ASSESSMENT OF LEVELS OF EDUCATION AND TRAINING AND FUTURE TRAINING NEEDS OF EMPLOYEES AT LEHURUSHE/ZEERUST HOSPITAL COMPLEX

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A research report submitted to the Faculty of Health Sciences, University of the Witwatersrand, in partial fulfilment of the requirements for the degree of Master of Public Health in the field of Hospital Management

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DECLARATION

I, Nosang J Mosiane, declare that this research report is my own work. It is being submitted for the degree of Masters in Public Health in the field of Hospital Management at the University of the Witwatersrand, Johannesburg. It has not been submitted before any degree or for any examination at this or any other University.

September 2013

DEDICATION

This research is dedicated to my family. My wife (Maxin) and our three kids, (Mogomotsi, Tshegofatso and Dimakatso).

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ABSTRACT

Background:

Education, training and development plays a critical role in the socio-economic development of any nation. South Africa as a country is faced with ever growing challenges to produce the human resources (HR) that will contribute meaningfully to its economic stability and prosperity. In addition, for the Public Service to succeed in its mandate of providing effective and efficient service delivery for the citizens of the country, it needs to invest in training and development of its employees. For example, in terms of health services, a hospital is supposed to be comprised of multi skilled personnel so that it is able to deliver a package of health services to its population. In the Lehurutshe/Zeerust District Hospital Complex it is necessary to assess the skills of employees and develop them where necessary.

Aims:

To describe the levels of education and training of employees working in Lehurutshe/Zeerust Hospital Complex in 2011 and their future training needs to inform the skills development plan (SDP) for the Hospital Complex

Methodology:

A cross sectional study design based on a retrospective record review was used for this study. The setting of this study was Lehurutshe/Zeerust Hospital Complex in Ngaka Modiri Molema District in the North West Province. The study populations were the employees employed at the hospital complex at the time that the skills audit was conducted. This audit of hospital complex employees was conducted by the Human Resources Department (HRD) in April 2011. The data related to the study was retrieved from the skills audit documentation using a data collection tool. Data on the following variables was collected: profile of employees, their formal and informal education and their training needs. The collected, validated data was analysed using the Epi- Info 8 software.

Results:

Out of three hundred and fourteen (314) employees working at the hospital complex, only one hundred and twenty two (39%) completed the skills audit survey from the HRD. The data provided an overview of current training and education of employees and their future needs. Out of 122 employees who responded to the skills audit, sixty-two had post matric qualifications. Most of the post matric qualifications were in nursing field. Eleven employees (9%) are currently registered for post matric qualifications. Most of the employees completed grade twelve at 64.2 percent and only 1 (0.8%) was registered to advance their schooling. Twenty (16.4%) employees received informal training outside of the hospital whilst 52 (43%) employees received training that was inside the hospital, and training outside the hospital occurred less frequently. Sixty-two employees (51%) wanted to have more training and specified the type or types of training they wanted to have. Clinical type of training was at 65%, academic type of training was at 55% and management and communication types of trainings were at 60% each.

Conclusion:

The study did not only provide the hospital and provincial management with input in relation to the training and development of its staff, but will also serve as a basis for the department's SDP. The SDP is meant to assist employees of the Hospital Complex, through training and education, to optimally provide patient care and ultimately improve services.

The information and the recommendations made from the research will assist the health planners at various levels like the district, provincial and national level, in prioritizing training and development for health employees.

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GLOSSARY OF TERMS

Education: In this study, education was defined as formal qualifications, which are accredited by the National Qualifications Framework.

Training: In this study, training was defined as any course that was not accredited by the National Qualifications Framework.

LIST OF ABBREVIATIONS

ABET	Adult Basic Education and Training
HPCSA	Health Professions Council of South Africa
HR	Human resources
HRD	Human Resources Department
HRH	Human Resources For Health
IQR	Interquartile range
PHC	Primary Health Care
SANC	South African Nursing Council
SDP	Skills Development Plan
WHO	World Health Organization

CHAPTER 1

INTRODUCTION AND LITERATURE REVIEW

1.1 INTRODUCTION

Training and development play a critical role in the socio-economic development of any nation. South Africa, as a country, needs to meet ever growing challenge of producing the human resources (HR) that will contribute substantially to its prosperity and economic stability. To address this situation people need to be empowered to participate in the economy as a means of redistributing wealth. In addition, for the public service to succeed, it needs to invest in training and development of its employees to ensure efficient and effective service delivery to its citizens. For example, in terms of health services, a hospital should comprise of multi-skilled employees so that it is able to deliver a package of health services to its population. In the Lehurutshe/Zeerust District Hospital Complex it is necessary to assess the skills of employees and develop them where necessary.

1.2 STATEMENT OF THE PROBLEM

The Lehurutshe/Zeerust Hospital Complex is a rural district hospital complex in the Ngaka Modiri Molema District in the North West Province. At this hospital complex, there has never been an audit of the educational profile of employees or any coordinated effort to improve skills and develop employees.

1.3 JUSTIFICATION FOR THE STUDY

South Africa faces a crisis in HR like many developing countries especially in the health sector. Most of the people employed in public health facilities do not necessarily have opportunities to train and develop further while working. In effect, training and development often focuses more on health professionals as

compared to non-professionals. Therefore, it is necessary to ensure that there is a balance in training and development provided to the employees working in a health facility. The Lehurutshe/Zeerust Hospital Complex is a rural district hospital complex in the Ngaka Modiri Molema District in the North West Province. At this hospital complex, there has never been an audit of the educational profile of employees or any coordinated effort to improve skills and develop employees. With regards to Performance Management and Development System in the public service, employees do identify areas of development but this is done with their supervisor and never really collated for all employees. In addition these areas of development might not always require training and or education. As a Skills Development Plan (SDP) is drafted annually by the Provincial Department of Health, it was considered necessary to assess previous education and training of employees and understand their educational needs. Conducting such a study at the hospital complex would thus inform the provincial annual SDP and assist the hospital's management to support employees in their educational development.

1.4 RESEARCH QUESTION

What was the status of education and training needs of all employees working in Lehurutshe/Zeerust Hospital Complex in 2011?

1.5 LITERATURE REVIEW

Relevant literature into education and training of hospital employees with particular reference to public hospitals are discussed. In addition to published literature, information from various unpublished sources was also reviewed.

1.5.1 SKILLS DEVELOPMENT FOR EMPLOYEES IN THE PUBLIC HEALTH SECTOR IN SOUTH AFRICA

The efficient use of HR is an essential part of any health system. HR need to be refocused on the education, training and practice of health care professionals for mapping ways to retain and strengthen their capabilities over time (Alwan and Hornby, 2002). Yet, the South African education and training system for the health sector has not developed sufficiently to meet the health needs and health system requirements of the country in terms of numbers and skills mix (National Department of Health, 2011).

This is in part due to lack of integration in planning within the health and education sectors in terms of the development of health professionals in relation to health care needs and inadequate finance for health professional development. The leadership of the health and education sectors has not recognised the transformative, necessary role of the education and academic sector for health system development, management and innovation. Harnessing the potential of the health education sector, health professionals and academic clinicians requires top level leadership commitment, which the National Department of Health is now prioritizing. The Department has been moving towards reopening nursing colleges, building more medical schools and stating that medical schools should train more doctors. The Leadership and Management Academy was also established to train Chief Executive Officers and health managers (Government Gazette, 2011).

According to the National Health Act (Act 61 of 2003) “The Minister of Health may publish regulations regarding human resources within the national health system in order to”:

1. “ensure that adequate resources are available for the education and training of health care personnel to meet the human resources requirements of the national health system”

2. “ensure the education and training of health care personnel meets the requirements of the national health system” and
3. “create new categories of health care personnel to be educated or trained” (Government Gazette, 2003).

The Act does not necessarily indicate measures to be put in place to ensure training and development of health employees especially at lower job or salary levels. However, in terms of human resource planning and education, it is necessary to note the following developments have occurred within the Department of Health.

A HRH Strategy for 2012/13 - 2016/17 was published in October 2011 (National Department of Health, 2011). Two of the strategic objectives of the HRH Strategy deal directly with education and training:

1. “to ensure the revitalisation of the production of a health workforce with the skills mix and competencies, education and training, to meet health service demand” and
2. “to strengthen Academic Health Complexes and nursing colleges to strategically manage both health care and academic resources and provide an integrated platform for service, clinical research and education functions”.

The two other objectives that are relevant to this study include;

1. “to effectively manage human resources in a manner that attracts, retains and motivates the health workforce to both the public and private sectors in an appropriate balance” and
2. “to develop a health workforce that delivers an evidence based quality service, with competence, care and compassion and that promote access to health professionals in rural and remote areas” (National Department of Health, 2011).

These two objectives are important in that it might help to retain staff and ensure human resource capacity in health facilities in rural areas, such as where this study is based.

On-going training and education of health professionals are therefore an essential component of HR planning. In South Africa, institutions are thus required to develop SDPs that focus on workplace skills which indicate priorities for training based on identified competency gaps of individuals. These plans should be submitted annually to the Health and Welfare Sector Training Authority (Health and Welfare Sector Education and Training Authority, 2011). These plans are to be implemented on an annual basis to improve the skills of staff working in health services.

According to the Department of Public Service and Administration's Public Service Coordinating Bargaining Council's Resolution 1 of 2012 in the 2012 Public Service wage negotiations, the parties agreed to recognize the attainment of improved qualifications by employees, which falls within the employee's scope of employment and enhances the employee's performance and service delivery. According to this agreement, upon attainment of such a qualification, the employee will receive a once off cash bonus of 10% of his or her annual salary notch, provided that this does not exceed the minimum notch of salary level 8 (Department of Public Service and Administration, 2012). This is one of the only initiatives that have been made to promote the development of staff who are already working in the public health sector. This initiative is however dependent on the employee himself, and some would not be able to access (perhaps for financial reasons) further education facilities. This needs to be considered in the SDP. It is because of agreements such as these that more employees will be interested in getting more training with support from the Department of Health.

1.5.2 SUPPORT FOR TRAINING

According to Alwan and Hornby (2002) various obstacles have been identified to HR development in health. These include the unavailability of a comprehensive national health development plan for the health sector, academic institutions education programmes not linked to the needs of the country and uncoordinated training between ministries of health, universities, training institutions and the population at large.

The World Health Assembly adopted a resolution in 1995 (resolution WHA 48.8) urging the World Health Organization (WHO) and its Member States to coordinate reforms in health care, with a particular focus on making better use of resources, especially HR (WHO, 1995). This recommendation applies to the utilization, education and training of health care professionals.

Alwan and Hornby (2002) suggested that there be tighter coordination between planning, production and management for implementation of the above resolution. In addition, they suggested that HR must be prepared to serve the needs of the health system. All of this requires much greater flexibility in the provision of health care and organisational support for learning. This is noted in the extent to which formal and informal policies and procedures facilitate learning in a health facility (Hart and Rotem, 1995).

Chopra, Lawn et al (2009) in the Lancet journal article titled *Achieving the Health Millennium Development Goals for South Africa: challenges and priorities* recommends the following for South African training institutions, and researchers:

1. ”restate a commitment to a person-centered comprehensive primary health-care system, and take action to reorder priorities within institutions”
2. “accelerate the production of fully trained nurses and mid-level health workers”

3. “review training programmes for medical specialists to provide an effective service for the public sector, with increased support for generalist doctors and peripheral facilities”
4. “review curricula for training of health workers to work in a system focused on primary health care”
5. “increase resources for research to support implementation and assessment of health interventions” and lastly
6. “increase the priority of actions to address countrywide inequities”.

The article is relevant to the study in that it highlights what needs to be done to improve training and development of health employees to achieve the health millennium development goals.

In South Africa, the National Department of Health’s HRH Strategy for 2012/13 to 2016/17 (Government Gazette, 2011) was developed to ensure that South Africa has enough health care professionals in all categories. According to the plan the South African health sector is challenged not so much by a lack of finances and resources but rather a great need to use the current resources in a more efficient and equitable manner. According to Health Systems Trust (2009) for example, in 2007 and 2009, R4.6 billion was set aside by the National Treasury for South African provinces to train and develop health care professionals. However, this did not yield positive results. One of the possible reasons for this could be due to the fact that the health sector did not have a HR strategy and plan to ensure continuous training and development of health care employees. Other reasons could be the capacity and will of Provincial Health Departments to use the allocated money for training and development and not elsewhere in the services. The Human Resources for Health (HRH) Strategy is intended to ensure that health care employees are capacitated to render accessible, appropriate and high quality care at all levels of health care. The training and development of staff needs to be supported by both the hospital management and the Department of Health as a whole in order for this to be achieved (Health System Trust, 2009).

Furthermore, the ten-point plan of the National Department of Health (National Department of Health, 2009) as well as the Negotiated Service Delivery Agreement (National Department of Health, 2010) highlighted the need to educate and train health care professionals. This emphasized the need to conduct audits at an institutional level to understand the training needs of employees in a health facility such as public hospitals like the Lehurutshe/Zeerust Hospital Complex.

1.5.3 TRAINING FOR DIFFERENT STAFF CATEGORIES

Effective human resource management begins with capturing the profile and professional needs of all groups of health care workers. Within an institution it is important to ensure that all employee categories are included when a SDP is prepared. In a hospital multidisciplinary teams are required to provide patient care, thus it is important that all individuals are included. The team includes porters, cleaners, administration officers, nurses, doctors and allied health professionals. All health care professionals and staff working in the health environment need to maintain their levels of practice, knowledge and skills through on-going education and training.

Furthermore, in addition to clinical training, health care professionals require adequate training in health systems. For example, the WHO (WHO, 1996) highlighted the need for medical doctors to be multiskilled to carry out the range of services that the health sector must deliver. These services must meet the requirements of relevance, quality, cost-effectiveness and equity in health. This led to the WHO describing the "5-star doctor" as needing skills in healthcare management, quality assurance and health economics. The five overarching sets of attributes of the “five-star doctor” include Care provider, Decision-maker, Communicator, Community leader and Manager (Boelen, 2002). In some countries, like Malaysia, the undergraduate medical education programme has now been changed with the aim to produce competent doctors with a holistic

approach to the practice of medicine (Noor Ghani and Saimy, 2005). Thus in Malaysia, they do not only have a graduate doctor who can practice medicine, but also one who is capable of being a community leader and a manager.

Similar needs have also been identified in the nursing field. The Training Needs Assessment tool is a widely used tool used to measure the professional development needs of nurses working in primary health care (PHC) (Markaki, Antonakis, Hicks, et al, 2007). A study conducted with this tool in Greece reported significant training needs by all nursing staff in rural PHC facilities in Crete, mainly in research/auditing and clinical skills. The authors believed that appropriate training activities and organizational changes could address the identified training needs with impact on short-term staff development and the long-term PHC nursing strategic plan (Markaki, Alegakis, Antonakis, et al., 2009). No studies on further educational needs of nurses working in South Africa or sub-Saharan Africa could be found.

In addition to the health care professionals, current health facilities also require trained hospital managers. Less attention has been directed at developing hospital managers despite their central role in improving the functioning and quality of health care systems. Kebede and colleagues (Kebede, Abebe, Wolde, et al, 2010) reported on weak functioning in several management areas based on an assessment of hospital management systems in Ethiopia, and developed a Masters in Hospital Administration programme to address this gap. A similar programme was also developed in South Africa (National Department of Health, 2007).

As envisaged in the HRH Strategy, these efforts were further established through the launch of the Leadership and Management Academy in October 2012. According to Matsotso, Fryatt et al (2013) in the South African Health Review 2012/13, the vision of the Leadership and Management Academy is to be a centre of excellence and a beacon of good practice in health leadership and

management. Its' aims are to develop outstanding leadership and management in health in order to improve people's health. The academy recognises that good leadership and management are about improving health equity and outcomes, committing to professionalism, championing equality and diversity and encouraging innovation including continuous improvement. The academy's first task was to prepare an induction and orientation programme for the newly recruited Chief Executive Officers. Various national and international experts are now working together to inspire and encourage this new group of leaders to respond to their needs and concerns so as to facilitate sharing of experiences and best practices through teamwork and support.

The literature has indicated that there is a need to have an integrated holistic approach to education and training of all health care employees. National and regional level strategies that promotes a common and integrated approach are required (Yue-Hee, Glasgow, Merlyn, et al; 2010), but this could also be done at lower levels as well, such as at the provincial or hospital level.

1.5.4 TYPES OF TRAINING AVAILABLE TO EMPLOYEES

Employees at an institution can undergo various forms of training. Employees training can be provided as on the job training, individual persons being sent on training courses or employees can participate in distance learning programmes. Training while on the job and distance-based learning programmes have an advantage of being cost effective in that employees will continue doing their jobs whilst being trained. In contrast, employees may sometimes have to leave work to obtain diplomas and degrees at tertiary institutions (Nartker, Stevens, Shumays, et al., 2010).

1.6. AIM AND OBJECTIVES

1.6.1 AIM

To describe the levels of education and training of employees working in Lehurutshe/Zeerust Hospital Complex in 2011 and their future training needs to inform the SDP for the Hospital Complex.

1.6.2 SPECIFIC OBJECTIVES

1. To describe the profile of employees (age, gender, ethnicity, occupation, job category and work experience) working at Lehurutshe/Zeerust Hospital Complex in 2011.
2. To describe the formal education of employees working at Lehurutshe/Zeerust Hospital Complex in 2011.
3. To describe the training (informal education) of employees working at Lehurutshe/Zeerust Hospital Complex in 2011.
4. To describe the training needs of employees working at Lehurutshe/Zeerust Hospital Complex in 2011.

CHAPTER 2

METHODOLOGY

The methodology for this study was selected on the basis of its aims and objectives. In this chapter the following are discussed: study design, setting, scope, and research tools.

2.1 STUDY DESIGN

This was a cross-sectional study based on a retrospective record review conducted at a district hospital complex in the North West Province.

2.2 STUDY SETTING

The study setting is the Lehurutshe/Zeerust Hospital Complex and the study populations were the employees employed at the complex at the time that the audit was conducted.

2.2.1 NGAKA MODIRI MOLEMA DISTRICT

Ngaka Modiri Molema District is situated in the central part of the North West Province. The District is further divided into five sub-districts namely, Ramotshere Moiloa, Mafikeng, Ditsobotla, Ratlou and Tswaing. The total population for the district is 804 640, with the population of the five Sub-districts being 143 095, 270 037, 164 448, 108 309 and 118 751 respectively according to the North West Provincial Health Annual Performance Plan 2010-2012 (North West Provincial Department, 2010). There are three district hospitals in the Ngaka Modiri Molema district, namely, Lehurutshe/Zeerust Hospital Complex, Thusong/General De La Rey Hospital Complex and Gelukspan District Hospital.

All of the three hospitals refer patients for second level of care to Mafikeng Provincial Hospital and Bophelong Psychiatric Hospital for mental care.

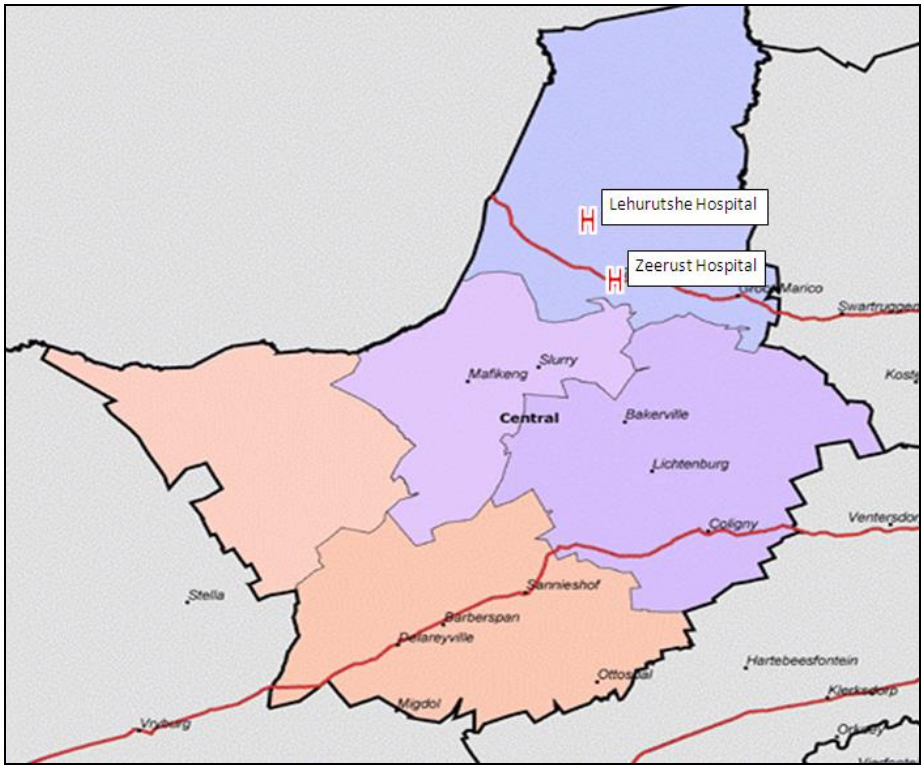

Figure 1: Map of Ngaka Modiri Molema District

2.2.2 LEHURUTSHE/ZEERUST HOSPITAL COMPLEX

Lehurutshe/Zeerust Hospital Complex is a provincial public hospital complex in the North West Province and is situated in Ngaka Modiri Molema District. The Hospital Complex comprises of two hospitals that are 17 kilometres apart and serve as a district hospital to 4 health centres, 16 clinics, 2 health posts and 6 mobile clinics in the Ramotshere Moiloa sub district. Lehurutshe Hospital has 105 beds whilst Zeerust Hospital has 84 beds, providing a sum total of 189 beds. The Hospital Complex provides 24 hours general medical services, gynaecology and obstetrics services. The Hospital Complex provides out-patient, casualty, in-patient care, with other support services such as X-rays, physiotherapy, speech therapy, occupational therapy, dietetics, social work services, administration and

support services. As a level 1 Hospital Complex patients requiring specialized management are referred to Level 2 institutions which are Mafikeng Provincial and Bophelong Psychiatric Hospitals. The Hospital Complex is served by three hundred and fourteen staff members.

2.3 STUDY SCOPE

The study involved retrospective data collection from the records of employees of the Lehurutshe/Zeerust Hospital Complex.

2.4 STUDY PERIOD

In this study, records of employees working at the Lehurutshe/Zeerust Hospital Complex were reviewed between the months of January and February 2012.

2.5 STUDY POPULATION AND SAMPLING

The study population included the records of all three hundred and fourteen employees based in Lehurutshe/Zeerust District Hospital Complex in April 2011. No sampling was done.

2.6 DATA MANAGEMENT

2.6.1 DATA COLLECTION

Data relevant to this study was collected from the skills audit that was conducted by the hospital in April 2011. The data collection for this study occurred between January and February of 2012. The skills audit was conducted to record the training of employees so as to develop a training plan for them. The Human Resources Department (HRD) extracted the data for the researcher from the skills audit information. In the collection of data, confidentiality was maintained.

There were no names and or personnel numbers provided to the researcher.

In addition, information about the number and structure of staff was extracted from the personnel and administration (PERSAL) system. This was done in August 2011.

2.6.2 STUDY INSTRUMENT

The data related to the study was retrieved from the skills audit documentation for each staff member stored at the Human Resource (HR) office using a data collection tool (Appendix A). The profile of employees which included age, sex, race, job title, rank and work experience was considered. Formal and informal education of employees who responded to the survey was also looked at. Employees were to indicate in the survey whether they wished to have more training and the type of training they wished to have. No primary data collection was done for the study. Variables that were used for each objective are listed in Table 1 below.

Information retrieved from the PERSAL system included age, sex, race, salary level, job title, and date of commencement of employment at the Hospital Complex.

Table 1: Objectives and study variables

Objective	Variables	
Objective 1	Profile of employees	(a) Age (b) Gender (c) Ethnicity (d) Occupation (e) Work Experience (f) Professional registration
Objective 2	Formal education	Post Matric Qualification (a) Number with qualification (b) Type of qualification (c) Sponsorship of formal education (d) Institutions where received qualification (e) Length since first qualification (f) Length since last qualification (g) Length between first and last qualification Schooling (a) Highest grade completed (b) Length of time since completing school (c) Currently registered to advance schooling
Objective 3	Informal education	Informal training within and outside of the hospital, and sponsorship (a) Number of employees who received informal training (b) Number of informal trainings received per employee

		(c) Sponsorship of informal training (d) Title of informal training (e) Institution that offered informal training (f) Length since first informal training (g) Length since last informal training (h) Length between first and last informal training
Objective 4	Training needs in	(a) Clinical skills (b) Academic development (c) Management/supervision (d) Communication/teamwork (e) Research (g) Other

2.6.3 DATA ANALYSIS

Data was captured onto MS Excel spreadsheets, checked for errors and cleaned before being imported into EPI-Info version 3.4.1 for analysis. The following variables were created before importation:

- Professional staff category: Professionals were those requiring post matric in their jobs and non-professionals were those who did not need a post matric qualification to do their jobs.
- The following other variables were newly created or recoded:

  In the PERSAL data:

  1. Length of time at the facility was calculated by subtracting the year that the employee commenced with employment from the year that the skills audit was conducted.

  In the study sample data:

  2. The age of individual employees was calculated by subtracting the year of birth from the year that the skills audit was conducted.

3. For the type of Post matric qualification, the employees' responses were recategorised into four groups, which were certificates, diplomas, honours and degrees.
4. Length of time since completing post matric qualification and length of time since completing informal training: These was calculated by subtracting the year that the qualification or training was received from the year of the skills audit.
5. Length of time between completing first and last post matric qualification and length of time since completing first and last informal training: These was calculated by subtracting the year that the last qualification or training was received from the year that the first qualification or training was received.

The following descriptive statistics were done once the data was cleaned:

- Continuous variables (such as age): For continuous variables with normal distributions, the means and standard deviations were calculated. For continuous variables with skewed distributions, the medians and interquartile ranges (IQR) were calculated.
- Categorical variables (such as ethnicity): For categorical variables, frequencies and proportions were calculated.

When assessing the association between profile variables and professional staff categories, the following tests were used:

- For continuous data, T tests were done for normally distributed data while Kruskal-Wallis tests were done when the data was skewed.
- Chi-squire tests or Fisher-Exact tests were done to compare the difference between percentages for categorical variables, depending on the expected cell frequencies.

A p value of < 0.05 was considered to be statistically significant in this analysis.

2.7 PILOT STUDY

No pilot study is done as the data that was used for this study is from skills audit done in Lehurutshe/Zeerust Hospital Complex.

2.8 ETHICAL CONSIDERATIONS

Permission for conducting the research and accessing the documents was sought from the Head of the Department of the North West Provincial Department of Health (Appendix B). In addition, approval was obtained from the University of the Witwatersrand's Human Research Ethics Committee before the commencement of the study (Appendix B). Confidentiality and anonymity was maintained at all times of data collection, capturing, and reporting of information. Employees' names and persal numbers were not extracted from the skills audit data, and the researcher was only provided with the data relevant to the study. Only collated data is presented in the report.

CHAPTER 3

RESULTS

In this chapter, results of the data analysis for the study are presented in tables and figures.

3.1 ALL EMPLOYEES

In this section, data is presented on all employees in the Hospital Complex. The Lehurutshe-Zeerust Hospital Complex had a total of 314 staff, consisting of 167 staff at Lehurutshe Hospital and 147 staff at Zeerust Hospital.

3.2 PROFILE OF ALL EMPLOYEES

3.2.1 AGE

The age of employees in Lehurutshe-Zeerust Hospital Complex ranged from 19 to 69 years old. The average age of employees were 46 years (Table 2).

Table 2: Age profile of all employees at the Lehurutshe-Zeerust Hospital Complex

Years	**Total (N=314)**
Age (in yrs)	
Mean (SD)	46.40 (9.91)
Median	48.08
Range	19.07 – 69.11

3.2.2 SEX

Out of the total of 314 staff members at Lehurutshe-Zeerust Hospital Complex the majority were females, at 72%, while males were at 28%.

Table 3: Gender of all employees at the Lehurutshe-Zeerust Hospital Complex

Gender	Frequency (%) (N=314)
Female	227 (72.3%)
Male	87 (27.7%)

3.2.3 RACE

The majority of employees at the Hospital Complex were African at 94% followed by Whites at 5%, then Indians at 0.6% and the minority in terms of race was Coloured at 0.3%.

Table 4: Race of all employees at the Lehurutshe-Zeerust Hospital Complex

Race (N=314)	Frequency (%) (N=314)
African	295 (93.9%)
Coloured	1 (0.3%)
Indian	2 (0.6%)
White	16 (5.1%)

3.2.4 SALARY LEVEL

The salary level of employees in the Hospital Complex ranged from salary level 2 to 12. Most of the employees (21.7%) were at salary level 3 and more than three quarters of the staff (77.4%) were below or on level 7. Doctors are between level

10 to 12, nursing staff are between level 6 to 12, administrative staff are from level 2 to 8 and management are from level 9 to 12.

Table 5: Salary levels of all employees at the Lehurutshe-Zeerust Hospital Complex

Salary levels of employees	Frequency (%) (N=314)
2	44 (14.0%)
3	68 (21.7%)
4	35 (11.1%)
5	31 (9.9%)
6	33 (10.5%)
7	32 (10.2%)
8	7 (2.2%)
9	27 (8.6%)
10	25 (8.0%)
11	8 (2.5%)
12	4 (1.3%)

3.2.5 JOB TITLE

Out of all of the staff members, 141 (45%) were administrative staff, followed closely by nursing with 138 staff (44%) and lastly clinical staff constituted 35 (11%) of the staff members. In the nursing staff category it is important to note that 66 (21%) were professionals nurses and in clinical category, doctors or Medical Officers were about 14 (4%) for the Hospital Complex (Figure 2).

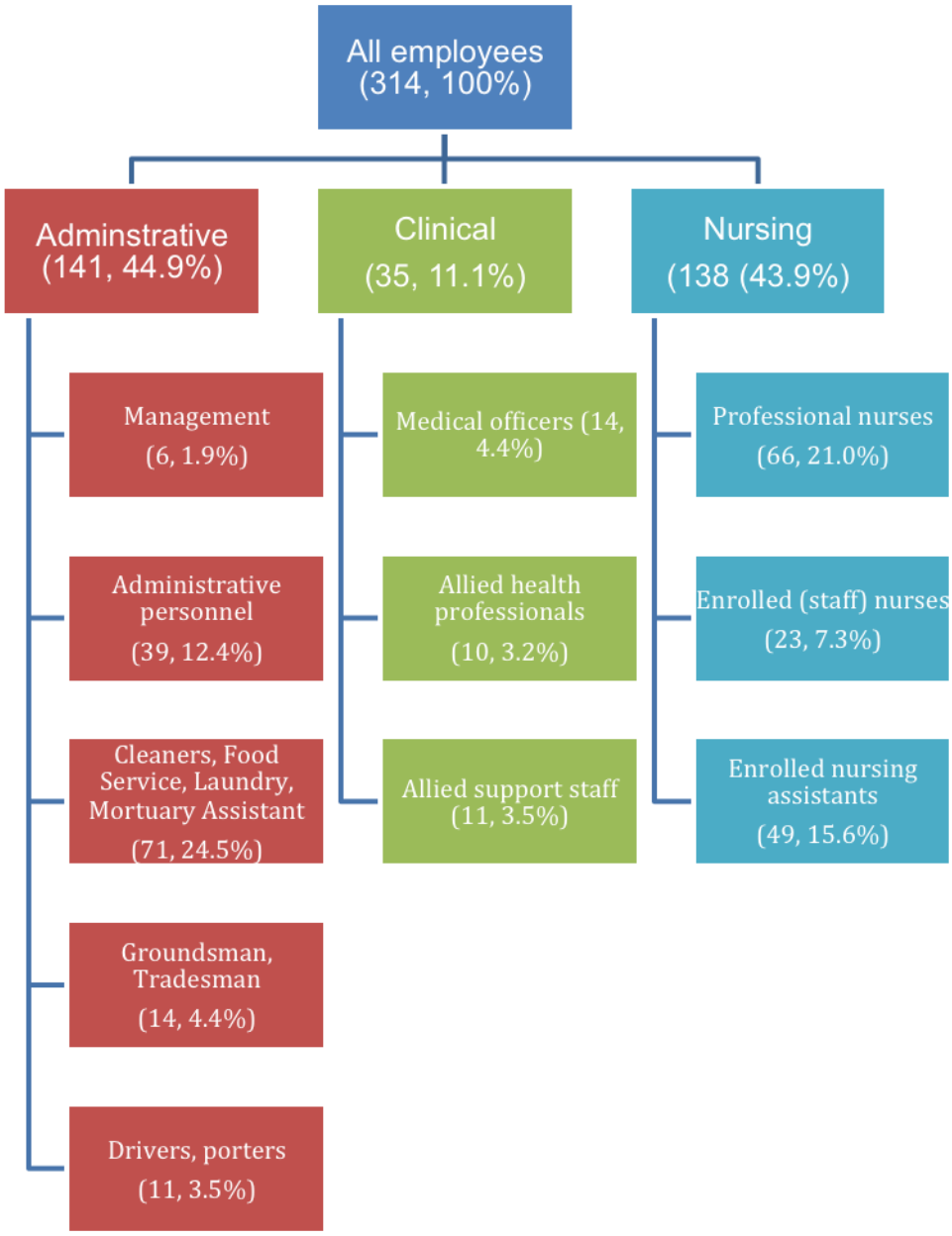

Figure 2: Job titles of all employees at the Lehurutshe-Zeerust Hospital Complex

3.2.6 LENGTH OF TIME AT FACILITY

Staff member's length of time at the facility ranged from 3 months to 39 years and two months. The average length of time at the facility was 15 years and nine months.

Table 6: Length of time at facility of all employees at the Lehurutshe-Zeerust Hospital Complex

Time at facility	**Total (N=314)**
Time (in months)	
Mean (SD)	15.90 (10.74)
Median	18.08
Range	0.03– 39.02

3.3 STUDY SAMPLE

3.3.1 RESPONSE RATE

A total of 122 employees completed the staff audit. This was equivalent to a 38.9% response rate, 38.9% (n=65) for Lehurutshe Hospital and 38.8% (n=57) for Zeerust Hospital. The data is presented by professional and non-professional staff categories.

3.3.2 PROFILE OF EMPLOYEES

3.3.2.1 PROFESSIONAL REGISTRATION

Out of all of the employees who completed the skills audit, 49% were registered with a professional body while 51% were not. In terms of the professional body, 37% were registered with the South African Nursing Council (SANC), while 12%

were registered with Health Professions Council of South Africa (HPCSA). As all of the employees who were registered with a professional body were categorized into the professional employee category (with the addition of few other employees), sub analyses between the categories are not presented here.

Table 7: Professional registration of employees who completed the skills audit at the Lehurutshe-Zeerust Hospital Complex

Professional Body	Frequency % (N=114)
Yes	56 (49.1%)
SANC	45 (36.9%)
HPCSA	11 (12.2%)
No	58 (50.9%)

3.3.2.2 AGE

The total mean age of the sample of employees who completed the staff audit was 46 years with the range from 17 years to 69 years. The professional's average age was 44 years and the non-professionals on the other hand had the mean age 48 years. The difference in the mean ages of professional and non-professional employees was statistically significant (p value 0.04).

Table 8: Age profile of employees who completed the skills audit at the Lehurutshe-Zeerust Hospital Complex

Year	Total (N=119)	Professional employees (N=55)	Non-professional employees (N=56)	p value
Age (in yrs)				
Mean (SD)	45.75 (9.87)	43.92 (10.05)	47.78 (9.53)	0.0403
Median	46.82	44.93	49.28	
Range	16.70 – 69.44	23.78 – 69.51	16.77 – 60.46	

3.3.2.3 SEX

Out of the total of 122 employees who completed the skills audit, the majority were females at 83% and males were at 17%. The gender of professional and non-professional employees was not statistically significant (p value 0.35).

Table 9: Gender profile of employees who completed the skills audit at the Lehurutshe-Zeerust Hospital Complex

Gender	Total (N=122)	Professional employees (N=58)	Non-professional employees (N=56)	p value
Female	101 (82.8%)	47 (81.0%)	47 (83.9%)	0.3473
Male	21 (17.2%)	11 (19.0%)	9 (16.1%)	

3.3.2.4 NATIONALITY

Among the respondents to the skills audit there was only one non-South African (n=1) whilst all other respondents were South Africans (n=119). The nationality of respondents of professional and non-professional employees was not statistically significant (p value 0.52).

Table 10: Nationality profile of employees who completed the skills audit at the Lehurutshe-Zeerust Hospital Complex

	Total (N =120)	Professional employees (N=58)	Non-professional employees (N=54)	p value*
SA	119 (99.2%)	57 (98.3%)	54 (100.0%)	0.5179
Non SA	1 (0.8%)	1 (1.7%)	0 (0.0%)	

* Fisher Exact test done

3.3.2.5 RACE

The majority of employees who completed the staff audit were Africans at 95% followed by other racial groups respectively (5%). The race of respondents of professional and non-professional employees was not statistically significant (p value 0.58).

Table 11: Race profile of employees who completed the skills audit at the Lehurutshe-Zeerust Hospital Complex

Race	Total (N =122)	Professional employees (N=58)	Non-professional employees (N=56)	p value*
African	116 (95.1%)	54 (93.1%)	54 (96.4%)	0.5796
Other race	6 (4.8%)	4 (6.8%)	2 (3.6%)	

* Fisher Exact test done

3.3.2.6 OCCUPATION

Out of 122 employees, 63 (52%) were administrative staff, 45 (37%) were nursing staff and 14 (11%) were clinical staff. In the Administration Division, 2% were from management, 7% were administrative employees; cleaners, food service staff, laundry staff, mortuary assistants were at 39%; grounds men including tradesmen were at 2%. In the Nursing Division, 18% were professional nurses, 5% enrolled (staff) nurses and 14% were enrolled nursing assistants. In the Clinical Division, allied health professionals were at 5% whilst allied support staff was at 7% .No medical officers completed the skills audit (Figure 3).

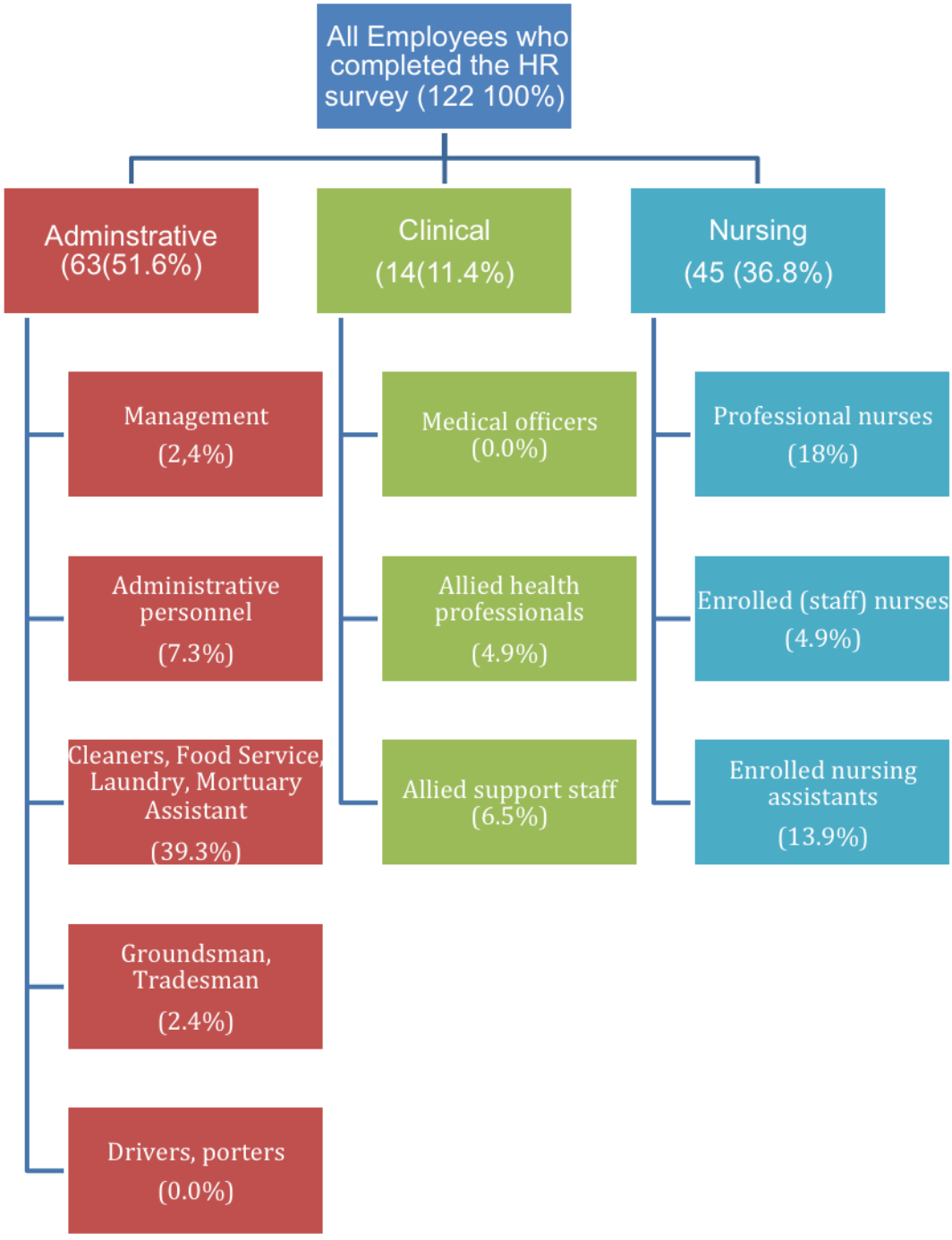

Figure 3: Occupation profile of employees who completed the skills audit at the Lehurutshe-Zeerust Hospital Complex

3.3.2.7 WORK EXPERIENCE

3.3.2.7.1 TOTAL NUMBER OF YEARS WORKING OF EMPLOYEES WHO COMPLETED THE SKILLS AUDIT AT THE LEHURUTSHE/ZEERUST HOSPITAL COMPLEX

The mean total number of years working of the employees who completed the skills audit was 16 years with the range from 1 to 33 years. The professional employees' mean total number of years working was 17 years compared to the non-professional employees, which was 15 years. This difference was, however, not statistically significant (p value 0.21).

Table 12: Total number of years working of employees who completed the skills audit at the Lehurutshe-Zeerust Hospital Complex

Year	Total (N=120)	Professional employees (N=58)	Non-professional employees (N=55)	p value
Time (in yrs)				
Mean (SD)	15.47 (10.20)	16.87 (9.51)	14.51 (10.57)	0.2125
Median	17.00	18.00	17.00	
Range	1.00 – 33.00	1.00 – 33.00	1.00 – 32.00	

3.3.2.7.2 TOTAL NUMBER OF YEARS WORKING IN CURRENT RANK (INCLUDES WORK EXPERIENCE AT OTHER FACILITIES)

The median total number of years working in the current rank was 6 years and the IQR was 2 to 17 years. The professional employees' median number of working years in current rank was 5 years compared to non-professional employees with a median of 7 years. The difference in the total number of years working in the current rank of professionals and non-professional employees was not statistically significant (p value 0.25).

Table 13: Total number of years working in current rank of employees who completed the skills audit at the Lehurutshe-Zeerust Hospital Complex

Year	Total (N=104)	Professional employees (N=47)	Non-professional employees (N=50)	p value*
Time (in yrs)				
Mean (SD)	9.50 (8.85)	7.23 (6.03)	11.8 (10.38)	0.2511
Median	5.50	5.00	7.00	
IQR	2.00 – 16.50	3.00 – 11.00	1.00 – 23.00	

* Kruskal-Wallis test done

3.3.2.7.3 TOTAL NUMBER OF YEARS AT THE FACILITY AT ANY RANK

The median number of years working at the facility was 7 years with an IQR of 4 year to 17 years. The professional employee's median number of years working at the facility was 5 years compared to non-professional employees who had a median number of years working at the facility of 16 years. The difference in the median total number of years working at the facility between professional and non-professional employees was statistically significant because the p value was less than 0.05.

Table 14: Total number of years working at the facility of employees who completed the skills audit at the Lehurutshe-Zeerust Hospital Complex

Year	Total (N=86)	Professional employees (N=46)	Non-professional employees (N=33)	p value*
Time (in yrs)				
Mean (SD)	10.11(8.5)	7.95 (6.25)	13.33 (9.93)	0.0472
Median	7	5	16	
IQR	4.00 – 17.00	4.00 – 12.0	3.00 – 22.0	

* Kruskal-Wallis test done

3.4 FORMAL EDUCATION OF EMPLOYEES

3.4.1 POST MATRIC QUALIFICATIONS

3.4.1.1 DEGREE/DIPLOMA

Out of one hundred and twenty two staff members who completed the skills audit, 51% had post matric qualifications while 49% did not. Of those with post matric qualifications, 45% (n=26) had more than one qualification.

Table 15: Post matric qualification of employees who completed the skills audit at the Lehurutshe-Zeerust Hospital Complex

Post–matric qualification	Frequency (%) (N=122)
Yes	62 (50.8%)
No	60 (49.2%)

Table 16: Number of titles of employees who completed the skills audit at the Lehurutshe-Zeerust Hospital Complex

Number of titles	Frequency (%) (N=58)
1	32 (55.2%)
2	11 (19.0%)
4	6 (10.3%)
5	9 (15.5%)

3.4.1.2 SPONSORSHIP FOR FORMAL EDUCATION

Out of all the employees who completed the skills audit, 34 (61.2%) employees received sponsorship for formal education from the department whilst 3 (5.5%) employees received had multiple sponsors. Eighteen (32.7%) employees did not receive any sponsorship for their formal education (Table 17).

Table 17: Employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex ever receiving sponsorship for formal education

Ever received sponsorship for formal education	Frequency (%) (N=55)
Department	34 (61.2%)
Multiple	3 (5.5%)
No	18 (32.7%)

The highest percentage of qualifications received was for diplomas at 45%, certificates were at 36%, degrees at 17% whilst honours was at 2%.

Table 18: Highest title of employees who completed the skills audit at the Lehurutshe-Zeerust Hospital Complex

Highest title	Frequency (%) (N=58)
Certificate	21 (36.2%)
Diploma	26 (44.8%)
Degree	10 (17.2%)
Honours	1 (1.7%)

3.4.1.3 TYPE OF QUALIFICATION

From Table 19 it is clear that most of the post matric qualifications were in nursing (n=40, 69%)

Table 19: Type of post matric qualification of employees who completed the skills audit at the Lehurutshe-Zeerust Hospital Complex

Type of post matric qualification	Frequency (%) (N=58)
Administration	5 (8.6%)
Counselling, HIV/AIDS Counselling	1 (1.7%)
Nursing	40 (68.9%)
Allied Health Professional Qualification	8 (13.7%)
Other	4 (6.9%)

3.4.1.4 INSTITUTIONS WHERE EMPLOYEES STUDIED FOR POST-MATRIC QUALIFICATIONS

The majority of employees who completed the skills audit studied for their post matric qualification at nursing colleges (n=30), 16 employees studied at Further Education and Training institutions, 18 employees studied at hospital institutions, 19 at University institutions, 11 at other colleges, and 10 at other institutions not specified (Table 20).

Table 20: Institutions where employees who completed the skills audit at the Lehurutshe-Zeerust Hospital studied for post matric qualification

Institution	Frequency (%) (N=104)
University	19 (18.2%)
Nursing College	30 (28.8%)
Other Colleges	11 (10.6%)
Further Education and Training (FET)	16 (15.4%)
Hospital	18 (17.3%)
Other Institutions not specified	10 (9.6%)

3.4.1.5 LENGTH OF TIME SINCE FIRST QUALIFICATION

Staff member's length of time since their first qualification ranged from 1 to 43 years. The average length of time since their first qualification was 14 years and 3 months.

Table 21: Length of first qualification of employees who completed the skills audit at the Lehurutshe-Zeerust Hospital Complex

Length of first qualification	**Total (N=52)**
Time (in months)	
Mean (SD)	14.25 (8.64)
Median	13.00
Range	1.00 – 43.00

3.4.1.6 LENGTH OF TIME SINCE LAST QUALIFICATION

Staff member's length of time since their last qualification ranged from 1 to 35 years. The average length of time since their last qualification was 8 years and 8 months.

Table 22: Length of time since last qualification of employees who completed the skills audit at the Lehurutshe-Zeerust Hospital Complex

Length of time since last qualification	**Total (N=25)**
Time (in months)	
Mean (SD)	8.76 (7.08)
Median	7.00
Range	1.00 – 35.00

3.4.1.7 LENGTH BETWEEN FIRST AND LAST QUALIFICATIONS

Staff member's length of time between first and last qualifications ranged from 0 to 22 years. The average length of time between first and last qualifications was 9 years and 5 months.

Table 23: Length between first and last qualifications of employees who completed the skills audit at the Lehurutshe-Zeerust Hospital Complex

Length of between Qualification	Total (N=25)
Time (in months)	
Mean (SD)	9.52 (7.38)
Median	9.00
Range	0.00 – 22.00

3.4.1.8 CURRENTLY REGISTERED FOR POST-MATRIC QUALIFICATION

Out of one hundred and twenty two employees who completed the skills audit only 9% were registered for post matric qualifications. Titles that employees were currently registered for included the following: Bachelor degrees at 15%, Nursing Courses and Diplomas at 8%, Pharmacy Assistant Courses at 23%, Masters' Degrees at 8% while others were at 38% (Table 24 and 25).

Table 24: Employees who were registered for post matric qualification from those who completed the skills audit at the Lehurutshe-Zeerust Hospital Complex

Registered for post matric qualification	Frequency (%) (N=122)
Yes	11 (9.0%)
No	111 (91.0%)

Table 25: Employees currently registered for title from those who completed the skills audit at the Lehurutshe-Zeerust Hospital Complex

Currently studying	Frequency (%) (N=11)
Bachelor Degrees	2 (18.2%)
Nursing Diplomas	1 (9.1%)
Nursing courses	1 (9.1%)
Pharmacy Assistant course	3 (27.3%)
Masters	1 (9.1%)
Others	3 (27.3%)

3.5 SCHOOLING

The highest schooling grade passed was grade 12 (std 10) at 64%, while 8% had passed grade 11 and 2% grade 10 (std 8). The number of years since passing the highest grade ranged from 6 to 47 years. Out of 122 staff members, only 1 staff member was registered to advance their schooling qualification (Table 26, 27 and 28).

Table 26: Highest grade passed by the employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

Highest grade passed in school	Frequency (%) (N=106)
4	2 (1.9%)
7	8 (7.6%)
8	18 (17.0%)
10	2 (1.9%)
11	8 (7.6%)
12	68 (64.2%)

Table 27: Length of time since passing highest grade in school by the employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

Length of time since passing highest grade in school	Total (N=77)
Time (in yrs)	
Mean (SD)	24.18 (10.28)
Median	23.00
Range	6.00 – 47.00

Table 28: Currently registered to advance schooling by the employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

Registered for schooling	Frequency (%) (N=122)
Yes	1 (0.8%)
No	121 (99.2%)

3.6 INFORMAL TRAINING WITHIN THE HOSPITAL

Among the respondents to the skills audit, 52 received informal training within the hospital, with 20 (48%) having received more than one training. Forty-six employees were sponsored by the hospital whilst three employees were sponsored by other sources. Informal training received within the hospital included the following: six employees received training on customer care, 12 on HIV/AIDS, TB counseling and training, 26 on nursing skills, and 25 were on other titles. Institutions that provided the informal training was lead by the provincial department including the hospital at 54, training colleges at 11, HIV/AID and TB institutions at four, universities at four, and other institutions were three (Tables 29, 30, 31, 32 and 33 below).

Table 29: Employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex who received informal training within the hospital

Received informal training within hospital	Frequency (%) (N=122)
Yes	52 (42.6%)
No	70 (57.4%)

Table 30: Number of trainings offered within the hospital to employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

No of training within the hospital	Frequency (%) (N=49)
1	29 (59.2%)
2	8 (16.3%)
3	5 (10.2%)
4	5 (10.2%)
5	2 (4.1%)

Table 31: Employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex ever receiving sponsorship for training within the hospital

Ever received sponsorship for training within the hospital	Frequency (%) (N=49)
Hospital	46 (93.9%)
Sponsor/Donor	3 (6.1%)

Table 32: Title of informal training within the hospital of employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

Within Hospital Training Title	Frequency (%) (N=69)
HIV/AIDS, TB, Counselling/Training	12 (17.4%)
Customer Care, Batho Pele	6 (8.7%)
Nursing Skills	26 (37.7%)
Others	25 (36.2 %)

Table 33: Institution that provided informal training within the hospital to employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

Institution	Frequency (%) (N=90)
Department of Health including hospitals	54 (60.0%)
Training College	11 (12.2%)
HIV/Aids, TB support institutions	4 (4.4%)
University	4 (4.4%)
Other	3 (3.3%)
N/S	14 (15.6%)

3.6.1 LENGTH SINCE FIRST TRAINING WITHIN THE HOSPITAL

Staff member's length since first training within the hospital ranged from 1 to 19 years. The average length of time since first training within the hospital was 4 years and 6 months.

Table 34: Length since first training within the hospital by the employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

Length since first training within hospital	Total (N=38)
Time (in yrs)	
Mean (SD)	4.63 (4.76)
Median	3.00
Range	1.00 – 19.00

3.6.2 LENGTH SINCE LAST TRAINING WITHIN HOSPITAL

Staff member's length of last training within the hospital ranged from 0 to 16 years. The average length since last training within the hospital was 3 years and 9 months.

Table 35: Length since last training within the hospital by the employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

Length since last training within the hospital	Total (N=20)
Time (in yrs)	
Mean (SD)	3.94 (4.19)
Median	2.50
Range	0.00 – 16.00

3.6.3 LENGTH BETWEEN FIRST AND LAST TRAINING WITHIN THE HOSPITAL

Staff member's length between first and last training within the hospital ranged from 0 to 11 years. The average length between the first and last training within the hospital was 3 years and 6 months.

Table 36: Length between first and last training within the hospital by the employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

Length between training within the hospital	Total (N=20)
Time (in months)	
Mean (SD)	3.55 (2.71)
Median	3.00
Range	0.00 – 11.00

3.7 INFORMAL TRAINING OUTSIDE OF THE HOSPITAL

Among the respondents to the skills audit, 20 received informal training outside of the hospital, with 11 (61%) having received more than one training. Eleven employees were sponsored by the hospital whilst three had multiple sponsors, one sponsored him/herself and one had a single sponsor. Titles of informal training received outside of the hospital included the following: nineteen were related to patient care, 7 were on computer skills, 4 were on health and management, and there were 10 other titles (Tables 37, 38, 39, and 40). The bulk of the training offered outside of the hospital complex was offered by training colleges and other institutions (Table 41).

Table 37: Employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex who received informal training outside of the hospital

Received informal training outside hospital	Frequency (%) (N=122)
Yes	20 (16.4%)
No	102 (83.6%)

Table 38: Number of training received outside of the hospital by the employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

No of training outside hospital	Frequency (%) (N=18)
1	7 (38.9%)
2	3 (16.7%)
3	3 (16.7%)
4	1 (5.6%)
5	4 (22.2%)

Table 39: The type of sponsorship received by employees who completed the skills audit at Lehurutshe-Zeerust for training outside the hospital

The type of sponsorship received for training outside hospital	Frequency (%) (N=16)
Department	11 (68.8%)
Multiple	3 (18.8%)
Self	1 (6.3%)
Sponsor/Donor	1 (6.3%)

Table 40: Title of informal training received outside of the hospital by the employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

Outside hospital training titles	Frequency (%) (N=41)
Computers	7 (17.1%)
Patient related (IMCI, ARV, HIV, TB, etc)	19 (46.3%)
Supply Chain Management	1 (2.4%)
Training development	3 (7.3%)
Administration	4 (9.8%)
Sign language	2 (4.8%)
Health Management and Leadership	4 (9.8%)
Pharmacy dispensing	1 (2.4%)

Table 41: Institution that provided informal training outside of the hospital to employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

Institution	Frequency (%) (N= 56)
Department of Health including hospitals	11 (19.6%)
Training College	14 (25.0%)
HIV/Aids, TB support institutions	9 (16.1%)
University	7 (12.5%)
Other	15 (26.8%)

3.7.1 LENGTH SINCE FIRST TRAINING OUTSIDE OF THE HOSPITAL

The length since first training outside of the hospital ranged from 2 to 22 years. The average length since first training outside of the hospital was 7 years and 6 months.

Table 42: Length since first training outside of the hospital by the employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

Length since first training outside of the hospital	**Total (N=12)**
Time (in yrs)	
Mean (SD)	7.62 (5.56)
Median	6.00
Range	2.00 – 22.00

3.7.2 LENGTH SINCE LAST TRAINING OUTSIDE OF THE HOSPITAL

The length since last training outside of the hospital ranged from 1 to 17 years. The average length since last training outside of the hospital was 5 years.

Table 43: Length since last training outside of the hospital by the employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

Length since last training outside of the hospital	**Total (N=9)**
Time (in yrs)	
Mean (SD)	5.00 (5.77)
Median	2.00
Range	1.00 – 17.00

3.7.3 LENGTH BETWEEN THE FIRST AND LAST TRAINING OUTSIDE OF THE HOSPITAL

The length between training outside of the hospital ranged from 0 to 22 years. The average length between the first and last training outside of the hospital was 9 years and 5 months.

Table 44: Length between training outside of the hospital by the employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

Length between training outside of the hospital	Total (N=10)
Time (in yrs)	
Mean (SD)	9.52 (7.83)
Median	9.00
Range	0.00 – 22.00

3.8 TRAINING NEEDS

3.8.1 WISHES TO HAVE MORE TRAINING

Among the respondents to the skills audit there were 62 (51%) who wanted to have more training.

Table 45: Employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex who wished to have more training

Wishes to have more training	Frequency (%) (N=122)
Yes	62 (50.8%)
No	60 (49.2%)

3.8.1.1 WANTS CLINICAL TRAINING

Among the respondents to the skills audit who wanted to have training, 40 (65%) wanted to have clinical training. The specific clinical training wanted is indicated in table 47.

Table 46: Employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex who wanted clinical training

Wanted clinical training	Frequency (%) (N=62)
Yes	40 (64.5%)
No	22 (35.5%)

Table 47: Type of clinical training specified by the employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

Clinical training specified	Frequency (%) (N=28)
Advanced Midwifery	3 (10.7%)
Computer skills, Financial Management	1 (3.6%)
Diagnosing and Dispensing (short course)	1 (3.6%)
Drug Management	1 (3.6%)
Enrolled Nurse	1 (3.6%)
Food Service Management	1 (3.6%)
Management	4 (14.3%)
Medication	1 (3.6%)
Nursing Education	5 (17.9%)
Pharmacy	1 (3.6%)
Pharmacy Technician	1 (3.6%)
Physiotherapy	1 (3.6%)

PMTCT	1 (3.6%)
Primary Health Care	1 (3.6%)
Psychologist	1 (3.6%)
Signs and Symptoms of Birth Genetic Defect	1 (3.6%)
TB Management	1 (3.6%)
Theatre	1 (3.6%)
To become a Clinical Associate	1 (3.6%)

3.8.1.2 WANTS ACADEMIC TRAINING

Among the respondents to the skills audit who wanted to have training, 34 (55%) wanted to have academic training. The specific academic training wanted is indicated in table 49.

Table 48: Employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex who wanted academic training

Wanted academic training	Frequency (%) (N=62)
Yes	34 (54.8%)
No	28 (45.2%)

Table 49: Type of academic training specified by the employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

Academic training specified	Frequency (% (N=24)
ABET	3 (12.5%)
Advanced Midwifery	2 (8.3%)
Bachelor of Commerce: BCOM: Accounting	1 (4.1%)

BAS	1 (4.1%)
Community Nursing	1 (4.1%)
Computer Literacy	1 (4.1%)
Doctor	1 (4.1%)
Enrolled Nurse	1 (4.1%)
Further Studies in Pharmacy	1 (4.1%)
Hospital Pharmacology and Primary Health Care	1 (4.1%)
Management courses	1 (4.1%)
Masters in Advanced Midwifery	1 (4.1%)
Masters in Public Health	2 (8.3%)
Ongoing Education	2 (8.3%)
Pharmacy Assistant	1 (4.1%)
Psychology	1 (4.1%)
Skills Development	1 (4.1%)
Social worker	2 (8.3%)

3.8.1.3 WANTED MANAGEMENT TRAINING

Among the respondents to the skills audit who wanted to have training, 37 (60%) wanted to have management training. The specific management training wanted is indicated in table 51.

Table 50: Employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex who wanted management training

Wanted management training	**Frequency (%) (N=62)**
Yes	37 (59.7%)
No	25 (40.3%)

Table 51: Type of management training specified by the employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

Management training specified	Frequency (%) (N=24)
Advanced Management Course	1 (4.2%)
Customer Care	1 (4.2%)
Diploma in Nursing Admin	1 (4.2%)
Financial management	2 (8.3%)
Health Service Management/ Financial Management	1 (4.2%)
Human resource management	1 (4.2%)
Infection Control	1 (4.2%)
Leadership Programme	1 (4.2%)
Management and Supervision	6 (25%)
Nursing Management	1 (4.2%)
Public Administration	2 (8.3%)
Public Administration (Masters)	1 (4.2%)
Skill management supervision	2 (8.3%)
Strategic Management and Financial Management	1 (4.2%)
Strategic Planning	1 (4.2%)
Training	1 (4.2%)

3.8.1.4 WANTED COMMUNICATION/TEAMWORK TRAINING

Among the respondents to the skills audit who wanted to have training, 37 (60%) wanted to have communication/teamwork training. The specific communication/teamwork training wanted is indicated in table 53.

Table 52: Employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex who wanted communication/team work training

Wanted communication/team work training	Frequency (%) (N=62)
Yes	37 (59.7%)
No	25 (40.3%)

Table 53: Type of communication specified by the employees who completed the skills audit at Lehurutshe-Zeerust Hospital Complex

Communication/teamwork training specified	Frequency (%) (N=12)
Batho Pele principles	2 (16.7%)
Business Communication	1 (8.3%)
Communication	1 (8.3%)
Computer Course	1 (8.3%)
Conflict resolution management	1 (8.3%)
Customer Care	1 (8.3%)
Honours in Pharmacology	1 (8.3%)
Labour relations	1 (8.3%)
Team work	2 (16.7%)
Training in Communication and Teamwork	1 (8.3%)

CHAPTER 4

DISCUSSION

In this chapter, the results obtained from the analysis of the data are discussed and compared with those from other published studies.

4.1 INTRODUCTION

This chapter describes the results found from the analysis of the data obtained in the study: profiles of employees who completed the skills audit, their formal education and schooling, informal training within and outside of the hospital and their training needs are discussed. This is also discussed in light of the contextual factors and literature presented in Chapter 1**.**

There were no previous studies conducted that assessed the levels of education and training and future training needs of employees at Lehurutshe/Zeerust Hospital Complex or at any other district hospital in the North West Province. The study does not only provide the hospital and provincial management with input in relation to training but also provides information that will contribute to the hospital complex's skill development plan.

4.2 RESPONSE RATE TO THE HUMAN RESOURCES SKILLS AUDIT

Findings of this report were derived from a record review of all Lehurutshe/Zeerust Hospital employees who completed the skills audit that was conducted in April 2011. Less than fifty percent (39%) completed the skills audit when compared to information from the PERSAL system. This is a worrying factor as the skills audit circular stated that participation in the audit was compulsory and required by the HRD and yet there was poor response.

This raises concerns regarding response rates to HR and other circulars that are sent out by the hospital or province. Employees may not review or respond to circulars for various reasons. One could be due to a lack of interest or apathy of the employees. On the other hand, employees might not be receiving the circulars, and some might not understand the circulars. Employees might also be too busy and not have time to comply. If this is true, then the hospital should consider ways to accommodate this. Finally, employees might not respond to circulars if they have no interest in the topic of the circular. If the response to this specific circular was low, it might be indicative of the employees' attitudes towards their further training and development.

Regardless of the reason, it is important to note that the hospital complex will ultimately base their plans on limited information or data. It is therefore important for the hospital to monitor response rates to circulars and investigate reasons for poor response rates. The response rate did however, not differ significantly in the two hospitals in the complex.

The profile of the study sample is presented below. In order to check if there are specific groups of employees who responded better to the audit than others, the profile of the study sample is also compared to the entire complement of employees.

4.3 PROFILE OF EMPLOYEES

4.3.1 AGE

The entire staff complement, which included the study sample, comprised of middle-aged employees (at the age of 40 years). The mean age in study sample (45.8 years) did not differ significantly from the mean age of all employees (46.4 years). This indicates that, in terms of age, the study sample represents the entire employee complement fairly well.

However, within the study sample, there was a significant difference in the mean age for professionals (43.9 years) versus non-professional (47.8 years) employees. This could indicate that professionals work in the hospital complex when younger but then leave the facility as they become more experienced and established.

4.3.2 SEX

More than four fifths (82.8%) of study sample was female and this did not differ between professionals and non-professional employees. Female employees comprised of 72.3% of the entire staff complement. It is thus noted that more female than male employees completed the skills audit. Perhaps this might have to do with how females respond to official requests.

4.3.3 RACE

More than ninety percent of employees were African, with 93.9% of the entire employee complement and 95.1% of the study sample being African. Due to the small number of employees of other races, there was no significant difference noted between professional and non-professional employees in the study sample.

4.3.4 OCCUPATION, SALARY LEVEL AND JOB TITLE

Employees were split into three categories: administrative staff, nursing staff and clinical staff. The salary levels of employees were from level three to twelve for the entire hospital complex. The hospital consists of a mix of employees from administrative employees, nurses and clinical support staff such as pharmacists and radiographers. Due to the small number of employees in certain categories, the breakdown of job titles could not be presented for ethical reasons. However,

no medical officers completed the HR skills audit and were therefore not included in the study sample, which may result in some bias in the study sample. As indicated above, there may be a number of reasons for the non-compliance to circular requests.

4.3.5 WORK EXPERIENCE

In terms of the work experience, professional employees had more years of total work experience, with a mean of 16.9 years compared to non-professional employees with a mean of 14.5 years, but less work experience in their current rank (median of 5 years) when compared to non-professional employees (median of 7 years). As this figure does not comply with findings related to age and length of work experience in the facility (presented below), another possible reason for this finding might be that non-professionals could have misinterpreted the question on work experience and possibly only indicated their experience in the Department of Health or hospital only.

The median number of years working at the complex for professional employees was 5 years, while for non-professional employees it was significantly different at 16 years. This might indicate that non-professional employees at this hospital complex are not given an opportunity to develop further and get stuck at certain levels and cannot move up. Professional employees on the other hand might be spending less time at the hospital complex as they continue to study and develop further and therefore move to greener pastures, if not to higher institutions or other facilities.

4.4 FORMAL EDUCATION OF EMPLOYEES

Fifty-one percent of employees who completed the audit had post matric qualifications, and similarly 49% were registered with professional bodies, which included the HPCSA and SANC. Forty-five percent of the employees had more

than one qualification, indicating that quite a number of employees studied further in order to develop. Very few - less than one in five employees - though had degrees. These post-matric qualifications were thus obtained at a variety of places, including nursing colleges, further education and training institutions and universities.

Most of the post-matric qualifications were in nursing (68.9%), while it was reported that 36.8% of the employees who completed the audit were nurses. It is therefore interesting to note that many of these qualified nurses must have been promoted into administrative positions. The challenge here is that qualified, experienced and competent nurses are promoted into doing more administrative work instead of nursing duties and thus end up not practicing in the area of their passion, which is nursing.

This phenomenon has been described in the Peter Principle (Sutton, 2009). Dr Peter observed that one reason so many employees are incompetent is that the skills required to do the job often have nothing to do with what is required to do the job itself. He gave the following examples, for instance, a great political campaigner is not necessarily a good governor. He argued that there is nothing about being a great surgeon that prepares a doctor to be an excellent hospital manager. He argued further that learning to be a great litigator in no ways prepares a lawyer to be a law firm manager. Peter and Hull (2009) maintains that many organisations from hospitals to law firms use such standards to select new leaders, but devote no time to improve their management skills. They conclude by saying that organisations end up with poor leaders whilst having lost their best individual performers such as the case with the promoted nurses doing administrative instead of nursing duties.

It is also interesting to note that the mean length of time for obtaining the last qualification for employees in the study population was 8.4 years and the mean length between qualifications was 9.5 years. This indicates that employees have

long breaks between studying further. These might be due to several reasons, such as the employee's financial circumstances, other individual or family responsibilities, or it may indicate that employees want to gain more experience before studying further. Finally, the decision to study further might occur later in their lives or employees may also feel exhausted from studies and want breaks between qualifications. These reasons can be further researched in other studies to find out why employees take long between deciding to study further.

Currently only 9% of employees were registered to study further with most training to be pharmacy assistants. This might be due to the fact that the pharmacy council has accredited the hospital pharmacies as training institutions for the pharmacy assistant course. Surprisingly out of all the employees who completed the skills audit, 34 (61.2%) employees received sponsorship for formal education from the department or the hospital as compared to 18 (32.7%) who did not. However, this could be strengthened by ensuring that sponsorship from the department is targeted to produce competent health employees.

In terms of schooling, the majority of employees who completed the audit (64.2%) had completed grade twelve. It is interesting to note that only one staff member was registered to advance their schooling. This might be an opportunity for the hospital complex to make arrangements with sister departments such as education to enrol employees to do adult basic education and training (ABET). Arrangements could be made with the education department to conduct the ABET training on certain afternoons at the hospital premises, which will be convenient for employees.

4.5 TRAINING/INFORMAL EDUCATION OF EMPLOYEES

Fifty-nine percent of employees who completed the audit received informal training within the hospital and 94% of this informal training was sponsored by the hospital. The Department of Health, including the hospital, is the institution

that mostly provided the informal training at 44% as compared to other institutions. The length since last training within the hospital was 3.9 years, and the average length between trainings within the hospital was 2.5 years. This could mean that at least within two years individual employees are given an opportunity by the hospital to attend informal training, however, efforts can be made to increase the frequency of the training, as this training is easily arranged as it is within the hospital and employees can easily attend without having to leave their work responsibilities for a long period of time. The hospital can also then direct the training towards both the needs as identified by the HRD (and this study), but also to address problems that are identified in the hospital. Training can also be linked to national priorities, which external institutions might not be aware of, or might not take into consideration.

Sixteen percent of employees who completed the audit received informal training outside of the hospital and the Department of Health sponsored 69% of this training and very few were donor or self-sponsored. Very few employees attended informal training outside the hospital especially when compared to those who had received training within the hospital, but of those who were trained outside of the hospital, a greater percentage went for more than one training. This shows the inequity with the training outside of the hospital – less people are trained but then have more training as opposed to training within the hospital, where more people have the opportunity to train, even if each individual person has fewer opportunities to attend more than one training.

The mean length of time since the last training outside the hospital was six years and seven months while the mean length of time between trainings outside of the hospital was 3 years and 2 months. The exposure to outside training seems limited, that is, it happens less often and less frequent than internal training but neither is still enough. The hospital therefore, needs to bring outside people in, provide financial support for employees to receive outside training, or finally, just improve internal training – which might be the best solution overall.

4.6 TRAINING NEEDS OF EMPLOYEES

Employees were given an opportunity to state whether they wanted more training and could specify in detail the type of training they wanted or wished to have. The types of training that employees could choose included clinical, academic, management, and communication or teamwork. Employees could indicate if they wanted more than one type of training. Sixty five percent of employees wanted clinical training, however, when specified, they included training that was not necessarily clinical such as computer skills and financial management. This might have occurred as a result of employees not understanding the audit questions when they were expected to specify clinical training that they wished to receive.

Out of the 62 employees who indicated that they wanted more training, 37% wanted academic training, which included adult basic education (ABET), academic degrees and diplomas. It is interesting to note that the same number of employees wanted management, and communication or teamwork type of training. This shows how important it is to have employees trained on management. For instance with limited resources, South Africa need not just to produce a “5 Star doctor” but a health employee who could be a community leader and a manager (Boelen, 2002). This indicates that the hospital SDP should concentrate on above-mentioned types of academic training to have an impact on employees. It might also be indicating to management that it necessary to improve on the above mentioned aspects in motivating employees in the hospital complex. It is important to note again when it comes to specification of the type of management and communication training, employees seem to have not understood the trainings they were expected to specify. For instance one employee specified honours in pharmacology under communication type of training whilst another listed infection control under management training.

It is important to note that the 2012 Public Service wage negotiations agreement was made after the skills audit was done. If it was made before the audit, more employees might have indicated that they wanted more training. It would also be interesting to know how many employees are aware of this new agreement.

4.7 LIMITATIONS

The findings of the study may not be generalised broadly in Ngaka Modiri Molema District or North West Provincial Department of Health as it is only confined to Lehurutshe/Zeerust Hospital Complex, but it can provide valuable information that can be used by the District or Province, and other researchers.

The human resource skills audit was not responded to by all the employees in Lehurutshe/Zeerust Hospital Complex, in effect only thirty nine percent of employees responded and then too not all questions were always completed. Furthermore, the reliability of the data captured in the records may be influenced by correctness and completeness of data thus potentially reducing the quality of that data, for instance some of the responses to the skill audit were inaccurate in that when employees were expected to specify the type of training they wanted they mentioned something not related to the category of training that was listed. Not all categories of staff participated in HR skill audit, for instance none of the medical doctors participated, and this may have resulted in biased findings. There might be misinterpretation of questions asked in the HR skills audit and staff members may have not responded according to the aim of the question.

The comparison between the profile of employees in the study sample and the entire hospital complex could have been influenced by the the data collection periods, in that retrieval of information from PERSAL occurred a few months after the skills audit was conducted. Therefore, employees may have changed in that period (some left and new employed). So although comparisons were made between the sample and the entire population, this may have been affected by

these employees who had changed employment status in the hospital during that period.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

In this chapter, the results obtained from this study were assessed in relation to the aims and objectives of the study, so that appropriate conclusions can be drawn. Based on the findings of the study, appropriate recommendations and suggestions for future research are included.

5.1 CONCLUSIONS

The hospitals did not have a proper record of the skills and educational profile of all staff members who are working in the complex. Therefore, the researcher used information from the HRD to systematically assess the education and training of employees working in Lehurutshe/Zeerust District Hospital Complex. The study does not only provide the hospital and provincial management with input in relation to the training and development of its staff, but also serves as a basis for the department's Skill Development Plan. It is meant to assist employees of the Hospital Complex, through training and education, to optimally provide patient care and ultimately improve services.

Few people completed the skills audit, but it provided some overview of current training and education of employees and their future needs. Out of 122 employees who responded to the skills audit, sixty-two had post matric qualifications. Most of the post matric qualifications were in nursing field. Eleven employees (9%) are currently registered for post matric qualifications. Most of the employees completed grade twelve at 64.2 percent and only 1 (0.8%) was registered to advance their schooling. Twenty (16.4%) employees received informal training outside the hospital whilst 52 (43%) received training within the hospital, and training outside of the hospital occurred less frequently. Sixty-two employees (51%) wanted to have more training and specified the type or types of training they wanted to have. Clinical type of training was at 65%, management

and communication types of trainings were at 60% each, and academic type of training was at 55%.

5.2 RECOMMENDATIONS

At Lehurutshe/Zeerust Hospital Complex facility level the following needs to be considered:

- Because of employees responding poorly to HR circulars, it is important for the hospital to monitor response rates to circulars and investigate reasons for poor response rates.
- Make arrangements with sister departments such as department of education to enrol employees to do ABET. Arrangement could be made with the education department to conduct the ABET training on certain afternoons at the hospital premises, which will be convenient for employees.
- The hospital needs to increase training opportunities, by either bringing in people or companies from outside, provide financial support for employees to receive outside training, or improve internal training.
- Linked to the recommendation above, the hospital needs to increase the frequency of informal training which will address the needs as identified by HR and this study and problems or challenges identified within the hospital.

At the North West Department of Health provincial level the following needs to be considered:

- Use the results of this study as a basis for SDP for health institutions.

The following research can be conducted:

- To find out the reasons why employees take long between deciding to study further.

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APPENDICES

APPENDIX A: DATA COLLECTION INSTRUMENTS

1	**Date of birth:**	_ _ _ _ _ _ _ _
2	**Nationality:**	[ ] South African [ ] Foreign citizen
3	**Sex:**	[ ] Male [ ] Female
4	**Race:**	[ ] African [ ] White [ ] Indian [ ] Coloured
5	**Rank:**	
6	**Job title:**	
	WORK EXPERIENCE	
7	**Total number of years working**	_ _
8	**Total number of years in current rank (could be at another facility):**	_ _
9	**Total number of years in current rank at this facility:**	_ _
	PROFESSIONAL REGISTRATION	
10	**Registered with a professional body**	[ ] Yes [ ] No
	FORMAL QUALIFICATIONS	
11	Has any post-matric qualifications	[ ] Yes [ ] No
IF YES, RECORD EVERY QUALIFICATION BELOW		

12a	Title Institution Date received (year) Sponsored by:	_____ _____ _____ _____ _ _ _ _ [ ] Self, [ ] Department of Health (including the hospital) [ ] Sponsor/donor
12b	Title Institution Date received Sponsored by:	_____ _____ _____ _____ _ _ _ _ [ ] Self, [ ] Department of Health (including the hospital) [ ] Sponsor/donor
12c	Title Institution Date received Sponsored by:	_____ _____ _____ _____ _ _ _ _ [ ] Self, [ ] Department of Health (including the hospital) [ ] Sponsor/donor

12d	Title Institution Date received Sponsored by:	_____ _____ _____ _____ _ _ _ _ [ ] Self, [ ] Department of Health (including the hospital) [ ] Sponsor/donor
12e	Title Institution Date received Sponsored by:	_____ _____ _____ _____ _ _ _ _ [ ] Self, [ ] Department of Health (including the hospital) [ ] Sponsor/donor
13a **13b**	Highest standard passed in high school Date (year only)	_ _ _ _ _ _
14	Currently registered for post-matric studies	[ ] Yes [ ] No
IF YES, RECORD QUALIFICATION BELOW		

15a	Title Institution Expected date of graduation: Sponsored by:	_____ _____ _____ _____ _ _ _ _ [ ] Self, [ ] Department of Health (including the hospital) [ ] Sponsor/donor
15b	Title Institution Expected date of graduation: Sponsored by:	_____ _____ _____ _____ _ _ _ _ [ ] Self, [ ] Department of Health (including the hospital) [ ] Sponsor/donor
16	Currently registered to advance schooling qualifications	[ ] Yes [ ] No
	INFORMAL QUALIFICATIONS	
17	Received any informal training <u>within</u> the hospital	[ ] Yes [ ] No
IF YES, RECORD EVERY TRAINING BELOW		

18a	Title of training: Institution that offered training: Date received (year) Sponsored by:	_____ _____ _____ _____ _ _ _ _ [ ] Self, [ ] Department of Health (including the hospital) [ ] Sponsor/donor
18b	Title of training: Institution that offered training: Date received (year) Sponsored by:	_____ _____ _____ _____ _ _ _ _ [ ] Self, [ ] Department of Health (including the hospital) [ ] Sponsor/donor
18c	Title of training: Institution that offered training: Date received (year) Sponsored by:	_____ _____ _____ _____ _ _ _ _ [ ] Self, [ ] Department of Health (including the hospital) [ ] Sponsor/donor

18d	Title of training: Institution that offered training: Date received (year) Sponsored by:	_____ _____ _____ _____ _ _ _ _ [ ] Self, [ ] Department of Health (including the hospital) [ ] Sponsor/donor
18e	Title of training: Institution that offered training: Date received (year) Sponsored by:	_____ _____ _____ _____ _ _ _ _ [ ] Self, [ ] Department of Health (including the hospital) [ ] Sponsor/donor
19	Received any informal training <u>outside</u> of the hospital	[ ] Yes [ ] No
IF YES, RECORD EVERY TRAINING BELOW		
20a	Title of training: Institution that offered training: Date received (year) Sponsored by:	_____ _____ _____ _____ _ _ _ _ [ ] Self, [ ] Department of Health (including the hospital) [ ] Sponsor/donor

20b	Title of training: Institution that offered training: Date received (year) Sponsored by:	_____ _____ _____ _____ _ _ _ _ [ ] Self, [ ] Department of Health (including the hospital) [ ] Sponsor/donor
20c	Title of training: Institution that offered training: Date received (year) Sponsored by:	_____ _____ _____ _____ _ _ _ _ [ ] Self, [ ] Department of Health (including the hospital) [ ] Sponsor/donor
20d	Title of training: Institution that offered training: Date received (year) Sponsored by:	_____ _____ _____ _____ _ _ _ _ [ ] Self, [ ] Department of Health (including the hospital) [ ] Sponsor/donor

20a	Title of training: Institution that offered training: Date received (year) Sponsored by:	_____ _____ _____ _____ _ _ _ _ [ ] Self, [ ] Department of Health (including the hospital) [ ] Sponsor/donor
21a	Wish to have further training in clinical skills	[ ] Yes [ ] No
21b	Specify	
22a	Wish to have further training to advance academically	[ ] Yes [ ] No
22b	Specify	
23a	Wish to have further training to develop management/supervision skills	[ ] Yes [ ] No
23b	Specify	
24a	Wish to have further training to develop skills in communication and teamwork	[ ] Yes [ ] No
24b	Specify	
24a	Wish to have further training to develop skills in research	[ ] Yes [ ] No
25b	Specify	

24a	Wish to have other further training	[ ] Yes [ ] No
25b	Specify	

APPENDIX B: ETHICS CLEARANCE CERTIFICATE AND LETTERS OF APPROVAL

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

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Mr Nosang Mosiane

CLEARANCE CERTIFICATE	M110804
PROJECT	Assessment of Levels of Education and Future Training Needs of Employees at Lehurushe/Zeerust Hospital Complex
INVESTIGATORS	Mr Nosang Mosiane.
DEPARTMENT	School of Public Health
DATE CONSIDERED	26/08/2011
DECISION OF THE COMMITTEE*	Approved unconditionally

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

DATE 26/08/2011 **CHAIRPERSON** .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable
cc: Supervisor : Dr Ruxana Jina

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...

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POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

To : Mr N. Mosiane

From : Policy, Planning, Research, Monitoring & Evaluation

Subject: Research Approval – Assessment of levels of Education and Training and Future Training Needs of Employees at Lehurutshe/ Zeerust Hospital.

Purpose

To inform your good selves that permission to undertake the above mentioned study has been granted by the North West Department of Health. The researcher is expected to issue this letter as prove that the Department has granted approval to the districts or health facilities that form part of the study.

Arrangements in advance with managers at district level or facilities shall be facilitated by the researcher and the department expects to receive the final research report upon completion.

Kindest regards

Director: Policy, Planning, Research, Monitoring & Evaluation
Mr B Redlinghys

5/12/11
Date

Healthy Living for All