

*African Journal for Physical Activity and Health Sciences (AJPHEs)* Volume 23(3), September 2017, pp. 406-415.

## **Negative factors associated with work ethic and morale of paediatric rehabilitation professionals in an under-resourced rural hospital in Limpopo Province of South Africa**

D. MATHYE AND C.A. EKSTEEN

*Physiotherapy Department, Faculty of Health Sciences, University of Pretoria, Private Bag X323, Arcadia 0007, Pretoria, South Africa.*

*E-mail: desphysio@hotmail.com*

*(Received: 31 January 2017; Revision Accepted: 08 August 2017)*

### **Abstract**

Children with disabilities are rehabilitated by dedicated professionals. Rehabilitation professionals in rural areas are challenged by a lack of resources often in the form of budgetary constraints and a shortage of transport. Healthcare professionals are thus unable to provide quality health services leading to low staff morale and burnout. This study explores factors that negatively affect rehabilitation professionals' work ethic and morale in an under-resourced rural hospital, in Limpopo Province, South Africa. A qualitative, exploratory and descriptive approach was used. Data were collected in individual face-to-face interviews with eight rehabilitation professionals at Nkhensani Hospital. The participants comprised staff members from the physiotherapy department ( $n=2$ ), occupational therapy department ( $n=5$ ), and nursing department ( $n=1$ ). Eight themes emerged as factors that negatively affect rehabilitation professionals' work ethic and morale including (1) *Managerial support*, (2) *Budgetary constraints*, (3) *Commitment and compliance of caregivers*, (4) *Results*, (5) *Commitment of colleagues*, (6) *Workload*, (7) *Working far from home* and (8) *Learning opportunities*. Rehabilitation professionals were influenced by the management style of hospital managers, lack of financial resources to sustain the workplace and the conduct of caregivers of children with disabilities. The minimal workload was perceived to discourage staff morale. Financial compensation was not seen to be a factor that positively improved staff morale. We recommend that hospital managers should avail themselves to listen to their staff members and should introduce non-financial strategies to boost staff morale. Lastly, rehabilitation professionals should be allocated in other clinical departments on a rotational basis to reduce burnout and prevent boredom.

**Keywords:** Work ethic, staff morale, rehabilitation professional, children with disability, rural area.

### ***How to cite this article:***

Mathye, D. & Eksteen, C.A (2017). Negative factors associated with work ethic and morale of paediatric rehabilitation professionals in an under-resourced rural hospital in Limpopo Province of South Africa. *African Journal for Physical Activity and Health Sciences*, 23(3), 406-415.

### **Introduction**

Rehabilitation professionals such as physiotherapists, occupational therapists, nurses and therapy assistants (mid-level-workers) play a crucial role in the rehabilitation of children with disabilities as well as supporting their families

(Mathye & Eksteen, 2016). Rehabilitation professionals are often in short supply across the world and throughout South Africa. In South Africa, the number of healthcare workers in both the public and the private sectors has decreased between 2001 and 2010 (George, Quinlan, Reardon & Aguilera, 2012). The public sector seems to be the hardest hit by the dire shortage of rehabilitation and other healthcare professionals in public hospitals and clinics.

In addition to staff shortages, Bateman (2012) highlighted that rehabilitation professionals in the rural parts of the Eastern Cape and KwaZulu-Natal in South Africa encountered multiple challenges such as the lack of resources, budgetary constraints and a shortage of transport. These professionals were unable to provide efficient and effective rehabilitation services to children with disabilities and those in need. A study by Humphries, Morgan, Conry, McGowan, Montgomery and McGee (2014) suggests that staff shortages and heavy workloads compromise the ability of healthcare professionals to provide quality health services which lead to low staff morale and burnout. Other factors such as budgetary constraints (Bateman, 2012), insufficient reward/low pay (Maslach, Leiter & Jackson, 2012), stressful work environment (Billeter-Koponen & Freden, 2005; Milisen, Abraham & Darras, 2006), poor leadership and management (Milisen *et al.*, 2006), and the nature of conditions being treated (Attree, 2005) may also lead to low staff morale.

Healthcare professionals' work ethic and morale have mainly been studied within the field of nursing but not in the physiotherapy and occupational therapy professions (Humphries *et al.*, 2014). Given the multiple challenges that rehabilitation professionals face in public hospitals and in rural areas, the work ethic and morale of such professionals may be adversely affected. This study investigates the factors that negatively affect rehabilitation professionals' work ethic and morale in an under-resourced rural hospital, in Limpopo Province, South Africa. Rehabilitation professionals, in this study, include physiotherapists, occupational therapists, physiotherapy assistants (mid-level-worker) and occupational therapy assistants (mid-level-worker).

## **Methodology**

### *Study setting*

The study was conducted at Nkhensani Hospital in the Greater Giyani Municipality, Limpopo Province, South Africa. Nkhensani has a 330-bed capacity and is a level-one district hospital serving a population of approximately 244 217 people (Statistics South Africa [STATSSA], 2012). Level-one district hospitals support primary health care clinics and provide generalist services including rehabilitation services to adults and children (Department of Health [DOH], 2002).

*Study design*

A qualitative, exploratory and descriptive approach examined the negative factors impacting on the work ethic and morale of paediatric rehabilitation professionals at Nkhensani Hospital in Giyani.

*Participants and sample size*

Practitioners working at two paediatric rehabilitation clinics, including the CP Clinic and Genetics Clinic, were invited to participate in the study. We invited 13 professionals who were staff members of the physiotherapy, occupational therapy, speech therapy and nursing departments. All participants had to be registered with the Health Professions Council of South Africa (HPCSA) or the South African Nursing Council and should have worked with disabled children in either of the two rehabilitation clinics at Nkhensani Hospital. The eight participants were from the physiotherapy department ( $n=2$ ), occupational therapy department ( $n=5$ ), and nursing department ( $n=1$ ). The demographic characteristics of all participants are presented in Table 1.

**Table 1:** Participants' demographic information

| Code | Gender | Age | Occupation                                 | Highest Qualification      | Experience |
|------|--------|-----|--|----------------------------|------------|
| P1   | M      | 46  | Occupational Therapy Assistant             | Diploma in OTA             | 10 years   |
| P2   | F      | 26  | Occupational Therapist                     | B.Occ.Ther                 | 3 years    |
| P3   | M      | 47  | Physiotherapy Assistant                    | Certificate in PTA (04338) | 25 years   |
| P4   | F      | 23  | Occupational Therapist (Community-service) | B.Occ.Ther                 | 5 Months   |
| P5   | M      | 30  | Physiotherapist (Community-service)        | BSc (Physio)               | 5 Months   |
| P6   | F      | 43  | Occupational Therapy Assistant             | Diploma OTA                | 10 Years   |
| P7   | F      | 26  | Occupational Therapy Assistant             | Diploma OTA                | 4 years    |
| P8   | F      | 56  | Professional Nurse                         | M.Cur                      | 35 years   |

*Data collection procedure*

Semi-structured, face-to-face interviews were facilitated by the first author in English or Xitsonga depending on the participants' preference. We used probing questions to stimulate participants' responses. Two digital audio recorders simultaneously recorded the interviews. All participants were asked -"what are the factors that affect or influence your commitment to your work in the clinic"? The questions elicited responses on the factors that discouraged and encouraged paediatric rehabilitation professionals' commitment to their work in the clinic.

However, this paper presents the negative factors affecting the professionals' work ethic and morale.

#### *Ethical consideration*

The ethics committee of the Faculty of Health Sciences of the University of Pretoria (Protocol 109/2009) and the ethics committee of the Limpopo Provincial Department of Health approved the study. All participants signed an informed consent form.

#### *Analysis*

Data were transcribed verbatim by two trained research assistants. The first author verified transcripts and translated the interviews conducted in Xitsonga into English. Transcripts were uploaded into *Atlas.ti* (Qualitative Data Analysis programme). We analysed the data using a conventional content analysis which has an inductive approach (Ezzy, 2002; Thomas, 2006). Data were analysed word for word, line for line using *Invivo* and open coding to generate codes (Muhr, 2004; Saldana, 2013). Similar codes were categorised to form themes.

#### *Trustworthiness*

The following steps tested the *credibility* of the study; (1) a recognised research method, (2) debriefing sessions between the first and second authors who happened to have a student-supervisor relationship, and (3) comparing the findings of the study with existing literature (Shenton, 2004). The detailed presentation of the demographic characteristics of participants and methodology enable readers to put the present study into context relative to similar studies (*transferability*) and grant other researchers the opportunity to replicate findings (*dependability*) (Shenton, 2004; Speziale & Carpenter, 2007). Researcher bias is eliminated through the detailed description of data collection and analysis, showing *confirmability*.

### **Results**

Rehabilitation professionals perceive several factors to negatively affect their work ethic. These factors are presented as themes that emerged following data analysis. Eight themes were identified: (1) *Managerial support*, (2) *Budgetary constraints*, (3) *Commitment and compliance of caregivers*, (4) *Results*, (5) *Commitment of colleagues*, (6) *Workload*, (7) *Working far from home* and (8) *Learning opportunities*.

**Theme 1: Managerial support**

Participants perceived that *lack of support* from hospital management, including the clinical support manager and the CEO's office, was demoralising:

*"We do not get support from the management. They never visit us to check what our challenges are"* (P3)

**Theme 2: Budgetary constraints**

Participants reported that *budgetary constraints* in the hospital and the rehabilitation departments were an aggravating factor. Rehabilitation professionals were unable to buy equipment and consumables needed for day to day functioning of the rehabilitation clinic:

*"Again we do not have the budget to buy toys and equipment"* (P3)

*"The only thing that I can think of that can affect us is financial challenges because we need to buy equipment for the children"* (P5)

**Theme 3: Commitment and compliance of caregivers**

Participants indicated frustration towards caregivers who were *not committed* to their children's rehabilitation, *defaulting on appointments* and *not following the programme* as prescribed:

*"Sometimes it is the mothers' commitment you see"* (P7)

*"It is frustrating because you never know if they will be coming for their appointments or not. Sometimes they come in larger numbers than expected as they often default on their appointment date and come the following week...it is just that you sometimes find that they are not following the programme...they only treat those children when they are here, but at home, they do not do anything"* (P2)

**Theme 4: Results**

Participants felt that children with disabilities show *slow progress* and at times *no improvement* despite the effort of the rehabilitation practitioners:

*"Progress on the child is very slow. As a therapist, you will find that you have been seeing this child for a year, and nothing has improved"* (P2)

*"If nothing happens you will keep on asking yourself whether it is your fault or the mother's fault that there is no improvement"* (P6)

**Theme 5:** Commitment of colleagues

Participants were discouraged by the *commitment of colleagues* towards their work. These participants felt that some of their colleagues were not committed at all towards the treatment and or rehabilitation of children with disabilities in the clinic:

*“What discourages me; the first thing is the commitment of my colleagues”* (P3)

**Theme 6:** Workload

The minimal workload was of concern to some rehabilitation professionals. Seeing *fewer referrals* and *not seeing patients* at all discouraged practitioners within their workspaces. The rehabilitation professionals relied mainly on medical practitioners (doctors) to refer patients to their respective rehabilitation departments and or clinics:

*“We get very few referrals in a week. I can spend a day or two without seeing a single patient, not that I want them to get sick or anything but that lack of work, me not having any work to do is a little demotivating...what I can say I am not comfortable with is the level of...let me say, busyness. I am not saying I want the patients to get sick, but I understand it is a new hospital, and it is very small and not too many patients are coming in”* (P4)

**Theme 7:** Working far from home

A female participant who was *working far from home* suggested that not seeing her family and children affected her morale and work ethic to a certain extent as per the following quotation:

*“The place is workable [it is ok], but as a mother, I prefer working closer to home. I want to leave it is just that I do not have the transfer as yet, but if possible I would like to work closer to home so that I can go home every day after work”* (P6)

**Theme 8:** Learning opportunities

Some participants felt that the *lack of learning opportunities* at Nkhensani was one of the discouraging factors that led to poor work ethic as per the following quotation:

*“There I had a bigger opportunity to learn, here... I guess the people that I worked with were passionate about work, and they were always motivated. They*

*were also training students, and they involved us. I was also lucky because we had a deputy manager, and I got to learn a lot from different people” (P7)*

## **Discussion**

Rehabilitation professionals have indicated several factors that negatively affect their work ethic and morale such as (1) *managerial support*, (2) *budgetary constraints*, (3) *commitment and compliance of caregivers*, (4) *results*, (5) *commitment of colleagues*, (6) *workload*, (7) *working far from home* and (8) *learning opportunities*.

Leadership and the management of healthcare facilities are integral in ensuring that healthcare workers provide good quality services to patients in a positive manner. Poor leadership and management are commonly linked to the compromised quality of care leading to a bad work ethic and low morale and possible staff burnout (Milisen *et al.*, 2006; Van Bogaert, Meulemans, Clarke, Vermeyen & Van De Heyning, 2009; Neff, Cimiotti, Heusinger & Aiken, 2011).

In South Africa, especially in rural areas, budgetary constraints and austerity measures compromise the quality of services being offered (Bateman, 2012). Budgetary constraints are experienced in both low-middle-income countries, e.g. South Africa and high-income countries such as Ireland (Humphries *et al.*, 2014).

Participants in this study suggested that the commitment and compliance of disabled children’s caregivers and the slow progress often seen, negatively affect their dedication to their work. Skirrow and Hatton (2007) reported that client behavioural problems (such as the lack of commitment and compliance of caregivers), client health problems (such poor results or outcomes on children with disabilities), are potential stressors leading to staff burnout. Not managing these stressors will diminish the effectiveness of care offered to patients or clients. A study by Gosseries, Demertzi, Ledoux, Bruno, Vanhauzenhuyse, Thibaut, Laureys, and Schnakers (2012) highlighted that health professionals treating people with disabilities tend to have higher levels of burnout due to slow progress by their patients. This slow progress is likely linked to the nature of the condition being treated, and some conditions may lead to higher levels of stress for the treating health professionals (McGillis-Hall & Kiesners, 2005).

Some participants in this study were so committed to their work that they were frustrated by their colleagues who were not committed. Several studies have indicated that a lack of support from supervisors or colleagues leads to high levels of burnout among health professionals (Skirrow & Hatton, 2007; Devereux, Hastings, Noone, Firth & Totsika, 2009; Thomas & Rose, 2010). Contrary to the findings of this study, several other studies have found that heavy

workload, as opposed to a shortage of work such as limited referrals, negatively affected the health professionals' work ethic (Attree, 2005; Skirrow & Hatton, 2007). It seems from the current study that the Maslow's hierarchy of needs is not met, resulting in unhappy rehabilitation professionals. The Maslow hierarchy of needs includes working closer to home (Huitt, 2007).

In many parts of the world including Africa, non-financial strategies have boosted health professionals' work ethic and morale. These strategies include learning opportunities in the form of continuous professional development and opportunities for higher training at institutions of higher education (Mathauer & Imhoff, 2006). As was the case in this study, other African studies found that health professionals were frustrated with the lack of training opportunities in the hospitals where they worked (Chipeta, 2014).

Many other studies have shown that health professionals were mainly discouraged by the lack of financial compensation received from their employers (Maslach *et al.*, 2012; Chipeta, 2014). However, this was not the case in this study as none of the participants mentioned financial compensation as a negative factor.

### **Limitations**

This study is limited by small sample size and the participation of therapists who were not adequately experienced. Furthermore, the study was conducted at a level one district hospital servicing a small population. As a result, the findings of the study cannot be generalised to all hospital categories but can only be applied to hospital groups matching the same characteristics as Nkhensani.

### **Conclusion**

Rehabilitation professionals in this study were discouraged, rather than encouraged by their minimal workload. Furthermore, rehabilitation professionals also indicated that financial compensation did not lead to low staff morale. Seeing that many of the factors are correctable, hospital managers should avail themselves to listening to their subordinates. Managers should note that non-financial strategies may boost staff morale with the hope of improving the quality of services being offered to patients. Lastly, rehabilitation professionals should be allocated in other clinical departments on a rotational basis to reduce burnout and prevent boredom.



## Acknowledgements

We appreciate the contributions made by the rehabilitation professionals of Nkhensani Hospital. This project would not have been possible without the financial assistance from the National Research Foundation (NRF).

## References

- Attree, M. (2005). Nursing agency and governance: Registered nurses' perceptions. *Journal of Nursing Management*, 13(5), 387-396.
- Bateman, C. (2012). "One size fits all" health policies crippling rural rehab-therapists. *South African Medical Journal*, 102(4), 200-208.
- Billeter-Koponen, S. & Freden, L. (2005). Long-term stress, burnout and patient-nurse relations: Qualitative interview study about nurses' experiences. *Scandinavian Journal of Caring Sciences*, 19(1), 20-27.
- Chipeta, J.B. (2014). Factors that affect staff morale in tertiary hospitals in Malawi: A case study of Kamuzu Central Hospital. *Journal of Human Resource and Sustainability Studies*, 2(4), 230-238. doi: 10.4236/jhrss.2014.24024.
- Devereux, J.M., Hastings, R.P., Noone, S.J., Firth, A. & Totsika, V. (2009). Social support and coping as mediators or moderators of the impact of work stressors on burnout in intellectual disability support staff. *Research in Developmental Disabilities*, 30(2), 367-377.
- DOH. (2002). *A District Hospital Service Package for South Africa: A Set of Norms and Standards*. Pretoria: Department of Health.
- Ezzy, D. (2002). *Qualitative Analysis: Practice and Innovation*. Crows Nest, Australia: Allen & Unwin.
- George, G., Quinlan, T., Reardon, C. & Aguilera, J.-F. (2012). Where are we short and who are we short of? A review of the human resources for health in South Africa. *Health SA Gesondheid*, 17(1), 1-7.
- Gosseries, O., Demertzi, A., Ledoux, D., Bruno, M.A., Vanhaudenhuyse, A., Thibaut, A., Laureys, S. & Schnakers, C. (2012). Burnout in healthcare workers managing chronic patients with disorders of consciousness. *Brain Injury*, 26(12), 1493-1499.
- Huitt, W. (2007). *Maslow's Hierarchy of Needs*. Valdosta, GA: Valdosta State University.
- Humphries, N., Morgan, K., Conry, M.C., McGowan, Y., Montgomery, A. & McGee, H. (2014). Quality of care and health professionals burnout: Narrative literature review. *International Journal of Health Care Quality Assurance*, 27(4), 293-307.
- Maslach, C., Leiter, M.P. & Jackson, S.E. (2012). Making a significant difference with burnout interventions: Researcher and practitioner collaboration. *Journal of Organisational Behavior*, 33, 296-300.

## *Factors affecting paediatric rehabilitation professionals' work ethic* 415

- Mathauer, I. & Imhoff, I. (2006). Health worker motivation in Africa: The role of non-financial incentives and human resource management tools. *Human Resources for Health*, 4(1), 24. doi: org/10.1186/1478-4491-4-24.
- Mathye, D. & Eksteen, C. (2016). A qualitative investigation of the role of paediatric rehabilitation professionals in rural South Africa: Rehabilitation professionals' perspectives. *South African Journal of Physiotherapy*, 72(1), 1-7.
- McGillis-Hall, L. & Kiesners, D. (2005). A narrative approach to understanding the nursing work environment in Canada. *Social Science and Medicine*, 61(12), 2482-2491.
- Milisen, K., Abraham, I.S. & Darras, E. (2006). Work environment and workforce problems: A cross-sectional questionnaire survey of hospital nurses in Belgium. *International Journal of Nursing Studies*, 43(6), 745-754.
- Muhr, T. (2004). *Atlas.ti: The Knowledge Workbench: V5.0 User's Guide and Reference*. Berlin: Scientific Software Development.
- Neff, D.F., Cimiotti, J.P., Heusinger, A. S. & Aiken, L.H. (2011). Nurse reports from the frontlines: Analysis of statewide nurse survey. *Nursing Forum*, 46(1), 4-10.
- Saldana, J. (2013). *The Coding Manual for Qualitative Researchers* (2nd ed.). Thousand Oaks, CA: Sage.
- Shenton, A.K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63-75.
- Skirrow, P. & Hatton, C. (2007). 'Burnout' amongst direct care workers in services for adults with intellectual disabilities: A systematic review of research findings and initial normative data. *Journal of Applied Research in Intellectual Disabilities*, 20(2), 131-144.
- Speziale, H.J. & Carpenter, D.R. (2007). *Qualitative Research in Nursing: Advancing the Humanistic Imperative* (4th ed.). Philadelphia: Lippincott Williams & Wilkins.
- STATSSA (2012). *Census 2011*. Pretoria: Statistics South Africa.
- Thomas, C. & Rose, J. (2010). The relationship between reciprocity and the emotional and behavioural responses of staff. *Journal of Applied Research in Intellectual Disabilities*, 23(2), 167-178.
- Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation*, 2, 237-246.
- Van Bogaert, P., Meulemans, H., Clarke, S., Vermeyen, K. & Van De Heyning, P. (2009). Hospital nurse practice environment, burnout, job outcomes and quality of care: Test of a structural equation model. *Journal of Advanced Nursing*, 65(10), 2175-2185.