THE AWARDING OF BURSARIES TO PROSPECTIVE MBCHB STUDENTS AT REQUIRED TO ALLAY SHORTAGES OF DOCTORS IN KZN'S DOH

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DECLARATION

This work has not been previously accepted in substance for any degree, and is not being concurrently submitted in candidature for any degree.

Signed :_____

Date : 24 November 2009.

This submission is the result of my own independent work /investigation, except where otherwise stated. Other sources are acknowledged giving explicit references. A bibliography is appended.

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ABSTRACT

While there is a scarcity of medical practitioners in the country, the KwaZulu Natal Department of Health has a strategy to award bursaries to medical students in order to intensify the recruitment and retention of medical practitioners in the Province by means of service obligation to the department. The study will, amongst other things, reveal the extent to which the process of awarding bursaries to medical students influences the student's loyalty to the department after completion of their qualification other than the legal obligation which is enforced through a contractual agreement.

This resulted in the following research question being formulated: Does the awarding of bursaries to medical students at UKZN to allay shortage of doctors in KZN's DOH contribute to the disloyalty and dissatisfaction not to honour their contractual service obligation after completion of studies. The study's sampling technique and research design was used as a methodology of data collection and analysis.

Although other variables not explored in this study, the findings revealed that issues of disloyalty and dissatisfaction may contribute to the breach of contract or for students not to honour their contractual service obligation.

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CHAPTER 1

INTRODUCTION

1.1 Title

The awarding of bursaries at UKZN for MBchB students required to allay shortages of doctors in KZN's DoH.

1.2 Contextual Framework

The Republic of South Africa is a developing country characterised by the shortage of skills in various sectors of the economy. The Public Health Sector particularly is compromised by the serious shortages of medical practitioners to deliver health care services to the citizens of the country.

The Department of Labour introduced a National Skills Development Strategy II 2005 - 2010 to serve as the terms of reference and the guide for all Sector Education and Training Authorities (SETA's) in implementing the sector skills development strategy. The Health and Welfare Sector Education and Training Authority (HWSETA) is a statutory body established in March 2000 by the Minister of Labour in terms of the Skills Development Act 97 of 1998.

The HWSETA's main role is to bridge the gap for essential skills in Health Care and Social Development. The HWSETA engages various stakeholders in the development of the Sector Skills Plan (SSP). The National Department of Health Human Resource Plan

further narrows the scope of the SSP into a working document for the Public Health Sector, mainly the Provincial Departments of Health (DOH).

The DOH in KwaZulu-Natal (KZN) has prioritised the medical practitioner training in the Provincial Human Resource Plan for Health as a strategic training programme to address the shortage of doctors in the Provincial Health Facilities. The shortage of scarce skills is evident in the medical profession to the extent that the DOH in KZN injects more than 30% of the skills development budget allocated for bursaries to the medical training programme for students to study towards the Bachelor of Medicine and Bachelor of Surgery (MBCHB) degree at a university of their choice within the Republic.

In an effort to address the shortage of doctors, the DOH awards bursaries to students who then become prospective employees of the DOH. Students are subjected to a recruitment and selection process which includes signing of a contractual agreement to work for the DOH after completion of their qualifications. As a contractual obligation, it is expected of the bursary holders to render their service in a Public health institution/hospital in the KZN Province for a period equivalent to the length of study as specified in the bursary contract.

1.3 Statement of the problem

Statistics contained in the DOH database reveals that it is not always the case that all bursary holders honour their contractual obligation after completion of their qualification. The department battles to retain some of those whom they have assisted in obtaining a MBCHB degree. Although the bursary holders are clearly linked to the DOH, the

question is what can be done to intensify their loyalty throughout the study period and after completing the qualification. Does the process of awarding bursaries starting from the recruitment, selection, awarding of a bursary and placement? Are the conditions of bursaries fair or reasonable? The bursary strategy is of mutual interest between the student and the DOH. The students benefit from the full bursary award which covers tuition fees, meals, accommodation and books allowance. In some instances, miscellaneous expenditure associated with study requirements of the student is paid to the university in the form of sundry payments. The students enjoy the benefits during the duration of their study and after completion of the qualification.

The department on the other hand benefits from the pool of medical practitioners who have completed their studies and are then placed in Health Facilities to complete their service obligation. The benefits to the department are realized after the student has completed the qualification and is serving the obligation in terms of the contract. In the event of breach of contract, the student redeems the full bursary amount plus interest. The latter is not the intention of the DOH in the light of prevailing shortages of doctors. According to Swanenberg, (2005) rich and poor countries experience the scarcity of skilled and experienced medical professionals. The hospitals are always crowded. The training for medical students takes a few years. When the medical professionals gain experience, they leave the public service to offer private medical service and charge very high prices. The governments in many countries are trying hard to cope with the scarcity of skilled medical professionals in public hospitals. Swanenberg, (2005) argue the behaviour of individuals and organisations on the utilizing of resources to cope with

scarcity of resources. The behaviour manifests itself in the form of satisfaction and loyalty. The question to be asked is, when the elements of dissatisfaction and disloyalty start. If this is so, how can the various factors in the human resource value chain contribute to the satisfaction and loyalty of the medical practitioners so that they honor their bursary service obligation?

1.4 Purpose of the study

The purpose of the study is to determine whether the current process of awarding bursaries contributes to the bursary holders' satisfaction and loyalty to the DOH thus allaying the shortages of doctors and to identify areas of good practice and those needing improvement in the bursary administration.

1.5 Definition of concepts

1.5.1 Bursary

Means financial assistance by the DOH for the registration, tuition fees, meals, stationery/sundries or books and examination fees for prospective employees who are studying full time towards a degree offered by a recognised institution registered in terms of the South African Qualifications Authority Act.

1.5.2 Prospective employee

Means individual considered to be offered a bursary for future employment in the department after completion of studies.

1.5.3 Scarce skills

Means those occupations in which there is a scarcity of qualified and experienced people, currently or anticipated in the future, either (a) because such skilled people are not available or (b) they are available but do not meet employment criteria.

1.5.4 Breach of contract

Means the bursary holder or the DOH did not honour the condition/s of the bursary contract.

1.6 The origin of the research problem

The other studies conducted in the mainstream of education, training and development of doctors were focusing on the community service of medical practitioners as a means to address the shortage of doctors in the country. No evidence has been obtained in the area of bursary programme as a strategy to serve the same purpose. Whilst Saskatchewan Health Regional Services, (2007) eloquently expresses the importance of conducting bursary recipient survey. It has been felt necessary to conduct a survey in the area of bursary holder's loyalty and satisfaction thus contributing to the retention of doctors through the bursary programme.

Stevens, (2007) found that the recruitment and retention of an adequate, motivated, competent health workforce has become a major concern in sub-Saharan Africa, particularly in rural and underserved areas. Cottrell, (2007) found that the undergraduate medical courses are longer than most other university courses. In addition to the longer course length in years they are often extended for clinical years in the form of compulsory internship and community service. Therefore, medical students face a long

student's life and have little spare time to obtain additional income. Sirigi, (2009) found that politicians meddled in the awarding of bursaries, by recommending beneficiaries in "disregard of the evaluation criteria". As a result, deserving students were not getting bursaries and where they do; they get small amounts which are not enough to cover the fees,

1.7 Conclusion

The shortage of doctors remains the greatest challenge in S.A and it affects the economy in the sense that in its effort to deal with skills shortages in the country, the government imports this skill from countries like Cuba and Tunisia. The National Skills Development Strategy II provides for the concerted effort to develop skills of the South African workforce. The government departmental processes and procedures pave a way to implement various training and development programmes to address the scarce skills in the Public Service. The body of literature as outline in the next chapter, literature review revealed a substantial interest to explore previous research conducted in the area of bursaries as a strategy to allay the shortage of doctors.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

In the previous chapter an introduction gave a broad background on the process of awarding of bursaries to medical students to study MBCHB Degree at the University of KwaZulu-Natal to address the shortage of doctors in the Department of Health. There are a number of studies that claim that the department's policies impacts on the migration of doctors in the public health sector. These studies focus on doctors who are qualified and are already in the front line of service delivery post academic studies. However, little is known at what stage doctors become dissatisfied and disloyal to the department.

The management and administration process of awarding of bursaries to medical students to allay the shortage of doctors is, amongst other things, a foretaste of future administrative processes of doctors when they are employed. The response from the study participants will give an indication at what stage the elements of dissatisfaction and disloyalty begins thus the department's ability to retain qualified doctors.

According to the Health and Welfare Sector Education and Training Authority, (HWSETA): Sector Skills Plan (SSP) (2005-2010) the shortage of doctors in the public health sector can be addressed through bursaries. The SSP highlights a number of factors that drive the change in the sector but it specifically points out that the legislative and socio-economic factors are considered to be the important factor.

It further indicates that South Africa used to produce sufficient numbers of qualified medical practitioners, but high rates of emigration, population and economic growth and apartheid legacies, demand has outstripped supply. It is estimated that the country will need to produce an average of 2010 doctors annually between 2008 and 2015 SSP Update, (2008). According to Stevens, (2007), the recruitment and retention of an adequate, motivated, competent health workforce has become a major concern in sub-Saharan Africa, particularly in rural and underserved areas. However, inadequate resources, poor working conditions and low salaries have resulted in widespread health worker dissatisfaction, with associated migration to the private sector, developed nation health systems, or alternative professions. According to Stevens (Hammer and Jack, 2002; Martinez and Martineau, 2002; Beaglehole and Dal Poz, 2003; Hongoro and McPake, 2004; Narasimhan et al, 2004; Wyss, 2004), in response, a substantial body of literature has emerged on how to produce and strengthen human resources for health detailing a range of strategies that have been employed by different health ministries.

These strategies use a conceptual framework that views migration as the product of a balance of contributing factors – thus the onus is on developing countries to address socio- economical issues by providing financial or non-financial incentives, or improving working conditions or career opportunities, and on developed countries to limit pull factors by avoiding aggressive recruiting in developing countries, and producing their own medical personnel in adequate numbers Stevens, (2007). It is against this background that the KZN DOH has intensified its bursary strategy to allay the shortage of doctors in the Department.

2.2 The independent variable – awarding of bursaries to medical students

2.2.1 The broad background

There are a number of organisations awarding bursaries to students with the aim of financially assisting students during their period of study. "Students are renowned for being poor and many revel in this status. So why money is such an issue for medical students" (Cottrell, 2007). The undergraduate medical courses are longer than most other university courses. In addition to the longer course length in years they are often extended for clinical years in the form of compulsory internship and community service. Therefore, medical students face a long student's life and have little spare time to obtain additional income. Maile, (2008) argue that students leave before completing their degrees because they can not afford to stay. Impoverished families are called upon to top up their loans and bursary funding.

Many students leave to find work with the intension to return when funds have been raised. The awarding of bursaries to medical students is a form of help to assist students during the entire period of study. Bursaries are advertised, students apply and the selection is means-tested. Cottrell, (2007) points out that the some students entering their fifth year of study in 2005/2006 encountered huge delays in obtaining money from the National Health Service in the United Kingdom (NHS UK). Actions like these may result in disloyalty on the part of the bursary holders when they have to serve back. Cottrell, (2007) further states that the financial position of students is assessed by means-test threshold of joint household income for parents/partner. Therefore, for students to be awarded a bursary it dependents on student meeting the qualifying criteria.

2.2.2 The specific section of interest

According to Miller, (2002), in the United Kingdom, the bursary scheme was expanded in 1999 – 2000 to cover the 40 projects , including funding earmarked for inner-city areas and for minority – ethnic programmes at a total cost of 450 000 pounds. The bursary scheme was therefore refocused on the social inclusion objectives favoured in the government policy around gender, ethnicity, promoting equality of opportunity, combating disadvantage and disability. One of the objectives of the Department of Health policy on awarding bursaries is to redress race, gender, and people with disabilities inequalities and poverty alleviation. This means that over and above the broader picture to allay the shortage of doctors in the department, the issue of equality is prioritised in the implementation of government policies. Therefore due consideration is given in the recruitment and selection of bursary holders.

2.2.3 The research that has been done so far

A survey by the Saskatchewan Health Regional Services, (2007) soliciting inputs and feedback regarding the bursary program was conducted in the United Kingdom. Questionnaires were distributed to bursary recipients and their collective responses were considered for future changes to the bursary process. This was one of the methodologies of information gathering and analysis from a variety of sources used in order to evaluate policies and procedures, and to set priorities for the up coming year for the Bursary Program: Workforce Planning Branch at Saskatchewan Health Regional Services. The Saskatchewan Health Regional Services, (2007) eloquently expresses the importance of conducting bursary recipient survey as follows:

> "Each year a one-page survey along with a cover letter is sent to new bursary recipients. The survey asks for feedback about the bursary program and process, as well as any ideas for improvements. Survey responses are reviewed and a summary is sent to all respondents".

According to the survey conducted in Kenya (Sirigi, 2009) a majority of survey respondents reported that there was undue political influence in the awarding of bursaries. Sirigi, (2009) points out that that politicians meddled in the awarding of bursaries, by recommending beneficiaries in "disregard of the evaluation criteria". As a result, deserving students were not getting bursaries and where they do; they get small amounts which are not enough to cover the fees, according to a government report.

According to the Department of Health bursary policy, there is no provision in the policy document for conducting a bursary recipient survey for feedback purposes yet the retention rate during the service obligation is not hundred percent achieved. It is the first of its kind that the department is engaged in this type of research. Emphasis has always been on the issue of loyalty and retention of qualified doctors or other health professionals.

2.3 The dependent variable - shortage of doctors in KZN's DoH

2.3.1 The broad background

The research conducted by Stevens, (2007) indicates that the recruitment and retention of an adequate, motivated, competent health workforce has become a major concern in sub-Saharan Africa, particularly in rural and underserved areas. However, inadequate resources, poor working conditions and low salaries have resulted in widespread health

worker dissatisfaction, with associated migration to the private sector, developed nation health systems, or alternative professions.

According to the HWSETA Sector Skills Plan: Annual update, (2008), there is a total of 34324 medical practitioners in both private and public sectors country wide. The KwaZulu-Natal Province shares 5707 of the geographical distribution of the medical practitioners for both public and private sectors. "The shortage of doctors has been worsened by the brain drain of qualified doctors, the unequal distribution of doctors and the low production of medical graduates by the universities. The shortage of doctors is scientifically determined by the doctor ratio to population" (Breier and Wildschust, 2006).

"The areas of interest in the shortage of doctors are the retention or loyalty, particularly, of rural physician in spite of socio-economic factors of the Republic and the Province of KwaZulu-Natal", (Peters and Steward, 1996). The bursary policy is seen as a strategy to produce doctors who will work in rural areas of the KwaZulu-Natal Province.

2.3.2 The specific section of interest

The loyalty of doctors is built on patient population through the Community Service in stead of loyalty to the department. "The strong sense of loyalty and a clear communication are critical additional factors to be considering when designing policies to facilitate staff retention" (Stevens, 2007). The Community Service of doctors in rural hospitals serves as a foretaste of challenges encountered in daily basis in the medical profession. Conco, and Reid, (1999) points out that the most frequently cited challenge is the gap between the clinical skills acquired by young doctors during heavily supervised

training in urban, tertiary centres, and those required by a rural generalist physician. Mathebula, *et al,* (2001) have identified the most important technical skills for rural practice. The question is whether or not a bursary holder who is doing a Community Service is most likely to be retained and be loyal if placed in a rural hospital after completion of studies.

2.3.3 The research that has been done so far

A study conducted by De Villiers, (2006) has shown that the education and training of generalist practitioners for rural practice needs specific attention. De Villiers, (2006) argues that firstly the unique nature of rural practice makes it necessary for doctors to undergo relevant and focused instruction. Rural family practice requires that doctors have the knowledge and skills to practise in settings where high technology and specialist resources are not available, while at the same time requiring that they be able to perform a wide range of advanced functions and procedures. Secondly, it is argued that appropriate education and training for rural practice can positively influence the recruitment and retention of medical practitioners in rural areas. The teaching of the knowledge and skills required for rural practice should take place in an appropriate setting that promotes interest in rural practice and familiarises the student with its particular challenges. There is a paucity of data in South Africa on medical practitioners staffing district hospitals, especially in terms of their knowledge and skills levels. Such information is critical if rural hospitals are to deliver equitable and quality health services and also for guiding appropriate undergraduate, postgraduate and continuing professional education for rural practice.

The bursary policy does not prescribe to the bursary holders, about the strategies in place for the University of KwaZulu-Natal, which learning areas the bursary holders should be exposed to in order to cope with the challenges to be faced when placed in rural areas. Will this contribute to the breach of contractual service obligation when a bursary holder is placed in rural areas after completion? Research conducted by Peters and Steward, (1996) suggests that location factors in physician judgement of their practice location are determined with intention. Six selected factors (income, family, workload, continuing medical education, leisure, and medical colleagues) used as orthogonal cues for judgment analysis survey. Income was highest for urban- and suburban-intending residents, and family was strongest for rural-intending residents. Workload weights were comparable for all physicians.

A study conducted by Dhaniram, (2003) has shown that Community Service doctors in KwaZulu-Natal experienced significantly high burnout levels. The bursary holders, who have a legal obligation to serve back in a high stress level working conditions/location, are not immune to brain drain and burnout. According Dhaniram, (Van Zyl and Bester, 2002) elevated stress levels within South African organisations often occur as a result of scarcity of high-level human resources, managers and professionals that are under great pressure and skills shortage that created exceptional pressure on technicians and skilled workers. An increase in number of doctors produced through the bursary award strategy will reasonably address the shortage of doctors, reduce the number of breaches in service obligation and enhance loyalty to the Department of Health in KwaZulu-Natal.

2.4 Conclusion

This chapter looked at the previous research conducted in the field of bursary award to medical students as an independed variable and the shortage of doctors in the KwaZulu Natal Department of Health as a dependable variable. It can be argued that both variables are interdependent. The increase in the awarding of bursaries should result in decrease in the shortage of doctors on a longer term.

What is still not known is whether or not the awarding of bursaries to medical students, in isolation, will effectively address the shortage of doctors in the Province of KwaZulu-Natal or it will be tantamount to vicious cycle due to the number of bursary holders who breach their contractual obligation? The revelations in the body of literature indicate a number of non-educational and non-training variables contributing to the shortage of doctors. The next chapter will discuss the target population, the sample, data gathering and analysis.

CHAPTER 3

RESEARCH METHODOLOGY AND DESIGN

3.1 Introduction

In Chapter 1 the research topic: the awarding of bursaries at UKZN for MBchB students required to allay shortages of doctors in KZN's DoH was formulated and the problem statement defined and is recapped as follows:

Statistics contained in the DOH database reveals that it is not always the case that all bursary holders honour their contractual obligation after completion of their qualification. The department battles to retain some of those whom they have assisted in obtaining a MBCHB degree. Although the bursary holders are clearly linked to the DOH, the question is what can be done to intensify their loyalty throughout the study period and after completing the qualification. Is the process of awarding bursaries starting from the recruitment, selection, awarding of a bursary and placement, as well as conditions of bursaries fair or reasonable? The bursary strategy is of mutual interest between the student and the DOH. The students benefit from the full bursary award which covers tuition fees, meals, accommodation and books allowance. In some instances, miscellaneous expenditure associated with study requirements of the student is paid to the university in the form of sundry payments. The students enjoy the benefits during the duration of their study and after completion of the qualification.

The department on the other hand benefits from the pool of medical practitioners who have completed their studies and are then placed in Health Facilities to complete their

service obligation. The benefits to the department are realized after the student has completed the qualification and is serving the obligation in terms of the contract. In the event of breach of contract, the student redeems the full bursary amount plus interest. The latter is not the intention of the DOH in the light of prevailing shortages of doctors.

This resulted in the following research question (or hypothesis) being formulated: Does the awarding of bursaries to medical students at UKZN to allay shortage of doctors in KZN's DOH contribute to the disloyalty and dissatisfaction not to honour their contractual service obligation. The independent and dependent variables were identified as the awarding of bursaries to medical students at UKZN and the shortage of doctors in KZN's DOH. This chapter discusses the study's sampling technique and research design to be used as methodology of data collection and analysis.

3.1.1 Population

The population in this exploration consists of all students who are in the health science faculty at the University of KwaZulu-Natal who are subjected to the DOH process of awarding bursaries as a strategy to address scarce skills.

3.1.2 Limitations

However, the sample is limited to the medical students at the University of KwaZulu-Natal, Nelson Mandela School of Medicine. The rationale for sampling medical students is because of significant challenges of the department to retain medical practitioners compared to other bursary holders in the field of Health Sciences. The medical students at UKZN are locals who have not been exposed to other parts of the country therefore the possibilities of migration to other areas for employment opportunities are few. Non

probability sampling methods will be used and a purposive sampling will be used for the purpose of the study.

3.1.3 Sample

The non-probability sampling methods has been chosen for this study because the research is conducted in situations where one cannot select the kinds of probability samples used in large-scale social surveys. Purposive sampling method will be used because the study may involve studying the entire population of all bursary holders at UKZN's Nelson Mandela School of Medicine who were awarded bursaries by KZN Department of Health. In conducting the research, the departmental officials involved in the administration of bursaries will be interviewed on the process of awarding bursaries. A meeting with the bursary holders and the officials will be used to issue and collect questionnaires to the bursary holders.

3.2 Research design

The research design to be used is both qualitative and quantitative type of study. The qualitative design suits the research because the issue of disloyalty and dissatisfaction can not always be quantified. The response rate on units of analysis will be based on the problem statement, which has been broken down into a number of variables upon which a hypothesis will be tested. Therefore the quantitative design will be appropriate to be used in conjunction with the qualitative design.

3.3 Data gathering instrument

The customer satisfaction survey techniques will be used to assess the process of awarding of bursaries to medical students. A comprehensive understanding of the way in

which medical students are currently considered and assessed for a bursary is essential to determine the extent to which an element of satisfaction and loyalty starts. The best way to find out whether bursary holders are satisfied or not is to ask them in the form of a questionnaire whilst opening an opportunity to ask questions that have, otherwise, not been covered in the questionnaire.

3.4 Data Analysis

The descriptive statistics will be used to analyse the data gathered using the SPSS statistical software. In addition, the statistics will be presented in tabular and graphical form in the text.

3.5 Conclusion

The KZN DOH award bursaries to medical student in order to allay shortage of doctors in the department, however not all bursary holders honour their contractual service obligation after completing their studies. Is it because they are dissatisfied or they are disloyal. The target population will be reached by using the purposive sampling. Both qualitative and quantitative design methods will be used to analyse the participant's responses to research questions. In the next chapter 4 and 5the analysis and discussion of the study will be presented in tabular and graphical form in the text.

CHAPTERS 4

DATA ANALYSIS

4.1 Introduction

In the previous chapter the population, sample and method were discussed prior to conducting the survey and data analysis. The questionnaire was designed and circulated to participants at the meeting held with the participants. In this chapter the data will be presented and analysed in the form of tables, figures/graphs and text. The pilot study will be critically examined and suggestions made.

4.2 The data

The data gathering techniques used was a two page questionnaire (copy attached) containing the information page and the actual questions or statement's page with a biographical data. Questions were asked by participants over and above the responses given in the questionnaire. The sample of the population was composed of the KZN DOH bursary holders who are studying MBCHB degree at the University of KwaZulu-Natal: Nelson Mandela School of Medicine. The participants profile ranged as per the following demographics:

Total sample	**Age range**	**Qualification Level range**	**Area of origin**	**Gender range**
55 participants	17 -28 years	Level 1 to Level 4	All eleven districts in the Province represented	Males and females

4.3 Analysis

4.3.1 Demographic Profile of participants

The demographic profile of the participants was considered during the study. The following table (figure 1) reveal the demographical characteristics of the sample in terms of their origin:

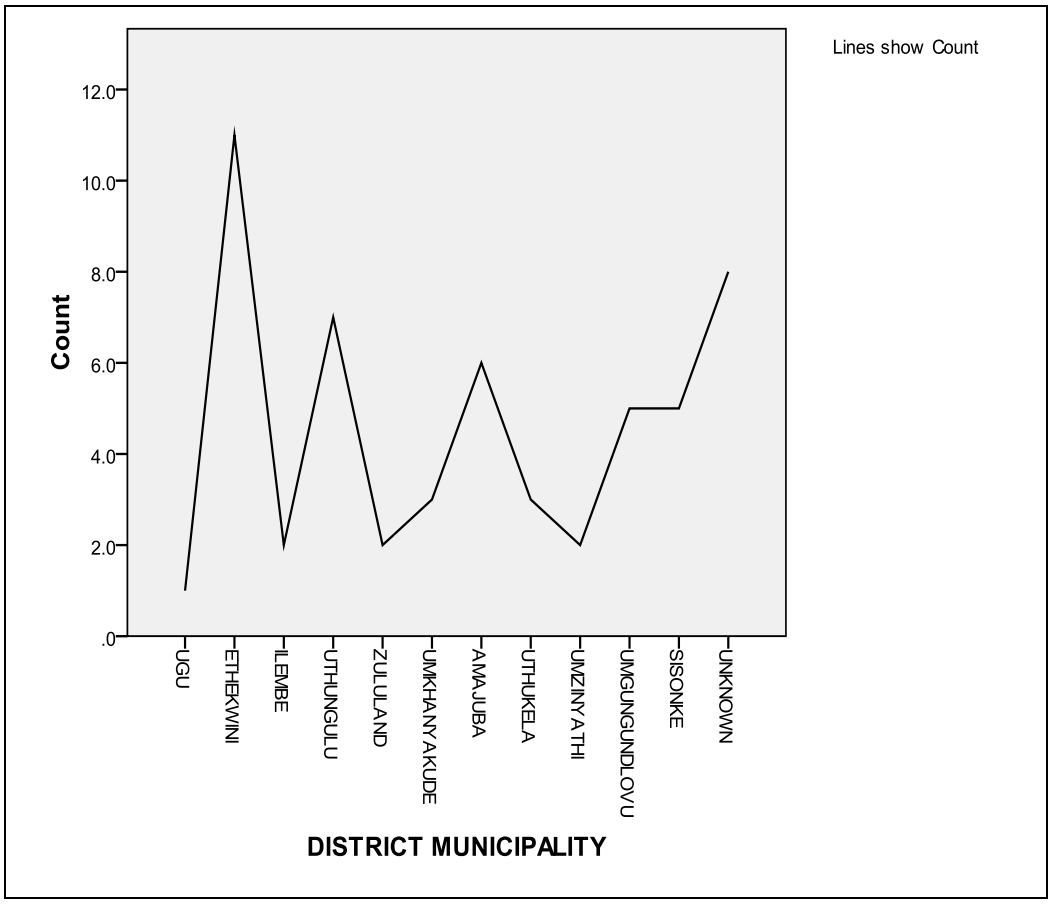

Figure 1: Geographical spread of participants in terms of their origin.

The area of origin was classified per District Municipality since the shortage of doctors is spread throughout the province. Ugu district had the lowest number of participants with 1.8% whilst eThekwini Municipality had the highest of 20% of the total 55 participants. It is possible that most bursary holders choose to study at the UKZN for close proximity

to their residence since UKZN medical school is in eThekwini district. The drastic shortage of doctors is in rural areas rather than urban areas as mentioned in chapter 2, literature review. It is therefore a cause for concern that the bursary programme which is a strategy to allay the shortage of doctors appear to be focusing in eThekwini district.

4.3.2 Age, Gender and Race of participants

The age group of participants comprised of the following range as expressed in table 1 below:

		Count	Percent
AGE	17.00	1	1.8%
	18.00	2	3.6%
	19.00	4	7.3%
	20.00	15	27.3%
	21.00	17	30.9%
	22.00	8	14.5%
	23.00	2	3.6%
	24.00	1	1.8%
	25.00	1	1.8%
	27.00	1	1.8%
	28.00	1	1.8%
	Unknown	2	3.6%
Overall		55	100.0%
Excluded		0	
Total		55	

Table 1: Age group of participants

The majority of participants are in the age group of 20, 21 and 22 with the percentile expression of 27.3%, 30.9% and 14, 5%, respectively. These are the future young doctors who have been described in chapter two by Conco and Reid, (1999); Reid, (2002) that the most frequently cited challenge is the gap between the clinical skills acquired by young

doctors during heavily supervised training in urban, tertiary centres, and those required by a rural generalist physician.

Whilst the majority of bursary holders are in the age bracket of 20 to 22 years old, 63% are females and 34% are males in terms of gender. It is possible that the gender distribution is informed by the departmental policies on employment equity and affirmative action programme. These are men and women who may cause the organisational structure to be skewed due to the service obligation after completion of studies as pointed out in chapter two that one of the objectives of the Department of Health policy on awarding bursaries is to redress race, gender, and people with disabilities inequalities and poverty alleviation. The table 2 below indicates the percentile presentation of gender of bursary holders:

		Count	Percent
GENDER	Male	19	34.5%
	Female	35	63.6%
	Unknown	1	1.8%
Overall		55	100.0%
Excluded		0	
Total		55	

Table 2: Percentage of gender of participants

The racial distribution of participants is comprised of mainly blacks of whom 90% are Africans as depicted in table 3 below:

		Count	Percent
RACE	Black	50	90.9%
	Coloured	1	1.8%
	Indian	2	3.6%
	Unknown	2	3.6%
Overall		55	100.0%
Excluded		0	
Total		55	

Table 3: Racial distribution of participants

The racial distribution is in line with the departmental policy on employment equity and affirmative action. 3.6% of the participants could not answer the question on race despite the undertaking that the personal details will be treated confidentially. As pointed out in chapter two that in the United Kingdom the bursary scheme was expanded in 1999 – 2000 to cover the 40 projects , including funding earmarked for inner-city areas and for minority – ethnic programmes at a total cost of 450 000 pounds. The bursary scheme was therefore refocused on the social inclusion objectives favoured in the government policy around gender, ethnicity, promoting equality of opportunity, combating disadvantage and disability.

4.3.3 Level / year of study and employer of choice

There are five levels a medical student undergo before engaging in the internship programme and the community service as pointed out in chapter 2. The figure 2 below indicates the participant's choice of work after completion of their qualifications thus addressing the shortage of doctors:

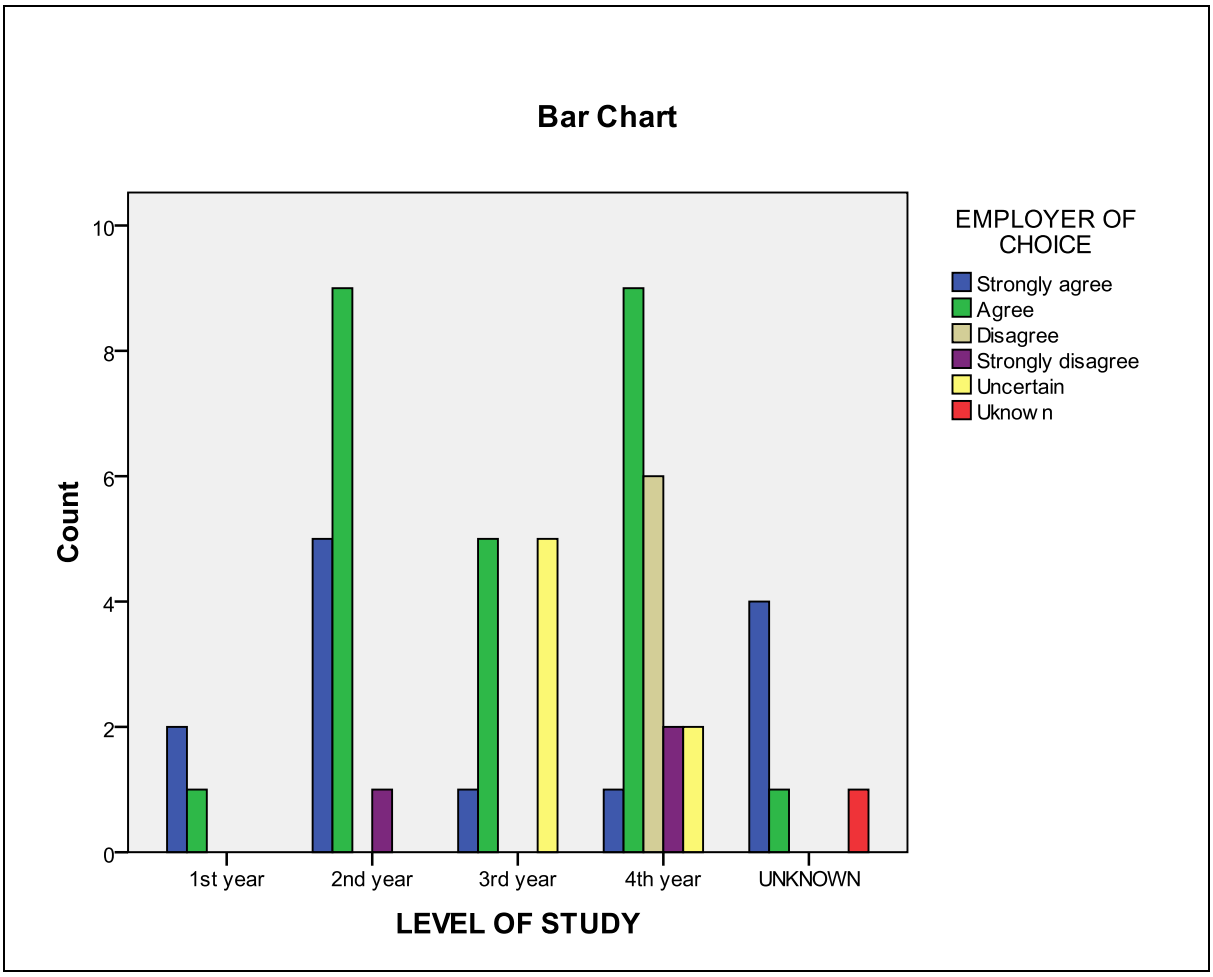

Figure 2: Participants response per level on the view that of the department is an employer of choice

The majority of the participants agreed that they would willingly work for the department had it been not for the service obligation. However fewer participants were uncertain that the department is an employer of choice. The 2nd year level participants who agreed and strongly agreed were 5 and 3 respectively whilst the 4th year level who agreed and strongly agreed were 9 and 5 respectively. The 2nd and the 4th year level participants constituted the majority amongst the participants and their responses were high on the view that they will work for the department. Therefore this shows that they are more satisfied with the department and will tend to be loyal when they are placed to serve back

their obligation. The aforementioned variable on issues of loyalty and satisfaction was to be further tested by analysing the participant's response to the service obligation. The table below indicates the view of participants on the issue of fairness in service obligation:

		SERVICE OBLIGATION					
		Strongly agree	Agree	Disagree	Strongly disagree	Uncertain	Total
LEVEL OF STUDY	1st year	1	1	0	0	1	3
	2nd year	3	5	4	0	3	15
	3rd year	3	3	0	2	3	11
	4th year	5	9	3	0	3	20
	Unknown	4	1	1	0	0	6
Total		16	19	8	2	10	55

Table 4: Level of study and service obligation

The analysis of the view of participants on service obligation variable indicated that the majority of bursary holders agree that it is fair for the department to subject bursary holders to a contractual obligation. 16 participants strongly agreed that it is fair to sign a contract for service obligation. Of the 16, 4 did not indicate their year of study whilst participants on the forth year constituted the majority in agreeing and strongly agreeing on the service obligation.

4.3.4 The process of awarding bursaries by the department

To test the satisfaction of bursary holders, the following variables were included in the questions for participants to respond:

Publicising of bursaries, guidance in applying, feedback on application, choice of university, amount of bursary, the content of the bursary contract, awareness of consequences of breach of contract and communication relationship.

4.3.4.1 Publicising of bursaries

The representation of the province in publicising of bursaries is detailed in figure 3 below:

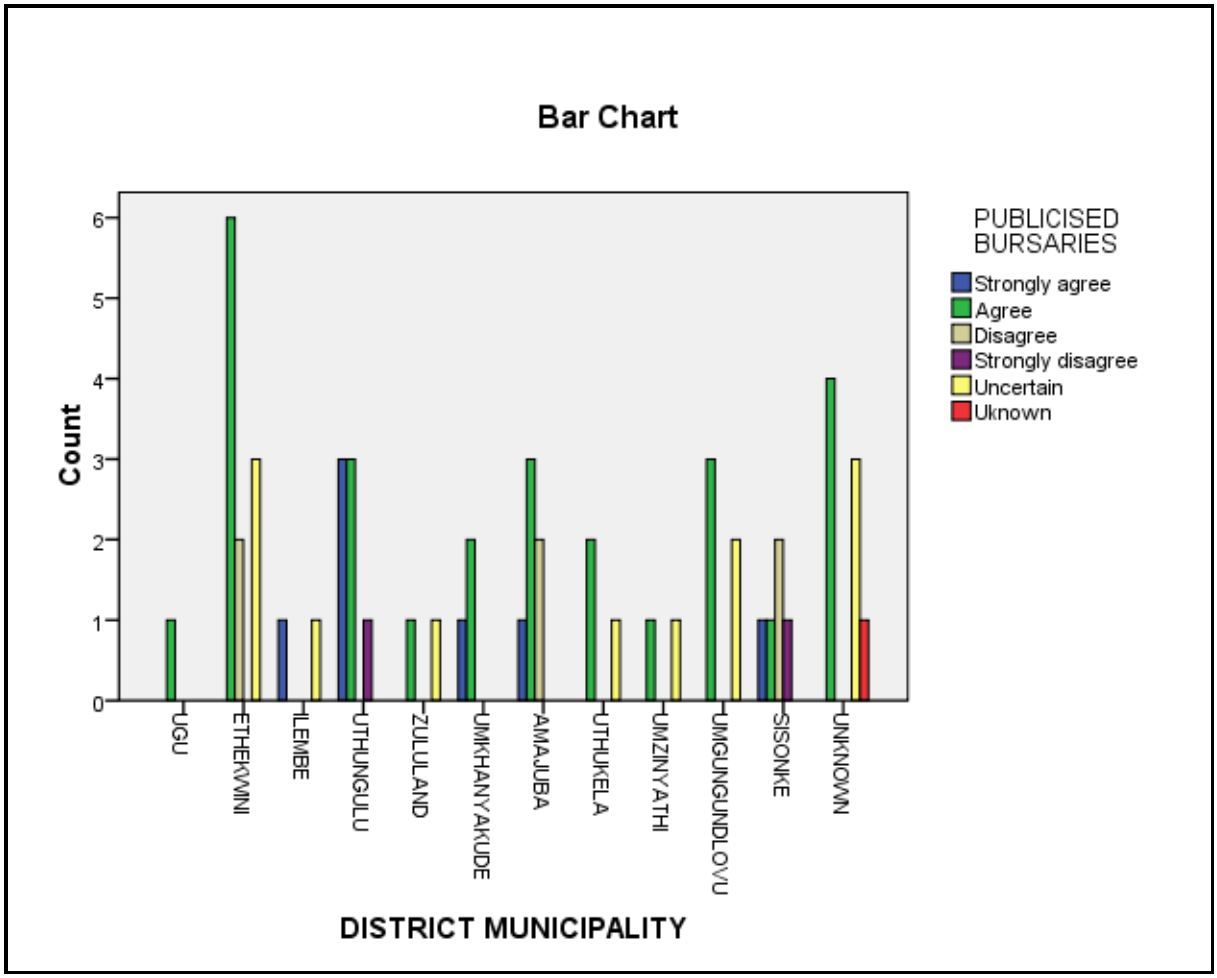

Figure 3: Response of participants on publicising bursaries per district.

With regard to publicising of bursaries, 12% strongly agreed and 49% agreed that the department publicise bursaries in all areas in the province. Attention should be paid to Sisonke and uThungulu districts where the response included strongly disagree.

4.3.4.2 Guidance in applying

The pie chart in figure 4 below indicates the participants response to guidance provided when applicants complete the bursary application form:

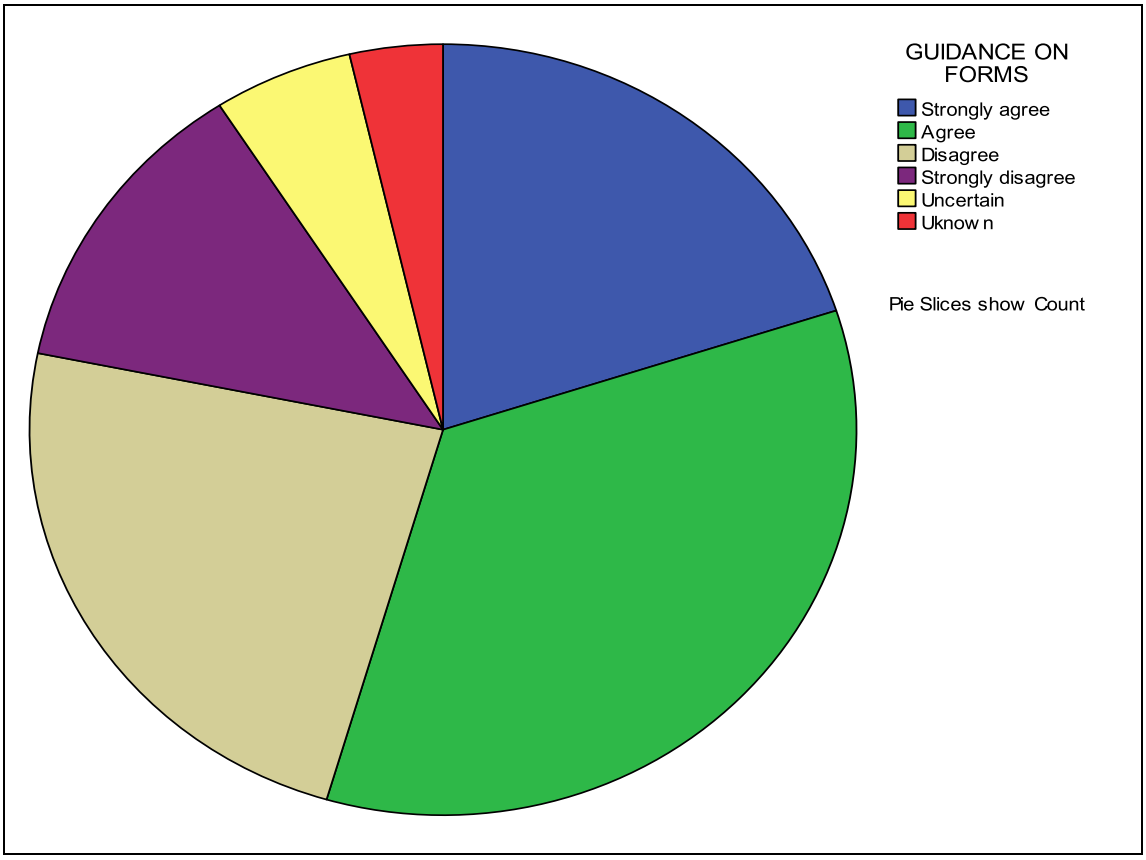

Figure 4: Participants response to guidance provided on forms

There was a general agreement that applicants are assisted when completing the application forms. However some elements of disagreement are noted in the applicant's response.

4.3.4.3 Feedback on applications

Figure 5 presents the participants response to feedback about the outcome of bursary applicants as follows:

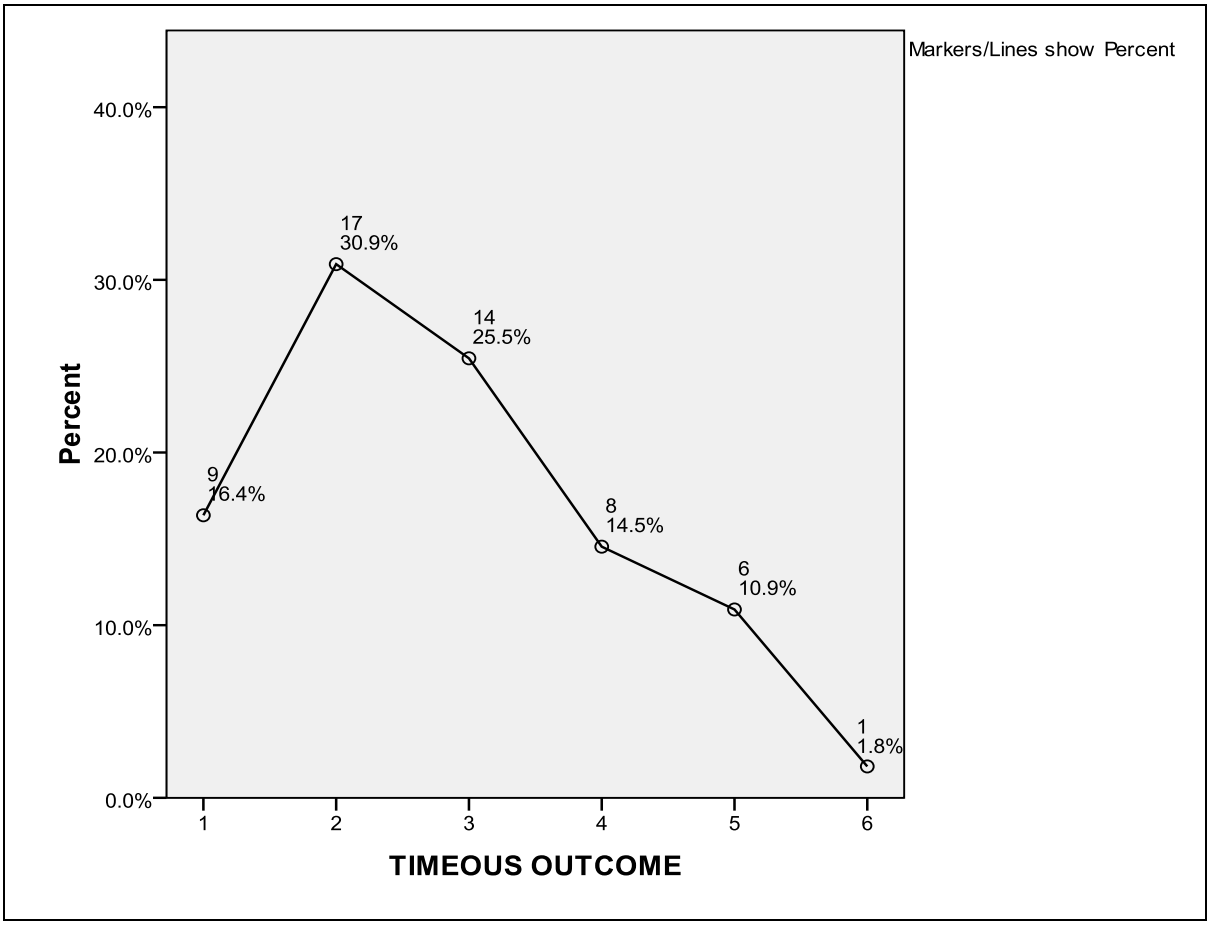

Figure 5: Response on the timeous outcome of the application

30.9% of the participants agreed that the feedback received is adequate. However 1.8% could not indicate. Therefore more than half of respondents agreed to feedback provided

by the department which will improve client satisfaction and subsequently to retention of young doctors.

4.3.4.4 Choice of university

It is allowed for bursary applicants to study at a university of their choice in the Republic. The figure 6 below indicates the participant's responses to choice given to bursary applicants:

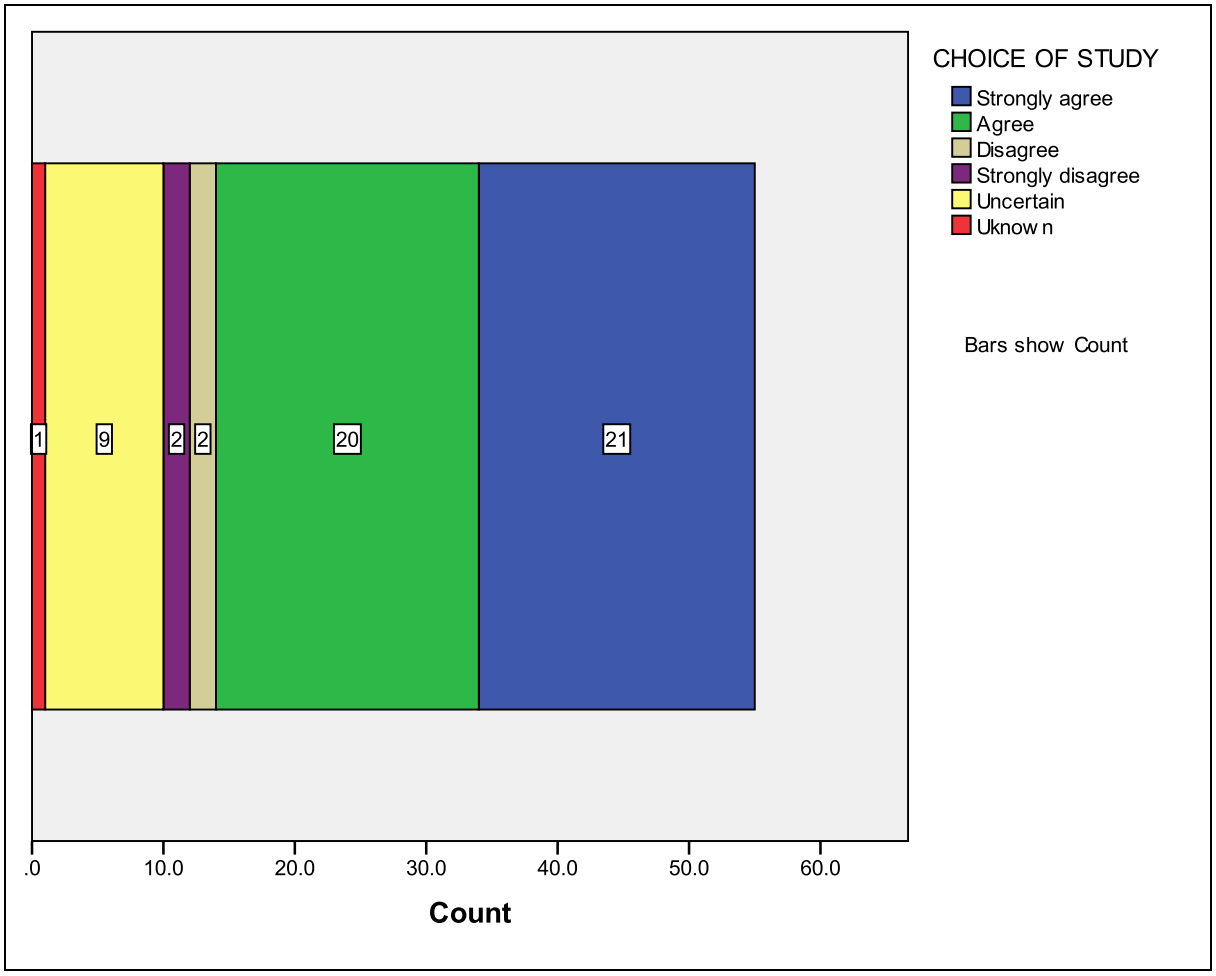

Figure 6: Participant's response to choice of study

There was an overwhelming agreement that applicants are allowed to study at a University of their choice. 20 and 21 participants agreed and strongly agreed, respectively that the department allows for the study at a university of their choice.

4.3.4.5 Amount of bursary

The amount of bursary has been discussed in chapter two. It has been noted that medical students are poor because of the length of study. Maile, (2008) argued that medical students face a long student's life and have little spare time to obtain additional income. The figure 7 below indicates the participant's view on the amount of bursary:

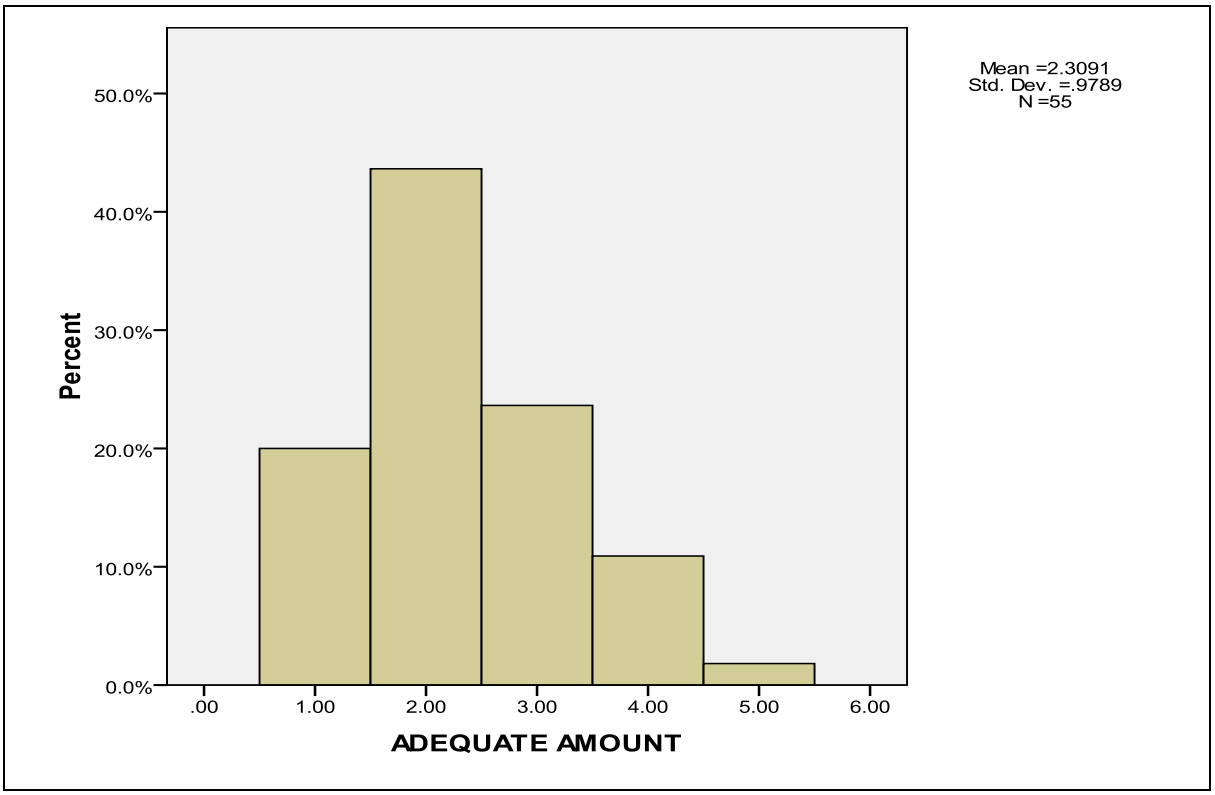

Figure 7: Participant's view on the amount of bursary

From the figure above, it appears that 64% (44% and 20%) of the total participants agreed that the bursary amount is adequate to cover tuition, meals, accommodation and book allowance. This variable indicates a positive view of customer satisfaction and could therefore lead to loyalty to the department when bursary holders are placed after completion.

4.3.4.6 The content of the bursary agreement

The bursary agreement regulates the future employment relationship between the department and the bursary holders. It is critical that both parties understand the content of the agreement since if forms the legal basis for mutual agreement. The table below show the participants response to this variable:

		Count	Percent
CONTRACT UNDERSTOOD	Strongly agree	8	14.5%
	Agree	25	45.5%
	Disagree	17	30.9%
	Strongly disagree	2	3.6%
	Uncertain	3	5.5%
Overall		55	100.0%
Excluded		0	
Total		55	

Table 5: Participant's response on understanding the contract

The above table presents the positive response of understanding the content of the contract. 55% (14.5% and 45.5%, strongly agree and agree respectively) indicated that the contract is easy to understand. However 30.9% indicated that they strongly disagree with the variable that the contract is easy to understand. This is a critical area as it may be

the root course for the breach of contract. The department needs to attend to the 30.9% even if they are few.

4.3.4.7 Awareness of the consequences of breach of contract

The breach of contract has consequences. It has been pointed out in chapter two that the department does not achieve 100% retention rate of bursary holders when they have been placed after completion. The pie chart, figure 8 below indicates the response on this variable:

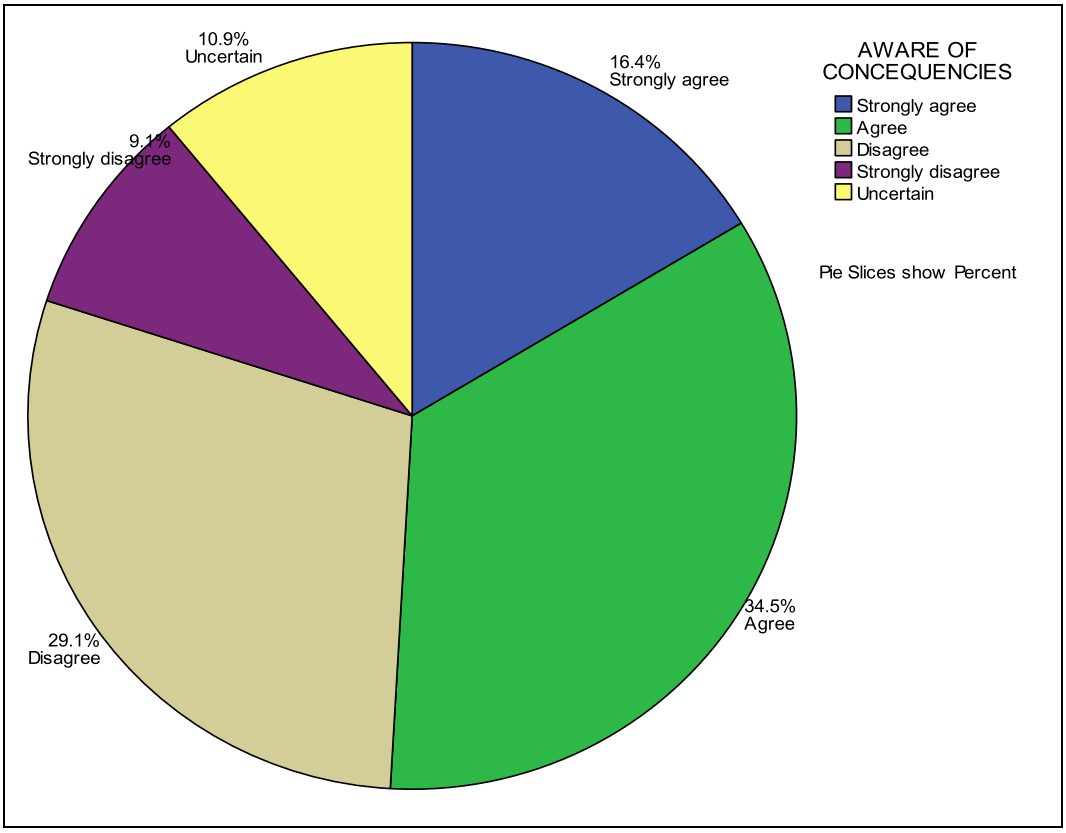

Figure 8: Awareness of consequences of breach of contract

The study revealed that almost half of the participants including those who were uncertain are not aware of the consequences of breach of the contract. The department

needs to promote awareness of the consequences of breach of contract. Whilst 34.5% agreed to know, 16.4% strongly agreed.

4.3.4.8 Communication relationship

Communication is critical for any organisation to succeed. The bursary strategy is the key strategy for the department to allay shortages of doctors in the Province. As pointed out in chapter two that The Saskatchewan Health Regional Services (2007) eloquently expresses the importance of conducting bursary recipient survey as a means of feedback and improvement of their bursary programme. The responses are presented in table 6 below:

		COMMUNICATION						
		Strongly agree	Agree	Disagree	Strongly disagree	Uncertain	Unknown	Total
DISTRICT MUNICIPALITY	UGU	0	1	0	0	0	0	1
	ETHEKWINI	1	2	5	1	2	0	11
	ILEMBE	0	1	0	1	0	0	2
	UTHUNGULU	1	2	1	2	1	0	7
	ZULULAND	0	1	0	1	0	0	2
	UMKHANYAKUDE	0	1	1	0	1	0	3
	AMAJUBA	0	0	6	0	0	0	6
	UTHUKELA	0	3	0	0	0	0	3
	UMZINYATHI	0	1	0	0	1	0	2
	UMGUNGUNDLOVU	1	2	0	2	0	0	5
	SISONKE	1	0	2	0	1	1	5
	UNKNOWN	0	2	2	2	2	0	8
Total		4	16	17	9	8	1	55

Table 6: Participant's response to communication relationship

CHAPTER 5

RECOMMENDATIONS AND CONCLUSION

5.1 Recommendations

Informed by evidence, it is suggested that the DOH consider the following recommendations which will improve the process of awarding bursaries to prospective employees:

- Regular feedback about the awarding of bursaries should be obtained from the bursary holders,
- Conducting of workshops or any means clarifying the contents of the bursary agreement.
- Conducting a regular review of the bursary policy for prospective employees/students.
- Conduct a further research in the area of awarding bursaries to prospective employees/students in order to determine the root causes of bursary holders not willing to work for the DOH after completion of studies.

5.2 Conclusion

The research question explored the awarding of bursaries to medical students at UKZN to allay shortage of doctors in KZN's DOH. The issues of disloyalty and dissatisfaction contribute to breach of contract or for students not to honour their contractual service obligation. Although there may be other variables not explored in this study, but the fact

that some variables were not all responded to, is an indication that not 100% of qualified bursary holders maybe retained by the department. Some research questions were not answered adequately where the participants indicated neutral responses or chose not to indicate response. This may be due to fear of possible discontinuation of the bursary. Therefore the subjectivity of the participants may have contributed to some questions not adequately answered.

The possible weakness of the study is the type of sample which focused on one university whereas the student medical training is conducted by other universities in the country.
The focus of other studies has been on shortages of doctors who are already qualified and working. The findings of this study revealed student's view on issues of loyalty and satisfaction with the department and also revealed the role that can be played by the department to intensify the relationship with students whilst they are still prospective employees of the department. The researchers need to explore the student's behaviour and attitude towards their bursary sponsors and a meaningful contribution can add value to this research.

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Appendix 1 - Questionnaire

INFORMATION DOCUMENT

Study title: The awarding of bursaries to prospective MBCHB students at UKZN required to allay shortages of doctors in KZN DoH

Dear Participant

Introduction

The study is being conducted by Mr M Mthethwa, who is a student at Durban University of Technology, in part of completion of his Bachelor of Technology Degree in Human Resources Management. The study is about the Department of Health process of awarding bursaries to medical students at University of KwaZulu-Natal to allay shortage of Doctors in KZN DOH.

The aim of the study

The aim of the study is to twofold:

1. To determine whether the process of awarding bursaries contributes to the bursary holders' satisfaction and loyalty to the DOH.
2. Identify areas of good practice and those needing improvement in the process of awarding bursaries.

Participation in the study

As a participant in the study, you are kindly requested to fill in the attached questionnaire which will take less than 5 minutes to complete. Participants are expected to answer all questions by ticking in the most appropriate column in the space provided.

There are neither risks nor benefits in participating in the study. However the department will be able to determine areas of improvement in the bursary programme and may improve its customer satisfaction for efficient health service delivery.

Confidentiality

Information provided by the participants will be treated with confidentiality and no names will be recorded in the questionnaire. The research results will be made available to the department. Participants requiring access to the results will have to contact the department for disclosure of information.

Contact details

For further information kindly contact the researcher, Mr M Mthethwa:

Telephone numbers : 033-3952723(w); Fax no: 0865475047
Cell numbers : 0824047974, 0798860437(w)
E-mail address : Mthembeni.mthethwa@kznhealth.gov.za;

Thank you for your participation.

REASEARCH QUESTIONAIRE

BIOGRAPHICAL DETAILS:

Age [ ] Gender [ ] Race [ ]	
Local Municipality [ ]	**Ward No [ ]**
District Municipality [ ]	**Level/year of study [ ]**

Research Questions	Strongly Agree	Agree	Disagree	Strongly Disagree	Uncertain
1. The department publicise the bursaries in all areas in the Province.					
2. The applicants are guided when completing the bursary application form.					
3. The applicants are advised timeously of the outcome of the bursary application.					
4. The applicants are allowed to study at an institution of their choice.					
5. The bursary amount is adequate for study purposes to complete a qualification.					
6. The signing of contractual agreement is easy and well understood by students.					
7. The students are aware of the consequences of breach of the bursary contract.					
8. The Department communicates & maintains a relationship with students throughout the period of study.					
9. The redemption of bursary by means of service obligation to the local area is fair.					
10. The Department of Health is an employer of choice					

Appendix 2 – Data spread sheet

Questionno	Age	Gender	Race	Wardno	Locmun	Dcmun	Level	Publicise	Guidance	Timeously	Choice	Amount	Contract	Concequence	Communication	Obligation	Employerchoice
1	4	2	1	Unknown	Abaqulusi	12	2	5	2	3	2	1	1	1	5	1	2
2	6	2	1	Unknown	Durban	2	4	2	1	5	1	2	1	1	1	1	1
3	4	2	1	Unknown	Unknown	8	4	5	2	5	5	2	2	2	2	2	2
4	15	3	5	Unknown	Unknown	12	6	6	6	6	2	3	5	5	4	3	6
5	5	1	1	100	Unknown	2	4	2	2	2	1	1	2	2	3	2	4
6	4	2	1	Unknown	Msunduzi	12	4	2	2	2	2	2	2	2	2	2	2
7	5	2	1	Unknown	Howick	12	4	2	2	1	2	2	1	1	3	1	3
8	5	2	1	Unknown	Ulundi	5	4	2	2	2	2	2	2	3	2	2	2
9	3	1	3	Unknown	Durban	2	2	2	1	2	2	1	2	1	2	1	1
10	4	2	1	Unknown	Unknown	2	4	5	2	4	4	2	3	2	2	2	5
11	6	2	1	Unknown	Abaqulusi	5	4	5	4	2	2	2	2	3	4	5	2
12	6	2	1	Unknown	Unknown	4	4	2	2	5	2	2	5	5	5	1	2
13	5	2	1	Unknown	Unknown	3	4	5	1	2	2	2	2	3	4	5	2
14	5	1	5	Unknown	Newcasttle	7	2	2	4	1	2	1	3	2	3	5	1
15	6	2	1	Unknown	Edendale	10	4	2	3	3	2	3	2	3	2	2	3
16	5	2	1	9	Panorama	10	4	2	4	4	1	3	3	4	4	2	3
17	5	2	2	67	Unknown	2	4	2	2	3	1	3	2	4	3	1	3
18	3	1	1	Unknown	Msunduzi	10	6	2	1	2	1	1	1	1	2	1	1
19	5	2	1	Unknown	Unknown	12	3	2	2	5	1	2	2	5	3	2	5
20	7	1	3	Unknown	Phoenix	2	3	2	2	3	5	2	2	5	3	2	2
21	6	1	1	Unknown	Msunduzi	10	4	5	1	3	5	3	1	2	4	5	4
22	7	2	1	Unknown	Unknown	12	4	5	4	4	5	3	2	3	4	2	3
23	5	2	1	Unknown	Kwamashu	2	4	3	3	4	3	4	3	3	3	2	3
24	4	1	1	17	Mhlathuze	4	2	2	3	1	1	1	1	5	2	2	2
25	4	1	1	8	Ladysmith	8	2	2	3	5	5	2	3	3	2	3	2

26	6	2	1	Unknown	Unknown	12	4	2	1	1	1	4	3	2	5	1	5
27	2	2	1	1	Hlabisa	6	1	1	2	2	5	5	1	2	2	5	1
28	2	2	1	Unknown	Umlazi	2	1	2	5	2	1	1	2	1	5	2	1
29	9	2	1	Unknown	Ladysmith	8	6	2	2	3	2	2	4	2	2	1	2
30	1	2	1	Unknown	Hlabisa	6	1	2	6	3	1	2	2	2	5	1	2
31	6	2	1	Unknown	Unknown	11	4	3	3	2	2	3	2	2	3	3	2
32	5	2	1	Unknown	Unknown	11	3	1	3	2	2	1	3	3	3	1	2
33	3	2	1	Unknown	uMzimkhulu	11	2	4	4	4	5	2	3	3	6	5	2
34	4	2	1	Unknown	Mziwabantu	1	2	2	2	3	1	2	3	3	2	3	1
35	5	2	1	Unknown	Unknown	11	3	3	2	2	4	2	2	4	1	1	2
36	3	2	1	Unknown	Mhlathuze	4	2	2	2	2	2	3	2	5	2	2	2
37	4	2	1	Unknown	Mandeni	3	3	1	2	2	2	4	2	2	2	4	2
38	4	1	1	Unknown	Unknown	9	2	2	2	2	2	4	3	2	2	5	2
39	4	2	1	Unknown	Unknown	11	2	2	3	3	1	4	3	2	5	1	2
40	4	2	1	Unknown	uMlazi	2	2	5	3	3	1	2	3	3	3	2	4
41	5	1	1	Unknown	Howick	10	2	5	1	1	5	3	2	1	1	2	1
42	4	1	1	Unknown	Newcasstle	7	2	3	3	4	2	3	2	2	3	3	1
43	4	2	1	Unknown	Newcasstle	7	2	3	3	3	2	3	2	2	3	2	2
44	12	1	1	17	Jozini	6	2	2	2	3	2	2	2	3	3	3	2
45	6	1	1	Unknown	Umbilo	2	4	5	5	2	3	4	1	2	5	3	2
46	5	1	1	Unknown	Tugela ferry	9	6	5	5	1	1	2	5	1	5	1	1
47	5	2	1	Unknown	Nkandla	4	3	1	1	5	1	2	2	2	1	2	5
48	8	1	1	Unknown	Nkandla	4	3	4	4	4	6	1	3	4	4	5	5
49	15	1	1	Unknown	Unknown	7	3	1	3	3	1	3	3	4	3	4	1
50	5	1	1	Unknown	uMlazi	2	4	3	3	3	5	1	3	3	4	3	2
51	5	2	1	Unknown	Newcasstle	7	6	2	4	4	1	2	4	2	3	1	1
52	5	2	1	9	uMlalazi	4	3	1	1	1	1	1	3	3	4	5	5
53	4	2	1	Unknown	uMlalazi	4	3	1	1	1	1	3	3	3	3	5	5
54	11	1	1	Unknown	Unknown	12	6	5	1	1	1	2	2	3	2	2	1
55	4	1	1	Unknown	Newcasstle	7	3	2	3	2	1	2	2	1	3	1	2

Appendix 3 - Ethics clearance certificate

DURBAN UNIVERSITY of TECHNOLOGY

15 September 2009

To whom it may concern

ETHICS CLEARANCE: M. Mthethwa

The above matter has reference.

Application is made to enable this student to do his fieldwork using participants from the UKZN Medical School. Te research is titled: ***The awarding of bursaries to prospective MBCHB students at UKZN required to allay shortages of doctors in KZN's DoH.***

The Durban University of Technology's Ethics Committee has approved the research project. I request the Provincial Department of health to give permission to Mr. Mthethwa to conduct his research.

Sincerely,

L. McCullough
H.O.D: Applied Management
Riverside Campus

CC : B.I Dlamini: Promoter

Appendix 4 - DOH Research Proposal approval

HEALTH
KwaZulu-Natal

Health Research & Knowledge Management sub-component
10 – 103 Natalia Building, 330 Langalibalele Street
Private Bag x9051
Pietermaritzburg
3200
Tel.: 033 – 3953189
Fax.: 033 – 394 3782
Email.: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

Reference : HRKM100/09
Enquiries : Mrs G Khumalo
Telephone : 033 – 3953189

02 October 2009

Dear Mr Mthethwa

Subject: Approval of a Research Proposal

1. The research proposal titled **'An assessment of the process of awarding bursaries to students to study for a Bachelor of Medicine and Bachelor of Surgery (MBCHB) degree at the University of KwaZulu-Natal to address the shortage of doctors in the KwaZulu-Natal Department of Health'** was reviewed by the KwaZulu-Natal Department of Health.

   The proposal is hereby **approved** for the MBCHB bursary holders records to be perused in our HR Department.

2. You are requested to undertake the following:
   a. Make the necessary arrangement with identified facility before commencing with your research project.
   b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.

3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mrs G Khumalo on 033-3953189.

Yours Sincerely

Dr S.S.S. Buthelezi
Chairperson, Health Research Committee
KwaZulu-Natal Department of Health