

**THE IMPACT OF WORKING CONDITIONS ON THE PRODUCTIVITY OF
NURSING STAFF IN THE MIDWIFE OBSTETRICAL UNIT OF PRETORIA
WEST HOSPITAL**

by

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DECLARATION

I hereby declare that this research report, entitled: The Impact of Working Conditions on the Productivity of Nursing Staff in the Midwife Obstetrical Unit of Pretoria West Hospital, is my own work and that the report has not been previously submitted by me for a degree at any other university. I have given full acknowledgement to the sources I have used in the research.

Taramati Bhaga

Date

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- Last but not least, to the almighty God for giving me strength to complete this study.



DEDICATION

This work is dedicated to my late parents, Maniben and Jerambhai Gopal, who have taught me the most about courage, kindness and to believe in myself.

SUMMARY

The impact of working conditions on the productivity of nursing staff in the Midwife and Obstetrical Unit of Pretoria West Hospital.

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The purpose of this study was to explore the impact of the working conditions on the productivity of the nursing staff in the Midwife & Obstetrical Unit of Pretoria West Hospital. It was important to establish the working conditions prevailing within the unit and further to determine which factors related to the working conditions that influence productivity of the nursing staff. The findings of the research are intended to provide guidance to the management in dealing with issues regarding working conditions so as to improve the productivity of the nursing staff in the unit.

A combination of quantitative and qualitative approaches was used, specifically the dominant-less-dominant model. The research approach was predominantly quantitative with lesser qualitative components incorporated for respondents to give recommendations intended for management so that improvement in their working conditions could be implemented. Applied research was relevant in this study as the knowledge gained, can be utilised to address productivity problems emanating from working conditions.

The aspects of working conditions that impact on productivity were explored and discussed in the literature study. The literature study also included a discussion on the cost of work stress on individuals and organizations. The section concluded with a discussion on the role of Employee Assistance Programme (EAP) in an organization.

A self-developed questionnaire was used as a research tool to collect data from the respondents. No sampling was done because of the small size of the population, hence all members of the population were included in the study. The findings of the study were based on thirty-four questionnaires that were returned by the respondents. The findings were analysed and presented using tables and graphs which were then interpreted in words.

The study revealed that the majority of the nursing staff in the Midwife Obstetrical Unit of Pretoria West Hospital perceives their working conditions as being stressful. The working conditions are negatively impacting on their well-being and job performance. The study also revealed that EAP has been

implemented at the hospital, but the services of the programme are not being utilised by the majority of the nurses in the unit.

Based on the findings of the study conclusions and recommendations were made regarding strategies to improve working conditions and to increase productivity.

The important limitation of the study was that through reflections of some of the respondents' views regarding sensitive issues were not obtained. Participants were given a choice of three responses which included remaining neutral. Unfortunately some respondents chose this option rather than taking a firm stand.

KEY CONCEPTS

English	Afrikaans
Working Conditions	Werkomstandighede
Productivity	Produktiwiteit
Impact	Impak
Nursing Staff	Verpleeg Personeel
Midwife's Obstetrical Unit	Vroedvroueheid
Employee Assistance Programme	Werknemer Hulpprogram
Organisational Culture	Kultuur in Organisasie
Leadership	Leierskap
Staffing	Personeel Voorsiening
Burnout	Utibranding

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CHAPTER 1

GENERAL ORIENTATION TO THE STUDY

1.1. INTRODUCTION AND BACKGROUND

In the last two decades, the South African health care system has been through a restructuring process aimed at the implementation of a comprehensive primary health care system. With the changes health care facilities are now becoming increasingly demanding, complex and stressful work environments for health care workers. Jooste (2003:7) agreed that health care environments are changing dramatically and rapidly causing fundamental transformations that have an impact on employee well-being and organizational goals. Many health care workers are not coping with their personal and work-related demands. These problems are seriously impacting on patient care and employee productivity.

The restructuring is leading to increased stress among staff at all levels of public health care facilities. Schoombee, van der Merwe and Kruger (2005:288) state that several studies have shown that all health care professionals working in the public sector of South Africa are being exposed to very stressful working conditions, however nurses form the largest part of the health care workforce, and given their front-line status, they are likely to influence the quality of care for patients in many significant ways.

Many research studies have been conducted regarding the impact of occupational stress on nursing staff and patient care. Basu and Gupta (2007:24) inferred that nurses who are greatly stressed and vulnerable to injury have a higher absenteeism and disability rate than any other profession. Levert, Lucas and Ortlepp (2000:40) conducted a research study on South African nurses and found high burnout on three levels: emotional exhaustion, de-personalization and low personal accomplishment. They attributed the nursing burnout to a high workload and other organizational factors within the hospital.

The work environment plays a significant role in the life of an employee. Noblet (2003:352) states that more attention should be paid in identifying and dealing with working conditions because when employees have a negative perception of their environment, they sometimes suffer from chronic stress. Leka, Griffiths and Cox (2001:1) state that workers who are stressed are likely to be unhealthy, poorly motivated and less productive at work. The researcher agrees that people who are under stress do not perform well. Productivity is related to working conditions which in turn are related to absenteeism, retention, the adoption of new methods and technologies, the roles and responsibilities of nurses, early retirement and morale. All of these things are

related to how people are trained, encouraged and generally treated within the system (Hamilton, 2007:4).

Employers depend on the performance of their employees to achieve the organization's goals. Many employers are recognizing that personal, as well as work-related issues may affect employee productivity and well-being. Many employers are now introducing EAP to deal with employee and workplace problems. According to Terblanche (1988:81), the goal of an EAP is dualistic – firstly to increase productivity of workers and to increase the social functioning of an employee.

Based on the above information, the researcher is of the opinion that workplace issues can be a serious drain on employee productivity. This study was aimed at exploring the impact of working conditions on the productivity of the nursing staff in the Midwife Obstetrical Unit of Pretoria West Hospital.

1.2. CONTEXT OF THE STUDY

The researcher is employed as a social worker at Pretoria West Hospital, and is aware that the restructuring process has led to many changes in this hospital, particularly in the maternity services. Previously, the private gynecologists and medical practitioners were responsible for the maternity services of the hospital. Since 1996 a Midwife Obstetrical Unit (MOU) has been established to be managed by midwives. In addition new guidelines now required the MOU to discharge mothers and new-born babies within a short period of time. These changes have resulted in considerably increased nursing responsibilities and accountability. In the last few years there has been a very high staff turnover in this unit which has increased the workload of the remaining nurses. The researcher agrees with Gifford, Zammuto and Goodman (2002:22) that the quality of patient care deteriorates as nurses' workloads increase and as the level of experience decreases. The need to do research on the impact of working conditions on the productivity of the nursing staff in the MOU arose out of researcher's observation and having had discussions with colleagues. As nursing staff is exposed to stressful working conditions on an on-going basis, it has an impact on their well-being and work performance. The researcher had observed that the nursing staff working in the MOU experienced low morale, lack of motivation and behavioral problems such as exhaustion, overwork and absenteeism. Consultation with two experts in the nursing field, Mrs. K. M. Ndema, a retired deputy principal of Lebone Nursing College (2008) and Mrs. H. Strydom, manager of Nursing Services at Pretoria West Hospital (2008), revealed that there was an urgent need to examine the underlying causes for high staff turnover in nursing. Ndema (2008) stated that staff shortage is the primary cause of stress for those remaining in the field. Strydom (2008) confirmed that

the midwives and other nursing staff in the MOU become frustrated and disempowered when they have to deal with factors they cannot control such as increased workload, staff shortage and transferring complicated maternity patients to Kalafong Hospital. The researcher realized that there was a need to examine certain aspects of working conditions, such as organizational climate, leadership, workload and staffing, training and development and the availability of material resources.

A study to explore the impact of working conditions on the productivity of nursing staff in the MOU was conducted with the view to make recommendations regarding strategies to improve working conditions and to increase productivity.

1.3 PROBLEM FORMULATION

Kumar (2005:16) stated that formulating a research problem is the first and the most important step in the research process. Grinnell and Williams (1990:59) further identified two characteristics of problems which are critical in problem formulation. The first characteristic that makes a problem a problem is that it exists. The second characteristic of a problem is that it must be possible to do something about it.

The health care system of this country has undergone many changes such as downsizing and merges which have had significant effects on the lives of employees and health care users. The problem identified by the researcher is that since the establishment of the MOU at Pretoria West Hospital, the nursing staff in the MOU has been exposed to major changes in their work environment and working conditions. In the last few years there have been a high staff turnover, staff shortage and increase in work-load, which in turn has influenced the nurses' well-being and functioning. Schoombie *et al.* (2005:396) have confirmed that some nursing members are experiencing difficulties in fulfilling their role as care providers because of the stressful nature of their job and work environment which is characterized by an immense workload, a shortage of staff and a dearth of technical and financial resources.

Prolonged high levels of stress at work can lead to burnout and if left untended, can contribute to the exodus of health care workers from these emotionally intense situations. Medland, Howard-Ruben and Whitaker (2004:48) state that burnout is costly, not only in terms of turnover, but also because it affects patient care. Staff members who remain in areas where burnout are endemic, present with increased rates of absenteeism and reduced productivity.

Based on the above information, it became evident that many factors exist in the working conditions and work environment in the Midwife Obstetrical Unit of Pretoria West Hospital that may be having an impact on the productivity of the nursing staff. However the lack of confirmed knowledge on which factors relating to working conditions, as experienced by nursing staff influence productivity, prevents the management team from taking the necessary action to help nurses cope effectively with the challenging environment.

Fouché and De Vos (2005a:101) state that formal, written problem formulation is important in a research study.

The problem addressed in this study is the lack of knowledge on the impact of working conditions of nursing staff at the Midwife Obstetrical Unit of Pretoria West Hospital might be having on their productivity. This might be having a negative impact on the quality of patient care services rendered.

1.4 GOALS OF THE STUDY

According to Fouché and De Vos (2005a:104), the goal of the study implies that the broader, more abstract conception of the end towards which efforts or ambition is stated. Kumar (2005:46) viewed the goal to represent the thrust of the study. The researcher agrees that the goal provides a broad indication of what the researcher wants to attain in the study.

The goal of this study is to explore the impact of working conditions on productivity of the nursing staff in the Midwife Obstetrical Unit of Pretoria West Hospital.

1.4.1 Objectives of the study

According to Fouché and De Vos (2005a:104) objectives are the steps one must take, one by one, within a certain time span, in order to attain the goal. Objectives must be specific, measurable, attainable and realistic. The objectives of this study are:

- To determine the type of problems that emanate from working conditions that have an impact on the productivity of the nursing staff, through a literature study.
- To undertake an empirical study to determine the impact of working conditions on the productivity of the nursing staff.

- To make recommendations to the management of the hospital regarding strategies to improve working conditions in order to improve productivity of the nursing staff.

1.5 RESEARCH QUESTION

According to Fouché (2005:111), a research question comes from real-world observations, dilemmas and questions. It takes the form of wide-ranging enquiries reflecting complex situations. Kumar (2005:73) stated that hypotheses primarily arise from a set of “hunches” that are tested through a study. One cannot conduct a perfectly valid study without having these hunches or speculations. The researcher used a research question instead of a hypothesis as the researcher wanted answers instead of testing hypotheses.

The researcher agreed with Babbie and Mouton (2001:78) who stated that a well-formulated research problem must give a clear indication of the purpose of the research and a clear specification of the object of study. Fouché and De Vos (2005a:100) affirmed that the research question reveals the purpose of the research and it requires a very specific formulation.

In this study, the research question was formulated as follows:

What is the impact of working conditions on the productivity of nursing staff in the Midwife Obstetrical Unit of Pretoria West Hospital?

1.6 RESEARCH APPROACH

There are two well-recognized approaches to social research, namely the qualitative and the quantitative approach. The nature of the problem determines the suitable or specific approach (Garber, 1996:283).

According to Fouché and Delport (2005:74) qualitative study is concerned with understanding, observing and subjectively exploring the reality from the perspective of an insider. It is further concerned with non-statistical methods and small samples to gather information.

Creswell (1998:1) defines a quantitative study as an inquiry into a social or human problem, based on testing a theory composed of variables measured with numbers and analyzed with statistical procedures in order to determine whether the predictive generalizations of the theory hold true. This approach, therefore, aims to objectively measure the social world, test hypotheses, predict and/or control behaviour. Fortune and Reid (1999:43) state that plans

about quantitative research procedures – data collection methods, types of measurement, and so on - are developed before the study begins.

The researcher's understanding of the quantitative approach is that it sees reality as objective and it aims to objectively measure the social world, to test hypotheses and to predict and regulate human behaviour. Observations are systematically undertaken in a standard manner. Plans about the research are developed before the study begins.

In this study a combination of quantitative and qualitative approach was used, specifically the dominant-less-dominant model. De Vos (2002:366) describes a dominant-less-dominant design, as a design whereby the researcher presents the study within a single, dominant paradigm with one small component of the overall study drawn from the alternative paradigm. In this study the researcher predominantly used a quantitative approach to explore the impact of working conditions on the productivity of nursing staff. However the investigation also included qualitative component for the respondents to motivate their choice of being satisfied or not satisfied with their working conditions and give recommendations for management to bring some improvement in their working conditions.

1.7 TYPE OF RESEARCH

Delpont and De Vos (2005:45) advocate that social scientists should focus on both practical problem-solving research and theory-building research. Neuman (2000:23) explains that basic research provides a foundation for knowledge and understanding regarding policy areas, problems, or areas of study. It further provides tools in terms of methods, theories and ideas that applied researchers use. Basic research therefore focuses on adding to the knowledge base.

According to Neuman (2000:24) applied research focuses on applying knowledge to address a specific practical issue. It further attempts to answer a policy question or solve a pressing social problem. Applied research therefore addresses immediate problems and is directed towards finding solutions to practical problems.

Applied research was conducted as the goal was to address the working conditions of the nursing staff. Applied research was relevant in the study as the knowledge gained through the study will be utilized to resolve productivity problems of the nursing staff.

1.8 RESEARCH DESIGN AND PROCEDURES

Babbie (2007:115) argues that any research design requires researchers to clearly specify what they want to find out and the best way to do it. Bless and Higson-Smith (1995:63) described research design as a specification of the most adequate operations to be performed in order to test a specific hypothesis under given conditions. The researcher understands the research design as a structure that clearly specifies what the researcher wants to find out and the way to do it.

According to Neuman (2000:22) descriptive research presents a picture of specific details of a situation, social setting or relationship, and focuses on “how” and “why” questions. Kumar (2005:10) explains that the main purpose of such studies is to describe what is prevalent with respect to the issue/problem under study.

Fouché and De Vos (2005b:137) state that the survey designs are more of a quantitative nature, requiring questionnaires as data collection methods. Respondents are ideally selected by means of randomized sampling methods. The independent and dependent variables are operationally defined in advance of the survey.

A quantitative descriptive survey design was used in this study. This design enabled the researcher to ask numerous questions to many respondents in a short period of time. This information gave the researcher a picture of the working conditions and work environment in the Midwife Obstetrical Unit of Pretoria West Hospital that may be having an influence on the productivity of the nursing staff.

1.8.1 Data-collection methods

Fouché and De Vos (2005b:137) state that quantitative-descriptive survey designs require questionnaires as a data collection method. Babbie (2007:245) defines a questionnaire as an instrument specifically designed to elicit information that will be useful for analysis.

In this study, the researcher used a self-developed questionnaire. The questionnaires were delivered by hand to all nursing staff members in the Midwife Obstetrical Unit. Five days were given to the respondents to complete them, and then they were collected.

1.8.2 Data Analysis

Kruger, De Vos, Fouché & Venter (2005:218) stated that the purpose of analysis is to reduce data to an intelligible and interpretable form so that the relations of research problems can be studied and tested and conclusions can be drawn.. Analysis means the categorizing, ordering, manipulating and summarizing of data to obtain answers to the research questions.

Data analysis in this study focused on determining the relationship by correlating between variables measured and establishing frequencies and percentages of the responses and conclusions were drawn. The researcher used the Microsoft Excel program to analyze the quantitative data. For the qualitative data, the researcher grouped the information according to categories and themes in order to derive meaning from the responses provided.

When the research was conceptualized, the researcher intended using the SPSS statistical package for Windows, however, the sample was relatively too small and manageable to analyze on the Microsoft Excel program therefore it was not necessary to obtain a license for SPSS package for Windows.

1.9 PILOT STUDY

Strydom (2005a:206) states that a pilot study can be viewed as the dress rehearsal of the main investigation. It is similar to the researcher's planned investigation, but on a smaller scale.

The researcher had embarked on a pilot study prior to the main research study to determine whether the methodology, sampling method, data collection instrument and analysis are adequate and appropriate. One month before the study was conducted, two nursing staff members from the Midwife Obstetrical Unit of Pretoria West Hospital were used for pilot testing and they did not form part of the sample for the actual research.

1.9.1 Feasibility of the study

It was important to consider the usefulness and feasibility of a research when identifying a research problem. Babbie (1998:57) stated that the feasibility of the study is about determining whether the research problem can be solved using the research method. Strydom (2005a:208) argued that the feasibility study is especially important with a view to the practical planning of the research project, relating to the transport, finance and time factors.

The study was conducted at the Pretoria West Hospital where the researcher is employed. The researcher has been actively involved with the Employee Wellness Programme since its inception at the hospital as a social worker. There was strong support from the top management for the programme and for this study. Written permission was obtained from the Chief Executive Officer (CEO) of Pretoria West Hospital. Access to the respondents was not an impediment, as the researcher is employed at the same hospital as the respondents. The researcher covered the costs of the study. The nursing staff of the MOU expressed willingness to participate in the research study.

1.9.2 Pilot-testing of the measuring instrument

Delpont (2005:171) emphasized that newly-constructed questionnaires in their semi-final form must be thoroughly pilot-tested before being utilized in the investigation. This ensures that errors of whatever nature can be rectified immediately at little cost. Delpont (2005:172) further states that it is better to ask people to complete the questionnaire rather than to read through it looking for errors. Only after the necessary modifications have been made following the pilot test, should the questionnaire be presented to the full sample.

In this study, the researcher utilized a questionnaire as a measuring instrument. Piloting of the questionnaire assisted in establishing whether the questions were clear and would provide relevant answers to ultimately answer the research question. Two nursing staff members from the Midwife Obstetrical Unit of Pretoria West Hospital were used for pilot testing and they did not form part of the sample for the actual research.

1.10 DESCRIPTION OF THE POPULATION, SAMPLE AND SAMPLING METHOD

1.10.1 Population

According to Foster (1999:2), a population is an entire set of objects or people. Strydom (2005b:194) defines a population as the totality of persons, events, organization units, case records or other sampling units with which the research problem is concerned.

A population, therefore, is a group of people from which individuals are chosen for the study purpose. The population for this study was all the nursing staff of the Midwife Obstetrical Unit of Pretoria West Hospital. The size of the nursing workforce in the Midwife Obstetrical Unit is 40.

1.10.2 Sample

Foster (1999:2) states that a sample is a subset of a population. Strydom (2005b:194) defines a sample as a small portion of the total set of objects, events and persons which together comprise the subject of the study.

The researcher understands that it is not always possible to study all the members of the population or to make every possible observation of them. Therefore, a sample is selected from this population. In this study, the researcher involved 38 members of the population for the main study, and two members were utilized for the pilot study. Since the population of the study was too small (40), no sampling procedure was done but all the members of the population were included.

1.11 ETHICAL ISSUES

Strydom (2005c:57) explains ethics as a set of moral principles which is suggested by an individual or group and widely accepted. It offers rules and behavioral expectations about the most correct conduct towards all role players.

Ethics, therefore, involves the study of right and wrong conduct. Ethical principles should be internalized by every researcher and his/her decision should be guided ethically. The researcher identified the following ethical issues as pertinent to this study

1.11.1 Harm to Respondents

According to Kumar (2005:214), when a researcher collects data from respondents or involves subjects in a study, the researcher needs to carefully examine whether the involvement is likely to harm them in any way. If it is likely to cause harm, the researcher must ensure that the risk is minimal. If the manner in which information is sought creates anxiety or harassment, precautions must be taken to prevent this.

For this study, the respondents were informed beforehand about the potential impact of the investigation and the researcher offered the subjects opportunity to withdraw from the investigation if they wished to do so. . The opportunity for debriefing was provided to each respondent immediately after the data collection period. This was done to address the emotional distress that might have arisen as a result of their participation in an exercise about which strong emotions were expressed. Individual respondents who required long term support were assisted in securing this support.

1.11.2 Informed Consent

According to Kumar (2005:212), informed consent implies that subjects are made adequately aware of the type of information the researcher wants from them, why the information is being sought, what purpose it will be used for, how they are expected to participate in the study and how it will directly or indirectly affect them. The consent should be voluntary and without pressure of any kind.

To ensure the implementation of this ethical principle, the researcher provided the subjects with written information on the purpose of the study, confidentiality procedures, risks and benefits, who to contact for further details and a statement that participation is voluntary with no penalty for withdrawing at any time. The subjects indicated their consent to participate in writing, by signing the informed consent letter that was prepared by the researcher.

1.11.3 Deception of Subjects

According to Neuman (2000:29) deception occurs when the researcher intentionally misleads subjects by way of written or verbal instruction. Babbie (2005:67) argues that deception within social research needs to be justified by compelling scientific or administrative concerns.

The researcher believes that deceiving people is unethical and no form of deception should ever be inflicted on any respondent. If it happens, inadvertently, it must be immediately rectified. In this study, the researcher clearly explained to the respondents the purpose of the investigation and the procedure to be followed in conducting the study. The information was also given in writing.

1.11.4 Privacy and Confidentiality

Sharing information about a respondent with others for purposes other than research is unethical (Kumar, 2005:214). According to Strydom (2005c:62) confidentiality implies that only the researcher and possibly few members of his/her staff should be made aware of the identity of participants, and that the researcher should have made a commitment with regard to confidentiality. Anonymity can be guaranteed in a research when neither the researcher nor the readers of the findings can identify a given response with a given respondent (Babbie, 2005:64).

In this study questionnaires were used as an instrument for data collection. The questionnaires were completed anonymously, no identification was

required. All this was clearly explained on the cover letter of the questionnaire. The information provided by the respondents will not be discussed with outsiders and confidentiality will be maintained by not revealing the identity of the respondents in the study.

1.11.5 Action and Competence of the Researcher

Researchers are ethically obliged to ensure that they are competent and adequately skilled to undertake the proposed research investigation (Strydom, 2005c:63). A researcher is obliged to use appropriate methodology in conducting a study. It is unethical to select a highly biased sample, use an invalid instrument or draw wrong conclusions (Kumar, 2005:215).

The researcher conducted the research under supervision of the supervisor of the university. The researcher also has previous experience from her BSW studies and has also completed the post graduate module on Research Methodology which had equipped her to conduct the research.

1.11.6 Co-operation with Contributors

According to Strydom (2005c:64), research projects are often expensive and comprehensive for the researcher to manage on his own in terms of time and money. Consequently a sponsor may be required. Kumar (2005:216) argues that there may be direct or indirect controls exercised by the sponsors. They may want to select the methodology, prohibit the publication of “what was found” or impose other restrictions. Both the imposition and acceptance of these controls and restrictions are unethical.

Strydom (2005c:65) suggests that when colleagues are involved formally or informally in a research project, there must be a clear contract between the parties to avoid any misunderstandings.

There was strong support and co-operation from management and colleagues for this study. Written permission was granted by the CEO of Pretoria West Hospital to conduct the research. The researcher will however be sensitive to any form of prescriptive action from management and will not allow this research to be used for justifying management decisions.

1.11.7 Release or Publication of the Findings

According to Strydom (2005c:65) a research report must be compiled as accurately and objectively as possible. The report must contain all essential information. Short-comings and errors must be admitted. Kumar (2005:215) agrees that it is unethical to change or slant findings to serve the researcher’s

or someone's interests. Strydom (2005c:66) further states that subjects should be informed about the findings in an objective manner without violating the principle of confidentiality.

The researcher will release the findings of this study in a written report, according to the requirements of the Department of Social Work, University of Pretoria. A manuscript will also be prepared by the researcher with the research supervisor as a co-author. Participants were informed that the findings will be made available through publication in a professional journal and about all the people who will have access to the findings. The findings will be made available to the respondents as soon as the final research report has been made available by the university.

1.11.8 Debriefing of Respondents

Problems generated by the research experience can be corrected through debriefing. According to Babbie (2005:68) debriefing entails interviews to discover any problems generated by the research experience so that those problems can be corrected. Debriefing sessions after the study gives the subject the opportunity to work through their experience and its aftermath (Strydom, 2005c:67).

The researcher arranged sessions immediately after the project, with the respondents to give them an opportunity to discuss their feelings, and rectify any misinterpretations that may have arisen in their minds. Respondents who were found to be in need of a therapeutic intervention were referred to the EAP services within the hospital.

1.12 LIMITATIONS OF THE STUDY

The limitations of the research study are as follows:

- The study was limited to a specific work environment, had a limited population, hence generalizations cannot be made based on the findings. There is a need to extend the study to bigger populations before generalizations could be made.
- The researcher used a few older sources of reference as they gave clearer explanations on certain concepts and recent sources could not be found.

- Microsoft Excel Program was used for data analysis instead of (SPSS) Statistical Package for Windows Program as was planned, due to the limited sample size.
- True reflection of some of the respondents' view regarding certain sensitive issues was not obtained. Participants were given a choice of three responses which included remaining neutral. Unfortunately some respondents chose this option rather than taking a firm stand.

1.13 DEFINITIONS OF KEY CONCEPTS

According to Mouton and Marais (1996:126) a concept is a symbol of meaning. Williams, Tutty and Grinnell (1995:68) argue that a concept is nothing more than an idea. Some ideas are perceived by all members of the same society in much the same way. It is therefore very important for a researcher to define the key concepts, so that anyone who reads the research will know precisely what the researcher means.

With regard to this study, the following key concepts were defined.

1.13.1 Working Conditions

Gerber, Nel and Van Dyk (1998:44) state that working conditions are created by the interaction of employees with their organizational climate. Working conditions include psychological work conditions and the physical layouts of the job.

According to Greenslade and Paddock (2007:13), the term working condition generally encompasses a range of issues, from work load and scheduling to systems-wide issues, like professional identity and scope of practice.

For the purpose of this study, working conditions included workplace issues such as work load, leadership, scheduling and safety. The workforce issues were education and training, scope of practice and human resource planning.

1.13.2 Productivity

Cheminais, Bayat, Van Der Walt and Fox (1998:55) define productivity as a value related to economy, effectiveness and efficiency. It measures to what extent objectives were optimally and beneficially achieved with the most economic use of scarce public resources.

Mc Neese-Smith (2001:7) defines productivity as the contribution towards an organizational end result in relation to resources consumed.

On the basis of the above, productivity can be defined as the ability to carry out the assigned tasks according to the required standard with the resources provided.

1.13.3 Impact

According to the *Oxford University Dictionary* (1995:229) impact is a significant change produced by an action or cause.

According to Lewis-Beck, Bryman and Liao (2004:475) impact indicates a strong reaction on consequences of a particular event.

For the purpose of this study impact was defined as a significant effect that is followed by an action or cause.

1.13.4 Nursing Staff

Nursing staff are persons who are registered or enrolled with the South African Nursing Council (SANC), and who work in health services, providing nursing care. Nursing staff may consist of different categories of nurses such as registered nurses, staff nurses, student nurses and auxiliary nurses (Mellish & Paton, 1999:17).

Nursing staff are people employed in the health services to provide nursing care. They occupy different ranks. Sisters occupy the highest rank in the nursing hierarchy, followed by nurses and then staff nurses (Schoombie *et al*, 2005:390).

In this study, nursing staff included all mid-wives, registered nurses, staff nurses and auxiliary nurses working in the Midwife Obstetrical Unit of Pretoria West Hospital.

1.13.5 Midwife's Obstetrical Unit (MOU)

Midwife's Obstetrical Unit is a unit for the care of "normal" or low-risk mothers. The unit is entirely staffed by midwives who assume primary responsibility for ante-, intra- and postpartum care. All women with complications or who are at risk are referred to the base hospital (Nolte, 1998:6).

For the purpose of this study, Midwife's Obstetrical Unit referred to the Midwife Obstetrical Unit of Pretoria West Hospital. This unit provides ante-, intra- and postpartum care to "normal" and low-risk mothers. The unit is

staffed by midwives, registered nurses, staff nurses and auxiliary nurses. All women with complications or who are at risk are referred to Kalafong Hospital.

1.13.6 Employee Assistance Programme

Clemmet (1998:17) defines Employee Assistance Programme (EAP) as a work related programme of counseling, support and advice to assist employees to resolve personal anxieties, which may be affecting their performance at work. According to McConnell (2003:220) Employee Assistance Programme is implemented to provide professional assistance to employees whose problems interfere with work productivity.

In the context of this study Employee Assistance Programme referred to as EAP, was defined as a work-site based resource provided by the employer to identify and resolve employees' personal and work related problems that affect productivity and health.

1.13.7 Organisational Culture

According to Mancini (2007:132) organizational culture is the reflection of the norms or traditions of the organization and is exemplified by behaviours that illustrate values and beliefs.

Swansburg (1993:212) defines organizational cultures as the sum of the organisation's belief, norms, values, philosophies and traditions.

For the purpose of this study organizational culture referred to the pattern of basic assumptions that shapes human relations and interactions and it guides employee behavior.

1.13.8 Leadership

McConnell (2003:447) defines leadership as a process where an individual inspires goal-directed behavior that is consistent and efficient among members of his workgroup to achieve organizational goals.

According to Swansburg (1993:276) leadership is a process in which a person inspires a group of constituents to work together using appropriate means to achieve a common mission and common goals.

On the basis of the above, leadership was defined as a process in which a manager inspires employees to work effectively to accomplish mutually established organization goals.

1.13.9 Staffing

Bancsek (2007:270) defines staffing as a function of planning for hiring qualified human resources to meet the needs of patient care and services.

McConnell (2003:315) states that staffing is determining how many people of what specific skills are needed, and making them available.

For the purpose of this study staffing was defined as a process of providing qualified nursing personnel in sufficient numbers to ensure adequate and safe nursing care for all patients.

1.13.10 Burnout

Liebler and McConnel (2004:252) state that burnout is a dynamic process, related to stress and is caused by a combination of high workload and low coping resources.

According to Maslach and Leiter (1998:17) burnout is a syndrome of physical and emotional exhaustion, involving the development of negative job attitudes and perceptions, a poor professional self-concept and a loss of empathic concern for clients being served.

For the purpose of this study burnout results from an accumulation of work-related stress. The affected employees suffer from physical, mental and emotional exhaustion and they can no longer cope with their environment.

1.14 CONTENTS OF RESEARCH REPORT

Chapter One

Chapter one contains the general orientation to the study, which included the context of the study, motivation for choosing the research topic, problem formulation, as well as the research methodology used to address the problem. The goal and objectives are clearly stated as well as the limitations of the study. The ethical issues and definitions of concepts are also included in the chapter.

Chapter Two

This chapter provides detailed information on the results of a broad literature review on the aspects related to the research question. The aspect of leadership, workload and staffing, training and development, organizational climate and workplace safety were explored and discussed. Focus was also

placed on aspects of work stress that impact on the employee and the organization.

Chapter Three

Chapter three outlines the empirical study and the interpretation of the findings.

Chapter Four

Chapter four comprises the summary, conclusion and recommendations based on the findings.

Bibliography

The list of references included sources referred to in the research report. Its intention is to enable the reader to trace the sources.

Appendices

Appendices included material relevant for inclusion in the report such as the measuring instruments used, which in the case of this study is the questionnaire.

The following chapter presents the theoretical framework regarding working conditions.

CHAPTER 2 LITERATURE REVIEW

2.1 INTRODUCTION

Change is part of all workplaces and a degree of stress experienced by the employees to adjust to the change is normal. However, Jooste (2003:7) states that health care environments are changing dramatically and rapidly, causing fundamental transformations that have an impact on employee well-being and organisational goals. The employers depend on the performance of their employees to achieve organisational goals. People under stress do not perform well.

According to Lewy (1991:146) hospital workers face a variety of highly stressful working conditions while meeting the physical and psychological needs of patients. Schoombie *et al.* (2005:288) argue that nurses form the largest part of the health care workforce and they are likely to influence the experience and quality of care for patients the most. The nursing professionals also suffer higher levels of stress and are at an increased risk of burnout. The work environment and the working conditions are very important in any organisation. If employees have a negative perception of their working environment they are likely to be absent, have stress-related illnesses, and their work performance, productivity and commitment tend to be lowered. On the other hand, organisations that have a friendly, trusting and safe environment, experience greater productivity, communication, creativity and financial health (Kreitser, Wright, Hamlin, Towey, Marko & Disch, 1997:36).

The aim of this chapter is to present a detailed discussion on working conditions of nursing staff and to establish how working conditions can influence the behaviour and performance of employees within the workplace. It also aims to identify and discuss issues of working conditions and environments that are thought to impact on various elements of productivity. Hence, the main focus will be two-fold: firstly to find the relationship between the quality of working conditions and its impact upon the outcomes for the nursing staff and the organisation, and secondly to indicate how management can create an environment that will facilitate employee productivity in order to achieve organisational goals and objectives.

2.2 WORK AND WORK ENVIRONMENT

Work is very important to people and it plays a fundamental role in their lives. Morin (2004:3) explains that work provides for basic sustenance needs and decent living conditions, but above all work is an activity through which an individual fits into the work, creates new relations, uses his/her talents, learns

and develops his/her identity and a sense of belonging. Work can therefore be seen as a major activity for human beings that meets several needs in their lives. These needs include economic survival, life satisfaction and the provision of a sense of reality.

According to the *Social Work Dictionary* (2003:468) a workplace is a setting in which one's employment or other work activity occurs. It is where people in different roles and with different functions interact all the time. People work in different work settings with different situations. Kahn (1999:141) explains that the workplace is a complex environment with different situations such as having too much or too little to do, being subjected to conflicting demands, feeling distracted by family problems, having family problems, and working for demanding and unhelpful managers. Nurses are working in health care organisations that are wrestling with staff shortage, increasing patient loads, shrinking reimbursement and growing regulating pressure (Liebler & McConnell, 2004:66).

Work means different things to different people and its meaning changes with the changes in physical, social and economic conditions. Harpas (2002:178) asserts that the meaning of work is determined by choices and experiences of the individual and by the organisational environmental context in which he/she works. The workplace, according to Kahn (1999:141), is a frequent source of physical and psychological stressors that trigger emotional disorders which produce symptoms and reduced functions. The physical environment of the health care facility greatly influences the physical and mental health of all those who are in that facility. It influences how nurses deliver health care services, it influences the patients' well-being and it interferes in achieving the facility's goals (Hein & Nicholson, 1994:379).

Each workplace is unique and is characterised by an environment from being supportive and nurturing to being challenging and stressful. The work environment, however, will influence how the employees carry out their responsibilities in order to achieve their organisation's goal.

2.3 WORKING CONDITIONS

Working conditions are created by the interaction of employees with their organisational climate, and it includes psychological as well as physical working conditions (Gerber *et al.*, 1998:44). Working conditions include workplace issues and workforce issues. They generally encompass a range of issues from work load and scheduling to systems-wide issues, such as professional identity and scope of practice.

Luthans (1998:144) states that a psychological contract exists between the employer and employee whereby they have psychological expectations of each other. Employees will perform better when they know what the employer expects from them and vice versa. If employees are not aware of what the employer expects from them, they will be unsure and be less productive. According to McConnell (2003:106) issues of physical working conditions such as heating, lighting, furnishing, space, noise, and equipment can also create stress for employees.

Lewy (1991:146) asserts that the nurses face a variety of stressful working conditions while meeting the physical and psychological needs of patients. Managers need to assess the work environment and the working conditions, and they need to take action to improve them. The researcher will examine work place issues of working conditions that influence the behaviour and performance of nursing staff. Work place issues can be addressed by individual employers in order to improve them.

2.3.1 Organisational climate and organisational culture

Organisational culture is defined by Swansburg (1993:212) as the sum of an organisation's belief, norms, values, philosophies and traditions. The researcher believes that organisational culture actually shapes human relations and interactions and it guides employee behaviour. Mancini (2007:132) views organisational culture as the reflection of the norms or traditions of the organisation and is exemplified by behaviours that illustrate values and beliefs. The researcher understands that organisational culture is a pattern of shared values and beliefs that help individuals understand the organisational functioning.

According to Marquis and Houston (2006:284) organisational culture is a system of symbols and interactions unique to each organisation. Mancini (2007:172) explains that culture is demonstrated both formally and informally. It is expressed in a formal manner via written mission, vision and philosophy statements, job descriptions, and policies and procedures. The researcher accepts that organisational culture shapes human relations and interactions and it guides employee behaviour. In healthcare organisations it is represented in a day to day experience of staff and patients.

Culture is learned, shared and transmitted. In organisations all employees are expected to internalise the organisational culture. Heins and Nicholson (1994:388) add that culture is a pattern of basic assumptions or behaviours that have worked in the past and are taught to new members as the correct way to perceive, to think, to feel and to act. The new employees must learn to adopt the culture so that all employees function at the same level.

Organisational culture is also represented in the day to day experience of the staff and patients. Organisational culture can be effective and promote success and positive outcomes or it can be ineffective and result in disharmony, dissatisfaction, and poor outcomes for patients, staff and the organisation. The nurse managers must have a good understanding about their organisational culture. Heins and Nicholson (1994:392) warn that the real culture is not readily revealed, what appears to be culture may only be what people want us to see. The nurse managers must discriminate between what people say they value and what in fact is valued. Swansburg (1993:213) argues that culture cannot be easily manipulated, because it influences all or most of the organisation's work. However the nurse manager can still promote a culture supportive of productivity improvement to his/her staff at all times. McConnell (1993:147) suggests that a culture supportive of productivity improvement can be developed by the manager defining and communicating on a regular basis the organisational mission, values and objectives, and also by explaining the role of productivity improvement in the accomplishment thereof. The persistent and persuasive awareness actions will also communicate the manager's commitment to the organisational outcomes. The researcher concludes that the organisation's culture promotes understanding of organisational life and helps employees to cope with organisational conflict. Since culture influences performance, the nurse manager must focus on and understand the organisation's culture and implement appropriate interventions when the culture seems to become dysfunctional.

Organisational climate is different from organisational culture. Organisational climate is the perception employees hold of the organisation. Swansburg (1993:213) explains that organisational climate is the emotional state shared by members of the system. It can be formal, relaxed, defensive, cautious, accepting, trusting and so on. Luthans (1998:550) views organisational climate as a feeling that is conveyed by the physical layout, the way participants interact and the way members of the organisation conduct themselves with customers and other outsiders. Schulte, Ostroff and Knicks (2006:645) distinguish climate on an individual level (psychological level) and at organisational level (organisational climate). Psychological climate is seen as the way individuals make sense of the organisation's policies, practices and procedures in a psychologically meaningful manner. Organisational climate is viewed as employees within a unit or organisation, who agree on their perceptions of the work context. Based on these definitions it can be said that organisational climate is the sum of the perceptions of the individuals working in an organisation. It can further be viewed as the combination of the perceptions of the individuals working in an organisation.

Swansburg (1993:213) states that in health care environments the work climate set by the nurse managers determine the behaviour of the nurses in

setting the work climate, which in turn contribute to the creation of the climate perceived by patients. Moorhead and Griffins (1998:516) agree that management can manipulate the climate which affects the behaviour of employees which in turn can influence employees' performances. Organisational climate influences the behaviour of employees and the organisational outcomes.

Nurses want an organisational climate that will give them job satisfaction. Swansburg (1993:213) states that the nurses achieve job satisfaction from a climate of collegiality with managers and other healthcare workers in which they participate in decision making. Marquis and Houston (2006:456) point out that managers can create a motivating climate by knowing the uniqueness of each employee and wherever possible by, giving subordinate recognition and credit. The researcher believes that nurses achieve job satisfaction when their achievements are recognised and appreciated by managers and patients.

Marquis and Houston (1992:113) further point out that when employees beliefs agree with the organisational culture the employee will perceive the organisational climate as "good" and when his/her beliefs conflict with the organisational culture he/she will perceive the climate as "poor". A positive organisational climate promotes a high level of performance and satisfaction among employees. Poor climate results in complaints, human relations problems, absenteeism, employee rip-offs, hostility, errors and a general lack of enthusiasm (Chapman, 1996:69).

The nurse manager should strive to create and maintain a healthy productive climate at all times. Schabracq (2003:588) suggests that leaders can stimulate a positive socio-emotional climate that will contribute towards improved productivity by:

- Acknowledging and rewarding good performance instead of exclusively correcting substandard performance.
- Being fair toward employees because this will strengthen the psychological contract.
- Putting problems on the agenda and discussing these in an open, constructive and problem solving way, both in work meetings and individual tasks.
- Informing employees on a regular basis and as early and completely as possible in face-to-face meetings about important issues.

- Coaching employees and helping them with setting goals, plan their work, point out pitfalls, and give advice as necessary.
- Interviewing employees on a regular basis about their personal functioning, professional development, and overall development.

Managers play an important role in shaping the organisation's culture and stimulating the organisational climate. Implementation of appropriate strategies into their daily practice will enable managers at healthcare organisations to foster a healthy productive culture which in turn will improve the quality of patient care at the hospital.

2.3.2 Leadership

For any workplace to become functional and useful good leadership is required. Swansburg (1993:276) defines leadership as a process in which a person inspires a group of constituents to work together using appropriate means to achieve a common mission and common goals. The group is influenced to do this willingly and cooperatively with zeal and confidence and to their greatest potential. McConnell (2003:447) is in agreement that leadership is a process where an individual inspires goal-directed behaviour that is consistent and efficient among members of his workgroup to achieve organisational goals.

The above definitions view leadership as a process of accomplishing goals through the effort of people. It is seen as a dynamic process that responds to both individual and organisational needs and is shaped to fit the needs of the moment. Bleich and Kosiak (2007:5) state that in health care, the leader uses his/her own traits and personal power to interact constructively with patients experiencing clinical problems for which there are no standardised solutions, and guides the nursing staff to develop strategies to resolve these problems.

The only factor that defines a true leader is the acceptance by the followers. This means acceptance of the individual as a leader not simply acceptance of obedience to the position the individual occupies. According to McConnell (2003:155) obedience will often be extended to the position because of the authority of the position itself. Willing obedience will only be extended by those employees who have accepted the manager's leadership. Acceptance by one's followers cannot be mandated, it must be earned. Without the acceptance a manager is a manager in title only and not a leader at all.

Management is different from leadership. McConnell (2003:153) defines management as a process intended to arrange organisational conditions and methods of operations so that people can best achieve their own goals by

directing their efforts towards the goals of the organisation. In nursing, management relates to planning, organising, staffing, directing and controlling the activities of nursing enterprise. The nurse managers manage the organisational environment to provide a climate optimal to the provision of nursing care by the clinical nurses. Shaw (2008:30) maintains that effective managers practise both leadership and management. McConnell (2003:158) recommends that in order to provide true leadership to the workgroup, the manager must be part of the work unit and in order to get things done he/she has to:

- be visible and available, spending most of his/her time where he/she really is needed,
- show concern for the employees' problems,
- maintain a true open-door attitude so that his/her employees can always reach him/her when they need him/her, and
- rely on immediate feedback to let all of his/her employees know exactly where they stand.

According to McNeese-Smith (1992:393) management emphasises control – control of hours, cost, salaries, overtime, use of sick leave, inventory and supplies. Leadership, on the other hand, places importance on productivity – the ability of an organisation to maximise the effectiveness of its workforce. The researcher argues that both management and leadership deal with the process of accomplishing goals through the efforts of people. In all clinical settings, it is an expectation that effective leadership, management and fellowship are incorporated into practice to contribute to the health care team. Leaders and managers must be flexible and respond to both individual and organisational needs. According to McConnell (1993:175) employees who feel that their opinions matter, whose suggestions are acknowledged and whose efforts and overall contribution to workgroups are recognised feel good about themselves and they are likely to care more about their jobs, their fellow employees, the institution in which they work and its patients. It is clear that managers contribute towards productivity by acknowledging and rewarding good performance and allowing employees to participate in decision-making.

Team work allows different parties to work toward a common goal, from a greater position of strength than one person alone might have. Team work brings different perspectives and skills to the development and implementation of effective strategies. Tappen (1995:402) explains that team nursing is far more satisfying to both patients and staff when it is done well,

and the increased amount of cooperation and communication among team members can raise morale, improve the functioning of the staff as a whole and give team members a greater sense of having contributed to the outcomes of the care given. The researcher believes that by learning to work with others to achieve goals, makes it possible to share workload where there may not be sufficient resources.

In the health care environment, the manager and nurses must work together to provide quality patient care. McNeese-Smith (1992:393) states that excellent nursing leadership enables employees to work effectively and accomplish mutually established organisational goals, and identified important leadership behaviours needed to increase productivity in health care as:

- Being innovative, up-to-date and trying new things
- Empowering staff, building trust, encouraging team work and involving and strengthening others.
- Providing support and encouragement to staff and celebrating accomplishments, and
- Being an effective role model with clear conviction and setting a good example.

The nurses are working in a challenging environment where there is a need for strong nurse leaders. McConnell (2003:447) agrees that health care organisations depend on the ability of leaders and managers to create a workplace where people are involved, growing, experiencing enjoyment and working together to achieve organisational goals. McNeese-Smith (1992:396) argues that in health care where quality of care is related to employee satisfaction, and where health care workers are hard to find and expensive to replace there can be little doubt that productivity is directly related to employee satisfaction and commitment. Shaw (2008:41) explains that effective nurse leaders have the ability to help change the prevailing thinking and they are able to generate enthusiasm, commitment and purpose towards achieving goals and targets. The researcher believes that in the present resource-limited health care organisations, there is a great need for effective and strong nurse leaders, who can influence change and help initiate and bring about changes. Effective nurse leaders will respond to the individual needs and the organisational needs.

2.3.3 Work load and scheduling

Nurses' work load has steadily increased since the restructuring of health care services. An emphasis on cost effectiveness has led to a rationalisation of nursing staff while patient numbers have increased. There is now more pressure to treat patients more cost effectively with much briefer stays in hospitals. Increased workloads can improve short term productivity, but it can increase long term-costs, as stress and illness among nurses lead to poor judgement and low productivity (Pettersen & Arnets, 1998:1768).

McConnell (2003:106) agrees that a major potential stress producer for nursing staff is work overload. There is usually too much to do with not enough resources. Schabracq (2003:592) adds that burnout is also a consequence of an excessive work load, and the potential to reduce burnout by lessening the work load is a matter more for the employer in the health sector than for the individual. Nurse supervisors are realising that nurses' stress and high absenteeism resulting from work overload is significantly increasing the hospital's operational cost. Many different approaches to nurse staffing and scheduling are being tried in an effort to satisfy the needs of employees and to meet work load demands for patient care.

Hospitals are service institutions that provide nursing services on a 24-hour basis with nurses being the largest group of employees. The nurse manager is responsible and accountable for the daily unit operations. Bancsek (2007:270) defines staffing as a function of planning for hiring qualified human resources to meet the needs of patient care and services. Swansburg (1993:47) asserts that qualified nursing personnel must be provided in sufficient numbers to ensure adequate safe nursing care for all patients 24 hours a day, 7 days a week, 52 weeks a year. Health care institutions are mandated to have adequate staffing with qualified personnel.

In order to have an organised nursing service that provides 24-hour nursing care, nurse managers depend on staffing and scheduling systems. Scheduling is also an important function of a nurse manager. Bancsek (2007:279) defines scheduling as a function of implementing staffing by assigning unit personnel to work specific hours and specific days of the week. Staffing and scheduling are often used together to refer to a general process. However, McConnell (2003:315) argues that there are practical differences between the two:

- Staffing is determining how many people of what specific skills are needed, and making them available.

- Scheduling is determining who, by name and skill, will do what work and when (for a specific time period).

Staffing and scheduling are basic management functions; staffing is largely a part of organising, establishing the framework within which the work will get done, while scheduling is essentially a refined component of planning.

Staffing issues often cause nurse managers great concern because shifts have to be staffed and nurses, like other workers, would like to live as normal a life as possible. Bancsek (2007:270) argues that nurse managers must make skill staffing and scheduling decisions to ensure that safe and cost-effective care is provided by an appropriate level of staff. Staffing and scheduling must also balance the personal needs of nurses with economic and productivity needs of the organisations. In other words, it must result in the right work being done, at the right time, by the most qualified individual, at the least cost.

Nursing sometimes experience a cycle of inadequate resources to meet staffing requirements. According to Swansburg (1993:60) understaffing has a negative effect on staff morale, delivery of quality care and nursing modality. It can close beds. It causes absenteeism due to staff fatigue, burnout and professional dissatisfaction. On the other hand overstaffing is expensive and has a negative effect on staff morale and productivity. Health care organisations must ensure that their staffing and scheduling systems allocate caregivers efficiently to match required resources with available resources.

There are many modified approaches to nurse staffing and scheduling, which are of mutual benefit to employer, employee and the clients served. The two widely used approaches are:

- The 10-hour day: the work week consists of four 10 hour shifts per week in an organised time increment. Working 10 hour days decreases absenteeism and turnover because nurses have more days off. The 4-day, 10 hour work schedule for night nurses stabilise staffing and increases productivity and decreases turnover (Swansberg, 1993:63).
- The 12-hour shift: nurses work seven shifts in 2 weeks – three on, four off, four on and three off. They work a total of 84 hours and are paid 4 hours overtime. Twelve-hour shifts and flexible staffing have been reported to have improved care and have saved money because nurses can manage their home and personal life better (Marriner-Tomey, 2004:393).

The nurse manager is greatly challenged to satisfy each staff member when creating a master schedule for the unit. Bancsek (2007:279) suggests that flexible schedule with a variety of scheduling options needs to be considered. There are always anticipated and unanticipated variables which complicate the best prepared schedules. In spite of the above, the nurse manager must always consider many variables to create a fair and balanced schedule. Flexible scheduling improves recruiting, absenteeism and retention. However, Petterson and Arnets (1998:1768) argue that nurses working long hours or rotating shifts are at a greater risk of poor psychological well-being, ill health, and job dissatisfaction. High workload and inappropriate staffing mixes contribute to adverse circumstances and increased admission rates. Overstretched nurses pose a serious threat to patient safety. Wilkins, Mcleod and Shields (2002:18) reported from a survey that having fewer staff was the most common reason for deterioration in the quality of care. During staff shortage nurses are forced to give priority to emergencies and crisis work. Hunter and Giardino (2007:27) affirm that the risk of an error significantly increases when nurses' shifts are longer or when they work overtime for more than 40 hours. Some nurses find shift working difficult, particularly when they have to cover for absent colleagues. The researcher believes that organisations that attempt to meet the unique needs and wants of nurses will have a motivated and productive staff. By enhancing the nurses' quality of work life the quality of nursing care will improve.

2.3.4 Training and development

In this era of health care mergers and acquisitions, of hospitals closing, of re-engineering and of the creation of new forms of health care delivery, rapid change is altering roles at such a pace that employees at all levels are hard put to keep up (McConnell, 2003:402). Training and development in health care organisations is becoming increasingly important to empower health care workers to meet the needs of the rapidly changing health care system.

Health care organisations are mandated to provide all its employees with continuing training and development. Training and development consists of the following components:

- **Orientation training**

Each newly appointed employee is involved in an orientation programme. Ideally the formal orientation is brief, highly focused and completed on the worker's first day. The purpose is to introduce the staff member to the moves, behaviours and expectations of the organisation (Liebler & McConnell, 2004:400).

- **Training**

Training is generally focused on teaching staff specific skills and concepts or attitudes. Training serves to provide the nurses with a specific skill or to reinforce previously learned behaviour (Fottler *et al.*, 1998:203).

- **In-service training**

In-service training is concerned with teaching staff skills, facts, attitudes, behaviour and concepts through internally generated efforts (Fottler *et al.*, 1998:203).

- **Continuing education**

Continuing education is professional learning experiences designed to augment the knowledge, skills and attitudes of nurses and thereby enrich the nurses' contribution to quality health care and their pursuit of professional career goals. Continuing education usually relies on external training resources to accomplish its objectives (Liebler & McConnell, 2004: 400).

Fottler *et al.*, (1998:219) state that education, orientation, training, and development activities contribute towards accomplishing organisational goals such as providing quality care to patients and controlling costs. By participating in training and development programmes, nurses enrich their knowledge and skills. McConnell (2003:402) adds that updating and expanding their knowledge allows nurses to better achieve their treatment goals. The researcher agrees that employees who are given opportunities to develop professionally and personally can provide relevant patient care confidently. They have the necessary knowledge and skills to take good decisions when faced with job-related problems. Employees who do not participate in training and development programmes feel frustrated when faced with challenging situations because they do not have the necessary skills and knowledge to intervene effectively

Kelly (2007:176) states that continuing development of one's professional skills and knowledge is an empowering experience, preparing the nurse to make decisions with the support of an expanding body of knowledge. McConnell (2003:394) argues that in addition to increasing knowledge, improving skills and changing attitudes as job performance requires, continuing education creates a learning attitude among employees. It can, therefore, be said that training and development increases an individual's capabilities and improves the potential effectiveness of all members of the work group which ultimately improves the ability of the organisation to perform better. However, a heavy load of in-service training activities can reduce time available for service delivery.

In some organisations, management recognises the value of continuing education for the employees and the organisation. Liebler and McConnell (2004:406) assert that the management team should assist employees in their growth on the job by making additional training possible by providing tuition reimbursement benefits, releasing time for educational purposes and bearing incidental costs. In many organisations education receives a great deal of verbal tribute, but in practice education is considered as creating problems in the day to day functioning of the organisation.

McConnell (2003:395) agrees that there are numerous activities of higher priority than education and it is therefore postponable. It is usually put off until “after the current crunch is over”. Continuing education usually loses out in direct competition for management’s time and the organisation’s resources. Money is often in short supply for continuing education. The researcher argues that the employees are the most valuable resource and organisations should be willing to invest in their development.

Managers and supervisors are responsible for meeting the operational needs and increasing the productivity of their respective units. The performance appraisal system provides managers with information about employees’ skills and abilities; it further provides useful information regarding the role of management in effecting change in the performance and development of employees. Managers and supervisors therefore become responsible for their department’s continuing education. McConnell (2003:407) states that supervisors are expected to stimulate and guide their employees’ education and development at the same time as actively pursuing their own. The supervisors’ personal commitments to continuing education will influence how their employees will develop educationally. If the supervisors’ commitment is only verbal, employees will participate only superficially. Employees take their cues from their supervisors. Schabracq (2003:591) suggests that in addition to job content training programmes, employees should also be exposed to training that promotes health and well being, and enhances personal growth and development. These programmes should include time-management, stress management, personal effectiveness and self-management.

Cultural diversity presents many challenges at health care institutions. Nursing staff are expected to provide culturally competent and culturally sensitive care to patients and clients. In the last decade the demographics of the patients and the workforce at Pretoria West Hospital have changed dramatically. Previously Pretoria West Hospital was reserved for only white patients and staff. After the democratisation of the country, there has been integration of staff and patients of all races, however cultural diversity has presented some challenges among patients and staff members at this hospital. The researcher has observed conflict arising from cultural

differences. Marriner-Tomey (2004:477) states that nurse managers will have to learn about cultural diversity and increase their own sensitivity in order to role model cultural diversity. Nurses must be assisted in learning about the care of different ethnic groups. Otto and Valades (2007:155) argue that failure to address cultural diversity leads to negative effects on performance and staff interactions. The researcher understands that managers must find ways to address this issue, possibly by introducing programmes that raises awareness and sensitivity among staff members so as to enrich the diversity.

Training and development begins with orientation of new employees and continues throughout the employees' stay with the organisation. The nurse managers at health care organisations will therefore have to be proactive in implementing training and educational programmes for their staff. The nursing staff will perform better in their job, if they are encouraged and given opportunities to attend training and development programmes.

2.3.5 Violence in the workplace

The Canadian Centre for Occupational Health and Safety (2005:254) defines workplace violence as any act in which a person is abused, threatened, intimidated or assaulted in his or her employment. Bowie (2005:164) agrees that workplace violence is a perceived or actual verbal abuse, emotional threat, physical attack or misuse of power upon an individual's person, or against a workgroup or organisation by another individual, group or organisation while undertaking work related duties. The researcher is employed at the place where the study was conducted, and she is aware of several incidents of workplace violence at this hospital. The researcher believes that violence in the workplace is a very real phenomenon occurring at most workplaces. It takes many forms, including verbal abuse, physical abuse and sexual harassment which result in psychological trauma which in turn may affect an individual or groups of employees as well as the workplace itself.

Liebler and McConnell (2004:488) state that violence in the workplace often results from stress. When stress becomes unbearable some people become ill, some break-down, some walk away from the source of stress and some become violent. Violence therefore is similar to other forms of human behaviour in that it is an action in response to a condition, need or demand. In the last decade the health care environments have experienced a rapid pace of change. There have been mergers, downsizing and re-engineering which has generated significant anxiety, uncertainty, and stress among health care workers, and frustrations for patients, arising as a result of down-scaling of services and long waiting times. The researcher believes that there is a potential for violent incidents occurring at changing health care organisations.

According to Liebler and McConnell (2004:489) the highest risk areas for non-fatal assaults are service organisations such as hospitals and social services agencies. Hospital workers are at a higher risk of experiencing violence at the workplace, and most cases involve patients assaulting nurses. The perpetrators are mainly patients, patients' family members and co workers. Kreitzer *et al.* (1997:36) argue that there are also supervisors in the habit of screaming, yelling, criticising and engaging in other forms of abusive behaviour that seriously undermine employee performance and business productivity. Kreitzer *et al.*(1997:38) further explain that there is a higher tolerance for stress in health care settings because of the nature of the work. For instance if being yelled at, physically assaulted, or sexually harassed, are daily occurrences ,then it is likely that the abuse will influence a person's tolerance level. The researcher agrees that often workplace violent incidents are often accepted as normal occurrences at the hospitals.

Arnets and Arnets (2001:420) assert that people who are exposed to violence on a regular basis will experience stress and this will have a negative impact on their performance. Watkins (2005:7) adds that bullies poison their working environment with low morale, fear, anger and depression. Clearly the impact of violence is not always just physical.

Hobler and Swansberg (2006:52) recognise that a variety of costs accrue due to the occurrence of violence in the workplace. They list issues like human pain and suffering that translates into medical costs as well as the cost of lost production hours. If one lists the medical costs, emotional trauma, legal costs and the loss of wages, the cost of one incident of violence can add up to millions of rand. Watkins (2005:7) agrees that violence in the workplace creates tremendous liability for the employer by causing stress-related health and safety problems and driving good employees out of the organisation. The researcher concludes that violence in the work place has a direct impact on employees and work places. At health care organisations it impacts on nurses' productivity and patient care.

Kreitzer *et al.* (1997:36) conclude that persons working in stressful, hostile, authoritarian, abusive and neglectful organisations are more likely to be absent, have stress-related illnesses, experience depression, fear, loss of morale and decreased self-esteem. On the other hand organisations that have friendly, trusting, and safe environments experience greater productivity, communication, and financial health. Di Martino (2002:34) notes that a workplace in the healthcare sector is characterised by inefficient organisation and bad working conditions including a twelve-hour working day, work intensification due to insufficient personnel and excessive paperwork. The researcher believes that there is a potential for violent incidents occurring at healthcare organisations that are under the strain of reforms and that are

experiencing growing pressure and stress. The researcher is of the opinion that employers that fail the challenges of addressing violence at the work place will continue to face the cost of low productivity, decreased morale and disregard for employee safety.

According to Di Martino (2002:34) violence at the work place can be addressed by developing and implementing a suitable violence prevention programme. The initial strategy of the programme should include raising awareness as well as building a real understanding towards workplace violence among healthcare personnel. Marriner-Tomey (2004:164) suggests that workplaces must have clear policies and procedures for reporting violent episodes or injuries. Watkins (2005:7) agrees that there must be proper systems in place for investigating, recording and dealing with conflict. Sullivan and Decker (2009:291) further suggest that there must also be policies regarding patients and visitors, clearly stating what will happen if violence or threats of violence occur. Anyone who becomes violent or who exhibits threatening behaviour must be removed from the setting and the authorities must be contacted. The researcher believes that all workplaces must cultivate a culture of intolerance towards violence. Employers must fully understand all incidents of violence at workplaces and take the problems seriously at all levels. All complaints must be investigated and dealt with promptly.

2.3.6 Physical work environment

According to Gerber *et al.* (1998:44) the physical working conditions include the availability of facilities like equipment, appliances and protective clothing. The physical layout of the job refers to the neatness, organisation, convenience and attractiveness of the work (Luthans, 1998:146). According to Schabracq (2003:588) a healthy work environment is one without distracting and unpleasant working conditions, such as noise, slipperiness, cold, heat, inadequate lighting and odour. The work environment also enhances the performance of tasks without unnecessary effort. McConnell (2003:106) agrees that simple physical conditions such as heating, lighting, furnishing, space and noise can create stress for the employees. If working conditions are good - for example clean and attractive surroundings – employees will find it easier to carry out their jobs. On the other hand, if the working conditions are poor – like dirty, noisy and unsafe surroundings-employees will find it difficult to carry out their work.

There must be adequate resources in terms of space, equipment and staff for any organisation to function effectively. Lewy (1991:44) asserts that the equipment must be adequate and appropriate for specific jobs and must be fitted for individual workers. Employees must be given clear instructions on how to use the equipment. There must also be sufficient allocation of

resources for the maintenance of the appliances and equipments, many hospitals in marginal financial conditions defer maintenance of equipment. Ultimately, the employees should be in the position to perceive that the resources at their disposal are adequate to meet their work demands. Gerber *et al.* (1998:45) explain that the availability of adequate equipment and appliances facilitate productivity. Failure to provide equipment, appliances and adequate protective clothing make it difficult for employees to carry out their jobs in an easy non-obstructive way. Employers have the responsibility to provide employees with optimal conditions to carry out tasks for which they have been trained.

All health care organisations have the responsibility to provide a safe and healthy workplace for their employees and a safe environment for the patients and visitors. Lewy (1991:103) argues that in hospitals fires are often caused by electrical malfunctioning, because at hospitals a wide variety of electrical equipment is used in a potentially hazardous environment which includes wet or damp locations or adjacent to flammables or combustible materials. Failure to meet standards for electrical equipment increases the risk of accidents. Lewy (1991:103) further argues that often hospital management realises the danger they may pose to patients, and put some effort into electrical safety promotion in patient care areas. Non-patient areas are often neglected, and employee or hospital-owned appliances remain unsafe. It is important to provide regular inspection of all employee areas by an electrical engineer to discover and correct hazardous conditions such as ungrounded or poorly maintained appliances and equipment. In order to maintain productivity employers should provide a safe and healthy workplace with occupational health services for its employees.

Hospitals have a responsibility to ensure its patients' safety and well-being during hospitalisation. To satisfy this duty a hospital must not only select and retain competent staff, but must also provide a reasonable care in maintaining safe and adequate facilities and equipment. According to Lewy (19991:108) when patient injury occurs because of equipment, the issue becomes one of whether the patient was injured due to a defect, due to the misuse or improper maintenance of the equipments. Managers should learn to lessen potential liability by ensuring that equipment is maintained properly and to ensure that storage of the equipment follow manufacturers' written guidelines.

The factors of the physical work environment discussed above have a direct relationship to the mental and physical health of both the nurses and the patients. A poor work environment will affect the patients' well-being and it will hamper the nurse from providing quality nursing care.

2.4 THE IMPACT OF WORK STRESS ON EMPLOYEES AND THE ORGANISATION

Work stress is recognised world-wide as a major challenge to workers' health and the healthiness of their organisations (Leka *et al.*, 2003:1). Stress occurs in a wide range of work circumstances and it affects the employees and the organisations.

According to Schoombie *et al.* (2005:388) the restructuring process in the South African health system has exposed all healthcare professionals to stressful working conditions, however, the impact of these conditions is specifically important since nurses are the frontline healthcare providers. Levert *et al.* (2005:36) agree that nurses make up the largest group of health workers in South Africa and are likely to play an important role in the transformation of the health sector. Nurses have close contact with patients as well as with families and communities of these patients, and they occupy a key position in relation to other workers. Schoombie *et al.* (2005:388) also noted that recent South African studies have repeatedly found nurses to suffer from extremely high levels of stress and burnout. Nurses' working conditions not only affect the efficiency of the health and well being of individual nurses but also of the organisation's as well. Hamilton (2007:5) affirms that the stress associated with attempting to meet the expectations of nursing in healthcare organisations with poor working conditions takes its toll on the nursing staff and the organisation. Stress is bad for people. Workers who are stressed are more likely to be unhealthy, poorly motivated, less productive and less safe at work (Leka *et al.* 2003:1).

2.4.1 The impact of stressful working conditions on the performance behaviour of employees

Nurses' working conditions affect the health and well-being of individual nurses. Wilkins *et al.* (2007:20) report that high workload, poor working relationships with other staff and low levels of respect from supervisors contribute to poor general and mental health among nurses. Schoombie *et al.* (2005:288) agree that when nurses are exposed to stressful working conditions, they are likely to suffer from high levels of stress and are at an increased risk of burnout.

Burnout results from an accumulation of work-related stresses. Maslach and Leiter (1998:17) view burnout as a syndrome of physical and emotional exhaustion, involving the development of negative job attitudes and perceptions, a poor professional self-concept and a loss of empathic concern for clients being serviced. Liebler and McConnel (2004:252) add that burnout is a dynamic process, related to stress and caused by a combination of high

workload and low coping resources. It is characterised by feelings of emotional exhaustion in which the worker develops depersonalising attitudes towards service recipients and experiences feelings of reduced personal accomplishment. The work environment can generate both acute and chronic stress which can lead to employee distress, decreased motivation and the development of dysfunctional attitudes and behaviours at work. Cox and Griffiths (1996:10) state that the experience of work-related stress generally detracts from the quality of nurses' working lives, increases minor psychiatric morbidity, and contributes to some forms of physical illnesses. Physical health problems make nurses' workload difficult to handle and mental problems interfere with their ability to perform effectively at their workplace. Nurses who are greatly stressed and vulnerable to injury have a higher absenteeism and disability rate than any other profession (Basu & Gupta, 2007: 25).

Greenslade and Paddock (2007:13) infer that increasing workload and overtime hours put a strain on personal and social relationships and reduces the capacity to cope with the emotional and physical stress encountered by nurses in their work and family roles. The researcher agrees that if an employee is having difficulties getting work goals accomplished, it can lead to tension in their homes.

Stressful working conditions have an adverse effect on the behaviour and performances of nurses. The following employee behaviour can result from stress and burnout:

- **Attendance problems** – According to McConnell (2003:218) low morale and lack of individual motivation encourages increased absenteeism. Tardiness and absenteeism are increased when staff members are stressed. When calling in sick, nursing staff often give symptoms associated with stress such as fatigue, backache, headache, insomnia, indigestion and nausea. Tardy employees are present at work but are not productive due to lack of focus or other emotionally related reasons (Marriner-Tomey, 2004:428).
- **Emotional exhaustion** – According to Pettigrew (2007:541) nurses who are burnt out feel as though their resources are depleted. When they are confronted with the responsibility of caring for a group of acutely ill patients, they may have difficulty adapting to the realities of workplace and emotional exhaustion ensues.
- **Poor morale** – Stressed staff often present with poor morale. They dread coming to work and they spend most of their working time watching the clock. Team spirits are low, and staff members who

previously enjoyed working, start bickering and arguing. Inter-shift conflict also arises easily (Marriner-Tomey, 2003:218).

- **Depersonalisation** – Stressed employees start presenting elevated levels of depersonalisation and they manifest behavioural changes. They present a negative or detached response to various aspects of their job, and cynical and insensitive attitudes towards work, colleagues and patients as disease entities (the “bilateral amputee”) or room numbers (“301 wants a pain med”) rather than as individuals (Henry *et al.*, 1989:664).
- **Withdrawal** – Some nursing staff withdraw from interactions with patients and co-workers. Tappen (1995:22) explains that a partial withdrawal is accomplished by limiting the amount of time, energy, attention and other forms of commitment to the role. This kind of withdrawal could seriously affect the person’s performance at work.
- **Anger** - Stressed employees are sometimes frustrated. The angry employee presents with angry, hostile and destructive behaviour. They become hostile and use critical, sarcastic and obscene language with others. Consequently, interpersonal relationships suffer and productivity becomes impaired. Nursing staff can displace their anger to patients and other staff members (Marriner-Tomey, 2004:427).
- **Rigidity** – Staff members who limit their emotional investment in their work often oppose deviating from standard routines that require additional efforts from them. Comments associated with the symptoms include, “that’s not in my job description”, “I’m just following orders”, or, “I can’t make any exception for you” (Henry *et al.*, 1989:664).
- **Substance abuse** – Individuals who are experiencing burnout use drugs and alcohol more frequently. Marriner-Tomey (2004:425) explains that substance abuse is a problem among some nurses. The personality of a person abusing substances shows notable changes such as irritability, withdrawal and moods swings. . Their mental status is also affected and they tend to be forgetful confused and having a decreased alertness. The general behaviour changes too. Inappropriate responses and irritability occur more frequently. Excuses for behaviour become more elaborate. Intolerance and suspicion of others and nervousness increase. Avoidance of others is also noticeable.

- **Family disruptions** – It is common for work stress to affect one's emotional state at home. According to McConnell (2003:106) for many people trouble at work usually means trouble at home. And trouble at home usually spills over onto their employment in some way. It can therefore be said that when employees are having difficulties in their workplace it can lead to tension in their household.
- **Poor performance** – The quality of services provided to patients tend to decline when the staff is stressed. This is detected through general observation, audit and increased complaints from patients and visitors (Marriner-Tomey, 2004:426).

Employers must understand the detrimental effects of working conditions on the performance behaviour of their employees. In order to prevent burnout amongst nurses the management must identify the major situational factors that cause stress and devise appropriate strategies to deal with them.

2.4.2 The impact of work stress on the organisation

Work stress is said to affect organisations' effectiveness in an adverse manner. In health care organisations, the stress associated with providing quality patient care takes its toll on the nursing staff and the organisations (Hamilton, 2007:5).

Bornstein (2007:5) states that in organisations where employees are exposed to stressful working conditions, productivity is negatively influenced and that there is a negative impact on the delivery of services. Marquis and Houston (1992:413) pointed out that burnout and other forms of work-related stress are related to negative organisational outcomes such as illness, absenteeism, turnover, performance deterioration, decreased productivity and job dissatisfaction. These outcomes cost the organisation and leads to deterioration in the quality of services provided. Gornick and Blair (2005:3) noted that the emotionally troubled employees are absent six times more often than others, utilise more health care benefits, file higher rates of disability claims and grievances. This clearly indicates that employees, whose functioning is impaired by stress, create productivity problems.

According to Basu and Gupta (2007:26) nurses are the most unhealthy employee groups and their working conditions are significant predictors of their increased injury and illness and injury-related absenteeism. Time is money and therefore if employees are absent, the costs to the organisation escalate. The cost is related to lost time due to injury and sick time as well as overtime needed to make up the hours.

Work stress affects the following elements of productivity:

- **Increasing absenteeism** – According to Kahn (1999:142) an increased rate of absenteeism, late coming and sick leave become expensive to the organisation. No matter how wonderful particular employees may be, when they are absent they are doing zero. McConnell (1993: 134) states that in hospitals nursing absenteeism is continually placing a strain on the resources. The strain is evident not only in economic terms but in organisational effectiveness as well. Absenteeism is expensive to the organisation and it is the largest to low productivity. It costs the organisation through replacement of absent individuals and it results in inferior quality nursing care for patients.
- **Increasing staff-turnover** – According to Kowalski (2007:350) nurses who are less committed to the organisation tend to quit their jobs more frequently. McConnell (2003:216) adds that the resignation, early retirement or sudden unexplained departure of nurses marks a major loss for the organisation and staff. When an organisation experiences consistently high turnover among the nurses it faces the staggering costs of recruiting, selecting and training new employees. Turnover in excess also places an emotional strain on employees who have to work extra hours and take added responsibility in covering for long-term vacancies (Basu and Gupta, 2007:26).
- **Increasing unsafe working practices and accident rates** – The quality of patient care suffers due to stress in the work places. Nurses preoccupied with stress can perform duties in a careless and negligent fashion resulting in more errors and accidents. There is also an increase in patient and employee injuries (Lewy, 1991:103).
- **Increasing complaints from patients** – Complaints from patients and visitors increase about the callous attitude of rigid nursing staff who are unwilling to deviate from the standard routine that require additional efforts from them (Leka *et al.*, 2003:11).
- **Adversely affecting staff recruitment** – Marriner-Tomey (2004:336) cautions that an organisation will not be able to attract and retain numbers, types and quality of nursing staff required to deliver services if the internal environment is not suitable. Organisations will experience difficulties in attracting and retaining staff if their internal environment is not suitable. Huber (2000:466) adds that managers and work culture make a difference in nurse recruitment and retention. Fottler *et al.*

(1998:155) further add that if a hospital develops a reputation as being a place where nurses' contributions are valued, recruiting will become much easier.

- **Increasing liability to legal claims and actions by stressed workers** – Organisations are held liable for damages arising from treatment rendered by the staff. According to Hunter and Guido (2007:27) research has found that increased workload, extended working hours and overtime, level of education and work experience significantly affect patient outcomes. The number of liability suits seeking damages from health organisations has increased. Marquis and Houston (2006:107) point out that liability for negligence is generally based on manager's failure to determine which of the patient needs can be assigned safely to a subordinate nurse or based on the failure to closely supervise a subordinate who requires such supervision. Hospitals however incur substantial costs associated with legal liability for negligence and malpractice claims.
- **Damaging the organisation's image both among its workers and externally** – A positive public image is very important for any organisation. According to Tappen (1995:381) a positive public image is important because it affects the number of both the clients and benefactors that the organisation can attract. However most healthcare organisations go to great lengths to avoid criticism that would tarnish their public image or otherwise threaten their existence. One negative patient outcome can tarnish the health organisation's image and it will affect the patients and the contributors' association with the organisation.

Stress arising from poor working conditions can have an adverse impact on the organization. The most common detrimental effects on the organisation are increased absenteeism, high turnover, and deterioration in the morale, job satisfaction and job performance. In order to improve the organization's effectiveness, the employer must implement strategies that are beneficial to both the employees and the organization,

2.5 THE ROLE OF EAP IN THE WORK PLACE

The costs of occupational stress to individuals, organizations, and society are substantial. Therefore the development and implementation of effective strategies and interventions to reduce and manage occupational stress are critically important to the effectiveness and health of an organization and its employees (Combronne, Shih & Harri, 1999:361).

Marquis and Houston (1992:414) state that institutions and managers have a responsibility to assess and recognise employee stress levels and to intervene as necessary to reduce stress to a positive level. The resource most commonly used to address stress is an Employee Assistance Programme (EAP).

Employee Assistance Programme (EAP) is defined by Clemmet (1998:17) as a work-related programme of counselling, support and advice to assist employees to resolve personal anxieties which may be affecting their performance at work. McConnell (2003:220) states that EAP is implemented to provide professional assistance to employees whose problems interfere with work productivity. EAP is mainly seen as a resource provided by employers to help employees deal with personal problems that may negatively affect their work performance and overall well-being.

Googins and Davidson (1993:479) however argues that it is inconsistent for EAPs to provide individual counselling to employees and their families without understanding the organizational aspects of the process and when necessary implementing the organizational intervention. Therefore the EAP's functions and relationship in the organization is beginning to evolve from micro focus on employees to a macro focus in making the organization the client, where EAPs can offer services to all employees with a wide variety of needs and problems. The researcher agrees that often occupational stress results from the organization and interventions should therefore include all aspects of the organizations as well.

According to Combronne *et al.* (1999:368) the EAP offers a wide range of stress management interventions that reflect a combination of crisis response and prevention. They therefore provide short-term and long-term solutions. Googins and Davidson (1993:482) suggest that in order to satisfy the needs of the organization as well as the employees the EAP can play the following roles:

- The EAP can closely work with individual supervisors who need guidance in dealing with employees who have job performance or behavioural problems.
- The organization can use EAP to assess the effects on employees of changes in the work environment and to develop appropriate prevention and intervention strategies.
- The EAP can help the organization to better anticipate and react to human and social effects of reorganization and retraining.

Organizations that implement a well-functioning EAP can achieve increased work quality, morale, and effectiveness of supervisors and increase stress

management skills for employees, and decrease in accidents, absenteeism and productivity losses.

2.6 SUMMARY

In this chapter the literature review focused on working conditions of nursing staff and specifically on how stressful working conditions can influence the behaviour and performance of nursing staff within the health care environment. It also identified and discussed issues of the environment and working conditions that impact on various elements of productivity. The literature review focused mainly on issues relating to working conditions that can be addressed by management and on how management can create an environment that can facilitate employee productivity in order to achieve organisational goals and objectives.

Throughout the discussion in this chapter it has become clear that in organisations where employees are exposed to stressful working conditions, productivity is negatively influenced and there is a negative impact on patient care. It was also clearly noted that enhancing the working environment by improving the working conditions in health care requires due attention to workloads, staffing, adequate administration support, professional relations and organisational climate. By improving working conditions management can increase job satisfaction, improve retention and reduce turnover costs.

CHAPTER 3 EMPIRICAL FINDINGS

3.1 INTRODUCTION

The purpose of this chapter is to discuss the empirical findings of the study. The research methodology is briefly discussed, as a detailed discussion is provided in chapter 1 of this report, followed by a discussion of the empirical findings which are presented according to the sections of the questionnaire. The research project focused on identifying factors related to working conditions that may influence productivity and on making recommendations for improving the situation. The aim of the research was to determine the impact of working conditions on the productivity of the nursing staff in the Midwife Obstetrical Unit of Pretoria West Hospital.

3.2 RESEARCH METHODOLOGY

The type of research used in this study was applied research as the knowledge gained through the study can be utilised to resolve the productivity problems of the nursing staff. The researcher utilised a combination of quantitative and qualitative, dominant-less dominant design, as the research approach. The research approach was predominantly quantitative, with some qualitative components incorporated into the questionnaire. A self-developed questionnaire was used as a data collection instrument. The questionnaire was written in English and the aim of the research and the motivation for completion of the questionnaire were highlighted on the front page of the questionnaire (See Appendix A of this research report).

The total population for the study consisted of 40 nursing staff members of the Midwife Obstetrical Unit of Pretoria West Hospital. No sampling procedure was implemented as 38 members of the population were involved in the main study and two members were utilised for the pilot testing of the questionnaire. The data was analysed quantitatively, with the exception of the last question in each section of the questionnaire, which was analysed qualitatively as it allowed respondents to give their views and suggestions.

3.3 RESEARCH FINDINGS

The questionnaire was divided into five sections; hence the research findings are presented as such.

3.3.1 Section A: Biographical information

All the nursing staff working in the Midwife Obstetrical Unit of Pretoria West Hospital were asked to take part in the study and they were willing to participate. A total number of 38 questionnaires were distributed and 34 (89.4%) of the questionnaires were returned and 4 (11.6%) were not returned. In this section the researcher presents the biographical information of the respondents, showing the respondents' distribution in terms of age, gender, position and length of employment at Pretoria West Hospital.

- **Age**

Table 1: Age of the respondents

Age	Frequency	Percentage
21 – 30	7	20.58
31 – 40	17	50.00
41 – 50	8	23.50
51 – 60	2	5.82
Total	34	100.00

The information in the above table shows that the majority (17 or 50%) of the respondents were between the ages of 31 and 40 years; eight (23.50%) were between the ages of 41 and 50 years; seven (20.58%) were between the ages of 21 and 30 years and only 2 (5.82%) were older than 51 years. The findings suggest that the Pretoria West Hospital Maternity Unit nursing staff constitute mainly adults in their thirties.

- **Gender**

Figure 1: Gender

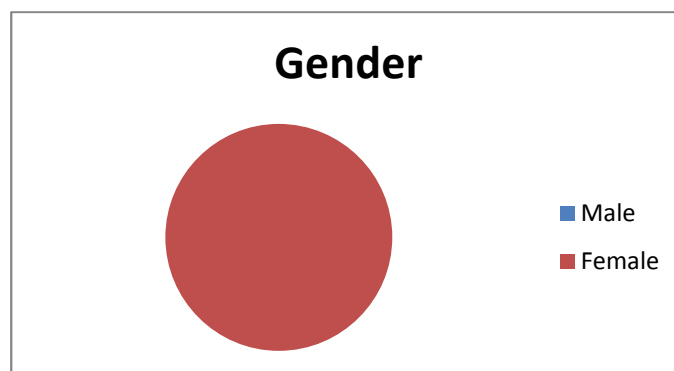


Figure 1 clearly illustrates that all 34 (100%) of the respondents were female. The researcher is aware that according to the South African Nursing Council Statistics (2002), 93.2% of the nurses are female and 6.8% are male. The

findings indicate that there are no male nurses at the maternity unit of the Pretoria West Hospital.

The reason for including the gender of the respondents was to establish whether there is a difference in the way female nurses and male nurses perceive their working conditions. The researcher is aware that presently at Pretoria West Hospital 94.79% of the nurses are female and only 5.21% are males, however, there are no male nurses in the maternity unit (Statistics obtained from the Human Resource Department, Pretoria West Hospital: December 2009).

- **Race**

Table 2: Race of the respondents

Race	Frequency	Percentage (%)
Black	25	73.53
Coloured	0	0
Indian	0	0
White	9	26.47
Total	34	100.00

The information in the above table shows that the majority of the nursing staff in the unit, 25(73.53%) of the respondents were black and 9(26.47%) were white. The information in Table 2 indicates that there is a total absence of respondents from the Coloured and Indian racial groups in this unit at Pretoria West Hospital.

The researcher is aware of the fact that the use of racial categories in South Africa is a controversial issue; however, the aim of including the race of the respondents was to establish whether there is racial diversity in the Maternity Unit of Pretoria West Hospital.

- **Home language**

Table 3: Home language

Language	Frequency	Percentage
Afrikaans	8	25.00
Setswana	8	25.00
Xitsonga	6	18.75
Northern Sotho	5	15.62
Sepedi	2	6.25
Is'Zulu	2	6.25
English	1	3.13
Total	32	100.00
2 frequencies missing		

Table 3 indicates that among the participants who responded to question 4, Afrikaans and Setswana were the dominant language groups at 25% each followed by Xitsonga at 18.75% and Northern Sotho at 15.62%. Sepedi and Is'Zulu followed at 6.25% and English was only 3.13%. Two respondents did not indicate their home language.

The language distribution indicates that the Maternity Unit of Pretoria West Hospital is fairly diverse in terms of the eleven South African official languages. This may be influenced by the geographical location of the hospital. Previously, the residential areas surrounding the hospital were reserved only for the white population, however since democratisation of the country, many new residential areas have developed and the hospital is now surrounded by a racially diverse population.

- **Marital status**

Figure 2: Marital status

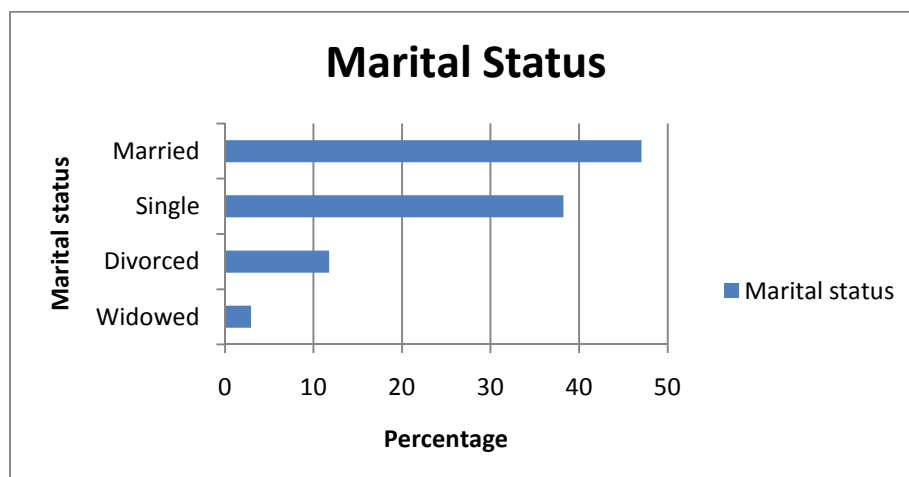


Figure 2 shows that majority of the respondents (47.06%) were married, 38.24% were single, 11.76% were divorced and 2.94% were widowed.

- **Length of employment**

Respondents were asked to indicate how long they have been working at Pretoria West Hospital.

Few respondents (2.95%) did not indicate the length of their employment period at Pretoria West Hospital. Figure 3 depicts the length of employment of 97.05% of the respondents.

Figure 3: Length of employment of respondents at Pretoria West Hospital



Figure 3 shows that 42.43% of the respondents worked at Pretoria West Hospital for a period between 0 and 5 years; 30.30% worked for a period between 6 and 10 years; 12.12% worked for a period between 11 and 15 years and the same percentage (12.12%) worked for a period between 16 and 20 years. Only 3.03% worked for a period between 21 and 25 years.

Table 4 contains descriptive information on the length of employment of the respondents at Pretoria West Hospital.

Table 4: Descriptive information on the length of employment of respondents at Pretoria West Hospital

	N	Minimum	Maximum	Mean	Std. Deviation
Length of employment	33	0.17	23.3	8.08	6.28

Table 4 indicates that on average, respondents have been working for a relatively long period of time (8.08 years) at the hospital. There is one respondent who has only worked for 0.17 years (2 months), while one respondent has worked for 23.3 years (23 years and 4 months). However, Figure 3 also indicates that 42.43% of respondents have worked for less than 6 years. The research findings suggest that 57.57% of the respondents remained at the hospital for a relatively long period. The researcher believes that some nurses may be remaining at the hospital for a long period because they may see the hospital as providing them with job security to safeguard their other interests. For instance there are many single mothers whose families are dependent on their income and then there are nurses who have invested in homes within close proximity and some of these nurses' children attend schools in the nearby areas. As a result they prefer to remain in the employment of the hospital for a lengthy period, to ensure that the stability of their families is sustained.

- **Job positions**

Figure 4: Job position

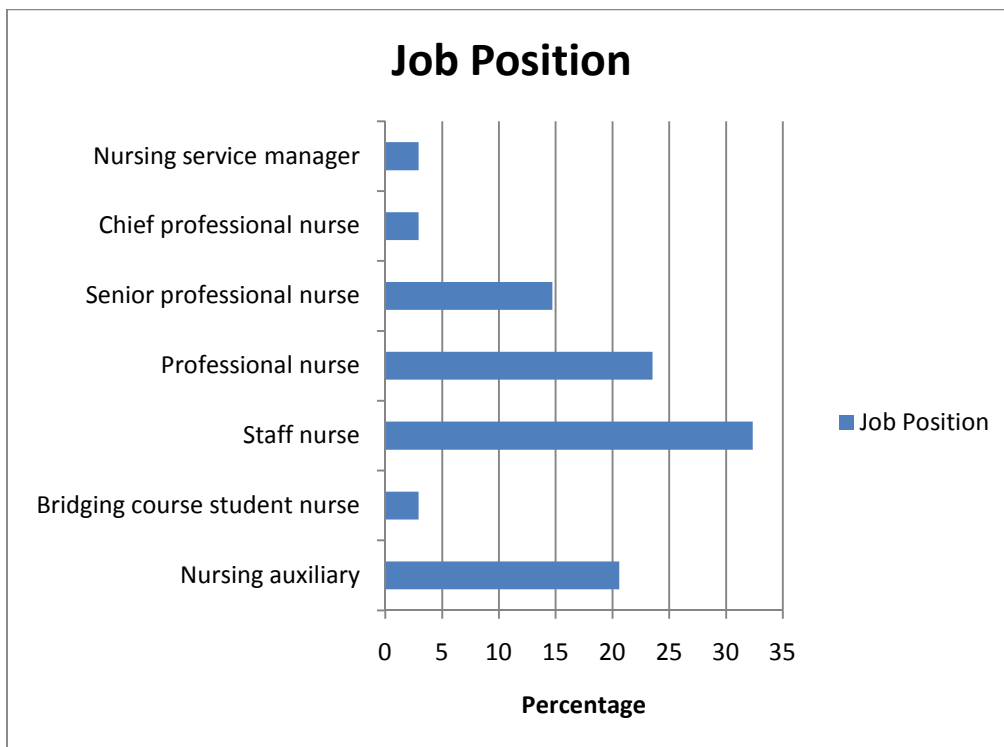


Figure 4 depicts the position of respondents in the maternity unit. It clearly shows that the majority (32.35%) of the respondents are staff nurses, followed by 23.53% of professional nurses. Nursing auxiliary made 20.59% of the sample and 14.71% were senior professional nurses. The nursing service managers, chief professional nurses and bridging course student nurses each

made 2.94% of the sample. The respondents for this study thus fall into seven categories. The findings indicate that the majority of the nursing staff in the maternity unit is from the lower ranks. This is a normal distribution in a workplace, where the lower ranking employees are always in the majority.

The respondents in this study are all females from the black and white racial groups. Most women are attracted to the nursing profession because it allows them financial independence from the beginning of their careers. The nursing profession is one of the very few professions which remunerate trainee nurses from the day they start their training. This makes it possible for many women to improve their living standards, through earning a living and also progressing academically.

3.3.2 Section B: Work environment and working conditions

This section was used to establish the perceptions of nursing staff regarding their environment and working conditions.

3.3.2.1 Nurses' perception of their working condition

In this section the researcher established how the respondents viewed their work environment and working conditions. Respondents had to indicate whether they agreed with certain determinants of their work environment and working conditions that have an impact on their attitudes and work behaviour. The determinants were grouped as follows:

- Work environment and working condition determinants (question 1 - 15)
- Organisational culture (questions 1 & 2)
- Leadership (questions 3 – 5 & 12)
- Staffing and workload (questions 6 - 10)
- Training and development (question 11)
- Workplace safety (questions 13 & 15)
- Stock and equipment (question 14)

Table 5: Nurses' perception of their working conditions

	Determinants	Disagree		Neutral		Agree	
		f	%	F	%	F	%
1.	My workplace has a warm, friendly and a pleasant atmosphere that I am happy with.	9	26.47	17	50.00	8	23.53
2.	Cultural diversity is sometimes causing interpersonal conflict in our unit.	7	20.59	10	29.41	17	50.00
3.	The managers and the staff in the unit work together to provide quality patient care.	17	50.00	4	11.76	13	38.24
4.	My manager recognises and appreciates my achievements and that inspires me to work harder.	17	50.00	6	17.65	11	32.35
5.	Our managers keep us informed on a regular basis about important issues and new developments regarding the hospital and its management.	12	35.29	14	41.18	8	23.53
6.	My workload is too high that I am unable to cope with its demands.	2	5.89	10	29.41	22	64.70
7.	Duties delegated to me are sometimes outside my scope of practice and that makes me feel inadequate and frustrated.	7	20.59	8	23.53	19	55.88
8.	The staff shortage in this unit forces me to work extra shifts.	2	5.89	9	26.49	23	67.64
9.	My workload is often increased because my co-workers are often absent.	5	14.71	10	29.41	19	55.88
10.	There is a high staff turnover in our unit that leads to loss of experienced colleagues.	10	29.41	6	17.65	18	52.94
11.	I am encouraged to participate in training and development programs that improve my capacity to do my work properly.	9	26.47	10	29.41	15	44.12
12.	I am involved in decision –making at our unit level which allows me to implement the required change.	13	38.24	13	38.24	8	23.29
13.	There is a high tolerance for workplace violence in our hospital	17	50.00	13	38.24	4	11.76

	with the result that the reported incidents are not dealt with effectively.						
14.	There is adequate supply of stock and equipment that enables me to provide the required standard of service to the patients.	16	47.09	9	26.47	9	26.47
15.	I am given sufficient information to protect myself against hazards that may occur in my workplace.	9	26.47	8	23.53	17	50.00

Nurses' responses provide a clear indication as to how certain aspects of their work environment and working conditions made an impact on their productivity.

Many aspects of the work environment and working conditions appear to be a challenge for the nursing staff in the maternity unit. In order to find a meaningful solution management needs to have a clearer understanding of the nurses' perception of their prevailing working conditions and how these affect their functioning in the unit. Management, however, has an obligation to try to correct the things within their power to facilitate the creation of a healthy productive environment. The following aspects are discussed to illustrate their impact on nursing staff in the unit.

3.3.2.2.1 Organisational culture

The researcher assessed the respondents' perception of their organisational climate and how it affected their functioning in the maternity unit. The relationships between different variables were established by using "COUNTIFS" formula in Microsoft Excel.

- **Atmosphere at workplace**

Table 5 shows that 8 (23.53%) respondents agreed that their workplace has a warm, friendly and a pleasant atmosphere that they are happy with and 9 (26.47%) respondents disagreed that their workplace has a pleasant atmosphere that they are happy with. The majority 17 (50%) of the respondents remained neutral regarding their workplace atmosphere.

The findings indicate that only 23.53% of the respondents are happy with their workplace atmosphere. Nurses are more productive when their workplace atmosphere is pleasant and therefore they like coming to work. This is confirmed by Chapman's (1996:69) observation that states that a positive

organisational climate promotes a high level of performance and satisfaction among employees and poor organisational climate results in complaints, human relations problems, absenteeism, employee rip-offs, hostility, error and a general lack of enthusiasm. The neutral respondents might be the ones who are despondent and just trying to cope on a daily basis by ignoring the realities in the unit.

❖ **Correlation between atmosphere at workplace and job satisfaction**

The researcher established a correlation between positive workplace atmosphere and job satisfaction. Among the 8 (23.53%) respondents who experienced their workplace atmosphere to be warm, friendly and pleasant, 6 respondents also experienced job satisfaction. This finding is also supported by Chapman (1996:69) that a positive organisational climate promotes a high level of performance and satisfaction among employees.

- **Cultural diversity**

Table 5 shows that 17 (50%) respondents agreed that cultural diversity was causing interpersonal conflict in their unit, 7 (20.59%) of the respondents disagreed that cultural diversity was causing interpersonal problems. Once again 10 (29.41%) respondents remained neutral. The finding suggests that cultural diversity is causing interpersonal problems in the maternity unit. The researcher is aware that in the last decade the demographics of patients and the workforce at Pretoria West Hospital have changed dramatically and therefore the nurses must be assisted in learning about the cultural diversity and increasing their sensitivity regarding cultural diversity. Otto and Valadez (2007:155) warn that failure to address cultural diversity leads to negative effects on performance and staff interactions.

Based on the above information, it is evident that the nurses are generally unhappy with their organisational climate in the unit and they perceive it as influencing their interpersonal relationships negatively. Cultural diversity in the work situation is still a concern for many nurses. The previous dispensation separated racial groups to such an extent that in many cases there was minimal or no meaningful contact among professionals involved in the same kind of work. Racial stereotypes and prejudices are still strong among the racial groups and to address these challenges is not an easy task. Programmes designed to allow the nurses to familiarise themselves with one another's culture can help softening prejudicial views.

3.3.2.2.2 Leadership

The researcher determined whether or not the respondents viewed their managers as leaders who inspired them to achieve their organisational goals. Respondents had to indicate whether or not they agreed with certain leadership styles that made an impact on their performance behaviour.

Table 6: Nurses' perception of the leadership in the maternity unit

	Determinants	Disagree		Neutral		Agree	
		F	%	F	%	F	%
1	The managers and the staff in the unit work together to provide quality patient care	17	50	4	11.76	13	38.24
2	My manager recognises and appreciates my achievements and that inspires me to work harder	17	50	6	17.65	11	32.35
3	Our managers keep us informed on a regular basis about important issues and new developments regarding the hospital and its management	12	35.29	14	41.18	8	23.35
4	I am involved in decision making at our unit level which allows me to implement the required change	13	38.24	13	38.24	8	23.53

- **Teamwork**

The findings indicate that there is a moderate level of team work in the maternity unit. The majority 17 (50%) respondents do not perceive the managers and the staff working together in a team to provide quality patient care, but 13(38.24%) respondent do perceive managers and nurses working together to provide quality patient care in the unit. Only 4(11.76%) respondents remained neutral regarding teamwork in the unit. Systematic and effective ways of solving problems in a workplace enhances individual employees' sense of commitment to his work. Sullivan (2009:155) emphasises that managers play key roles in guiding the tasks of workgroups and ensuring efficient and effective performance. They also encourage relationships among work-teams that promote coordination and cooperation.

- ❖ **Correlation between teamwork and job satisfaction**

The researcher explored the relationship between team work and job satisfaction. It was established that among the 7(20.59%) respondents who are satisfied with their working conditions, all 7respondents perceived their managers and staff as working together to provide quality care to patients. The finding is consistent with what is said by Tappen (1995:402) that team nursing is far more satisfying to both patients and the staff when it is done well. The researcher agrees that team work is important because support from supervisors and colleagues is indispensable in the health care services, for the benefit of the patients.

- ❖ **Correlation between poor team work and burnout**

The relationship between poor team work and burnout was also explored. There is a very high correlation between poor team work and burnout. The finding indicates that among 17(50%) respondents who believe that there is no team work in the unit, 15 respondents also believe that nurses suffer from burnout and become physically and emotionally exhausted. The researcher agrees with Levert *et al.* (2000:37) that poor collegial support leads to burnout whereas burnout tends to be diminished in settings that are conducive to teamwork.

- **Recognition**

Table 6 clearly indicates that the majority 17 (50%) respondents disagreed that their managers recognise and appreciate their achievements. Only 11(32.25%) respondents believe that their achievements are recognised and appreciated by their managers. Managers can contribute towards productivity by acknowledging and rewarding good performance. This is supported by what is stated by McConnell (1993:175) that employees who feel that their

opinions matter, whose suggestions are acknowledged and whose efforts and overall contribution to workgroups are recognised feel good about themselves and they are likely to care more about their jobs, their fellow employees, the institution in which they work and its patients.

❖ **Correlation between recognition and job satisfaction**

The relationship between managers giving recognition to employees' achievements and job satisfaction was explored. The researcher established that among the 11(32.35%) respondents who believed that their manager recognised and appreciated their achievements, 5 respondents are also satisfied with their working conditions. The researcher believes that when managers recognise their employees' work, it motivates the employees to improve their performance and it gives them a sense of satisfaction as they start enjoying respect among their colleagues. In a way they also motivate other employees.

- **Sharing information**

Table 6 shows that there is a low level of information sharing by managers. Only 8(23.53%) respondents believe that their managers keep them informed on a regular basis about important issues and developments regarding the hospital and its management. However, 12(32.29%) respondents believed that their managers are not sharing information with them about important issues and developments regarding the hospital and its management. The majority, 14(41.18%) respondents remained neutral regarding their managers sharing important information with them. Clearly more research needs to be done to establish whether managers are sharing important information with their staff and whether they develop improved strategies to share information so that nurses feel that there is transparency in as far as the unit is concerned. Respondents who believe that management share enough information are those in higher ranks, which make it easier for them to access information.

- **Participation in decision-making**

The findings indicate that only 8 (23.53%) respondents are involved in decision-making at their unit level which allows them to implement the required changes. As indicated earlier on, the ones who are involved in decision making in the unit might be those in the higher ranks, leaving the majority in the unit not involved. When employees are allowed to participate in establishing or revising policies and procedures, they become motivated to implement them. Yonder-Wise and Meso (2007:335) explain that when staff shares the creation of change that affects them directly and they trust the change agent, they are more receptive to change and integrate change more

willingly. The staff's participation and involvement promotes ownership of both the process and the decisions made during the process.

❖ **The correlation between participation in decision-making and being involved in teamwork**

The researcher established the relationship between the nurses' perception regarding participation in decision-making and being involved in team work. The findings indicate that amongst the 8(23.53%) respondents who believe that they are involved in decision-making at their unit level, 5 also believe that the managers and the staff in the unit work together to provide quality patient care. The finding is supported by Huston and Marquis (1989:12) that most nurses want increased autonomy in decision-making and this is made possible by effective team work, which allows different parties to work towards a common goal, from a greater position of strength than one person alone might have.

Many nurses in the unit perceive the management empowering system negatively. The primary employee desire is to feel as part of the organisation and to be recognised for the work he/she does. It is known that when employees' efforts and contributions are not recognised and acknowledged by their managers and when they are not included in the decision-making procedures, they feel undervalued and demoralised and thus they are liable to perform their duties ineffectively.

3.3.2.2.3 Workload and staffing

The researcher established how respondents viewed their workload and staffing in the unit, in relation to their work performance.

Table 7: Nurses' perception of their workload and staffing

	Determinants	Disagree		Neutral		Agree	
		F	%	F	%	F	%
1	My work load is too high that I am unable to cope with its demands.	2	5.89	10	29.41	22	64.70
2	Duties delegated to me are sometimes outside my scope of practice and that makes me feel inadequate and frustrated.	7	20.59	8	23.53	19	55.88
3	The staff shortage in this unit forces me to work extra shifts.	2	5.89	9	26.49	23	67.64
4	My workload is often increased because my co-workers are often absent.	5	14.71	10	29.41	19	55.88
5	There is a high staff turnover in our unit that leads to loss of experienced colleagues.	10	29.41	6	17.65	18	52.94

Table 7 clearly shows that 22 (64.70%) respondents agreed that their workload is too high and they are unable to cope with its demands, and only 2 (5.89%) respondents disagreed that their workload is too high and that they are unable to cope with its demands. Although 10 (29.41%) respondents remained neutral regarding their workload, the finding still indicates that majority of the respondents believe that their workload is too high and they are unable to cope with its demands.

❖ **Correlation between high workload and burnout**

The finding indicates that among the 22 (64.70%) respondents who believe that their workload is very high and that they are unable to cope with its demands, 17 also believe that some nurses suffer from burnout and become physically and emotionally exhausted. The finding is consistent with what is indicated by Liebler and McConnel (2004:252) that burnout is caused by a combination of high workload and low coping resources.

❖ **Correlation between high workload and job satisfaction**

The researcher examined the relationship between high workload and job satisfaction. Among the 22 (64.70%) respondents who believe that their workload is very high and that they are unable to cope with its demands, 20 respondents are not satisfied with their working conditions. The finding shows that there is a correlation between high workload and job satisfaction among the nurses, with adverse results on work production.

- **Role conflict**

Table 7 shows that 19 (55.88%) of the respondents believe that duties delegated to them are sometimes outside their scope of practice and that makes them feel inadequate and frustrated, and only 7 (20.59%) respondents disagree that duties delegated to them are outside their scope of practice. The finding indicates that many nurses in the maternity unit are experiencing role conflict that makes them feel inadequate and frustrated. Sullivan and Decker (2009:307) support the finding that, as resources in health care are shrinking, nurses are being asked to assume responsibilities for tasks that previously had been performed by other departments. They see these responsibilities as work that is not appropriate for them to do.

❖ **Correlation between role conflict and stress**

The researcher established that there is a positive relationship between role conflict and work stress. Among the 19 (55.88%) respondents who believe that duties delegated to them are sometimes outside their scope of practice all 19 respondents also believe that more nurses are affected by work stress than other health care professionals. The finding is consistent with what has been said by Muller (2001:144) that if employees' capabilities are not recognised or are inappropriate for the responsibilities delegated, they may feel frustrated because they lack the necessary skills to carry out delegated responsibilities.

- **Staff shortage**

With regard to staff shortage it was established that most of the respondents believe that there is a staff shortage in the unit and that they are forced to work extra shifts. Table 7 shows that 23 (67.65%) respondents agreed that the staff shortage in their unit forces them to work extra shifts and only 2 (5.88%) respondents disagreed that staff shortage forces them to work extra shifts. Many nurses find shift work difficult when they have to cover for absent colleagues. These findings are confirmed by the observation made by Swansburg (1993:60) that understaffing cause absenteeism due to staff fatigue, burnout and professional dissatisfaction. Unscheduled staff absence and understaffing force many nurses to work extra shifts and overtime.

- ❖ **Correlation between staff shortage and stress**

The researcher examined the relationship between staff shortage in the maternity unit and stress being experienced by the nursing staff and the results revealed that among the 23 (67.65%) respondents who believe that there is a staff shortage in their unit which forces them to work extra shifts, 22 also believe that more nurses than other health care professionals are affected by stress. A positive relationship was established between staff shortage and stress being experienced by the nurses. Overtime hours put a strain on personal and social relationships which creates stress for nurses in their work and family roles.

- ❖ **Correlation between overtime and errors, including accidents**

The researcher explored the relationship between overtime and nurses making errors as well as causing accidents in their job performance. A relationship was established between overtime and errors as well as accidents. The finding shows that among the 23 (67.65%) respondents who agreed that staff shortage in their unit is forcing them to work extra shifts, 13 also believe that there are more errors and accidents occurring in their unit. The finding is supported by what was observed by Greenslade and Paddock (2007:16) that errors and medical incidents increase significantly when nurses work more than 40-hour weeks or when they work overtime.

- **Co-worker absenteeism**

Table 7 shows that 19 (55.88%) respondents believe that their workload is often increased because their co-workers are absent and only 5 (14.70%) disagreed that their workload is increased because their co-workers are often absent. The finding is validated by McConell (2003:216) that when employees fail to show up for work, someone else must be assigned to do the

absent employee's work. This could have a negative impact on the remaining employees and could also lead to the development of a negative attitude towards work, with adverse results on the patients.

❖ **Correlation between co-worker absenteeism and high workload**

The researcher further explored the correlation between nurses' absenteeism and the high workload. It was established that among the 19 (55.88%) respondents who believe that their workload is often increased because their co-workers are often absent, 14 also believe that their workload is too high and they are unable to cope with its demands. The finding clearly shows some correlation between co-worker absenteeism and high workload. Co-workers' absenteeism contributes towards the nurses' high workload and that makes it difficult for them to cope with its demands. According to Sullivan and Decker (2009:276) in hospitals, nursing absenteeism is placing a strain on the remaining staff that is forced to cover for their absent colleagues. Absenteeism can have a detrimental effect on the other staff members, because they are expected to ensure the functioning of the unit despite their missing colleagues.

• **Staff turnover**

The nurses' perception regarding staff turnover were also examined. Table 7 shows that 18 (52.94%) respondents agreed that there is high staff turnover in their unit and that leads to loss of experienced colleagues and 10 (29.41%) disagreed that there is high staff turnover in their unit. The finding shows that a moderate number of nurses believe that there is high staff turnover in their unit. The finding is consistent with what has been found by Sullivan and Decker (2009:266) that turnover may be viewed as a loss by co-workers and they develop negative job attitudes because they may have to work longer hours (overtime) or simply work harder to cover for a departed nurse.

Many nurses in the maternity unit believe that they are not coping with their work demands. High workloads due to staff shortage are putting pressure on them to function effectively in the healthcare system. It seems management often disregards staff shortage as a serious problem and expects the nursing staff to continue to carry out their duties effectively and ensure service delivery. If the issue of staff shortage is not addressed in a meaningful way the health system is at the risk of not delivering the required services to the public.

3.3.2.2.4 Training and development

The researcher determined the nurses' perceptions regarding the training and development opportunities given to them to improve their capacity to perform their duties.

Table 8: Nurses' perceptions regarding training and development opportunities provided to them.

Determinants	Disagree		Neutral		Agree	
	F	%	F	%	F	%
I am encouraged to participate in training and development programmes that improve my capacity to do my work properly.	9	26.47	10	29.41	15	44.12

The researcher established that there are moderate training and development opportunities for the nursing staff in the maternity unit to improve their capacity to perform their duties. The findings indicate that 15(44.12%) respondents believe that they are encouraged to participate in training and development programs to improve their capacity to perform better whereas 9(26.47%) respondents believe that they are not encouraged to participate in training and development programmes, while 10(29.41%) respondents refrained from indicating whether they were given opportunities to participate in training and development programmes. The researcher believes that in health care organisations, training and development programs are very important. It empowers health care workers to meet the needs of the rapidly changing health care system. Marinner-Tomey(2004:32) explains that employees who are not given the chance to improve their knowledge and skills, feel frustrated when faced with new situations that affect their jobs, because they do not have up to date knowledge to intervene in order to meet patients' needs.

❖ **Correlation between training and development opportunities and employees getting sufficient information to protect themselves against hazards arising in their work**

The finding indicates that among the 15 (44.12%) respondents who believe that they are encouraged to participate in training and development programmes that improve their capacity to do their work properly, 10 respondents also believe that they are given sufficient information to protect themselves against workplace hazards. It shows that an informed employee is equipped to perform his/her duties cautiously, avoiding workplace hazards.

Nurses in the unit are generally encouraged to participate in training and development programmes. However, there is still a need for improved training opportunities for the nurses to empower them with information and skills to remove feelings of inadequacy so that they can cope better in this period of skills shortage in the healthcare system.

3.3.2.1.5 Workplace safety

All employers have the responsibility to provide a safe and healthy workplace for their employees. The researcher assessed the nurses' perception of their safety in their workplace. The respondents had to indicate whether or not they agreed with certain determinants of workplace safety.

Table 9: Nurses' perception regarding safety at their workplace

Determinants	Disagree		Neutral		Agree	
	f	%	f	%	f	%
There is high tolerance for workplace violence in our hospital with the result that reported incidents are not dealt with effectively.	17	50	13	38.24	4	11.76
I am given sufficient information to protect myself against hazards that may occur in my work.	9	26.47	8	23.53	17	50

- **Violence in the workplace**

Table 9 indicates that 17 (50%) respondents believe that there is not a high tolerance for violence in the workplace and reported incidents are dealt with effectively. Only 4 (11.76%) respondents believe that there is a high tolerance for workplace violence in their workplace and reported incidents are not dealt with effectively. It might be that the respondents who believe that there is a high tolerance of violence in the workplace have had individual incidents that were not effectively dealt with. The researcher is concerned about 12 (38.24%) respondents who remained neutral regarding the tolerance of workplace violence.

- **Information to protect against hazards**

The researcher determined whether respondents were given sufficient information to protect themselves against any hazards that may occur in their work. The finding indicates that 17 (50%) respondents believe that they are given sufficient information to protect themselves against hazards that may

occur in their work. However, 9 (26.47%) respondents believe that they are not provided with sufficient information to protect themselves against any hazards that may occur in their work. The researcher is of the opinion that all employees should be given sufficient information to protect themselves from possible hazards in their work.

❖ **Correlation between information provided to employees to protect themselves against workplace hazards and managers sharing important information with employees**

The findings suggest that among the 9 (26.47%) respondents who believe that they are not given sufficient information to protect themselves against hazards in their work, 6 also believe that managers are not sharing information with them about important issues and developments regarding the hospital and its management.

Most of the nursing staff view their workplace as safe and healthy. Many healthcare institutions claim to promote zero tolerance of violence in the workplace, however, where nurses are confronted with aggressive and threatening behaviour from patients and visitors the institutions show a reluctance to take action against them and treat such incidents lightly. Incidents of workplace violence must be taken seriously at all levels otherwise the institution will continue to face the cost of low productivity, decreased morale and disregard for employee safety.

3.3.2.1.6 Stock and equipment

There must be adequate resources for any organisation to function effectively. The researcher determined the nurses’ perceptions regarding the resources that are at their disposal to meet their work demands.

Table 10: Nurses’ perceptions regarding the stock and equipment available for them to perform their duties

Determinants	Disagree		Neutral		Agree	
	f	%	f	%	f	%
There is an adequate supply of stock and equipment that enables me to provide the required standard of service to the patients.	16	47.06	13	23.53	10	29.41

Table 10 shows that 16 (47.06%) respondents believe that there is an inadequate supply of stock and equipment for them to provide the required

standard of service to the patients. Ten (29.41%) respondents, however, believe that there is an adequate supply of stock and equipment that enables them to provide the required standard of service to the patient. There were also 8 (23.53%) respondents who remained neutral regarding the stock available to provide services to the patient. It has been established that the majority of the nurses in the maternity unit believe that they are unable to provide the necessary standard of service to patients because of the shortage of stock and equipment. The finding is consistent with the view of Gerber et al. (1999:44) that the availability of adequate equipment and appliances facilitates productivity, whereas failure to provide equipment, appliances and adequate clothing make it difficult for employees to carry out their jobs, in an easy non-obstructive way.

❖ **Correlation between supply of stock and equipment to nursing staff and the quality of services provided to patients**

It was established that among the 16 (47.06%) respondents who believe that there is an inadequate supply of stock and equipment to provide services to patients, 13 respondents also believe that there is deterioration in the services provided to patients. The findings confirm that when there is an inadequate supply of stock and equipment, the employees are unable to carry out their jobs at the required standard, with a negative impact on the patients.

Many nurses in the maternity unit perceive that the resources at their disposal are not adequate to meet their work demands. An inadequate supply of stock and equipment is evident at all levels of the healthcare system and it is constraining the service delivery at institutions. Lack of resources is creating an ongoing crisis in the healthcare sector.

3.3.2.2 Job Satisfaction

In this section the researcher determined whether the respondents were satisfied with their working conditions and further identified the factors the respondents say influenced them to be satisfied or not with their working conditions.

Respondents had to indicate whether they were satisfied with their working conditions or not.

Figure 5: Nurses' satisfaction with working conditions

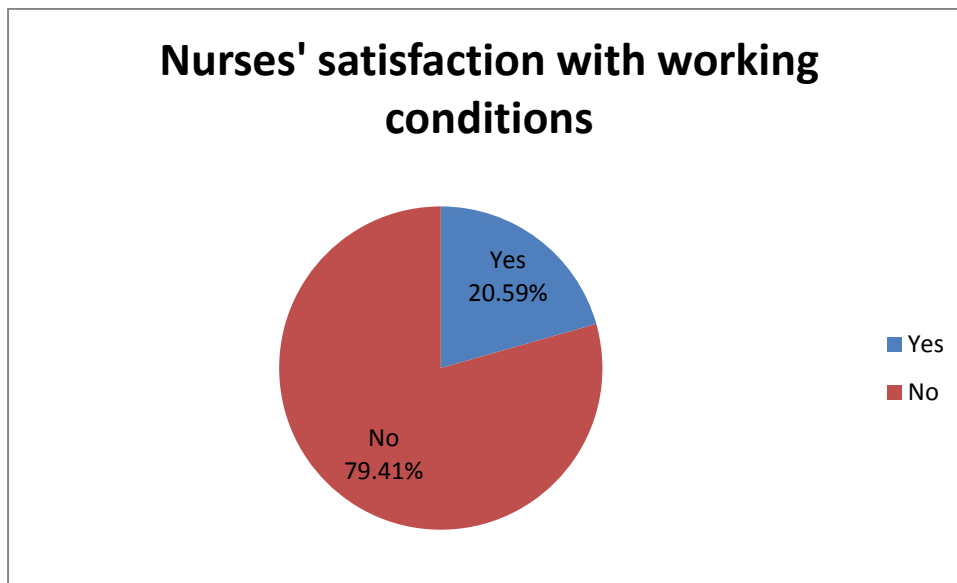


Figure 5 shows that 27 (79.41%) respondents were not satisfied with their working conditions, whilst only 7 (20.59%) indicated that they were satisfied. The research finding clearly indicates that the nurses in the unit are not satisfied with their working conditions. The respondents were further requested to provide a motivation for being satisfied or not, with their working conditions. They could use their own words for the motivation. The responses were reported on qualitatively, by categorising them according to their similarities in order to assess if there were common views expressed by the respondents.

The respondents expressed many different views to support their sense of not being satisfied with their working conditions.

- **Staff shortage**

The respondents made the following comments regarding staff shortage in their unit as a source of dissatisfaction:

- *“The shortage of staff makes it very difficult to provide a high standard of work.”*
- *“Shortage of staff makes me leave work after scheduled time.”*
- *“There is a major staff shortage.”*
- *“There is not enough staff and we are forced to work overtime.”*
- *“There is an overflow of patients with only one or two sisters in the labour ward.”*
- *“We are overworked and exhausted due to staff shortage.”*
- *“You do things half as there is just too much to do and not enough hands to do it.”*

Respondents highlighted shortage of staff as a critical factor contributing towards their job dissatisfaction. Employees expressed frustrations of being forced to work overtime and extra shifts due to chronic staff shortage. Marquis and Houston (2006:432) agree that during staff shortage nurses are forced to work additional shifts, often being accused of patient abandonment, should nurses refuse to do so. Inadequate number of staff can significantly impact negatively on employee well-being and patient care. Exhausted nurses represent a risk to public health and safety. It is clear from the responses given by the respondents that staff shortage is having a negative impact on the staff with regard to their level of job satisfaction.

- **Lack of resources**

The respondents made the following comments regarding the shortage of resources that is adding to their sense of not being satisfied with their working conditions:

- *“Stock and equipment not available to provide quality service.”*
- *“There is shortage of equipment to carry out my duty.”*
- *“We have limited resources to work with.”*
- *“We experience difficulties due to limited budget.”*

Respondents felt that they were unable to provide services that are expected of them to patients due to lack of resources. In any organisation the employees should be in the position to perceive that the resources at their disposal are adequate to meet their work demands. If there are not adequate resources, the employees will find it difficult to get their work done, and they will experience dissatisfaction. Gerber *et al.* (1999:44) concur that failure to provide equipment, appliances and adequate protective clothing makes it difficult for employees to carry out their jobs in an easy non-obstructive way.

- **Recognition**

The respondents who complained about lack of recognition and acknowledgement from management for hard work, made the following comments:

- *“We are not appreciated most of the time even if you work hard.”*
- *“When you do good work it’s not appreciated but when a slight mistake occurs there is deep trouble.”*
- *“We work hard and nobody sees it.”*
- *“My supervisor is always finding faults.”*
- *“We are always told what to do.”*
- *“There is no appreciation from my supervisor.”*
- *“I am not considered as a valuable human being.”*

The respondents felt that they were not getting the necessary recognition and acknowledgement for their hard work and other contributions. Employees want their managers to acknowledge their work on a regular basis instead of only correcting their mistakes. The researcher believes that nurses achieve job satisfaction when their achievements are recognised and appreciated by their managers. Tappen (1995:418) argues that organisations that do not give positive feedback and do not involve employees in decisions regarding their jobs, increase a sense of no satisfaction among employees.

- **Responsibilities**

The respondents had the following to say with regard to the responsibilities delegated to them which is increasing their sense of dissatisfaction:

- *“There are too many non-nursing duties required for professional nurses and midwives.”*
- *“I am doing things out of my scope of practice.”*
- *“Most of the time nurses are delegated duties that are above their scope of practice. It is difficult to refuse because other lower categories are doing them.”*

The respondents felt that inappropriate responsibilities are delegated to them. There are tasks delegated to them that are out of their scope of practice. Muller (1996:205) emphasises that when subordinates' abilities are ignored during delegation of responsibilities in the unit, de-motivating consequences may occur. It is clear from the responses that nursing staff are not happy with the tasks that they are required to perform outside their scope of practice. This increases their level of dissatisfaction, which might lead to negativism, with adverse consequences for the patients.

- **Performance appraisal**

Respondents made the following comments regarding their performance appraisal:

- *“I am doing things out of my scope of practice but at the time of evaluation I am rated the lowest.”*
- *“We work hard but when it comes to PMDS we are rated 2's and 3's meaning we are incompetent.”*
- *“We are always rated 3 on PMDS and not paid at all.”*

The respondents expressed disappointment regarding their performance appraisals. They felt that they were unfairly rated in spite of them doing extra work. The employees will view their appraisals as fair and accurate only if they trust their appraiser and they believe that the appraiser has actually observed all their work. McConnell (1993:33) supports the view that when all appropriate factors are not considered, a performance appraisal may have a

negative impact on the individuals involved. The supervisors need to take into consideration all the work that the nurses do when they evaluate them, so that their hard work could be acknowledged. It is always de-motivating for the employee to do tasks that they are never rewarded for. Due to the fact that the supervisors are aware of these tasks that are performed outside the scope of nurses' job description, it would be encouraging for them to acknowledge them during the performance appraisal exercise, leading to happy employees.

- **Racism**

The respondents had the following to say regarding racism that is increasing their sense of dissatisfaction with their working conditions:

- *"There is racism in this ward."*
- *"White managers favour white staff and give them priority."*
- *"The personnel of the maternity ward, including the manager is racist, if they don't like someone they get kicked out."*

Respondents felt that there was still racism in the unit and that they were unfairly discriminated against on racial grounds. This was presenting challenges for the nurses in the maternity unit. Failure to address diversity issues can lead to negative effects on performance and staff interaction. Marinner-Tomey (2004:477) emphasizes that nurse managers must learn about cultural diversity and increase their own sensitivity first in order to model cultural diversity. The researcher believes that managers will also have to find ways to address issues of racism, possibly by introducing programmes that enrich racial diversity among the staff. It is important to have the subtle practice of racism acknowledged and dealt with, as it is counter-productive to ignore it. This could lead to an outburst that could be uncontrollable; hence the best thing would be to address it as soon as it is raised by the concerned parties, before they take any action based on their emotions.

- **Salaries**

The respondents who were dissatisfied with their salaries, made the following comments:

- *"There is very little income for nurses."*
- *"Our salary is too low."*
- *"Nurses are not paid well."*
- *"Nurses are given poor salaries."*

Respondents felt that their salaries were very low. Nurses are no longer prepared to work simply for the good of the cause. They expect to be adequately and fairly remunerated. The fact that they are disappointed with their salaries can lead to unhappiness and discontentment. Liebler and McConnell (2004:373) agree that perceived unfairness of salaries and

benefits can easily lead to employee dissatisfaction. Working for a low salary can be de-motivating, given the high inflation rate in the country. An employee might feel de-motivated because his/her salary does not make a difference in his/her life. This might lead to low levels of work performance and in this case affecting the patients negatively.

In comparison with the comments made by the respondents to support their sense of dissatisfaction with their working conditions, the respondents who were satisfied with their working conditions expressed the following opinions:

- *“Our hospital is still better than other institutions.”*
- *“During busy times the nurses are supportive to each other.”*

Based on the comments made by the respondents who are satisfied with their working conditions, it can be concluded that the respondents view their current situation in the organisation as positive and they are experiencing support from fellow workers as satisfying. When there is co-operation and communication among colleagues it can raise morale and improve the functioning of the staff.

3.3.3 Section C: The impact of work stress on the nurses

In this section the researcher examined the nurses' perceptions regarding their performance behaviour that is being affected by stressful working conditions. The researcher further assessed the nurses' perceptions regarding the levels of them being more affected by work stress in comparison to other health care professionals. The aim was to identify the sources of stress that arise in the nurses' work expectations and what effect they may have on their performance.

3.3.3.1 Nurses' perceptions regarding the impact of work stress on their behaviour

The respondents were presented with different determinants of performance behaviour and their likely effects on productivity and they were requested to indicate which of those behaviours featured in their unit when their working conditions became stressful.

Table 11: Nurses’ perceptions regarding the impact of work stress on behaviour

Aspects of behaviour impacted by work stress	Respondents in agreement	
	Frequency	%
Some nurses become ill and stay away from work	32	94.12
Some nurses suffer from burnout and become physically and emotionally exhausted	25	73.53
Some nurses become less committed and threaten to resign	24	70.59
Some nurses develop negative attitude towards their colleagues and patients	24	70.59
Some nurses become easily irritated with their colleagues and patients	23	67.65
Some nurses come to work but are not performing their duties	22	64.71
Some nurses tend to become careless and negligent	15	44.12
Some nurses are unwilling to extend themselves beyond the call of their duty	14	41.18
Some nurses become frustrated and they quit their job easily	13	38.24
Some nurses withdraw from interaction with their colleagues and patients	13	38.24

Table 11 provides a clear indication of those aspects of nurses’ performance behaviour that resulted from being exposed to stressful working conditions. The information shows that 32 (94.12%) respondents believe that some nurses become ill and stay away from work and 25(73.53%) believe that some nurses suffer from burnout and become physically and emotionally exhausted. In order to better understand how nurses’ working conditions are affecting their performance behaviour, the researcher examined relationships between different variables of working conditions and performance behaviour by using the “COUNTIFS” formula in Microsoft Excel.

❖ Correlation between illness-related absenteeism and high workload

The researcher established that there is a positive relationship between nurses’ illness-related absenteeism and high workload. Among the 32(94.12%) respondents who believe that under stressful working conditions some nurses become ill and stay away, 21 respondents also believe that nurses’ workload is too high and they are unable to cope with its demands.

Nurses are known to have backaches, respiratory problems and allergies attributed to work. According to Basu and Gupta (2007:24) nurses have a higher absenteeism and disability rate than any other professions. Nurses constantly have direct contact with patients and many of their work activities are physical in nature such as lifting, bathing and moving patients. Nurses also work long hours. They are susceptible to various occupational injuries and illnesses and therefore prone to take more sick-leave. In their absence, their co-workers' workload increases.

❖ **Correlation between burnout and staff shortage that causes nurses to work extra shifts**

The researcher examined the relationship between burnout among nurses and the staff shortage that causes nurses to work extra shifts. A positive relationship exists between burnout and nurses having to work extra shifts due to staff shortage. Among the 25(73.53%) respondents who believe that some nurses suffer from burnout and become physically and emotionally exhausted 17 respondents also believe that the staff shortage in their unit forces them to work extra shifts. Nurses working long hours or rotating shifts are at a greater risk of poor psychological well-being, ill-health and job dissatisfaction (Peterson & Arnetz, 1998:1768). The problem of staff shortage cannot be resolved by requesting nurses to work additional overtime. Working overtime hours puts a strain on the nurses. Often they become stressed as they are usually unable to fulfil their family and work roles effectively.

❖ **Correlation between burnout and work stressors**

The researcher found a very high correlation between burnout and work stressors. Among the 25(73.53%) respondents who believe that nurses suffer from burnout and become physically and emotionally exhausted, 24 respondents also believe that more nurses are affected by work stress than other health care professionals. Schoombie *et al.* (2005:388) reported that recent South African studies have found that nurses are front-line health care providers and they are known to suffer from extremely high levels of stress and burnout. Healthcare facilities are constantly under pressure to increase the range of services they provide with a reduced workforce and insufficient resources. The work stressors associated with these demands are increasing the risks of burnout among employees, especially the nurses. It is public knowledge that all is not well in the public health care sector. Recently poor infection control and overcrowding led to the death of several babies in a neonatal unit of a leading government hospital in Johannesburg. Immediately fingers were pointed at the nursing staff for negligence and malpractice.

However, the minister of health ultimately admitted that the health institutions have a serious problem of staffing levels which needs urgent attention.

❖ **Correlation between burnout and job satisfaction**

The researcher examined the relationship between nurses experiencing burnout and their sense of dissatisfaction with the working conditions. A positive relationship exists between burnout and nurses experiencing dissatisfaction with their working conditions. Among the 25(73.53%) respondents who believe that some nurses suffer from burnout and become physically and emotionally exhausted, 21 respondents were dissatisfied with their working conditions. The finding concurs with what has been said by Marquis and Houston (2006:457) that the degree of job satisfaction is the great predictor of burnout. In order to lower the risks of burnout managers need to improve employee satisfaction by creating a climate that demonstrates positive regard for their employees. The researcher has observed through interaction with nurses in the hospital that when nurses are dissatisfied with their working conditions over a long period of time, they seem to feel intense stress and a sense of helplessness, and eventually they suffer from burnout.

3.3.3.2 Work stress among nurses

The researcher determined the nurses' perceptions regarding work stress being experienced by them in comparison to the other health care professionals.

Figure 6: Nurses’ perceptions regarding work stress

The respondents had to indicate whether or not more nurses were affected by work stress than other health care professionals.

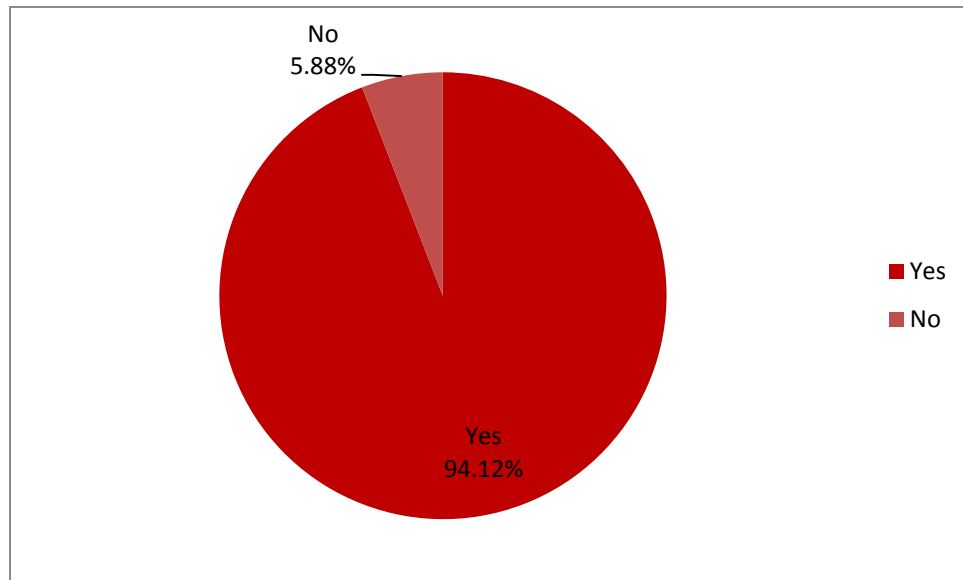


Figure 6 shows that an astounding 32 (94.12%) respondents believe that more nurses are affected by work stress than the other health care professionals and only 2 (5.88%) did not agree that more nurses are affected by work stress than other health care professionals.

The respondents were also requested to provide a motivation in their own words to support their view of whether or not more nurses are affected by work stress than other health care professionals. The respondents only expressed views to support their belief that more nurses are affected by work stress than the other health care professionals. Many different views were expressed. The responses were grouped according to their similarities and reported on qualitatively.

- **High workload**

Respondents identified high workload as a major stress producer for the nursing staff. They made the following comments regarding high workload:

- *“There is a heavy workload on all nurses.”*
- *“Sometimes we can’t even have breakfast or lunch due to overload of work.”*
- *“Staff/patient ratio is too high for nurses.”*

Respondents felt that their workloads are excessive and they are also unable to take scheduled breaks from work. Nursing is a demanding job which requires nurses to take regular breaks from work to refresh physically and

mentally. Marquis and Houston (2006:197) argue that being overwhelmed by work and time-constraints can lead to general feelings of stress and ineffectiveness. The researcher is aware that in addition to the staff shortage, the nurses are also sometimes ordered to participate in unscheduled activities at short notice which disrupts the effective functioning in the maternity unit. The remaining nursing staff may become overwhelmed by the workload and be forced to work through their tea and lunch breaks to provide expected patient care.

- **Role demands**

Respondents highlighted issues of role demands that are manifesting more stress among nurses than other health care workers. Respondents had the following to say regarding their role demands:

- *“Nurses have to do others’ jobs when the need arises.”*
- *“Nurses perform more duties than other health care professionals.”*
- *“Nurses are doing everybody’s jobs from cleaners to porters.”*
- *“Enrolled Nursing Auxiliaries and Nursing Assistants do all the dirty jobs while Professional Nurses do the paperwork.”*
- *“Most of the work is done by nurses.”*

The responses furnished by the respondents indicate that tasks assigned to the nurses are highly challenging. They are often asked to perform non-nursing duties and at other times they are required to perform duties that are outside their scope of practice. Sullivan and Decker (2009:307) cautions that when nurses are asked to assume responsibilities for tasks that previously had been performed by other departments, they see these responsibilities as work that is overwhelming and not appropriate for nurses to do. The researcher is of the opinion that conflicting and inappropriate role demands are likely to cause unhappiness and dissatisfaction for the employees.

- **Staff shortage**

Respondents had the following to say regarding staff shortage contributing to their work stress:

- *“There is always staff shortage.”*
- *“Shortage of staff makes me leave work after scheduled time.”*
- *“There is not enough staff and we are forced to work overtime.”*
- *“Staff shortage puts a lot of pressure on us.”*
- *“Because of staff shortage we have to work very hard.”*
- *“Shortage of registered nurses is the order of the day in this unit.”*

Respondents identified staff shortage in the unit as a major source of stress. They felt that staff shortage continues for a long period of time which adds to

their workload and it puts tremendous pressure on them to work overtime and extra shifts, Marquis and Houston (2006:433) validate the respondents' view that nurses who are forced to work overtime do so under the stress of competing duties – to their jobs, their family, their own health and patients' safety.

Staff shortage puts pressure on the nursing staff to fulfil their work and family roles effectively. Nurses are often forced to work extra shifts and overtime which makes them physically and emotionally exhausted. When nurses are tired they are unable to concentrate on their work and they risk making errors while performing their duties at work. Overtime work also interferes with their family life as they are then unable to spend quality time with family members and sometimes they are unable to fulfil family responsibilities.

- **Physical and emotional pressure**

Respondents made the following comments regarding the physical and emotional pressure they experience from their work:

- *“Nurses are working very hard under stressful conditions and getting sick.”*
- *“There is an increase in neonatal deaths.”*
- *“I wish to quit the profession because I am always tired and cannot do anything at home.”*
- *“Nurses use more physical and mental efforts.”*
- *“Nurses are doing emotionally stressful jobs that affect their own well-being.”*

Respondents stressed that providing nursing care to patients is intensely demanding both physically and emotionally. They highlighted that the stress caused by the physical and emotional demands placed on the nurses in the maternity unit are exacerbated by an increased number of neonatal deaths. The demanding nature of nursing care is interfering with their family roles, and the nature of their work exposes the nurses to injuries and emotional exhaustion. Greenslade and Paddock (2007:15) agree that nurses are at a particularly high risk of illness, emotional exhaustion and musculoskeletal injuries. Caring for patients in the maternity unit can be physically and emotionally demanding, subjecting the nursing staff to considerable stress. Nurses have to do strenuous work such as lifting, supporting or moving patients. They also have to provide emotional support to first-time mothers, and to mothers who have experienced either pre-mature births or births of low-weight babies or neonatal deaths. Nurses need the assistance of mental health professionals to address their own emotional needs. Referring them for EAP consultation or motivating them to make use of the service might

bring some relief for them as they will have a chance to talk about their experiences, without any fear of being judged.

- **Negative attitudes towards nurses**

Respondents had the following to say regarding the poor image of nurses within the community:

- *“Some patients become rude towards nurses.”*
- *“Patients lie and complain all the time.”*
- *“Nurses have to consider the principle of courtesy and cannot defend themselves.”*
- *“Nurses are being labelled as being bad by the community no matter how hard you try.”*
- *“Nurses are being threatened by management and exposed to the public instead of being protected.”*

Some respondents felt that the general public perceived nurses in a negative light. They expressed concern that in spite of the valuable contribution nurses are making to the wellbeing of patients and the health system, the nurses were not getting the respect and appreciation from patients. Respondents complained that nurses were being victimised by both patients and management. Respondents felt that nurses were being exposed to the disgruntled patients and community members by the management instead of being supported and protected. Sullivan and Decker (2009:290) argue that verbal abuse by patients is viewed as violence in the workplace and this is harmful to employees. It can affect worker morale, increased staff stress and cause mistrust of administration. The researcher's observation is that nurses often have to deal with patients and sometimes families who have unreasonable expectations and who make unrealistic demands. They are often confronted with aggressive and threatening behaviour from patients. Professionalism in healthcare dictates that nurses put patients' needs first. Furthermore, institutions show a reluctance to take action against patients and visitors who exhibit threatening behaviour. Such reluctance undoubtedly impacts on the morale of the nursing staff. Usually patients' rights are emphasised, but too little stress is placed on the responsibilities that go along with these rights. This is increasing the levels of stress for the nursing staff and affecting their performance.

3.3.4 Section D: The impact of work stress on the health care organisation

In this section the researcher examined the nurses' perceptions regarding the impact of work stress on the health care organisation and management's contribution towards improving the working conditions. The purpose was to identify the dimensions of productivity that are being negatively influenced by work stress and make recommendations to enhance job satisfaction and address sources of workplace stress.

3.3.4.1 Nurses' perceptions regarding the impact of work stress on productivity

The respondents were presented with different dimensions of productivity and they were requested to indicate which of those dimensions were being affected by work stress in their unit.

Table 12: Nurses' perceptions regarding the impact of work stress on productivity

Dimensions	Frequency	%
There is an increased rate of absenteeism among nurses	32	94.2
Stress damages the image of the health care organisation	26	76.47
The quality of service provided to patients deteriorates	24	70.59
Nurses' loyalty towards the organisation decreases	24	70.59
More private agency staff have to be utilised to supplement staffing	23	67.65
It becomes difficult to attract and retain quality nursing staff	21	61.75
There are more errors and accidents in patient care services	19	55.88

There is an increase in patient complaints	19	55.88
There is an increase in liability to legal claims	19	55.88
There is high staff turnover in the organization.	16	47.06

Table 12 provides a clear indication of nurses' perceptions regarding those dimensions of productivity that are being affected by work stress. The information shows that 32 (94.12%) respondents believe that there is an increased rate of absenteeism among nurses, 24 (70.59%) respondents believe that the service provided to patients deteriorates and 16 (47.06%) respondents believe that there is high staff turnover. These findings are clearly validated by Marquis and Houston (2006:458) that burnout and other forms of work-related stress are related to negative organisational outcomes such as illness, absenteeism, turnover, performance deterioration, decreased productivity and job dissatisfaction. These outcomes cost the organisation and impede quality of care.

In order to better understand how work stress is affecting productivity and organisational outcomes, the researcher further examined relationships between different variables of working conditions, performance behaviour and organisational outcomes.

❖ **Correlation between rate of absenteeism among nurses and stress induced illnesses**

There is a high correlation between increased rate of absenteeism among nurses and nurses suffering from stress induced illnesses. Among the 32 (94.11%) respondents who believe that work stress increases the rate of absenteeism among nurses, 31 respondents also believe that when the working conditions become stressful nurses become ill and stay away from work. The findings are supported by the observation made by Basu and Gupta (2007:25) that nurses who are greatly stressed and vulnerable to injury have a higher absenteeism and disability rate than any other profession. Absenteeism is expensive to the organisation because of the need to replace absent individuals and this result in inferior quality nursing care for patients.

❖ **Correlation between potential risks of errors and accidents occurring, and nurses working extended hours and overtime**

The researcher established the existence of a positive relationship between risk of errors and accidents occurring and nurses being forced to work extra shifts. Among the 19 (55.88%) respondents who believe that there are more errors and accidents in their unit due to work stress, 13 respondents also believe that staff shortage in the unit forces them to work extra shifts. The finding is supported by what is stated by Hunter and Giardino (2007:27) that the risk of an error significantly increases when nurses' shifts are longer than the standard 12 hours, or when they work overtime or more than 40 hours per week. Moreover, working overtime increases the odds of a nurse making at least one error, regardless of how long the shift was originally scheduled.

❖ **Correlation between quality of service and staff shortage**

There is a high correlation between deterioration in the quality of service provided by the nurses when they are experiencing work stress and staff shortage. Among the 24 (70.59%) respondents who believe that the quality of service provided by the nurses deteriorate when they are experiencing work stress, 19 respondents also believe that there is staff shortage in their unit and they are forced to work overtime. Nurses become overloaded and disorganised when there is a staff shortage in the unit and hence they are unable to provide the quality of care to patients as expected. Wilkins, Mcleod and Shields (2007:18) reported from a survey results that having fewer staff was by far the most common reason cited for deterioration in the quality of care. During staff shortages, nurses are forced to give priority to emergencies and crisis work. They therefore have to postpone the completion of administration work which could result in the failure to include important instructions from the doctors. Nurses may also make mistakes during the handover. This can lead to the deterioration in patient care or to inadequate care.

❖ **Correlation between the health care organisation's image and the quality of service provided to patients**

The researcher examined the relationship between the health care organisations' image and the quality of service provided to the patients by the nurses. Among the 26 (76.47%) respondents who believe that work stress damage the health care organisations' image, 24 also believes that the

quality of service provided to patients deteriorates when there is work stress. The finding indicates that the organisation's image is damaged when the quality of the service deteriorates. Negative patient outcomes can tarnish the health organisation's image and it can affect the patients' and contributors' association with the organisation. Media reports indicated that in recent years, the number of liability suits seeking damages from the Department of Health has increased. A few medical mishaps have also occurred in this maternity unit. As a result of these, some community members believe that private medical facilities provide better quality care and they use these facilities instead of the government hospitals. It is unfortunate that the majority of the community members, who are poor, have no other choice but to use these inadequate health services that are not responsive to their needs.

The nurses in the maternity unit agree in their perception that work stress is affecting their performance behaviour and it adversely affects their productivity. It is escalating the costs to the health care system as the absenteeism rate is increasing. Staff turnover is high and as a consequent the quality of service delivery is deteriorating.

3.3.4.2 Suggested management intervention to improve the working conditions

In this section the respondents were requested to suggest how management can improve their working conditions. The responses were grouped according to their similarities and reported on qualitatively.

- **Appointment of more staff**

The following are the suggestions from respondents in order to improve their working conditions:

- *“Appointment of more staff.”*
- *“Ensure that they implement the staff establishment according to the size of the hospital.”*
- *“Appoint permanent staff.”*
- *“Employ well-experienced and determined staff.”*
- *“Appoint staff who is reliable, trustworthy and experienced.”*
- *“Appoint more registered nurses.”*

- *“Appoint permanent staff and not use recruitment agency staff.”*

The recurring theme that emerged was the respondents’ appeal to management to appoint more nursing staff for the maternity unit. Earlier in the report respondents highlighted their plight regarding staff shortage and the impact on their wellbeing and patient-care. The researcher is aware that the issue of staff shortage is discussed at meetings with the management team from time to time. However, at this stage management does not have the authority to appoint staff without approval from the provincial office. Marquis and Houston (2006:433) caution that in dealing with the problems of inadequate number of staff members managers must ensure that the staff is not demoralised or excessively fatigued by frequent or extended overtime requests.

- **Provision of adequate resources**

Respondents made the following suggestions so that provision of adequate resources from management can improve their working conditions:

- *“Provide adequate resources in the unit.”*
- *“Increase the resources to work with.”*
- *“Provide us with adequate equipment in order for us to perform effectively.”*
- *“By ensuring that there is enough stock and equipment that is in good working condition.”*

Respondents suggested that management should provide adequate resources in terms of sufficient stock and equipment that is in good working condition. Nurses have a responsibility not to use faulty equipment. For any organisation to function effectively, the management must ensure the availability of adequate stock and well functioning equipment and appliances. It is known that from time to time government hospitals are faced with the challenges of an insufficient supply of stock and inadequate and malfunctioning equipment. Nurses, however, are still expected to continue providing quality patient care. Thus nurses cannot perform optimally with limited resources.

- **Improvement of collegial and management support**

Respondents made the following suggestions regarding the improvements that management can introduce to support employees:

- *“Working together will help.”*
- *“Work together as a team and improve on services.”*
- *“Encourage teamwork and consultation with all concerned.”*
- *“Give staff moral support.”*

Management support was highlighted as a critical factor in providing quality patient-care. Respondents expressed a greater need for management to encourage teamwork and empower staff by involving and strengthening them in decision-making. Swansburg (1993:213) indicate that nurses achieve job satisfaction from a climate of collegiality with managers and other health-care workers in which they participate in decision-making. Hence the researcher agrees that in the health-care environment the managers and nurses must work together to provide quality patient-care. The researcher believes that the rapid and dramatic changes in the healthcare environment are creating many uncertainties among healthcare workers. Many nurses seem to feel intense stress and helplessness regarding their work. They are unable to depend on their colleagues for support as the colleagues themselves are struggling with similar issues. On the other hand the management is failing to recognise the urgent need for support and for creating a supportive environment. The result is that nurses face increased risks of developing more stress and burnout.

- **Provision of better training and development opportunities**

Respondents who requested management to provide better training and development opportunities made the following suggestions:

- *“Send more auxiliary nurses to school.”*
- *“They must increase the number of nurses that must go to school.”*
- *“Increase the number of nurses for bridging and comprehensive courses per year.”*
- *“Render proper training.”*
- *“Send more staff for learning to improve skills and salary.”*
- *“Provide more in-service training and development programmes.”*

The nurses' responses provide a clear indication to management regarding the need for better opportunities for training and development in order to improve their (nurses') working conditions. Liebler and McConnell (2004:406) agree that the management team can assist employees in their growth on the job by making additional training possible through providing tuition, reimbursement benefits, releasing time for educational purposes and bearing incidental costs. Training and development will increase individual's capabilities and improve the potential effectiveness of all members of the workgroup to perform better. Training and development opportunities will enable some of the nurses on the lower post levels who have remained in the maternity unit for a long period of time, to improve their qualification and growth within the unit.

- **Giving recognition to nurses**

With regard to the need for due recognition, the respondents made the following suggestions:

- *“Appreciate all the good work done by nurses and not only capitalise on their mistakes.”*
- *“Listen to our voices.”*
- *“Managers to be more appreciative of the good work done by the staff and give support instead of demoralising and asking staff to prove themselves.”*
- *“Be fairly treated and be recognised for our duties.”*
- *“Appreciate work done.”*
- *“Give credit where deserved.”*

The respondents want their management to recognise and acknowledge their efforts and contributions towards the organisational goals instead of only focussing on the staff's mistakes and short-comings. When managers recognise and appreciate their employees' good work, it gives the employees a sense of satisfaction and it motivates them to improve their performance. The respondents' views are consistent with the observation made by Sullivan and Decker (2009:307) that nurses' performance improves when they work in organisations that recognise their accomplishments and offer assertive suggestions.

- **Discourage nurses from working long hours**

There was only one comment made requesting managers to discourage nurses from working too many hours at a time. The respondent had the following to say:

- *“Stop nurses from working double shifts or overtime continuously, to avoid nurses coming to work tired. Other nurses must cover up for them by working harder.”*

Nurses working long hours and double shifts were seen as risks to the patients and a critical problem for the co-workers. These nurses come to work and do not perform their duties as expected. The respondent's caution to management to eliminate nurses working double shifts and unreasonable overtime is supported by Marques and Huston (2006:432) that mandatory overtime must be eliminated or nursing shortage will be worsened and the quality of patient-care will further erode. Nurses working in an exhausted state may represent a risk to public health and patient safety. The researcher believes that some nurses use overtime and moonlighting to address their financial problems. The EAP services could be utilized to empower the employees by providing skills that are necessary to manage their financial problems efficiently.

- **Ensure appropriate staffing**

The following comments were made by the respondents:

- *“Midwives must work in the maternity unit so that they must do what they went to school for.”*
- *“Appoint nursing staff who would like to work in the maternity ward.”*
- *“The sisters are overworked, that is why some of their duties are delegated to junior staff.”*
- *“Only professional nurses must be placed in the midwife obstetric unit and not nurses.”*
- *“Employ more midwives; instead of substituting them with unqualified and untrained nurses or staff nurses.”*

The above responses clearly indicate that the unit is not well staffed with qualified personnel. Respondents requested that management must ensure

that the maternity unit is covered by qualified staff. They highlighted the need for more midwives and professional nurses. Health-care institutions are mandated to have adequate staffing with qualified personnel at all times. Managers must ensure that there are sufficient people with specific skills and qualifications. Swansburg (1993:47) asserts that qualified nursing personnel must be provided in sufficient numbers to ensure adequate safe nursing care for all patients 24 hours a day, 7 days a week and 52 weeks a year. The researcher is aware that there is a skills shortage among the nurses in government hospitals. Many hospitals are often faced with the challenges of not having adequate staffing with the necessary qualifications and therefore they are sometimes unable to match staff according to the required qualifications, skills and ability in specialised units such as the maternity unit.

- **Improvement in salaries and incentives**

The respondents who focused on salaries and incentives to improve working conditions had the following to say:

- *“Provide incentives.”*
- *“Pay well.”*
- *“Remunerate the workers.”*
- *“Pay staff 1 1/2 times for overtime as stated in the Labour Relations Act.”*

Respondents expressed discontentment and unhappiness regarding their salaries. They want competitive salaries. The researcher agrees that nurses make a valuable contribution to the well-being of patients and the hospital system. They work long hours and do strenuous work yet they receive a lower remuneration than other clinical staff.

- **Address racism issues**

Respondents had the following to say regarding issues of racism in the maternity unit:

- *“There is racial tension in the unit.”*
- *“Racism is still a problem, especially between nurses.”*

The existence of some form of racism in the maternity unit was indicated by the respondents, but no suggestions were made on how to address the

problem. The researcher believes that any form of racism must be taken seriously. Racial diversity can present difficulties at the healthcare institution if not addressed appropriately. Racial transformation is difficult but not an impossible task to address, it requires the involvement and commitment of all parties concerned. The researcher agrees with Marquis and Houston (2006:312) that in order to eliminate racial barriers the manager must develop strategies at the unit level to empower the staff. The easiest strategy is for the manager to increase his/her own sensitivity and to role model to the staff.

- **Retain experienced staff**

There was only one comment regarding retaining experienced staff:

- *“Find attractive ways of retaining experienced staff.”*

The respondent felt that management must find ways to retain experienced staff. Finding good employees is not easy and therefore managers must put in more effort and consideration into keeping the good employees happy and satisfied. Liebler and McConnell (2004:260) suggest that not all staff turnover can be avoided, however there are strategies available to middle managers or departmental heads that will enhance retention and minimise burnout through responsiveness to the needs, values and professional goals of the staff. The researcher agrees that improvements in the quality of the working environment can be a powerful nurse retention strategy.

The nurses provided a clear indication to management to initiate change in their working conditions. Most of the suggestions were made to improve the staffing situation by appointing more staff and staffing the unit with more midwives and professional nurses. Many suggestions focussed on constructive interaction from leadership. They highlighted the need for management to provide more support and recognition to the nurses, to include nurses in decision making procedures and to facilitate that more nurses are afforded opportunities for continuing education to increase their knowledge base and improve their qualifications and positions at work. Nurses want management to ensure that there are adequate resources in terms of stock and equipment as this will improve their service delivery efforts.

3.3.5 Section E: Availability of Employee Assistance Programme (EAP)

In this section the researcher determined the availability, awareness and the level of functioning of the Employee Assistance Programme. This section was introduced to establish the role that EAP could play in enhancing productivity at the unit.

3.3.5.1 Awareness and utilisation of the EAP

The researcher determined the awareness and utilisation of the EAP among the respondents. They (respondents) were requested to indicate their experience regarding their awareness and utilisation of the EAP.

Table 13: Nurses' experience regarding awareness and utilisation of the EAP

Nurses' experience	Yes		No	
	f	%	f	%
I am aware of the existence of the EAP in this hospital	21	61.76	13	38.24
I am aware of the location of the EAP office	13	38.24	21	61.67
I have utilised the services of the EAP	6	17.65	28	82.35
I was referred by my supervisor to the EAP	3	8.82	31	91.18
I will recommend EAP to my fellow workers when they experience personal or work-related problems	18	52.94	16	47.06

Table 13 provides a clear indication of the nurses' experience regarding the awareness and utilisation of the EAP at their workplace.

- **Awareness of the existence of the EAP**

Table 13 indicates that 21 (61.76%) respondents are aware of the EAP, while 13 (38.24%) respondents are not aware of the existence of this programme. The finding indicates that over half, 21(61.76%) of the respondents are aware of the existence of the EAP at the hospital.

- **Utilisation of the services of the EAP**

The finding indicates that the utilisation of the EAP services among the nursing staff in the maternity unit is very poor. Only 6 (17.65%) of the respondents have utilised the services of the EAP, while an astounding 28 (82.35%) respondents indicated that they have not utilised the EAP services.

❖ **Correlation between utilisation of the services of the EAP and the awareness of the EAP**

It was established that 6 (17.65%) respondents who have utilised the EAP services were also aware of the EAP, while none of the 13 (38.24%) respondents who indicated that they are not aware of the EAP, utilised the services of the EAP. The finding is consistent with Blum and Roman's (1995:32) view that knowledge about the EAP is an important predictor of EAP utilisation.

❖ **Correlation between the job position (rank) and the utilisation of the EAP services**

The researcher explored the relationship between the job position and the utilisation of the EAP services. There is a high correlation between the job position and the utilisation of the EAP services.

Table 14: Correlation between the job position and the utilisation of the EAP services

Job position	Utilisation of EAP services	
	Frequency	Percentage
Nursing service manager	1	20
Chief professional nurse	1	20
Senior professional nurse	2	40
Professional nurse	1	20
Bridging course student nurse	0	0
Staff nurse	1	20
Nursing auxiliary	0	0

Table 14 provides a clear indication that respondents in higher job positions utilise the EAP services much more than the respondents in the lower job positions. It would seem that the nursing staff in the lower ranks do not utilise EAP because they are not aware of the service or they do not understand its role. Sometimes it could also be because they do not want to be seen as failures in life.

- **Supervisory referral to EAP**

Among the 6 (17.65%) respondents who have utilised the EAP services, 3 of the respondents were referred by their supervisors to the EAP, while the other

3 of the respondents were self-referral. The finding indicates that supervisors play a role by encouraging employees to seek assistance through the EAP. The findings are supported by what has been indicated by Young, Ruchman and Lewy (in Oher, 1999:44) that supervisory perception of EAP effectiveness was the best predictor of referrals to the EAP.

- **Recommendation of EAP to fellow workers**

The researcher explored whether respondents would recommend the EAP to their fellow workers when they experience personal or work-related problems. The finding indicates that 18 (52.94%) of the respondents will recommend the EAP to their fellow workers while 16 (47.06%) indicated that they will not recommend the EAP to their fellow workers.

- ❖ **Correlation between the utilisation of the EAP and recommending the EAP to fellow workers**

There is a high correlation between utilisation of the EAP and recommending the EAP to fellow workers. The finding indicates that although the utilisation of the EAP is low, all 6 of the respondents who have utilised the EAP will recommend the EAP to their fellow workers when they experience personal or work-related problems; whereas only 11 of the respondents who have not utilised the EAP will still recommend the EAP to their fellow workers when they experience personal or work-related problems. This suggests that more effort is needed in making the role of EAP in the workplace well understood by all employees, for them to refer themselves or motivate one another to utilise it in times of need.

- ❖ **Correlation between supervisors and recommendation of the EAP to their fellow workers**

Supervisors play an important role in encouraging employees to utilise the EAP. The finding indicates that 5 (71.43%) of the supervisors are willing to recommend the EAP to their fellow workers when the need arises, whereas only 2 (28.59%) of the supervisors indicated that they would not recommend the EAP to their fellow workers. It is not clear why the 2 supervisors are reluctant to recommend their subordinates for EAP services, which might be related to their ignorance of the service or their bad experience. Supervisors who are trained to identify troubled employees, whose job performance has deteriorated, would understand the benefits of the EAP and they will find it easier to motivate employees to resolve their problems and improve their performance through the use of EAP.

There is poor utilisation of the EAP among the nursing staff in the maternity unit. There is satisfactory awareness of the existence of the EAP in the

hospital but the nursing staff lack knowledge and understanding regarding various aspects of the EAP. EAP services must be promoted and made visible at the hospital so that employees can connect with the EAP and use the resources effectively.

3.3.5.2 Functioning of the EAP

In this section the researcher established how the nurses view the functioning of the EAP. Respondents were requested to describe the functioning of the EAP in their hospital. The responses were reported on qualitatively. The responses were grouped according to their similarities in order to assess if there were general views expressed by respondents. At the end of each group of comments, the researcher gave a synthesis of the responses and linked them to the information obtained from literature.

- **Inadequate awareness of the EAP**

The following are the comments from the respondents:

- *“There is no EAP in the hospital.”*
- *“Most employees are not aware of the EAP.”*
- *“Never heard about EAP.”*
- *“I have no information regarding the office, telephone number or the staff of EAP.”*
- *“The awareness needs to be improved.”*
- *“Do not have enough information to describe the functioning of the EAP.”*
- *“I do not know who is representing the EAP.”*
- *“I have not been informed about EAP.”*

The above responses indicate that there is minimal awareness regarding the existence of EAP and its location. Many respondents felt that they had little or no information about their EAP to comment on its functioning. The researcher believes that the more the staff members become aware of the EAP services and the better they understand the importance of the EAP services, they will be more comfortable to utilize the services.

- **Trust in the EAP**

The following are the comments from the respondents regarding their trust in the EAP:

- *“The staff is afraid to use the EAP.”*
- *“The EAP report to management about your problems.”*
- *“The managers and supervisors gossip about what is discussed at EAP.”*

None of the respondents who have expressed concerns about the confidentiality regarding the utilization of the EAP have actually utilised the service, they just gave their thoughts without thinking of the reality thereof. This might be influenced by what they have heard from other people or just not based on anything, but just thoughts. This calls for an effort from EAP practitioners to ensure that the correct information is always given for employees not to develop doubts about the service and how it is rendered. The importance of confidentiality in EAP cannot be over-emphasized. Wright (2002:54) clearly highlighted that the success of the EAP revolves, to a large extent, on employee confidence that the EAP respects individual privacy and adheres to confidentiality requirements and procedures. Unless participants are assured that communication with counsellors will be confidential, an EAP cannot be utilized; hence its existence in an organization will be ineffective. The researcher agrees that all employees should feel comfortable and at ease to use the EAP services without fear of victimization, stigmatization or breach of confidentiality.

- **The level of functioning of the EAP**

The following are the comments from respondents who felt that the EAP is functioning effectively:

- *“EAP is very helpful.”*
- *“It keeps employers informed about current issues.”*
- *“EAP provides support to employees when needed.”*
- *“EAP staff is always willing to assist.”*
- *“It is functioning well.”*
- *“Managers and supervisors are referring to EAP.”*
- *“Satisfactory functioning.”*
- *“It is helping the employer and employees.”*

Respondents who have utilized the EAP are impressed with its functioning and described its functioning in a positive light. Oher (1999:117) supports the view that users are more likely than non-users to rate the EAP as being very effective.

Most of the comments made to describe the functioning of the EAP, highlighted the invisibility of the EAP. However, some respondents, probably those who utilized the service, were impressed with the EAP services and the EAP staff. This calls for more efforts to be made by the EAP practitioner at the hospital to make it more visible and effective.

3.4 SUMMARY

In this chapter data was presented and analysed by using tables and graphs to highlight the findings. Qualitative data was also presented, sometimes with the verbatim responses, to emphasize the respondents' opinions. The analysis focused on determining the relationship by correlating variables measured and establishing frequencies and percentages of the responses. The chapter had five sections which indicated biographical information, nurses' work environment and their working conditions, the impact of work stress on the nurses, the impact of work stress on the health care organisation and the availability of Employee Assistance Programme (EAP).

The information provided by the respondents indicated that majority of the respondents experienced a wide range of problems regarding their working conditions. Some of these problems included high workload, shortage of staff, lack of resources, lack of collegial and management support and poor leadership with lack of recognition and appreciation from managers. Nurses perceived their working conditions to be unsatisfactory and stressful. The findings clearly showed the ripple effect of stress on the impaired performance behaviour of the nursing staff and the adverse organisational outcome. The researcher also established that the services of Employee Assistance Programme is available to the nurses however, very few respondents have utilised the EAP. The researcher is of the opinion that improved working conditions and better utilisation of the EAP can lead to improved job satisfaction and lower the risks of stress and burnout which in turn can contribute to increased productivity and quality patient care.

CHAPTER 4

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The aim of this chapter is to provide a summary of the research process, to draw conclusions from the findings of the study and make recommendations. The type of research that was used in this study is applied research because the aim was to use the findings to formulate recommendations towards addressing the working conditions of the nursing staff in the Midwife Obstetrical Unit of Pretoria West Hospital. The researcher therefore presents the summary, conclusions and recommendations in accordance with the following aspects of the research process: the goal of the study, the objectives of the study, conclusions and recommendations.

4.2 GOAL OF THE STUDY

The goal of this study was to explore the impact of working conditions on the productivity of the nursing staff in the Midwife Obstetrical Unit of Pretoria West Hospital.

Chapter 1 of this research report provides a detailed explanation of the motivation for conducting this study.

The researcher is employed at Pretoria West Hospital as a social worker. The restructuring process in the healthcare system has led to major changes in the maternity services. Previously the private gynaecologists and medical doctors were responsible for the maternity services of the hospital. Since 1996, a Midwife Obstetrical Unit (MOU) was established and is being managed by midwives. This has resulted in considerably increased nursing responsibilities and accountability. The need to do research on factors of working conditions impacting on the well-being and functioning of nursing staff arose out of the researcher's observation that there has been a very high staff turnover in the unit and the remaining nurses had to manage very high workloads. The researcher believed that these factors should be examined so that preventative measures can be implemented in the maternity unit.

4.2.1 Summary

The work environment and the working conditions play a critical role in any organisation. The working conditions can influence the behaviour and performance of employees within the workplace. If employees have a negative perception of their work environment and the working conditions, it is likely to influence their productivity negatively and have a negative impact on their delivery of services. It is important for employers to examine the perception of their employees regarding the working conditions prevailing within the organisations and identify factors related to working conditions that are influencing the productivity of the employees.

The goal of this study was achieved in chapter 3 of this research report.

4.3 OBJECTIVES OF THE STUDY

4.3.1 Objective 1

To determine the type of problems that emanate from working conditions that has an impact on the productivity of the nursing staff, through the literature study.

The literature focused on working conditions of nursing staff, factors such as organisational climate, leadership, workload, staffing, violence in the workplace and the physical work environment were taken into consideration. Throughout the discussions it became clear that in organisations where employees are exposed to stressful working conditions, productivity is negatively influenced and there is negative impact on the recipients of the service in this instance, patients. This objective was accomplished through a literature study in Chapter 2 of this report.

4.3.2 Objective 2

To undertake an empirical study to determine the impact of working conditions on the productivity of the nursing staff.

The empirical study was carried out by means of a quantitative descriptive survey design. The data was collected by using a self-developed questionnaire and then analysed and interpreted. The main conclusion drawn from the finding is that the nursing staff in the MOU perceives their working conditions as stressful and therefore affecting their job performance adversely. This objective was attained in chapter 3; where the empirical

findings are presented in detail. The following is a summary of the empirical findings:

- The majority of the nurses in the Midwife Obstetrical Unit of Pretoria West Hospital experience a sense of dissatisfaction with their working conditions which they also perceive as stressful.
- Nurses perceive high workload, staff shortage, insufficient supply of stock, and inadequate and malfunctioning equipment as primary stressors in their workplace.
- Many nurses believe that they are not fairly recognised and rewarded for their work; important information is not being shared with them and they are not included in the decision making procedures.
- Nurses believe that there is a shortage of midwives and professional nurses in the unit which they perceive as pressuring them to perform duties outside their scope of practice for which they do not have the necessary skills and knowledge.
- Nurses experience a subtle practice of racism in the unit which is creating interpersonal problems and unhappiness among them.
- Nurses consider their performance appraisal system to be unfair and inaccurate. They believe that their appraisers do not take cognisance of all their work to appraise them fairly.
- Many nurses want improved training and development opportunities in order to expand their knowledge base so that they can learn new skills and improve their capabilities and their growth on the job.
- Nurses in the unit share the perception that work stress makes some nurses ill and this even leads to burnout. They believe that more nurses are affected by work stress than other health care professionals.
- Many nurses believe that the staff shortage forces them to work extra shifts and overtime which they perceive as stress-creating in their work and in their family roles and thus preventing them from functioning at their optimum level both at work and at home.

4.3.3 Objective 3

To draw conclusions and make recommendations to the management of Pretoria West Hospital regarding strategies to improve working conditions in order to facilitate productivity of the nursing staff.

4.3.3.1 Conclusions

Based on the findings of the study, the following conclusions have been reached:

- The majority of the nursing staff in the Midwife and Obstetrical Unit of Pretoria West Hospital are dissatisfied with their working conditions and as a result they experience work stress.
- There are many risk factors in the unit that cause stress and burnout which prevent nurses from performing their duties effectively. The primary stressors are understaffing, shortage of stock and equipment and mandatory overtime work.
- There is a high staff turnover and an increased rate of absenteeism which could be the result of understaffing and a high expectation for nurses to work overtime.
- The subtle practice of racism in the unit has the potential to impact negatively on teamwork and to affect the quality of care the nurses provide to patients.
- There is an inappropriate staffing mix in the maternity unit. The majority of the staff in the unit are from the staff nurse and nursing auxiliary categories while only a small proportion are midwives and professional nurses. This could affect the quality of service being rendered to the patients.
- Many nurses are disappointed with and discouraged at the management system. This could be because they feel that important information is not shared with them and they are not included in decision making procedures, and they are not fairly recognised and rewarded for their work.
- An Employee Assistance Programme has been implemented at Pretoria West Hospital, but it is not effectively utilised by the nursing staff in the maternity unit because many nurses are not aware of the

availability of the EAP service and if they are aware, they do not understand its role in furthering their professional growth.

4.3.3.2 Recommendations

The following recommendations are made:

- The management should treat the nurses as their most valuable resource and express sincere interest in them. The nurses should be allowed more participation in order to meet the organisational goals. The managers should recognise and acknowledge the nurses contributions, they should share important information with the nurses and they should allow nurses greater participation in the decision-making procedures.
- Managers should ensure that there is adequate staff in terms of numbers and qualifications. If the maternity and obstetrical unit is to be without a medical doctor, then there should be a sufficient number of midwives and professional nurses in the unit at all times. The management team should regularly examine the staffing levels at the hospital. The challenges of a staff shortage should be addressed meaningfully. Management should fill vacant posts speedily and create more posts where applicable. Furthermore management should negotiate with the authorities for urgent intervention to ensure appropriate staffing.
- The management should provide adequate material resources and appropriate equipment for the maternity unit to function effectively. They should carry out regular audits to determine the availability and adequacy of stock and equipment and when necessary negotiate with the authorities so that immediate action can be taken to address a shortage of resources.
- Management should implement a system regarding training and development for all categories of nursing staff and ensure that the nurses are given a fair opportunity to be selected for training and career development. There should be no favouritism when employees are selected for career development.
- Management should implement a system to update all groups of nursing staff about aspects related to performance appraisals such as policies, procedures and specifically assessment criteria in order to prevent misunderstandings and unhappiness among the staff.

- Management should investigate claims of the existence of a subtle practice of racism at the hospital and should they be proven to be correct, then they should provide awareness training programmes that would enrich the diversity among the staff.
- Management should understand that it is unreasonable for nurses to have to manage heavy workloads with limited resources. They should encourage nurses to take greater care of themselves and also help them deal with the stress at work. They should ensure that nurses have easy access to mental health professionals who understand the way in which nursing professionals experience their work and who are able to assist with issues related to their stressful life.
- There should be strong support and commitment from management to strengthen the existing EAP at Pretoria West Hospital to make it a precious resource that can help employees cope with the challenges of work.
- The EAP services must be made more visible and accessible in the hospital. The EAP staff should interact more regularly with the employees. They should promote the programme in such a manner that all staff including employees; and managers are made aware of the various aspects and services of the programme. These should include the confidentiality of the service, the procedure for utilising this service, the types of problems that the programme can assist with, and the potential benefits of utilising the programme.
- All supervisors should be trained with regard to their role in promoting the EAP. They should be empowered with the knowledge and skills to incorporate EAP into their day-to-day tasks and to use EAP as a resource in their management role.

4.3.3.2.1 Recommendations for future research

- Further research is recommended to reassess the perceptions of the nursing staff in the MOU regarding their working conditions and its influence on their productivity after management have implemented revised measures to enhance the functioning of the nurses in the MOU.
- There is also a need to explore the functioning of the EAP in the hospital, to establish the degree of awareness regarding its existence, its effectiveness and its role among the entire workforce

in the hospital. This will assist in positioning the programme to accomplish its goal.

4.4 CONCLUDING STATEMENT

It is evident that the work environment and the working conditions play an important role in the employee's well-being and productivity. It has been established that the nursing staff in the Midwife Obstetrical Unit of Pretoria West Hospital is exposed to stressful working conditions and their productivity is negatively influenced which in turn has a negative impact on patient care. Therefore there is an urgent need for the introduction of an effective EAP to address the stressful situation of nurses and to improve the productivity and ambiance of the Midwife Obstetrical Unit of Pretoria West Hospital.

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Appendix D

TO: All the nursing staff in the Midwife Obstetrical Unit of Pretoria West Hospital

RESEARCH TOPIC: The impact of working conditions on the productivity of nursing staff in the Midwife Obstetrical Unit of Pretoria West Hospital

The purpose of this research is to explore the effect of working conditions on the productivity of the nursing staff in the Midwife Obstetrical Unit of Pretoria West Hospital.

You are requested to complete this questionnaire. The information you provide will enable the researcher to understand which factors relating to working conditions as experienced by nursing staff, influences productivity. It is anticipated that your responses will be useful to alert management on how the nursing staff perceive their working conditions and its influence on their productivity. Recommendations will be provided to management regarding strategies to improve working conditions in order to facilitate productivity of the nurses.

Please read all the questions carefully and answer them honestly. Answer the questions by marking with a cross (X) in the space provided next to the appropriate answer. There are also questions where you have to elaborate and motivate your answers.

The information you provide will be treated with **confidentiality**. Please remember not to provide your name as **anonymity** has to be maintained in the study. The researcher will collect the questionnaire personally from you.

Thank you for your participation.

RESEARCHER: Mrs. Taramati Bhaga
Department of Social Work
Pretoria West Hospital



SECTION A: BIOGRAPHICAL INFORMATION

Please mark with a cross (X) next to the appropriate answer.

1. What is your age in completed years?

2. What is your gender?

Male Female

3. What racial group do you belong to?

Black	<input type="checkbox"/>
Coloured	<input type="checkbox"/>
Indian	<input type="checkbox"/>
White	<input type="checkbox"/>

4. What is your home language?

**FOR
OFFICE
USE**

V1
1

V2 4

V3 6

V4 7

V5 8



5. What is your marital status?

Single	
Married	
Living together	
Divorced	
Widowed	
Separated	

V6 9

6. What is the length of your employment at this hospital?

Years _____ Months _____

V7
10

7. What is your current position (rank)?

Nursing service manager	
Chief Professional nurse	
Senior Professional nurse	
Professional Nurse	
Comprehensive student nurse	
Staff Nurse	
Bridging course student nurse	
Nursing auxiliary	

V8 12

**SECTION B: WORK ENVIRONMENT AND WORKING
CONDITIONS**

Please read the following statements carefully and indicate

how you agree with the statements. Choose the option applicable to you by placing a cross (X) next to the chosen option

		Disagre	Neutral	Agree
8.	My workplace has a warm, friendly and a pleasant atmosphere that I am happy with.			
9.	Culture diversity is sometimes causing interpersonal conflict in our unit.			
10.	The managers and the staff in the unit work together to provide quality patient care.			
11.	My manager recognises and appreciates my achievements and that inspires me to work harder.			
12.	Our managers keep us informed on regular basis about important issues and new developments regarding the hospital and its management.			
13.	My workload is too high that I am unable to cope with its demands.			
14.	Duties delegated to me are sometimes outside my scope of practice and that makes me feel inadequate and frustrated.			
15.	The staff shortage in this unit forces me to work extra shifts.			
16.	My workload is often increased because my co-workers are often			

V9 13

V10 14

V11 15

V12 16

V13 17

V14 18

V15 19

V16 20

V17
21.

V18 22



	absent.				V19	23
17.	There is a high staff turnover in our unit that leads to loss of experienced colleagues.				V20	<input type="checkbox"/> 24
18.	I am encouraged to participate in training and development programs that improves my capacity to do my work properly.					
19.	I am involved in decision making at our unit level which allows me to implement the required change.				V21	<input type="checkbox"/> 25
20.	There is high tolerance for workplace violence in our hospital with the result that the reported incidents are not dealt with effectively.				V22	<input type="checkbox"/> 26
21.	There is adequate supply of stock and equipment that enables me to provide the required standard of service to the patients.				V23	<input type="checkbox"/> 27
22.	I am given sufficient information to protect myself against hazards that may result in my work.				V24	<input type="checkbox"/> 28

23. Are you satisfied with your working conditions?

Yes No

Please motivate your answer.



SECTION C: THE IMPACT OF WORK STRESS ON THE NURSES

Indicate by placing a cross (X) next to the items that you think describe the performance behaviour of nurses in your unit when the working conditions become stressful:

24.	Some nurses become ill and stay away from work	
25.	Some nurses suffer from burnout and become physically and emotionally exhausted.	
26.	Some nurses become frustrated and they quit their job easily.	
27.	Some nurses are unwilling to extend themselves beyond the call of their duty.	
28.	Some nurses come to work but are not performing their duties.	
29.	Some nurses become less committed and threaten to resign.	
30.	Some nurses withdraw from interaction with their colleagues and patients.	
31.	Some nurses develop a negative attitude towards their colleagues and patients.	
32.	Some nurses become easily irritated with their colleagues and patients.	
33.	Nurses tend to become careless and negligent.	

V25 32

V26 33

V27 34

V28 35

V29 36

V30 37

V31 38

V32 39

V33 40

V34 41

V35 42

34. In your opinion are more nurses affected by work stress than other health care professionals?

YES

NO

Please motivate your answer:

SECTION D: THE IMPACT OF WORK STRESS ON THE HEALTH CARE ORGANISATION

Indicate by placing a cross (X) next to the dimensions of productivity that you think are being affected by work stress in your unit

35.	There is an increased rate of absenteeism among nurses		V36 <input type="checkbox"/> 46
36.	Nurses loyalty towards the organisation decreases.		V37 <input type="checkbox"/> 47
37.	There is high staff turnover		V38 <input type="checkbox"/> 48
38.	There are more errors and accidents		V39 <input type="checkbox"/> 49
39.	The quality of service provided to patients deteriorates		V40 <input type="checkbox"/> 50
40.	There is an increase in patient complaints		<input type="checkbox"/>



			V41	51
41.	It becomes difficult to attract and retain quality nursing staff		V42	<input type="checkbox"/> 52
42.	More agency staff has to be utilized		V43	<input type="checkbox"/> 53
43.	There is an increase in liability to legal claims		V44	<input type="checkbox"/> 54
44.	It damages the health organization's image		V45	<input type="checkbox"/> 55
45. In which manner do you think management can improve your working conditions?			V46	<input type="checkbox"/> 56

SECTION E: AVAILABILITY OF EMPLOYEE ASSISTANCE PROGRAMME (EAP)

Please read the following questions carefully regarding the Employee Assistance Programme at your workplace and mark the following statements with a cross (X).

Please use the code:

Y = Yes

N = No

		Y	N	
46.	I am aware of the existence of the			V47 <input type="checkbox"/> 60



	EAP			
47.	I am aware of the location of the EAP office			V48 <input type="checkbox"/> 61
		Y	N	
48.	I have utilised the services of the EAP			V49 <input type="checkbox"/> 62
				V50 <input type="checkbox"/> 63
49.	I was referred by my supervisor to the EAP			V51 <input type="checkbox"/> 64
50.	I will recommend EAP to my fellow workers when they experience personal or work-related problems			
51. In your opinion how would you describe the functioning of the EAP in this hospital?				V52 <input type="checkbox"/> 65

Thank you for your participation

**Should you have any queries please contact
Taramati Bhaga at (012) 380 1230 or 0829272254**