.

"My manager tries hard to delegate and to make sure we have all the support we need from her. In terms of all the projects we run, in new projects she will sort of orientate you on how it is done" (Senior dietitian, Regional hospital)

A positive report was also that the dietitians were offered the opportunity to consult with their supervisors and to receive constructive feedback. Their supervisors were also able to cascade their concerns to the hospital management.

"My manager is a very good supervisor and he is always able to assist me if there is a problem and if I need his help. So in terms of that he is very good" (Chief dietitian, District hospital)

In addition, it was reported that supervisors allowed the dietitians to work independently which shows the level of trust between the supervisors and the dietitians. The experiences did not differ between the different cadres of dietitians.

"She does not hover over you, so that you feel like you can't do anything. She gives you the space to try something but obviously with supervision. So if you decide to do a project it will go through her to tell you that it is okay" (Senior dietitian, Regional hospital)

A community service dietitian reported the following:

"I don't feel like they are looking over my shoulder every step of the way which is really nice. If there is a problem and I don't know what to do I'll go and ask my manager or anyone else in the department" (Community service dietitian, Tertiary hospital)

The comments raised by the dietitians are encouraging and additionally show that there is a certain level of trust between the dietitians and their supervisors. The trust relates to the ability of the dietitians to have the competencies to execute their tasks. It shows that although challenges exists with dietitians working in the public sectors there are positives that can be seen and with a

supportive environment a lot can be realized. Additionally adequate and relevant supervision is an important motivating factor for the dietitians.

The findings did not indicate the level of supervision the respondents received. However, they highlighted that receiving adequate support in a public sector environment is one of the factors that allow dieticians to stay in the sector. Furthermore, they highlight the fact that several factors have an influence on the retention and motivation of dietitians. These include the limited career furthering prospects, the inadequate resources and infrastructure required to perform duties, concerns with high workloads and adequate supervision.

3.3 The Future of the Profession- A Policy Perspective

This section presents the policy makers perspective on the future of the dietetic profession. The section looks at issues such as supervision and leadership, the quality of training of dietitians and the growth and future of the profession.

3.3.1 Supervision, leadership and support

Those in senior positions, such as the HODs and the policy makers, expressed concern about the nature and quality of support that is available for new dieticians, including the extent of supervision and leadership.

The opinions of the head of departments and the policy makers were dissimilar to that of the dietitians. They presented a view based on their experiences from other hospitals which were not part of the study sites. Their comments indicate that there are challenges with issues regarding the extent of supervision, support and leadership of dietitians in some hospitals.

One of the factors they raised was that there are situations where a dietician will have a mentor who is not in the same profession as them. This was viewed to have the potential to yield negative results, mostly because they do not always understand the relevance of the profession in the health system. Consequently, the support some dietitians require is not always forthcoming. The situation reportedly creates further isolation for dietitians.

"It is a lack of supervision by the relevant profession and the lack of understanding by your supervisor if they are not in the same profession as you" (Policy maker, Provincial department of Health)

"Because someone believes in what you are doing and you know what you are doing when you make a request, when you want something with your programme done they will see you have a point" (Policy maker, Provincial Department of Health)

However, a respondent indicated that there are certain health professionals who are more receptive to the role of a dietitian than others. This positive response influences the work experience of a dietitian.

"I find doctors more open minded and more understanding of what dietitians do and where the relationship should be. I have reported to doctors before and that is how they think. They allow you to say this is my area of work and I know it better than you. So this is what I would like to see happening and you can engage with them easily as opposed to your boss being a nurse that still has that " matron attitude' of saying that you can't be in this position at your age. "I was still doing 1, 2, 3 at your age" (Policy maker, Provincial Department of Health)

It was reported that in some hospitals dietitians do not have supervisors to guide them. This was an issue that was identified as requiring attention.

"Sometimes a dietitian is employed at a hospital without anyone to guide them. I was in one hospital where the dietitian is alone. She does not have a mentor. She must find her own way. She must put up systems. When things go wrong it is easy for us to say but when you are a

dietitians you should have done 1, 2, 3 and I realized that when you have too much to do and you are overwhelmed, out of the 10 things to do you can only do 3-4 and do them well" (Policy maker, Provincial Department of Health)

Additionally the respondent added:

"This junior dietitian has just started so there is no support. So the lack of support systems can also make them want to leave" (Policy maker, Provincial Department of Health)

The policy makers were of the view that this lack of supervision, support and leadership were some of the factors that had an impact on the retention of dietitians.

One respondent suggested that sound supervision and strong leadership was not only required at the facility levels but at all levels of the health system. This was viewed as important for the future of the profession especially in terms of its growth and recognition. The lack of leadership affected how the profession was perceived particularly when there is no one to lead the advocacy role.

"Challenges will be leadership. If we do not have strong leadership we are going to have a big problem. We need to have strong leadership and clear guidance on issues. If that fails we will really derail the whole programme" (Policy maker, Provincial Department of Health)

Overall, policy makers felt that limited leadership and supervision were a concern at policy level because the issues contribute to the performance of dietitians. Furthermore, they influence the extent of their retention in public health facilities.

3.3.2 Caliber/ Quality of training

A number of policy makers and heads of departments highlighted concerns with the quality of newly graduated dietitians. They felt that the current knowledge of dietitians was not satisfactory compared to previous years. These are some of the comments they made:

"The other issue is about the quality of the student that you often get. I'm not sure if they know as much as we used to know. Also they are unable to find answers on their own. They can't think for themselves. Also they cannot differentiate what Dietetics is in their first year versus what it ends up to be in their final year it is two different things" (Head of Department, Tertiary hospital)

Another respondent said:

"I don't think they have depth. One of my colleagues recently went to assess one institution and he felt that the students do not have depth. Clinically dietitians for me need to be so competent that when you talk TPN (Total Parenteral Nutrition) you know what to say. You talk renal failure you know what to say. You need to get to that level if you are a clinical dietitian" (Policy maker, National Department of Health)

Also cited was their inability to adapt to the working environment and the lack of coping skills required to thrive in a work environment.

"The kind of person that you get that is trained now is the 22 year old. It is a different generation. It is more difficult to work with them. They are not as accepting as we were of our circumstances. So I think it is the whole "XY" generation that is huge. So many people complain about it not only me" (Head of Department, Tertiary hospital)

The age gap and difference between the young dietitians and their supervisors might have an influence on some of these dynamics. Furthermore, my view is that the different work contexts

in which the 'older' supervisors commenced their careers compared to the current situation in which the younger dietitians function may have an influence on these opinions.

The head of department explained that the training of dietitians does not adequately equip or expose them to the realities they will face once they start working. The point further supports earlier suggestions that the training of dietitians needs to be relevant to the South African context, such as the available infrastructure, the disease profile, and the diverse culture.

"Most people think you going to sit in some sterile area behind a desk and deal with individuals. It is not necessarily like that. Sometimes they are just shocked to the core when they arrive here and see this is what they are going to do. They are going to work with people; different cultures, different backgrounds, different education levels and they are not quite ready for that, especially "all black" and "all white" universities" (Head of Department, Tertiary hospital)

The findings suggest the need for training facilities to revise the curriculum so that is aligned with the disease profile of the country. The need for new graduates to be mentally prepared for the realities of a work environment was also identified.

3.3.3 Growth of the Profession

This section focusses on the policy views about the achievements of the profession, and future plans.

According to the respondents the profession has grown in numbers in recent years and there are more students enrolling to study dietetics than before.

"We have seen an increase in production of dietitians. At the university that I graduated from when I started we were 2 in a class now you can find 50 people in a class and for me I think that has even increased the understanding of the profession and the knowledge of the profession" (Policy maker, National Department of Health)

Interestingly, the views indicate an increase in the production of dietitians from tertiary institutions however; the transfer of this increased number of qualified graduates into the public sector is not the same. In my view, the challenges identified by the dietitians could explain why the current numbers in the public sector do not correlate with the production figures.

One of the policy makers additionally indicated that the profession has achieved several milestones;

"My success story is the fact that we have a Directorate. I think that is a serious achievement because it means that you are able to have a Director and when you have a Director that means you are able to engage at the level of Minister and MEC (Member of the Executive Council). You are able to go through those doors because there is direct representation" (Policy maker, Provincial Department of Health)

According to the policy makers, due to the improved high level of recognition, the profession has been able to advance itself. This is demonstrated by how recently the importance and relevance of including nutrition in other health programmes is acknowledged.

"I think the fact that nutrition is recognized at the cabinet level is very important. It means everyone agrees that it is important. It helps us to push our programmes. We are able to get involved when policies and guidelines are being developed. Guidelines are not imposed on us. We are now able to voice our needs and get the support of external bodies in making those things happen" (Policy maker, Provincial Department of Health)

One policy maker provided an example of what this improved recognition had achieved for the profession, especially emphasising how high level endorsement can have an impact on the outcome of programmes.

"What pushed nutrition through the late Manto (A Former Minister of Health) even though she might not have said the correct words; she mentioned nutrition in all of that. For me that was a good marketing thing for us" (Policy maker, Provincial Department of Health)

It was reported that the directorate has been able to build strategic partnership with several international organizations in an effort to accelerate the delivery of nutrition programmmes. Also, these structures have reportedly provided platforms for nutrition advocacy.

"You are able to be involved in HPCSA (Health Professional Council of South Africa) activities. Activities of all these big bodies NGOs (Non-Governmental Organisations) like UNICEF (United Nations Children's Fund). They work directly with you" (Policy maker, Provincial Department of Health)

"We get the direct benefit of the partners that we work with and I think that is very important and it has done a great deal for us and our programmes like the vitamin A programme and the food fortification programme. Those are national programmes that are recognized at that level" (Policy maker, Provincial Department of Health)

Some of the future activities as highlighted before by the policy maker at the national department of health included the issue of revising the scope of practice for dietitians. This review was viewed to be essential because it aims to include additional skills of practice that were previously not recognized. It was hoped that the additional skills would provide a positive imagine about dietetics.

"So as part of the health professionals counseling we have at least added some competencies so that the dietician can be seen as an important member of the health team. The scope of practice is going to be reviewed to address those gaps because for me that is a huge challenge." (Policy maker, Provincial Department of Health)

Overall, the policy makers are of the opinion that the profession has grown significantly over the years. Furthermore, the improved level of recognition of the profession was reported. However,

despite these achievements, the major challenge of retaining trained dietitians in the public sector still exists.

The previous sections drew attention to dietitians and policy makers' challenges and experiences on a range of issues. From the findings, challenges exist regarding the blurred roles amongst dietitians and the limited understanding of their role by other health professionals, there is dissatisfaction with the current salary levels, and there are also concerns about the limited resources and the limited career opportunities. Moreover, the results pointed to various factors that contribute to experiences of dietitians especially with regards to their motivation and retention in the public sector. The insights from the policy makers on the profession's achievements highlighted that the profession is very relevant and an important health programme. The policy makers went further to identify areas which are important for the future of the profession which include strong and supportive leadership, emphasis on maintaining the gains from the improved image of the profession, the re-orientation of the dietetic curriculum so that it is in line with the South African health system context. Additionally, to improve on the orientation of newly qualified dietitians the realities of working in the public sector.

The implications from the conclusions will be explored further in Chapter 4.

Chapter 4: Discussion

The purpose of the study was to understand the current challenges facing dietitians in the public sector with the view to formulate recommendations for the retention of this workforce. In light of this aim, key themes that highlight the challenges dietitians in Gauteng have emerged from the findings. This chapter focusses on the themes which are: the lack of clarity about the role of a dietitian, and factors that contribute to the motivation and or retention of dietitians such as salary, workload and resources, motivation and retention factors which are important (salary, opportunities and career development, infrastructure and resources, workload, supervision and support). I will then provide a policy perspective on the future of the profession. Furthermore, I discuss the themes in light of the current literature and from these draw conclusions regarding the implications of the themes. In addition, I identify key areas that require further research in light of the findings in my study.

4. 1 Working experiences and working conditions of the dietitian

4.1.1 The role of a dietitian-lack of understanding

The findings showed that there was overall discontent amongst dietitians regarding perceptions on their role in the public sector. Dietitians in my study generally felt that their role is misunderstood and the general consensus was that the profession is not well known. This finding seems to be a wide spread challenge with dietitians as it is consistent with previous research conducted on the dietetic profession. A study on community service dietitians showed that there was a general lack of understanding of what dietitians are and what their responsibilities in hospitals were (Paterson et al. 2007). The situation is not only confined to South Africa. A study

on dietitians working in community settings in New York generated a similar finding regarding the misunderstanding about the dietetic therapy process (Devine et al. 2004).

Furthermore, another study indicated that community service dietitians still have the view that the dietetic profession is not receiving acceptable recognition for its role in health (Parker et al. 2012). Although it was reported that the advocacy efforts currently implemented are yielding positive results, it is recognized that further work is required to scale up and to improve the overall perception about dietetics (Paterson et al. 2007). The recommendations are similar to suggested strategies proposed by community service dietitians in a recent study. The study suggests that national level should play an active role in advocating for the importance of nutrition especially the link between nutrition and medicine (Parker et al. 2012). Therefore, it is evident that the communication about the link between nutrition and medicine requires prominence in policy and programmatic planning. This will be a positive step towards improving both the health professionals and public knowledge about dietetics.

The fact that dietetics is not a well-known profession is a critical contributing factor to the low enthusiasm displayed by dietitians in their working environments. In my study job status and relevance was identified to be limited which makes it challenging to integrate dietetic services with other health care services and to work with other disciplines. A study conducted in India showed that one of the top job characteristics considered important by health workers is good working relations with colleagues (Peters et al. 2010). Another study conducted in Ghana among midwives mentioned that a supportive working environment and cooperation and approval from fellow health professionals are important (Lori et al. 2012). In addition, a study among Iranian nurses found out that nurses were not satisfied in their workplace due to the limited recognition they received and they were not viewed as valuable by both their managers and colleagues

(Hagbaghery et al. 2004). Moreover, the study pointed to the fact that the nurses' knowledge and decision making capacity were challenged, which resulted in discontent (Hagbaghery et al. 2004).

Considering the findings, it is envisaged that the poor understanding and recognition of the role of a dietitian could lead to the delivery of suboptimal service levels from the junior dietitians. The unclear role of dieticians seems to have resulted in other health professionals not referring as expected. Consequently, this has reportedly affected the number of patients that dieticians see in the hospitals. The findings are similar to those from Paterson et al. (2007) where there was underutilization of dietetic services in hospitals. Unfortunately, the low demand for dietetic services might make dietitians appear to be unsure about their roles and to continually put in a position where they have to prove and defend their knowledge and competency. Also, the fact that dietetic intervention results are not immediately visible could contribute to other professional questioning the knowledge and competence of dietitians. In addition, this creates an opportunity for those who are not trained in dietetics to comment or to offer advice to the public on nutrition topics.

Research from Charlton et al. (2004) indicated that the most popular source of public nutrition information is the media. The authors note that the disadvantage of using this platform is that the nutrition information is often unscientific and even misleading. In my view the research findings can be evidence for some of the conflicting or diluted nutrition messages that are out there which have let to the credibility of the profession being questioned. In this study, an example was provided whereby doctors recommended their own nutrition prescriptions, disregarding a dietitian's original recommendation. The situation inevitably will perpetuate the negative

perception about what the role of a dietitian is. Moreover, the respect and the recognition from other health professionals will not be achieved.

Although, some advocacy efforts have been initiated and gaining positive results the findings in my study highlight that perhaps the traditional methods of sensitizing the public and health professionals about the profession might not be effective and relevant anymore. One of the suggestions from the respondents was that new strategies or innovative approaches should be adopted to improve the image and knowledge of the profession. The respondents proposed that advocacy activities should be at all levels of the health system to ensure maximum coverage and impact. A research paper by Fuhrman (2002) suggested a few strategies on how dietitians can improve their visibility. These included: establishing and strengthening relationships with other health professionals, dietitians to be open to learn from other health professionals; to acknowledge the expertise of others and to maintain competency in their area of expertise. From my study findings, the policy makers also recognized the need to strengthen dietetics integration with other health disciplines and to also the need review the competency of dietitians. The American Dietetic Association (ADA) (2002) published a position paper which reiterated the importance of dietitians partnering with other health disciplines to advance nutrition concerns in health promotion. Additionally, the ADA highlighted the fundamental role the media could play in nutrition (American Dietetic Association, 2002). Although, in my study dietetics is reported to be a traditionally "white profession" the challenge of the lack of understanding of the role was not confined to a particular race in the country. Previous research conducted on dietitians in South Africa has limited information with regards to whether the historical orientation of the profession determines whether it is more familiar to a particular race group.

4.2 Factors that have an impact on retention and motivation

Issues around the motivation and retention are not unique to dietitians. Several research has been published about these two issues on how the health sector can improve on these (Dolea et.al 2010 and Willis-Shattuck et. al 2008). The following section will discuss some of the highlighted factors.

4.2.1 Salary

The finding echoes observations from previously conducted studies on dietitians in South Africa (Parker et al 2012 Paterson et al 2007). The majority of the dietitians in my study expressed dissatisfaction with their salaries and felt that their profession is a specialized field which deserves higher financial recognition. The study findings coincide with research from Tanzania where respondents argued that their salaries were inadequate to match their work expectations and the realities of the cost of living (Songstad et al 2011). The finding echoes observations from other studies where health workers found their salaries to be insufficient to enable them to meet their individual expenses. Furthermore, they felt that they were inadequate in comparison to other health workers (Manafa et al. 2009, Steyn et al 2010 and Mbindyo et al. 2009).

In light of the findings in my study, it is evident that salaries affect the retention of dietitians in the public sector. Many of the dietitians indicated that if they are offered a better salary elsewhere they will leave the public sector. The views resonate with some of the research findings where both dietitians still in the profession and those who have left sighted the main reason of leaving the profession is due to the lower salaries (Mackenzie 2008 Paterson 2007). This is in line with previous reports on how financial rewards influence motivation (Henderson and Tulloch 2008). However, the adjustment of salaries is not a guarantee that there will be

widespread increase in motivation from the dietitians. Previous studies assessing the impact of salaries on motivation have shown that salaries alone are not the only factor affecting retention. A South African study examining the remuneration of doctors showed that the salaries of doctors was inadequate but, concluded that only increasing salaries is not an effective approach to adopt (Kotzee and Couper 2006). Moreover, research indicates that an improvement in salaries does not guarantee an improvement in motivation and other factors have to be considered (Henderson and Tulloch 2008). It is suggested that there should rather be a combination of strategies which include both financial and non-financial incentives (Mathauer and Imhoff 2006). The suggested non-financial incentives include allocating resources for staff training, improving access to career development and flexible working hours (Lipinge et al. 2009). Kotzee and Couper (2006) suggested that other factors like improving working conditions and work load also need attention as they influence the motivation to stay in the public sector.

It is evident from the findings in my study that rectifying salaries is seen as a way to change the perception about the value of the dieticians' job and role. However, other challenges identified in the findings will also need to be attended to as an approach to improve the current dissatisfaction from dietitians. These are expanded on below.

4.2.2 Opportunities and career development

All the dietitians reported to be concerned about their career development. They also highlighted that their future professional growth in the public sector is quite limited. Also, they pointed out that the possibility for one to achieve a higher career status might take a long time because there are a few high level posts in the profession. In addition, these positions are not readily vacated once occupied. Mackenzie (2008) stated similar findings on research assessing the job

satisfaction of dietitians in South Africa. This is yet another demoralizing factor of working in the public sector. My study also highlighted that the dietitians' career progression is also disadvantaged by the fact that at some institutions the identified higher level posts are often unfunded which means they remain unoccupied even though some dietitians wish to apply for them. The findings also indicate that opportunities for career growth are not guaranteed and this has forced some dietitians to explore other career paths outside of the dietetic profession. This was seen mostly in the young dietitians and those dietitians who have served longer in the public sector; who are more of the matured dietitians. Working in an academic environment was seen as a motivating factor for working in the public sector. The work by Lipinge et al. (2009) indicated that institutions supporting career development activities for example through accommodating study leave or breaks had higher staff retention levels. The dietitians felt that an academic setting favoured those dietitians who wanted to study further; for example to obtain a Master or PhD. This is an important area to explore in terms of retaining dietitians. However, in reality it is impossible to implement and other areas in the country will remain underserviced as the majority of the dietitians will be concentrated in the tertiary hospital and in most cases the tertiary hospitals are in urban areas rather than in rural areas.

According to findings in my study, other methods to enhance and broaden the dietitians' knowledge base were readily available to them. These included participation in CPD activities and also having access in some hospitals enabled dietitians to conduct research and this was seen as a valuable cost effective ways of learning. The availability of these resources does influence the level of stay of dietitians employed by the public sector. The findings are different from similar studies conducted looking at what motivates health workers which indicate that health workers are often not provided with the opportunity to participate in CPD activities (Mafana et

al. 2009 and Mbindyo et al. 2009). The difference could be attributed to the fact that dietitian numbers in hospitals are smaller compared to numbers of nurses in hospitals therefore, the dietitians are not competing for opportunities. Hence the unfairness in attending CPD activities is not seen.

It was noted in the findings in my study that currently, there are no career development guidelines available for dietitians and it rests upon individual dietitians to develop themselves. The concern however, was that there are only a handful of dietitians who are proactively pursuing self-development. The lack of a structured career development plan is consistent with findings on research conducted in health workers in Malawi (Manafa et al. 2009) whereby, currently a career development guideline or plan is not available for dietitians. Research conducted in the Western Cape among nutrition personnel emphasized that "career pathing of lower ranks of personnel should be addressed" as a way to retain them into the system (Goieman et. al 2011, p.98). Another study conducted among rural doctors in South Africa suggested a similar sentiment; that improving the carrier development opportunities of doctors could be a motivating factor for them to stay in the public sector (Kotzee and Couper 2006). The results in my study suggest that the issue of career development is important across all the different disciplines of health and should be taken into consideration when formulating retention policies in the public sector. It is important to note that the lack of a formalized career plan should however not be a barrier for dietitians to pursue opportunities by themselves; as some of the respondents indicated in chapter 3. The findings corroborate with the results from Ghana whereby midwives indicated that availability of career development opportunities and easy access to furthering their education influenced their decisions to not work in rural areas (Lori et al. 2012).

Unlike other health professionals there seemed to be the view that the motivation to pursue further studies is lacking in dietitians. There is only a small proportion interested in growing the profession. This could be attributed to the little recognition that the profession receives.

4.2.3 Infrastructure and resources

The findings in my study have indicated that the availability of adequate infrastructure and resources is another important factor that affects motivation. The dietitians emphasized the importance of having tools for them to be able to deliver quality services to their patients. These tools range from the availability of nutritional supplements to having photo copying machines and adequate office space. The findings are consistent with recent published papers which had similar findings whereby community service dietitians reported to not have adequate budget allocations at their respective hospital to enable them to purchase nutritional supplements (Parker et al. 2011, Paterson et al. 2007). In addition, issues highlighted in recent research include unavailability of office space to see patients and lack of office tools such as computers (Parker et al 2011, Paterson et al. 2007). The importance of having suitable infrastructure and resources is in line with recommendations from Henderson and Tulloch (2008) who have argued that addressing infrastructure challenges in facilities yields positive results on health worker motivation.

It is however important to note that other research has indicated that dietitians are not the only health professionals experiencing resource challenges (Kotzee and Couper 2006). Furthermore, the lack of adequate resources and infrastructure were identified as demotivating factors for health professionals and the availability of adequate tools should be made priority as this allows health workers to carry out their duties effectively and efficiently (Willis-Shattuck et al. 2008).

Dietitians in my study displayed strong negative views about working in under-resourced hospitals. Similar findings were reported by Parker et al. (2011) whereby community service dietitians expressed challenges with working in hospitals without adequate resources as this made implementation of dietetic services a challenge. The reality is that dietitians find it demotivating to work in under-resourced facilities therefore; alternative strategies need to be looked into to ensure that hospitals have minimum equipment requirements. If these are not acquired it will be more difficult to retain dietitians in public service. A strategy that has produced positive results in Kenya where tools and infrastructure was limited showed that health professionals were motivated where they had supportive leadership (Mbindyo et al. 2009). This is perhaps a key factor in turning around the low motivation expressed by dietitians. Furthermore, having a supportive management means the interests of dietitians will be accommodated and acted upon accordingly, as one of the respondents in my study indicated.

4.2.4 Workload

The views regarding the workload between the dietitians and the policy makers were not consistent. The policy level staff felt that dietitians cannot justify their claims of having excessive amounts of work.

The claims made by the dietitians that they have patient overloads was refuted by the senior staff members which implies that there is a misunderstanding on what constitutes increased workloads. Recent research highlights that both community service dietitians and dietitians are indeed faced with high workloads (Parker. et al. 2011, Paterson et al. 2007 and Mackenzie 2008). Extensive research around workloads of dietitians has not been conducted therefore, it is not known if these results could be extrapolated to be a national phenomenon with all dietitians. It is suggested that the two groups should discuss what is regarded as a minimum patient load and

what is considered high patient loads. In addition, it is recommended that the workload discussion should not solely focus on patient numbers and to include other tasks that dietitians have to attend to. These additional tasks could contribute to the inability of dietitians to attend to all patients in a day.

The reality is that limited research has been conducted to estimate what the ideal staffing to patient ratios are in allied health professionals including dietetics. The situation is similar even in developed countries (Cartmill et al. 2012). The distinction will assist managers to justify a need for funding of additional posts or additional members of staff. They will be able to compare the current situation versus the available standards and norms. The justification is further reinforced by recommendations from Cartmill et al's (2012) research which explain why the availability of appropriate staff ratios are an important tool for service planning and delivery . However, the authors did present some reservations with applying blind staff ratios for general allied health workers work as the patient consultation approach is slightly different from that of doctors and nurses. They propose that the staffing ratios should be disease specific or be applied to certain specialty areas (Cartmill et al. 2012). In my view, we also cannot compare dietetic staffing ratios to other health professionals' ratios because patient consultancy takes a longer period in dietetics.

The differences in opinion from the respondents in my study regarding the workload issue could be attributed to the fact that the higher level staff do not actually attend to patients therefore; they did not have firsthand experience of what the situation is on the ground.

What emerged though was that a clear concern regarding workload was experienced by the junior staff members. This was because junior roles were reportedly often combined with those

of senior role functions. The situation led them to see more patients than they were able to cope with. A study conducted in Malawi revealed similar results where staff reported to be performing extra duties which were not covered in their current job description; to the dissatisfaction of the staff (Manafa et al. 2009). A review by Henderson and Tulloch (2008) focusing on incentives for retaining and motivating health workers maintains that clear job responsibilities are necessary and that responsibilities should align with a health workers experience and this is often overlooked as impacting on motivation.

The increased work load is also attributed to available staff positions not being funded and this has an impact on service delivery. Similar studies conducted in the nursing professions indicate that management is often aware of the high workloads but, they face challenges with recruiting staff especially for positions in rural areas (Manafa et al. 2009).

An outcome from the study is that there is a definite difference of opinion from the policy level staff and dietitians on what constitutes high workloads. The findings are contradictory to previous studies on dietitians' views around workload. Previous studies provided similar views from both the HODs and dietitians that dietitians do experience high workloads as outlined in the literature review chapter. Perhaps this is an area that should be explored further in the future. Also, the dietitians did not report to have a huge burden of patients due to the current HIV/AIDS situation in South Africa.

4.2.5 Supervision and support

Encouragingly, the interviewed dietitians did not express any dissatisfaction with the level of supervision and support they are receiving from their managers, This was in contrast to Manafa et al. (2009) study evaluating job satisfaction (Manafa et al. 2009). Another study evaluating

community service dietitians in KwaZulu Natal concluded that the lack of supervision was a major challenge for entry level dietitians (Paterson et al 2007). A follow up study by the Health Professions Council of South Africa (HPCSA) on community service dietitians showed similar results whereby 22% had inconsistent supervision and 13% had no supervision at all (Parker et al. 2011).

It is not clear if the contrast to other research findings is attributed to whether the dietitians' responses in my study were influenced by a fear that their managers would know their responses. The policy makers however emphasized the importance of sound leadership, supervision and support during the interviews. A study conducted by Kotzee and Cooper (2006) suggested that support from senior management is a critical factor in influencing the retention of rural doctors in the public sector. Therefore, an ongoing strategy is to ensure that dietitians placed in public health facilities have adequate support from their managers in order to enable them to function efficiently in their jobs and also to identify problem areas earlier should they arise. Similar recommendations were made by Paterson et al. (2007) where it was shown that newly recruited dietitians did not have direct supervision from either a dietitian or from the hospital manager.

4.3 Future of the profession

The managers and the policy makers in my study had a positive perspective about the future of dietetics. They however felt that the current caliber of dietitians is not motivated and not self-sufficient. There was a concern about the quality and competencies of the current dietitian profile. The reservations raised are similar to findings from a study on community service dietitians commissioned in 2009 where it was found out that managers were not satisfied with the knowledge level of the community service dietitians (Parker et.al 2010). The findings suggest

that the training of dietitians needs to be reevaluated or a set of core competencies needs to be identified and communicated to hospitals and facilities so that the competency expectations are known and if there are discrepancies they can be easily identified and addressed. However, it seems the motivation to pursue further training is lacking with dietitians. According to those in senior positions, there is little interest to grow the profession. This could be attributed to the little recognition that the profession reportedly receives. The more people feel that their profession is well respected the more they want to grow in the profession and raise it to the level where it also makes an academic contribution.

The HODs and policy makers drew similar conclusion about the salary and lack of resources as de-motivating factors for dietitians. Although, supervision was not seen as a challenge the managers suggested that adequate supervision is one of the important factors that influence the motivation of dietitians. Therefore, it is essential that dietitians have adequate support systems.

4. 4 Study limitations

The envisaged numbers and categories of dietitians in the three hospitals were not reached. This was due to a range of reasons including during the scheduled time for interviews at the hospitals the dietitians were not available. The dietitians were on ward rounds during the researchers visit. In one hospital the dietitians were off sick on two subsequent visits to the hospital. In addition, in two of the hospitals there were no junior dietitians employed therefore, influencing the final number of junior dietitians interviewed. Also, most hospitals offer senior dietitian post rather than junior dietitian post as a strategy to increase and retain the number of dietitians employed by the public sector. Other reasons for the lower numbers are that in one hospital the dietitians were not informed that the researcher will be coming to conduct the interviews therefore; the

researcher would interview only the dietitians who were available at that time. At times the researcher would find that the available dietitians were the ones interviewed at previous visits to the hospital. Moreover, in one hospital the interviews could only be conducted in the afternoon which meant that the researcher could only manage two interviews at a time during each visit. This is because the dietitians' lunch breaks had to be accommodated into the schedule and also the time they leave work for home before 16:00 pm.

The number of community service dietitians (CSD) interviewed was limited due to the following: in one hospital the CSD was offered an employment opportunity in another institution after completion of the community service year before the researcher conducted the interview. The potential study participant declined to participant in the study afterwards as the interview will interfere with her working hours with her new employer. In one hospital the CSD was not available during the visit as she was on a ward round and also she was not willing to participate in the study even though her supervisor explained the purpose of the study. In one hospital the CSD had just been employed but, was included in the study and agreed to participate. There were no HIV specific dietitians at the hospitals that were available to participate in the study. Only, in one hospital was a dietitian who had a dual role of HIV dietetics and other clinical dietetic functions. In addition, it emerged after completion of the study that most dietitians working with HIV/AIDS patients are based at Community Health Centres (CHC) and not in hospitals. The researcher did not include CHC's in this study.

The interview guide was not piloted before the initiation of the study and relied on the initial interviews to rectify the instruments if necessary. It was not possible to follow the interview

guide as it is during the interview the flow of the questions had to be aligned with some of the study participant responses. Some questions had to be rephrased so that the respondent could understand them. However, it is felt that the rephrasing did not change or influence the expected answers or compromise the final study results.

Chapter 5: Conclusion and Recommendation

5.1 Conclusion

The findings in this study have indicated a range of issues which contribute to the experiences of dietitians in hospitals in Gauteng. The issues include the lack of understanding and recognition of the role of dietitians by other health professionals, the impact of perceived lower salaries on the morale of dietitians, the limited availability of infrastructure and tools required for dietitians to execute their duties. Other factors highlighted include high workload however; there was no consensus on what exactly this entails as experienced by dietitians. The importance of career development opportunities was also raised although there are no concrete examples of strategies on how to improve this aspect within the South African dietetic community. Therefore, this an area worth exploring in the future as it is key to retaining dietitians in the public sector and for growing the profession. Other areas requiring attention include supervision and reassessing some of the financial and non-financial incentives that dietitians are currently receiving.

Although, several positive things are mentioned about the success of dietitians and their experiences working in the public sector such as improved recognition, inclusion of nutrition in policy documents these are often overshadowed by some of the challenges they face. However, even with the study participants sighting challenges they were optimistic these challenges can be tackled if their existence is acknowledged and solutions are proposed on how to address them.

5.2 Recommendations

5.2.1 Capacity building

There should be an effort from dietitians to improve and maintain their competency and skills. A dialogue should be initiated on how the dietitians and their employers could work together to address this. Also, the issue of limited career progression needs to be looked at as the provision of career progression has shown to improve the retention of health workers. Dietitians responded well to a tertiary setting and some of the things that are practiced in tertiary hospitals. These activities can be adopted or explored in other hospital levels to motivate dietitians to stay.

5.2.2 Working environment: multidisciplinary structure and working conditions

The working relationships between dietitians and other health professionals should be strengthened. The suggested strategies to achieve this include proactive information sharing with other health professionals, participation in joint projects including research opportunities.

An observation by one policy maker was that other allied health professionals seemed to be content with their current salary packages and that perhaps the differences in reactions should be evaluated or lessons shared. Additionally, the need to reevaluate the current salaries of dietitians should be considered.

The contradiction between the senior staff and the junior dietitians regarding workload further research should try to unpack why the disjuncture exist between the two groups. The research will provide insight on why junior dietitians experience the perceived high workloads.

One of the study limitations is the small sample size. Future research should aim to have a larger sample and to interview a larger variety of dietitians from the various categories available.

Additionally, future research should include dietitians working in an HIV setting as they would give a more in-depth insight into the contextual HIV factors that impact the work of dietitians.

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APPENDICES

Appendix 1

Letter of Permission to Gauteng Provincial and District office to conduct research

TO: The Director XXX

Gauteng Department of Health

CC: Chief Director XXX

Deputy Director XXX

Gauteng Department of Health

Date: XXX

Dear XXX,

RE: Letter of Permission

My name is Thabang Matlhafuna and I am pursuing a Master of Public Health in the field of Health Policy and Analysis through the School of Public Health at the University of the Witwatersrand. As part fulfillment of the requirements towards the Master of Public Health Degree I will be conducting a research study to describe the challenges faced by the public sector dieticians in Gauteng Province. This letter serves as a formal request to permit me to have access and interview dietitians at the 3 hospitals (Johannesburg General, Helen Joseph and Germiston)

in Gauteng Province and the dietitians based at the provincial office. Please find below a brief overview of the study.

The main aim of the study is to understand the current challenges facing the nutrition sector in a public health system with a view to formulate recommendations for the retention of staff. The study participants will include key informants from the nutrition sector at the National and Provincial levels of government and dietitians based at the 3 hospitals (Tertiary, regional and district) in Gauteng Province. The interview will take about an hour. The interview will be audio taped. Ethical clearance will be obtained from the Wits Ethical Committee. Informed consent will be obtained from all the interviewees. The study participants will be provided with an information form describing the study intentions and the value of their information for the study.

The study is voluntary and participants may withdraw at any time without providing a reason. No harm will come to participants as no potential participant will be penalized for not participating or withdrawing from the study. Confidentiality will be maintained at all times. If the study results are published, they will not lead to individual identification.

Although participants will not benefit directly, the participation of the key informants and dieticians in the study is invaluable. The information gathered will contribute to understanding the challenges faced by dieticians working in the public sector and will guide policy to address them.

If you require any further information or have any questions please contact myself at 011 398 6930 or 082 908 6907. Nonhlanhla Nxumalo, who is my supervisor from the School of Public Health at the University of the Witwatersrand, is also available for any further inquiries. Her contact number is 011 717 3432 or 082 337 8573.

Similarly you can also contact the Human Research Ethics Committee (Medical) which oversees the ethical aspects of this study. Members of this committee can be contacted through Ms Anisa Keshav on 011 717 1234.

Please find attached the following: the study protocol and, the Ethical Clearance certificate,

Looking forward to your favourable response,

Sincerely,

Thabang Matlhafuna

Appendix 2

Letter of permission: Chief Executive Officers

The Chief Executive Officer: XX

Tertiary Hospital X

Private bag XX

Johannesburg

2000

Date: 13 October 2010

Dear XX,

RE: Letter of Permission

My name is Thabang Matlhafuna and I am pursuing a Master of Public Health in the field of Health Policy and Analysis through the School of Public Health at the University of the Witwatersrand. As part fulfillment of the requirements towards the Master of Public Health Degree I will be conducting a research study to describe the challenges faced by the public sector dieticians in Gauteng Province.

The main aim of the study is to understand the current challenges facing the nutrition sector in a public health system with a view to formulating policy recommendations for retention of staff. In the nutrition sector inadequate human resources is listed as one of the most significant contributing factors impacting on the success of the available nutrition programmes. Therefore, there is a need to find out the factors contributing to inadequate numbers of dietitians in the

public sector. Also, what are the challenges they face that might contribute to their migration to the private sector.

The study participants will include key informants from the nutrition sector at the National and Provincial levels of government and dietitians based at the 3 hospitals (Tertiary, regional and district) in Gauteng Province. The interview will take about an hour and effort will be made to arrange the interviews within periods that do not interfere with the work of the staff members. . The interview will be audio taped for which I will request permission for, from the staff members. Ethical clearance will be obtained from the Wits Ethical Committee. Informed consent will be obtained from all the interviewees. The study participants will be provided with an information form describing the study intentions and the value of their information for the study.

The study is voluntary and participants may withdraw at any time without providing a reason. No harm will come to participants as no potential participant will be penalized for not participating or withdrawing from the study. Confidentiality will be maintained at all times. An effort will be made to arrange the interviews within periods that do not interfere with the work of the staff members. If the study results are published, they will not lead to individual identification.

Although participants will not benefit directly, the participation of the key informants and dieticians in the study is invaluable. The information gathered will contribute to understanding the challenges faced by dieticians working in the public sector and will guide policy to address them.

If you require any further information or have any questions please contact myself at 011 398 6930 or 082 908 6907. Nonhlanhla Nxumalo, who is my supervisor from the School of Public Health at the University of the Witwatersrand, is also available for any further inquiries. Her contact number is 011 717 3432 or 082 337 8573.

Similarly you can also contact the Human Research Ethics Committee (Medical) which oversees the ethical aspects of this study. Members of this committee can be contacted through Ms Anisa Keshav on 011 717 1234.

Please note that I have attached the study protocol, the Ethical Clearance certificate, study questionnaire and information forms for your records.

Looking forward to your favourable response,

Sincerely,

Thabang Matlhafuna

Appendix 3

Participant Information Sheet

16 Tyrwhitt Avenue

212 Broadlands

Rosebank

2196

Tel: 082 908 6907

Participant Information Sheet

Hello, my name is Thabang Matlhafuna. I am pursuing an MPH in Health Policy and Analysis through the School of Public Health at the University of the Witwatersrand. As part of the course requirement, I will be conducting a research study to describe the challenges faced by the public sector dietitians in Gauteng Province.

I would like to invite you to participate in this research study as I believe that your experience will provide valuable information.

What is involved in the study?

The main aim of the study is to understand the current challenges facing the nutrition sector in a public health system with a view to formulating policy recommendations for retention of staff.

The study will be conducted in Gauteng province and 3 hospitals representing the different levels of care (District, Regional and Tertiary). The data will be collected through conducting an

interview with a study participant, where a series of questions will be asked. The type of questions asked will be aimed at finding out the experiences of dietitians working in the public sector. For example how is their role integrated into the hospital health care structure and what is their reporting structure. It is envisaged that 18 people will participate in the study and they will be in the Gauteng Province. The interviews will be conducted at the participant's place of work and it will be ensured that the interview does not interfere with their duties. The study will involve a 45 to I hour interview which will be guided by a questionnaire.

The interview will be audio taped. The researcher will listen to the tape and write down everything that you say but not use your name. The researcher will keep the tapes for two years under lock and key, after which they will be destroyed.

Risks:

There are no risks involved in participating in the study.

Benefits:

You will not benefit directly from participating in this study, however the study can have indirect benefits in that the information gathered will contribute to understanding the challenges faced by dieticians working in the public sector and will guide policy to address them.

Participation is voluntary:

You can refuse to participate or discontinue participation at any time without penalty or loss of benefit. You may discontinue participation at any time without penalty, loss of benefits to which you are otherwise entitled.

Confidentiality:

As a participant in the research you can expect that all the information you provide will be treated confidentially. Absolute confidentiality cannot be guaranteed. The names of individuals will not be used in the research report. Research records may be inspected for quality assurance and data analysis by organizations such as the Research Ethics Committee and the Medicines Control Council. If results are published, they will not lead to individual identification.

Further information:

If you require any further information or have any questions please contact myself at 011 398 6930 or 082 908 6907.

You may also contact Anisa Keshav at Wits on 011 717 1234 for questions around the study ethics of the University of Witwatersrand Human Ethics Committee.

Your consideration to participate in the study is greatly appreciated. If you are happy to take part in the study please read and sign the attached consent form.

Thank you.

Thabang Matlhafuna

Appendix 4

Participant Informed Consent Form

16 Tyrwhitt Avenue

212 Broadlands

Rosebank

2196

Tel: 082 908 6907

Informed Consent Form

I agree to participate in the…….. study.

The goals and the methods of the study are clear to me. I understand that the study will involve a 45 minute to 1 hour interview which will be guided by a questionnaire. All the details and purpose of this study have been explained to me. I understand that I have the right to refuse participation.

I agree to participate in the study at anytime voluntarily and that no adverse consequences will follow on withdrawal from the study.

I have the right not to answer any or all questions posed in the interviews and not to participate in any or all of the procedures/ assessment.

The Committee for Research on Human Subjects at the University of the Witwatersrand has approved the study protocol and procedures.

All results will be treated with the strictest confidentiality.

Only results based on collective findings, will be reported on and/or published in scientific journals.

The study leader is committed to treating participants with respect and privacy throughout the procedure.

I,…….herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the study.

RESEARCHER:

Printed Name: Signature:

Date and Time:

PARTICIPANT:

Signature:

Date and Time:

Appendix 5

Tape Recording Consent Form

16 Tyrwhitt Avenue

212 Broadlands

Rosebank

2196

Tel: 082 908 6907

Tape Recording Consent Form

I agree to participate in the…….. study.

The goals and the methods of the study are clear to me. I understand that the study will involve a 45 to 1 hour interview which will be guided by a questionnaire. I also understand that a tape recorder will be used to record the interview. All the details and purpose of this study have been explained to me. I understand that I have the right to refuse participation.

I agree to participate in the study and for the interview to be tape recorded. I understand that the researcher will keep the tapes for two years under lock and key, after which they will be destroyed as per the Health Professions Council of South Africa (HPCSA) guidelines.

I can at anytime voluntarily withdraw from the study and no adverse consequences will follow.

I have the right not to answer any or all questions posed in the interviews and not to participate in any or all of the procedures/ assessment.

The Committee for Research on Human Subjects at the University of the Witwatersrand has approved the study protocol and procedures.

All results will be treated with the strictest confidentiality.

Only results based on collective findings will be reported on and/or published in scientific journals.

The study leader is committed to treating participants with respect and privacy throughout the procedure.

I,…….herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the study.

RESEARCHER:

Printed Name: Signature:

Date and Time:

PARTICIPANT:

Signature:

Date and Time

Appendix 6

Interview guide for dietitians

SECTION 1: DEMOGRAPHIC INFORMATION

Date of interview

Facility Code

Study Participant Code

Area

Urban	Rural	Metro

Race of study participant

African	Coloured	Indian	White	Other, specify

Age

Gender

Female	Male

Home Language

Zulu	Sotho	Afrikaans	English	Tswana	Xhosa	Venda	Other, specify

Number of years working in the public sector

Level and area of work code

SECTION 2: SEMI-STRUCTURED QUESTIONS

To determine the working conditions (reporting structure, skills development, career progression, integration into hospital system, availability of tools) of dietitians in the public sector

1. How is the dietetic unit organized in your institution?

Probes:

- Number of dietitians at your institution
- Reporting structure

2. In your view what is the role of the dietician, and what purpose does it fulfill in your facility?

3. How does the role of a dietitian integrate into the hospital health care structure?

Probes:

- Formal process to articulate the linkage between dietetic work and other services offered in the hospital
- Interaction with the other departments

4. Please give a general opinion of your experience of working in the public sector?

Probes:

- Defined responsibilities with job descriptions
- Remuneration
- Supervision
- Skills learned and examples if any
- Skills development opportunities

5. As you know, dieticians use specific equipment to carry out their services, can you tell me about the tools that are available for you to carry out your work?

Probes:

- Views on availability of resources
- Views on whether tools are sufficient to carry out work as required

6. What in your opinion encourages or would encourage you to stay in the public sector?

Probes:

- working conditions
- training
- opportunities for career growth, etc
- Explore other motivating factors

7. What in your opinion would lead you to leave the public sector, if at all?

Appendix 7

Interview guide for policy makers

SECTION 1: DEMOGRAPHIC INFORMATION

Date of interview

Facility Code

Study Participant Code

Area

Urban	Rural	Metro

Race of study participant

African	Coloured	Indian	White	Other, specify

Age

Gender

Female	Male

Home Language

Zulu	Sotho	Afrikaans	English	Tswana	Xhosa	Venda	Other, specify

Number of years working in the public sector

Level and area of work code

SECTION 2: SEMI-STRUCTURED QUESTIONS

To examine the understanding of policy makers about the role of dietitians in the public sector (work scope, recruitment, retention, output, shortages, supervision)

1. What is the role of a dietitian in public health facilities?

   Probe:

   - Type of functions they perform?
   - In your view what standards, guidelines are available to guide and define the role?

2. What strategies are available to inform other health professionals about the role of a dietitian?

3. In your opinion what linkages exist between dietitians and the other health professionals?

4. In your opinion what do you think are the contributing factors for dietitians to work in the public sector?

Probes:

- working conditions
- training and supervision required for dietitians to execute their role
- opportunities for career growth, etc
- Explore other motivating factors

5. What factors do you think influence dietitians to leave?

Probes:

- Number of dietitians currently in the system
- Strategies in place to improve retention
- Vacancy rates and unfilled posts.
- Identify areas of concerns if any

6. In your opinion what do you think are the major successes of the dietetic profession in the public sector especially with the implementation of the Integrated Nutrition Programme (INP)?

Probe:

- What impact do you think the successes have made on the profession?

7. In your opinion what do you think are the major challenges the dietetic profession are or has experienced in the public sector?

Probes:

- What impact do you think the challenges have made on the profession?
- What activities/measures have taken place to address some of the challenges you have just mentioned, if any?
- What has been the impact of these measures on the ability of dietitians to execute their work?

8. What is your opinion of the current number of dietitians in the public sector?

9. What future strategies do you envisage with regards to the number of dietitians given the current HIV AIDS impact on the health workforce?

Appendix 8

Ethical clearance certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG
Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Miss Thabang Matlhafuna

CLEARANCE CERTIFICATE	**M10731**
PROJECT	Challenges Faced by Public Sector Dietitians in Gauteng Province
INVESTIGATORS	Miss Thabang Matlhafuna.
DEPARTMENT	School of Public Health
DATE CONSIDERED	30/07/2010
DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 17/09/2010 **CHAIRPERSON** .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable
cc: Supervisor : MissN Nxumalo

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES...

Appendix 9

Ethics clearance certificate-Provincial office

CONDITIONS OF APPROVAL OF A RESEARCH STUDY PROPOSAL

FOR APPROVAL BY DIRECTOR: POLICY, PLANNING AND RESEARCH



HEALTH AND SOCIAL DEVELOPMENT
(GDHSD)
POLICY, PLANNING AND RESEARCH (PPR)
Enquiries: Sue le Roux
Tel: +2711 355 3212
Fax: +2711 355 3675
Email: Sue.LeRoux@gauteng.gov.za

CONTACT DETAILS OF THE RESEARCHER	
Date	25 October 2010
Tel number	+27- 11- 398-b 6930 (Office) , +27- 1[illegible] 717 3432 (Supervisor), +27- 82-908-6907 (Mobile)
Email	thabang.matlhafuna@dsm.com
Researcher /Principal investigator (PI)	Thabang Matlhafuna
Supervisor	Ms N Nxumalo
Institution	School of Public Health at the University of the Witwatersrand, Johannesburg, Faculty of Health Sciences, 7 York Road, Parktown 2193
Research title	**Challenges faced by public sector dietitians in Gauteng Province**

Approval is hereby granted by the Gauteng Department of Health and Social Development for the above mentioned research study proposal for a study to be conducted within GDHSD domain. Approval is limited to compliance with the following terms and conditions:

This approval is only granted for a study entitled 'Challenges faced by public sector dietitians in Gauteng Province" which will be conducted by Thabang Matlhafuna of Wits University student under supervision of Ms N Nxumalo.

Appendix 10

Ethics clearance certificate-District office

Ekurhuleni

RESEARCH ETHICS CLEARANCE CERTIFICATE

Research Project Title: Challenges faced by public sector Dieticians in Gauteng province.

Research Project Number: 25/11//2010-1

Name of Researcher(s): Thabang Matthefune

Division/Institution/Company: MPH-University of Witwatersrand

DECISION TAKEN BY THE EKURHULENI HEALTH DISTRICT ETHICS PANEL (EHDEP)

- *THIS DOCUMENT CERTIFIES THAT THE ABOVE RESEARCH PROJECT HAS BEEN FULLY APPROVED BY THE EHDEP. THE RESEARCHER(S) MAY THEREFORE COMMENCE WITH THE INTENDED RESEARCH PROJECT*
- *NOTE THAT THE RESEARCHER WILL BE EXPECTED TO PRESENT THE RESEARCH FINDINGS OF THE PROPOSED RESEARCH PROJECT AT THE ANNUAL EKURHULENI RESEARCH CONFERENCE HELD IN JULY/AUGUST.*
- *THE ETHICS PANEL WISHES THE RESEARCHER(S) THE BEST OF SUCCESS.*

R. Kelleeman Dr. R. Kelleeman

CHAIRPERSON: GAUTENG DEPARTMENT OF HEALTH (EKURHULENI REGION)

Dated: 25/11/2010

DR J. SEPUYA

DEPUTY CHAIRPERSON: EKURHULENI METROPOLITAN MUNICIPALITY

Dated: 25/11/2010