

THE WORKING ENVIRONMENT OF OCCUPATIONAL HEALTH NURSES AS A DETERMINANT FOR PROFESSIONAL DEVELOPMENT

By

ALMA SCHULTZ

A dissertation submitted in fulfillment of the requirements for the
degree of

**Magister Curationis
Advanced Community Nursing Science**

In the

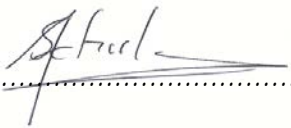
Department of Nursing Science
School of Healthcare Sciences
Faculty of Health Sciences
University of Pretoria

Supervisor: Dr MD Peu
Co-supervisor: Mrs. T du Plessis

October 2011

Declaration

I, Alma Schultz, declare that the thesis, *The working environment of Occupational Health Nurses as a determinant for professional development*, which I hereby submit for the degree Magister in Advanced Community Nursing in the Faculty of Health Sciences at the University of Pretoria, is my own work and has not previously been submitted for a degree at another university.

Signature: .....

Date: 2011/10/11.....

Place: Pretoria.....

Dedication

With gratitude I dedicate this study to the following people who supported me throughout the course of my study

- My father for his wealth of knowledge regarding statistical analysis.
- My husband for his support and understanding during difficult times.
- My sister-in-law for her emotional support and positive encouragement.
- My colleagues in occupational health for their support and commitment to occupational health and the wellbeing of their fellow-man.

Acknowledgements

I would like to thank God Almighty for his unbelievable strength and everyday miracles in order to finish my study.

- My family for their support, particularly my husband and father.
- My sister-in-law for a shoulder to cry on when things were just too difficult to bear.
- Dr M.D. Peu, my supervisor, for her support and continual encouragement and patience.
- Mrs T du Plessis, my co-supervisor, for her professional help and assistance.
- Miss Tshego Sehlo dimela for her professional help and language editing of this study.
- The library staff of the University of Pretoria, in particular Mike Volschenk, for being so helpful and understanding throughout my studies.
- Miss Jaqui Sommerville (from the Department of Statistics at the University of Pretoria) who assisted me with the data analysis and coding.
- All my SASOHN colleagues.
- To the Occupational Health nurses that took part in the study: Thank you for your participation. Without you this study would not have been possible.

Abstract

An investment in nursing education and staff development should consider the reasons for participating in continuing education and professional development in order to improve planning for long term continual professional development (Joyce & Cowman, 2007:626).

The aim of this study was to investigate the working environment of occupational health nurses as a determinant for professional development.

A quantitative approach was used for this research study. A non-experimental, descriptive survey was conducted to collect data for this study because it reflects accurate characteristics of the various environments of occupational health.

Data was collected using a questionnaire which was distributed to four SASOHN (South African Society of Occupational Health Nursing Practitioners) regions (Eastern Cape, Vaal, Gauteng and Mpumalanga) as the principal method of data collection.

In terms of the educational needs identified it was evident in the study that the occupational health nurse would attend professional development programmes more often if their learning needs are identified prior to the programme. The occupational health nurse preferred one day workshops as the preferred method of continual professional development.

The psychosocial needs of the occupational health nurses highlighted that there was little support in the office while attending professional development programmes and that assistance with administrative tasks at work were lacking.

The findings of this study revealed various professional development barriers such as financial constraints, frustrations with regard to daily workload, discrimination against the profession, lack of discussions with employers with regard to staff development programmes, training material not being readily available and insufficient facilities such as an on-site library. It is also clear from the findings of this study that continual professional development will improve the self esteem and self worth of the Occupational Health nurses.

For the occupational health nurse to develop professionally they need support from their employers and colleagues. The findings were evident that the employers do support the occupational health nurse to develop professionally by granting special leave to attend professional development programmes.

Key concepts: Staff development, Barriers, Occupational Health nurse, Need, Psychosocial needs, Educational needs, Professional development.

<i>Table of Content</i>	<i>Page</i>
Declaration	i
Dedication	ii
Acknowledgements	iii
Abstract	iv
List of Tables.....	ix
List of Figures.....	x
List of Annexures	xii
List of Abbreviations.....	xiii
Chapter 1	1
1.1 Background and Rationale	1
1.2 Problem statement.....	6
1.3 Significance of the study	6
1.4 Aim of the study	7
1.5 Research objectives.....	7
1.6 Research questions	7
1.7 Definition of terms	7
1.8 Ethical considerations	9
1.9 Research methodology.....	10
1.10 Organisation of the study	11
1.11 Conclusion	11
Chapter 2	12
Literature review	12
2.1 Introduction	12
2.2 History of occupational health nursing.....	12
2.3 Occupational health nursing today	14
2.4 The role of occupational health nurses in South Africa	14
2.5 Legislation pertaining to continual professional development in the occupational health setting.....	17
2.6 Professional development needs.....	18
2.7 The barriers that influence professional development	22
2.8 The support of the occupational health nurse	28
2.9 Conclusion	29

Chapter 3	30
Research design and methodology.....	30
3.1 Introduction	30
3.2 Research design	30
3.3 Population.....	30
3.4 Sampling	31
3.5 Research instrument	32
3.5.1 Development of the questionnaire	33
3.5.2 Sections used to guide data collection	34
3.6 Data collection.....	34
3.7 Reliability and validity.....	35
3.8 Data analysis.....	36
3.9 Conclusion	37
Chapter 4	39
Results: Presentation and discussion	39
4.1 Introduction.....	39
4.2 Objectives	39
4.3 Research design	39
4.4 Population and sample.....	39
4.5 The process of data analysis.....	40
4.6 Section A: Demographic data.....	40
4.7 Section B: Educational needs of the occupational health nurse related to professional development programmes	55
4.8 Section C: Psychosocial needs of the occupational health nurse related to professional development programmes	81
4.9 Section D: Barriers in the occupational health environment that might influence professional development in the occupational health setting	101
4.10 Section E: Supportive needs of the occupational health nurse related to professional development programmes.....	117
Chapter 5	121
Review of findings, recommendations, implications and limitations.....	121
5.1 Introduction	121
5.2 Discussions of findings.....	121
5.3 Recommendations.....	129
5.4 Recommendations for further research.....	130



5.5	Implications of the study.....	130
5.6	Limitations and suggestions for further research.....	131
5.7	Contribution to body of knowledge	131
5.8	Conclusion	132
References	133

List of Tables

Page

Table 3.1: The total number of participants systematically sampled per region	32
Table 3.2: Total number of completed questionnaires received per region.....	36
Table 4.1: Total number of dependants in the respondent group.....	45
Table 4.2: Post basic matric qualifications	48
Table 4.3: Preferred methods of continual professional development.....	60
Table 4.4: Reasons not being involved in professional development currently .	64
Table 4.5: Opinions with regards to the educational needs of the occupational health nurse.....	79
Table 4.6: Professional development barriers in the Occupational health setting	103
Table 4.7: Opinions regarding professional development barriers in the Occupational Health setting	105
Table 4.8: Agree or disagree with statements regarding professional development barriers in the Occupational Health setting.....	107
Table 4.9: Professional development supportive needs of the occupational health nurse	118

List of Figures

Figure 4.1: Age distribution of occupational health nurses.	41
Figure 4.2: Gender of the participants	42
Figure 4.3: South African citizenship of participants.....	43
Figure 4.4: Marital status.....	47
Figure 4.5: Level of occupational health practice	50
Figure 4.6: Years practicing in occupational health	51
Figure 4.7: Description of employment	52
Figure 4.8: Geographical areas worked in	53
Figure 4.9: Respondents membership with SASOHN	54
Figure 4.10: Respondents attending professional development and how often.56	
Figure 4.11: Respondents attending national conferences.	58
Figure 4.12: Respondents attending international conferences	60
Figure 4.13: Types of conferences attended by occupational health nurses	61
Figure 4.14: Types of professional development currently involved in	65
Figure 4.15: Areas of professional development for respondents	67
Figure 4.16: Occupational health topics of interest to the occupational health practitioner	69
Figure 4.17: Contact with other occupational health nurses	71
Figure 4.18: Type of contact with other occupational health nurses	73
Figure 4.19: Should the continual professional development point system be implemented?	75
Figure 4.20: Opinion/Attitude with regard to continual professional development point system implementation.....	77
Figure 4.21: Feelings regarding the occupational health profession.....	81
Figure 4.22: Democratic elections of staff development instructors.....	83
Figure 4.23: Help in your office while attending outside meeting, workshops and/or conferences	84
Figure 4.24: Administrator helping with administrative tasks in the clinic	86

Figure 4.25: Participant allowed to attend recreational activities at work	87
Figure 4.26: Examples of recreational activities currently involved in	89
Figure 4.27: When last a salary increase was received.....	90
Figure 4.28: Company pays for educational programmes	92
Figure 4.29: Opinions regarding company subsidizing education	93
Figure 4.30: Aspects influencing psychological wellness	95
Figure 4.31: Overtime worked by occupational health nurses.....	97
Figure 4.32: Total hours worked overtime per week	98
Figure 4.33: Comments regarding psychosocial needs of the occupational health nurse	99
Figure 4.34: Professional development barriers in the occupational Health setting	101
Figure 4.35: Distance from the closest library/university/technicon	104
Figure 4.36: Total of Occupational health nurses in an occupational health centre.. ..	109
Figure 4.37: Reasons for difficulty attending professional development sessions	110
Figure 4.38: Language of training will influence your professional development	112
Figure 4.39: Preferred topics for professional development are discussed with staff.....	113
Figure 4.40: Planning is important for professional development	114
Figure 4.41: Comments regarding factors influencing professional development	116

List of Annexures *Page*

Annexure 1: Letter requesting permission from employer to conduct research	148
Annexure 2: Permission letter from employer to conduct research.....	149
Annexure 3: Approval letter from the Faculty of Health Sciences Research Ethics Committee of the University of Pretoria to conduct research.....	150
Annexure 4: Letter of clearance from the Statistician	151
Annexure 5: Participation and Informed Consent Leaflet.....	152
Annexure 6: Research Questionnaire.....	155

List of Abbreviations

OHP	Occupational Health Practitioner
SANC	South African Nursing Council
SASOHN	South African Society of Occupational Health Nursing Practitioners
WWW	World Wide Web
SANS	South African National Standard
CPD	Continual Professional Development
OCSA	Occupational Care South Africa
WHO	World Health Organization
ILO	International Labour Organization
SAS	Statistical Analysis Software
ERC	Education and Research Centers

Chapter 1

1.1 Background and Rationale

According to the revised scope of practice compiled in January 2005 by the South African Nursing Council (SANC) on the quality of nursing practice of a professional nurse and midwife, it is indicated that the identification of learning needs and the maintenance of knowledge and skills required for competent and independent nursing and midwifery practice are part of continual professional development (Subedar, 2005:8). Although there are barriers that influence professional development in nursing, nurses have to remember that the onus is on them to ensure their own development. Nurses need to take the initiative in their professional development (Scholtz, 2005: 14).

Although Occupational Health nurses need to ensure their own professional development, professional development is the responsibility of both the employer and the nurse as an employee. Employers need to identify the nurses' needs for professional development and should plan according to such needs. Nurses are also expected to develop themselves in order to be up to date with current information. In professional development, the nurses acquire the knowledge and skills necessary for improving healthcare service. There is therefore a need to investigate the professional development needs of nurses in the occupational healthcare setting.

The need for continual professional development should be viewed in light of all the current changes taking place in occupational health to get a better understanding thereof. The dispensing license, audiometry registrar and the new spirometry SANS standard are some examples of these changes. One example of the occupational healthcare and treatment changes is the controversy that exists with regard to the execution of the dispensing licenses in occupational health clinics. In May 2003, amendments to the Medicines and Related Substances Control Act, 1965 (No 101 of 1965) were promulgated. These amendments required that from May 2004 all persons who dispense medication to clients must

be in possession of a dispensing license (this requirement is not restricted to nurses only, it is applicable to all persons dispensing medicine including those employed in pharmacies) (Karen, 2004:1). The dispensing license will then be issued to persons who have successfully completed a dispensing course with an approved training body and who are in possession of a certificate of need.

In the example mentioned above, it is evident that occupational health is a very complex field and an Occupational Health Nurse can specialise in many fields such as safety, health risk assessments, or primary healthcare. To develop the clinical skills of primary healthcare, the occupational health practitioner is expected to comply with the Medicines and Related Substances Act No 101 of 1965 and apply for a dispensing license. As mentioned previously, the dispensing course should be completed to gain the necessary knowledge to render quality primary healthcare. Therefore, to specialise in a specific field, continual professional development will continue to develop the practice in a way that will ensure the health of the workforce.

Some of the controversial issues regarding the dispensing of medicine as identified by the Occupational health nurse include:

- The unit standards for the dispensing course were only available to tertiary institutions two months after the amendments to the Medicines and Related Substances Control Act No 101 of 1965 were promulgated in May 2003 (Karen, 2004:1).
- The Pharmacy Council only approved two training bodies to offer the training and both training bodies were situated in Gauteng (Karen, 2004:1).
- The Pharmacy Council met only once after August 2003 to approve training bodies. No recommendations were given to approve training bodies in areas like the Cape, Free State and Natal (Karen, 2004:1).

Based on the abovementioned controversial issues, the role of the occupational health nurse becomes even much more complex and the need for professional development even more important. The role of the occupational health nurse according to the General Regulations of the Medicines and Related Substances Act (No 101 of 1965) Nr 510 of 10 April 2003 focused on steps that should be followed.

The occupational health nurse needs to apply to the Director-General for a license to dispense and compound medicines and is required to put an advertisement in the newspaper to inform the public in which area she will be going to render the service. As soon as a license is issued, good pharmacy practice should be adhered to at all times such as proper diagnostic skills before compounding medicines. No expired medications should be kept in the dispensary. The license must be displayed inside the medical facility where medication is dispensed. Due to all the changes in the occupational nursing profession, it is imperative to stay updated with this information.

The professional development needs of the occupational health nurse include areas such as evidence-based practice, research competence, communication skills, technical competence, practice design, identification of new processes of care, lifelong learning and continued competencies (Mackey, Cole & Parnell, 2003:515). These areas have an impact on continual professional development as well as on management skills.

In a study conducted by Mackey, Cole and Parnell (2003:518), the educational needs of the occupational health nurses in terms of continual professional development in the United States were identified. It was observed that the occupational health nurse showed specific interest in disability management, health promotion and education, regulatory compliance, illness and injury prevention, health and safety, health surveillance, management of medical conditions, physical examination, management and the development of policies and procedures. These aspects, above all, have an impact on the continual professional development role of the entire management team.

The educational topics identified are of the utmost importance if compared with the roles of the occupational health nurse previously identified. The occupational health nurse is involved in policy making, programme development and research as well as providing health services, counseling and teaching (Mackey, Cole & Parnell, 2003:514). It is, therefore, important to determine the professional development needs of the occupational health nurse in order to maintain and improve quality occupational health nursing.

In view of the above expected roles of the occupational health nurse, the scope of the Occupational Health Services rendered should be directly linked to the company policy. The company policy should include the opportunities and needs for continual improvement. The commitment of the management team is imperative (Acutt & Hattingh, 2003: 18).

The occupational health nurse has various roles and responsibilities within their profession. These roles and responsibilities require that continual professional development takes place in order to enhance the quality of healthcare. The quality of care could be improved if certain codes of ethics are observed and when focusing on the activities that take place in an occupational health service on a daily basis. The following is a summary of these activities:

- Understanding the work environment and work practices that may affect the employer's health.
- Identifying and assessing the health risks in the workplace.
- Conducting medical surveillance of the employer's health in relation to their work.
- To give recommendations regarding the planning and organization of work, designing of workstations, maintenance and the condition of machinery and equipment used in production.
- Developing programmes to improve safe working practices.
- To give guidance in terms of occupational health. Safety, hygiene, ergonomics and on safety equipment for individuals and groups.
- Contributing to rehabilitation programmes of employees that had disabling injuries.
- Coordinating first aid and emergency treatment.
- Taking part in the evaluation of occupational accidents and occupational diseases (Acutt & Hattingh, 2003: 18).

When focusing on these specific activities to it is evident that the occupational health nurse has specific professional development needs.

SASOHN (South African Society of Occupational Health Nursing Practitioners) identified and clarified the goals that should be attained by the profession. These goals focused on various aspects. The emphasis was on the enhancement of the professional development of the occupational health nurse by encouraging

accreditation. A support network that consists of occupational health nurses in the corporate environment has to be established for sharing problems and knowledge. Continual professional development through monthly meetings, workshops and conferences in order to keep all members updated with regard to changes in the field as well as legislative changes should be ensured.

Delivery of quality occupational health services through cost-effective occupational health systems should be ensured. In conclusion, the occupational health nurse should adhere and promote South African and international legislation at all times through workshops and seminars (SASOHN, 2005).

The abovementioned goals clearly indicate and emphasise the importance of professional development in Occupational Health Nursing and its direct influence in the quality of service rendered. These goals should be observed by all occupational health nurses at all times, regardless.

According to SASOHN (2005), it is evident that continuous education is important to improve the quality of health services in South Africa. If occupational health nurses could promote continuous education, improvement in occupational health will be demonstrated (SASOHN, 2005). It is therefore important to all occupational health nurses to identify their professional development needs and plan accordingly.

The method of obtaining continuing education is of the utmost importance as most occupational health nurses work during office hours. In a previous study by Mackey, Cole and Parnell (2003:519), the preferred methods of obtaining continuing education were ranked in the following order: nighttime courses, a mixture of day and nighttime courses, weekend courses, daytime courses, self-study modules, web-based or internet courses, courses offered at or near the place of employment and occupational health nurses' conferences. These methods could be effective if planned appropriately and according to the occupational health nurses needs.

1.2 Problem statement

There are challenges that have impacted on the implementation of professional development programmes for the occupational health nurse. These involve, inter-alia, lack of resources, lack of networking and limitations as set by organisations such as budget constraints. This could influence the CPD (Continual Professional Development) point system which will be implemented by the South African Nursing Council (SANC) in the near future. The nursing practitioner will have to keep record of the continual professional development and will be able to re-register annually according to a point system. If the nursing practitioner did not obtain enough CPD points for a particular year, registrations to practice will not be possible. This will lead to serious consequences such as a shortage of professional nurses (Ridge 2005: 28).

Employers generally feel that external training is a waste of time and that it is very expensive. These are not the only reasons that influence the professional development of the Occupational health nurse. In order to overcome the barriers that influence the professional development of the Occupational health nurse, the professional development needs have to be identified, described and be used to plan implementation strategies.

1.3 Significance of the study

It is predicted that the outcome of the study will identify the professional development needs of the occupational health nurse in an occupational health setting. The professional development needs and the barriers that influence these needs can be presented to organisations such as SANC (South African Nursing Council) and SASOHN (South African Society of Occupational Health Nursing Practitioners). The study outcomes of the identified professional development needs can be used by these organisations to implement planned strategies to overcome the identified barriers and ensure easy access to continual professional development for all nursing staff in South Africa. SANC should consider strategies being implemented before activating a CPD (Continual Professional Development) point system for the nursing profession to ensure that

the profession will benefit from the point system and not be negatively influenced by the point system.

1.4 Aim of the study

The aim of the research is to investigate the professional development needs of the occupational health nurse in an occupational health setting.

1.5 Research objectives

- 1.5.1 To identify the educational needs of the occupational health nurse related to professional development programmes.
- 1.5.2 To determine the psychosocial needs of the occupational health nurse.
- 1.5.3 To determine the barriers that influence professional development.
- 1.5.4 To determine the support that the occupational health nurse needs, as related to professional development programmes.

1.6 Research questions

- 1.6.1 What are the educational needs of the occupational health nurse regarding professional development programmes?
- 1.6.2 What are the psychosocial needs of the occupational health nurse?
- 1.6.3 What are the barriers that influence professional development?
- 1.6.4 What supportive needs of the occupational health nurse are related to the professional development programme?

1.7 Definition of terms

1.7.1 Staff development:

Milne (2007:391-392) explains that staff development includes the initial training, followed by supervision and different types of continual professional development which are all part of the professional and modern healthcare and education system. Staff development could,

therefore, be explained as the knowledge and skills that are gained in the occupational health nurse's career and includes direct supervision.

1.7.2 Barriers:

Barriers can be defined as the different factors that could influence/prevent the occupational health nurse to develop professionally (www.thefreedictionary.com). Barriers such as lack of time, resources and staff are some of the factors that could influence professional development (Jones & Cheek, 2003:125).

1.7.3 Occupational health nurse:

Acutt and Hattingh (2003:18) define occupational Health Nursing as a nursing speciality that provides healthcare to the workers in their working environment. According to this study, an occupational health nurse is a registered nurse with an occupational health qualification that focuses on the health and wellness of employees in different industries and corporate settings.

1.7.4 Need:

Perry (2008:70) claims that there is a definite need for nurses to determine their level of knowledge and to plan their own professional development needs by using a toolkit specifically designed for it. The needs for professional development are essential requirements to develop one's career and professional life in the occupational health environment.

1.7.5 Psychosocial needs:

According to Smythe (1984:232) there are a number of ways by which one can increase one's individual social support such as organising family celebrations, scheduling regular get-together's and joining organisations. In this study, it could be support in terms of childcare for single parents or the self-esteem issues while taking part in professional development.

1.7.6 Educational needs:

How your educational needs are met depends on five factors: the way in which you learn; how effective your learning plan is and how you direct your learning; what is the learning need; what are your goals and what tools are available to you (Attwood, Curtis, Pitts & While, 2005:174). The requirements of a learning programme are to improve and develop knowledge, information and skills in the occupational health environment.

1.7.7 Professional development:

According to Attwood, Curtis, Pitts and While (2005:5-8), professional development can be defined by further explanation of professional practice, professional knowledge, natural practice changes and how these natural changes can be encouraged.

Professional practice can be defined as dealing with difficult and complex problems that need creativity to be solved (Attwood, Curtis, Pitts & While, 2005:5). Professional knowledge, on the other hand, consists of factual knowledge and personal knowledge that has been acquired through experience (Attwood, Curtis, Pitts & While, 2005:6). Natural practice changes take place when professionals take on the critical reconstruction of their practice through communicating with other professionals (Attwood, Curtis, Pitts & While, 2005:7). For natural practice changes to be encouraged a supportive environment should be implemented (Attwood, Curtis, Pitts & While, 2005:7).

In this study, professional development could be defined as the continual advancement of the occupational health nurses' skills and knowledge in their specialised field through continual support.

1.8 Ethical considerations

Before the study was conducted, permission was obtained from my employer (OCSA). Permission was also obtained from the Ethics Committee of the University of Pretoria.

According to Polit, Beck and Hungler (2001:75-82), there are three principles of ethics which should be adhered to before conducting research. Beneficence, justice and respect for human dignity are the three main principles of ethics. Beneficence means to do no harm to any of the participants. During the study personal information should not be revealed and all information received to be treated in confidence.

Justice was practiced by fair treatment of all participants during the study. Any participant who had decided not to take part in the study was respected. Contact details of the researcher accompanied each questionnaire distributed.

Respect for human dignity includes self-determination and the right to full disclosure. Self-determination was achieved by allowing the participants the right to decide voluntarily whether they would like to partake in the study without running the risk of any serious consequences or harmful treatment. Participants were not threatened or forced to take part in the study. An information leaflet explaining the nature of the study, the participant's right to refuse participation and the risks and benefits of the study accompanied the questionnaires distributed. When the completed questionnaire was received, it reflected the respondent's voluntary consent to participate (Polit, Beck & Hungler, 2001:75-82)

1.9 Research methodology

A quantitative methodology was used in this study. A non-experimental, descriptive survey was conducted using a structured questionnaire that was distributed via postage and e-mail. The population included occupational health nurses who are members of the following SASOHN regions: Vaal, Mpumalanga, Gauteng and the Eastern Cape. Participants were chosen according to probability sampling from the regional membership lists that were obtained from the SASOHN national office. Data was collected through a structured questionnaire. Validity and reliability were ensured during the research process. Reliability was achieved by ensuring that the results were consistent and that an accurate representation of the total population was used in the research study. The face validity and content of the questionnaire was checked by the researcher, supervisor, co-supervisor and the statistician for acceptance. The internal validity was considered by randomly selecting candidates to take part in the study, therefore ruling out any bias that could exist between groups. Data was qualitatively analysed and theoretically confirmed.

1.10 Organisation of the study

Chapter 1 of this study introduces the problem statement and describes the specific problem addressed in the study as well as design components.

Chapter 2 presents a literature review and relevant research associated with the problem addressed in this study.

Chapter 3 presents the methodology and procedures used for data collection and analysis.

Chapter 4 provides an analysis of the data received and presentation of the results.

Chapter 5 offers a summary and discussion of the research findings, implications for practice, and recommendations for future research.

1.11 Conclusion

The working environment of occupational health nurses as a determinant for professional development is crucial in the ever-changing occupational health field. Some of the obstacles mentioned in this chapter highlighted the need to investigate the importance of professional development for the occupational health nurse.

The study outcomes of the identified professional development needs can be used by organisations such as the South African Nursing Council to implement strategies planned to overcome the barriers identified. This will ensure easy access to continual professional development for all nursing staff in South Africa.

Chapter 2

Literature review

2.1 Introduction

A literature review contains all the written sources that are relevant to the research problem or topic selected (Burns & Grove, 2001:107).By conducting a comprehensive literature review a greater understanding of the problem, that has been identified, could be achieved (de Vos, 2002: 127).

The reasons for conducting a comprehensive literature review are to:

- investigate what has already been researched,
- ensure that the problem identified has not been researched before and
- identify some gaps in previous research (de Vos, 2002: 128).

The focus of the literature review was to investigate the current professional development needs identified in previous studies as well as the barriers that influence professional development. The history of the occupational health nursing profession and how it has developed to the present status was also investigated. To understand the current problems in the profession, the role of the occupational health nurse was reviewed. South African legislation forms the basis of the importance for professional development in the occupational health setting.

2.2 History of occupational health nursing

The development of occupational health nursing, formerly called industrial nursing, was gradual. The process began late in the nineteenth century. The first nurses in industry focused their practice on preventative health for the community as well as the industrial health services.

The earliest recording of industrial nursing was the employment of Phillipa Flowerday by the firm of J & J Colman of Norwich, England (Rogers, 2003: 39).

History reveals that societies have been slow to recognise and act upon the hazardous exposure employees face in the working environment. Although a number of milestones exist throughout history, it is only in modern times that occupational health has become a recognised discipline in the health sciences. As mentioned above, the role of the occupational health nurse is inseparable from the history of occupational health (Acutt & Hattingh, 2003:2).

The development of occupational health services in South Africa is linked to the political and socio-economic climate in the country. With the discovery of gold and diamonds in South Africa in the late nineteenth and twentieth century, many small towns were transformed into industrial centres. Mining activities exposed large numbers of workers to dangers such as Silica dust (Acutt & Hattingh, 2003:6).

The development of occupational health nursing in South Africa dates back to the beginning of the refreshment station and hospital for sailors in the Cape by the Dutch East Indian Company in 1652. During the last century, many hospitals were established, due to industrial-related concerns, with the purpose of caring for ill workers. Many of the mining houses were responsible for these developments because they were making use of immigrant labour and large workforces. The services rendered by these establishments were mainly curative (Acutt & Hattingh, 2003:20).

In South Africa, very little is known about the founder of nurses in the occupational health setting. According to Baker and Coetzee (1983:15) the first industrial nurse in South Africa was a matron Herron-Brown, who was employed by the United Tobacco Company Ltd. in Cape Town in 1923.

It is recorded in a report of the Medical Officer of Health, dating back to 1902, that a female sanitary inspector named Mrs. A. G. Kenyon, a nurse, visited the workrooms of milliners, dressmakers and places where women were employed and gave feedback on the sanitary conditions in these places (Acutt & Hattingh, 2003:20).

2.3 Occupational health nursing today

According to the WHO (World Health Organization) Eighth General Programme for Work, certain goals should be achieved by an occupational health programme to meet the needs of the worker. To achieve the goals, the following factors are crucial to such a programme:

- Data collection on a national level on workers morbidity and working conditions
- To identify the most significant risks and hazards at the workplace.
- The training and education of occupational health personnel, workers and employers; in other words the continual professional development of the occupational health personnel.
- The development of the occupational health centre.

As mentioned above, a successful occupational health programme cannot exist without the training and professional development of occupational health personnel. (Acutt & Hattingh, 2003:14-15).

2.4 The role of occupational health nurses in South Africa

Occupational health nurses have various roles and responsibilities within their profession. These roles and responsibilities require that continual professional development takes place in order to enhance the quality of healthcare. The quality of care could be improved if certain codes of ethics are adhered to. The occupational health nurse is also expected to adhere to the professional code of ethics and practice that emphasises that nurses are responsible and accountable for professional behaviour. The other codes of ethics emphasise that the nurses' primary professional responsibility is to people requiring nursing care; the nurse should determine and implement acceptable standards of clinical nursing practice, management, research and education. The occupational health nurse must maintain a co-operative relationship with co-workers in nursing and other fields. Current legislation should be kept in mind and adhered to at all times.

Serious legal implications are possible if negligence regarding patient care can be proven such as issuing expired medication to the client (Acutt & Hattingh, 2003:226).

In the occupational health setting, the occupational health nurse fulfils the role of the clinician by taking care of emergencies that include injuries on duty, accurate medical surveillance, biological and environmental monitoring (Acutt & Hattingh, 2003:226). These roles and functions are expected in occupational care and should be met without prejudice. If the occupational health nurse is not familiar with updated knowledge regarding clinic skills this could lead to psychological stress in the day to day work situations. A lack of knowledge and the increasing demands such as learning new and ever-changing procedures in nursing could have a direct impact on the psychological needs such as job satisfaction (Krichbaum, Diemert, Jacox, Jone, Koenig, Mueller & Disch, 2007: 86).

The occupational health nurse is also responsible for the development, implementation, evaluation and control of the occupational health programme or system, therefore managing the administration of the occupational health programme. The occupational health nurse as administrator is a goal setter, policy maker, record keeper, report writer, programme evaluator, budget controller and researcher (Acutt & Hattingh, 2003:226). With these administrative skills, the occupational health nurse is enabled to provide quality occupational healthcare. In view of the above, it is also expected from the occupational health nurse to have administrative skills. If the occupational health nurse does not have such skills as an administrator, the need might arise for continual professional development.

The occupational health nurse has various functions to fulfill such as educating individuals and groups. They are also expected to educate both the employer and employee as well as first aiders, health and safety representatives, students and colleagues. As an educator, the occupational health nurse should make sure that the resources used are current and meet the latest updated knowledge criteria (Acutt & Hattingh, 2003:226). With the current knowledge expertise, the occupational health nurse will be able to advise management on all occupational

health-related issues including professional development (Acutt & Hattingh, 2003:226).

The occupational health nurse is also responsible for the counseling of employees with regard to issues such as prevention and management of occupational and non occupational illnesses and injuries, work related stress, productivity, family and interpersonal relationships. The occupational health nurse needs to have specific counseling knowledge and skills such as problem identification as well as the ability to build a trusting and confidential relationship with the employee in order to effectively assist the employee or in some cases the family. In addition the occupational health nurses would like to demonstrate the psychological need by demonstrating a sensitive, caring attitude and a respect for the employee's problem (Rogers, 2003: 60).

2.5 Legislation pertaining to continual professional development in the occupational health setting

According to Jean Baker, an occupational health practitioner just starting in the industry, has to familiarise herself with a host of other Acts not just the Nursing Act, which was the only reference used while working in the hospital setting. Besides Acts such as the Hazardous Substances Act, Labour Act, Occupational Health and Safety Act, the occupational health practitioner should also be familiar with Acts pertaining to the specific industry in which they work and should stay abreast of the changes that occur in these Acts (Baker, 2005:22)

Various legislations support professional development as a function of human resource management. Legislation such as the Constitution of the Republic of South Africa, the Occupational Health and Safety Act no 85 of 1993 and the Nursing Act no 33 of 2005 support the professional development role of the occupational health nurse.

According to Chapter 2 of the Bill of Rights, everyone has the right to basic and further continued education in order to improve their skills (Constitution of the Republic of South Africa, 1996 section 29.1 [b]). Basic education would refer to the introduction to a certain field or skill whereas continued education would refer to specialising in this particular field (Constitution of the Republic of South Africa, 1996 section 29.1 [b]). According to the Bill of Rights (Constitution of the Republic of South Africa, 1996 section 29.1 [b]), the occupational health practitioner has the right to fulfill the need for further education in her field of expertise.

In the Occupational Health and Safety Act no 85 of 1993, the functions of the safety committee, of which the occupational health nurse forms an integral part, are clearly stipulated. One of these functions is to make recommendations to an inspector regarding certain aspects that may affect the safety or health of an employer (Occupational Health and Safety Act no 85 of 1993 section 20 [a]).

The Nursing Act no 33 of 2005 clearly states that continual education should be undertaken to retain registration as a registered nurse. These examples of legislation highlight the importance of continual professional development for the occupational health nurse.

The occupational health profession is built on legislation and refers to the responsibilities and accountabilities of the occupational health nurse. In the ever-changing world of legislation, the occupational health practitioner should stay abreast of all the changes in legislation pertaining to her practice otherwise strict fines and penalties could be issued by an inspector (Occupational Health and Safety Act no 85 of 1993 section 38 [2])

One of the responsibilities of the occupational health nurse is to make recommendations and write reports to the labour inspector regarding internal investigations that influences the health of an employee. Information in these reports should refer to the latest knowledge and references. Therefore, professional development is one of the responsibilities of the occupational health nurses as well as the management thereof.

The Department of Health in South Africa supports continual professional development. It is a priority to strengthen research and development according to the 10-point plan as proposed by the health sector in South Africa 2009–2014 (<http://www.polity.org.za/article/sa-motsoaledi-budget-vote-speech-by-the-health-minister-national-assembly-13042010-2010-04-13>)

2.6 Professional development needs

According to Rogers (2003:493), professional development is described as the continual education of an individual in order to develop to his/her full potential. Professional development programmes must focus on technical and professional development, as well as orientation, preceptorship, mentorship, internship, in-service education, courses, conferences, seminars, journal or book clubs, programmed learning and independent study and refresher courses. The role of managers is to ensure that the goals for the professional development

programme are reviewed annually. It was also recommended that the managers should plan their budgets according to the activities identified (Rogers, 2003: 493–494). Another important role of the managers is to assess whether there are any improvements in professional development in the occupational health service. However, professional development is linked to the retention of personnel, increase in salary, and promotion or termination of service (Rogers, 2003: 493–494). Its quality depends on the skills developed, - attained and - updated.

For occupational health nurses to add value to the company they need to understand the importance of keeping abreast with the latest technologies, new techniques and new procedures. It is also mentioned that problem-solving skills, lateral thinking and clinical judgement is of the utmost importance. Skills such as questioning, to search and to locate more knowledge should be utilised in everyday practice (Jones & Cheek, 2003:123)

Professional development is a process that can be planned and implemented to meet the learning needs of the staff. Lockhart identified steps for developing a unit-based education plan (Lockhart, 2006:258). These steps clarify the process within professional development. During the first step, the learners should be defined and a proper needs assessment should be conducted. The data of the needs assessment should then be analysed. With the development of the education plan, available resources should be utilised and a variety of teaching resources used.

During the implementation phase, staff should be encouraged to give their suggestions and inputs. Without the support from the staff and administration, and not forgetting support to the presenters of the education plan, the implementation phase will not be successful. The evaluation of the education plan forms the last step during the development of the education plan (Lockhart, 2006:258). It shows that the above activities form part of professional development strategies that enhance staff development.

In order for nursing to survive and to flourish especially in occupational health, it needs to be relevant, accountable and maintain its uniqueness while functioning

in a multidisciplinary setting. For nurses to remain relevant they need to be viewed as essential individuals to the healthcare environment. To maintain relevance, nurses need to be updated regarding the latest development. This becomes a lifelong learning process in order to update their knowledge and skills in an ever-changing healthcare environment. With the present state of healthcare services and limited financial resources, there is an increasing demand for improved health services and greater client satisfaction while still being cost effective. Thus the reason that more pressure is placed on the accountability of the nurse. The uniqueness of nurses working in a multidisciplinary team can be achieved if the individual has a clear understanding of who they are and what they stand for. Therefore, the nursing profession should also have a competent, innovative, global impact and strive for excellence in order to stay unchallenged (Gottlieb & Gottlieb, 1998: 1099).

Occupational health, similar to industrial relations, does not stay constant. The occupational health practitioner should stay abreast with nursing science and medical technology by regularly reading the latest medical magazines and reports and attending seminars, conferences and meetings. The practicability of introducing science and technology in order to improve the occupational health programme should be assessed (Baker, 2005:23).

With the changes in the new healthcare environment, nurses must be widely read and educated in order to become critical thinkers. Educated and knowledgeable nurses sense what is needed and with the implementation of their knowledge, they can lead to better quality of nursing care for the client as well as the family. This will in effect add to an improved socio-economic environment for communities (Gottlieb & Gottlieb, 1998:1101–1104).

As mentioned by Ryan (2003:505), continuous professional development is a fundamental component of lifelong learning. Continual professional development is dependent on the individuals personal or work circumstances that have changed. These circumstances could affect the ability to consider continual professional development. The type of CPD depends on the individual's personal and professional goals, the employer's vision and the direct manager's needs. To seek for continual professional development it should be driven internally by the

individual and externally by the working environment or colleagues. The individual should strive to continually improve their knowledge and skills and the working environment should motivate the individual to improve professionally by setting up regular skills development plans (Ryan, 2003:505).

Continual professional development in the medical field faces a huge challenge (Bennett, Davis & Easterling, 2000:1168). Various factors influence professional development. These include the educator's commitment to change, different learning styles, transformational leadership, personal factors, and external and internal conditions of the educational institutions. The educator's commitment to change is influenced by personal goals, capacity beliefs such as self-confidence, context beliefs such as funds provided to implement changes in the classroom and emotional arousal processes. By identifying the individual's learning styles prior to learning taking place, the individual becomes more motivated and utilises what she/he has learned particularly on leadership such as transformational leadership for development (Steyn, 2004:218–219).

Transformational leadership is one of the leadership styles that shape professional development. It is aimed towards professional development that is meaningful while taking the organisational goals into account. The aim of transformational leadership is to make all events meaningful by offering intellectual stimulation, creating high performance expectations and strengthening the educational institutions culture. Various internal conditions of the educational institution may influence professional development. The culture, structure and size of the educational institution, as well as regular professional development programmes and individual follow up by means of observation and feedback are conditions relevant to professional development. External conditions for educational institutions also have an impact on how the institution functions and have the potential to influence professional development. Conditions such as those set out in policies and programmes which include, resources, funding and control must be considered to ensure that the educational institution is able to meet the professional development needs of the external environment. These needs are, therefore, important in influencing the satisfaction of the occupational health nurse (Steyn, 2004:218–219).

Organizational goals are factors that can also influence the growth of continuing medical education. To balance organizational goals with individual physician's goals, demands an understanding of the complex roles of organizations. In most instances the organizational goals receive priority. This directly influences professional development of the individual in the long term. (Bennett, Davis & Easterling, 2000: 1168).

Although the professional development process has been carefully planned and implemented, specific strategies have to be considered once the organisation is established. To establish a learning organisation, various aspects should be identified and described. These include the learning culture, availability of resources and commitment within the organisation should be identified. (Ridge, 2005: 30).

Various strategies could be utilized to develop staff in order to prepare them for national and international placement. These strategies involve orientation, competency assessment, in-service education or continual education, clinical ladder or recognition programmes, preceptorship, clinical nurse specialists, scholarships and tuition reimbursement can be utilized to develop staff (Ridge, 2005:31). It is therefore necessary to investigate professional development needs of the Occupational health nurse.

2.7 The barriers that influence professional development

To determine the professional development needs of the occupational health nurse it is important to identify the barriers that can influence the educational needs. Barriers can directly influence the professional development needs of the occupational health nurse. Barriers that can affect a nurse's professional development can be a lack of time to attend external meetings in their field of expertise, conflict with management, the availability of educational institutions and regular contact with experts in the field of occupational health.

According to the budget vote speech by the South African health minister, Dr. Aaron Motsoaledi, the challenges currently facing the South African health sector

and influencing as well as placing an extra burden on the occupational health setting include:

- A decline in the life expectancy of South African citizens.
- Very high maternal mortality and child mortality rates.
- Diseases such as HIV, Aids and TB putting an extra burden on the health sector.
- A focus on curative health systems instead of disease prevention and health promotion.
- An ineffective health system leading to poor quality of health services. (<http://www.polity.org.za/article/sa-motsoaledi-budget-vote-speech-by-the-health-minister-national-assembly-13042010-2010-04-13>)

The occupational health practitioner might find themselves in a situation where more time must be spent in the occupational health setting in order to focus on the challenges previously explained. This could lead to less time spent in tertiary institutions improving on their professional development.

Studies have shown that there are barriers that influence professional development in the educational profession in South Africa. One of the barriers mentioned is conflict experienced not just at an individual and interpersonal level but also at a level of conflicting philosophy and the availability of resources. Conflict is seen and experienced within interpersonal relationships with other health professionals and medical practitioners. In some organisations, the occupational health nurse may report to a medical practitioner, whose opinion regarding the need for professional development may differ. Such a conflict both directly and indirectly influences the occupational health nurse's professional development (Jones & Cheek, 2003:124).

According to Everton (2008:41), conflict and the lack of contact and communication between the occupational health centre, the primary community healthcare services and employers can directly influence the health and well being of workers. To bridge the gap in communication an occupational health practitioner that renders a good-quality occupational health service is vital. By staying updated with the latest legislative changes, nursing science and technology, the occupational health nurse can prevent future claims against the

employer and prevent injuries and illnesses due to occupational health exposure to the workforce. This once again emphasises the importance of professional development in the occupational health setting.

Professional development is directly influenced not only through conflict, but also through the educator's commitment to change. To capture the interest of the adult learner, innovative ways of communicating information and knowledge should be applied. A constant change of educational programmes should take place. Other factors such as personal goals, capacity beliefs, contexts beliefs and the emotional arousal of the educator contribute to activating action or maintaining action with regard to professional development (Steyn, 2004:218–219).

Different learning styles are also influenced by factors such as the environment in which learning takes place and directly impact on the continual professional development of nurses. The venue should first of all be comfortable and suitably equipped. Learners also prefer to take ownership with regard to their own learning. If the necessary resources and funding are not available, the process of professional development becomes very difficult (Steyn, 2004:218–219).

Factors that can influence professional development include the educational institution's culture, structure, size, regular professional development programmes and regular feedback sessions from educators. The institution's culture should be one of warm human relations that support students professionally. If the structure of the educational institution is of such a nature that the educators can take part in decision making, the educators will feel empowered to make changes to improve the development of their students. In large educational institutions, the educators seem to be less involved in professional development activities (Steyn, 2004:218–219).

The relationship between the employment organisation and the individuals has changed in recent years. Previously, organisations did not focus on long-term goals but rather on the short- or medium-term goals. Therefore, the attitude towards continual professional development was based on organisational objectives that focus only on medium- and short-term goals, instead of the

individual's objectives. This influences career planning and professional development (Mashile, 2002:178).

Various other roles such as being parents, spouses, community members and employee that adult learners take on, influence their learning experience. The responsibilities of the adult can therefore influence the professional development needs (Scholtz, 2005:14). When activities for continual professional development are organised, the adult learners input should be taken into account when designing attractive events to ensure high attendance. Not all adult learners have access to child-caring facilities, thus the attendance of continual educational programmes is affected (Scholtz, 2005:14-15). Geber (2000:12) notes that when re-entering the professional environment, women who did not take breaks, used their annual personal leave as maternity leave or who took a short maternity leave period of three months or less adapted much better in their careers.

Nurses experience many challenges in the occupational health setting. These involve a lack of time, resources and staff to provide a quality service. They felt that they were chasing time constantly. Jones and Cheek (2003:125) mention that when working in isolation, a certain degree of flexibility is needed and is also very important in developing new skills to be utilised. In some occupational health facilities you are isolated because you work alone and other healthcare professionals can only be reached telephonically. Networking with other professionals, by attending meetings is impossible in such circumstances. A survey by the Royal College of Nursing (Everton, 2008: 41) on working in isolation emphasises the threat of violence that some of the occupation health practitioners have experienced. For occupational health practitioners working alone, and sometimes without direct supervision, can lead to increased stress in the workplace.

Bond mentioned that all nurses are under stress regardless of a specialist field or level. During organisational changes, financial cut backs and retrenchments, nurses continue with patient care and wellness training and sometimes even manage to do research, often at a great personal loss. In the recent economic climate in South Africa, many nurses had to work with the underlying threat of

losing their jobs. Nurses continue to care, but little care exists for the carers (Bond, 1986:vii). A study exploring the value of nurses' dignity clearly indicates that the patient's dignity received privilege above nurses' dignity leading to a self-sacrifice by nurses (Lawless & Moss, 2007:235).

According to Bond, stress can be defined as the experience of unpleasant situations and over or under stimulation that can lead to ill health (Bond, 1986:1). Stress can affect the way you think and have a direct impact on the motivation behind continual professional development. The following are examples of how stress can influence your thoughts: thoughts are blocked, a lack of concentration, suppression of feelings, doubting oneself, forgetfulness, tunnel vision and difficulties in decision making (Bond, 1986:5). When thought processes are influenced in such a manner, the occupational health practitioner is seen to withdraw herself from society or reject people which influence her networking skills within a multidisciplinary team (Bond, 1986:5).

The difficulty to network with other professionals is not the only barrier that can influence professional development. Budget constraints can also contribute to the problem. Sufficient funds are needed for professional development that involves appropriate assessment, intervention and evaluation to meet the challenges regarding nursing shortages, workforce environment, staffing and the quality of care (Ridge, 2005:28).

According to a study conducted in small enterprises in Southern Taiwan, the workforce environment had a direct influence on fatigue. Chronic fatigue was found in nurses in small business environments with long working hours and high pressure (Wang, Chiu, Tu, Chou & Chuang, 2009: 824).

According to the ILO's hazardous datasheet on the occupational health nurse, one of the dangers of the job is stress and burnout caused by shift and night work and dealing with traumatic cases of victims involved in occupational accidents. Social support is one of the potential buffers for stress. Social support can appear in the form of emotional processing (talking to someone about the problem) and instrumental assistance (family support with everyday tasks). Another method to manage the psychosocial impact that the job has on the

occupational health practitioner is that debriefing sessions with other professionals should be scheduled on a regular basis through meetings to prevent diseases such as post traumatic stress syndrome (McNeely, 2005:293). A diagnosis of illnesses such as burnout and post-traumatic stress syndrome could have a negative impact on the occupational health practitioner's career and negatively impact on continual professional development.

Rendering a good-quality occupational health service linked to continual improvement is not always easy, especially when health and safety concerns are not at the top of business priorities list (Everton, 2008:41).

Regardless of the challenges facing nurses globally, nurses need to be flexible and adapt to dealing with the changing environment, people and politics on a daily basis. Continual professional development programmes should be adapted according to the changes experienced in the clinical field on a regular basis as this could influence the professional development of nurses. (Jones & Cheek, 2003:122).

Nurses will face challenges in the future on how to be innovative and proactive in an environment of shrinking resources and autocratic structures. It is, however, important for nurses to make sure that they address the needs for professional development, and to implement strategies that will assist in professional development (Jones & Cheek, 2003:127).

A variety of methods and strategies that support professional development have previously been identified. These methods are distance and open learning, including assisted learning, problem-oriented approaches to learning, structured reading, authorship of technical papers, membership of a professional organisation, developmental learning as well as informal learning (Mashile, 2002:176). These methods and strategies are to assist the occupational health practitioner in professional development.

Although a variety of methods to improve strategies in professional development exist, creating a professional portfolio enables the occupational health practitioner to keep track of professional development as well as achievements in

one's career (Kruger, 2008:20). Setting up the professional portfolio could assist the occupational health practitioner to determine personal goals and achievements in terms of professional development in the occupational health setting.

2.8 The support of the occupational health nurse

Historically, the nursing profession has not been very powerful in dealing with issues that directly affect the healthcare of nurses and the profession. As a result, nursing has been reactive when it comes to addressing proposed legislation for instance (Huston, 2010:321).

To grow the nursing profession into a powerful profession, mentoring new occupational health nurses is most important (Huston, 2010:332). SASOHN as a national body supports the occupational health nurse through regular communication detailing updated courses, networking with tertiary institutions, legislative changes, professional indemnity and bursaries for students studying in the occupational health field. These are just some of the supportive activities available for occupational health nurses belonging to SASOHN.

SANC, another national body, also supports the professional development of the occupational health nurse by continually improving the structure of current occupational health courses. In the past, a six-month qualification could be obtained from tertiary institutions. Currently for SANC to recognise an occupational health qualification, a 1 year Diploma in Occupational Health or a 2 year BTech Occupational Health degree can be obtained.

The goals of continuing education programmes should focus on keeping nurses up to date regarding new developments and making continual education programmes available to nurses in a specific area and thus supporting the profession (Keogh, 1997:307). These specific areas should include areas that do not have easy access to educational programmes or material.

2.9 Conclusion

Previous studies have shown that professional development is of the utmost importance for the nursing profession to survive. According to the WHO Eight General Programme for Work, the training and education of occupational health personnel is one of the goals that should be achieved in order to meet the needs of the worker.

The professional codes of ethics emphasise the importance of research and education as well as a sustenance relationships with co-workers in nursing and other fields. The role of the occupational health nurse is to ensure that her knowledge is updated with the latest criteria and resources in order to advice the multi-disciplinary team on any occupational health-related issues. It is legislated that the occupational health nurse has the right to basic and further continued education in order to improve his/her skills.

Some of the professional development needs previously identified in literature are problem-solving skills, lateral thinking and clinical judgement. Conflict between individuals can influence professional development. The conflict can be caused by factors such as differences with regard to personal goals. Psychosocial factors such as parenthood influence professional development due to lack of time available to develop oneself professionally.

Although a few factors influencing professional development have been indentified in previous studies, this study has researched what the specific needs are for professional development in the complex occupational Health environment.

Chapter 3

Research design and methodology

3.1 Introduction

A quantitative methodology was used in this study. "A quantitative research design is a formal, objective, systematic process in which numerical data are used to obtain information about the world" (Burns & Grove, 2001:26). In this study, systematic processes and procedures were used. For the purpose of this study the occupational health setting was assessed.

3.2 Research design

A non-experimental, descriptive survey was conducted to collect data from occupational health practitioners in the business world with experience of at least one year. "Descriptive research provides an accurate portrayal or account of characteristics of a particular individual, situation or group and is a way of (1) discovering new meaning, (2) describing what exists, (3) determining the frequency with which something occurs and (4) categorising information" (Burns & Grove, 2001:30).

3.3 Population

"Population is all the elements (individuals, objects, events, or substances) that meet the sample criteria for inclusion in a study" (Burns & Grove, 2001:806). The population consisted of 568 individuals, registered with South African Society of Occupational Health Nursing Practitioners (SASOHN), randomly selected from the following four SASOHN regions membership lists: Eastern Cape, Vaal, Gauteng and Mpumalanga. Two of these regions are large regions, one with access to tertiary institutions and the other one without access to tertiary institutions. The other two regions are smaller regions, one with and one without access to tertiary institutions. The data received was used to determine if the

access to tertiary institutions has an impact on the professional development needs of the occupational health practitioner.

The criteria for the individuals taking part in the study were:

- An occupational health qualification must be held by the individual taking part in the research.
- The individual must be a member of SASOHN (South African Society of Occupational Health Nursing Practitioners). They should belong to the Eastern Cape, Vaal, Gauteng or Mpumalanga regions of SASOHN in South Africa.
- Current employment in an occupational health setting.
- At least one year experience in an occupational health setting.

3.4 Sampling

“Sampling is the process of selecting a portion of the population to represent the entire population. A sample, then, is a subset of the population” (Polit, Beck & Hungler, 2001:234). Probability systematic sampling was used to select the participants from the population. This ensured that each participant chosen had an equal, independent chance of being selected (Polit, Beck & Hungler, 2001:240). Systematic sampling is the selection of every k th individual from a group (Polit, Beck & Hungler, 2001:243). Systematic sampling of the participants was as follows: Every third individual was selected randomly from the regional membership list.

The regional membership lists was obtained from the SASOHN national office. The four SASOHN regions used in this study were the Eastern Cape, Vaal, Gauteng and Mpumalanga regions. These regions were purposely selected because Gauteng and Eastern Cape are large regions, with Gauteng having access to tertiary institutions specialising in occupational health and the Eastern Cape without easy access to tertiary institutions specialising in occupational health. Vaal and Mpumalanga are smaller regions; the Vaal region has easier access to tertiary institutions that specialize in Occupational health and Mpumalanga is without easy access to tertiary institutions specialising in occupational health. A total of 189 individuals were included in the study.

The total number of participants systematically, randomly selected per region is summarised in Table 3.1 below.

Table 3.1: The total number of participants systematically sampled per region

Regions	Population size	Number of questionnaires distributed	Total number of questionnaires received from participants
Mpumalanga	87	29	11
Vaal	79	26	20
Eastern Cape	86	29	13
Gauteng	316	105	47
Total	568	189	91

3.5 Research instrument

A structured questionnaire was used. "A questionnaire is a printed self-report form designed to elicit information that can be obtained through the written responses of the subjects" (Burns & Grove, 2001:426). As the sample was geographically dispersed, the use of a questionnaire saved costs and time in collecting information. Being quite a large sample, it was, therefore, more cost effective to use a questionnaire rather than face-to-face interviews. It was also much easier to analyse questionnaires especially with a sample size of 120 questionnaires. Questionnaires are familiar to people and they generally do not make people apprehensive. Questionnaires also reduce bias. The researcher's own opinions did not influence the respondent to answer questions in a certain manner. Questionnaires are less intrusive than telephone or face-to-face surveys. When a respondent receives a questionnaire, they are free to complete the questionnaire regardless of constraints.

3.5.1 Development of the questionnaire

In the development of the questionnaire, the information needed for the study was identified (Burns & Grove, 2001:427). All the questions needed to gather all the important information for the study were included. The questionnaire was brief, including only those questions that were absolutely necessary, keeping in mind that no information that is key to the study should be lacking (de Vos, 2004: 175). The outline of the instrument content was then designed. An in-depth literature study was conducted to match questions or items in questionnaires that matched the outline of the instrument (Burns & Grove, 2001:427).

The different types of questions used were open-ended and closed-ended questions. The open-ended questions allowed the participants to answer the questions in their own words. The types of closed-ended questions used were dichotomous questions (Yes/No), multiple choice questions, "Cafeteria" questions (statements that best suites the participants' view), rank order questions (list of items to choose from) and rating questions (participant can choose from a scale) (Polit, Beck & Hungler, 2001:267-268).

The following basic steps to formulate the individual questions were applied: sentences were brief and clear; the response options did not reflect any bias; each question contained only one thought and it was relevant to the study (de Vos, 2004:175). The terminology used in the question was carefully selected to avoid confusion (Martin, 2006:3). During the construction of each question no assumptions were made (Martin, 2006:5). All questions drafted had a lead in part and a response set. The lead in part of the questions was evaluated individually to exclude problems such as vague meaning of language and leading questions. All the questions had a response category. Clear instructions were given to the subject on how to respond (Burns & Grove, 2001:427). The order of the questions could influence the response of the questions. Each question was evaluated according to semantics and feelings brought forward while answering the questions (Martin, 2006:5).

3.5.2 Sections used to guide data collection

The questions were grouped according to the specific sections and research objectives (Burns & Grove, 2001:427). The sections are outlined as follows:

1. Section A: Gathered the demographic data.
2. Section B: Gathered information regarding the educational needs of the occupational health nurse relating to professional development programmes.
3. Section C: Focused on the psychosocial needs of the occupational health nurse.
4. Section D: Focused on the factors that might influence professional development in the occupational health setting.
5. Section E: Determined the supportive needs of the occupational health nurse relating to professional development programmes.

The questionnaire consisted of 22 open-ended questions and 79 closed-ended questions. Dichotomous, multiple choice, rank order as well as rating questions were used.

3.6 Data collection

“Data collection is the process of selecting subjects and gathering data from these subjects” (Burns & Grove, 2001:460). The structured questionnaire was used and distributed to the respondents via postage and e-mail. The questionnaire was accompanied by a covering letter explaining the title, the purpose of the study, the rights of the participant during the study, the risks and benefits of the study, the researcher and the institutions contact details, the return address for the completed questionnaire and the time it will take to complete the questionnaire was designed. The return address for the completed questionnaire was included in the questionnaire, the covering letter and on the enclosed envelope (Burns & Grove, 2001:428).

The participants were asked to complete the questionnaire and to return the questionnaire to the researcher within two weeks after receiving the

questionnaire. Follow-up requests were forwarded to the individuals to ensure the return of the completed questionnaires (de Vos, 2004: 177).

The questionnaire was divided into 5 sections as previously discussed. The questionnaires will require 30 minutes to an hour to complete.

3.7 Reliability and validity

“The reliability of a measure denotes the consistency of measures obtained in the use of a particular instrument and is an indication of the extent of random error in the measurement method” (Burns & Grove, 2001:395). In this study reliability was achieved by ensuring that results are consistent and that an accurate representation of the total population under study is referred to. The measurements will be of such a nature that it remains the same and is stable over time (Golafshani, 2003:597-607).

“The validity of an instrument is a determination of the extent to which the instrument actually reflects the abstract constructs being examined” (Burns & Grove, 2001:399). In the assessment of the validity of the questionnaire the content and face validity aspects are important. Internal and external validity was assessed.

“Content validity is concerned with adequacy of coverage of the content area being measured” (Polit, Beck & Hungler, 2001:309). The questionnaire was checked by the researcher, supervisor, co-supervisor and the statistician for acceptance. Any ambiguous questions were checked and corrected.

Face validity gives the appearance of measuring the research objectives. Each question used in the instrument was evaluated to determine if the instrument is measuring what it is suppose to measure, keeping the research objectives in mind.

The internal validity was considered by randomly selecting candidates to take part in the study, therefore ruling out any bias that might exist between groups. (Polit, Beck & Hungler, 2001:193).

"External validity is the degree to which the results can be generalised to settings other than the ones studied" (Polit, Beck & Hungler, 2001:461). The results will be utilised in the occupational health environment in general to identify the professional development needs of the occupational health nurse.

3.8 Data analysis

After the data was collected, it had to be systematically analysed in order to detect trends and patterns of relationship (Polit, Beck & Hungler, 2001:329).

The total number of completed questionnaires received was 91. The response percentage was 48%. The total number of completed questionnaires received per region is summarised in Table 3.2. In a remuneration survey conducted on SASOHN members the response rate was only 17.7% (Michell, 2008: 19).

Table 3.2: Total number of completed questionnaires received per region

Regions	Number of questionnaires distributed	Completed questionnaires received
Mpumalanga	29	11
Vaal	26	20
Eastern Cape	29	13
Gauteng	105	47
Total	189	91

All completed closed-ended question responses were coded. All the different responses of each open-ended question were coded. The data was then captured using Excel by a qualified statistician in the statistics department at the University of Pretoria. SAS version 9.2 programme was utilised to run the preliminary descriptive statistics and frequencies.

The 4 levels of measurement, namely nominal measurement, ordinal measurement, interval measurement and ratio measurement were consulted. For the statistical analysis of the data received, only nominal and ordinal measurements were used.

Nominal measurement, which is the lowest level, uses numbers to categorise characteristics such as gender. Ordinal measurement takes specific objects and ranks them according to specific attributes for example strongly agree to strongly disagree. The statistics department at the University Pretoria produced the results in a statistical format.

Descriptive statistics were also used to describe and combine the data collected that would simplify the task of interpreting and communicating the numerical information (Polit, Beck & Hungler, 2001: 331).

The following graphic presentations were used to illustrate the data collected: histograms, pie-charts and bar graphs. The advantages of using graphic presentation are that they are visually effective and they simplify the task of interpreting the data (de Vos, 2004: 230).

3.9 Conclusion

A quantitative research design that was non-experimental and descriptive was used in this study. The population used was occupational health nurses registered with the South African Society of Occupational Health Nursing Practitioners (SASOHN), and randomly selected from four SASOHN regions membership lists. Probability sampling was used to select the participants from the population. Systematic sampling was used for further selection of the participants.

A structured questionnaire was used that consisted of open-ended and closed-ended questions. A structured questionnaire was used and distributed to the

respondents via postage and e-mail. The total number of completed questionnaires received was 91. The response percentage was 48%.

Chapter 4

Results: Presentation and discussion

4.1 Introduction

In this chapter, the sample used and the results of the data received will be discussed. A SAS version 9.2 programme was utilised to run the preliminary descriptive statistics and frequencies. This chapter answers the objectives of the study.

4.2 Objectives

The objectives were to identify the educational needs of the occupational health nurse as they relate to professional development programmes and to determine the psychosocial needs of the occupational health nurse. This study also determined the barriers that influence professional development and the support that occupational health nurses need in relation to professional development programmes.

4.3 Research design

A non-experimental, descriptive survey was conducted to collect data from occupational health practitioners, with at least one year experience in the business world.

4.4 Population and sample

The population consisted of occupational health nurses who are members of the following SASOHN regions: Vaal, Mpumalanga, Gauteng and the Eastern Cape. A total of a 189 individuals were included in the study.

4.5 The process of data analysis

A total number of 189 questionnaires were distributed. A total number of 91 completed questionnaires were received. All 91 questionnaires were checked for coding in accordance with the specific criteria of the Department of Statistics from of the University of Pretoria. All the questionnaires were forwarded to the statistics department for data capturing. The data files were received from the statistician and checked for any mistakes. Mistakes were corrected on the data files. A second quality check took place to rule out any mistakes on the data files. Analyses of the frequencies and combined responses for the open-ended questions were then analysed and reported on.

Data from the following sections was captured and analysed:

1. Section A: Demographic data.
2. Section B: The educational needs of the occupational health nurse related to professional development programmes.
3. Section C: Psychosocial needs of the occupational health nurse.
4. Section D: Factors that might influence professional development in the occupational health setting.
5. Section E: Supportive needs of the occupational health nurse related to professional development programmes.

4.6 Section A: Demographic data

This section displays important information of this study.

Question 1: Age distribution of occupational health nurses

The age statistics were obtained from the work-related environment and other libraries. The data received regarding the age distribution of the participating occupational health nurses in the study, are summarised in Figure 4.1. As depicted in Figure 4.1, the occupational health nurses ranged between the ages of 30 and 69. Forty five percent (45%) of the respondents were between the ages of 40 and 49 whereas 29% of respondents were between the ages 50 and

59. Twelve percent (12%) of respondents were between the ages of 30 and 39. It shows that the majority of respondents are older than 40 and the company may find it very difficult to invest in this group for staff development.

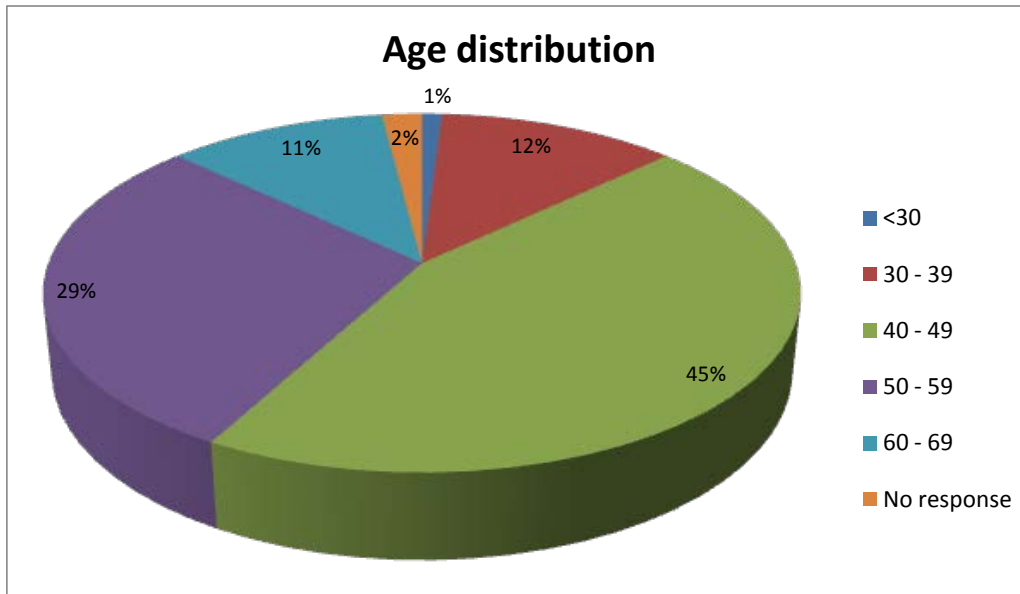


Figure 4.1: Age distribution of occupational health nurses.

The data received correlates well with the age distribution of registered nurses in South Africa according to the South African Nursing Council. Their statistics indicate that 32% of the registered nurses/midwives are aged between 40-49 and 28% of the registered nurses/midwives are between the ages of 50 and 59 (SANC 2009).

Egardahl's conducted a study on the economic job factors affecting nurse emigration from South Africa and the mean age of the sample conducted on professional nurses was 42.4 years (Egardahl, 2009:45). One of the main differences in the economic working conditions between South Africa and countries such as the UK, the US and Australia was the higher salary earned (Egardahl, 2009: 61).

According to Figure 4.1, most of the respondents were between the ages of 40 and 49. Senior nurses might not be receiving the necessary training for safe

practice and they are not as likely to undergo mandatory training to update their skills (Drey, Gould & Allan, 2009:744). This is a critical age for planning for retirement; a higher income can play a more important role than the planning of continual professional development.

Question 2: Gender of the participants

The gender results were obtained from the occupational health environment and other libraries. Figure 4.2 provides a summary of the gender of the occupational health nurses taking part in the study. The majority of the occupational health nurses taking part in the study were female. As seen in Figure 4.2, female respondents made up 93% of the study and the remaining 7% were male. In a study conducted by Egardahl where the job factors affecting the migration of nurses were investigated, 86% of the professional nurses were female and 14% were male (Egardahl, 2009:38). It is, therefore, evident that in this study and previous studies that the nursing profession is still predominantly female.

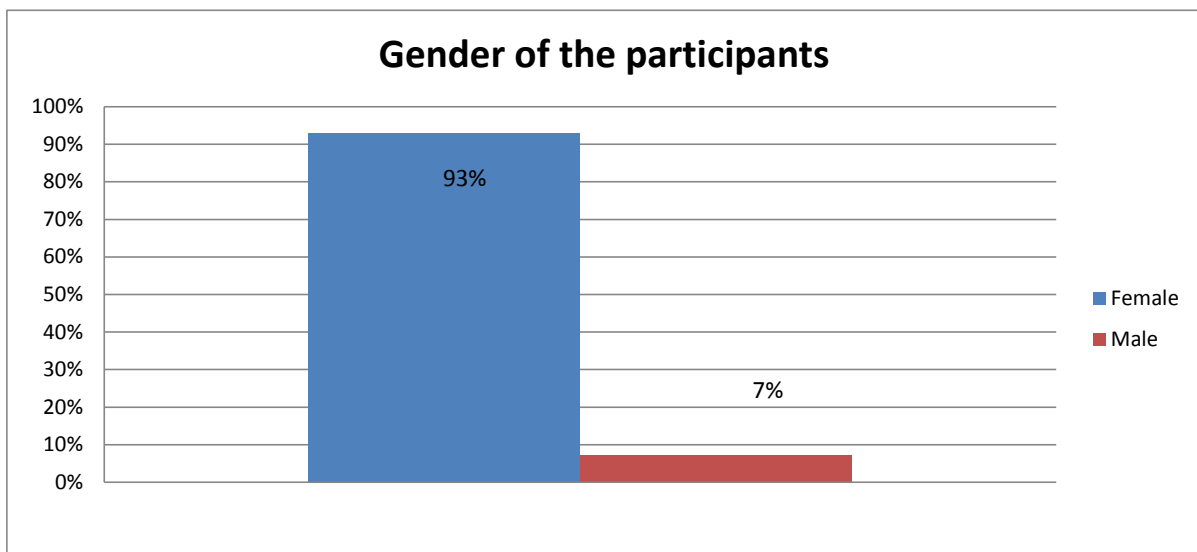


Figure 4.2: Gender of the participants

According to the South African Nursing Council's geographical distribution of the population of South Africa versus the Nursing Manpower, 93% of registered nurses are female and 7 % are male (SANC 2009).

Although the percentage of male nurses is minimal, the general public's perception of nursing should be that of a highly-skilled and well-educated workforce and that stereotyping should not take place (Jinks & Bradley, 2004:126). In order to remain a highly-skilled and well-educated workforce continual professional development is imperative and it has become increasingly important to accurately identify the educational needs of nurses in general (Halcomb, Meadley & Streeter, 2009:207).

As seen in this study where the occupational health nurses were predominantly female, it could be more of a challenge to attend professional development programmes due to family responsibilities.

Question 3: South African citizenship of participants

The respondents were asked to indicate if they are South African citizens. This study specifically focused on South African occupational health nurses and their needs in terms of professional development.

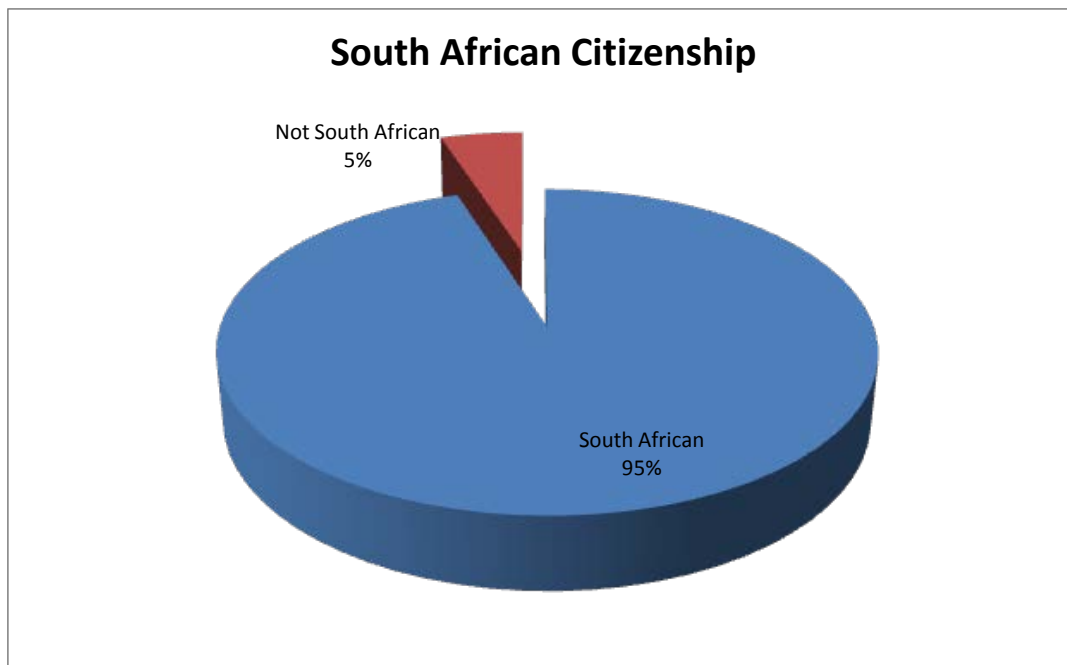


Figure 4.3: South African citizenship of participants

Ninety five percent (95%) of the participants were South African citizens and 5% indicated that they do not have South African citizenship as depicted in Figure 4.3. It can therefore be concluded that the majority of the study participants were South African citizens and that the findings of the study could reflect the educational needs of the general occupational health nursing community of South Africa.

The occupational health practitioner in South Africa plays a leading role in the delivery of primary healthcare to the workforce and faces unique obstacles regarding delivering healthcare services. According to Kautzky and Tollman (2011:17) there are a few obstacles preventing the full implementation of primary healthcare in South Africa. These obstacles include the HIV/AIDS pandemic; shortages of healthcare workers and an unfair distribution of resources; lack of political, public sector and medical/health leadership; and a complex prolonged health transitional process. It is evident that healthcare delivery in South Africa is faced with unique obstacles when compared to other countries. The focus of the study on South African occupational health nurses and the impact of the unique healthcare delivery in South Africa on the professional development were investigated. The obstacles identified are barriers to continual professional development in the occupational health setting.

The shortage of nurses and midwives in South Africa is highlighted in the World Health Organization's 2011 statistics report. According to the World Health Organization, a total number of 184 459 nurses are registered in South Africa and for every 10 000 people 40.8 nurses are available to render a service (World Health Statistics 2011:122). From this it is evident that there is a severe burden on the nurses to deliver a quality service to such a large number of clients and this could influence their professional development in the future.

Question 4: Respondents with dependants

The respondents were asked to indicate their number of dependants based on the following categories: pre-school children, primary school children, older children, high school children and adult relatives.

Table 4.1: Total number of dependants in the respondent group.

DEPENDANTS	TOTAL NUMBER OF RESPONDENTS WITH DEPENDANTS	DISTRIBUTION OF DEPENDANTS	TOTAL NUMBER OF RESPONDENTS WITH NO DEPENDANTS
Older children	43	<ul style="list-style-type: none"> • 24 respondents had 1 dependant; • 14 respondents had 2 dependants; • the rest of the respondents had 3 or 4 dependants 	48
High school	31	<ul style="list-style-type: none"> • 28 respondents had 1 dependant; • the rest of the respondents had 2 or 3 dependants 	60
Adult relatives	29	<ul style="list-style-type: none"> • 15 respondents had 1 dependant; • 8 respondents had 2 dependants; • the rest of the respondents had between 3 and 10 dependants 	62
Primary school	23	<ul style="list-style-type: none"> • 17 respondents had 1 dependant; • 6 respondents had 2 dependants) 	68
Pre-school	8	<ul style="list-style-type: none"> • 7 respondents had 1 dependant; • 1 respondents had 2 dependants; • the rest of the respondents had 3 or 4 dependants) 	83

According to Table 4.1, 43% of the respondents have dependants in the older children category whereas 31% of the respondents have dependants who fall in the category of high school children. In the adult relatives' category, 29% of the respondents had dependants, with primary school dependants making up 23% of the respondents and the pre-school dependants were only 8%. In this study, the respondents with the highest number of dependants were in the older children category.

Looking after dependants can lead to reduced spare time, difficulties at work that can increase stress and time constraints that can be very stressful (López, López-Arrieta & Crespo, 2005:91). Looking after dependant relatives can therefore influence time available for professional development.

When looking after one's toddlers and primary school children, one's professional life and professional development could be neglected because of the role as a mother. When such dependents enter their late teens and become more independent, it becomes easier for one to shift one's focus toward work due to the individualisation process of the child and mother (Curtis-Boles, 2009:215). In this study, the highest number of dependants falls in the older children category which could make it easier to focus on work and professional development.

Question 5: Marital status

The respondents in the study were asked to indicate their marital status. The marital status of respondents is summarised in Figure 4.4.

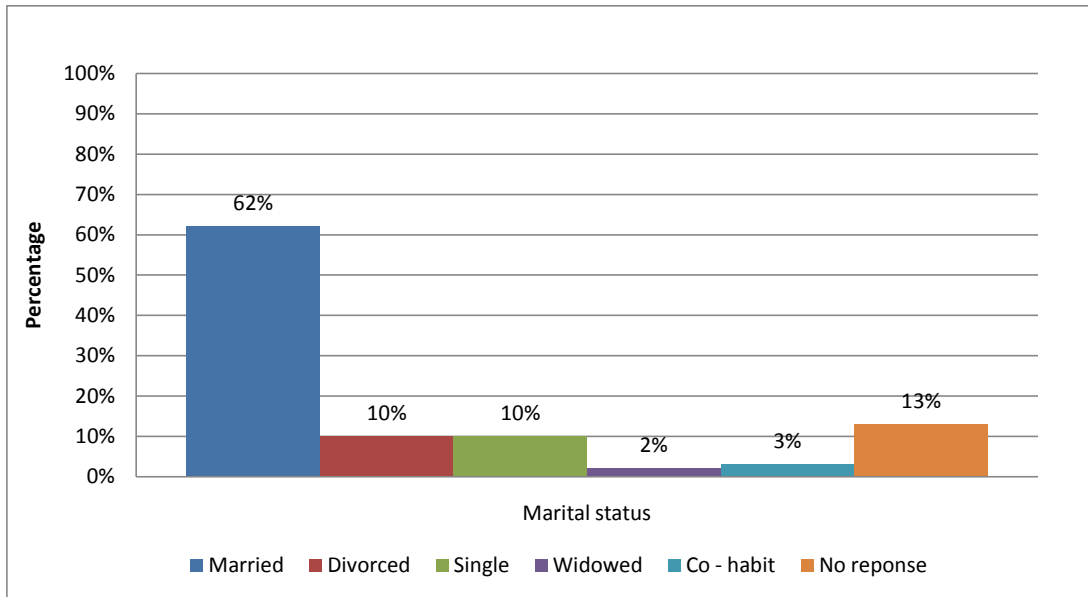


Figure 4.4: Marital status

Figure 4.4 shows that the majority of the respondents (62%) are married. The rest of the results indicated that 10% of respondents were divorced, 10% were single, 3% widowed and only 2% of respondents were co-habiting.

There is a positive correlation between job stress and work-family conflict in dual earner families. Increases in work-family conflict increases job stress in individuals and could have a significant impact on professional development (Mujumdar, 2009:250). On the other hand, according to Richards (2007:83), family responsibilities were not identified as one of the barriers that influence professional development. This study identified ill health, work pressure and course-related issues as barriers.

In another study conducted by Ifeagwazi (2005-2006:370), widowed nurses showed more stress and burnout symptoms in their work than their married counterparts. The widowed nurses lacked the intimate and supportive relationship of marriage (Ifeagwazi, 2005-2006:368). It can therefore be concluded that marital status as a single factor, does not influence professional

development but the psychosocial impact of family life and marriage have an influence on professional development.

Question 6: Post matric qualifications of respondents

The respondents were asked to indicate their post matric qualifications to determine whether academic development in the occupational health environment has been taking place. Most of the participants held a nursing diploma.

Table 4.2: Post basic matric qualifications

POST MATRIC QUALIFICATIONS	TOTAL NO OF RESPONDENTS	PERCENTAGE OF RESPONDENTS
Nursing diploma	71	78%
Certificate in Occupational Health	42	46%
Diploma in Occupational Health	29	32%
Nursing degree	28	31%
Degree in Occupational Health	15	16%
Diploma in Nursing Management (Administration)	6	7%
Certificate in Audiometry	5	5%
Diploma/certificate in Primary Health Care	5	5%
Community health	5	5%
Certificate in Spirometry	4	4%
Midwifery	4	4%
Master's degree in Nursing	3	3%

Table 4.2 shows that a significant number of respondents (78%) held a nursing diploma qualification with 42% of the respondents with a certificate in occupational health. The diploma in occupational health was held by 29% of the respondents in comparison to the 15% of respondents who hold a degree in occupational health qualification. Only 3% of the respondents have a Master's

degree in nursing which was indicated as the highest qualification amongst all respondents. It is evident from the above data that the majority of the respondents have a nursing diploma qualification.

A main concern was the low response rate of a Master's degree in nursing which was indicated as the highest qualification. This was identified as an educational need that has to be developed in future professional development programmes.

Research was identified as one of the areas where support was lacking. To improve the ability of the advanced practice nurse to conduct research specific suggestions, such as increased administrative and financial support were identified (Doerksen, 2010:145). This could be a focus point for future educational programmes.

In order to increase the educational level of the occupational health nurse part-time course work can be developed by tertiary institutions to help the nurse balance the demands between school, work and home. A distance learning programme that has less in-class meetings, could also have a major impact on the educational level of the occupational health nurse (Clark & Allison–Jones, 2011:20). These initiatives could motivate and support more occupational health nurses to enter the field of research to enhance the professional development of the occupational health nurse in the future.

Question 7: Level of occupational health practice

The respondents were asked to indicate if they were currently working as an occupational health nurse and at what level they were involved in occupational health. A total response rate from 89% of the respondents indicated that they were currently practicing in occupational health, 4% were practicing in the occupational health field a year ago and 7% of the respondents were practicing in the occupational health field for more than a year ago.

As depicted in Figure 4.5, 63% of the respondents were involved in operational occupational health, 29% in occupational health managerial positions, 7% of respondents were corporate health/private practitioners working on a contract

basis or were students in occupational health and 1% of the respondents did not respond to this question. It was evident that the minority of the occupational health nurses were not involved in management positions. This could be identified as an educational need that has to be addressed in professional development programmes.

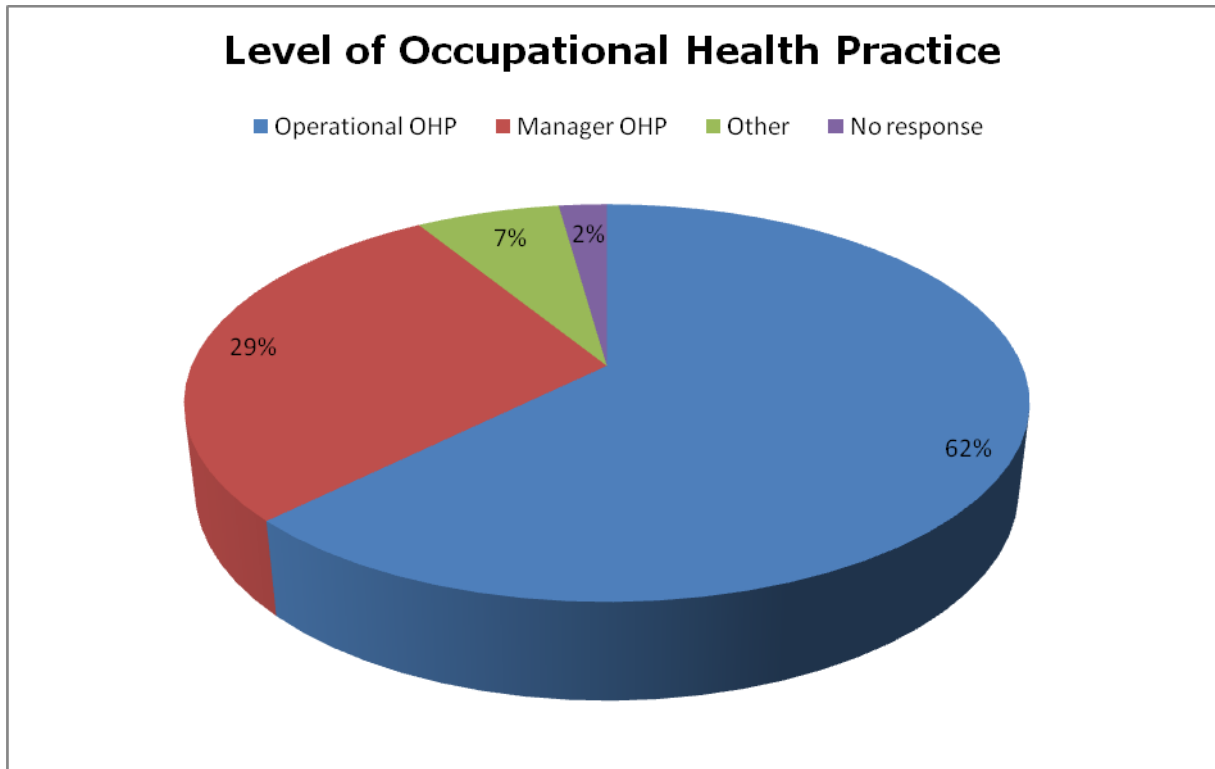


Figure 4.5: Level of occupational health practice

Healthcare institutions support the clinical development programmes of bedside nurses but do not support development programmes for occupational health nurses (Lang, 2010:239). In order to provide the occupational health nurse with career advancement, a clinical advancement ladder is necessary. This clinical ladder gives guidance and direction in the occupational health professional development and includes aspects such as awakening, intention, learning, action, coaching and vision. By implementing the clinical advancement ladder occupational health nurses in the operational occupational health could progress to management positions and therefore fulfill the educational need for continual professional development (Lang, 2010:241).

Question 8: Years practicing in the field of occupational health

Respondents in this study were asked to indicate how many years they had been practicing occupational health.

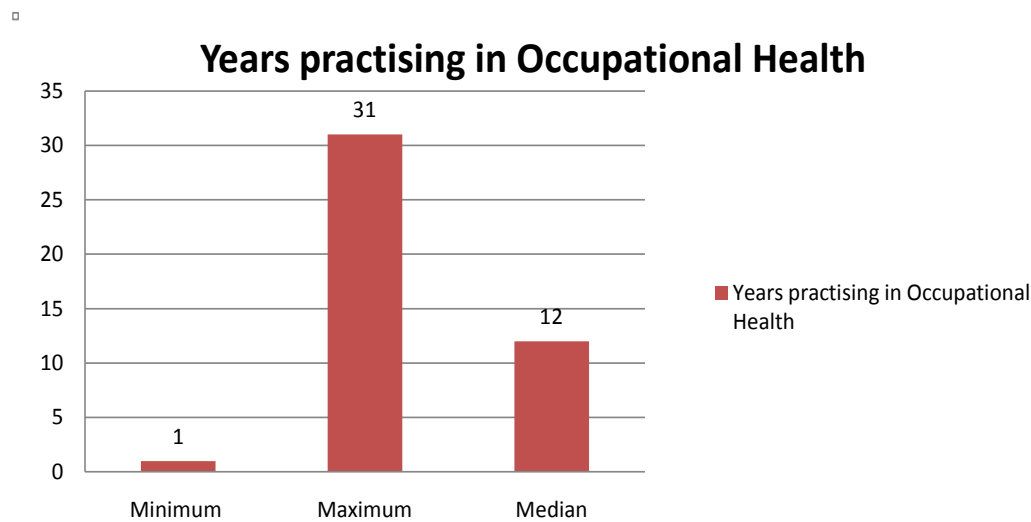


Figure 4.6: Years practicing in occupational health

As indicated in Figure 4.6, the minimum years of practice in an occupational health environment was one year with a maximum of 31 years. The average years of practice in an occupational health environment were 12 years.

When the results of this study were compared to the clinical advancement ladder (Lang, 2010:243), the average years of practicing in the Occupational Health environment placed the respondents at level 4. Level 4 indicates an occupational health nurse that serves as an expert for physicians, businesses, governmental agencies, the community and other groups (Lang, 2010:244). To be able to serve as an expert in the occupational health field, professional development in terms of the ever changing environment in occupational health is extremely important. The occupational health nurses with years experience in the occupational health field could be utilized to run professional development programmes for the entry level occupational health nurses.

Question 9: Description of employment

The respondents were asked to indicate in which sector they are employed.

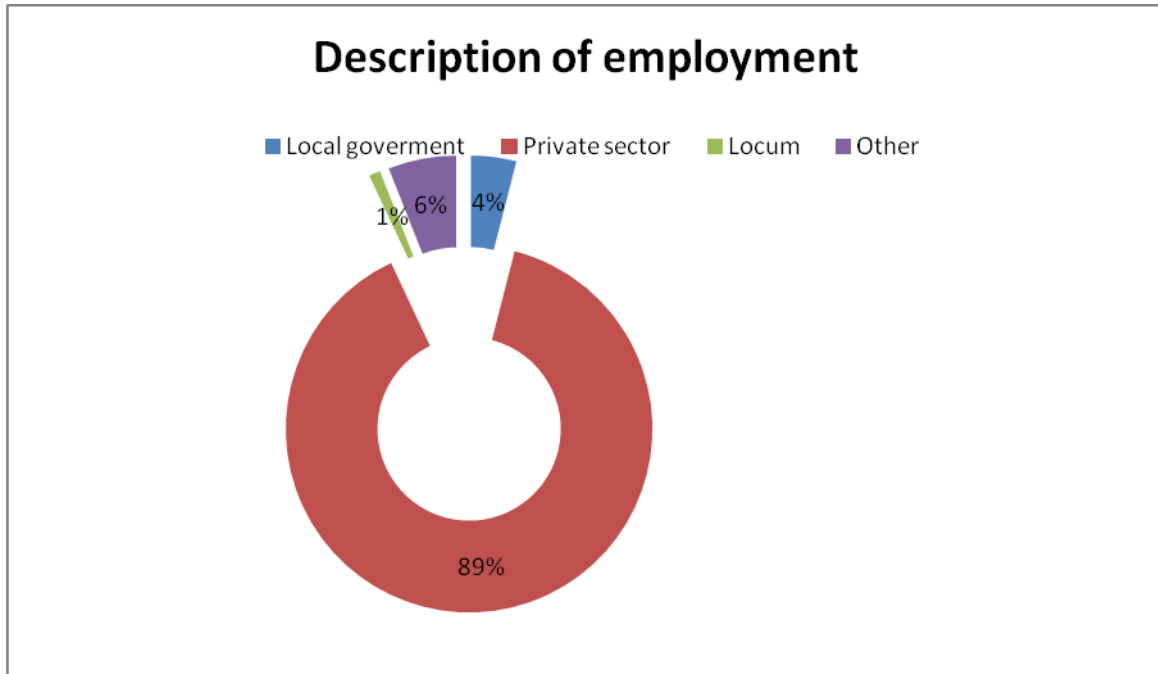


Figure 4.7: Description of employment

According to Figure 4.7, 89% of the respondents work in the private sector, 6% indicated that they are part of other categories. One of the limitations of the study is that it did not explore the meaning of the "other" category. Only 4% of the respondents are employed by the local government and 1% is employed as locums assisting in occupational health clinics when needed. The highest number of occupational health nurses is employed in the private sector.

Part-time employee benefits in the municipal government organisation are associated with higher levels of personnel management education and family-friendly benefits (Roberts, 2003:450). Another study identified that nurses in the public sector were generally dissatisfied with their working conditions, whereas nurses in the private sector were satisfied with their conditions (Pillay, 2009:7). This could explain the high number of respondents working in the private sector due to more job satisfaction. Being satisfied in one's job could be a big motivator for professional development due to greater support with regard professional development in the private sector.

In a study conducted in Finland, primary care visits seem to be more common in the private occupational health services than in the municipal health centres (Kimanen, Rautio, Manninen, Räsänen, Husman & Husman , 2011:6). Due to higher primary care visits in the private occupational health services, a larger number of occupational health nurses were employed in the private sector. The findings in this study also indicated that the majority of occupational health nurses were employed in the private sector. As such, the focus of continual professional development programmes should start in the private sector and filter through to the public sector and other categories such as locum occupational health nurses in order to fulfill the educational needs of the occupational health nurses community.

Question 10: Geographical areas worked in mostly

The results of the geographical area of work are shown below.

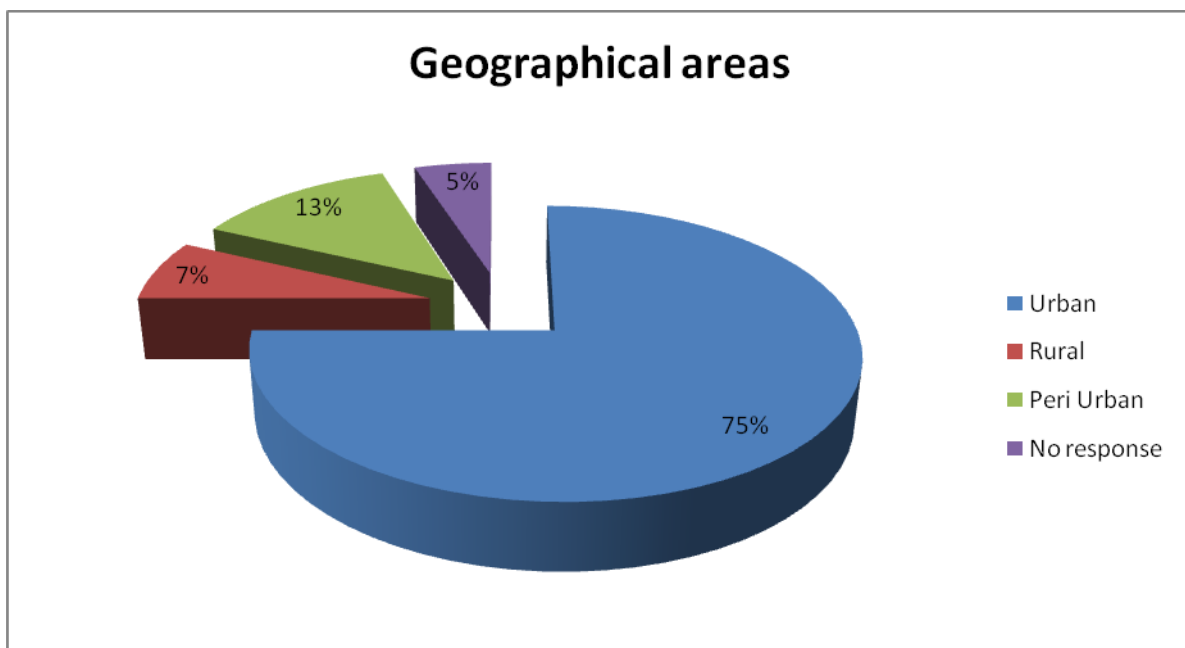


Figure 4.8: Geographical areas worked in

Seventy five percent (75%) of the respondents indicated that they are based in urban areas, 13% in peri-urban areas and 7% indicated that they work in the rural areas.

Previous research conducted in Queensland, Australia, indicated that 30.8% of nurse executives worked in provincial areas (urban), 27.4% in the metropolitan area (peri-urban) and 30.1 % in the rural area (Courtney, Yacopetti, James, Walsh & Finlayson, 2002:204). Compared to this study, the distribution of Australian nurse executives were more evenly distributed in urban, peri-urban and rural areas than in this study where the majority of the occupational health nurses were more concentrated in the urban areas. The fact that the majority of occupational health nurses in this study are based in the urban areas could be linked to more industries concentrated in the urban areas than in the rural areas. The urban based occupational health nurses have easier access to tertiary institutions and professional development programmes than the rural based occupational health nurses and could have a positive impact on the educational needs of the occupational health nurse.

Question 11: SASOHN (South African society of occupational health nursing practitioners) regional membership

The respondents were asked to indicate to which of the four SASOHN regions they belong.

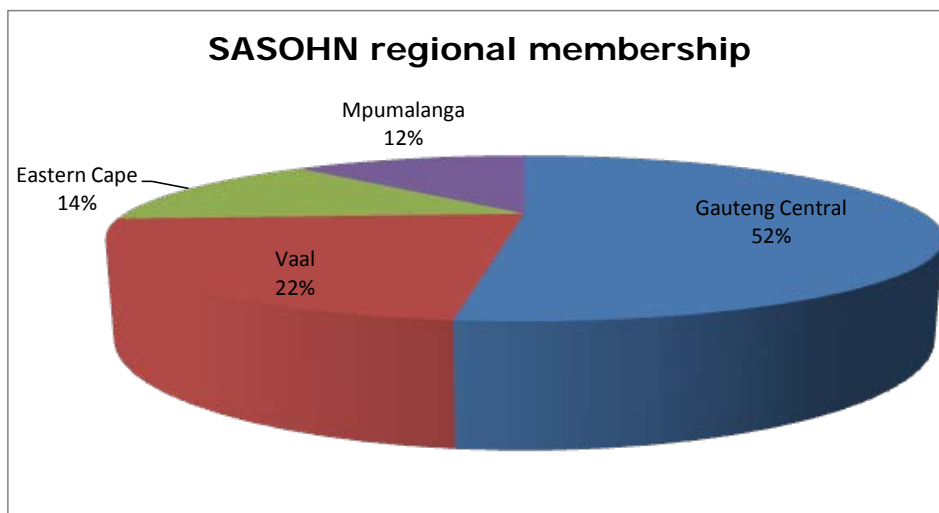


Figure 4.9: Respondents membership to SASOHN

Of all the respondents that took part in this study, 52% of the respondents were from the Gauteng central region, 22% from the Vaal region, 14% from the Eastern Cape and only 12% of the respondents from the Mpumalanga region.

According to the South African Nursing Council, the distribution of the registered nurses according to their geographical distribution is as follows: 7% of registered nurses are based in the North West region, 5% in Mpumalanga, 26% in Gauteng and 12% of registered nurses are based in the Eastern Cape region (<http://www.sanc.co.za/stats/stat2010/Distribution%202010xls.htm>). From this it is evident that the highest concentrations of registered nurses are based in the Gauteng region which correlates with the findings of this study.

SASOHN (South African Society of Occupational Health Nursing Practitioners) identified and clarified the goals that should be attained by the profession. The emphasis was on the enhancement of the professional development of the occupational health nurse (2005). Continual professional development through monthly meetings, workshops and conferences in order to keep all members updated with regard to changes in the field as well as legislative changes should be ensured in all the SASOHN regions. Active participation and an increase in membership in especially the smaller regions, that might not have easy access to tertiary institutions, will therefore improve the education needs of the occupational health nurse.

4.7 Section B: Educational needs of the occupational health nurse related to professional development programmes

This section of the questionnaire identified important information regarding the educational needs of the occupational health nurse that could influence professional development programmes.

Question 12 & 13: How often is professional development programmes attended?

The respondents were asked to indicate if they attend any professional development programmes and how often these development programmes are attended.

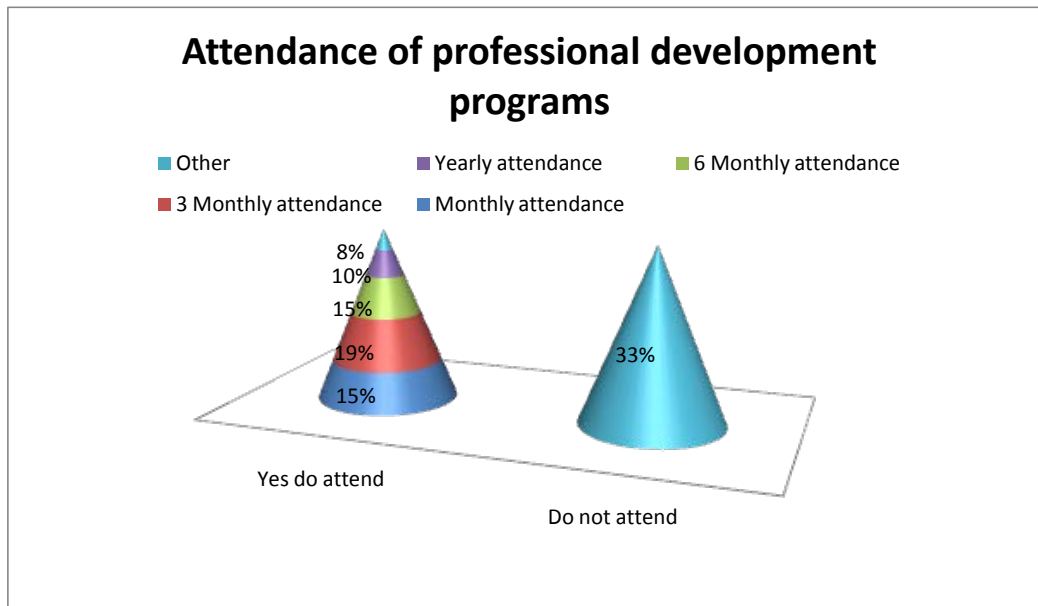


Figure 4.10: Respondents attending professional development and how often.

According to the data analysed in Figure 4.10, 67% indicated that they attend professional development sessions and 33% indicated that they do not attend professional development.

Nineteen percent (19%) of the respondents attended professional development programmes on a three monthly basis whereas 15% of the respondents attended professional development programmes either monthly or on a six monthly basis. Ten percent (10%) of respondents attended professional development programmes yearly and 8% of the respondents indicated that meetings, as a method of professional development, are attended every second Thursday.

A previous study indicated that non-attendance incidences at lectures were higher than small tutorial groups (Doyle, O'Brien, Timmins, Tobin, O'Rourke & Doherty: 2008:137). The reason for non-attendance was long travelling times as well as dissatisfaction with timetables. In order to improve the attendance of professional development programmes, lecture and meeting times should be changed (Doyle, O'Brien, Timmins, Tobin, O'Rourke & Doherty: 2008:129).

In a study conducted on community nurses, it was apparent that they felt excluded from the process of identifying learning needs for professional development programmes (Cunningham & Kelly, 2008:29). By including the occupational health nurse during the identification of the learning needs, it would increase their attendance of professional development programmes.

Question 14: How often are national conferences attended and the reasons for not attending?

Respondents were asked to indicate how often they attend national conferences and to state reasons for not attending.



Attendance of National Conferences

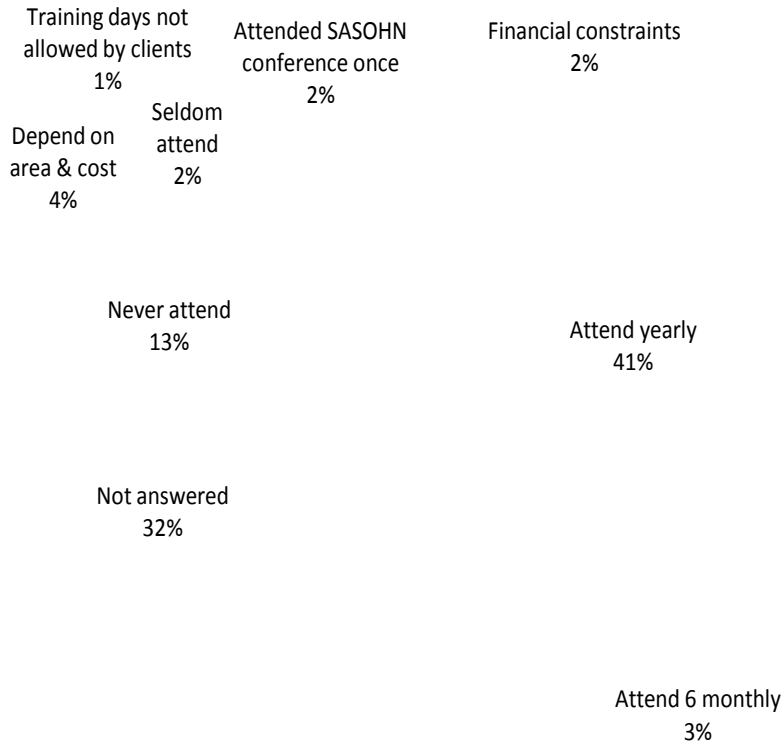


Figure 4.11: Respondents attending national conferences

As shown in Figure 4.11, 41% attend national conferences on a yearly basis and 32% did not respond. The researcher interpreted the 32% non response as non attendance of the national conferences. Thirteen percent (13%) indicated that they never attend and only 3% of respondents attend the national conferences on a six monthly basis. By using technology such as podcasted conferences as an educational resource, it will assist to meet the education goals of health professionals (Tempelhof, Garman, Langman & Adams, 2009:93). This will enable occupational health nurses to attend conferences more regularly.

Respondents were also asked to give reasons why they do not attend national conferences. As specified in Figure 4.11, the following barriers that influence professional development were identified: Four percent (4%) mentioned that it depends on the area where the conference is taking place and the cost implications of the national conference; 2% indicated that they seldom attend and another 2% mentioned that financial constraints prevent them from attending national conferences. Other reasons mentioned showed that 2% of the respondents attended SASOHN national conferences only once and 1% revealed that training days are not allowed by clients, which influence their attendance of national conferences. As mentioned in a previous study, it is important to plan and to estimate the cost of professional development activities. It is high time for nursing leaders to take a firm stand to claim resources in professional development activities in order to make professional development accessible to all occupational health nurses (Bjørk, Tørstad, Hansen & Samdal, 2009:244).

It is extremely important to motivate the occupational health nurse to attend conferences. As mentioned by Woodruff, it is important to attend conferences in order to get solutions that could be put into practice immediately. This is a significant part of continual professional development (Woodruff, 2009:20).

Although the majority of respondents indicated that they attend conferences, it is important to provide funds in order to assist nurses to attend conferences. This could positively affect professional development of the occupational health nurse in the future and minimize the barriers in professional development.

Question 15: How often are international conferences attended and the reasons for not attending?

The respondents were asked to indicate whether they attend international conferences and the reasons for not attending.

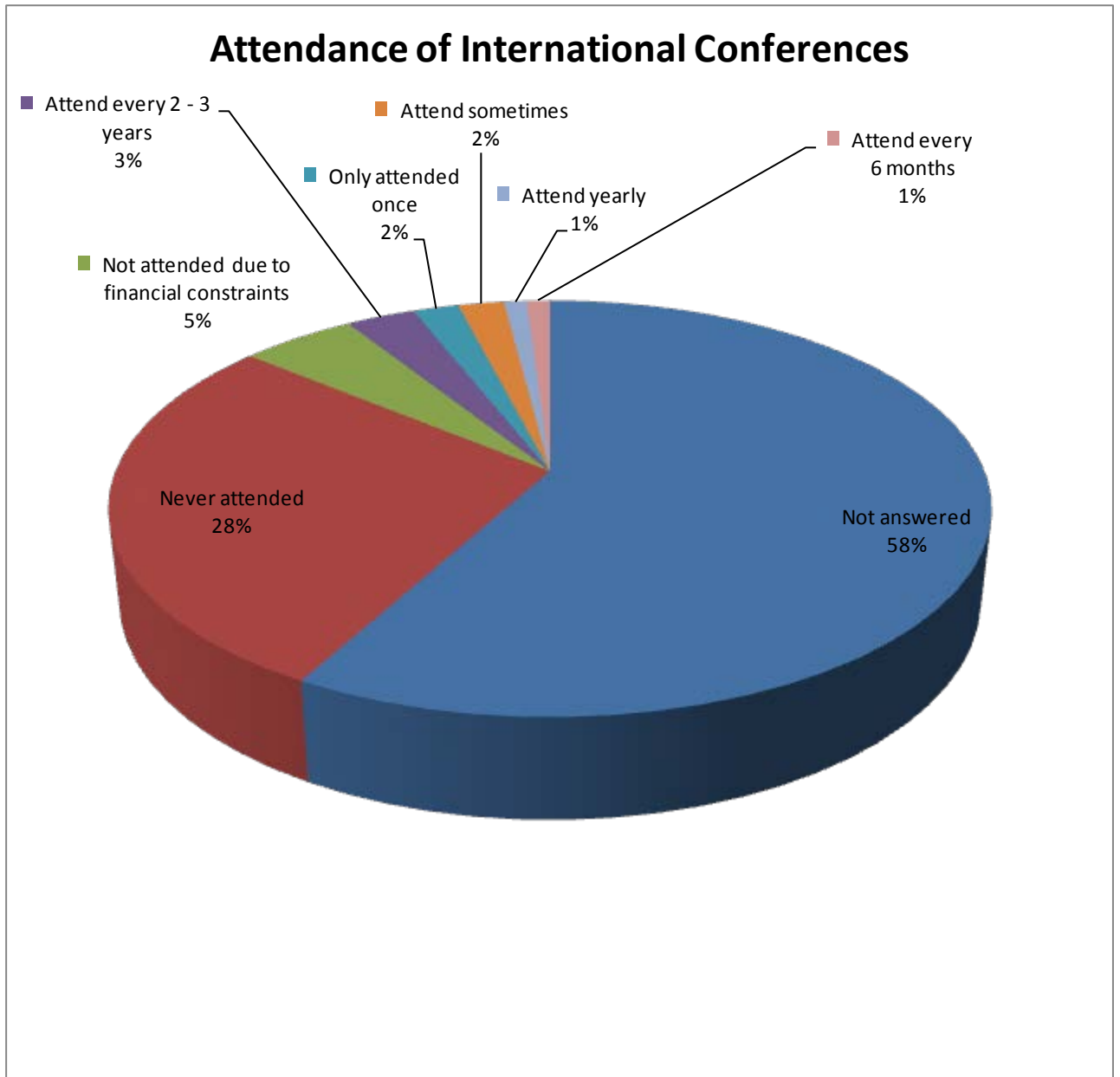


Figure 4.12: Respondents attending international conferences

Fifty eight percent (58%) of the respondents did not react to this question. By not responding to this question, the researcher interpreted it as non attendance of international conferences. Twenty eight percent (28%) of the respondents have never attended an international conference and 5% did not attend international conferences due to financial constraints. International conferences are normally expensive and the researcher is of the opinion that the finances invested in professional development are extremely important. In economically-challenging times continuing professional development becomes a lower priority (O'Connor, 2009:2).

The respondents were also asked to indicate how often they attend international conferences. The data gathered is summarised in Figure 4.12. According to the data analysis, very few respondents attended the international conferences. This could be due to financial constraints as indicated in Figure 4.12. Financial support is essential in order to meet the professional development and mentorship needs of the advanced practice nurse (Doerksen, 2010: 145). Three percent (3%) of the respondents attended international conferences every 2–3 years whereas 2% mentioned that they have attended international conferences only once. One percent 1% specified that they attend international conferences every six months and that 1% of the respondents attended international conferences yearly. Financial support is essential in order to meet professional development and mentorship needs.

Question 16: Different types of conferences attended

The respondents were asked to verify which types of conferences they attended in the occupational health environment.

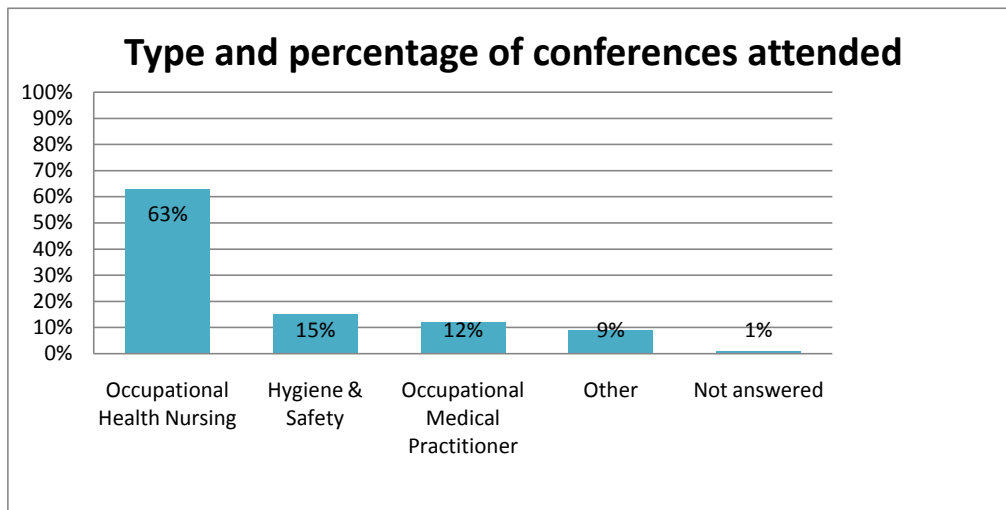


Figure 4.13: Types of conferences attended by occupational health nurses

Occupational health nursing conferences were most attended according to Figure 4.13. Sixty-three percent (63%) of the respondents attended occupational health nursing conferences, 15% of the respondents occupational hygiene and safety conferences, 12% of the respondents occupational medical practitioners' (Occupational health doctors) conferences and 9% indicated that they attended other conferences.

The functions and activities of occupational health services include occupational medicine and occupational hygiene (Acutt & Hattingh, 2003:18). It is thus important to stay updated in these fields and to attend conferences held in these disciplines. The occupational health nurse should be motivated to attend the hygiene and safety and the occupational medical practitioners conferences more often in order to develop in these fields and in the long term fulfill their education needs.

Question 17: Methods of continual professional development

When the respondents were questioned regarding their preferred methods to developing professionally, the following responses, as summarised in Table 4.3, were identified:

Table 4.3: Preferred methods of continual professional development

RESPONSES	PERCENTAGE
Would like to attend 1 day workshops	93%
Training needs were discussed with employer/manager (Employer/manager in return addresses the need)	76%
Has access to occupational health material such as journals	73%
In-service education once a month	60%
Currently involved in professional development	58%
Employer is responsible for professional development	54%

The majority (93%) of the respondents mentioned that one-day workshops are the preferred method for continual professional development. Seventy-six percent (76%) of the respondents revealed that they discuss their training needs

with their employer or manager and 73% of the respondents indicated that they have access to occupational health material such as journals. Sixty percent (60%) of the respondents chose once a month in-service education as their preferred method of continual professional development. Only 58% of the respondents are currently involved in professional development and 54% indicated that it is their employer's responsibility to assist with their professional development. It was evident that barriers exist in continual development due to the low number of candidates currently involved in professional development. It was also mentioned that time is an issue thus the reason for candidates indicating that one-day workshops are their preferred method of continual professional development.

In a study conducted on nurse-independent prescribers, the participants were asked to give reasons why they were unable to access continual professional development. The reasons given were a lack of facilities or funding, workload and the timing of the sessions (Carey & Courtenay, 2010:213). It is also important to give sufficient notice of workshops months in advance in order to plan the attendance of these professional development sessions (Green, Westwood, Smith, Peniston-Bird & Hooloway, 2009:611).

The attendance of the professional development sessions should improve if the timing is in accordance with the needs of the occupational health nurse and with the necessary management support.

Question 17.6A: Reasons for not being involved in professional development currently

The respondents were asked to indicate reasons why they were not involved in professional development. The results are summarised in Table 4.4

Table 4.4: Reasons for not being involved in professional development currently

REASONS	PERCENTAGE
Lack of support	19%
Education needs not met	11%
Psychosocial influences	3%

The majority of the respondents (19%) mentioned that this is due to the lack of support at work, 11% that their educational needs were not met and 3% indicated that it was due to psychosocial influences.

By critically assessing Table 4.4, it is evident that the problem of not being involved in professional development programmes might be supervisors' lack of social and professional support which could lead to the lack of support given to the occupational health nurse in their pursuit to professional development.

According to a model developed for the investment in the social support of supervisors, the following skills should be developed: instrumental support (achievement of concrete tasks), emotional support, appraisal support and informational support. If these skills are effectively and timeously implemented and executed, it could lead to better pupil performance and the improvement of the professional development of the occupational health nurse as a whole (Evers, Kreijns, Van der Heijden & Gerrichhauzen: 2011:172).

Question 17.6B: Types of professional development currently involved in

The respondents were asked to specify in what type of professional development programmes they are currently involve in. The types of professional development progreammes are summarised in Figure 4.14.

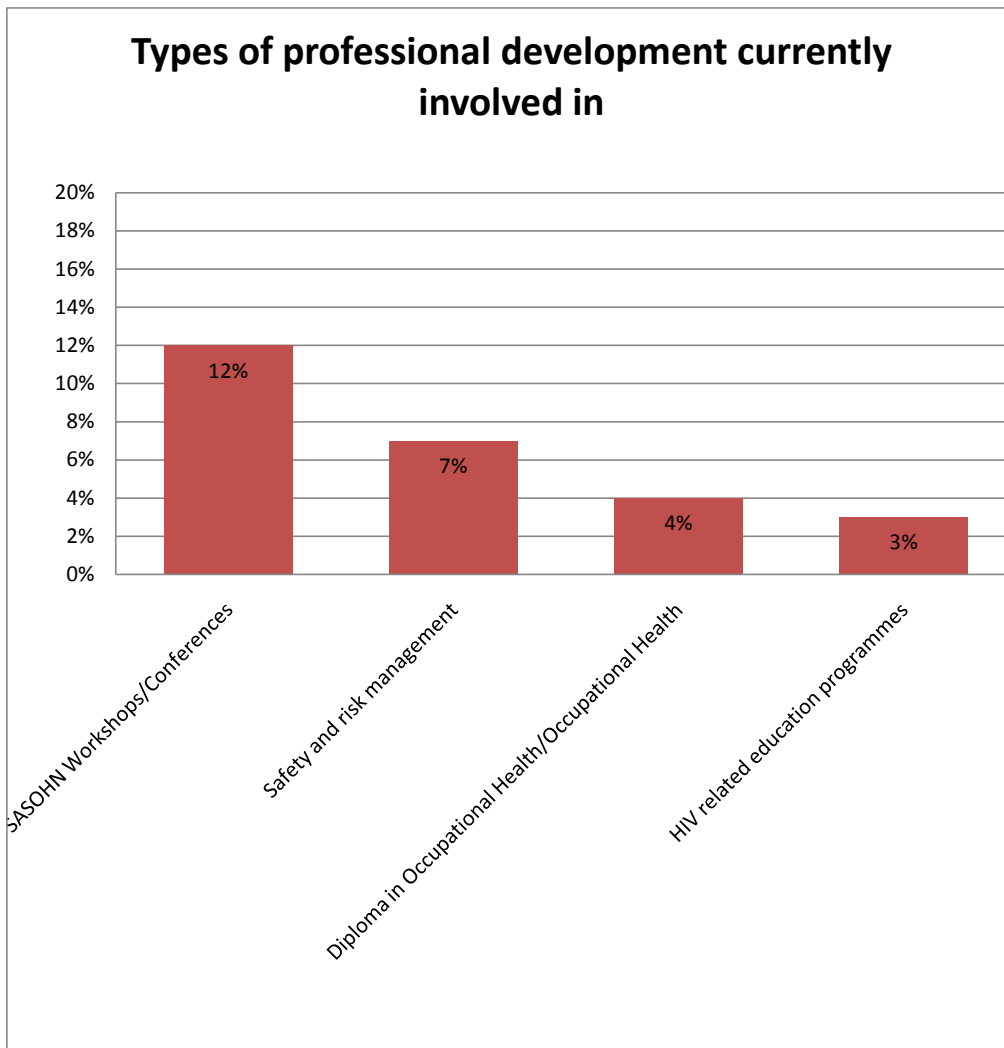


Figure 4.14: Types of professional development programs currently involved in

Only twelve percent (12%) attend SASOHN workshops and conferences and 7% of the respondents are currently involved in safety and risk management professional development. Four percent (4%) of the respondents were presently busy with their Diploma in Occupational Health or other occupational health-related courses. Three percent (3%) of the respondents showed that they are currently involved in HIV-related education programmes. It is evident that SASOHN, as an organisation, plays an important role in the professional

development of the occupational health nurse but is of great concern that only 26% of nurses in total are currently involved in professional development programmes. A lifelong-learning process, to improve the knowledge and skills of the occupational health nurse, is critical to ensure high quality patient care (Lautizi, Laschinger & Ravazzolo, 2009:451).

Occupational health nurses that recently qualified in the UK (United Kingdom) agreed that keeping abreast with knowledge in the occupational health setting is vital. They are kept up to date by reading medical journals and research articles focusing on the management of medical conditions to assist in decision making regarding fitness for work. They all agreed by using Jiscmail, which is a national academic list service to facilitate knowledge sharing within the UK centered academic community (<http://www.jiscmail.ac.uk/>). The other types of professional development they are currently involved in were well-being conferences, attending study days, different occupational health-related courses and conferences and networking with other occupational health groups. Most of the participants were busy with their post-graduate diploma or their occupational health degree (O'Reilly, Collier, Ciccione, Raybone, Edwards S, Edwards H & Hale, 2009:40-42).

In a previous study conducted on early childhood practitioners to determine which type of professional development would be more beneficial, it was clear that in-service training was rated more effective than conference presentations or workshops. On-site training was also rated more effective than weeklong institutes (Dunst & Raab, 2010:239). Arranging more intensive in-service training sessions conducted on-site for occupational health practitioners could also be more beneficial to the professional development needs of these nurses.

It is evident from previous studies that professional development is of the utmost importance to the occupational health nurse. From the results of this research, it is evident that very few occupational health nurses belong to SASOHN, are currently involved in professional development.

Question 18: Areas in which respondents wanted to be developed

Respondents were asked to point out in which areas they would like to be developed. Areas identified are depicted in Figure 4.15.



Figure 4.15: Areas of professional development for respondents

Interesting enough, evidence-based practice was scored the highest. Sixty-six percent (66%) of the respondents chose evidence-based practice as the area for development and 56% chose technical competence as the area for development. Fifty-one percent (51%) of the respondents chose research with 38% of the respondents choosing communication skills as their area for development. Other areas identified for development were safety (3%), HIV management (1%), legislative changes and updates (1%), updates on new treatment and medicines (1%), risk assessment (1%) and management (1%).

When focusing on areas for professional development, it is also important to note the main responsibilities in the field of occupational health nursing. The occupational health practitioner offers a clinical opinion on a range of health/work-related issues such as fitness for duty, absence management, health-risk assessments and medical surveillance. In order to provide these skills the occupational health practitioner needs to be a specialist in the field of

occupational health and be able to communicate with multidisciplinary team members including the occupational physician, occupational therapist, physiotherapist or wellbeing practitioner (Thomas, 2010:29).

In this study, evidence-based practice was identified as the area in which the respondents would like to develop most but the reality is that most occupational health nurses do not have the time for evidence-based practice. Occupational health nurses provide a service to employers and if busy with research they might not have the time to provide that service and their employer may not accept it (Paton, 2010:24). This could be identified as a barrier preventing evidence-based practice and developing in other areas of the profession.

Question 19: Occupational health topics of interest to the occupational health practitioner

Respondents were asked to indicate which topics they are interested in learning more about.

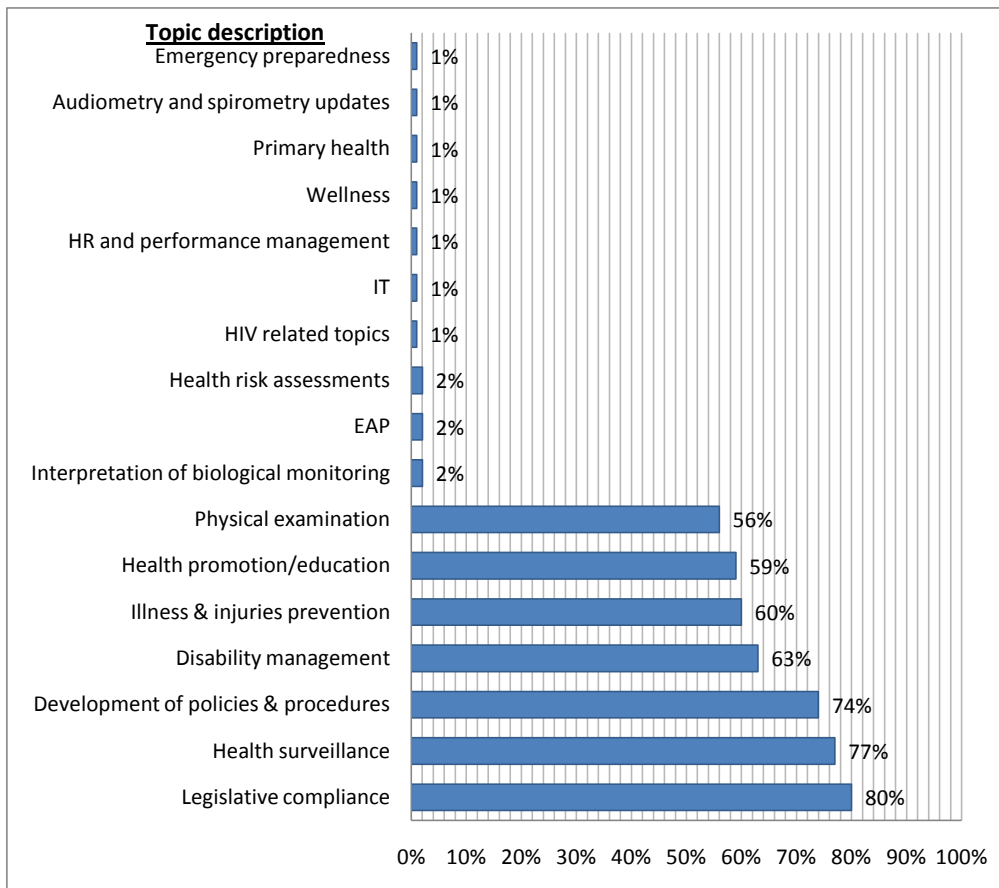


Figure 4.16: Occupational health topics of interest to the occupational health practitioner

According to Figure 4.16, 80% of the respondents indicated that they prefer to learn more about legislative compliance in the occupational health setting with 77% of the respondents being interested in health surveillance as a topic. Seventy-four percent (74%) of the respondents prefer to be more involved in the development of policies and procedure whereas 63% were interested in disability management. Health promotion and education were chosen as the topic of interest by 59% of the respondents and 56% of the respondents were interested in updating their technical skills regarding physical examinations. The less popular topics of interest chosen by the respondents were: interpretation of biological monitoring (2%), EAP (Employee assistance programmes) (2%), health-risk assessments (2%), HIV-related topics (1%), IT (Intelligence Technology) (1%), HR (Human resources) and performance management (1%),

Wellness (1%), primary healthcare (1%), audiometry and spirometry updating courses (1%) and emergency preparedness (1%). By focusing on these topics of choice when planning continual professional development, the number of attendees to these programmes would increase if planned correctly.

When planning career advancement, it is important to grow in the right areas. The conventional way in striving towards professional development would be by attending tertiary education at universities and by attending sponsored conferences. NIOSH (National Institute for Occupational Safety and Health) has established Education and Research Centers (ERCs) at universities throughout the United States (<http://www.cdc.gov/niosh/oep/cedirlst.html>). The ERCs provide programmes in occupational medicine, occupational health nursing, industrial hygiene and safety. The problem with attending these professional development programmes is that occupational health nurses cannot always attend due to ever-increasing job responsibilities. Distance learning programmes have opened up a lot more professional development prospects. On-line or self study courses are becoming very attractive for the professional development of the occupational health nurse due to courses' flexibility and cost-saving factors. Courses can be taken at anytime whenever it fits the occupational health nurse's schedule (Randolph & Robbins, 2004:127–128).

It was mentioned previously in this study regarding the reasons for not currently being involved in professional development, and that 11% of the respondents felt that their educational needs are not met. Developing on-line or self study courses with the topics mentioned in Figure 4.15 can increase the professional development needs of the occupational health nurse quite significantly.

The topics of interest of an occupational health nurse is as vast as the non-traditional nursing careers which could include travel health nursing, telenursing, nursing informatics, legal nursing, forensic nursing, school nursing and cruise ship nursing. These ever-growing and ever-changing non-traditional nursing careers each have their own expertise and needs for professional development (Olmstead, 2009:52). It is therefore import to determine the health topics of interest before professional development is arranged for a Nursing Specialist in Occupational Health.

Question 20 & 21: Contact with other occupational health nurses

Respondents were asked if they have any other contact with other occupational health nurses.

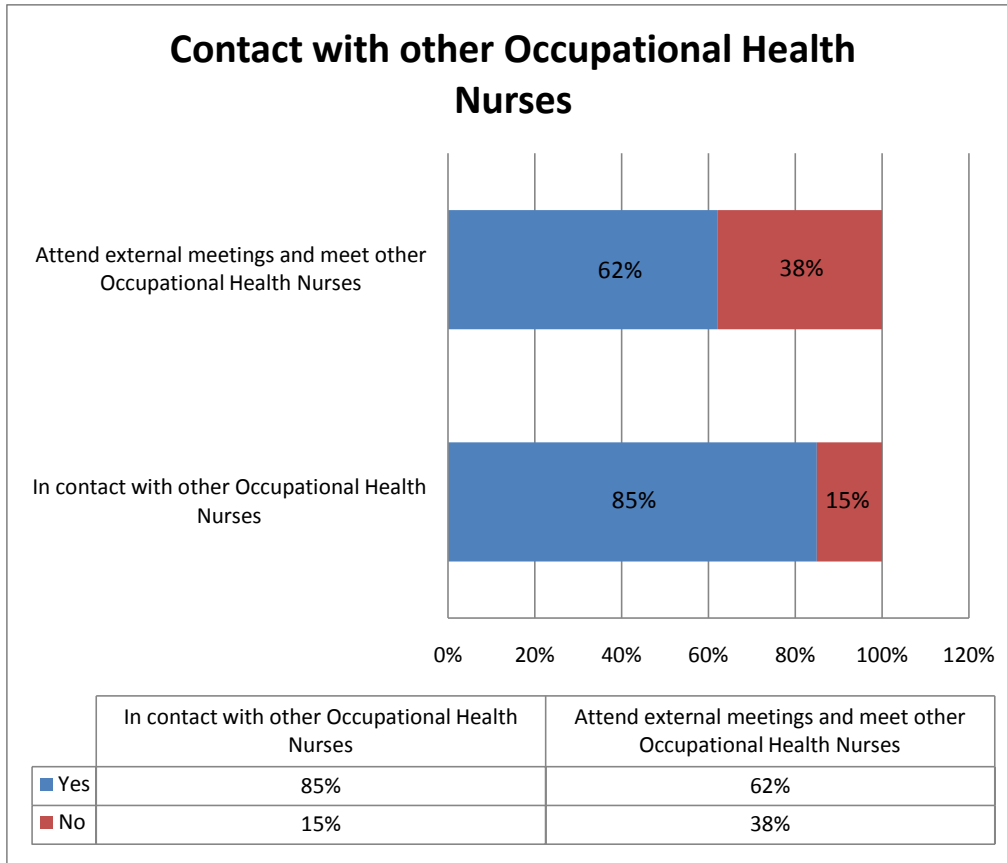


Figure 4.17: Contact with other occupational health nurses

As seen in Figure 4.17, the majority of the responses indicate that they have contact with other occupational health nurses. Eighty-five percent (85%) of the respondents pointed out that they have contact with other occupational health nurses and 62% have contact with other occupational health nurses by attending external meetings.

Lifelong learning is not confined to a classroom, but takes place throughout life and in a variety of situations. Everyone learns something new each day without even realising it. When attending meetings to network with other occupational health nurses, you communicate with professionals in your field of expertise and learn more about what is happening in the world of occupational health (Minshell, Butterworth & Henderson, 2009:35).

Networking is a skill that can also be described as asking for a favor. Favors can turn into future obligations. These favors can be built on by empowering colleagues and their ideas. Networking can empower your co-workers and colleagues by showing that you believe in their individual ideas and in return it can develop close personal networking ties that are vital in building a successful career (Simplicio, 2009:155–157).

Although this study has indicated that the majority (85%) of occupational health nurses have contact with other occupational health nurses, it is important to keep in mind a few guidelines in order to maximise the networking opportunities of the 15% that indicated that they do not have contact with other occupational health nurses and the 38% that do not attend meetings where they can meet other occupational health nurses. Simple guidelines such as practicing your introduction when meeting a new person, keeping track of new colleagues, exchanging business cards of all the new colleagues, using exhibit halls to meet new colleagues, attending all social events, volunteering to help at the event, and wearing a name badge and dressing professionally at conferences and the like (Scott, 2007: 13). Implementing these guidelines can improve networking opportunities and continual professional development.

Question 21.A: Type of contact when meeting other occupational health nurses

The respondents were asked to indicate in what type of networking, with other occupational health nurses, they are involved in.

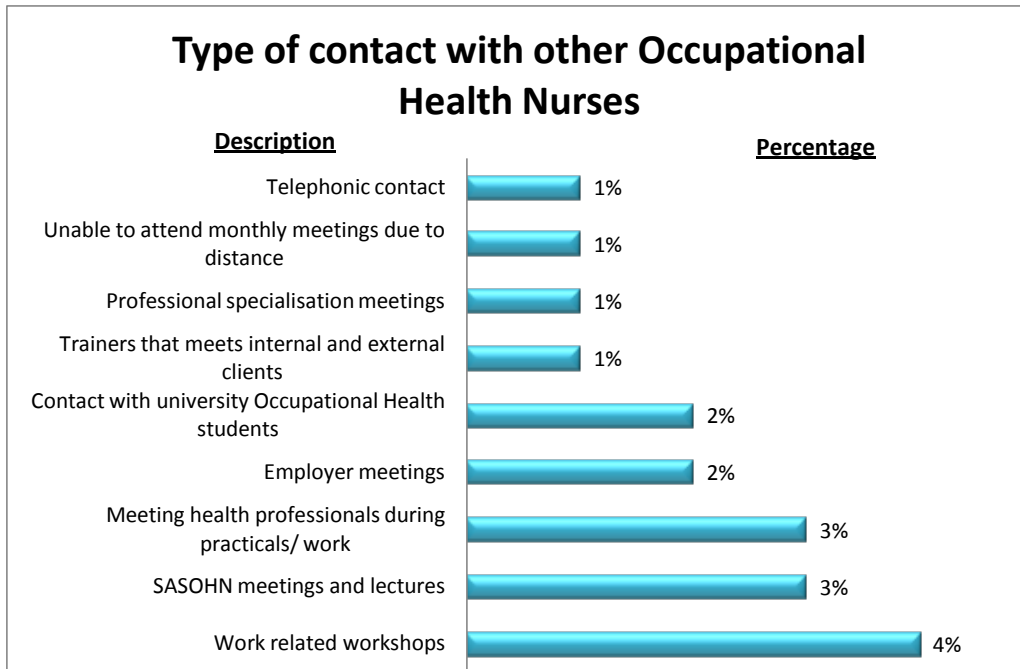


Figure 4.18: Type of contact with other occupational health nurses

As seen in Figure 4.18, the types of contact with other occupational health nurses include work-related workshops (4%), attending SASOHN meetings and lectures (3%), meeting health professionals during practices or during work time (3%), employer meetings (2%), contact with university occupational health students (2%), trainers that have contact with internal and external clients (1%), professional specialisation meetings (1%) and telephonic contact (1%). One percent (1%) of the respondents indicated that they are unable to attend monthly meetings due to the distance and, although it is a very small percentage that indicated this barrier, it is important to keep in mind that this is a professional development need that was identified and that the occupational health nurse cannot participate in professional development activities to improve their career.

In order to network successfully, it is important to keep in mind the different networking situations and to choose the correct situation to suite your need. The four types of networks are: professional or occupational networks, informal networks, organisational membership networks and core discussion networks. In the professional or occupational networks one understands more about what is

happening in the industry and the latest developments in their professions and occupations. With informal networks, individuals meet occasionally to discuss issues of interest and work-related matters. Organisational membership networks consist of specific positions within the professional organisation such as president or vice-president. This network engages in the same activities as the professional or occupational networks but only with individuals who have similar professional experiences. Core discussion networks address issues that can help to advance their members' careers (Nicholl & Tracey, 2007:27). Engaging in the different types of networks can enhance practice at the nurse practitioner and advanced nurse level (Nicholl & Tracey, 2007:26).

Opportunities for lifelong learning are as follows: attending an occupational health group, using the internet, belonging to a professional organisation, learning from the working environment and study days or workshops (Minshell, Butterworth & Henderson, 2009:35). Work-related workshops were scored the highest in this study according to Figure 17. Minshell, Butterworth and Henderson mention that it is important to speak to the organisers of these workshops and to ask them to arrange something that would be applicable to the individual's working environment, in order to continually improve the occupational health profession (Minshell, Butterworth & Henderson, 2009:35).

Question 22: Should the continual professional development point system be implemented or not?

The respondents were asked to indicate if the continual professional point system should be implemented or not.

Implementation of Continual Professional Development point system

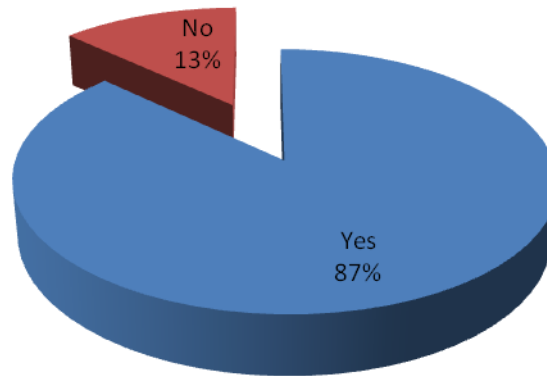


Figure 4.19: Should the continual professional development point system be implemented or not?

Figure 4.19 shows that 87% of the respondents felt that the continual professional development point system should be implemented with only 13% of the respondents disapproving the implementation thereof.

A competency framework was developed for newly-qualified occupational health nurses in a study conducted in the United Kingdom (Olver & Zahopoulos, 2005:25). The rationale behind the development of the competency framework was that occupational health nurses are exposed to a wide range of tasks, some technical in nature, on a daily basis and that the necessary skills for these tasks can only be learned in the practical field (Olver & Zahopoulos, 2005:25). One of the trainees responded that the competency framework that was developed contributed to her professional development portfolio for a specialised field of occupational health, which enabled the trainee to link theory with practice (Olver & Zahopoulos, 2005:27). It can therefore be concluded that the implementation of the Continual Professional Development point system could be used as a tool to determine the competency of the occupational health nurse and contribute to the individual's professional development portfolio.

It is important to note that not only is the amount of time spent in achieving expertise the only factor but also the quality of time spent in the development and maintenance of expertise that requires extensive time to be specifically dedicated to the improvement of skills. Several major factors have been identified in order to improve the quality of the skill required. They include an appropriate difficulty level for the individual, immediate and informative feedback about the practical application and opportunities for repetition and correction of errors (Guest, Regehr & Tiberius, 2001:78). The factors mentioned as well as continual self criticism are important to bear in mind when implementing a continual professional development point system for the occupational health practitioner to improve on their skills (Guest, Regehr & Tiberius, 2001:80).

Question 22A: Opinion/attitude with regard to continual professional development point system implementation

The respondents were questioned regarding their opinions and attitudes towards the continual professional development (CPD) point system being implemented by an organisation such as SANC.

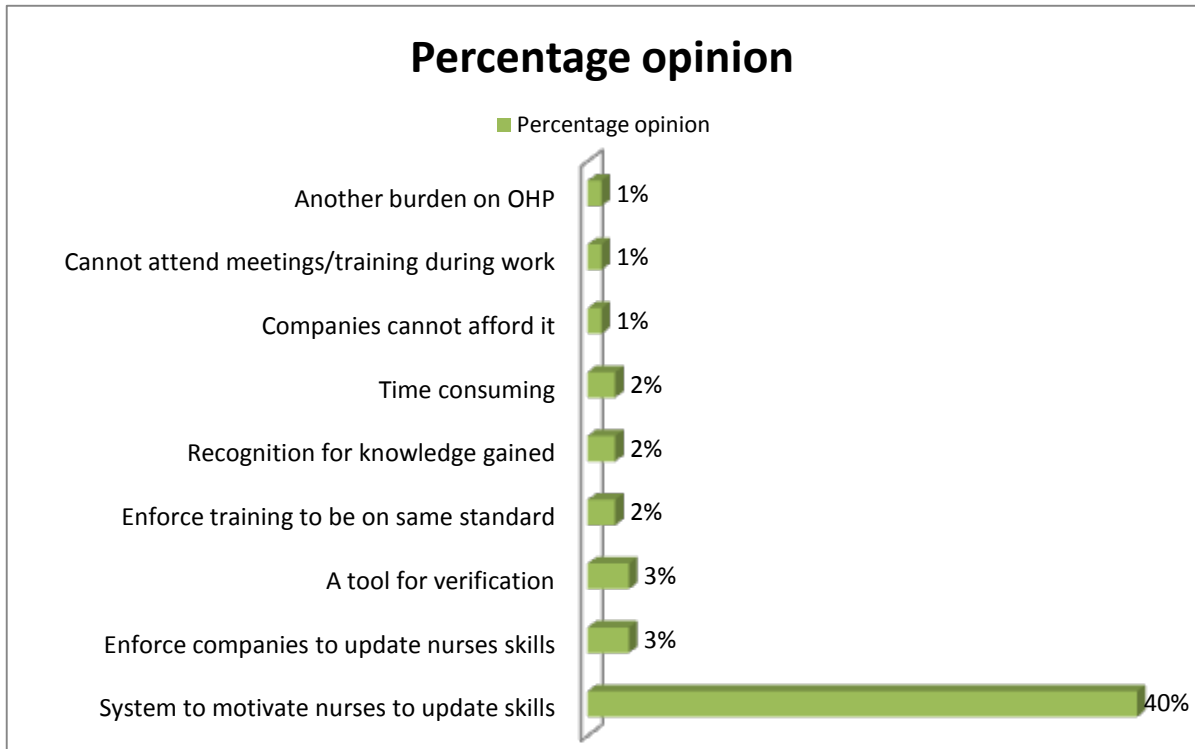


Figure 4.20: Opinion/attitude with regards to continual professional development point system implementation

Forty percent (40%) of the respondents were positive regarding the implementation of a point system and mentioned that the continual professional development system could motivate nurses to update their skills on a regular basis. Three percent (3%) felt that it will compel companies to update nurses' skills and another 3% felt that the CPD system could be used as a tool for verification that the nurses' skills are up to standard. Two percent (2%) revealed that the CPD system could necessitate that training to be on the same standard. Although 2% felt that CPD is a system that could garner recognition for knowledge gained, a further 2% stated that CPD is time consuming. The rest of the respondents referred to factors such as companies that cannot afford CPD (1%), respondents that cannot attend meetings or training sessions during work hours (1%) and some of the respondents even felt that CPD is another burden placed on the occupational health nurse (1%).

Poor job orientation and training could lead to nurses leaving the skilled nurses environment. If a valuable staff development programme could address these

problems, it can directly influence the staff turnover positively and motivate nurses to update their skills (Legg, 2007: 30).

A study conducted on nursing students that were placed in an emergency department for clinical placement, revealed that such an action directly affected professional development. The six-part senses framework, as described by Brown and Davies (2008:1222), that can lead to an enriched learning environment for students are: security or the freedom to learn, belonging to a group with a valuable role to play, continuity or the skill to link theory and practice, the achievement or execution of professional goals and the development of nursing competencies and the recognition of the significant contributions to the quality of care. Hunter used the six-part senses framework to assess the experiences of nursing students and discovered that it can lead to the development of an enriched learning environment for students. (Hunter, 2010: 30 & 34).

Question 23: Different opinions with regards to the educational needs of the occupational health nurse

The respondents were asked at the end of section B of the questionnaire if they had any other opinions regarding the educational needs of the occupational health nurse that they wanted to highlight.

Table 4.5: Opinions with regards to the educational needs of the Occupational health nurse

DIFFERENT OPINIONS	PERCENTAGE
To stay updated in terms of ever changing needs and standards	7%
Lack of finances	4%
More professional development sessions needed	2%
Time off	2%
Topics of interest: <ul style="list-style-type: none"> • Basic occupational health • Emergency care • Assertiveness courses • Biological monitoring • Psychological testing • Communication skills of nurses • Knowledge about trade unions and link with Occupational Health • Competency to declare employees fit or work 	2% 1% 1% 1% 1% 1% 1% 1%
Once a month discussions regarding interesting case studies	1%
Exchanging clinics with colleagues (Working in each other's clinics)	1%
Courses run on Saturdays	1%
Lack of commitment by management in terms of occupational health development and no understanding of the occupational health role	1%
SANC to establish accreditation for occupational health training	1%
SASOHN chat line very helpful	1%
Distances travelled to attend courses	1%
Occupational health qualification confusing in terms of the certificate course before 1996 not being recognized	1%

A summary of the section, identifying the educational needs of the occupational health nurse, is presented in Table 4.5, above.

Occupational health nursing is such a complex speciality and takes part in a variety of contexts. Educational opportunities and potential for further studies may therefore seem limitless. (Ferguson, 2003: 9). Focusing on the educational needs of the occupational health nurse, as identified in this study, would improve the continual professional development of this speciality field.

Implementing a strategy with the following focus could fulfill the educational needs of the occupational health nurse and could improve the continual professional development of the occupational health nurse according to the results of this study. The strategy should include the following: One-day workshops which include the topics of choice from the occupational health nurse and at regional monthly meetings of SASOHN discussions regarding interesting case studies. Funding should be made available for those occupational health nurses that cannot afford professional development sessions. The importance of continual professional development as well as the important role that the occupational health nurses play in the organisation should be communicated to all employers. The following factors could also contribute to the professional development of the occupational health nurse: rotating duties at various occupational health clinics with colleagues and experts in the field to broaden knowledge of occupational health (Guskey & Yoon, 2009:496) and the attendance of professional development sessions would increase, if the courses are run on a Saturday and motivated correctly. Other important factors that contribute to the professional development of the occupational health nurse are to increase occupational health nurses' access to computers, as they can be used as powerful tools for continual professional development through systems such as chat-groups and to make continual professional development sessions accessible to all occupational health nurses. As indicated in a previous study, the participants proposed practical education for nurses and continuing education on ethical, clinical and legal issues (Kontio, Välimäki, Putkonen, Cocoman, Turpeinen, Kuosmanen & Joffe, 2008:202). This is also in line with the findings of this study that more practical education is needed including biological monitoring and basic occupational health skills.

4.8 Section C: Psychosocial needs of the occupational health nurse related to professional development programmes

This section of the questionnaire presented important information gathered regarding the psychosocial needs of the occupational health nurse that could influence the professional development programmes.

Question 24 - 25: Feelings regarding the occupational health profession

Respondents were asked about their feelings towards the occupational health profession.

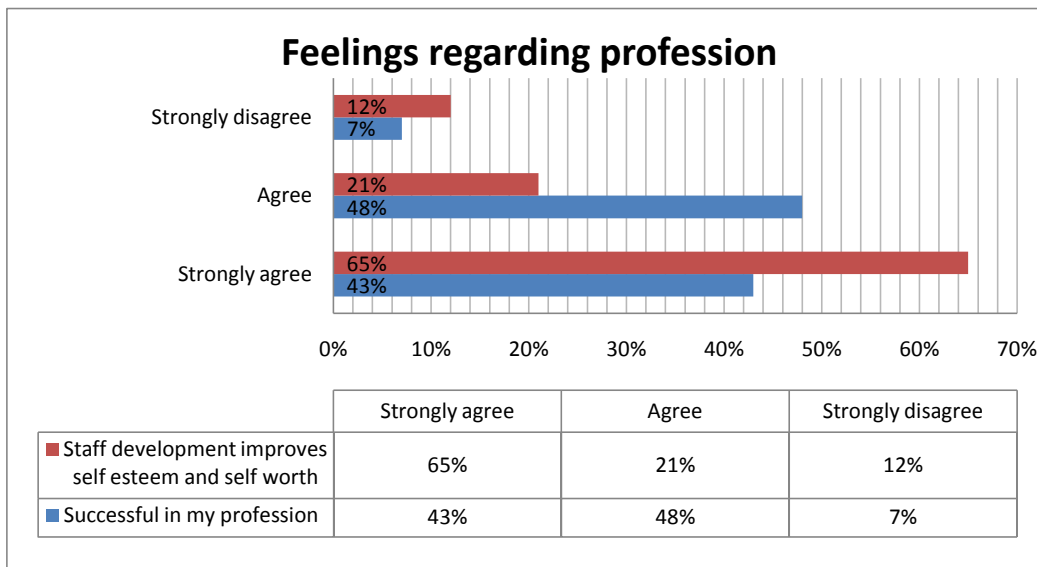


Figure 4.21: Feelings regarding the occupational health profession

According to Figure 4.21, 65% of the respondents strongly agreed that staff development does improve their self esteem and self worth; 21% just agreed that staff development does improve their self esteem and self worth and only 12% strongly disagreed with the fact that staff development does improve their self esteem and self worth. It can therefore be concluded from the findings of this study, that most of the respondents felt that staff development definitely improve their self esteem and self worth which contributes to continual professional development.

In order for the profession to improve and for the individual to feel that their actions are worthwhile, occupational health nurses need to believe in what they are doing. The occupational health profession needs to add value to the business as a whole in order to have a positive impact. It is therefore important to review and enhance the value of specific occupational health services at least annually as a minimum. Professional growth could be enhanced by reflecting on feedback, coaching, training and business mentorship (Butterworth, Henderson & Minshell, 2008:32). These actions will improve the professional development of the occupational health nurse and the occupational health service rendered.

As reflected in Figure 4.21, 43% of the respondents strongly agreed that they felt successful in their profession; 48% agreed that they felt successful in their profession with only 7% of the respondents not feeling successful in their profession. It can therefore be concluded that most of the respondents felt successful in their profession.

By feeling successful in the occupational health profession encourages all occupational health nurses to promote themselves, their teams, their organisations and the profession (Butterworth, Henderson & Minshell, 2008:32). By promoting the profession it motivates all the occupational health nurses to continually develop in their specialized field.

Question 26: Staff development instructors are elected democratically in occupational health

The respondents were asked if the staff development instructors were elected democratically and responses were as follows.

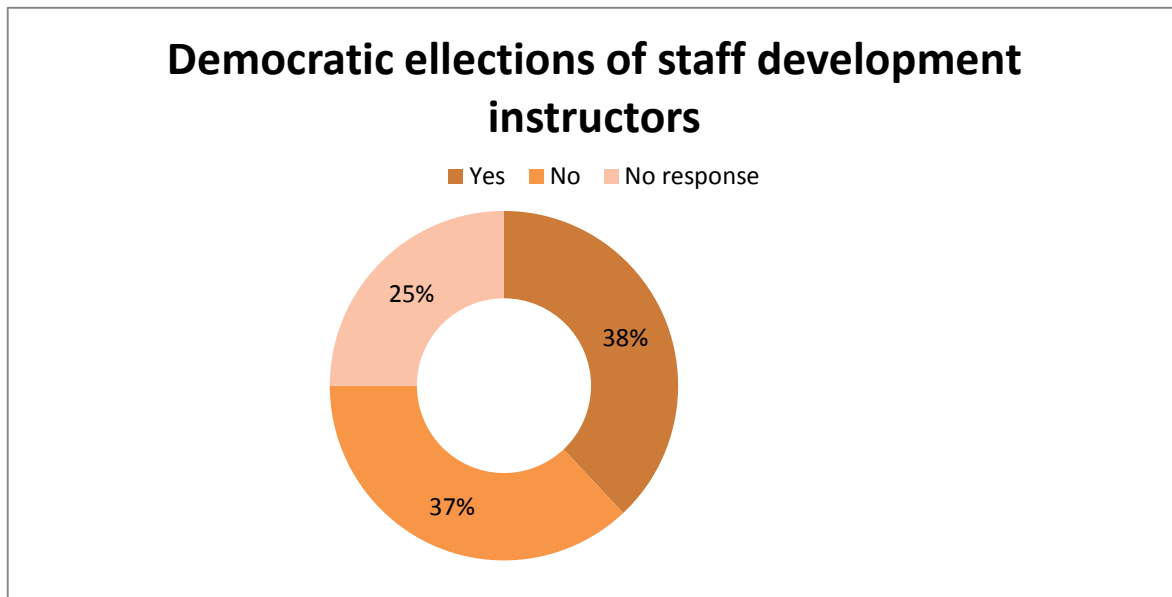


Figure 4.22: Democratic elections of staff development instructors

According to Figure 4.22, 38% of the respondents indicated that the staff development instructors were elected democratically; however, 37% of the respondents indicated that the staff development instructors were not elected democratically and twenty five percent (25%) did not response.

The critical activities of the nurse educator as a specialist in professional development could be defined as the following:

- to ensure the orientation of new members to the organisation;
- to conduct competency assessments of the members skills in order to improve the performance in practice;
- to promote in-service education;
- to promote continuing education in order to improve the nurses knowledge, skills and attitudes;
- to clarify roles during career development;
- to encourage research and academic partnerships with tertiary institutions (Matthews, 2009: 8).

With these activities in place, the staff development instructor will encourage effective continual professional development.

In professional development, it is not only the staff development instructor that plays an important role in the process of professional development, but also the relationship between the instructor and the librarian. With regard to the completion of professional development assignments, opening communication channels between the librarians and staff development instructors is a critical first step. Strategies such as establishing a liaison programme between the library and the training department, attending training departmental meetings, constructing and taking part in professional development activities for instructors about library resources and services, and getting involved in curriculum development for training programmes are also vital (McAdoo, 2009:40). A positive and continually growing relationship between the librarian and the staff development instructor could be beneficial to the nursing practitioner as a whole.

Question 27: Colleagues that help out in your office while you attend external meetings, workshops and/or conferences

The respondents were asked to point out whether they have colleagues that can help out in the occupational health clinics while they were attending external meetings, workshops and/or conferences.

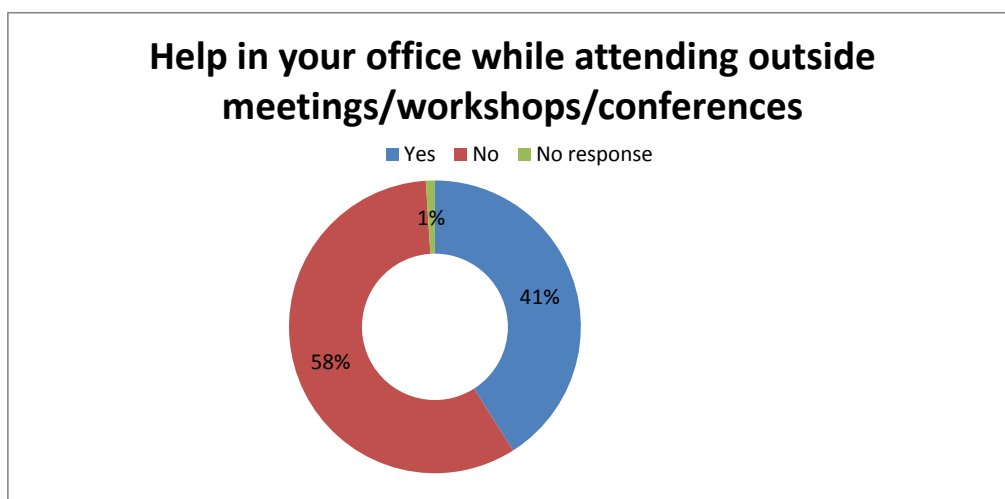


Figure 4.23: Help in your office while attending outside meeting, workshops and/or conferences

According to Figure 4.23, 58% of the respondents indicated that they did not have any help or assistance in their clinics while they were attending external meetings, workshops and/or conferences and 41% indicated that they did have help in their clinics. One percent (1%) of the respondents did not answer this question.

Most of the occupational health clinics use locums to assist with their clinics while attending meetings, conferences or workshops. Although not all the occupational health clinics have the luxury to place locums, the role of a locum can be beneficial to nurses. The exposure of locums to such a variety of environments will widen the sphere of their experience as well as to assist in building their confidence and competency on the job (Day, 2010:72). Using experienced locums can assist in the continuity of the occupational health service rendered in the absence of the permanent staff.

A study investigating the accessibility and continuity factors of patients in primary healthcare clinics in Canada revealed that offering care in the evenings, access to telephone advice and having operational agreements with other healthcare facilities, increased the accessibility and continuity of the service (Haggerty, Pineault, Beaulieu, Brunelle, Gauthier, Goulet & Rodrigue, 2008:116). To place locum staff in occupational health clinics will therefore assist in the continuation of the service while attending professional development sessions.

Question 28: Administrator assisting with the administrative tasks

The respondents were asked if they have an administrator available in the occupational health clinic to assist with all the administrative duties.

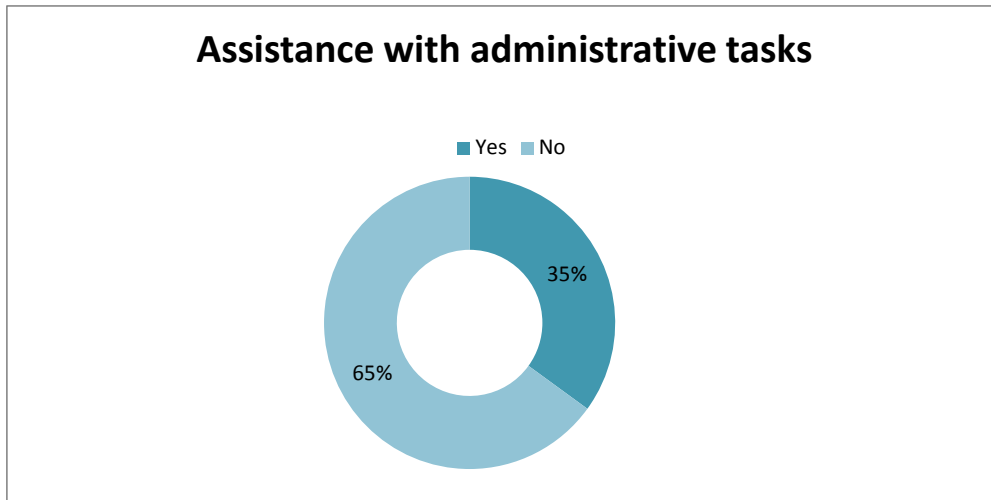


Figure 4.24: Assistance with administrative tasks in the clinic

According to Figure 4.24, 65% of the respondents indicated that they have administrative staff assisting with the occupational health clinics while 35% indicated that they lack the support of an administrator assisting with the administrative tasks in the occupational health clinics.

According to previous research done, the number of administrative tasks can affect the implementation of the nursing diagnosis which, in turn, influences the quality of nursing care (Peganin, Moraes, Pokorski & Rabelo, 2008:153). If the administrative tasks influence the quality of care, it will also indirectly impact on the time available for professional development.

In order to have enough time to be able to fit in continual professional development, time management is crucial in the occupational health setting. Certain aspects such as having allocated times for phone calls and e-mails, planning the week in advance and concentrating on one task at a time can, in the long run, saves a lot of time (Westwood, 2009: 76).

Question 29: Participants allowed to attend any recreational activities at work

The respondents were asked if they are allowed to attend any recreational activities at work which can minimise stress at the workplace.

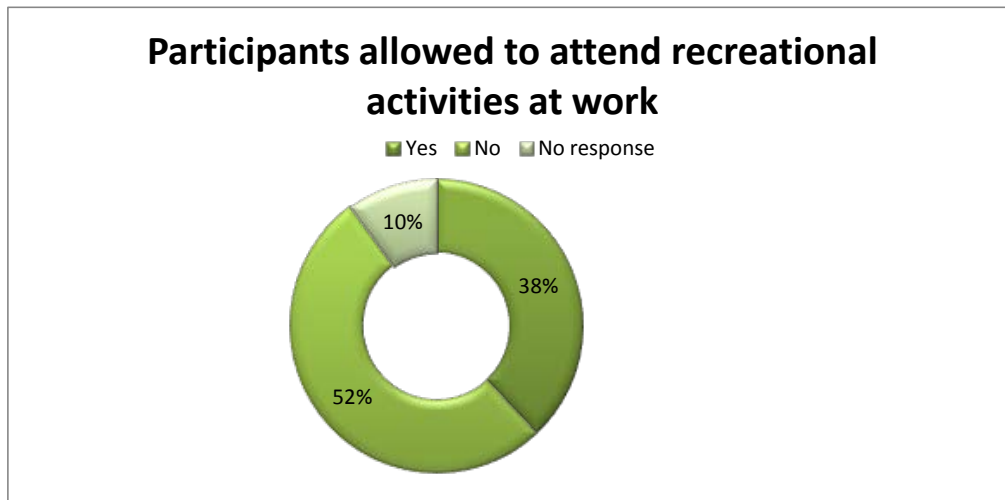


Figure 4.25: Participants allowed to attend recreational activities at work

Based on Figure 4.25, 52% of the respondents indicated that they are not allowed to attend recreational activities at work, while only 38% of the respondents are allowed to attend recreational activities at work. Ten percent (10%) did not respond.

Although the majority of the respondents noted that they are not allowed to attend recreational activities at work, it is important to understand the implications thereof. In a previous research study, it was found that passive forms of leisure helped with coping with work stress (Trenberth, Dewe & Walkey, 2009:99).

Despite the nature of the stressor, the time spent with supportive individuals helps promote coping and dealing with chronic stress. Leisure also gives the

chronically-stressed person something to look forward to and help them to manage ongoing stressors in their lives more effectively (Hutchinson, Bland & Kleiber, 2008:13).

Leisure activities that consist of a stress-buffering role leave people less distressed, rejuvenated and more focused (Kleiber, Hutchinson & Williams, 2002:222). It can be concluded that involving oneself in leisure activities on a regular basis, helps one cope with stress and could improve professional development by being more focused.

Leisure activities do not function only as stress-relieving activities, but also improves general health. In previous research conducted on underactive older adults between the ages of 55 and 65 years, the recreational sports programme decreased their heart rate and improved their cardiovascular function (De Jong, Lemmink, Scherder, Stewart, King & Stevens, 2009:982).

As described above, leisure activities have many positive advantages that can directly and indirectly affect continual professional development.

Question 29A: Examples of recreational activities currently involved in

Respondents were asked to give examples of the recreational activities they are involved in.

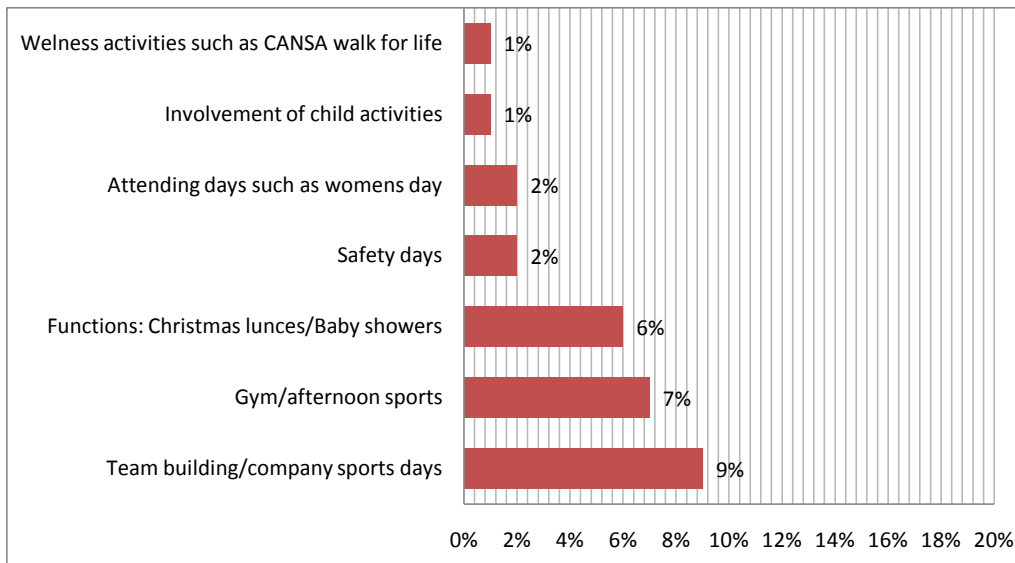


Figure 4.26: Examples of recreational activities currently involved in

As indicated in Figure 4.26, only 9% of the respondents took part in team building or company sports days, and only 7% of the respondents took part in afternoon sports or attend gym. Two percent (2%) of the respondents took part in safety days while another two percent (2%) attend activities such as special event days including women’s day events. Only 1% of the respondents’ companies include child activities in their recreational programme and 1% of the respondents took part in wellness activities such as the CANSA walk for life. From this it is clear that the majority of respondents do not take part in recreational activities at work. It was unclear whether the activities were not available or whether the respondents were not interested in participating in the recreational activities provided. The main concern is that the respondents are not taking part in recreational activities to lesson work stress or to improve their general health status as mentioned previously. Recreational activities are not just participating in sports but can take on many shapes and forms.

In a study conducted on professional managers, leisure-based activities such as volunteer work, spirituality and leisure–based travel were identified as life saving strategies. Interesting gender differences were also pointed out. For instance female managers focus on health maintenance as recreational activities, and

male managers were more focused on “playing hard” during their leisure time (Iwasaki, Mactavish & Mackay, 2005:91).

Other leisure activities such as regular participation in hobbies and crafts, visiting friends and swimming have been identified to lower levels of depression for older adults (Dupuis & Small, 1995:67).

In the nursing environment, traumatic experiences can change your life over night. After a negative or traumatic life event, restorative leisure activities are the best choice. Restorative leisure activities include demanding forms of exercise such as sports or physical activities; hobbies like remodeling, playing an instrument or other creative activities; self development activities such as journaling, reading self-help books; or learning new leisure skills. Leisure activities such as a family night out are less demanding and could lead to introspection (Hutchinson, Bland & Kleiber, 2008:14).

Question 30: When last did you receive a salary increase?

Salary increases are important in the employment of staff. Respondents were asked to indicate when last they received a salary increases.

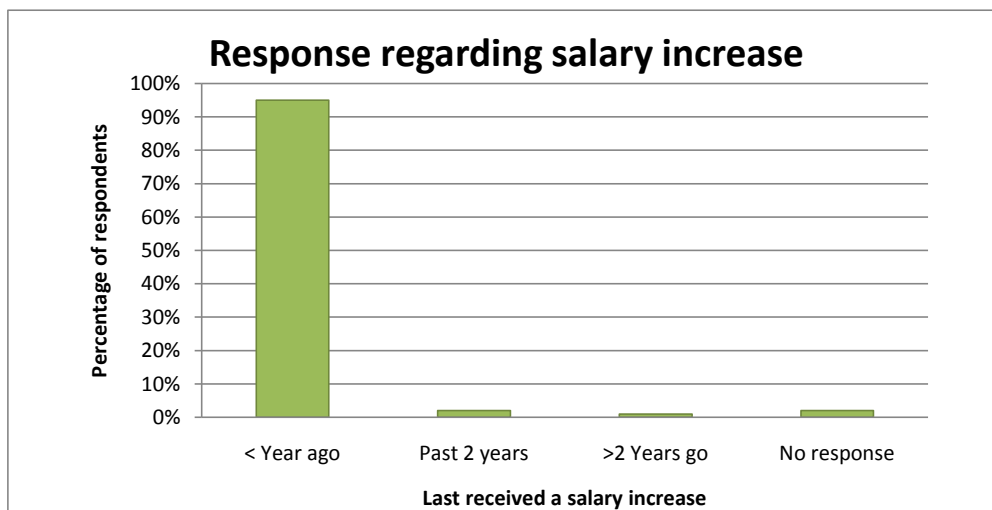


Figure 4.27: When last a salary increase was received

As seen in Figure 4.27, the majority (95%) of the respondents received a salary increase less than a year ago. Two percent (2%) of the respondents indicated that they received salary increases in the past two years and less and only 1% of the respondents indicated that they received salary increases more than two years ago. Only two percent (2%) of the respondents had no response.

Wage increases lead to short and long-term outcomes. In the short term, the wage increase will attract currently employed registered nurses as well as unemployed registered nurses to join the labour market. The currently employed registered nurses also work overtime to increase their wages. The increase in registered nurses in the labour market should solve the nurses' shortage in the short term (Buerhaus, 2008:276).

In the long run, the wage increase can inspire people to become registered nurses as the wage packages are quite attractive. Wage controls, on the other hand, can prevent the flexibility of wage adjustments which can lead to the shortage of registered nurses (Buerhaus, 2008:278). It is, therefore, important that leaders in nursing as well as organisations that influences public policymaking keep in mind the implications of wage controls on the registered nurses. In 2010 in South Africa, the industrial action that was undertaken by public sector nurses to increase their salaries caused severe interruptions in the patient healthcare (Harrison, 2010:5). Wage controls can indirectly influence professional development. If insufficient salary adjustments as well as ill-planned budgets for training purposes of the occupational health nurse take place, continual professional development will not take place due to insufficient funds set aside for continual training.

Question 31: Does your company pay for all the educational programmes that you attend?

The respondents were asked to indicate if their company pays for the attendance of educational programmes.

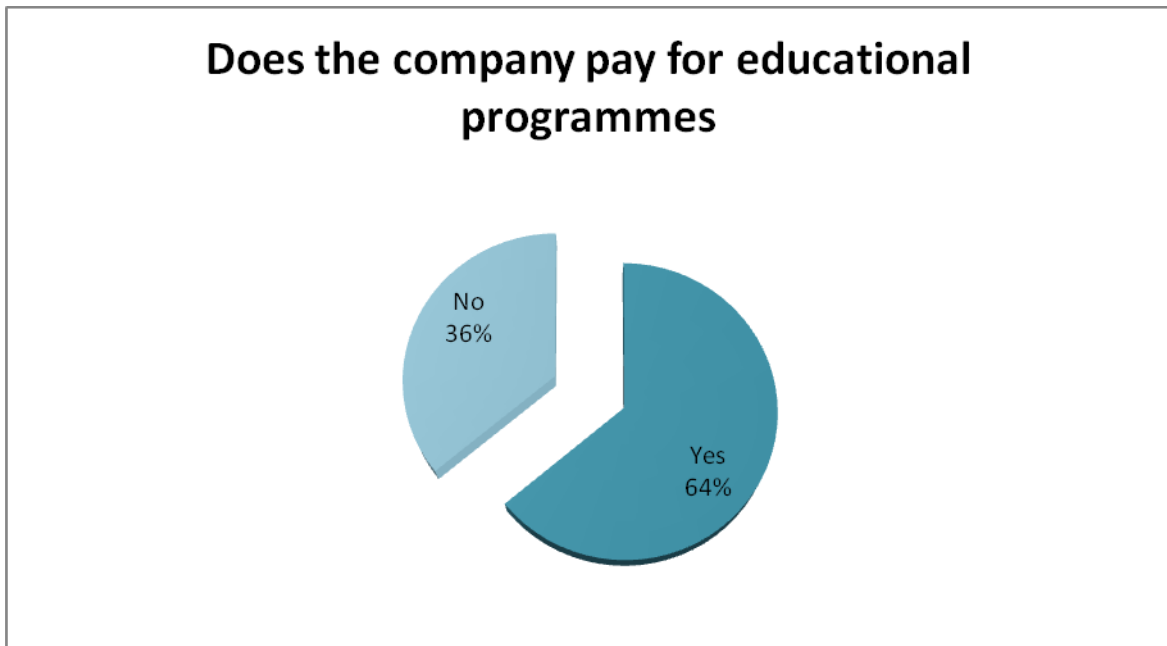


Figure 4.28: Company pays for educational programmes

In Figure 4.28, 64% of the respondents indicated that their companies pay for the attendance of educational programmes, whereas 36% of the respondents indicated that their companies do not pay for them to attend educational programmes.

It was clear in the results that the majority of companies pay for the respondents' attendance of educational programmes. In 2006, nearly \$3.4 million of nursing grants were rewarded by the Kansas Board of Regents in order to increase nursing capacity. These grants were distributed to 20 public higher education institutions (Kansas State Nurses Association, 2006:8).

Legislation regarding nursing student loan funding has helped to alleviate nursing shortages in Arkansas, America. Legislation was updated to give nursing loans not only to nursing students but also to individuals who agreed to teach nursing in Arkansas (Hicks, 2009:6). This funding will, in the long run, improve professional development.

Question 31: Remarks regarding company subsidy for educational programmes

The respondents were asked to elaborate on their opinions regarding companies subsidising their attendance of educational programmes.

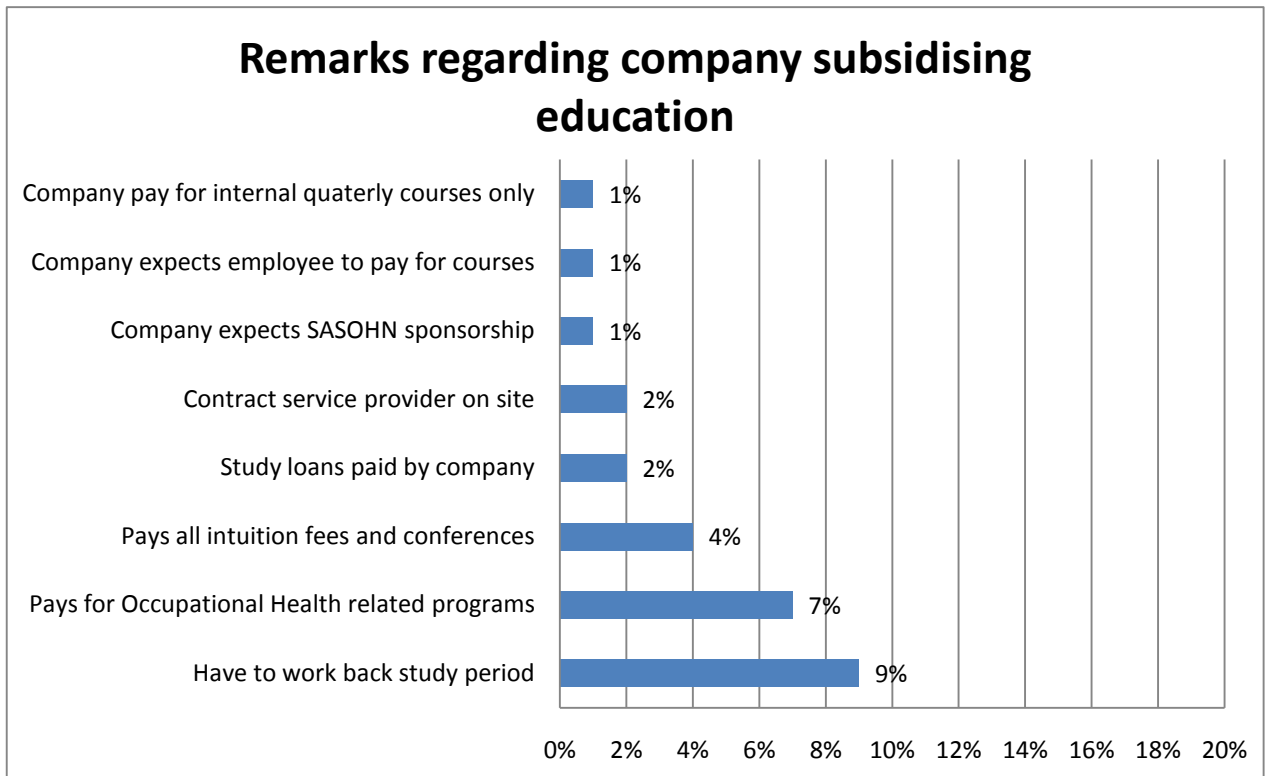


Figure 4.29: Remarks regarding company subsidising education

In Figure 4.29, only 9% of the respondents indicated that if their company subsidises their attendance of educational training programmes, they have to work back the study period. Only 7% of the respondents indicated that their companies pay for occupational health-related programmes and 4% mentioned that their companies pays for all the tuition fees for educational programmes as well as conference fees. Two percent (2%) of the respondents pointed out that study loans are paid by their company while another 2% of the respondents indicated that they are a contract-service provider on site and therefore do not share in this advantage of receiving funding for educational programmes. A minority of respondents indicated that their company expects SASOHN to sponsor educational programmes (1%); their companies expect the employee to

pay for educational programmes (1%) and that the companies pay for internal quarterly courses only (1%).

In a summer internship programme run for senior nursing students in Kansas the hospital paid all tuition fees, on condition that they work back at least a year after they register as nurses. The advantages of such internship programmes were that the students gain additional clinical experience and that it will improve their own learning outcomes (Toofany, 2007:16–17). Subsidising internship programmes can therefore motivate continual professional development.

It is important to remember, as mentioned by Buchan (2009: 26), that in order to have educational funds available at the time, strong advocacy on national level is needed. Organisations such as DENOSA and SASOHN in South Africa continually motivate for educational training on a national level to improve the professional status as well as the quality of nursing in South Africa.

One of the key factors when deciding to return to school or with professional development programmes, will be how to finance it. When investigating for financial aid, one of the first places to start is one's employer. The financial aid advisors at the institution where the programmes are run can also be of assistance (Trossman, 2010:1).

Question 32: Aspects influencing your psychological wellness

The respondents were questioned regarding aspects that influence their psychological wellness at work, according to the following scale: never, seldom and always.

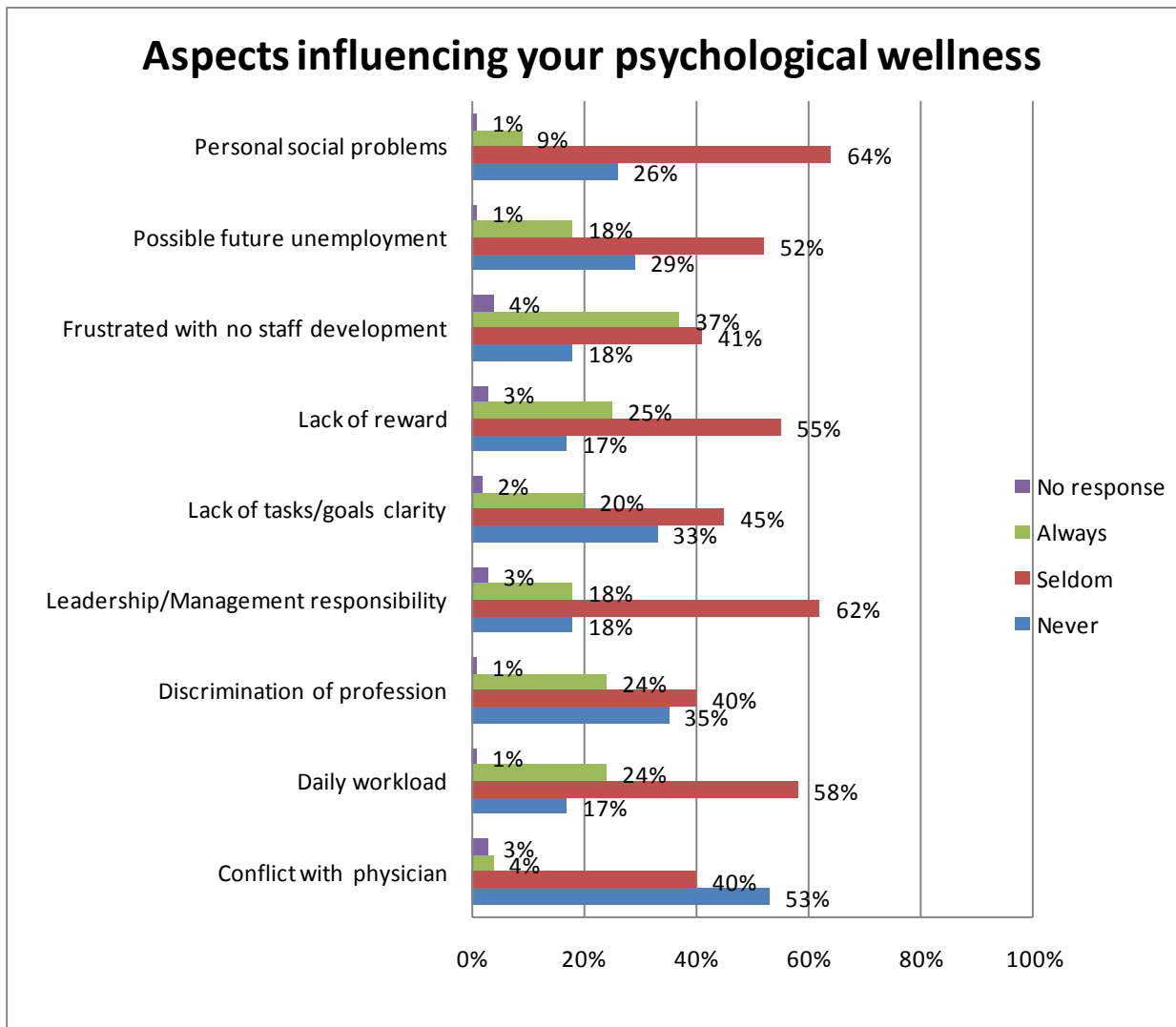


Figure 4.30: Aspects influencing psychological wellness

According to Figure 4.30, 53% of the respondents indicated that they never have conflict with the physician and 40% of the respondents mentioned that they seldom have conflict with the physicians at work. In Figure 4.30, in terms of daily workload influencing the respondent’s psychological wellness at work, 58% indicated that their workload seldom has an influence, whereas 24% admitted that their daily workload always has an influence on their psychological wellness. In Figure 4.30, 40% of the respondents pointed out that the discrimination of the profession seldom has an influence on the psychological wellness and 35% noted that the discrimination of the profession never has an influence on the psychological wellness. In Figure 4.30, 62% of the respondents mentioned that leadership or management responsibilities seldom influence their psychological wellness. Figure 4.30, shows that 45% of the respondents indicated that the

lack of task or goal clarity seldom has an influence on their psychological wellness, while 33% indicated that lack of tasks or goal clarity never has an influence on psychological wellness. In figure 4.30, although 55% of the respondents indicated that the lack of reward at work seldom influences psychological wellness, only 25% mentioned that it always influences their psychological wellness. According to Figure 4.30, with regard to frustrations due to no staff development taking place, 41% of the respondents indicated that these frustrations seldomly influence their psychosocial wellness, whereas 37% of the respondents felt that it will always influence their psychosocial wellness. In figure 4.30, 52% of the respondents mentioned that they seldomly showed fear of possible unemployment in future and 29% of the respondents did not have any fear at all with regard to possible unemployment in future. In Figure 28, 64% of the respondents pointed out that personal social problems seldom influence psychosocial wellness and 29% indicated that personal social problems never influence psychosocial wellness.

The results of significance, that always influence the psychosocial wellness at work, were that no staff development is taking place (37%), a lack of reward at work (25%), discrimination shown towards the profession as an occupational health nurse (24%) and the daily workload (24%).

In a previous study conducted in Taiwan, while investigating the nurses experience of stress in the current health system, it was shown that the heavy workload per shift resulted in high levels of occupational stress as well as psychological distress (Su, Boore, Jenkins, Liu & Yang, 2009:3179). Daily workload was one of the factors indicated that always influenced the psychological wellness of the respondents.

In a study conducted by Sankelo and Akerblad (2009: 3197), it was shown that heavy workload could lead to high levels of stress.

Public sector nurses were extremely dissatisfied with the level of safety in the workplace, the risk of infection, the risk of injury and the physical environment. Workload was also one of the contributing factors of dissatisfaction (Pillay, 2009:7).

Nurses that receive recognition for their efforts are more likely to feel respected in their workplace (Faulkner & Laschinger, 2008:220). This study indicated that a lack of reward always has a negative influence on the psychological wellness of the occupational health nurse.

It can therefore be concluded that a lack of reward as well as a heavy workload have an influence on the psychological wellness of the occupational health nurse.

Question 33: Do you work overtime?

The respondents were questioned regarding overtime worked and the results are summarised in Figure 4.31.

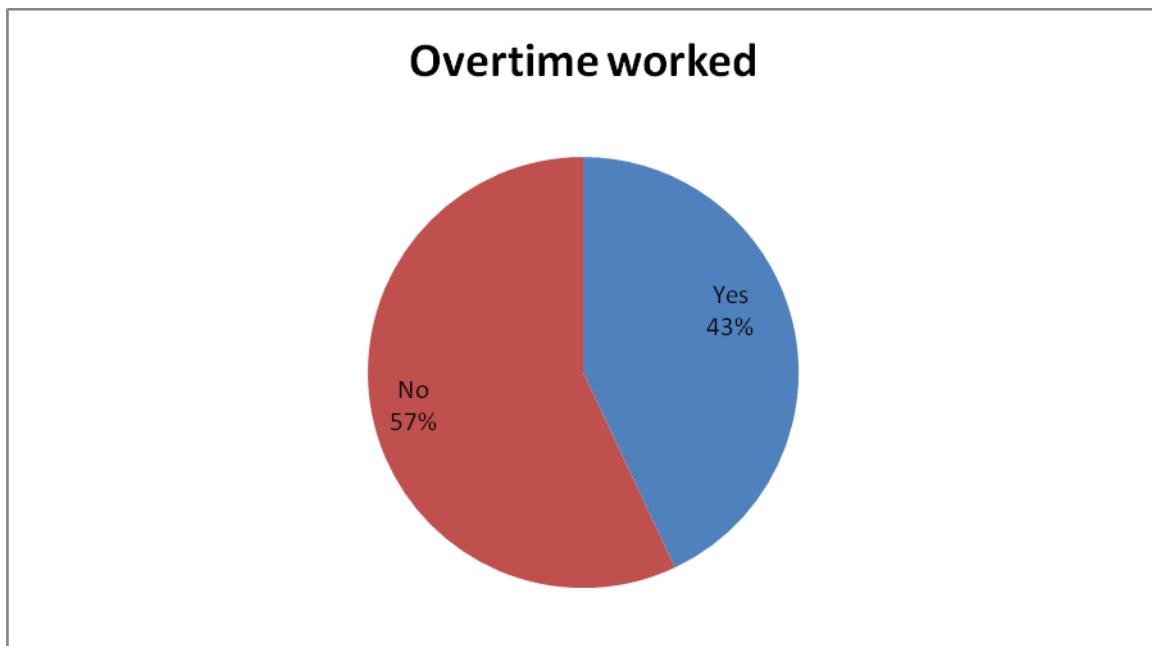


Figure 4.31: Overtime worked by occupational health nurses

The majority (57%) of the respondents indicated that they do not work overtime while 43% of the respondents indicated that they do work overtime.

One of the reasons nurses work overtime is to earn an extra income. In a previous study it was found that nurses earn a sixth of their salaries by working overtime or out of normal working hours (Writer, 2010:8).

In a study investigating whether overtime should be voluntary or involuntary the results indicated that moderate overtime work does not pose a problem if the employees have the freedom to decide whether or not to work overtime (Beckers, van der Linden, Smulders, Kompier, Taris & Geurts, 2008:47). Overtime worked could also have less negative effects physically and socially if the employee can decide by themselves when to work overtime (Beckers, van der Linden, Smulders, Kompier, Taris & Geurts, 2008:48).

As shown in the results of this study the majority of the Occupational health nurses do not work overtime by choice.

Question 34: How many hours per week consist of overtime?

The respondents were asked to note how many hours per week worked consist of overtime. The hours of work serve as a control measure during employment.

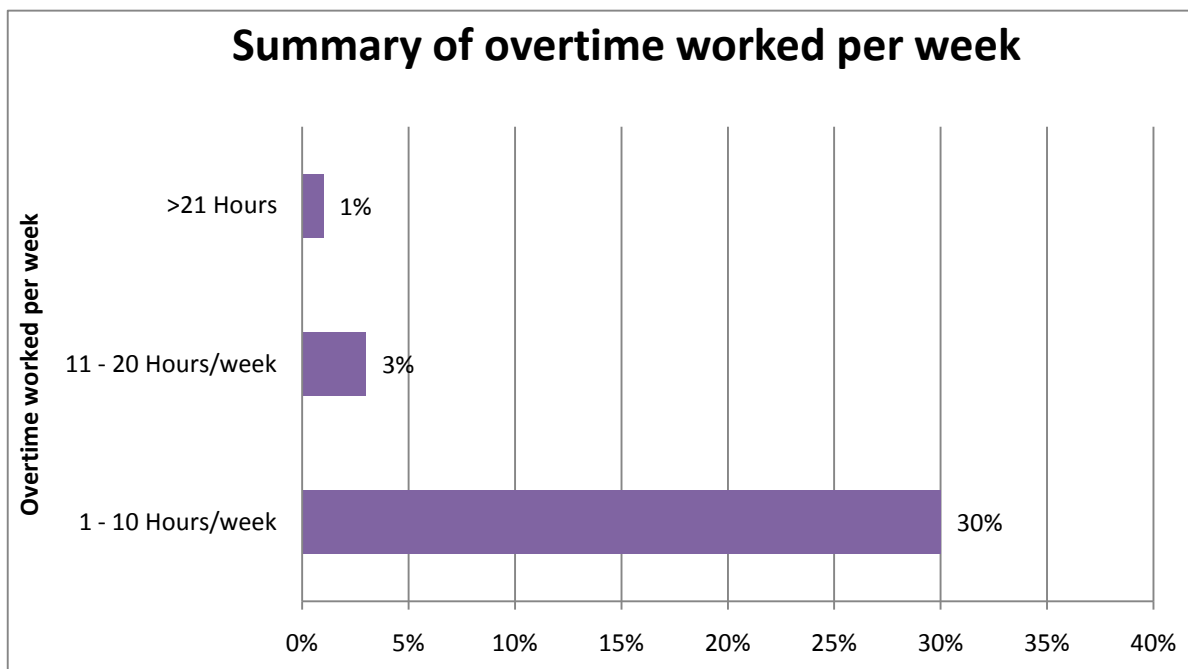


Figure 4.32: Total overtime hours worked per week

The results in Figure 4.32 show that 30% of the respondents work between 1-10 overtime hours per week with the average of 2 hours per week.

Results in a RCN (Royal College of Nursing) report of 2007, it was shown that nurses in Wales work an average of 4.2 hours overtime per week and those working overtime on a regular basis work 7.4 hours overtime per week (Hart, 2008: 7). This is in line with the findings of this study.

In another study conducted on nurses in Texas, only 2% of the respondents indicated that they worked 16-hour shifts. According to the results, it could be concluded that the nurses worked between 4 and 8 hours overtime depending on the shifts normally allocated. In the same study, the nurses were primarily working 8-hour shifts or 12-hour shifts (Thomas, 2005:2). Overtime worked per week indicated by the respondents in this study, is in correlation with the results of previous studies.

Question 35: Comments regarding psychosocial needs of the occupational health nurse

The respondents were also asked for any further comments regarding the psychosocial needs of the occupational health nurse.

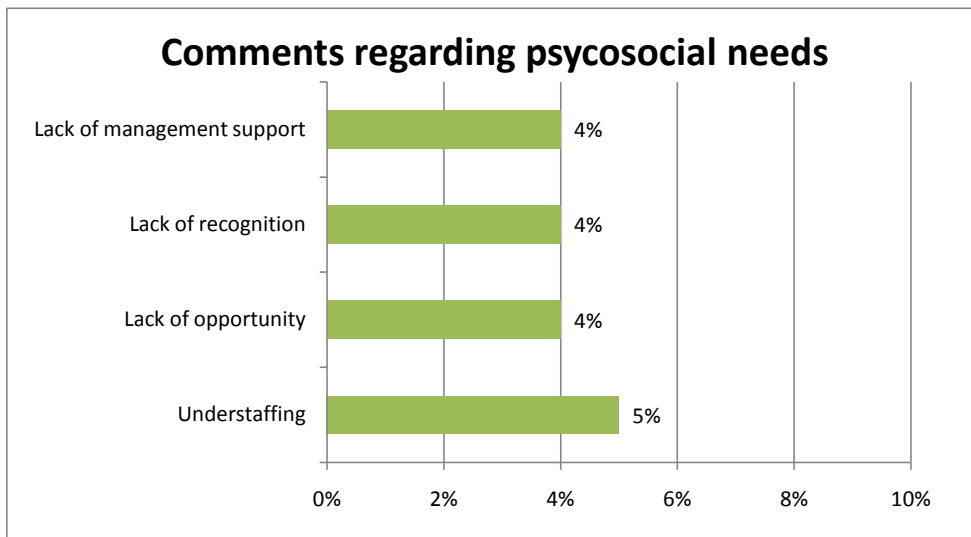


Figure 4.33: Comments regarding psychosocial needs of the occupational health nurse

The most significant comments, according to Figure 4.33 were that 5% of the respondents were concerned with understaffing in occupational health clinics and 4% of the respondents were concerned with the lack of opportunity; another 4% mentioned the lack of recognition while a further 4% pointed out the lack of management support. Although the percentages of responses were minimal, the implications can be quite significant; for instance, if there is lack of management support, continual professional development will not be a priority.

According to a study conducted on nurses and team communication practices that could enhance patient care, a positive, supportive workplace climate could lead to better patient care (Propp, Apker, Ford, Wallace, Serbenski & Hofmeister, 2010:25). This emphasises the findings that a lack of management support, a lack of opportunities and a lack of recognition creates a negative working environment that influence patient care directly.

Staffing shortages can put the occupational health nurse at risk as well. It is important to deal with these challenges professionally by applying the following principles: ask for help if asked to do something out of the normal scope of practice; prepare for a staff shortage ahead of time; enquire with regard to direct supervision; share information between clinicians to prevent miscommunication and never leave the client in the middle of a treatment session (Vermont Nurse Connection, 2010 Feb-Apr: 15). Applying these principles could assist in dealing with staff shortages and lessen the psychosocial stress of the occupational health nurse.

4.9 Section D: Barriers in the occupational health environment that might influence professional development in the occupational health setting

This section of the questionnaire presented important barriers in the occupational health environment that might influence professional development.

Question 36 & 37: Professional development barriers in the occupational health setting

The respondents were asked to indicate whether the barriers mentioned in the questionnaire have an impact on the professional development of the occupational health nurse.

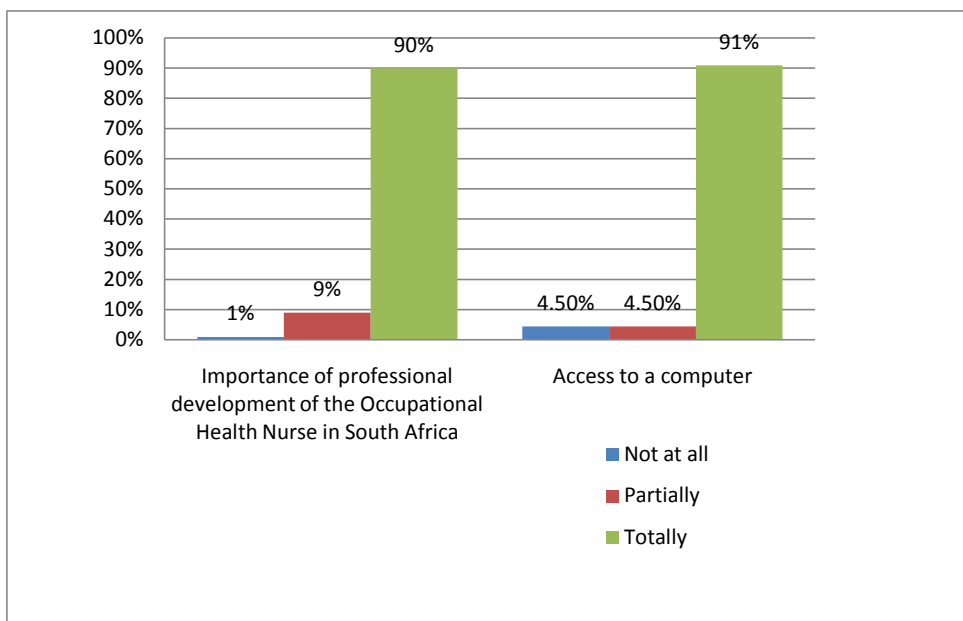


Figure 4.34: Professional development barriers in the occupational health setting

According to the results as illustrated in Figure 4.34, 91% of the respondents totally agree that access to computers is important to improve professional development with 90% of the respondents indicating that they totally agree that

the professional development of the occupational health nurse is very important in South Africa today.

In a study conducted by Eley et al, the most common barrier identified influencing access to computer technology, was due to heavy workload and a lack of time (Eley, Fallon, Soar, Buikstra & Hegney, 2008:2758). Although the workload was identified as a barrier to improving their computer skills, it was mentioned that nurses were keen to learn and were using computers to improve their professional skills for the purpose of enhancing their careers (Eley, Fallon, Soar, Buikstra & Hegney, 2008:2765). Access to computers and the importance of professional development was also evident in the study conducted on Australian nurses and correlates with the findings of this study.

Although professional development and access to computers have been identified as important for the development of a nursing career, quite a few barriers have been identified with regard to e-learning. The most common barrier identified was a lack of confidence with e-learning and a lack of time to prepare learning materials, as well as a lack of support and guidance to use this method, problems with networks, problems with available facilities and limited student IT skills (Blake, 2009:226 & 228). Even though barriers have been identified with regard to e-learning, it was evident that it plays an important role in professional development and was chosen as a mode of educational delivery by a majority of healthcare academics (Blake, 2009:232).

Question 38-40: Professional development barriers in the occupational health setting

The respondents were asked to indicate whether more of the barriers mentioned in the questionnaire have an impact on the professional development of the occupational health nurse.

Table 4.6: Professional development barriers in the occupational health setting

QUESTION	QUESTION	Yes	No
Q 38	Did you receive any formal training on using a computer?	54%	46%
Q 39	Do you have access to the internet?	84%	16%
Q 40	Do you have access to libraries/universities/technikons from your home?	68%	32%

According to the results shown in Table 4.6, 54% of the respondents mentioned that they received formal training on the use of a computer, while 84% of the respondents have access to the internet and 68% of the respondents have access to tertiary institutions.

In contrast with the findings of this study, Gilmour identified a few reasons why postgraduate students were not using online information. One of the major reasons was insufficient time. With regard to receiving training on how to use internet resources, 67% of the respondents indicated that they were self-taught, 61% of the respondents were taught by a librarian to use internet resources and 35% were taught by family members. In contrast with this study, it was discovered that only 14% of the respondents were being taught formally to use internet resources (Gilmour, 2008:22).

In a previous study exploring the training experiences of ICU nurses using computerised equipment, the results show that the nurses had a negative impact on their clinical experience of using the equipment. Some of the identified negative aspects were explained as frustration and fear, discomfort using numerous passwords and the time it took to use the computerised equipment. The training experiences noted in the study conducted by O'Connell identified barriers to using computerised equipment and is in contrast with the findings summarised in Figure 4.34 (O'Connell, Reid & O'Loughlin, 2007:51).

Question 41: How far is the closest library/ university/ technikon from your home?

The respondents were questioned regarding their distance from the closest library, university or technikon from their home.

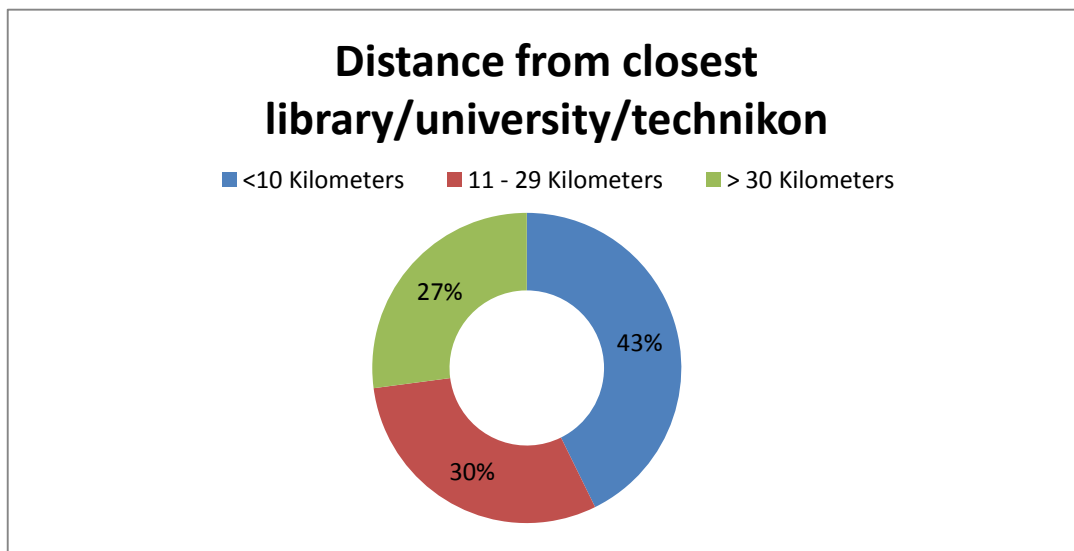


Figure 4.35: Distance from the closest library/university/technikon

Forty-three percent (43%) of the respondents indicated that libraries and tertiary institutions are less than 10km from their home with 30% of the respondents living between 11-29kms from libraries and tertiary institutions. Twenty-seven percent (27%) of the respondents indicated that libraries and tertiary institutions were more than 30kms from their home. According to the results summarised in Figure 4.35, the majority of the respondents have easy access to libraries and tertiary institutions that assist them with the professional development of their nursing careers.

As previously mentioned, the majority of respondents have easy access to libraries and tertiary institutions as, geographically, their homes are close to libraries and tertiary institutions. Therefore, access to these libraries and tertiary institutions should be marketed in these areas in order to obtain more occupational health nurses attending these institutions for professional development. Marketing virtual libraries could be very effective as the majority of respondents have internet access according to Table 4.6. Advertising on the web

and social networking sites can increase the use of university libraries and could even motivate the users to register for courses at particular universities (Fagan, 2009:27). How students are marketed is also important. Marketing strategies such as advertising using puzzles, having an open house, arranging fun games and using tools such as iPods and twitter can reach students quicker and easier (Boulé, 2009:24–25).

Question 42-46: Opinions regarding professional development barriers in the occupational health setting

The respondents were asked to give their opinions regarding professional development barriers in the occupational health setting.

Table 4.7: Opinions regarding professional development barriers in the occupational health setting

QUESTION NR	OPINIONS	Yes	No	No response
Q42	Orientation for staff development should be available	92%	2%	6%
Q43	Employers always organise sessions for professional development	33%	63%	4%
Q44	Employers encourage employees to be educated and to display knowledge, skills and attitude	74%	21%	5%
Q45	Little time to focus on personal development programmes	48%	46%	6%
Q46	Training material/aids for professional development should be available	91%	4.5%	4.5%

The majority (92%) of the respondents mentioned that orientation regarding staff development should be available with 91% of the respondents indicating that training materials or aids for professional development should be made available. Seventy-four percent (74%) of the respondents were of the opinion

that their employers encourage education, while 48% of the respondents mentioned that, due to time constraints, they cannot focus on personal development programmes. Only 33% of the respondents pointed out that their employers organise sessions for professional development. According to the results summarised in Table 4.7, employers encourage professional development but only a few organise professional development sessions in practice.

In a previous study that identified barriers in physical education the following barriers were identified: large class sizes; inadequate financial resources; insufficient equipment and materials; insufficient time spent in lectures and a low level of principal support (Barroso, McCullum-Gomez, Hoelscher, Kelder & Murray, 2005:317). It can be concluded that training materials and aids are lacking and could be identified as a barrier that influence the professional development of the occupational health nurse.

In order to minimise the barriers that exist in the professional development of the occupational health nurse, it is important to utilise a milestone pathway tool to determine the individual's needs in terms of professional development. The milestone pathway tool focuses on aspects such as professional development goals and what activities should be undertaken to achieve these goals (Cooper, 2009:506–507).

Question 47.1–47.4: Agree or disagree with statements regarding professional development barriers in the occupational health setting

The respondents were asked to agree or disagree with statements mentioned in Table 4.8 with regards to professional development barriers in the occupational health setting.

Table 4.8: Agree or disagree with statements regarding professional development barriers in the occupational health setting

QUESTION	STATEMENTS	0 Not at all	1	2	3 Agree
Q47.1	An OHP should only be allowed to practice nursing by obtaining continual professional development points and submitting them on a yearly basis to the South African Nursing Council	20%	18%	29%	33%
Q47.2	Participation in professional development influences promotion	13%	10%	36%	41%
Q47.3	Attending professional development sessions would improve the occupational health nurses ability and skills to do their job	3%	3%	10%	84%
Q47.4	Training is more important than experience	11%	30%	46%	13%

The majority (84%) of the respondents indicated attending professional development would improve their ability and job skills; 41% of the respondents agreed that participation in professional development influences promotion; 33% of the respondents felt that it is important for the occupational health practitioner to obtain continual professional development points while only 13% of the respondents mentioned that training is more important than experience.

In a previous study, it was learned that the quality of mentorship can contribute to valuable learning experience. The nursing executives located in the metropolitan areas were more likely to utilise career-enhancing opportunities and

to collaborate with research projects (Courtney, Yacopetti, James, Walsh & Finlayson, 2002:205–206). It can thus be concluded that participating in professional development lead to promotion.

Professional development can also take place when career changing takes place. Crapper mentioned that an effective development plan requires an awareness of personal strengths and weaknesses, analysing one's own career, knowledge of which resources are available and needed, and knowledge of one's own personal learning styles. A contributing factor to her professional development experience was the fact that there were motivated skilled staff members that assisted her in her journey to professional development (Crapper, 2005:35). This specific experience enabled Crapper to become a more competent practitioner (Crapper, 2005:36). It can therefore be concluded that participating in professional development does improve one's abilities and job skills.

Question 48: How many occupational health nurses in your occupational health centre?

Occupational health centres can differ in size as well as the total number of occupational health nurses in such a centre. The respondents were questioned regarding the number of occupational health nurses in the occupational health centres.

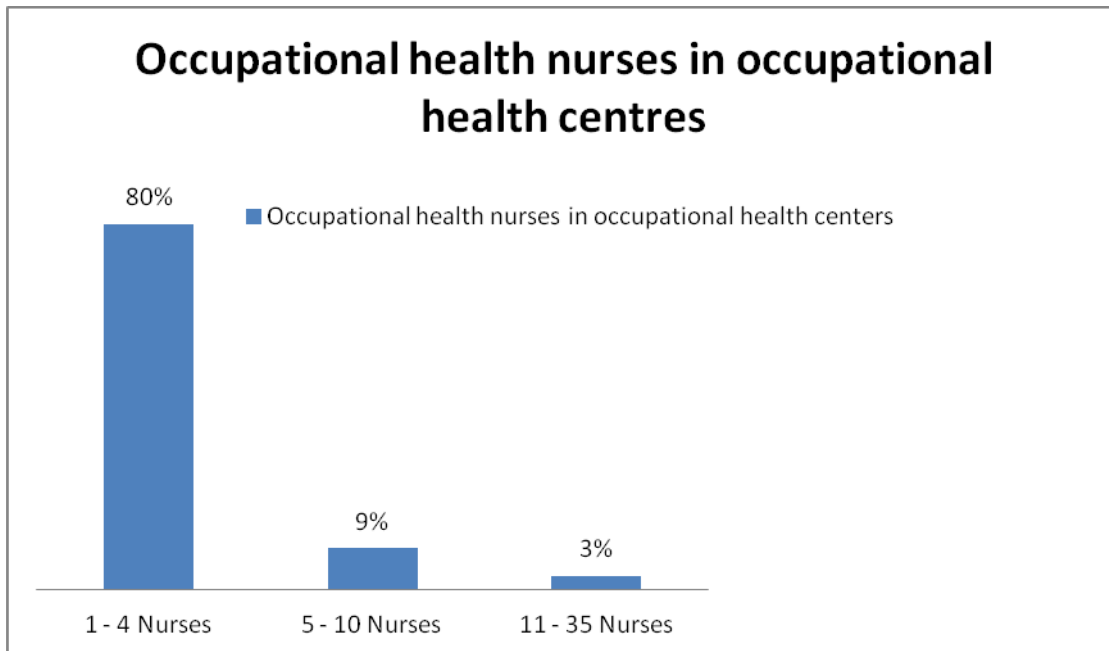


Figure 4.36: Total of occupational health nurses in an occupational health centre

According to Figure 4.36, 80% of the respondents confirmed that one to four occupational health nurses work in a occupational health centre, only 9% of the respondents indicated that 50 nurses work in a occupational health centre and 3% indicated that between 11 and 35 occupational health nurses work in the occupational health centre.

As indicated in the results, the majority of occupational health centres employ one to four occupational health nurses per occupational health centre. In general, one occupational health nurse can render a service to anything from 50-1000 employees. The limitation of this study was that it did not investigate the ratio of occupational health nurses rendering a service to the total number of employees.

In a study conducted by Douglas, it is specified that with regard to nursing staff ratios, the real issue at the end of the day, is to strive towards delivering safe, quality and cost-effective care keeping into account the ever-changing healthcare environment. When planning and arranging staffing there are a lot of decisions such as the number of patients, range of conditions, education requirements, number of registered nurses, number and skill mix of staff, experience level of staff and role and skill competencies to be considered

(Douglas, 2010:119 & 122). In the study, it was concluded that the road to success with regards to staffing ratios is perhaps the link between nursing and finances (Douglas, 2010:125). Finances could be used to solve staffing ratios as well as the educational requirements for the Occupational health nurses.

Previous studies have shown a relationship between the number of patients and burnout by nurses. As soon as there was an increase in the number of patients there was a higher level of burnout and a lower level of satisfaction (Waters, 2006:19). The increase in client service delivery in occupational health could affect professional development negatively.

Question 49: Reasons why it is difficult to attend professional development sessions?

The respondents were asked to give reasons as to why it is difficult to attend professional development sessions.

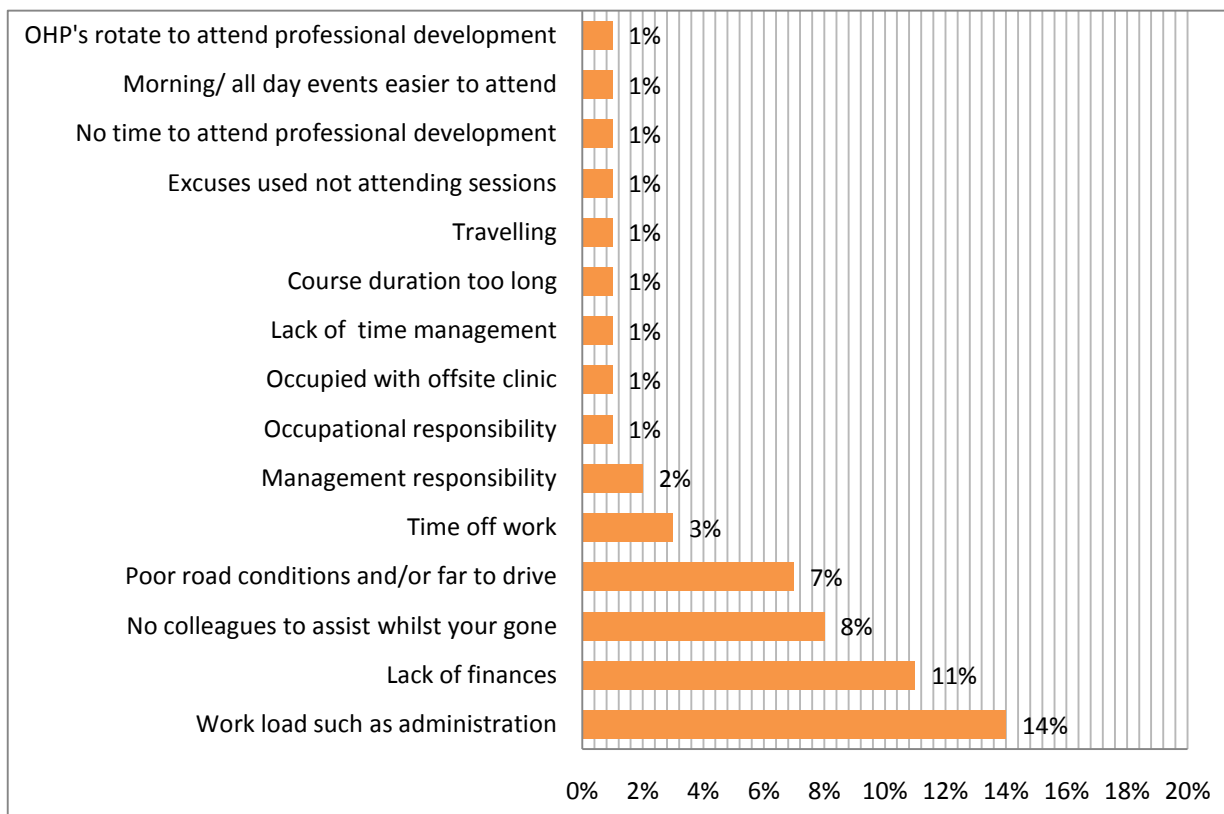


Figure 4.37: Reasons for difficulty in attending professional development sessions

As seen in Figure 4.37, 14% of the respondents indicated that workload such as administration, influences their attendance of professional development sessions; 11% of the respondents indicated that a lack of finances influences the attendance of professional development sessions; 8% mentioned that no colleagues are available to assist with the workload while attending professional development sessions and 7% of the respondents noted that poor road conditions and driving far distances to attend professional development sessions were one of the reasons for the poor attendance. Other reasons mentioned were taking time off to attend these sessions (3%) and management not taking responsibility for the professional development of the occupational health nurse (2%). Further minor reasons such as too many occupational responsibilities, currently occupied with an offsite clinic's responsibilities, lack of good time management, course durations are too lengthy, and travelling were mentioned as an issue. Some colleagues are using different excuses not to attend professional development sessions while some occupational health nurses are not granted time off to attend the professional development sessions. It was also mentioned that morning or all-day events will be easier to attend and that occupational health practitioners in the same unit should be granted an equal chance to attend professional development sessions.

A previous study conducted on clinical nurse managers found that access to relevant continual professional development would be essential to ensure safe, risk-assessed and evidence-based practice (Gould, Kelly, Goldstone & Maidwell, 2001:14) but barriers such as distance, cost, lack of time, problems with access, support and relieving staff were identified that could influence the good intentions of professional development (Courtney, Yacopetti, James, Walsh & Finlayson, 2002:206). The barriers identified by Courtney, Yacopetti, James, Walsh and Finlayson's study are the same as the barriers identified in this study and solutions should be investigated to ensure easier access to professional development for all occupational health nurses no matter the geographical area in which they are located in.

Question 50: Would the language of training influence your professional development?

The respondents were asked to indicate whether they feel that language will influence their professional development.

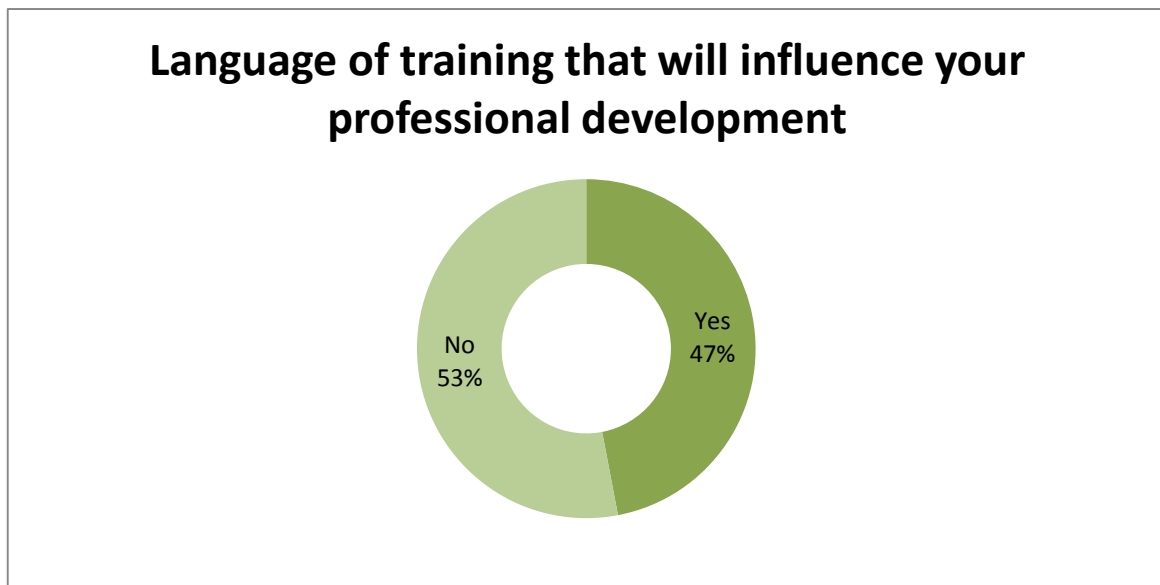


Figure 4.38: Language of training that will influence your professional development

According to Figure 4.38, 53% indicated that the language in which you receive training does not make a difference and 47% indicated that the language could influence their professional development.

In terms of professional development, English is the most used language in South Africa. According to Mda, English is the most common language used and according to the language distribution in South Africa 23,8% of the population speak English (Mda, 2010: 15).

In a research study that investigated the individual and familial factors influencing education in Chinese immigrant youths, it is evidenced that those with good English language proficiency have higher career and educational

aspirations and planned to go to college. It can be concluded that language does have an influence on professional development according to results in this study.

Question 51: Preferred topics for professional development are discussed by staff

The respondents were asked whether the preferred topics for professional development are discussed with the staff at work.

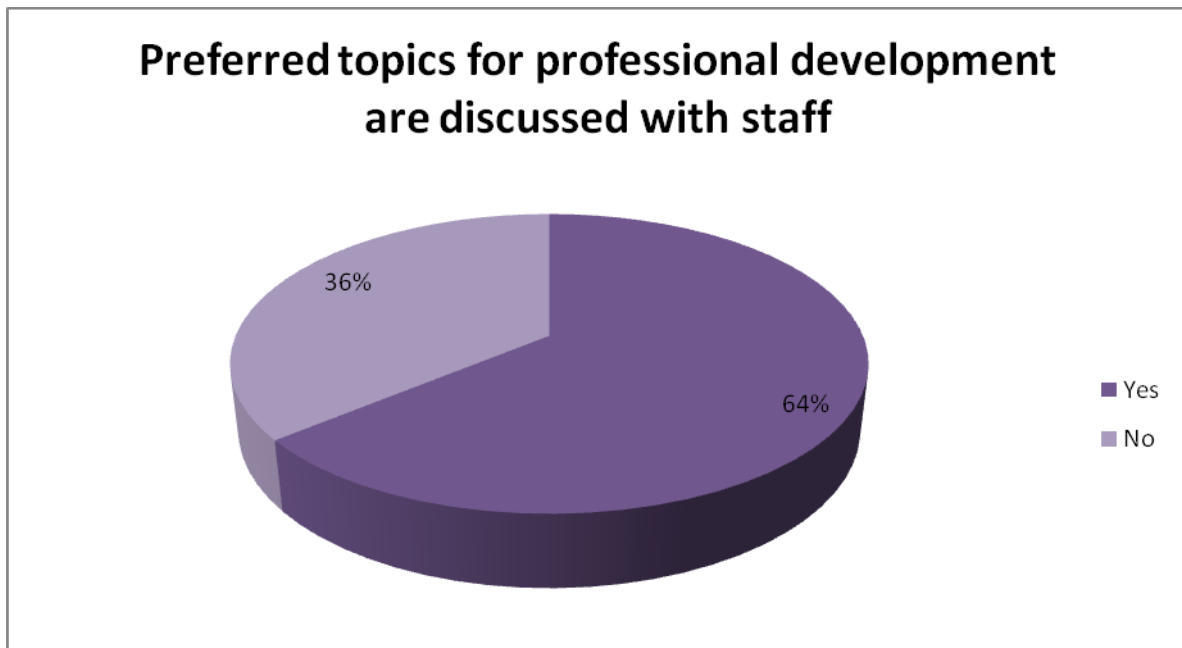


Figure 4.39: Preferred topics for professional development are discussed with staff

Sixty-four percent (64%) of the respondent pointed out that the preferred topics for professional development are discussed with them whereas 36% of the respondents pointed out that the preferred topics for professional development are not discussed with them.

General practitioners in rural and remote areas felt that topics such as emergency medicines, dermatology, computers and IT were some of the topics in which they felt underserved in (Booth & Lawrence, 2001:270). It was mentioned that future development regarding quality assurance and continuing education for the identified topics should be planned for the next generation

(Booth & Lawrence, 2001:273). The findings of this study are contradictory to the findings of Booth and Lawrence's study in that the majority of occupational health nurses indicated that preferred topics for professional development were discussed with them during planning sessions.

Employers should motivate female nurses, especially those with childcare responsibilities, or who work part time, to participate in continuing professional development. But the reality is that continuing professional development budgets are the first to be cut during financial constraints and preferred topics would be last on the agenda. To ensure professional development programmes continue on a regular basis these budgets should be ring-fenced (Aujla, 2009:13).

Question 52: Planning for professional development is necessary in occupational health

The respondents were questioned regarding the importance of planning for professional development.

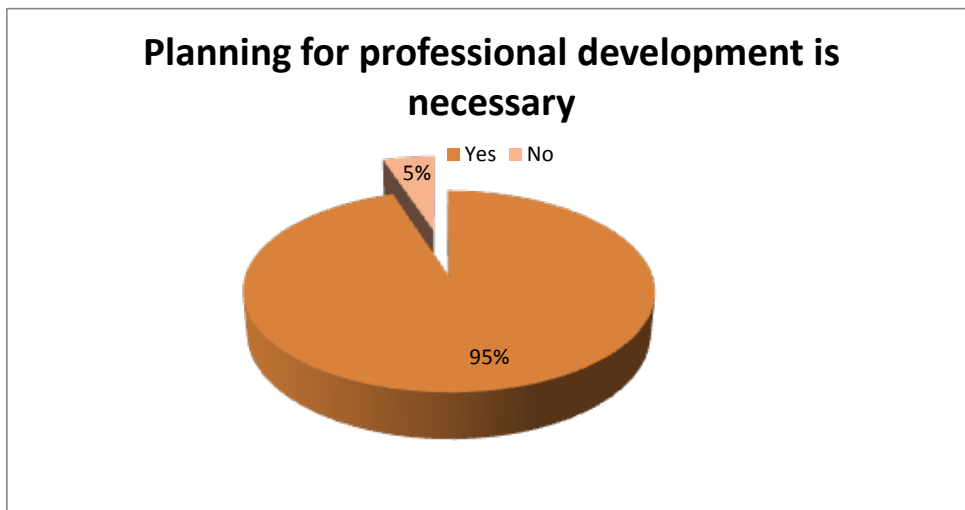


Figure 4.40: Planning is important for professional development

The majority (95%) of the respondents indicated that planning for professional development is important while only 5% of the respondents disagreed.

The findings from a study conducted at four individual campuses in a large urban school district in Texas revealed that there was limited evidence of a system plan followed for professional development and that there was little evidence of the planning taking place between the district and campus (Linn, Gill, Sherman, Vaughn & Mixon, 2010:680-681). Professional development is not just a random process but it involves planning, needs assessment, specified goals and measureable objectives (Linn, Gill, Sherman, Vaughn & Mixon, 2010:681).

The importance of careful planning can be highlighted in the findings of a study conducted by Guskey and Yoon. It mentions that all who are involved in professional development must learn to critically assess and evaluate their actions and programmes. Regular discussions about the goals of professional development, what evidence best reflects the achievement of the goals and how that evidence can be gathered scientifically should be the starting point of all professional development planning (Guskey & Yoon, 2009:498). It can therefore be concluded that planning of professional development is of the utmost importance to make professional development successful.

Question 53: Comments on factors that might influence professional development

Respondents were asked to comment on factors that could influence professional development.

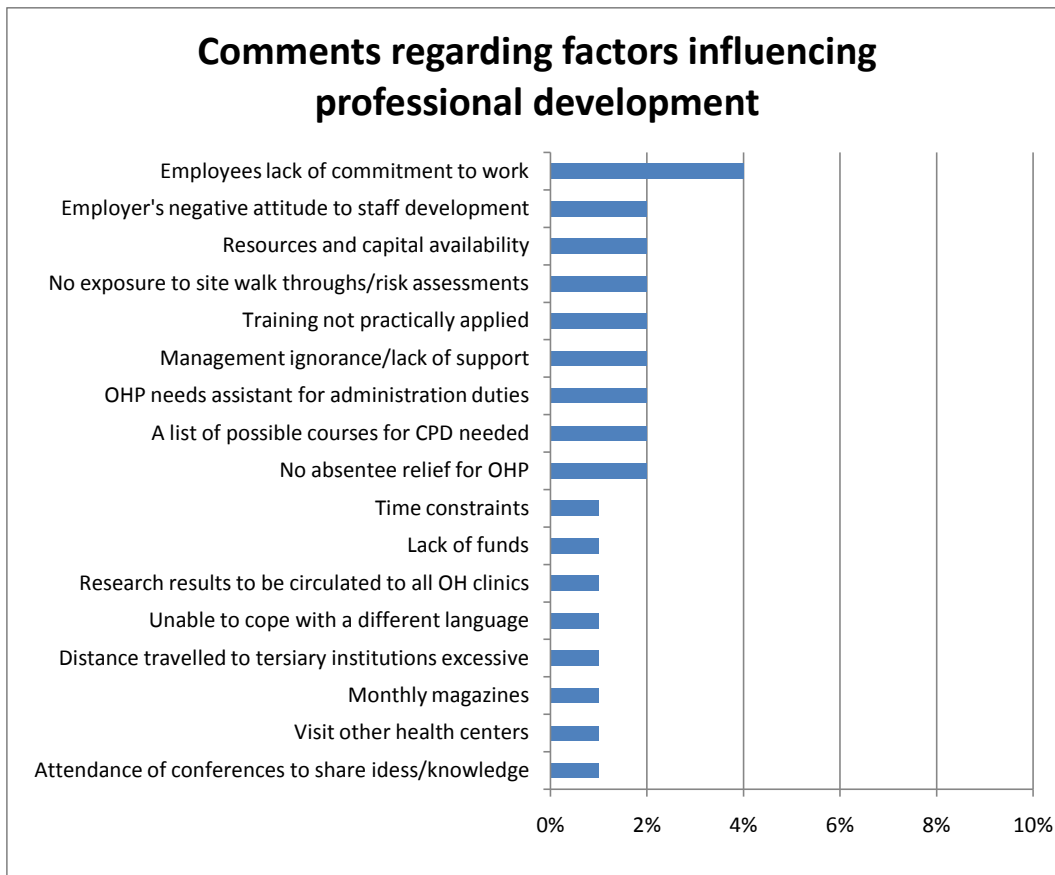


Figure 4.41: Comments regarding factors influencing professional development

It was quite disconcerting that 4% of the respondents commented on a lack of commitment to work. Other comments summarised in Figure 4.41 were the employer's negative attitude to staff development (2%), resources and capital availability (2%), not being exposed to on-site walk through's (2%), training not practically applied (2%), management's ignorance of occupational health (2%), occupational health nurses in need of assistance with their administrative duties (2%), a list of courses for continual professional development was needed (2%) and the problem of not having colleagues to relieve the occupational health nurse when attending professional development sessions (2%).

Nurses have a responsibility to take part in continual professional development in order to keep updated with changes in the healthcare industry (Drey, Gould & Allan, 2009:740). Evidence has indicated that with senior nurses there is a tendency not to undertake mandatory continual professional development but this could not be interpreted as a lack of commitment to their work or future employment (Drey, Gould & Allan, 2009:744). Therefore, it cannot be concluded that due to the lack of commitment to work, it will negatively influence professional development.

4.10 Section E: Supportive needs of the occupational health nurse related to professional development programmes.

This section of the questionnaire focused on the supportive needs of the occupational health nurse relating to professional development programmes identified.

Question 54-64: Supportive needs in place for professional development of the occupational health nurse

The respondents were questioned regarding supportive needs that are in place for the occupational health nurse with regards to professional development programmes.

Table 4.9: Professional development supportive needs of the occupational health nurse

QUESTION	QUESTION	Yes	No	No response
Q54	Does your employer have a written policy regarding professional development?	56%	39%	5%
Q55	Does your employer have a training development plan for you?	51%	44%	5%
Q56	Employer gives you special leave to attend regular professional development	76%	20%	4%
Q57	Do you have to work back the costs of the external training you attend?	36%	54%	10%
Q58	The employer provides the employee with the opportunity to attend workshops	77%	15%	8%
Q59	Would your employer pay for you to attend regular professional development?	63%	31%	6%
Q60	Does your company have a library on site?	26%	64%	10%
Q61	Does the library have occupational health literature?	22%	60%	18%
Q62	Do you receive occupational health magazines through internal mail?	53%	40%	7%
Q63	Does your company buy occupational health literature that you request?	60%	33%	7%
Q64	Company allows you to attend external meetings for professional development?	79%	14%	7%

Evaluating the supportive needs that already exists and the supportive needs that need to be improved upon could improve professional development of the occupational health nurse.

According to Table 4.9, 56% of the respondents mentioned that their employers have a written policy regarding professional development; 51% of the respondents have a training development plan for occupational health nurses and 76% of the respondents indicated that their employers grant special leave to the occupational health nurse to attend regular professional development.

Only 36% of the respondents indicated that they have to work back the costs of the particular external training, while 77% of the respondents' employers provide the occupational health nurses with the opportunity to attend workshops. Sixty three percent 63% of the respondents' employers assist financially for them to attend regular professional development.

Sixty-four percent (64%) of the respondents do not have an on-site library; while the 60% of the respondents that do have on-site libraries do not have occupational health literature and 53% of the respondents do receive occupational health magazines through mail. Sixty percent (60%) of the respondents pointed out that their companies buy occupational health literature that they request and 79% of the respondents indicated that their company allows them to attend external meetings for professional development.

With regards to the supportive needs, it is evident, according to the results of this study, that employers should assist the occupational health nurse to receive updated occupational health literature on a regular basis and to keep the literature available on site. Employers should invest financially more in the professional development of the occupational health nurse.

Donations toward occupational health nursing education have been vital for the innovation in career development programmes (Halfer, 2009:137). Learning partnerships with professional organisations, colleges and universities supports access to career development and could make access to occupational health literature possible (Halfer, 2009:138).

It can be concluded that supportive needs, as mentioned above, do exist. In order to improve the professional development of the occupational health nurse even further, there should be continual focus on improving the supportive needs to assist in attending professional development sessions.

Chapter 5

Review of findings, recommendations, implications and limitations

5.1 Introduction

In this chapter the conclusions, recommendations and limitations of the study will be presented based on the research findings in Chapter 4.

The aim of the research was to investigate the professional development needs of the occupational health nurse in an occupational health setting. The research objectives were:

- To identify the educational needs of the occupational health nurse as they relate to professional development programmes.
- To determine the psychosocial needs of the occupational health nurse.
- To determine the barriers that influence professional development.
- To determine the support that the occupational health nurse needs that are related to professional development programmes.

5.2 Discussions of findings

The conclusions and recommendations will be presented chronologically according to the specific sections and research objectives of the research instrument used.

5.2.1 Demographic information

The demographic data discussed in this section are age, gender, respondents with dependants, post matric qualifications, level of occupational health practice and the description of employment.

Participants in the age group between 40 and 49 years formed the largest group (45%) of occupational health nurses in this research study (See section 4.6

question 1). The older nurses have a tendency to feel settled in their occupational health careers and feel that it is not necessary to undergo mandatory training to update their skills (Drey, Gould & Allan, 2009:744). This age group also tends to focus more on obtaining a higher income necessary for planning towards their retirement or planning the educational needs of their family members instead of their own personal planning for continual professional development. It can, therefore, be recommended that continual professional development be promoted within this age group to enable them to practice safely and professionally.

The majority of occupational health nurses who took part in the research study were female (93%) (See section 4.6 question 2). In order to remain a highly-skilled and well-educated workforce, continual professional development is imperative and it is important to accurately identify the educational needs of the occupational health nurses in general (Halcomb, Meadley & Streeter, 2009:207). Female occupational health nurses could have more family responsibilities that could influence their continual professional development.

In terms of family responsibility and in determining the number of dependants, the majority of the participants (43%) chose the older children category which could make it easier for nurses to focus on work and professional development (See section 4.6 Table 4.1). When looking after toddlers and primary school children, one's professional life and professional development could be neglected because of one's role as a mother. When dependants enter their late teens and become more independent, it becomes easier to shift one's focus towards work because of the individuation process between the child and mother (Curtis-Boles, 2009:215). It is, therefore, recommended that promotional programmes should motivate the occupational health nurses to attend professional development sessions on a continual basis.

A significant number of respondents (78%) held a nursing diploma qualification and only three percent (3%) of the respondents held a masters degree in nursing which was indicated as the highest qualification (See section 4.6 Table 4.2). It is, therefore, evident that a low response rate in terms of the master's degree in nursing was indicated as the highest qualification. Once again it was evident that

occupational health nurses should be motivated and supported to enter the field of research as it would improve the professional development of the occupational health nurse in the long term.

The majority (89%) of the respondents were currently practicing in occupational health as operational occupational health practitioners (See section 4.6 question 7) and only 29% of respondents were in occupational health managerial positions. It was found that more career development in terms of managerial skills in occupational health nursing is needed. A clinical ladder, as identified by Lang (2010:241), gives guidance and direction in occupational health professional development that includes aspects such as awakening, intention, learning, action, coaching and vision.

It was evident that the highest percentage of the respondents work in the private sector (89%) (See section 4.6 question 9). In a previous study, nurses in the public sector were generally dissatisfied whereas nurses in the private sector were satisfied (Pillay, 2009:7). Being satisfied in one's job could be a big motivator for professional development.

5.2.2 Educational needs of the occupational health nurse related to professional development programmes.

The educational needs of the Occupational health nurse were identified and discussed.

The majority of the respondents (67%) indicated that they do attend professional development sessions of which 19% indicated that they attend the professional development programmes on a three monthly basis (See section 4.7 question 12 & 13). Thirty three percent (33%) of the respondents indicated that they do not attend professional development programmes. It was revealed that only two thirds of the respondents attend professional development sessions and that an identification of the learning needs would increase the nurses' attendance of the professional development programme.

Only 41% attend national conferences on a yearly basis (See section 4.7 question 14). The reasons for not attending national conferences were that it depends on the area where the conference is held and the cost implications of the national conference; some mentioned that they seldom attend conferences and others mentioned that financial constraints prevent them from attending national conferences. The same reasons for not attending international conferences were identified. Five percent (5%) did not attend international conferences due to financial constraints (See section 4.7 question 15). It was found that only a small group of occupational health nurses attend conferences due to financial constraints. As mentioned by Woodruff (2009:20), it is important to get solutions at the conferences that could be put into practice right away. This is a significant part of continual professional development.

The majority of respondents (63%) indicated that they attend occupational health nursing conferences (See section 4.6 question 16). The functions and activities of an occupational health service include occupational medicine and occupational hygiene (Acutt & Hattingh, 2003:18). It is therefore important to remain updated in these fields and to attend the conferences held in these disciplines. Consequently, when conferences are planned in other disciplines such as occupational hygiene and occupational medicine, attendance should be promoted in the occupational health nurses environment in order for them to develop in all the disciplines of occupational health service.

An overwhelming majority (93%) of the respondents mentioned that one day workshops are the preferred method for continual professional development (See section 4.7 question 17). It was identified that a low number of candidates are currently involved in professional development as seen in section 4.7 question 12 and 13 due to time constraints caused by the workload and understaffing (See section 4.8 question 35) and, thus, the candidates indicated that one day workshops are the preferred method of continual professional development.

The majority of the respondents (66%) chose evidence-based practice as the area for development and 56% chose technical competence as the area for development. Fifty one percent (51%) of the respondents chose research as their

area for development (See section 4.7 question 18). This shows that the majority of occupational health nurses lack CPD within their environment.

As discussed previously, evidence-based practice was found as the area in which the most of the respondents would like to be developed but the reality is that most occupational health nurses do not have the time for evidence-based practice. Occupational health nurses provide a service to employers; however, if they are busy with research they may not have the time to provide that service and their employer may not accept it (Paton, 2010:24). It is evident that research is important in the occupational health environment and it should be promoted and explained to the occupational health nurse's employers. This could lead to the improvement of the occupational health field and the professional development of the occupational health nurse.

The research indicated that the majority (87%) of the respondents felt that the continual professional development point system should be implemented (See section 4.7 question 22). When the respondents were questioned with regard to the implementation of the continual professional development point system it was confirmed that the majority (40%) felt very positive about it and mentioned that the continual professional development system would motivate nurses to update their skills on a regular basis (See section 4.7 question 22 A). It is therefore suggested that investments be made in professional development programmes on a continual basis. Occupational health nurses should keep record of all professional development programmes attended in order to submit these records to organisations such as SANC when the professional development point system is implemented in future.

5.2.3 Psychosocial needs of the occupational health nurse related to professional development programmes

The psychosocial needs of the occupational health nurse related to professional development programmes were identified and described. It was found that the majority (65%) of the respondents strongly agreed that staff development does improve their self esteem and self worth with 43% of the respondents also strongly agreeing that they felt successful in their profession (See section 4.8

question 24 -25). Based on the findings, the majority of the respondents felt positive about the profession; they also felt motivated to develop professionally in order to be more successful in the field of occupational health. There is a need for professional development because it ensures a high self esteem and feelings of success in the occupational health profession. When one is well developed and able to facilitate mentorship programmes for future students and occupational health nurses, continual professional development will take place.

Fifty eight percent (58%) of the respondents indicated that they did not receive any help in their clinics while they were attending external meetings, workshops and/or conferences (See section 4.8 question 27). This is more than half of the respondents taking part in the study. Most of the occupational health clinics use locums to assist in their clinics while their nurses are attending meetings, conferences or workshops. Using experienced locums can assist in the continuity of the occupational health service rendered in the absence of the permanent staff. Therefore, it will be beneficial to employ locum staff when regular staff is attending meetings, conferences or workshops as it will also improve the professional development of the locum staff member.

The majority of respondents (65%) admitted to having administrative staff helping out in the occupational health clinics (See section 4.8 question 28). This could assist the occupational health nurse by alleviating his/her time constraints by allowing continual professional development into his/her busy schedule. Spending too much time on administrative tasks can affect the implementation of nursing diagnosis and thus adversely influence the quality of nursing care (Peganin, Moraes, Pokorski & Rabelo, 2008:153). It was found that if the administrative tasks influence the quality of care, it will indirectly also impact on the time available for professional development.

Sixty four percent (64%) of the respondents indicated that their companies do fund the attendance of educational programmes (See section 4.8 question 31). Provided the financial assistance is motivated correctly and professionally, occupational health nurses will be enabled to attend the educational programmes. As previously discussed, a small minority of the respondents (2%) (See section 5.2.2) indicated that financial constraints prevent them from

attending national conferences. It was therefore evident that not all the occupational health nurses have the financial capacity to attend the available educational programmes. It is important to have sponsorship programmes available for those occupational health nurses that find it difficult to attend the educational programmes as it will enable them to develop professionally.

The aspects of significance that influenced the psychological wellness of the occupational health nurse were that they feel frustrated with no staff development (37%), the daily workload (24%) and the discrimination against the profession (24%) (See section 4.8 question 32). Nurses who are recognised for their efforts are more likely to feel respected in their workplace. (Faulkner & Laschinger, 2008:220). Professional development sessions should be made available and accessible to all occupational health nurses and programmes should be developed to empower the occupational health nurse in the execution of nurses' daily tasks. The workload could be reduced by employing an administrative staff member to assist with the administrative tasks in the occupational health setting as discussed in section 5.2.3.

5.2.4 Barriers in the occupational health environment that might influence professional development in the occupational health setting.

A variety of barriers in the occupational health environment that might influence professional development in the occupational health setting were identified and described.

It was revealed that the majority of respondents (91%) totally agree that access to computers for the occupational health nurse is important to improve professional development (See section 4.9 question 36 & 37) with 84% of the respondents not having access to the internet (See section 4.9 question 39). Access to computers and the access to the internet were not identified as barriers for continual professional development but have been identified as tools to assist in the professional development of the occupational health nurse. Because computers play such an intrinsic role in the professional development of

the occupational health nurse, they could be used for professional development programmes.

The most significant of the results was that the respondents agreed that orientation regarding staff development should be available (with a response rate of 92%) and that training materials or aids for professional development (91%) should be made available (See section 4.9 question 42 & 46). Previously identified barriers in physical education were: large class sizes, inadequate financial resources, insufficient equipment and materials, insufficient time spent in lectures and a low level of principal support (Barroso, McCullum-Gomez, Hoelscher, Kelder & Murray, 2005:317). In this research it was found that insufficient training material was identified as a barrier to staff development. Staff development programmes should be discussed with employers and regularly updated on a yearly basis; training material for professional development should be made available at place of work.

The majority of respondents (80%) confirmed that 1-4 occupational health nurses work in an occupational health centre. Previous studies have shown a directly proportional relationship between the number of patients and burnout by nurses. As soon as there is an increase in the number of patients, there is a higher level of burnout and a lower level of satisfaction from nurses (Waters, 2006:19). The increase in client service delivery in occupational health could affect professional development negatively.

5.2.5 Supportive needs of the occupational health nurse related to professional development programmes

Existing supportive needs in place for professional development of the occupational health nurse were identified and discussed.

When questioned about the supportive needs that assist with professional development, it was apparent from the respondents' answers that 77% of employers do provide occupational health nurses the opportunity to attend workshops and 79% of employers all for the attendance of external meetings for professional development (See section 4.10 question 54 to 64). The majority of

respondents (64%) indicated that there was no on-site library, although the employers' support does make it possible access to an on-site library which could lead to further professional development.

5.3 Recommendations

The recommendations of this study are guided by the identified and discussed findings.

- The necessary support systems and promotional programmes should be implemented to enable the occupational health nurse to develop professionally regardless of their family responsibilities.
- The occupational health nurses should be motivated and supported to enter the field of research as this would improve the professional development of the occupational health nurse in the long term. Employers of occupational health nurses should be aptly explained to regarding the need for the occupational health nurse to have sufficient time available for research.
- It is important to include all the different industries and mines when professional development programmes are developed for the occupational health nurses, as it was found that the highest percentage of respondents work in the private sector.
- Learning needs should be identified before professional development sessions are organised in order to investigate where the national and international conferences will take place and to make sponsorship programmes available.
- When continual professional development sessions are planned it should be considered that the respondents have a preference for one-day workshops as the chosen method of continual professional development due to time constraints.
- It is recommended to acquire the assistance of an administrative clerk for each occupational health clinic to enable the occupational health nurse to allocate sufficient time to attend professional development programmes.
- It was identified that the majority of occupational health nurses have access to computers and the internet. Occupational health nurses can

complete computerised articles for continual professional development points on a monthly basis and submit them for evaluation. This would enable them to stay updated with the latest information especially if it is difficult for them to attend professional development sessions.

- Training material such as occupational health magazines for professional development should be available at the workplace. This would ensure easy access to occupational health information if time constraints should prevent the occupational health nurse to attend professional development sessions.

5.4 Recommendations for further research

A research study that identifies the ratio of occupational health nurses rendering a service to the total number of employees and how it influences the service rendered to the client could be conducted.

5.5 Implications of the study

The following implications of the study in the area of occupational health, nursing education and policy makers were identified.

5.5.1 Occupational health

SASOHN should update their constitution to include the continuous updating of the portfolio of evidence of all the educational programmes attended by all members and occupational health nurses.

5.5.2 Nursing education

All occupational health nurses should be educated and motivated to keep record of all educational programmes attended. All tertiary institutions in South Africa with occupational health programmes should change their curricula to include professional development programmes on an annual basis.

5.5.3 Policy makers

SANC should consider changing their policies regarding nursing education and should include programmes for continual professional development in the occupational health environment.

The government and private business sectors should make funds available for sponsorship programmes to enable occupational health nurses to attend professional development programmes on a regular basis.

SANC should implement computerised learning programmes that are accessible to all occupational health nurses. Articles should be completed and submitted to SANC for evaluation on a monthly basis for CPD.

5.6 Limitations and suggestions for further research

This research study was limited to members registered with SASOHN that held an occupational health qualification. The respondents have at least one year experience in an occupational health setting and are currently employed in an occupational health facility. The research study did not include all the occupational health nurses of South Africa but only included those from the Eastern Cape, Vaal, Gauteng and Mpumalanga regions of SASOHN.

5.7 Contribution to body of knowledge

The study highlighted the extremely importance of regularly conducting surveys to determine overall weaknesses in the occupational health environment. Results could be used improve the standard of professional development in the field of occupational health. This can be applied to tertiary institutions such as universities, colleges and to factories overall. It can also serve as a basis to monitor overall improvement/deterioration in this important field. Data so obtained can also be used to compare the standard of occupational health in South Africa to the rest of the world. The importance of the results can be used

as an indicator whether professional development programmes planned and implemented, are successful.

5.8 Conclusion

This study's aim of the study was to identify the The working environment of Occupational Health Nurses as a determinant for professional development in an occupational health setting. The discussions were guided by the objectives of the study. A quantitative non-experimental, descriptive survey was conducted to collect data from occupational health practitioners in the business world with experience of at least one year.

Various professional development needs were identified and described. These included financial constraints and specific area where conferences are held; one day workshops being the preferred method of continual professional development; feelings of frustration from occupational health nurses with no staff development; the daily workload and the discrimination against the profession; lack of discussions with employers with regard to staff development and training material not being readily available.

References

- Acutt, J & Hattingh, S.P. 2003. *Occupational health: Management and practice for health practitioners*, 3rd ed. Pretoria: Juta.
- Aujla, H. 2009. Helping women break through the glass ceiling. *Nursing Management*, 15(10):12–13.
- Attwood, M., Curtis A., Pitts J & While R. 2005. *Professional development. A guide for primary care*. 2nd ed. Oxford: Blackwell Publishing.
- Baker, J. 2005. Why the need for occupational medicine in industry? *Occupational Health Southern Africa*, 11(6): 22 – 23.
- Baker, M & Coetzee, A.C. 1983. *An introduction to occupational health nursing in South Africa*. Johannesburg Witwatersrand University Press.
- Beckers, D.G.J., Van Der Linden, D., Smulders, P.G.W., Kompier, M.A.J., Taris, T.W & Geurts, S.A.E. 2008. Voluntary or involuntary? Control over overtime and rewards for overtime in relation to fatigue and work satisfaction. *Work and Stress*, 22 (1):33–50.
- Bennett, N.L., Davis, D.A & Easterling W.E. 2000. Continuing medical education: A new vision of the professional development of physicians. *Academic Medicine*, 75(12):1167-1172.
- Bjørk, I.T., Tørstad, S., Hansen, B.S & Samdal, G.B. 2009. Estimating the cost of professional developmental activities in health organizations. *Nursing Economics*, 27 (4):239–244.
- Blake, H. 2009. Staff perception of e-learning for teaching delivery in health care. *Learning in Health and Social Care*, 8 (3):223–234.

Bond, M. 1986. *Stress and self-awareness: A guide for nurses*. Butterworth Heinemann.

Booth, B & Lawrance, R. 2001. Quality assurance and continuing education needs of rural and remote general practitioners: How are they changing? *Australian Journal of Rural Health*, 9 (6): 265 – 274.

Boulé, M. 2009. Drawing first-year students: Seven inventive programmes attract newcomers on campus. *Library Journal*, 134 (18):24–25.

Brown, J.N.M & Davies S. 2008. Transforming students' views of gerontological nursing: Realising the potential of "enriched" environments of learning and care: A multi-method longitudinal study. *International Journal of Nursing Studies*, 45 (8):1214–1232.

Buerhaus, P.I. 2008. The potential imposition of wage controls on nurses: A threat to nurses, patients and hospitals. *Nursing Economics*, 26 (4) 276 – 279.

Burns, N & Grove, S.K. 2001. *The practice of nursing research: Conduct, critique and utilization*, 4th ed. Pennsylvania: W.B. Saunders.

Buchan, J. 2009. Safeguard learning. *Nursing Education*, 23 (50): 26.

Butterworth, C., Henderson, J & Minshell, C. 2008. Be a VIP. *Occupational Health*, 60 (8):32–33.

Carey, N & Courtenay, M. 2010. An exploration of the continuing professional development needs of nurses independent prescribers and nurse supplementary prescribers who prescribe medicines for patients with diabetes. *Journal of Clinical Nursing*, 19:208–216.

Clark, R.C & Allison-Jones, L. 2011. Investing in human capital: An academic-service partnership to address the nursing shortage. *Nursing Education Perspectives*, 32 (1):18–21.

Courtney, M., Yacopetti, J., James, C., Walsh, A & Finlayson, K. 2002. Comparison of roles and professional development needs of nurse executives working in metropolitan, provincial, rural and remote settings in Queensland. *Australian Journal of Rural Health*, 10 (4):202–208.

Compensation for Occupational Injuries and Diseases Act 1993 (No 130 of 1993)

Constitution of the Republic of South Africa, 1996 section 29 1 (b)

Cooper, E. 2009. Creating a culture of professional development: A milestone pathway tool for registered nurses. *The Journal for Continuing Education in Nursing*, 40 (11):501–508.

Crapper, J. 2005. Community assessment: Learning through a personal development plan. *Paediatric Nursing*, 17 (7):24–36.

Cunningham, D.E & Kelly, D.R. 2008. Community nurses' perceptions and experiences of protected learning time: A focus group study. *Quality in Primary Care*, 16:27–37.

Curtis-Boles, H. 2009. Finding my professional voice: A woman of color's professional journey. *Women & Therapy*, 32 (2):209–221.

Day, T. 2010. A flexible career option. *Nursing Standard*, 24 (45):72.

De Jong, J., Lemmink, K., Scherder, E., Stewart, R., King, A & Stevans, M. 2009. Decrease in heart rate after longitudinal participation in the Groningen Active Living Model (GALM) recreational sports programme. *Journal of Sports Sciences*, 27 (9):975–983.

De Vos, A.S. 2002. *Research at grass roots: For the social sciences and human service professions*. Pretoria: Van Schaik.

Doerksen, K. 2010. What are the professional development and mentorship needs of advanced practice nurses? *Journal of Professional Nursing*, 26(3):141–151.

Douglas, K. 2010. Ratio – if it were only that easy. *Nursing Economics*, 28(2):119–125.

Doyle, L., O'Brien, F., Timmins, F., Tobin, G., O'Rourke, F & Doherty, L. 2008. An evaluation of an attendance monitoring system for undergraduate nursing students. *Nurse Education in Practice*, 8:129–139.

Drey, N., Gould, D & Allan, T. 2009. The relationship between continuing professional education and commitment to nursing. *Nurse Education Today*, 29(7):740–745.

Dunst, C.J & Raab M. 2010. Practitioners' self-evaluations of contrasting types of professional development. *Journal of Early Intervention*, 32 (4):239–254.

Dupuis, S.L & Smale, B.J.A. 1995. An examination of relationship between psychological well-being and depression and leisure activity participation among older adults. *Loisir et Societal/Society and Leisure*, 18 (1):67–92.

Egardahl, D. 2009. Economic job factors affecting nurse emigration from South Africa: A cross-country comparative analysis of working conditions among nurses. Master dissertation, Faculty of Humanities, Development and social Sciences, University of KwaZulu–Natal.

http://researchspace.ukzn.ac.za/xmlui/bitstream/handle/10413/329/Karina_Egerdahl_Thesis.pdf?sequence=1 (8 November 2010)

Eley, R; Fallon, T; Soar, J; Buikstra, E & Hegney, D. 2008. The status of training and education in information and computer technology of Australian nurses: A national survey. *Journal of Clinical Nursing*, 17 (20): 2758–2767.

Evers, A.T., Kreijns, K., Van Der Heijden, B.I.J & Gerrichhauzen, J.T.G. 2011. An organizational and task perspective model aimed at enhancing teachers'

professional development and occupational expertise. *Human Resource Development Review*, 10 (2):151–179.

Everton, S. 2008. A nurse with a purpose. *The Safety & Health Practitioner*, 26 (1):40–42.

Fagan, J.C. 2009. Marketing the virtual library. *Computers in Libraries*, 29 (7):25–30.

Faulkner, J & Laschinger, H. 2008. The effects of structural and psychological empowerment on perceived respect in acute care nurses. *Journal of Nursing Management*, 16 (2):214–221.

Ferguson, D. 2003. Continuing to learn: further education can provide many benefits for occupational health professionals. *Occupational Health*, 55 (10):9.

Kansas State Nurses Association. 2006. Legislative News – Board of Regents Awards \$3.4 Million in Nursing Grants. *The Kansas Nurse*, 81 (7):8–9.

Geber, H.M. 2000. Career development of SA professional women who take career breaks. *Journal of Industrial Psychology*, 26(2):7–13.

Gilmour, J.A., Scott, S.D & Huntington, N. 2008. Nurses and Internet health information: a questionnaire survey. *Journal of Advanced Nursing*, 61 (1):19–28.

Golafshani, N. 2003. Understanding reliability and validity in qualitative research. *The Qualitative Report*, 8 (4):597–607.

Gould, D., Kelly, D., Goldstone, L & Maidwell, A. 2001. The changing training needs of clinical nurse manager: exploring issues for continuing professional development. *Journal of Advanced Nursing*, 34 (1):7–17.

Gottlieb, L.N & Gottlieb, B. 1998. Evolutionary principles can guide nursing's future development. *Journal of Advanced Nursing*, 28(5):1099–1105.

Green, A., Westwood, O., Smith, P., Peniston-Bird, F & Holloway, D. Provision of continued professional development for non-medical prescribers within a South of England Strategic Health Authority: A report on a training needs analysis. *Journal of Nursing Management*, 17:603–614.

Guest, C.B., Regehr, G & Tiberius, R.G. 2001. The lifelong challenge of expertise. *Medical Education*, 35:78–81

Guskey, T.R & Yoon, K.S. 2009. What works in professional development? *Phi Delta Kappan*, 90(7):495–500.

Haggerty, J.L; Pineault, R; Beaulieu, M; Brunelle, Y; Gauthier, J; Goulet, F & Rodrigue, J. 2008. Practice features associated with patient-reported accessibility, continuity, and coordination of primary health care. *Annals of Family Medicine*, 6 (2):116–123.

Halcomb, E; Meadley, E & Streeter, S. 2009. Professional development needs of general practice nurses. *Contemporary Nurse*, 32(1-2):201–210.

Halfer, D. 2009. Supporting nursing professional development: A magnet hospital's story. *Journal for Nurses in Staff Development*, 25(3):135–140.

Harrison, S. 2010. South African nurses pay battle. *Nursing Standard*, 24 (51):5.

Hart, E. 2008. Welsh trusts told to end “unacceptable” overtime. *Nursing Standard*, 22 (38):7.

Hicks, K. 2009. Nursing Student Loan Programme Funding. *ASBN Update*, 13 (3):6.

Hunter, D. 2010. How clinical practice placements affect professional development. *Emergency Nurse*, 18 (5):30–34.

Huston, C.J. 2010. *Professional Issues in Nursing. Challenges and Opportunities*. Philadelphia: Lippincott Williams & Wilkins.

Hutchinson, S.L., Bland, A.D & Kleiber, D.A. 2008. Leisure and Stress–Coping: Implications for Therapeutic Recreation Practice. *Therapeutic Recreation Journal Special Issue*, 42 (1): 9 – 23.

<http://www.cdc.gov/niosh/oep/cedirlst.html> NIOSH Education and Research Centers (ERC's). Accessed 2011/06/18

<http://www.ilo.org/legacy/english/protection/safework/cis/products/hdo/pdf/nurse-occuphlth.pdf> (International Hazard Datasheets on Occupation – Nurse, occupational health).

<http://www.jiscmail.ac.uk/>. What is JISC Mail? Accessed 2011/03/11.

Ifeagwazi, C.M. 2005-2006. The influence of marital status on self-report of symptoms of psychological burnout among nurses. *OMEGA*, 52(4):359 – 373.

Iwasaki, Y., Mactavish, J & Mackay, K. 2005. Building on strengths and resilience: Leisure as a stress survival strategy. *British Journal of Guidance and Counseling*, 33 (1):81–100.

Jinks, A.M & Bradley, E. 2004. Angel, handmaiden, battleaxe or shore? A study which examines changes in newly recruited student nurses' attitudes to gender and nursing stereotypes. *Nurse Education Today*, 24:121–127.

Jones, J & Cheek, J. 2003. The scope of nursing in Australia: a snapshot of the challenges and skills needed. *Journal of Nursing Management*, 11:121–129.

Joyce, P & Cowman, S. 2007. Continuing professional development: investment or expectation? *Journal of Nursing Management*, 15:626–633.

Karen, M. 2004. Letter addressing the Dispensing Course and Medicines in Industry.

Kautzky, K & Tollman, S.M. 2011. A perspective on primary health care in South Africa. School of Public Health, University of the Witwatersrand, 17–30.

Keogh, J. 1997. Professionalization of nursing: Development, difficulties and solutions. *Journal of Advanced Nursing*, 25: 302–308.

Kimanen, A., Rautio, M., Manninen, P., Räsänen, K., Husman, P & Husman, K. 2011. Primary care visits to occupational health physicians and nurses in Finland. *Scandinavian Journal of Public Health*, published online 14 February 2010. DOI: 10.1177/1403494811399651: 1–8.

Kleiber, D.A., Hutchinson, S.L & Williams, R. 2002. Leisure as a resource in transcending negative life events: Self–protection, self–restoration, and personal transformation. *Leisure Sciences*, 24 (2):219–235.

Kontio, R., Välimäki M., Putkonen, H., Cocoman; A., Turpeinen, S., Kuosmanen L & Joffe, G. 2008. Nurses and physicians' educational needs in seclusion and restraint practices. *Perspective in Psychiatric Care*, 45 (3):198–207.

Krichbaum, K., Diemert, C., Jacox, L., Jones, A., Koenig, P., Mueller, C. & Disch, J. 2007. Complexity Compression: Nurses Under Fire. *Nursing Forum*, 42 (2): 86 – 94.

Kruger, S. 2008. Professional portfolio development. *Occupational Health Southern Africa*, 14 (3):20–22.

Labour Relations Act, 1995 (No 66 of 1995)

Lang, Y.C. 2010. A clinical ladder for occupational health nurses. *AAOHN Journal*, 58 (6):239–244.

Lautizi, M., Laschinger, H.K.S & Ravazzolo, S. 2009. Workplace empowerment, job satisfaction and job stress among Italian mental health nurses: an exploratory study. *Journal of Nursing Management*, 17:446–452.

Lawless, J & Moss, C. 2007. Exploring the value of dignity in the work-life of nurses. *Contemporary Nurse*, 24 (2):225–236.

Legg, T.J. 2007. *Staff development: The neglected discipline*. WWW.NURSEHOMESMAGAZINE.COM, March 2007:28–35.

Linn, G.B., Gill, P., Sherman, R., Vaughn, V & Mixon, J. 2010. Evaluating the long-term impact of professional development. *Professional Development in Education*, 36(4):679–682.

Lockhart, J.S. 2004. Creating an educational plan that meets the learning needs of nursing staff. *Clinical Journal of Oncology Nursing*, 10(2):258.

López, J; López-Arrieta, J & Crespo, A. 2005. Factors associated with the positive impact of caring for elderly and dependant relatives. *Archives of Gerontology and Geriatrics* 41:81–94.

Ma; P.W & Yeh, C.J. 2010. Individual and Familial Factors Influencing the Educational and Career Plans of Chinese Immigrant Youths. *Career Development Quarterly*, 58(3):230–245.

Mackey, T.A; Cole, FL & Parnell, S. 2003. Occupational health nurses educational needs: What do they want? *AAOHN Journal*, 51(12):514–520.

Martin, E. 2006. Survey questionnaire construction. Directors office U.S. Census Bureau, Washington DC, 1-14.

Mashile, E.O. 2002. Continuous professional development of educators: the state, professional councils and higher education. *South African Journal of Higher Education*, 16(1):174–182.

Matthews, J. 2009. Nurse educators as specialists in nursing professional development. *Virginia Nurses Today*, 17 (3):8–9.

McAdoo, M.L. 2009. Be the bridge. *American Libraries*, December:38–40.

Mcneely, E. 2005. The consequences of job stress for nurses' health: Time for a check-up. *Nursing Outlook*, 53(6):291–299.

Mda, T.V. 2010. Politics of dominance: The suppression and rejection of African Languages in South Africa. A paper read at the World Council of Comparative, Human Sciences Research Council: 1 – 38.

Medicines and Related Substances Control Act, 1965 (No 101 of 1965)

Michell, K. 2008. SASOHN remuneration survey. *Occupational Health Southern Africa*, 14(2):19–23.

Milne, D. 2007. Evaluation of staff development: The essential "SCOPPE". *Journal of Mental Health*, 16(3):389–400.

Minshell, C., Butterworth, C & Henderson, J. 2009. Lifelong learning. *Occupational Health*, 61(3): 35.

Motsoaledi, A. 2010. Budget vote speech by the Health Minister, National Assembly. <http://www.polity.org.za/article/sa-motsoaledi-budget-vote-speech-by-the-health-minister-national-assembly-13042010-2010-04-13>

Mujumdar, S. 2007. Work stress in Australian professionals: The role of culture, gender and work-family conflict. Degree of Doctor of Philosophy, School of Psychology, University of Adelaide.

News-In-brief. 2010. Overtime helps boost earnings by a sixth. *Nursing Standard*, 24 (21):8.

Nicholl, H & Tracey, C. 2007. Networking for nurses. *Nursing Management*, 13(9): 26 – 29.

Nursing Act, 2005 (No 33 of 2005)

Occupational Diseases in Mines and Works Act, 1973 (No 78 of 1973)

Occupational Health and Safety Act, 1993 (No 85 of 1993)

O'Connell, M; Reid B & O'Loughlin, K. 2007. An exploration of the education and training experiences of ICU nurses in using computerized equipment. *Australian Journal of Advanced Nursing*, 25 (2):46–52.

O'Connor, S.J. 2009. Great expectations in hard times: Some thoughts on the nature of continuing professional development and continuing medical education. *European Journal of Cancer Care*, 19:1-4.

Olmstead, J. 2009. The road less travelled: Nontraditional nursing careers. *Nursing Management*, 40(9):52.

Olver, J & Zahopoulos, S. 2005. A professional in the making. *Occupational Health*, 57 (5):25–27.

O'Reilly, S., Collier, F., Ciccione, G., Raybone, G., Edwards, S., Edwards, H & HALE, H. 2009. Next generation OH. *Occupational Health*, 61 (12):40–42

Paganin, A.P., Moraes, M.A., Pokorski, S & Rabelo, E.R. 2010. Factors that inhibit the use of nursing language. *International Journal of Nursing Terminologies and Classifications*, 19 (4):150–157.

Paton, N. 2010. Data revision. *Occupational Health*, 62 (12):23-25

Perry, C. 2008. Right tools for the job. *Nursing Standard*, 22(45):70–71.

Pillay, R. 2009. Work satisfaction of professional nurses in South Africa: A comparative analysis of the public and private sectors. *Human Resources for Health*, 7 (15):1–10

Polit, D.F., Beck, C.T & Hungler, B.P. 2001. *Essentials of nursing research: methods, appraisals, and utilization*, 5th ed. Philadelphia: Lippincott Williams & Wilkins.

Propp, K.M., Apker, J., Ford, W.S.Z., Wallace, N., Serbenski, M & Hoffmeister, N. 2010. Meeting the complex needs of the health care team: Identification of nurses – team communication practices perceived to enhance patient outcomes. *Qualitative Health Research*, 20 (1): 15–28.

Randolph, S.A & Robbins, W. 2004. Career advancement: Grow in the right areas. *Occupational Health Management*, November 2004: 127–130.

Richards, L.E. 2007. Perceptions of registered nurses with regard to continual formal education. Master of Arts in the subject Health Studies at the University of South Africa.

Ridge, R.A. 2005. A dynamic duo: Staff development. *Nursing Management*, 36(7): 28-35.

Roberts, G.E. 2003. Municipal Government Part – Time Employee Benefits Practice. *Public Personnel Management*, 32(3): 435-454

Rogers, B. 2003. *occupational and environmental health nursing: Concepts and practice*, 2nd ed. Pennsylvania: Saunders.

Ryan, J. 2003. Continuous professional development along the continuum of lifelong learning. *Nurse Education Today*, 23: 498–508.

SANC. 2009. Age distribution of Registered Nurses.
http://www.sanc.co.za/stats/stat2009/Age%20stats%202009_filtes/frame.htm

SANC. 2009. Geographical distribution.
<http://www.sanc.co.za/stats/stat2009/Distribution%202009xls.htm> (8 November 2010)

SANC. 2010. Geographical distribution.

<http://www.sanc.co.za/stats/stat2010/Distribution%202010xls.htm> (24 June 2011)

Sankelo, M & Akerblad, L. 2009. Nurse entrepreneurs' well-being at work and associated factors. *Journal of Clinical Nursing*, 18 (22):3190–3199.

SASOHN. 2005. Goals of the Society. Johannesburg.

Scholtz, M.S. 2005. You cannot teach an old dog new tricks: or can you? *The South African Radiographer*, 42(1):14–16.

Scott, D.E. 2007. Networking series part 2: Networking through nursing organizations. *Wyoming Nurse*, September, October, November: 13

Simplicio, J. 2009. The art of the favor: The connection between networking and personal influence within a college. *Journal of Instructional Psychology*, 36(2):155–157.

Skills Development Levies Act, 1999 (No 9 of 1999)

Smythe, E.E.M.1984. *Surviving nursing*. California: Addison Wesley.

Steyn, G.M. 2004. How do professionals develop? Lessons for the effective implementation of the South African Skills Development Act. *South African Journal of Education*, 24(3):217–224

Su, S., Boore, J., Jenkins, M., L.I.U, P & Yang, M. 2009. Nurses' perception of environmental pressures in relation to their occupational stress. *Journal of Clinical Nursing*, 18:3172–3180.

Subedar, H. 2005. Laws committee: Revised scope of practice. *The South African Nursing Council*, 11/C1-2005. 8

Tempelhof, M.W., Garman, K.S., Langman, M.K & Adams, M.B. 2009. Leveraging time and learning style, iPod vs. realtime attendance at a series of medicine residents conferences: a randomized controlled trial. *Informatics in Primary Care*, 17: 87–94

Thomas, J. 2010. Specialists: Occupational health nurses. *Occupational Health*, 62 (9):29.

Thomas, M.B. 2005. Study examines working hours and feelings of fatigue by reported nurses. *Texas Board of Nursing Bulletin*, 36 (4):2–3.

Toofany, S. 2007. Making all the pieces fit. *Nursing Management*, 13 (9):16–19.

Trenberth, L., Dewe, P & Walkey, F. 1999. Leisure and its role as a strategy for coping with work stress. *International Journal of Stress Management*, 6 (2):89–103.

Trossman, S. 2010. Paying for school: What options are out there. *The American Nurse*, 42 (2): 1.

Vermont Nurse Connection, 2010 Feb–Apr; 13 (1): 15. How staffing shortages put you at risk.

Wang, F., Chiu, Y., Tu, M., Chou, M., Wang, C & Chuang, H. 2009. Chronic fatigue of the small enterprise workers participating in an occupational health check up center in southern Taiwan. *Int Arch Occupational Environmental Health*, 82:819–825.

Waters, A. 2006. Proving the point: Jennifer Hart. *Nursing Standard*, 21(13):18–19.

Westwood, C. 2009. Ride On time. *Nursing Standard*, 23 (24): 76.

Woodruff, D.W. 2009. Why do you attend a conference? *Nevada Reformation*, 17(4):20.

www.thefreedictionary.com. Definition of barriers.

http://www.who.int/whosis/whostat/EN_WHS2011_Full.pdf. WORLD HEALTH ORGANIZATION. World Health Statistics 2011 report. 1 – 170.



Annexure 1: Letter requesting permission from employer to conduct research



26 March 2009

To Reggie/ Alta

As already discussed I would just like to have formal consent to conduct my research in order to complete my Masters degree. My theme for the study is: Professional development needs of the Occupational Health Nurses.

Thank you for your continual support.

Kind regards


Alpha Schultz
Health Risk Assessor

Block B, Eden Park, 4 - 4th Avenue, Rivonia
PO Box 4478, Rivonia 2128
Tel: 011 803 3538 Fax: 011 803 8305

Directors: R Nauta (Chairman), EA Pretorius (Managing), RZ Nkabinde, TC Berelowitz (Medical Director)

www.ocsa.co.za



Annexure 2: Permission letter from employer to conduct research

3. Apr. 2009 15:00

No. 3572 P. 1/1



2 April 2009

Ethics committee
Dept of Community Health
University of Pretoria

Research Project

STAFF DEVELOPMENT NEEDS OF THE OCCUPATIONAL HEALTH PRACTITIONER IN AN OCCUPATIONAL HEALTH SETTING

Researcher: Mrs. A Schultz 083 5644 305
Supervisor: Dr MD Peu (012) 354 2133
Co-supervisor: Mrs. T du Plessis

To Whom it may concern,

Permission is herewith granted to Ms Alma Shultz to conduct research in order to complete her Masters degree during her employment with OCSA.

Do not hesitate to contact her direct Manager should you need any information.

Kind Regards

Reggie Stiglingh/Agatha
Knowledge, Risk & Wellness Executive



Annexure 3: Approval letter from the Faculty of Health Sciences Research Ethics Committee of the University of Pretoria to conduct research

Number : S107/2009

Title : Professional development needs of Occupational Health nurses

Investigator : A Schultz, Department of Nursing Science, University of Pretoria
(SUPERVISOR: DR M D PEU)

Sponsor : None

Study Degree: M.Cur

This Student Protocol has been considered by the Faculty of Health Sciences Research Ethics Committee, University of Pretoria on 23/06/2009 and found to be acceptable.

Prof AG Nienaber (female) BA (Hons) (Wits); LLB (Pretoria); LLM (Pretoria); LLD (Pretoria); Diploma in Datametrics (UNISA)

Prof V.O.L. Karusseit MBChB; MFGP (SA); M.Med (Chir); FCS (SA)

Prof J A Ker Deputy Dean: MBChB (Pretoria); MMed (Int) (Pretoria); MD (Pretoria)

Prof M Kruger (female) MBChB.(Pretoria) M. Med.Paed.(Pretoria) M. Phil. (Applied Ethics) (Stell) PhD.(Leuven) (Special Advisory Member)

Dr N K Likibi MBChB.; Med.Adviser (Gauteng Dept. of Health)

Dr T S Marcus (female) BSc (LSE), PhD (University of Lodz, Poland)

Mrs M C Nzeku (female) BSc (NUL); MSc Biochem (UCL,UK)

Snr Sr J. Phatoli (female) BCur (ELAJ); BTech Oncology

Mr Y M Sikweyiya MPH (Umea University Umea, Sweden); Master Level Fellowship (Research Ethics) (Pretoria and UKZN); Post Grad. Diploma in Health Promotion (Unitra); BSc in Health Promotion (Unitra)

Dr L Schoeman (female) BPharm (North West); BAHons (Psychology)(Pretoria); PhD (KwaZulu-Natal); International Diploma in Research Ethics (UCT)

Dr R Sommers Deputy Chairperson: (female) MBChB; M.Med (Int); MPhar.Med

Prof C W van Staden CHAIRPERSON: MBChB (Pretoria); MMed(Psych) (Pretoria); MD (Warwick,UK); FCPsych (SA); FTCL (London); UPLM (UNISA)

Prof TJP Swart BChD, MSc (Odont), MChD (Oral Path)

Dr AP van der Walt BChD, DGA (Pretoria)

Student Ethics Sub-Committee

Prof R S K Apatu MBChB (Legon,UG); PhD (Cantab); PGDip International Research Ethics (UCT)

Dr A M Bergh (female) BA (RAU); BA (Hons) (Linguistics) (Stell); BA (Hons) (German) (UNISA); BEd (Pretoria); PhD (Pretoria); SED (Stell)

Mrs N Briers (female) BSc (Stell); BSc Hons (Pretoria); MSc (Pretoria); DHETP (Pretoria)

Dr S I Cronje BA (Pretoria); BD (Pretoria); DD (Pretoria)

Dr M M Geyser (female) MBChB (Pretoria); BSc (Computer Science)(Pretoria); BSc Hons (Pharm) (Potchefstroom); MpraxMed (Pretoria); MSc (Clinical Epidemiology) (Pretoria); FCEM (SA); Dip PEC (SA)

Prof D Millard (female) B.lur (Pretoria); LLB (Pretoria); LLM (Pretoria); AIPSA Diploma in Insolvency Law (Pretoria); LLD (UJ)

Dr S A S Olorunju BSc (Hons), Stats (Ahmadu Bello University –Nigeria); MSc (Applied Statistics (UKC United Kingdom); PhD (Ahmadu Bello University – Nigeria)

Dr L Schoeman CHAIRPERSON: (female) BPharm (North West); BAHons (Psychology)(Pretoria); PhD (KwaZulu-Natal); International Diploma in Research Ethics (UCT)

Dr R Sommers Deputy Chairperson (female) MBChB; M.Med (Int); MPhar.Med

DR L SCHOEMAN; BPharm, BA Hons (Psy), PhD;
Dip. International Research Ethics
CHAIRPERSON of the Faculty of Health Sciences
Student Research Ethics Committee, University of Pretoria

DR R SOMMERS; MBChB; M.Med (Int); MPhar.Med.
DEPUTY CHAIRPERSON of the Faculty of Health Sciences
Research Ethics Committee, University of Pretoria



Annexure 4: Letter of clearance from the Statistician

Date: / /2008

LETTER OF CLEARANCE FROM THE BIOSTATISTICIAN

This letter is to confirm that the student(s),

with the Name(s) ALMA SCHULTZ

Studying at the University of PRETORIA

discussed the Project with the title PROFESSIONAL DEVELOPMENT
NEEDS OF OCCUPATIONAL HEALTH NURSES.

with me.

I hereby confirm that I am aware of the project and also undertake to assist with the
Statistical analysis of the data generated from the project.

The analytical tool that will be used will be SAS VERSION 9.2
(STATISTICAL PROGRAM) ; DESCRIPTIVE STATISTICS SUCH
AS FREQUENCIES, PERCENTAGES, SUMMARY STATISTICS

to achieve the objective(s) of the study.

Name MARIEN A. GRAHAM

Signature *M. Graham*

Date 28/05/2009

Annexure 5: Participation and informed consent leaflet

PARTICIPANT'S INFORMATION LEAFLET & INFORMED CONSENT FOR NON-CLINICAL RESEARCH

Researcher's name: Alma Schultz

Student Number: 92239082

Department of Nursing Science

University of Pretoria

TITLE OF STUDY:

THE WORKING ENVIRONMENT OF OCCUPATIONAL HEALTH NURSES AS A
DETERMINANT FOR PROFESSIONAL DEVELOPMENT

Dear Participant

I am a Master's student in the Department of Nursing Science, University of Pretoria. You are invited to volunteer to participate in our research project regarding the The working environment of Occupational Health Nurses as a determinant for professional development.

This letter contains information to help you with your decision to take part in this study. Please read carefully through the letter in order to make an informed decision. If the information is unclear or if you have any other questions, do not hesitate to ask us. You should not agree to take part in this study unless you fully understand the content of this letter.

NATURE AND PURPOSE OF THIS STUDY

The aim of the study will identify the professional development needs of the occupational health nurse in an occupational health setting. You, as a participant,

are a very important source of information on determining the professional development needs of the occupational health nurse.

EXPLANATION OF PROCEDURE TO BE FOLLOWED

You are expected to complete a research questionnaire. By completing and returning the questionnaire you give consent that the information received can be used for the research. The researcher will be available to answer questions you might have regarding the questionnaire. The questionnaire will take approximately 20 minutes to complete. Please complete the questionnaire and return it to the address on the envelope enclosed or to the e-mail address as mentioned below. If possible please return the questionnaire within 2 weeks of receiving the questionnaire. The return address is as follows:

Postal: Mrs A Schultz, 259, 14th Avenue, Riviera, 0084

E-mail: almas@ocsa.co.za

Cell: 083 5644 305

Fax: 086 691 6803

RISK AND DISCOMFORT INVOLVED

Except for the time it takes to complete the questionnaire of approximately 20 minutes, there is no known discomfort or inconvenience related to this study. We appreciate your time.

POSSIBLE BENEFITS OF THIS STUDY

The study will identify the professional development needs of the occupational health nurse. Therefore, educational programmes can be adjusted to cater for the educational needs of the occupational health nurses. The results will be submitted to the South African Nursing Council in order to put systems in place before the Continual Professional Development systems are implemented.

WHAT ARE YOUR RIGHTS AS A PARTICIPANT IN THIS STUDY?

Your participation in this study is entirely voluntary and you can refuse to participate or stop at any time without any reason.

HAS THE STUDY RECEIVED ETHICAL APPROVAL?

The study protocol was submitted to the Research Ethics Committee of the University of Pretoria, Faculty of Health Science. The faculty has granted written approval.

INFORMATION AND CONTACT PERSON

If you have any questions during this study, please do not hesitate to approach the researcher.

Researcher: Mrs A Schultz 083 5644 305

Supervisor: Dr MD Peu (012) 354 2133

Co-supervisor: Mrs T du Plessis

COMPENSATION

Your participation is voluntary. No compensation contribution towards your transport expenses or other expenses will be given for your participation.

CONFIDENTIALITY

All information obtained during the course of this study is strictly confidential. Data that may be reported in scientific journals will not include any information that can identify you as a participant in this study.



Occupational Health Practitioner (OHP)?

1. Currently	2. Within last year	3. > years ago	V7.a	<input type="checkbox"/>
--------------	---------------------	----------------	------	--------------------------

7.b If yes, at what level?

1. Operational OHP	2. Management	3. Other	V7.b	<input type="checkbox"/>
--------------------	---------------	----------	------	--------------------------

If other please provide details

V7.c

V7.d

8 How long have you been practising (did you practice) in the field of Occupational Health? Years _____ Months _____

V8.1

V8.2

9 Please indicate which of the following **best** describe/s your employment?

Local government	1	V9.1	<input type="checkbox"/>
Private sector	2	V9.2	<input type="checkbox"/>
Locum	3	V9.3	<input type="checkbox"/>
Other	4	V9.4	<input type="checkbox"/>

10 In which one of the following geographical areas do you work **mostly**

1. Urban	2. Rural	3 Peri - urban	V10	<input type="checkbox"/>
----------	----------	----------------	-----	--------------------------

If other please provide details

V10a

11 In which South African Society of Occupational Health Nursing Practitioners (SASOHN) region do you belong?

Mpumalanga	1	V11	<input type="checkbox"/>
Eastern Cape	2		
Vaal	3		
Gauteng Central	4		

Section B

In this section please give information regarding the educational needs of the occupational health nurse, related to professional development programmes that are required.

Indicate with an X in the appropriate block or provide required information in the space provided

12	Do you attend regular professional development programmes?	1. Yes	2. No	V12	<input type="checkbox"/>
----	--	--------	-------	-----	--------------------------

13 If yes, how often do you attend these staff

development programmes

1. Monthly	2. Three-Monthly	3. Six-Monthly	4. Yearly	5. Other
------------	------------------	----------------	-----------	----------

V13

If other please provide details

V13a

14 I attend national conferences on a regular basis.

1. Annually	2. Twice a year	3. Other
-------------	-----------------	----------

V14

If other please provide details

V14a

15 I attend international conferences on a regular basis.

1. Annually	2. Twice a year	3. Other
-------------	-----------------	----------

V15

If other please provide details

V15a

16 I attend the following conferences

1. Occupational health nursing	2. Hygiene and safety	3. Occupational medical practitioners	4. Other
--------------------------------	-----------------------	---------------------------------------	----------

V16.1

V16.2

V16.3

V16.4

17.1 I would like to attend 1 day workshops to update myself.

Yes	No
1	2

V17.1

17.2 I need in-service education once a month for professional development.

1	2
---	---

V17.2

17.3 Do you have access to occupational health material such as international journals.

1	2
---	---

V17.3

17.4 My employer is responsible for my professional development

1	2
---	---

V17.4

17.5 Did you and your employer or manager discuss your training needs?

1	2
---	---

V17.5

17.6 Are you currently involved in any form of professional development?

1	2
---	---

V17.6

17.6.a If not, why?

Yes	No
1	2

1 Due to educational needs not met.

V17.6.a.1



	2 Due to psychosocial influences.	<table border="1"><tr><td>1</td><td>2</td></tr></table>	1	2	V17.6.a.2	<input type="checkbox"/>		
1	2							
	3 Lack of support	<table border="1"><tr><td>1</td><td>2</td></tr></table>	1	2	V17.6.a.3	<input type="checkbox"/>		
1	2							
17.6.b	If yes, please specify the type of professional development you are currently involved in?							
	<hr/>		V17.6.b.1	<input type="checkbox"/>				
	<hr/>		V17.6.b.2	<input type="checkbox"/>				
18	Please indicate in which areas you would like to be developed. (More than one topic can be chosen)							
	1 Evidence-based practice	<table border="1"><tr><th>Yes</th><th>No</th></tr><tr><td>1</td><td>2</td></tr></table>	Yes	No	1	2	V18.1	<input type="checkbox"/>
Yes	No							
1	2							
	2 Research	<table border="1"><tr><td>1</td><td>2</td></tr></table>	1	2	V18.2	<input type="checkbox"/>		
1	2							
	3 Communication skills	<table border="1"><tr><td>1</td><td>2</td></tr></table>	1	2	V18.3	<input type="checkbox"/>		
1	2							
	4 Technical competence	<table border="1"><tr><td>1</td><td>2</td></tr></table>	1	2	V18.4	<input type="checkbox"/>		
1	2							
	5 Other	<table border="1"><tr><td>1</td><td>2</td></tr></table>	1	2	V18.5	<input type="checkbox"/>		
1	2							
	If other please provide details							
	<hr/>		V18.6	<input type="checkbox"/>				
19	Please indicate which of these occupational health topics would be of interest to you. (More than one topic can be chosen)							
	1 Disability management	<table border="1"><tr><th>Yes</th><th>No</th></tr><tr><td>1</td><td>2</td></tr></table>	Yes	No	1	2	V19.1	<input type="checkbox"/>
Yes	No							
1	2							
	2 Health promotion/education	<table border="1"><tr><td>1</td><td>2</td></tr></table>	1	2	V19.2	<input type="checkbox"/>		
1	2							
	3 Legislative compliance	<table border="1"><tr><td>1</td><td>2</td></tr></table>	1	2	V19.3	<input type="checkbox"/>		
1	2							
	4 Health surveillance	<table border="1"><tr><td>1</td><td>2</td></tr></table>	1	2	V19.4	<input type="checkbox"/>		
1	2							
	5 Physical examination	<table border="1"><tr><td>1</td><td>2</td></tr></table>	1	2	V19.5	<input type="checkbox"/>		
1	2							
	6 Development of policies & procedures	<table border="1"><tr><td>1</td><td>2</td></tr></table>	1	2	V19.6	<input type="checkbox"/>		
1	2							
	7 Illness & injury prevention	<table border="1"><tr><td>1</td><td>2</td></tr></table>	1	2	V19.7	<input type="checkbox"/>		
1	2							
	8 Other	<table border="1"><tr><td>1</td><td>2</td></tr></table>	1	2	V19.8	<input type="checkbox"/>		
1	2							
	If other please provide details of the health topics that would interest you.							
	<hr/>		V19.9	<input type="checkbox"/>				
20	Do you attend external meetings where you meet other occupational health nurses?	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	V20	<input type="checkbox"/>		
1. Yes	2. No							
21	Do you have any other contact where you meet other occupational health nurses?	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	V21	<input type="checkbox"/>		
1. Yes	2. No							
	If other please provide details							



			V21a	<input type="checkbox"/>		
22	Do you think the continual professional development point system should be implemented?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">1. Yes</td> <td style="padding: 2px 10px;">2. No</td> </tr> </table>	1. Yes	2. No	V22	<input type="checkbox"/>
1. Yes	2. No					
	Please give reasons for your answer					
			V22a	<input type="checkbox"/>		
			V22b	<input type="checkbox"/>		
23	Is there anything else you would like to comment on or say with regards to the educational needs of the occupational health nurse?					
			V23a	<input type="checkbox"/>		
			V23b	<input type="checkbox"/>		

Section C

In this section information regarding the psychosocial needs of the occupational health nurse is required.

Indicate with an X in the appropriate block or provide required information in the space provided.

24	Please rate yourself on a scale of 1 - 3 how successful you are in your profession.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Strongly agree</td> <td style="padding: 2px 10px; text-align: center;">1</td> <td style="padding: 2px 10px; text-align: center;">2</td> <td style="padding: 2px 10px; text-align: center;">3</td> <td style="padding: 2px 10px;">Strongly disagree</td> </tr> </table>	Strongly agree	1	2	3	Strongly disagree	v24	<input type="checkbox"/>
Strongly agree	1	2	3	Strongly disagree					
25	Staff development improves my self esteem and self worth	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Strongly agree</td> <td style="padding: 2px 10px; text-align: center;">1</td> <td style="padding: 2px 10px; text-align: center;">2</td> <td style="padding: 2px 10px; text-align: center;">3</td> <td style="padding: 2px 10px;">Strongly disagree</td> </tr> </table>	Strongly agree	1	2	3	Strongly disagree	V25	<input type="checkbox"/>
Strongly agree	1	2	3	Strongly disagree					
26	Staff development instructors are elected democratically in occupational health	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">1. Yes</td> <td style="padding: 2px 10px;">2. No</td> </tr> </table>	1. Yes	2. No	V26	<input type="checkbox"/>			
1. Yes	2. No								
27	Is there someone who stands in for you while attending external meetings, workshops and conferences?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">1. Yes</td> <td style="padding: 2px 10px;">2. No</td> </tr> </table>	1. Yes	2. No	V27	<input type="checkbox"/>			
1. Yes	2. No								
28	Do you have an administrator assisting with the administrative tasks in your facility?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">1. Yes</td> <td style="padding: 2px 10px;">2. No</td> </tr> </table>	1. Yes	2. No	V28	<input type="checkbox"/>			
1. Yes	2. No								
29	Are you allowed to attend any recreational activities at work?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">1. Yes</td> <td style="padding: 2px 10px;">2. No</td> </tr> </table>	1. Yes	2. No	V29	<input type="checkbox"/>			
1. Yes	2. No								
	Please give examples of recreational activities								



_____ V29a

_____ V29b

30 When last did you receive a salary increase?

Past year	2 Years ago	> 2 years ago		
-----------	-------------	---------------	--	--

V30

Please explain

_____ V30a

_____ V30b

31 Does your company pay for all the educational programmes that you attend?

1. Yes	2. No
--------	-------

V31

Please explain

_____ V31a

_____ V31b

32 Do the following aspects influence your psychological wellness?

	Seldom	Never	Always		
1 Conflict with the physician	1	2	3	V32.1	<input type="checkbox"/>
2 Daily workload	1	2	3	V32.2	<input type="checkbox"/>
3 Discrimination in terms of your profession	1	2	3	V32.3	<input type="checkbox"/>
4 Leadership/Management responsibilities	1	2	3	V32.4	<input type="checkbox"/>
5 Lack of clarity about tasks and goals	1	2	3	V32.5	<input type="checkbox"/>
6 Lack of reward	1	2	3	V32.6	<input type="checkbox"/>
7 I feel discouraged and frustrated if I am not provided with the opportunity for staff development	1	2	3	V32.7	<input type="checkbox"/>
8 Possibility of future unemployment	1	2	3	V32.8	<input type="checkbox"/>
9 Personal social problems	1	2	3	V32.9	<input type="checkbox"/>

If other factors cause stress in the workplace please explain

_____ V32.10

_____ V32.11

33 Do you work overtime?

1. Yes	2. No
--------	-------

V33

34 How many hours do you work overtime per week? _____ Hours/week V34

35 Is there anything else you would like to comment on or say with regards to the psychosocial needs of the occupational health

nurse?

	V35.1	<input type="checkbox"/>
	V35.2	<input type="checkbox"/>
	V35.3	<input type="checkbox"/>

Section D

In this section information regarding the barriers in the occupational health environment that might influence professional development in the occupational health setting is required.

Indicate with an X in the appropriate block or provide required information in the space provided.

36 How important would you rate professional development of the occupational health nurse in South Africa today?

1 Not at all	2 Partially	3 Totally		V36	<input type="checkbox"/>
--------------	-------------	-----------	--	-----	--------------------------

37 Do you have access to a computer?

1 Not at all	2 Partially	3 Totally		V37	<input type="checkbox"/>
--------------	-------------	-----------	--	-----	--------------------------

38 Did you receive any formal training on using a computer?

Yes	No
1	2
1	2
1	2

39 Do you have access to the internet?

40 Do you have access to libraries/universities/technikons from your home?

V38	<input type="checkbox"/>
V39	<input type="checkbox"/>
V40	<input type="checkbox"/>

41 How far is the closest library/university/technikon from your home?

< 10km	10 - 30km	> 30km		V41	<input type="checkbox"/>
--------	-----------	--------	--	-----	--------------------------

42 Orientation for staff development needs to be available

Yes	No
1	2
1	2

43 Employers always organise sessions for professional development

44 Employers encourage employees to be educated and to display knowledge, skills and attitude

1	2
---	---

45 I have little time to focus on personal development programmes

1	2
---	---

46 Training material and aids for professional development need to be available

1	2
---	---

V42	<input type="checkbox"/>
V43	<input type="checkbox"/>
V44	<input type="checkbox"/>
V45	<input type="checkbox"/>
V46	<input type="checkbox"/>

47 On a scale of 0 - 3 please rate whether you agree with or disagree with the following statement:

0 - Not at all

3 - Agree

47.1 That an OHP should only be allowed to practice nursing by obtaining continual professional development points and submitting them on a

- yearly basis to the South African Nursing Council.
- | | | | |
|---|---|---|---|
| 0 | 1 | 2 | 3 |
|---|---|---|---|
- V47.1
- 47.2 Participation in professional development influences promotion.
- | | | | |
|---|---|---|---|
| 0 | 1 | 2 | 3 |
|---|---|---|---|
- V47.2
- 47.3 Attending professional development sessions would improve an occupational health nurses ability and skills to do their job.
- | | | | |
|---|---|---|---|
| 0 | 1 | 2 | 3 |
|---|---|---|---|
- V47.3
- 47.4 Training is more important than experience.
- | | | | |
|---|---|---|---|
| 0 | 1 | 2 | 3 |
|---|---|---|---|
- V47.4
- 48 How many occupational health nurses are working in your current occupational health centre? _____ occupational health nurses (OHN's)
- V48
- 49 It is difficult to attend professional development sessions because of:
- | | |
|---------------------------|---------------------------------|
| 1 Family responsibilities | 2 Other social responsibilities |
|---------------------------|---------------------------------|
- V49
- Please give reasons for your answer
- _____ V49a
- _____ V49b
- 50 Would the language in which training is conducted influence your professional development?
- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|
- V50
- 51 Preferred topics for professional development are discussed amongst staff members.
- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|
- V51
- 52 Planning for professional development is necessary in occupational health.
- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|
- V52
- 53 Is there anything else you would like to comment on or say with regards to factors in the occupational health setting that might influence the professional development of the occupational health nurse?
- _____ V53.1
- _____ V53.2
- _____ V53.3

Section E

In this section give your views of the supportive needs of the occupational health nurse related to professional development programmes.

Indicate with an X in the appropriate block or provide required information on the space provided.

54	To the best of your knowledge does your employer have a written policy relating to professional development?	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	Yes	No	1	2	V54	<input type="checkbox"/>
Yes	No							
1	2							
55	Does your employer have a training development plan for you?	<table border="1"> <tbody> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	1	2	V55	<input type="checkbox"/>		
1	2							
56	Would your employer give you special leave to attend regular professional development?	<table border="1"> <tbody> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	1	2	V56	<input type="checkbox"/>		
1	2							
57	If you attend external training do you have to work back the costs of the training attended?	<table border="1"> <tbody> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	1	2	V57	<input type="checkbox"/>		
1	2							
58	The employer provides the employee with the opportunity to attend workshops.	<table border="1"> <tbody> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	1	2	V58	<input type="checkbox"/>		
1	2							
59	Would your employer pay for you to attend regular professional development?	<table border="1"> <tbody> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	1	2	V59	<input type="checkbox"/>		
1	2							
60	Does your company have a library on site?	<table border="1"> <tbody> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	1	2	V60	<input type="checkbox"/>		
1	2							
61	Does the library have occupational health literature?	<table border="1"> <tbody> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	1	2	V61	<input type="checkbox"/>		
1	2							
62	Do you receive occupational health magazines through internal mail?	<table border="1"> <tbody> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	1	2	V62	<input type="checkbox"/>		
1	2							
63	Does your company buy occupational health literature that you request such as text books?	<table border="1"> <tbody> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	1	2	V63	<input type="checkbox"/>		
1	2							
64	Does your company allow you to attend external occupational health meetings for professional development?	<table border="1"> <tbody> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	1	2	V64	<input type="checkbox"/>		
1	2							
65	Is there anything else you would like to comment on or say with regards to the supportive needs of the occupational health nurse related to professional development programmes?							
	_____		V65.1	<input type="checkbox"/>				
	_____		V65.2	<input type="checkbox"/>				
	_____		V65.3	<input type="checkbox"/>				

Thank you for taking the time to complete this questionnaire.

Please send the completed questionnaire to the following address:

Postal: Mrs A Schultz; 259, 14th Avenue; Riviera; 0084 (Envelope enclosed in your package)
E-mail: almas@ocsa.co.za
Fax: 086 691 6803