

## **The implementation of occupational specific dispensation at a public hospital in Limpopo Province, South Africa: Professional nurses' perspective**

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### **Abstract**

The aim of the study was to determine the perceptions of professional nurses regarding the implementation of Occupational Specific Dispensation (OSD) at public hospital in Limpopo province. A qualitative, descriptive, exploratory and contextual design was used. The population included all professional nurses who are working at the public hospital in Limpopo Province. A non-probability purposive sampling method was used to select the participants. Fourteen participants were included in the individual in-depth, unstructured interview sessions until data saturation was reached. Data were analyzed qualitatively by means of the Tesch's open-coding method. Findings revealed one theme and seven sub-themes, namely; Meetings prior OSD implementation, OSD in identified special units, Frustrations based on OSD implementation, Advantages of OSD implementation, OSD for professional nurses, Job dissatisfaction related to OSD implementation and Interpersonal relationship after implementation of OSD. The study recommends that there is a need to improve the salary of the employees, and the Department of Health (DoH) should make sure that the professional nurses are informed about the implementation process of OSD.

**Keywords:** Implementation, occupation specific dispensation experience, professional nurses, tertiary hospital campus.

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### **Introduction**

The year 1994 was a most significant one for transformation for all of South African nurses. Health and education in its entirety was one of the transformative issues that were addressed in the country. Despite this transformation, nurses and midwives continue to leave the nursing profession. One can now argue that in order to retain nurses, who may be having appropriate skill to render quality services or patient care, it is through the improved remunerations (South African Qualification Authority, 2001). Gray (2009) indicated that the origin and offer for OSD was for identified professionals and this was contained in the resolution of the South African Public Sector Coordinating Bargaining Council

(SAPSCBC) which was one of the reasons for ending the 2007 national strike by workers.

The government has implemented the remuneration structures with the introduction of OSD which came into operation in 2007. The intention behind this move was to improve government's ability to attract and retain 'skilled' employees through improved remuneration. The implementation of the OSD would put in place a proper career-path model for all occupational categories. The Department of Health in Cape Town outlined that it was making progress towards implementing the OSD agreement for nurses, signed in 2007 by all trade unions in the Public Health and Social Development Sectoral Bargaining Council (NATOPSA, 2007). Additionally OSD was seen as a strategy that provides a unique salary structure per occupation, including prescribed grading structures and job profiles, as well as adequate progression and career path opportunities based on competencies, experience and performance for health professionals including nurses (Kaye-Petersen, 2008).

The former Health Minister Manto Tshabalala-Msimang in 2007 promised nurses that the department would ensure R1. 45 billion was allocated for their salary adjustments. Only the qualifications and length of service were taken into account when the salary adjustments for OSD were implemented Public Health and Social Development Sectoral Bargaining Council in 2007 (Mrara, 2010).

The department urged all parties to the agreement to use the established bargaining council to deal with any issues relating to the implementation of the OSD. Therefore the Democratic Nursing Organization of South Africa (DENOSA) registered their concerns when employers failed to implement the new salary structures for nurses after an agreement was reached at the PHSDSBC (DENOSA, 2007). The OSD salary adjustments showed an increase which was over and above 7.5% general salary adjustment and was implemented retrospectively from July 1 2007 (DENOSA, 2007).

The Department of Health (DoH) indicated that in terms of the OSD agreement, all parties had agreed that there would be two steps to the salary adjustments. The first step was to adjust salaries in line with the OSD and secondly to recalculation progression based on recognition of relevant experience (DoH, 2011).

Although OSD was implemented on 1 July 2007 to make nursing an attractive profession, its implementation has raised many problems. Other professional nurses have reported that they had not received any money since it was introduced. Some professional nurses want to know why they have not received increases and improvements in their working conditions, and are serious this issue must be resolved in their favour. Those professional nurses who were

excluded outlined that their union leaders signed the agreement without informing them about this exclusion (NEHAWU, 2007). The purpose of the study was to determine the experiences of the professional nurses regarding the implementation of the OSD at a public Hospital in the Capricorn District of Limpopo Province, South Africa.

## **Methodology**

### *Design*

A qualitative, descriptive, explorative, contextual research design was used in this study to explore and describe the experiences of health professionals with regard to the implementation of OSD in their context. This was achieved through giving an opportunity to the professional nurses to describe their experiences with regards to the phenomenon studied during unstructured one-to-one interview session.

### *Population and sampling*

The population consisted of all professional nurses at a public hospital in Limpopo province, South Africa. Non-probability convenience sampling was used to include fourteen available participants for the one-to-one unstructured interview sessions. The characteristics of the participants for convenience sampling were based on the inclusion criterion that the participant must be a professional nurse who has three years experience at this public hospital (Brink, 2006).

### *Data collection*

A total of fourteen professional nurses voluntarily participated in the interview sessions. A central question was asked to all participants and it was followed by probing questions which was aimed at providing participants an opportunity to clarify areas which the researcher didn't understand (Brink, 2012). The central question asked was, “*describe your experiences with regard to the implementation of OSD in this hospital*”.

### *Data analysis*

Data were analyzed using Tesch's open method of qualitative analysis as outlined in Botman, Greeff, Mulaudzi and Wright (2010). The data analysis involved categorizing, ordering, manipulating and summarizing the data and describing them in meaningful terms until one theme and seven sub-themes emerged based on the verbatim transcripts that were written after listening to the

voice recordings. One theme and seven sub-themes emerged during this data analysis. The results were presented in a narrative format.

### *Trustworthiness*

Trustworthiness was maintained by using Guba's (De Vos, Strydom, Fouché & Delpont, 2006; Babbie & Mouton, 2009) criteria, namely: credibility, transferability, confirmability and dependability. Credibility was ensured by prolonged engagement in the study field. The researcher collected data over two month's period. It was further ensured by the use of the voice recorder during the interview sessions and the verbatim transcripts were given to independent coder to analyze data independently. Dependability was ensured by avoiding the researchers' biasness to influence any research steps that were used whereby the results of this research are the product of the inquiry and not the researcher's bias (De Vos et al., 2006). Transferability was ensured through a complete description of the research design and methodology. Confirmability was ensured by the use of independent coder who is considered an expert in the field of qualitative research.

### *Ethical considerations*

Ethical clearance was obtained from University of Limpopo Medunsa Campus Research Ethics Committee (MREC) whilst permission to collect data in the Health care institution was obtained from Limpopo Province Department of Health Research Ethics Committee. Informed consent was obtained from all participants prior to the start of each unstructured interview session conducted. The aim and nature of the study were explained to the participants prior to data collection. The names of the participants were not used but numbers were allocated to each participant to ensure anonymity and confidentiality (Brink, 2006).

## **Results and Discussion**

One theme and seven sub-themes which reflect the experiences of the professional nurses regarding the implementation of the OSD in the public hospital in the Capricorn District of the Limpopo Province, South Africa are summarized in Table 1.

**Table 1:** Theme and Sub-themes reflecting the experiences of the professional nurses regarding the implementation of the OSD

Theme	Sub-Themes
Implementation of OSD	<ol style="list-style-type: none"> <li>1. Meetings prior OSD implementation</li> <li>2. OSD in identified special units</li> <li>3. Frustrations based on OSD implementation</li> <li>4. Advantages of OSD implementation</li> <li>5. OSD for professional nurses</li> <li>6. Job dissatisfaction related to OSD implementation</li> <li>7. Interpersonal relationship after implementation of OSD</li> </ol>

### **Theme 1: Implementation of OSD**

The findings indicated the process which was followed before and during the implementation of the OSD whereby professional nurses had both negative and positive experiences. The professional nurses' experiences are discussed in the sub-themes of this theme.

#### *Sub-Theme 1.1: Meetings prior OSD implementation*

Other professional nurses were disadvantaged because the implementation of OSD was not formal because they were not invited to attend meetings prior implementation of OSD. The professional nurses reported that they were not given a chance to give inputs nor briefed regarding implementation of OSD. This was confirmed by a participant who indicated that: .... *"I was never informed about the implementation of OSD, there were only rumours around the hospital about the implementation process, others stated that everybody was going to benefit from OSD but after the implementation others in the so-called non special units were not covered."* One characteristic of departmental meetings is that participants are continually provided with feedback in order to know what is happening in their environment is important. The meetings build a working relationship towards a common purpose and prevent conflicts. Meetings promote supportive communication which encourages group involvement in discussions and decision making (Jooste, 2010).

#### *Sub-Theme 1.2: OSD in identified special units*

The findings revealed that there were units which were identified as special units in which nurses working in them will receive OSD but to their surprise during allocation they didn't get it. These finding were confirmed by a participant who said: ..... *"Others were told that their units are special units but during the implementation process they were not considered as special units, only individuals with specialty received OSD"*. Another participant in addition said: .... *"Our unit was recognized as a special unit but I did not receive OS therefore*

*everyone wants to move from non-specialty unit to units identified as specialty units, and others are motivated to do specialization courses”.*

### *Sub-Theme 1.3: Frustrations based on OSD implementation*

Some professional nurses were frustrated after implementation of OSD because all nurses were given the same salary level depending on the specialty of the ward. One participant indicated that: ..... *“It affected me badly because I felt that I was misused because I am expected to supervise the newly qualified who is receiving the same salary notch as mine after the implementation of this OSD.”* Another participant stated that: ..... *“I think those people who implemented OSD were not having any scale of how to group people because some received as little as R200-R500 and some nurses were angry to such an extent that they went to their Unions and Managers to report the matter but still they were never provided with a response until today”.* OSD provide for dual career paths in terms of which professionals and specialists can progress to levels where they earn salaries that are equal to or higher than that of managers without moving into management or supervisory posts (South African Department of Public Service and Administration, 2007).

### *Sub-Theme 1.4: Advantages of OSD implementation*

The positive impact of OSD was that many nurses benefited from it, as they were covered by the implementation of OSD. The OSD had a positive impact because after nurses had increment then the government has succeeded in retaining nurses in the public hospitals. The implementation of OSD has encouraged nurses to specialize so that they can earn more money. This was confirmed by participant who reported that: .... *“It has changed my life because after I received it, I was relieved as I am now able to take care of my family unlike previously because the money was not enough”.* The South African Government introduced OSD model to remunerate health professionals in order to curb migration to other countries seeking for better salaries. The dispensation was aiming at addressing poor remuneration and promoting career development for health professionals in South Africa (Pillay & Mahlati, 2008). The revised salary structures which were achieved through the implementation of OSD resulted in public servants receiving substantially higher salary increases, through putting in place proper career path models for public servant recognizing seniority and rewarding performance (Esau & de Waal, 2008).

### *Sub-Theme 1.5 OSD for professional nurses*

Participants were not satisfied with the implementation of OSD. This was evidenced by the participant who said: ..... *“It was not fair the way it was implemented because we thought it would consider the experiences and*

*qualification of professional nurses, but when it was implemented they only consider specialization*". And another participant stated that: .... *"I am having 23 years of experience in the nursing service but I am still earning around R128 000 per annum, while a newly qualified professional nurse of two years' experience in a special unit get R160 000 per annum"*. One of the main objectives of OSD was to have a single salary structure for all professionals according to their ranks, and not according to where they find themselves allocated in the hospital.

#### *Sub-Theme 1.6: Job dissatisfaction related to OSD implementation*

The professional nurses experienced the hospital environment as uncomfortable and unfriendly because they were no longer treated fairly by their colleagues who didn't benefit from OSD. This was indicated by a participant who said: .... *"Other nurses were saying that we must work more because we have received more money"*. The other thing is that other wards tend to refer their patients to special units even if there is no need for patient's referral. The findings were confirmed by a participant who said: ... *"You will find that the professional nurses in one of the non-special unit will pressurize Doctors to refer patients to Intensive Care unit because is a special unit and nurses working in the unit have been covered by OSD implementation"*. Job satisfaction often is associated with positive feelings toward the job itself, good relations with co-workers, adequate salary and autonomy. Factors that cause dissatisfaction with one's job include low salary, inadequate staffing and lack of leadership from superiors (South African Department of Public Service and Administration, 2007).

#### *Sub-Theme 1.7: Interpersonal relationship after implementation of OSD*

The implementation of OSD created many problems in the unit, as indicated by a participant who said that: ... *"More professional nurses moved from non-special units to another, leaving nurses in non-special units under a lot of workload because they were expected to perform more duties done by two professional nurses. That led professional nurses in non-special units to work more while they received less salary. Some professional nurses are still unhappy with the newly qualified professional nurses because they are on the same salary level with them irrespective of their working experiences"*. Another participant added by saying ..... *"The mood in the wards among us professional nurses is still not satisfactory as some professional nurses are not pleased with the way in which OSD was implemented, and some believed that there was nepotism with the process of OSD implementation"*.

According to Esau and de Waal (2008), the most basic theory regarding job satisfaction is that workers are satisfied if their jobs provide what they desire,

and certainly the amount and perceived adequacy of financial remuneration is one concrete way in which employment helps people meet their needs.

## **Recommendations**

Based on the findings of the study, the following recommendations are made to improve the salary of the employees:

1. Department of Health (DoH) should make sure they inform the professional nurses about the implementation process of OSD. This can be accomplished through the provision of meetings and workshops about how it is going to be distributed.
2. Professional nurses working at DoH are encouraged to hold conflict management meetings that would provide a platform for them to voice out their grievances related to salaries amongst other things so that an agreement with DoH could be reached to avoid conflict occurring in future.

## **Conclusion**

The findings confirmed that there are problems identified by participants in selected nursing care unit which highlighted that the implementation of OSD was inconsistent because it was not done according to the way the Department of Public Service and Administration promised. The implementation of OSD resulted in conflict and job dissatisfaction among staff members.

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