APPENDIX A

Faculty of Health Sciences
Medical School, 7 York Road, Parktown, 2193
Fax: (011) 717-2119
Tel: (011) 717-2076

Reference: Ms Salamina Segole
E-mail: salamina.segole@wits.ac.za
27 September 2011
Person No: 468692
PAG

Ms E Mutava
P O Box 295
Wits
Braamfontein
2050
South Africa

Dear Ms Mutava

Master of Science in Nursing: Approval of Title

We have pleasure in advising that your proposal entitled "*Perceptions of Central Gauteng occupational health nurses of their traditional and expanded roles*" has been approved. Please note that any amendments to this title have to be endorsed by the Faculty's higher degrees committee and formally approved.

Yours sincerely

Mrs Sandra Benn
Faculty Registrar
Faculty of Health Sciences

APPENDIX B

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

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Mrs Eunice Mutava

CLEARANCE CERTIFICATE	M110919
PROJECT	Perceptions of Central Gauteng Occupational Health Nurses of Their Traditional and Expanded Roles
INVESTIGATORS	Mrs Eunice Mutava .
DEPARTMENT	Department of Nursing Education
DATE CONSIDERED	30/09/2011
DECISION OF THE COMMITTEE*	Approved unconditionally

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

DATE 30/09/2011 **CHAIRPERSON** .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable
cc: Supervisor : Ms Agnes Huiskamp

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 C

LETTER TO SASOHN SEEKING PERMISSION TO ACCESS CENTRAL GAUTENG MEMBERS AND DATABASE

7 Evans Street

Forest Hill

Johannesburg

2091

10 November 2011

The SASOHN National Office

PO Box 18793

Sunward Park

1470

Dear Madam

RE: RESEARCH ASSISTANCE FOR AN MSc NURSING STUDY

I am a Masters' in Nursing (Occupational Health Nursing) student at the University of the Witwatersrand and as part of the degree I am required to conduct research.

My research topic is **"PERCEPTIONS OF THE CENTRAL GAUTENG OCCUPATIONAL HEALTH NURSES OF THEIR TRADITIONAL AND EXPANDED ROLES".**

I plan to conduct this study with occupational health nurses who meet the following criteria:

- Professional nurses and not other categories of nurses
- Registered as occupational health nurses with SANC
- Should be in occupational health practice
- Employed within the regions in the Gauteng Central District/Region
- Members of SASOHN Central Gauteng region

I would like your assistance with the following:

1. Access to the Society's members of the Central Gauteng Region, who meet the above criteria
2. Permission to attend one of the Central Gauteng Regional meeting and opportunity talk to the nurses at the meeting to briefly detail the study to them and requesting their participation in the process.
3.

The research aims for a sample size of 150 occupational health nurses.

The University requires that I get written evidence of these authorisations once granted and the conditions under which the Society grants this permission.

In return, I am willing to write an article for the *Occupational Health Southern Africa* journal once the study is finished to highlight its findings. Results from the study will be used strictly for the purposes of this research. It is envisaged that the research study should be completed by February 2012.

I have attached the Approval letter to conduct the research from the University's Postgraduate Committee as well as the Ethics Clearance Certificate from the Human Ethics Research Council (Medical).

Thanking you in advance for your time and consideration of this matter. I look forward to hearing from you at your earliest convenience.

Yours Sincerely

Eunice Mutava (Mrs.)

Email: Eunice.Mutava@students.wits.ac.za

Cellphone: 079 174 1362

APPENDIX D

SASOHN
SOUTH AFRICAN SOCIETY OF OCCUPATIONAL HEALTH NURSING PRACTITIONERS

13 November 2011

Sr. Eunice Mutava

Email: Eunice.Mutava@students.wits.ac.za

RE: REQUEST FOR ACCESS TO SASOHN DATABASE FOR RESEARCH PURPOSES

Dear Eunice

In response to your written request for access to the SASOHN Database, and receipt of your documents please note the following:

SASOHN will make the database available to you under the following conditions.

- The information is handled in a confidential manner and will not be used for any purpose other than to collect data for your research.
- No copies of the database will be made or given to any person.
- The information will only be used for this project and no other.
- Once the data has been collected you are to destroy your copy of the database and provide SASOHN with written notification that you have done so.
- All returned questionnaires are to be sent directly to you and not to the SASOHN office. This is to ensure confidentiality.
- The research results will be written up in a report format and submitted to the SASOHN EXCO for distribution.
- SASOHN would appreciate it if a report could be written for the OHSA journal for distribution to its members.

Once a signed copy of this letter, as an acknowledgement of the conditions, is received we can make the database available. We wish you luck with your study and trust you will enjoy the academic process.

Kind Regards

Sonja Kruger
SASOHN Educational Representative

APPENDIX E

LETTER REQUESTING PERMISSION TO USE INSTRUMENT

To: g.mellor@griffith.edu.au
From: Eunice Mutava <Eunice.Mutava@students.wits.ac.za>
Date: 20/09/2010 09:35AM

Subject: PERMISSION TO USE INSTRUMENT

Dear Mr Gary Mellor,

I am a Master's in Nursing Science student specialising in Occupational Health Nursing at the University of the Witwatersrand (Wits) in Johannesburg, South Africa. In partial fulfilment of the degree program, I am required to do research.

I really liked your article that I read in the *Journal of Advanced Nursing, 2007 (JAN 58(6), 585-593)* on the perceptions of Australian occupational health nurses of their current and future roles. I found it informative and useful and I am considering doing a replication study in South Africa. I am therefore seeking permission to have and use your tool.

All research protocols at the University have to be approved by the Ethics Committee before any research is conducted. Approval of mine will be granted subject to your giving me permission to use your tool.

If you agree, I will credit you for work in the resulting article's references section and will state that it was based on your work and is used with your permission and will provide a link back to you.

Thanking you for your time and consideration of this matter. I look forward to hearing from you soon.

Yours Sincerely,
Eunice Mutava (Mrs)

APPENDIX F

GRANT OF PERMISSION TO USE INSTRUMENT

Tuesday, September 21, 2010 10:45 PM

From:

"Gary Mellor" g.mellor@griffith.edu.au

To:

"Eunice Mutava" Eunice.Mutava@students.wits.ac.za

Hi Eunice, I am happy for you to use the tool. See attached documents. You have my permission. Good luck on your research. If you need any extra information please let me know.

My new email will be: gary.mellor@scu.edu.au.

Kind regards,

Gary

APPENDIX G

PARTICIPANT INFORMATION SHEET

RESEARCH TITLE: **PERCEPTIONS OF THE OCCUPATIONAL HEALTH NURSES REGARDING THEIR TRADITIONAL AND EXPANDED ROLES: A CENTRAL DISTRICT PERSPECTIVE**

Dear Colleague,

My name is Eunice Mutava and I am a student occupational health nurse. I am currently reading for a Master's Degree in Nursing in the Faculty of Health Sciences of the University of the Witwatersrand. As part of the degree, I am required to complete a research under the guidance of an experienced researcher.

I am conducting research to investigate the views and opinions that occupational health nursing practitioners have of their traditional and expanded roles in occupational health nursing practice.

The definition of occupational health nursing has evolved overtime and reflects the changing role of the occupational health nurse with more emphasis on health promotion, prevention, investigative and analytical skills and management of health care services. The WHO (2001) declared that the occupational health nurse was "the largest group of health care providers serving the worksite" yet much of the work that occupational health nurses does goes unnoticed and unrecognised. Very few managers, employees and the nursing community understand the specialised role and activities that occupational health nurses perform. I hope that the results of this research may inform managers, employees and the nursing community of the advanced practices inherent in occupational health nursing and that this may assist you to negotiate greater career prospects as well as promote your role within the nursing profession.

I am, therefore, inviting you to participate in this research by completing the attached questionnaire that identifies the views and opinions that you have on the traditional and expanded occupational health nursing activities as well as the time you are currently spending in these activities in your present practice.

The questionnaire should take only 20 minutes of your time. Please complete the questionnaire and return it to me by emailing it back to me at **Eunice.Mutava@students.wits.ac.za or** faxing the completed questionnaire at the following number: **086 521 2972 or** posting it back to me in the reply-paid envelope provided at: **PO Box 295 Wits, 2050**

Your participation is entirely voluntary and you are free to decline the invitation altogether without having to give any explanation. All information you volunteer will be treated with the strictest of confidence, however you may withdraw at any time and your questionnaire will be removed from the research. Please return the questionnaire whether completed, partially completed or not completed. Uncompleted questionnaires will carry no penalty. No names or any identifying information will be written on any of the forms so that no one who volunteers can be identified. The reference code at the top of this questionnaire does not identify you personally. Its purpose is to link your questionnaire with follow-up and data analysis procedures. You will not be required to sign anything. By completing the questionnaire, you signify that you consent to participating. Publication of results will only show grouped information. No personal or company names or any identifying information will be published.

The research should be completed by February 2012 and a summary of findings will be sent upon request, as soon as practicable. Also a complete copy of the research report will be available at the University of the Witwatersrand Faculty of Health Sciences Library and an article will be written for the OCHSA Journal. A summary of findings will also be forwarded to the SASOHN Executive Committee for dissemination to members.

Thank you for taking the time to consider participation. Your participation in this research is valuable and appreciated. Should you need any more information about aspects of the research, please feel free to contact me via the following communication modes (**Cell phone** 0791741362 or 0783559713; **Email** Eunice.Mutava@students.wits.ac.za; **Postal address** PO Box 295, Wits, 2050).

Please email, fax or post back the completed questionnaire

I thank you for your participation in the research.

Yours Sincerely,
Eunice Mutava (Mrs.)

OHNP			

APPENDIX H

SELF-ADMINISTERED QUESTIONNAIRE

SECTION ONE

DEMOGRAPHIC DETAILS

Instructions:

- Section One asks you to provide biographic details regarding yourself, your job and your place of employment
- Please do not insert any personal or company identifying information anywhere on the questionnaire
- Please enter your response to the following questions by marking the answer/code of your choice with an **"X"**.

1.1 Gender

Female	1		
Male	2		1.

1.2 How old are you?

.....years	2.

1.3 Please indicate your highest nursing qualification

Diploma	1		
Higher/Advanced diploma	2		
Bachelor's degree	3		
Honour's degree	4		
Master's degree	5		
Doctoral degree	6		3.

1.4 Please indicate your highest occupational health nursing qualification

None	1		
Certificate in occupational health nursing	2		
Diploma	3		
Higher/Advanced diploma	4		
Bachelor's degree	5		
Honour's degree	6		
Master's degree	7		
Doctoral degree	8		4.

1.5 Please list all your occupational health and safety related courses. For example, spirometry, audiometry, biological monitoring, worker's compensation, safety and health representative etc. Please specify

…… …… …… ……	

1.6 How many years of occupational nursing experience do you have?

……..years	**6.**

1.7 What is your job title/responsibility at your workplace?

Occupational health nurse	1		
Manager/Administrator	2		
Coordinator	3		
Educator	4		
Consultant/Advisor	5		
Safety Officer	6		
Other (please specify)	7		**7.**

1.8 How many hours per week do you work as an occupational health nurse?

……..hours per week	**8.**

1.9 What is your employment status at your workplace?

Casual	1		
Permanent	2		
Contract	3		
Other (please specify)	4		**9.**

1.10 Please indicate the type of industry in which you practice

Construction	1		
Manufacturing	2		
Mining	3		
Recreation/Hospitality	4		
Education	5		
Health	6		
Transportation	7		
Agriculture/Forestry/Fisheries	8		
Food and Beverage	9		
Chemical	10		
Other (please specify)	11		**10.**

1.11 Please indicate the number of employees at your workplace

0 to 199	1		
200 to 399	2		
400 to 599	3		
600 to 799	4		
800 to 999	5		
More than 1 000	6		11.

1.12 Which staff makes up the occupational health and safety team in your workplace? If yes, how many? Please place the number of personnel in the column provided

	yes	*no*	*how many?*		
Safety officer					
Occupational medical practitioner					
Registered nurses ***(excluding you)***					
Paramedic/First aid officer					
Occupational hygienist					
Safety coordinator					
Safety administrator					
Counsellor/Social Worker					
Safety Manager					
Other (please specify type and number)					12.

1.13 How many hours per week do you work with a medical practitioner?

.....hours per week	13.

1.14 Please indicate the type and number of nurses you work with in your workplace

	yes	*no*	*how many?*		
Professional nurses					
Enrolled nurses					
Assistant/auxiliary nurses					14.

1.15 Are you currently satisfied with your job?

Never	1		
Rarely	2		
Somewhat	3		
Mostly	4		
Always	5		15.

PLEASE PROCEED TO SECTION TWO OF THE QUESTIONNAIRE

SECTION TWO

PERCEPTION OF TRADITIONAL AND EXPANDED OCCUPATIONAL HEALTH NURSING ROLE8S

Instructions: There are 27 activities in this section of the questionnaire that describe the roles of the occupational health nurse. The activity statements have been grouped into eight functional areas of responsibility.

Based on your **current** role, the questionnaire asks you to:

- Please indicate in your opinion how significant the activities are to your professional occupational health practice. On a scale of 1-5 please rate each activity using the scale below:

1	Not significant (**NS**)
2	Somewhat significant (**SS**)
3	Moderately significant (**MS**)
4	Very Significant (**VS**)
5	Extremely significant (**ES**)

*If you do not perform the activity, please place an "X" in the Not Applicable (**N/A**) box

- Please indicate the extent to which each group of activities is performed in your current practice**. In hours**, please estimate and record the time you believe you dedicate to each group of activities.

Group 1: Managing an Occupational Health Service

	Activity statement	NS	SS	MS	VS	ES	N/A	
2.1	Develop budgets for the occupational health area	1	2	3	4	5		16.
2.2	Make recommendations for more efficient and cost effective operation of the health care department	1	2	3	4	5		17.
2.3	Develop, implement and analyse OH&S policies and procedures for the workplace which comply with legislation	1	2	3	4	5		18.
2.4	Develop and implement policies and procedures based on professional guidelines in occupational health	1	2	3	4	5		19.
2.5	Serve as a member of the OH&S committee	1	2	3	4	5		20.
2.6	Meet regularly with members of other health disciplines to identify problems and propose solutions	1	2	3	4	5		21.
2.7	Develop analyses for management, noting statistics relating to employee injury and exposure to hazardous substances and action taken to correct problem	1	2	3	4	5		22.
P1.	How much of your nurse's time, **in hours** (in any given week) is dedicated to management activities?	---------- **hours**						23.

Group 2: Assessing the Work Environment

Activity Statement		NS	SS	MS	VS	ES	N/A	
2.8	Conduct a situational analysis of the organisation as a whole	1	2	3	4	5		24.
2.9	Participate in environmental monitoring	1	2	3	4	5		25.
2.10	Conduct plant rounds regularly to identify hazards and potential violations	1	2	3	4	5		26.
2.11	Advocate for the implementation of environmental health control measures	1	2	3	4	5		27.
P2.	How much of your nurse's time, **in hours** (in any given week) is dedicated to work environment activities?	_____ **hours**						28.

Group 3: Assessing, Monitoring and Evaluating Workers' Health

Activity Statement		NS	SS	MS	VS	ES	N/A	
2.12	Perform periodic health assessments	1	2	3	4	5		29.
2.13	Conduct pre-placement physicals	1	2	3	4	5		30.
2.14	Evaluate the ability of absentees to safely return to work	1	2	3	4	5		31.
P3.	How much of your nurse's time, **in hours** (in any given week) is dedicated to assessment activities?	_____ **hours**						32.

Group 4: Providing Information, Education, Training and Advice

Activity Statement		NS	SS	MS	VS	ES	N/A	
2.15	Participate in employee safety orientation classes and programs for high risk areas	1	2	3	4	5		33.
2.16	Plan, develop, implement and evaluate educational programs related to worker safety, health promotion and risk prevention	1	2	3	4	5		34.
P4.	How much of your nurse's time, **in hours** (in any given week) is dedicated to education activity?	_____ **hours**						35.

Group 5: Enhancing the health of Workers

Activity Statement		NS	SS	MS	VS	ES	N/A	
2.17	Assess the health needs of all employees	1	2	3	4	5		36.
2.18	Develop, implement and evaluate health programs to address the particular needs of the corporation	1	2	3	4	5		37.
2.19	Extend health programs to workers' dependents	1	2	3	4	5		38.
P5.	How much of your nurse's time, **in hours** (in any given week) is dedicated to health promotion activities?	_____**hours**						39.

Group 6: Managing an Illness and Injury Treatment Service

Activity Statement		NS	SS	MS	VS	ES	N/A	
2.20	Provide and supervise direct care and treatment for job related emergency and minor illness episodes	1	2	3	4	5		40.
2.21	Provide direct care and treatment for non-work related illnesses and injuries	1	2	3	4	5		41.
2.22	Counsel employees regarding health risks	1	2	3	4	5		42.
P6.	How much of your nurse's time, **in hours** (in any given week) is dedicated to illness and injury-focused activities?	_____ **hours**						43.

Group 7: Managing the Rehabilitation of ill or injured workers

Activity Statement		NS	SS	MS	VS	ES	N/A	
2.23	Assist in the rehabilitation and relocation of disabled workers	1	2	3	4	5		44.
2.24	Provide follow-up of employees with workers' compensation claims	1	2	3	4	5		45.
P7.	How much of your nurse's time, **in hours** (in any given week) is dedicated to rehabilitation activities?	_____ **hours**						46.

Group 8: Applying Research Methodology to the Investigation of Occupational Health and Safety issues

Activity Statement		NS	SS	MS	VS	ES	N/A	
2.25	Use evidence-based practice to promote quality outcomes	1	2	3	4	5		47.
2.26	Generate analyses on trends in health promotion, risk reduction and health care trends	1	2	3	4	5		48.
2.27	Conduct independent research to determine cost effective alternatives for health care programs/services and disseminates results	1	2	3	4	5		49.
P8.	How much of your nurse's time, **in hours** (in any given week) is dedicated to research activities?	_____ **hours**						50.

Thank you for participating in the study!

APPENDIX I

REMINDER POSTCARD

COULD TOOLS HAVE CROSSED IN THE MAIL?

Dear Colleague,

You recently received a questionnaire asking about the **perceptions of the occupational health nurses regarding their traditional and expanded roles**. I hope the questionnaire has been filled out and returned to me in the preaddressed, postage paid envelope provided or emailed/faxed back to me.

Just in case it has not; please take a few minutes to complete it today.

Remember you have been selected to represent many occupational health nurses in the Gauteng Central region, so your reply is very important to the success of the survey.

I thank you for your participation in the study.

Kind Regards,

Eunice Mutava

Cell phone: 079 174 1362 **OR** 078 355 9713

My Address: Eunice Mutava
PO Box 295
Wits
Johannesburg, 2050

My e-mail address: Eunice. Mutava@students.wits.ac.za

My fax number: 086 521 2972