Experiences of Agency nurses regarding their placement in private hospitals in East London, Eastern Cape

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DECLARATION

I declare that the entirety of the work contained herein is my own, that I am the authorship owner thereof and that I have not previously in its entirety or in part submitted it for obtaining any qualification at any institution.

Signature…………

DEDICATION

This dissertation is dedicated to my husband and children, Bruce, Joshua and Nathan.

This work is further dedicated to all agency nurses and all nurses in the Eastern Cape.

ACKNOWLEDGEMENT

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CHAPTER 1: INTRODUCTION AND PROBLEM STATEMENT

1.1   INTRODUCTION AND BACKGROUND

This study is focused on the experiences of agency nurses in private hospitals in East London, Eastern Cape. The worldwide phenomena of the shortage of nursing staff and increased costs of health care has led to the use of agency staff as a large part of the workforce in health care hospitals. Shortage of nursing staff remains a problem worldwide. In the United States of America, the US Government predicts that it will be short of between 800 000 and one million nurses by 2020. Additional nursing jobs of about 233 000 will open only to about 200 000 candidates who passed the Registered nurse licensing procedure. (Advisory Board Company and Kaiser Family Foundations, 2009:1).

A study conducted by Manias, Aitken, Peerson, Parker and Wong (2003:269) reports that the shortage of staff has led to increased reliance on agency nurses. Despite the continued use and considerable cost of agency nurses, little is known regarding the agency nurses' perceived relationships with the agencies, hospitals and permanent staff and of their professional status. Peerson, Aitken, Manias, Parker and Wong (2002:504) have supported the notion that agency nursing is a poorly understood and an under-researched phenomenon. Despite the considerable costs and possible benefits of using agency nurses, not much research has been undertaken about the nature of agency nursing from different perspectives, including those of hospital and agency managers.

Expenditure on agency nursing staff in the United Kingdom by the National Health Service (NHS) has escalated. This is demonstrated by the 2001-2002 National Health Service trust in Wales spending 1.8% of the nursing costs on agency nursing staff in one year and the cost rising to 2.5% in the following year (Massey, Esain & Wallis, 2007:912).

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The general Australian workforce is becoming increasingly reliant on agency staff due to the diminishing of full-time jobs and the rise in part-time jobs since the recession of 1991-1992. This pattern is also seen in Western countries such as America and the United Kingdom (Peerson *et al.*, 2002:505). The excessive costs of health service adopting a 100% staffing model has created the use of agency nursing to help meet fluctuating and unpredictable health care demands in Australia and overseas; agency staff are used to meet the shortfalls in staff-patient ratios (Peerson *et al.*, 2002:505).

Hurst & Smith (2011:287) agree that agency nurse staffing form a large part of the health service in the UK and state that this was unlikely to change because of recruitment and retention problems, high absenteeism, and staff wanting to work casually. In their study, they identified three types of agency nurses: A bank nurse – the hospital's own employees or those supplied by NHS Professionals, who work when required, usually at short notice; agency nurses provided by commercial organisations, who are equally flexible but less familiar with the ward patients and procedures; and permanent ward staff working paid overtime.

In South Africa, this also remains a problem in public and private institutions. The World Health Organization (WHO) states that the minimum ratio for nurses to population is 200:100 000 or 500 people per nurse. According to South African Nursing Council statistics of nursing manpower as at the end of 2008, South Africa has 437 nurses for every 100 000 people. This assumed that all nurses registered with SANC are working in South Africa at the time. Therefore, if the assumed number of staff not working in South Africa is subtracted, the ratio can increase to between 600 and 678 people per nurse (WHO, 2006).

Joubert (2009:2) shows that a shortage of nurses contributes to deaths in hospitals in South Africa that would otherwise have been avoidable. The use of agency staff is becoming an appropriate means of providing cost-effectiveness and flexibility to staffing needs. It is cost effective to use agency staff on an irregular basis. According to Collier (2011:2), nurses leaving their jobs add to the shortage in South Africa and 10% loss of staff in the general area and 15% in specialised nursing area has been reported. There also appears to be a growing trend for professional nurses

to prefer casual employment instead of permanent status. South Africa has shown considerable increase in the use of agency staff; the staff component of hospital nursing staff comprises 49% in agency nurses. Research by Massey *et al.* (2009:913), Peerson *et al.* (2002:274), Ball, and Pike (2006:25) found similar reasons for nursing staff working through an agency, for instance greater flexibility which give nurses the opportunity to choose off duties enabling them to balance personal life with work life. Some stated they needed flexibility for health reasons, studying and fulfilling family responsibilities. The advantage of working through the agency is that nurses have more autonomy and independence. One of the reasons is variety, which gives nurses an opportunity to work in different areas of hospitals. Nurses also have the opportunity to choose the area in which they want to work. Financial gain is another reason for agency work, for permanent staff to top up their salaries and have extra income.

In the Buffalo City Local Service area, the private institutions, occupational health clinics and retirement homes use agency staff. The government institutions have not used agency staff yet, although they also experience a shortage of staff (Seanda Healthcare, Service Level Agreement, 2013:3).

The disadvantages the agency staff experience are that the pay rate is lower and there is uncertainty of pay, including a lack of available pension or holiday pay. Work is not always available, which makes it difficult to plan, aggravated by cancellations, which also affect planning. Some also believe that career development can be affected by the lack of access to training and professional development. Some nurses experienced isolation and not being part of a team as a disadvantage. Unfamiliarity with environment and lack of confidence in work if not orientated to the unit is another disadvantage (Massey *et al.*, 2009:913). A study done by Collier (2011:48) indicates that agency nurses experience challenges such as lack of a sense of belonging and recognition. Mixed feelings regarding being accepted and belonging to a team affects their work for they seemed to lack support due to the business and workloads of the units. While agency staff receives inadequate orientation, staff who work shifts in the same ward indicate that there is collaboration between themselves and permanent staff and they feel respected and have a sense of belonging (Collier, 2011:48).

Nurses are not always notified long in advance of being required for duty. This puts patients at risk, as mistakes then can be made. According Hurst and Adam (2011:289), the most worrying aspect of using agency staffing is the quality issue. An Alaskan hospital study showed that high workload and rising agency staffing increased medication errors. Hurst and Adam's (2011:12) research agreed and concluded that wards with higher workloads and fewer permanent staff are justified in using agency staff, but service quality may be affected as a result. In a study conducted by Manias *et al*. (2003:459) for which interviews were done with directors of nursing of two long-term care facilities about their use of agency nurses, the Directors agreed that agency nurses performed necessary nursing duties, including administration of medication, charting and direct resident care. Because of Financial constraints, often make it necessary for nurses to complement their salaries, therefore they "moonlight" and the problem here is that the nurses then do not have the adequate rest needed during time off to be productive and may even work more hours than which is approved by the Employment Act and Labour Relations Act. (Basic Conditions of Employment Act of 1997:96; Labour Relations Act, No. 66 of 1995, as amended). This can place the patients in danger as it may lead to an increase in incidents and mistakes and decreases quality care.

Nurses make use of working through the agency for different reasons: 1. Staff employed in another organisation may work in the private sector in their off time; this is often referred to as moonlighting. The reason for this practice, is financial gain; it is to top up salaries. 2. Staff only employed by the agency and working in private hospitals; this may involve newly qualified staff who are unable to find permanent work. 3. Staff employed by the private hospital but work over time through the agency. This practice is often followed by staff who need extra money and cannot wait until the end of the month for salaries. Agencies are preferred because they pay weekly, not monthly. 4. Students who are studying through the private hospitals work in their off time for extra money. The students may work three shifts a month to subsidise their studying (Seanda Health Care: Service Level agreement, 2013:3).

Agency work has advantages, even though nurses find it problematic.

1.2   PROBLEM STATEMENT

Nurses doing agency work experience problems such as lack of orientation to the unit; inability of staff to plan adequately; negative impact of nurse-patient relationships; lack of teamwork and support; and a decreased sense of belonging among agency staff.

Agency staff are not orientated adequately by the hospitals and the agency itself; they are unfamiliar with the policies and procedures of the establishment in which they may be working and this could decrease quality of care. Agency nurses often display lack of knowledge about policies, regulation, potential for medication errors, a need for constant supervision, and charting errors. They receive complaints from residents and families that disrupted quality care. There is a decline in staff morale and a decrease in teamwork among agency nurses (Manias *et al*., 2003:459).

Agency staff are not involved in in-service training offered by the hospitals, as they are not part of the permanent staff. Training might be seen as too expensive and as not cost effective for employers to train an agency staff member as such staff may move to other hospitals or other agencies. Agency staff furthermore may not be competent nurses and may have little experience in the situations in which they are placed in spite of having the correct qualifications. Nurses that are newly qualified and have little experience often work through the agency to gain experience. These nurses may find themselves in stressful situations where there may be little guidance concerning procedures when they do not have adequate experience to deal with challenges correctly. This could lead to incidents and litigation involving both the nurse and the institution.

Another problem is that staff is often called for duty without adequate time to plan and prepare themselves for work. Theses nurses may have worked in a similar ward but not the actual ward in which they are placed due to the shortage of staff and urgency of needing the staff. This puts patients at risk as mistakes may then be made. At times, booking is not done in advance and night staff may not have adequate time to rest before working. The staff may therefore be tired and this will negatively influence the care delivered; this may lead to an increase in incidents and

place the patients at risk. When the workload decreases through wards discharging patients, agency staff are sent home and are only paid per hour worked, which can influence agency staff pay and make it difficult to plan financial commitment in their personal life. Cancelling of off duty on short notice affects the agency nurse and the hospitals equally: it may influence their sense of responsibility and accountability as professionals and health care providers. The agency staff may already have got ready for work, paid transport fees to get to work, and declined other work in the expectation of already having to work. In the case of the hospital, if the agency staff cancel at a late stage, the ward in which she was due to work is left short-staffed, with the ward not having adequate time to replace the staff member with a competent staff member. For the agency nurse, the unpredictability and uncertainty of the work supply is seen as the main disadvantage (Ball & Pike; 2006:7).

The nurse-patient relationship is negatively impacted when continuity of nursing care is broken and this would influence the delivery of quality care. As patients are exposed to different staff members from day to day as agency staff change, it does not encourage a patient-staff relationship and disturbs the continuity of care rendered to the patient (Manias *et al.*, 2003:459).

Teamwork is affected as new nurses often have to work together without having been able to establish a working relationship to enhance teamwork. The workload and stress of working in health care establishments require cooperation and collaboration to achieve thorough teamwork. Teamwork is established when members of the staff work together for a period and develop an understanding of each other's skills and abilities and therefore are able to help and trust one another. When new staff is used continuously, this trust and the relationships that develop teamwork are not there. This understanding is very important for emergencies. Good quality care is associated with nursing teamwork, which may suffer if ward workforces are destabilised by temporary staff (Hurst & Adam, 2011:289).

Agency staff members experience a poor sense of belonging as they move from one ward or even one hospital to another, therefore, commitment and loyalty may be affected and this may influence the communication between staff from different shifts. Negative experiences with agency work affect the patient, nurses and hospital

costs. It was therefore seen as important that the experiences of agency nurses be documented in order to make recommendations for improving working conditions of this category of nurses.

1.3   AIM OF STUDY

The aim of this study was to describe the experiences of the agency nurse with regard to placement in the private hospitals in East London in the Eastern Cape.

1.3.1 Research Question

The research questions that guided this study were:

What are the experiences of the agency nurses with regard to their placement in the private hospitals in East London, Eastern Cape?

What can be done to enhance experiences of agency staff in private hospitals in East London in the Eastern Cape?

1.3.2 Research Objectives

The objectives set out for this study were:

- To explore and describe the experiences of the agency nurses with regard to their placement in Private Hospitals in East London, in the Eastern Cape
- To make recommendations to enhance the use of agency staff in private hospitals in East London, in the Eastern Cape.

1.4 SIGNIFICANCE OF THE STUDY

This study will provide insight in the use of agency staff. Exploring and describing the experiences of the agency nurse within the private hospitals in East London may provide a better understanding of this workforce and lead to recommendations improve, the relationships and communication between the agencies, nurses, hospitals and the utilization of agency nurses, therefore improve quality care for the patients

1.5 CONCEPTUAL FRAMEWORK

A conceptual theoretical framework is the foundation of a study. Not every study is based on a theory or conceptual model, but every study has a framework (Polit & Beck; 2006:155). Conceptual frameworks (theoretical frameworks) are a type of intermediate theory that attempts to connect to all aspects of inquiry.

Conceptual frameworks can act like maps that give coherence to empirical inquiry. (en.wikipedis.org/conceptual framework accessed on the 26 March 2013)

A conceptual framework is used in research to outline possible courses of action or to present a preferred approach to an idea or thought.

The conceptual framework in this study is based on the relationships between agency nurses, permanent nurses, the patient, the agency and the private hospital. Each concept is linked and influenced by the actions and relationship between each other.
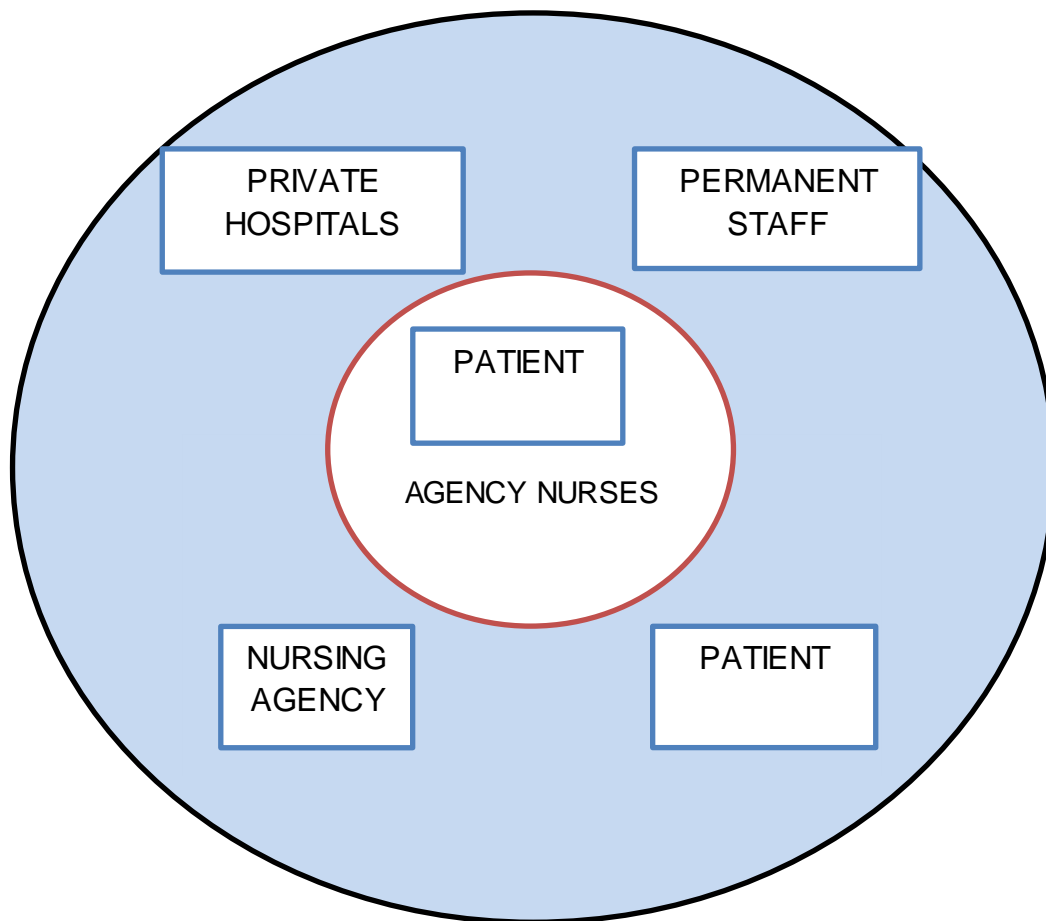
Figure 1: Conceptual framework for the study

Agency Nurse

Manais et. al., (2003:458) describes agency nurse as those who "have their working life organised by a private contractor, known generally as an agency, to carry out work within any number of hospital within any one working week and the work they do on a contractual or temporary basis.

The agency nurse will then be orientated according to the requirements of that agency or private hospital. Competency should be established by the agency.

Once orientated the agency nurse is placed in the private hospital via the agency. The agency nurse are governed by the policies and procedure of the private hospital. The permanent nurse are governed by the same policies and procedures, therefore they are needing to work together. The nurse is governed by Nursing Act 50 of 1978 and would need to function within her scope of practice. The nurse accordingly accepts responsibility and accountability for his/her actions.

Records of hours worked will be recorded via a time sheet, this is authorized by the private hospital. The time sheets are collected by the agency and then the agency will pay the nurses.

The agency nurses works within the private hospital with the permanent staff who are employed by the private hospital to deliver care to the patient. The relationship between the agency nurse, permanent nurse, private hospital and the agency itself will influence the type of care the patient will receive.

Agency

In the South African nursing council, in section 1 of the nursing Act 50 0f 1978 defines an agency as a business which supplies registered nurses or midwives, enrolled nurses or nursing auxiliaries to any person, organisation or institution, whether for gain or not and whether in conjunction with any other service rendered by such business or not. (SANC; 2010: 04)

The agency also forms a formal contract between the staff and themselves; this would include checking references and previous experience and would check for correct qualification. The agency is also expected to check that the staff are a paid up member of SANC and has up to date indemnity (Seanda Healcare service level agreement: 2013: 2)

The agency has to provide records of hours worked, in which wards the staff member has worked. From this information, a pay roll will be correlated and an invoice for the hospital will be drawn up. The nursing agencies interact between the agency nurse and the private institution with regard to staff required or staff to be cancelled, if there are incidents to be reported and disciplinary action is needed to be

communicated and followed up (Seanda Healthcare, Service level agreement, 2013: 3).

The nursing agency interacts with agency staff concerning allocation of work; payment for work; follow-up on disciplinary action; competency, orientation and training; and policies and procedure. Nursing agencies interact with permanent staff and often with management and the administrative staff with regard to follow up on training and disciplinary action, requirements of the hospital bookings and cancellations.

Private Hospitals

Private hospitals are defined as "private for profit, a unit where the staffs delivering health service are recovered from fees for service" (Collier, 2011:9).

The private Hospitals abide by the same regulations as the Agency; a service level agreement is also signed and the hospital can end the relationship with the agency if they do not comply with the Service Level Agreement (SLA, 2013:1).

The private hospitals may set standards according to the service level agreement for the agency. The agency nurse follows the private hospital's policies and procedures. The private hospital monitors the competency of the agency nurse and can accept or reject placement of the agency nurse. Therefore, communication between the private hospital, agency and staff is important to provide understanding of policies and procedures.

According to the Basic Conditions of Employment Act, the temporary employment service and the client are jointly and severally liable if the temporary employment service, in respect of any employee who provides services to that client, does not comply with this Act (Basic Conditions of Employment Act, 1997:96).

Permanent staff members

These are the staff members who are permanently employed by the Private Health care hospital.

The permanent staff needs to work together with an agency staff member to provide the service for their patients. They often are required to orientate agency staff or help when the agency's nurses are not familiar with the hospital's policies and procedures.

The permanent staff is also governed by the same South African Nursing Council acts, Basic Conditions of Employment Act and the policies of the institution.

Evidence of reliable and continuous internal and external communication systems and networks is essential to facilitate quality care for the patient (Muller, 2001:27); permanent staff should therefore be able to provide the agency staff with information on the correct policies and procedures of the private health institution and ensure that correct handover takes place between the agency staff and permanent staff members.

Patient

The patient is the person who receives treatment from both agency and permanent staff within the private hospital and who may feel the effect if these do not work well together.

All patients have patient rights and this includes the right to quality care by both. The agency nurse and the permanent nurse therefore need to work together for the benefit of the patient. Many South Africans have experienced a denial or violation of one of their fundamental human rights, which is the right to health care services. To ensure the realisation of this right, the Department of Health is committed to uphold the right to access of health care through the proclamation of the Patients' Right Charter, which is written into the Constitution of the Republic of South Africa (Act No. 108 of 1996).

 The private sector is required to uphold this right, therefore it is necessary to ensure that quality care is delivered in their hospitals.

The rights enshrined in the Charter include; a healthy and safe environment; participation in decision-making; access to healthcare; knowledge of one's health insurance/medical aid scheme; choice of health services; to be treated by a named

health care provider; confidentiality and privacy; informed consent; refusal of treatment; to be referred for a second opinion; continuity of care; and the right to complain about health services (Act No. 108 of 1996). For these rights to be upheld, the private hospitals will need to ensure that the nurses working in the hospitals are competent and qualified. This would include responsibility to ensure that the agency nurses are able to function at their best to deliver quality care. Further, the Batho Pele principles were developed in alignment with the Constitutional rights to ensure acceptable policy and legislative frameworks for ensuring quality service delivery within the Health Services. There are eight principles: the first is consultation; followed by setting service standards; increasing access; ensuring courtesy; providing information; openness and transparency; redress; and value for money. These principles add to the patients' rights charter and the private hospitals will need to ensure that their nurses provide information; act courteously; practise openness and transparency; and maintain a high standard of service. The agency nurses will need to be trained and to work with the hospital to ensure these principles are upheld.

1.6. DEFINITION OF TERMS

For the purpose of this study, these following definitions will be use:

1.6.1 Nursing Agency

A nursing agency means a business which supplies registered nurses or midwives or enrolled nurses or nurse auxiliaries to a person, organisation or institution, whether for gain or not, and whether in conjunction with any other service rendered by such business or not (Nursing Act No. 50 of 1978, clause 1 (ix), as amended).

For this study, nursing agency is a business that employs agency staff and places them in the private hospitals.

1.6.1 Registered Nurse

This is a nurse who is educated and competent to practise comprehensive nursing; assume responsibility and accountability for independent decision making in such practice; and is registered and licensed as a professional nurse under the Nursing Act (SANC, Nursing Act 2005, No. 33 of 2005).

For this study, the definition of a registered nurse is a competent person who can practise comprehensive nursing.

1.6.1 Enrolled Nurse

An enrolled nurse is a person who, having obtained a 2-year diploma, is educated "to practise basic nursing in the manner and to the level prescribed" – according to relevant legislation and regulations (SANC, Nursing Act 2005, No. 33 of 2005). For this study, it defines a nurse who has studied nursing for two years diploma and is registered as a staff nurse.

1.6.4 Enrolled nursing assistant

An enrolled nursing assistant is a person who has obtained a 1-year diploma, to practise basic nursing in the manner and to the level prescribed by the relevant legislation and regulations. The Nursing act states "An enrolled nursing assistant shall carry out such nursing care as his enrolment permits, under the direct or indirect supervision or direction of a registered nurse or an enrolled nurse or, where applicable, under the direct or indirect supervision of a medical practitioner or a dentist or on his direction or written or verbal prescription" (SANC, Nursing Act 2005, No 33 of 2005).

For this study, an enrolled nursing assistant is defined as a nurse who has studied for one year, is registered as an enrolled nurse and works under supervision of the registered nurse and enrolled nurse.

1.6.5 Agency Nurse

Agency nurses are those nurses who "have their working life organised by a private contractor, known generally as an agency, to carry out work within any number of hospital within any one working week (Manias *et al*., 2003:269).

For his study, an agency nurse is a registered nurse, an enrolled nurse or an enrolled nursing assistant who is employed by the agency but works in the private hospital.

1.6.6 Private hospitals

Private healthcare institutions are defined as "private for profit, a unit where the staff delivering health service are recovered from fees for service" (Collier, 2011:9).

For this study, private hospitals are institutions that are managed privately and function on a profit basis in East London in the Eastern Cape.

1.7 CHAPTER OUTLINE

Chapter 1: Introduction and problem statement

Chapter 2: Research Methodology

Chapter 3: Data collection, data analysis and interpretation

Chapter 4: Conceptualisation

Chapter 5: Discussion, conclusion and recommendations

1.8 CONCLUSION

Due to the increased use of agency nurses, this research explores the experiences of the agency nurse placement in the private hospitals, to gain a better understanding of this workforce with the intent of identifying strategies that could improve the use of this type of workforce. This chapter deals with the introduction and background to this study, the problem statement, the aim of the study and its objectives, the research question and the significance of the study, as well as the conceptual framework and chapter outlay.

CHAPTER 2: RESEARCH METHODOLOGY

2.1 INTRODUCTION

The previous chapter was focused on describing the background and the problem statement for the study.

The purpose of this chapter is to describe the research methodology that was applied to identify the experiences of the agency nurses with regard to their placement in private hospitals. Brink (2008:111:191) defines methodology as a method that concentrates on the development of the research instrument, the evaluation of the instrument and the methods used to investigate the phenomenon, the research plan. In this chapter, the researcher therefore describes the aim and objectives, the research design, population, sample and instrument used to gather the data and analysis of data in the study.

2.2 AIM OF STUDY

A research aim or purpose is a clear, concise statement of the specific goal or aim of the study, which comes from the research problem or research statement (Burns & Grove, 2009:85)

The aim of this study is to explore and describe the experiences of the agency nurse regarding the placement in the private hospitals in East London, Eastern Cape.

2.2.1 Research question

A research question is defined as a concise, interrogative statement developed to direct studies that are focused on description of variables, examination of relationships among variables, determination of difference between two or more

groups and prediction of dependent variable using independent variables (Burns & Grove, 2009:750)

The questions that guided the study were:

What are the experiences of the agency nurses with regard to their placement in the Private Hospitals in East London, Eastern Cape?

What can be done to enhance experiences of agency nurses in Private Hospital in East London in the Eastern Cape?

2.2.2 Research objectives

A research objective is defined as a clear, concise, declarative statement that is expressed to direct a study and is focused on identification and description of variables or determination of the relationships among variables or both (Burns & Grove, 2009:749)

The objectives set out for this study are:

- To explore and describes experiences of the agency nurses regard to their placement in the Private Hospitals in East London, Eastern Cape.
- To describe recommendations for enhance the placement of agency nurses in the Private hospitals in East London, Eastern Cape.

2.3 RESEARCH DESIGN AND METHODS

Brink (2008:111:191) defines methodology as a method that concentrates on the development of the research instrument, the evaluation of the instrument and the methods used to investigate the phenomenon – the research plan. A qualitative approach with an exploratory and descriptive design was used in this study.

2.3.1 Research Approach

Qualitative research is a systematic, interactive, subjective approach used to describe life experiences and give them meaning (Burns & Grove, 2009:23). Babbie and Mouton adds that qualitative research is a non-numerical examination and interpretation of observations for discovering meaning (Babbie and Mounton: 2010:646).

The research approach for this study was qualitative as the aim was to explore and describe the experiences of the agency nurses and to obtain meaning from their experiences.

2.3.2 Research Design

Polit and Beck (2006:207) state that a research design is a complete plan of how you gather data to answer the research question. Burns and Grove (2009:553) and Babbie and Mouton (2010:74) agree that a research design is a "blueprint for conducting research". It capitalises on the control over various factors, which may affect the validity of the findings: The research design directs the planning and implementation of the study to achieve the intended goal (Burns & Grove, 2009:553).

An exploratory design investigates the full nature of the phenomenon, the manner in which it is manifested, and the other factors to which it is related. Exploratory research explores the dimensions of a phenomenon or develops or refines hypotheses about relationships between phenomena (Polit & Beck, 2004:20, 718).

Descriptive design is designed to gain more information about the characteristics of the study and to give a better understanding of the situation as it occurs (Burns & Grove, 2009:696).

This research approach was Qualitative and the research design was exploratory and descriptive in that the experiences of the agency nurses placed in the private hospitals were explored to gain understanding of their experiences in private hospitals in East London, Eastern Cape.

2.4   POPULATION AND SAMPLING

2.4.1 Population

In research, the population comprises all the elements that meet certain criteria for inclusion in a given universe; these elements could be individuals, objects or substances. The individual units known as elements could then be referred to as subjects (Burns & Grove, 2009:745). According to De Vos, Strydom and Delport, (2002:199), the population is the totality of persons, events, organisations, units, case records or other sampling units with which the research problem is concerned.

The population of this study consisted of agency nurses of all categories – professional nurses, enrolled nurses and enrolled nursing assistants – working in the private hospitals through the agency on a full-time or part time basis for more than six months. The agency nurses work for one of the nursing agencies in the East London area. The population size was the 616 nurses in total, who were on the database, working for the agency at the time of the research. Enrolled nursing assistants (ENA) provided a population size of 191, Enrolled nurses (EN) made up 174 and registered nurses (RN) were 251 in number.

2.4.2 Sampling

Sampling is defined by selecting a group of people, or elements, with which to conduct a study, while the sample defines the selected group or elements (Burns & Grove, 2009:341). The researcher studies the sample in an effort to understand the

population from which it was drawn (De Vos *et al.*, 2002:199). A sampling plan is the process of making the sample selection (Burns & Grove, 2009:341). Sampling is the process of selecting observations (Babbie & Mouton, 2001:164). According to Burns and Grove (2009:355,) purposive sampling is used when subjects are consciously selected to be included in the study.

Purposive sampling was used to select participants for this study. The participants needed to have worked for more than six months and needed to have been, actively working in the private hospitals recently. Different categories of staff were purposefully chosen to include all categories of staff.

The researcher obtained permission from a nursing agency to conduct the research with the staff working for the agency. The researcher purposefully selected six ENAs, six ENs and six RNs to participate in this study. The researcher choose 6 participants per category as a starting point because the number needed to obtain saturation was unknown. The call centre operator employed by the agency contacted the agency nurses to obtain permission for the researcher to phone the agency staff. The researcher then contacted the selected participants to make appointments for the interview. Inclusive criteria were that agency staff members needed to have worked for the agency for at least six months. Participants were selected according to their availability and consent to take part in the research. In qualitative research, the sample size is determined by generating data (Burns & Grove, 2005: 358). Sample size can be determined by identifying when saturation has been reached, when gathering fresh data no longer gives new insights or ideas or reveals new properties (Creswell, 2014:89).

Eligibility criteria are criteria that specify the population's characteristics; it needs to be inclusive, whether the population possesses those characteristics or does not have them (Polit & Beck, 2004:290).

2.4.3 Criteria for inclusion

Inclusion sample are those characteristics that the subject or element must possess to be considered part to the target population (Burns & Grove, 2009:542).

In this study, all professional nurses, enrolled nurses and enrolled nursing assistants working in the private hospital through the agency on a full-time or part-time basis for more than six months were included.

2.4.4 Criteria for exclusion.

Exclusion criteria are those characteristics that can cause a person or element to be excluded from the target population (Burns & Grove,2009: 539).

In this study, the following individuals who were employed at the private hospitals were excluded from the sample:

Caregivers and administration staff working for the agency in the private hospitals.

Agency nurses who had been working for the agency for less than six months.

Agency nursing staff that were not on the active database.

2.5 RESEARCH INSTRUMENT

Instrumentation is a component of measurement in which specific rules are applied to develop a measuring device or instrument (Burns & Grove, 2009:539).

In this study, a semi-structured interview guide was used to guide the researcher in conducting the interview. The questionnaire had two sections: Section A required general information regarding the age, experience and length of time working for the

agency; at how many hospitals the agency nurse was working; and how many hours participants spent working for the agency. Section B was an interview guide with open-ended questions exploring the staff's experiences of placement in the Private Hospitals. Further probing questions were related to the agency nurses' relationship within the hospital and the agency; the advantages and disadvantages of working through an agency; and how they experienced training. The interview guide was designed in line with the objectives of the study. The researcher, being employed by the private hospital and nursing agency, used her own experiences and knowledge to develop the semi-structured interview guide. The supervisor then validated the interview guide.

2.5.1 Pre Test

A pre test is a smaller version of a proposed study undertaken to refine the methodology. The purpose of doing a pre test is to determine whether the study is feasible, to refine an intervention or a measurement method. It is a data collection tool in the data collection process (Burns & Grove, 2009:44). A pre test was conducted on one participant. No problems were identified; the participant understood the questions and gave relevant information regarding experiences while working in the private hospital. The participants were selected from the names drawn initially and interviews were conducted and audio taped. These were then transcribed. The data were used to determine whether there were problems with the interview guide and relevant data was obtained. The recorded interview was sent to an independent researcher to confirm that the researcher had adequate interview skills and that the interview was conducted correctly and respectfully. Consent was obtained from the all participant.(refer to appendix 6)

2.6   DATA COLLECTION

Data are defined as pieces of information that are collected during a study and data collection refers to the precise, systematic collection of information relevant to the research purpose (Burns & Grove, 2009:733). Interviews involve verbal communication between the researcher and the subject, during which information is provided to the researcher (Burns & Grove, 2009:396).   Interviews are frequently used in exploratory and descriptive research. Interviews that range between structured and unstructured are referred to as semi-structured (Brink, 2008:151). Semi-structured interviews are used to gain a detailed picture of a participant's beliefs about, or perception or accounts of, a particular topic. The researcher is able to follow up particular interesting avenues that emerge in the interview, and the participant is able to give a fuller picture (De Vos, 2002:303).

The data collection for this study was done by means of in-depth, semi-structured interviews that were recorded and transcribed verbatim. The researcher conducted the interviews. The researcher had worked for the agency in the previous year and therefore knew some of the participants. At the beginning of the interview, the researcher inquired whether this was an issue and reassured the participant that, as the researcher no longer worked for the agency, what was said in the interview would be confidential. Consent was obtained from the participants, who volunteered to be part of the study. The interview took place in a neutral place chosen by the participants. The length of each interview was about 45 minutes. The participants were interviewed over a period of eight weeks due to the availability of the participants and each interview was conducted, transcribed and meaning was attached to each interview. The participants understood English, therefore the interviews were conducted in English. The researcher provided clarification when necessary. The interviews followed a similar pattern. Participants were made to feel welcome; the procedure of gathering data was explained and their rights clarified. Section A of the interview, which dealt with demographic data was completed on the questionnaire. This helped the researcher to establish a relationship with the participant and to put her at ease. The tape recorder was put in place and turned on for section B of the interview. The researcher ensured, before the interview, that the

tape recorder had sufficient time to complete the interview. The open-ended question, "How do you as an agency nurse experience working in the private hospitals, here in East London?" was used to start section B. Depending on what information the participant shared, probing questions were asked. Probing questions were related to the advantages and disadvantages of working through the agency; the teamwork experienced; and whether the participants felt supported. It ended asking a question related to the participant's suggestion on what measure could be implemented to improve placement of agency nurses and time was allowed to think of more information that could be discussed. The researcher transcribed the interview verbatim for accuracy. The researcher had explained to the participant that field notes would be taken while the participant was talking. Field notes on expression and non-verbal cues were therefore taken by the researcher during the interview.

In this study, saturation was reached after 13 of the 18 participants had been interviewed. The 13 participants consisted of five Registered nurses, four Enrolled nurses and four Enrolled nursing assistants who had been interviewed when saturation was reached.

2.7   DATA ANALYSIS

Data analysis is a technique used to reduce, organise and give meaning to data (Burns & Grove, 2009:536). Data in qualitative research is non-numerical and involves an examination of words (Brink, 2008:184). According to Creswell, the purpose of data analysis is to make sense out of text, which involves segmenting and taking apart the data and then putting it together again. The first step in analysing data is to organise the information; this involves transcribing the interviews and field notes. Step 2 involves reading through the data; this provides a general sense of the information and opportunity to reflect on the meaning. Step 3 involves starting to code all data. This is the process of organising the data by bracketing chunks and writing a word representing a category in the margin. Step 4 then involves using the coding to generate a theme. In Step 5, the themes are

represented in the qualitative narrative. The final step involves interpreting the findings and results (Creswell, 2014:195). A theme is described by Polit and Beck as an abstract entity that brings meaning and identity to a current experience and variant manifestations (Polit & Beck, 2004:578). The steps followed according to Creswell are presented in Chapter 2, Table 2.1.

Table 2.1: Creswell's steps in data analysis

Creswell's steps in data analysis	
Stage of data Analysis	**Analysis process**
One	Organise data
Two	Read through data to gain a sense of the data
Three	Code the data by bracketing
Four	Generate a theme
Five	Interpreting the findings and results

In this study, the interviews were transcribed by the researcher as they were conducted. This enabled the researcher to follow steps 1 and 2 and gathering an understanding of the data. The researcher transcribed the information and then read and reread the transcriptions and to gain further understanding as to the meaning and tone of what was said. Then the researcher bracketed the data into similar groups of meaning. The next step was to code the data and identify themes and sub-themes, for instance data related to the agency nurses gaining experience through their work in the hospitals. Further themes were identified and the relationships between them linked. For example, the theme related to gaining experience through working in the private hospitals was connected to the theme related to the difference between the private and public sector as different technology is used. The last step was to intrepret the data and make recommendations regarding the placement of the agency nurses in order for them to function at their best. The electronic system of AtlasTi was used to aid the data anaysis. The interviews were transcribed into AtlasTi and then coded on the system. This helped the researcher to organise the

information. The taped interviews and transcriptions were given to an indepedent co-coder who checked the data for accuracy. The co-coder checked the themes generated and discussed the findings with the researcher. Table 2.2 illustrates some responses from participants and the meanings allocated to these by the researcher.

Table 2.2: Example of significant statements and formation of meaning

Example of significant statements and formation of meaning	
Excerpts from interviews	**Formation of meaning**
It has been very good to for me right because I have never work in the private hospital and also in the unit I worked I am working now I have never worked in it so it just gives me much experience and knowledge and I quite interested in working there so interesting. (Participant 4)	Gains experience in private Different to where she has worked before. It is new, gains knowledge and experience, finds it interesting.
I don't mind wearing the white shirt but then I don't like someone who is going to point at me cause, ja, we are supposed to wear white shirt or any shirts that are not permanent they are supposed to wear their uniform but basically they like their uniform but we need to work together as a team there is nothing wrong that I am an agency at and she permanent or she is permanent so we all do our job it's not like the agency staff sit and do nothing. (participant 6)	Feels the different uniforms create differences. Shows she is different physically, it makes her stand out. Believes it influences respect and self-confidence Teamwork is affected negatively. Believes she is able to do her job but not recognised for her ability; only seen as an agency nurse.

Yes a long time, yes it is a long time if I get a job somewhere I will go at any time cause I can't stay like this even to go to school I want to go to school. (Participant 12)	Would like a permanent job. Disappointment at not being made permanent. Would take a permanent post anywhere. Feels she has worked a long time as an agency nurse. Disappointed. Wants to improve herself.

2.8   ETHICAL CONSIDERATIONS

According to the National Health Act, (2003: 73) research and ethics committees in the field of health care are a legal requirement in South Africa. The researcher has the responsibility of conducting the research in an ethical manner.

Ethical considerations were applied according to the principles of permission, consent, beneficence, justice, privacy, confidentiality, anonymity and self-determination. These principles are based on the human rights that need to be protected in research (Brink, 2008:31).

Principles of permission

Permission to participate in a study concerns agreement by parents or guardians to the participation of their child or ward in research (Burns & Grove, 2009:713)

This principle was respected by the following: The call centre operator of the agency was phoned and asked for permission to give the researcher the participant's phone number. The researcher then acquired permission from the participant to take part in the study. All participants volunteered. The agency by which the nurses are employed granted the researcher permission to conduct the study with their employees.

Consent

It is essential to obtain informed consent to conduct ethical research on human subjects, (Burns & Grove, 2009:201). Consent involves an agreement to participate in a study (Burns & Grove, 2009:693). Adequate information regarding the research needs to be given to the participant and they need to be capable of understanding the information; free choice is allowed to the participate (Polit & Beck; 2004: 151)

In this research, the participants were fully informed of the purpose of the study and were given a choice to participate or not. The reason for the study and all principles were explained to the participant before they were asked to give written consent. The participants were given information in writing concerning the study and written consent was obtained for audio and written recording of the interview. (refer to appendix 5 and 6)

Beneficence

The principle of beneficence has to do with the welfare of participants; the researcher must undertake to do no harm and is encouraged to do good (Burns & Grove, 2009:680). All ethical principles of respect for beneficence were upheld in this study as the participants, the agency or the hospital in which they work suffered no harm. The researcher has an ethical responsibility to recognise and protect the rights of the individuals and groups taking part in the research. Therefore, in this study, the researcher had a responsibility to the agency nurses who were interviewed, the private hospitals and the agencies for which the nurses were working. Ethical approval was sought from the Fort Hare University research ethics committee.

Justice

The principle of justice states that the participants should be treated fairly (Burns & Grove, 2009:706). Human rights concern claims that have been justified in the eye of an individual or a group (Polit & Beck, 2004:151). In this study, all participants were treated fairly; all were given a choice concerning whether to volunteer to participate or to withdraw. If participants found it difficult to be interview this was respected by the researcher and another participant was found.

Privacy

Privacy is defined as the freedom that a participant has to determine the time, extent and general circumstances under which private information will be shared with or withheld from others (Burns & Grove, 2009:715). The right to privacy was abided by as the interviews were done one on one. Participants were given the choice to refuse to answer certain questions and only divulged what they were able to share comfortably.

Confidentiality

Confidentiality has to do with the management of private data in research so that participant's identities are not linked to their responses (Burns & Grove, 2009:693). In this study the participant's name, the private hospital in which the participant worked and the agency for which the participant worked were kept confidential. Information concerning the participant was not linked to a name, the hospital or the agency. Participants were allocated a number, the hospital was known as the private hospital and the nursing agency was known as the agency.

Anonymity

Anonymity requires that the participant's identity cannot be linked to the participant's responses (Burns & Grove, 2009:688).

A number was assigned to each participant and all data relating to the participant were labelled with the number assigned to the participant. The data were processed anonymously. The principle of anonymity was enforced and confidentiality was maintained. (Refer to appendix 9)

Self-determination

Self-determination is based on the ethical principle of respect for others, which states that participants have the ability to control their own destiny. The right to self-determination is violated through coercion, covert data collection and deception in the research process (Burns & Grove, 2009:722). In the study, all participants were

treated with respect, all participants voluntered to take part in the study, the participants were able to choose the time and place when and where the interview took place. Data were collected openly and were transparent. The research process was followed and monitored by the supervisor.

2.9   TRUSTWORTHINESS

The researcher ensured the trustworthiness of the study by using the criteria of credibility, transferability, dependability and conformability proposed by Lincoln and Guba (1984). These criteria and their application in the current study are presented graphically in Chapter 2. Table 2.3.

Table 2.3: Strategies of trustworthiness

Strategy	Criteria	Application in this study
Credibility		Supervisor in this study is experienced. The researcher in this study was previously working as a manager for an agency where placement of agency nurses was done, for more than 5 years. The researcher was previously working in the private hospitals utilising agency nurses, however the researcher conducted the study in a different capacity, which is a researcher from the University of Fort Hare. Semi-structured interviews were used in this study and the transcripts were

		recorded verbatim.
	Triangulation	The researcher conducted individual interviews.
		Observation of body language and facial expression were recorded during the interview.
		Field notes were made by the researcher during the interview.
		The interviews were recorded and transcribed verbatim.
		An in-depth literature review was conducted from different data sources.
		Creswell's data analysis was used to analyse the data.
		An independent coder analysed the interviews.
	Member checking	Follow-up interviews to validate data were conducted with the participants by the researcher.
		Literature was checked and reviewed throughout the study.
	Peer examination	Peer examination of the study was done while the researcher was collecting data.
		Another researcher examined the pilot study to check the effectiveness of the research instrument.
	Authority of researcher	The researcher attended courses on research.
		The supervisor is very experienced in research.
Transferability	Dense description	A qualitative approach with an

		exploratory and descriptive design was applied in this study. The study might be transferred to exploring experiences of agency nurses in other areas; could be transferable to exploring the experiences of the permanent staff and managers working in the private hospitals with the agency nurses.
	Convenient sample	Convenient sampling was used and saturation was reached after interviewing 13 participants.
Dependability	Dense description of research method, theory generation and guidelines for use in practice	Data collection was verified and authenticated by a researcher from the University of Fort Hare. Creswell's method of analysing of data was used. Bracketing of thoughts and ideas was concluded, The six themes derived from the data were further discussed and confirmed with the researcher. The supervisor reaffirmed the themes derived.
	Triangulation	Semi-structured interviews were conducted Data collected from these interviews suggested six themes and themes were compared to literature. Themes were co-coded by an independent coder.
Confirmability	Confirmability audit	Consensus was reach between the researcher and the independent coder.

	Triangulation	Semi-structured interviews for exploring experiences. An independent coder was used to confirm the themes. Literature was compared with data gathered.

Credibility concerns the compatibility of the constructed realities that exist in the minds of the respondents and those that are attributed to them (Babbie & Mouton; 2010:276). In this study, the researcher used many different literature sources from different countries to get to know the data already obtained and compiled it a literature review. To authenticate the data collected, participants were quoted verbatim in the transcriptions of the interviews. The researcher verified conclusions from the collected data with participants to ensure that the interpretations of the data were correct.

Transferability refers to the extent to which the findings can be applied in other contexts or with other respondents. Triangulation is described as information gathered from various sources (De Vos, et al., 2002). In this study, the only method used to gather data was one-on-one interviews. Triangulation was obtained by, individual interviews conducted by the researcher. Observation of body language and facial expression were recorded during the interview. The researcher made field notes during the interview. The interviews were recorded and transcribed verbatim. An in-depth literature review was conducted from different data sources. Creswell's data analysis was used to analyse the data. An independent coder analysed the interviews and conferred with the researcher.

 The study can be transferred and studied in different context. Other studies can be conducted in different areas of South Africa and other aspect of agency work can be research.

With regard to dependability, an inquiry must also provide its audience with evidence that, if the research were to be repeated with the same or similar respondents in the same context, its findings would be similar (Babbie & Mouton, 2010:277). In this

study, a researcher from the University Of Fort Hare verified and authenticated the data collected. Analysis of data and themes derived were further discussed and confirmed with this researcher. The supervisor confirmed the themes derived.

Confirmability concerns the degree to which the findings are the product of the focus of the inquiry and not of the biases of the researcher (Babbie & Mouton, 2010:278). Member checking to determine the accuracy of the data means showing the final analysis of the data to the participants to determine whether the interpretation is accurate (Creswell, 2014:201). Member checking was done in this study through follow-up interviews to validate data. Clarifing the bias the resercher brings to the study will help validate the study (Creswell, 2014:201). Here the researcher did self-reflection on her ideas and opinions related to the agency nurses. The researcher, having worked in the private hospitals and having managed an agency, distanced herself from her own ideas and opinions before each interview was conducted and during data analysis.   The researcher used skills like listening without bias and probing questions,   following the participant's train of thought. During the interview, field notes were taken and non-verbal clues were observed.

2.10 CONCLUSION

In this chapter, the goal and objectives were discussed as well as the design, methodology, population and sampling process was disclosed. The research instrument was explained and how the pilot study was conducted. Data collection was discussed and clarification of how trustworthiness was obtained.   Creswell's steps in data analysis were used to evaluate the data.

In the next chapter, the description of the data analysis and interpretation of the findings will be presented. In section A, the demographic data is explained and the themes generated will be described in section B.

CHAPTER 3: ANALYSIS AND INTERPRETATION OF RESEARCH FINDINGS

3.1 INTRODUCTION

In the previous chapter, the goal and objectives of the research were discussed and the design, methodology, population and sampling process was disclosed. The research instrument and how the pilot study was conducted were explained. Data collection was discussed and how trustworthiness was obtained were clarified. Creswell's steps in data analysis were used to evaluate the data.

The findings and interpretation of the findings are presented in this chapter. The researcher has reflected on the experiences of the agency nurses with regard to their placement in the private hospitals as obtained from the interviews.

Two sections are presented in this chapter: sections A and B. Section A explains the demographic data of the agency nurses and Section B is focused on the themes generated. Inductive reasoning was applied to generate the themes. Inductive reasoning involves drawing conclusions from the collection of empirical facts whereby facts are moved from fact to general facts (Burns & Grove, 2009:6). An experience of one nurse was observed, and then combined into a larger or general statement regarding the experiences of many nurses. Excerpts from the interview are presented and discussed and the relationship between the data gathered from the agency nurses placed in the East London Private hospitals is linked to literature gathered from previous studies.

3.2   SECTION A

This section is focused on demographic data concerning the participants in the study, as presented in Table 3.1.

Table 3.1: Demographic profile of agency nurses

	Frequency	Percentage
Gender		
Male	0	0
Female	13	100
Total	13	
Professional registration with SANC		
RN	5	**38**
EN	4	**31**
ENA	4	31
Total	13	100
AGE		
20 – 29	4	31
30 – 39	6	46
40 – 49	3	23
Total	13	100
Year nurses qualified		
1991	1	9
1993	1	9
1997	1	9
2000	1	9
2005	1	9
2009	1	9
2010	3	23
2011	1	9
2013	2	15

Total	13	100

Years working in the health institutions after qualifying

0 months	6	46
1 - 2 years	2	15
5 years	1	9
12 years	2	15
14 years	1	9
20 years	1	9
Total	13	100

Months and years working for agency

1 - 2 years	7	54
2 - 3 years	5	38
17 years	1	9
Total	13	100

Different hospitals worked in as an agency nurse.

1	8	62
2	3	23
3	2	15
Total	13	100

Nurses working permanently or only working for the agency or both

Permanent employed and agency work	5	38
Agency work only	8	62
Total	13	100

Hours worked for agency per week

40	7	53
36	1	9
24	1	9
12	4	31
Total	13	100

In this study five registered nurses, four enrolled nurses and four enrolled nursing assistants were interviewed. All participants were female.

The ages of the participants varied from 21 years of age to 48 years of age.

The years in the participants qualified for their relevant registrations vary from 1991 to as recent as 2013. The working experience before joining the agency varied between 20 years' experience to just qualified. The one participant had worked through the agency as a student and then as an enrolled nurse. Six of the thirteen participants had not worked before in another hospital but could only get employment through the agency. One of the participants had only worked in the hospitals as a student.

Regarding the number of months or years worked for the agency, the criteria for inclusion stated that the agency nurse needed to have worked through the agency for longer than six months. The participants' years of working for the agency varied from one year to 17 years. One participant had been working through different agencies in different hospitals for 17 years. The rest of the participants had been working from one year to three years.

Regarding the number of different hospitals worked in through the agency, eight of the participants had only worked in one hospital. Three had worked in two different hospitals and only two had worked in three different hospitals., The majority of the participants had therefore only worked in one hospital.

Concerning the number of participants that had permanent jobs, five of the thirteen participants were employed by another hospital where they work full time, while only moonlighting in private institutions. Eight of the thirteen participants only worked through the agency. One of the participants had been a student previously and then was employed by the hospital as a permanent employee. One participant was employed permanently by the hospital after working through the agency on a full-time basis.

Participants who were full-time employees of another institution where they work a 40-hour week, did between 12 hours and 24 hours extra work per month. The

participants who only work through the agency work a full 40-hour week for the agency. They therefore are known as full-time agency staff members.

The ages of the majority of participants ranged from the early 20s to early 40s. The majority of participants had no previous experience working in a health institution. The majority of participants had worked for the agency for between one and three years. The majority of participants were only employed through the agency, working a 40-hour week and working in one hospital only.

3.3   SECTION B

Six themes emerged from the interviews, namely: reasons for doing agency work; growth through experience; disappointment of not been made permanent; challenges encountered by agency nurses; environment of working conditions; and, lastly, a sense of security.

Sub-themes emerged from the main five themes and categories emerged from the sub-themes as displayed in Table 3.2. The first sub-themes that emerged from definite reason for doing agency work included employment opportunities need to increase financial income and need for flexible working hours. The categories originating from the need for increase in financial income were overtime and supplementing student's income.

The second theme was growth through experience. The sub-themes generated from this theme were agency nurses gain knowledge while working, training opportunities for agency nurses and orientation given to agency nurses. The categories for this theme were learning new technology and knowledge.

The third theme was disappointment of not been made permanent. The fourth theme was challenges encountered by agency nurses. Here the sub-themes were fear felt by agency nurses, disparity between permanent and agency nurses, attitudes of permanent staff and no benefits. The categories were agency nurses work harder,

feelings related to incidents, uniforms made agency nurses feel discriminated against and conflict expressed.

The fifth theme was environment of working conditions; the sub-themes were cleanliness of the physical environment; disparity between private and public hospitals; availability of equipment; and new technology and communication between agency nurses, hospitals, agency and permanent staff.. The last theme was sense of security and the sub-themes were lack of recognition, irregular income, cancellation of off duty, and teamwork experienced. The categories were lack of self-confidence and perception of incompetence.

Table 3.2: Themes generated from the interviews

MAIN THEME	SUB-THEMES	CATEGORIES
1. Agency nurses expressed definite reason for doing agency work	• Employment opportunities	
	• Need to increase their financial income.	- Overtime worked - As a student
	• Need for flexible working hours	
2. Growth through experience	• gain knowledge while working	- learn new technology
	• training opportunities for agency nurses	
	• orientation given to agency nurses	
3. Disappointment of not been made permanent		

4. Challenges encountered by agency staff	• Fear felt by agency nurses	- Feel they need to work harder - Feelings related to incidents - Higher risk of burn-out
	• Disparity between permanent and agency staff	- Uniforms made agency nurses feel discriminated against - - Attitude regarding salaries
	• No benefits received by agency	- Perception of incompetence
5. Environment of working conditions	• difference between private and public hospitals	- Cleanliness of the physical environment - Different equipment and technology
	• Communication experienced	- Between hospital staff and agency nurse - Between agency nurses and agency - Regarding clarity of policies
6. Sense of security	• Irregular income	- Cancellation of off duties
	• Recognition and respect felt by agency nurses	- Lack of Self-confidence
	• Team work experienced	
	• The difference Unit managers can	

	make.	

3.3.2 Theme 1: Agency nurses expressed definite reasons for doing agency work

Theme 1 concerns reasons for staff to work under agency.

Sub-theme 1.1: Employment opportunities

The first sub-theme discovered involved employment opportunities. This seemed to be the most common reason for undertaking agency work. Participants expressed that they would not be working if they were not employed by the agency and that getting employment through the agency is quicker than waiting for permanent employment.

…When I started didn't have a job so it was an easy way of getting a job like I went and submitted my things and then they went and did the checks and all that so I got the job quickly but if maybe I would have applied that time it was going to take longer so it good that I have the job as an agency staff working or the agency that I work for but at the hospital… (Participant 5)

…I found by starting working through the agency then I work for an agency up until a get permanent… (Participant 11)

…Yes I can say that because you can stay at home there is an agency The agency will try and search the work for you even if you are at home you avail yourselves the agency is the one that search the work for you just send them a message and then the agency will tell you will you please go and work toward so and so the agency is doing that… (Participant 7).

Participants spoke of posts being frozen and no permanent post being availble. This finding is different from all previous studies with regard to why nurses choose agency

work. Seven of the thirteen participants spoke about agency work creating employment opportunities, as they were not able to find permanent work. Two more of the participants shared that they had worked through an agency before and only recently had gained full-time employment in the private hospital. This theme contradicts previous findings, which indicated that a majority of participants choose agency work for flexibility, or financial reasons and not for employment reasons. The only other literature found discussing this advantage was an article by Jacobs were employment opportunities were a perceived advantage for nurses in South Africa. (Jacobs, 2010:2) The discussion around Theme 3 focuses on the feeling of disappointment of not being appointed permanently, which follows the feeling of relief in having work.

Sub-theme 1.2: Need to increase financial income.

Other participants expressed the reason for doing agency work as for financial gain.

Categories discovered under this theme included the need for an income in the case of a student studying through the college who needed to belong to an agency to work 36 hours a month for an income. Other full-time employees worked through the agency as overtime for extra money; they were employed by either the private hospital or the public hospital.

…Only for overtime and if you want to do overtime you must be under agency… (Participant 9)

….I am moonlighting so I get extra money I get extra money and I knowledge ja it is also educational for me… (Participant 8)

….I work because sister I like to work and I want money as I am going to tell you now that I want to overtime… (Participant 11)

…Because I was a student for the college so the unit managers they just choose us the unit manager she choose me to work there as an agency staff until now… (Participant 7)

Therefore, some participants worked overtime for extra money; they were moonlighting through the agency. These reasons for choosing agency work correspond with findings in Collier's, Manias *et al.*'s and Ball and Pike's studies (Collier, 2011: 56; Manias *et. al.*, 2003:275; Ball & Pike, 2006:15). In this study flexibility was not seen as the main reason for doing agency work.

Sub-theme 1.3: Need for Flexible working hours

Only one of the thirteen participants indicated that she worked through the agency as it provided flexibility and the possibility of avoiding the politics of the hospital.

…Because of the flexibility of the hours and the times I don't have to work night duty, after hours you know weekends, public holidays, things like that you know so umm you almost dictate which days you work…

… also that you don't get involved in the hospital politics as such because you know your clinical is not the same you know so from that experience that is nice umm and your flexibility you can work when you want to work you can choose your hours, as permanent you can't do that, you know you would have to work weekends you would have to work the stipulated nights…. (Participant 2)

 Manias agrees that flexibilty was the most common reason for staff to choose agency work. Neither study found that the participant worked through the agency as an employment opportunity. Collier also indicated that flexibility was the main reason for doing agency work. These statements confirm the findings of the study by Ball and Pike (2006:13) that indicated that the the main reason for the nurses to work through the agency was flexibilty. This include their chosce to work in differnent areas within the hospital, therefore not only been flexible to working hours but also areas in which to work.

3.3.3 Theme 2: Growth through experience

Participants indicated that they experienced growth through working through the agency.

A number of participants were newly qualified staff members with little experience and were able to gain experience by working through the agency. Other participants were employed in the public sector and found that the private sector was different, so they gained experience and were exposed to new technology and new equipment by working through the agency.

Excerpts from different participants confirm that they were able to gain knowledge and apply this knowledge in other environments:

… I learn new things new ways of nursing patients, new developments out of inursing to nurses the patient for example if you look to ipatient that has done hip replacement it is not aa always there in public sector but when you come in private you will get a patient that is done hip replacement and with hip replacement how to nurse that patient in private you will find that there are sponges that are done in a triangle, triangle shape so that when you turn the patient you don't bend the knees that experience I got in it private now when I am at home at the hospital where I am working it is easy to know irrespective that it is rare to get those things… (Participant 3)

Another comment made by the same participant was:

…with idevelopment nursing is a dynamic profession and then each and every day there are researchers that are researching that come up with new things and then you find out the private sector is the first one to get them like on treatment you have perflagan nee perflagan that you only got in private you first see you understand and then when you first see it and then this they said I must give it when the temperature is over 39 degrees I never saw this what is this thing then we were told it is paracetamol but in an advanced you understand it is quick acting and then when you went back in public sector when you are doing with the doctors and you see that this patient is not responding to the treatment that is giving for pyrexia and then you recommend or you advocate for the patient you say ok what if we can used perflagan and then the doctors ask have you got perflagan in our hospital then you… (Participant 3).

Participants experienced that working in different areas and hospitals allow you to gain knowledge and learn new technology. In the private sector they are exposed to the latest research and effective treatment methods. Participants are able to learn from these treatment methods and transfer them to the public sector. This, then, benefits the patients and encourages development. This concur with literature written by Manies et al. that agency nurses gained a wealth of knowledge from the different setting in which they worked and this enabled them to consolidate their skills and provide quality care to the patients. (Manias et al., 2003:276). Hass et al. agreed that some off the agency nurses worked in different ICU units and were exposed to a larger case mix of patients, gained more experience than working in one ICU unit. Other agency nurses experience deskilling as they were always only allocated to low acuity patient and experience a lack of clinical performance feedback, this compounded the problem of deskilling (Hass et al., 2006:149)

Sub-theme 2.1: Gain knowledge while working through the agency.

Some of the participants were then able to take the knowledge gained in the private hospital while working for the agency and apply it in the public sector.

Other participants spoke about the learning being good for them as they gained experience.

…has been very good to for me right because I have never work in the private hospital and also in the unit I worked I am working now I have never worked in it so it just gives me much experience and knowledge and I quite interested in working there so interesting… (Participant 4)

… I learn a lot that I think I learn a lot and I see if I can work under government I won't do like I am doing here the way they doing it they teach us we learn a lot... (Participant 10)

Another participant was glad, as she had been exposed to working in ICU as she had not had much experience before and was given the opportunity to work in ICU.

…No it was my first time to work in the ICU and also during my training nee I wasn't exposed maybe it was just only 1 month when I was working when I was training as a student in ICU so never tell or say anything about working in the ICU but now that I am exposed and working there as an agency I am getting much experience… (Participant 4)

…I have been exposed to work if I was not working I would sit at home and not work but now I am getting experience which is good I am learning a lot of experience and I am like stronger and ja I can manager a ward even (laughs) so that is a good thing that the agency has help me to achieve... (Participant 5)

This participant was placed in charge of the ward while her unit manager was on leave and believed this was good experience for her as she was learning to be in charge.

The participant express their enthusiasms with regards to learning new technology.

…Firstly I would say I've learnt I've learnt a lot when I was working with the agency because they not only focus on being a staff for example if there is something new like a machine or let's make it the robacops a new kind of robacop that been implemented they will not only focus on you know the permanent people it includes us also as agency people because we actually there for one reason to nurse the patient and quality care and know actually what using to the patient and not to come to the patient so there are always open opportunities for both…. (Participant 9)

Sub theme 2.2: Training opportunities for agency nurses.

The training that takes place in the hospital is for both agency staff and permanent staff.

…It is a lot of experience I learn a lot through the private it not the same like the government hospital even the equipment it's not the same so it a lot I learn there

even the quality the confidence the care the care that side so that why I like to work there the cleanliness in that hospital that's why I learn a lot… (Participant 12)

…Yes you are trained, be part you know of the training that they set up maybe there is CPR training if you are a permanent agency somebody they will include you know they don't say that you are not what you call permanent so we learnt a lot of things there…(Participant 9)

This theme was not common in the other studies discussed but Manias et al., (2003:276) identified that agency nurses gained a wealth of knowledge by working in the different settings and it allowed them to consolidate their skills. The agency nurses were able to maintain their skills.

The disadvantage the participants expressed with regard to training was that they were responsible for their own training and some of the participants preferred to work to earn money then attend training session as then they were not paid while attending training.

… that is the only disadvantage I find the major disadvantage is the training, the training of you going to an agency you have to do it sort of independently umm you know that is not a stipulation of the agency but really it should be a stipulation of the hospital requirement for the agency... (Participant 2)

…We get sort of if there was sort of in the hospital training on the day that you were at work you would get exposed to that I think when the reps and things come around but as a whole course and stuff you don't you don't get include in them so if there was like umm a 3 day say a 3 day course on whatever umm that the hospital offered you wouldn't be you wouldn't be include in that although they do include you in symposiums that you would pay for and things like that, that is total separate it's not a hospital thing ….(Participant 12)

The hospital included some of the participants in their hospital induction which took place over five days and the agency were not paid to attend but were encouraged to attend for their own benefit.

…It is a person I think a person who is working on that company like a thermometer company yes that person will come and teach all that stuff how to use the new thermometer or new BP machine or new Baxter it is that person of that company to teach the hole staff they don't put aside they don't teach only the permanent staff or they don't teach only agency staff they teach all staff and now they go for induction I didn't know that they go for induction but they go for induction but before it was only permanent staff but now they go for induction but ja its good… (Participant 11).

As Manias et al. suggests that the agency staff are responsible for their own development and maintaining current knowedge (Manias, et al.,2003:463). Hass et al. literature revealed that agency nurses were rarely offered training by the agency. (Hass et al., 2006:148).

Sub theme 2.3: Orientation given to agency nurses.

There were different opinions regarding orientation and the length of the orientation. One participant felt it was too long and was a form of abuse.

…Orientation let's talk really about orientation you see to me the time that is given is long to say a person must be orientated for 2 days that is how many hours 24 hour here we are talking about a person that is working in ICU nee that will be the orientation of the environment will be the environment the structural environment and then the charts you see because we are not using the same charts and then to me that cannot take 2 days which now when I talk about this thing I think of the extra hours that she is working I take it as an exploitation because one day she is enough because here we are talking about a sister that is permanent that is working in ICU you understand so the orientation is enough… (Participant 3)

Other participants felt it was enough and it helps them and some expressed that some participants needed more than the 2 days.

…Orientation my orientation was good I didn't have a problem during my orientation it was nice… (Participant 5).

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… Ja before I go in the ward we do 2 days orientation before we can't go in the ward we can't just go I can say I can say it is enough but to others to me it was enough but to others it is not enough because others they ask extra days you see like the lady that was staying that was staying with me it was supposed to be 2 days she ask the third day… (Participant 11).

….It was very good I found some support from the staff they were good were keen to show me everything it was only me I though o my God no it is the first place I been working in this unit if I am going to cope but I had enough support enough support….(Participant 4).

Research substantiates the need for agency nurses to be orientated adequately for the agency nurses to be more efficient and have fewer incidents (Hass, et al., 2006:149). Sufficient and effective orientation can help the agency nurse integrate into the new enviroment (Hass, *et al.*, 2006:151).

3.3.4 Theme 3: Disappointment of not been made permanent

The third theme was related to the feeling of disappointment due to not being employed permanently.

Many of the participants spoke about this feeling and were waiting for a permanent post. The participants were disheartened that they had worked for the agency for some time and still were not appointed permanently. This affected some of the participants' feelings of self-worth and they saw it as not being acknowledged. Participants commented that they did not have a choice, as there were no posts in the public or private hospitals; therefore, they worked through the agency.

This participant felt that, if she were permanent, she would be treated better. Attitudes and the disparity between permanent staff and agency staff are discussed in themes to follow.

…don't think so but they never say what they earn but that's the way they treat us so no one has ever said it (laughs) ja it is like that even when we are sitting alone the

agency staff we really feel like we wish we can be permanent or because we will be treated better it is like you are not human in the hospitals like you don't even have feelings if you say ooo well it is agency that's your name you… (Participant 5)

….you really feel like you can't wait to be permanent but they don't have posts. Ja you wait for a post and there is nothing, they say there is nothing they can do about it because if the post they are frozen they are frozen. They are short of staff but there are no post even though they need staff they are short of permanent staff they are short of staff they don't have staff... (Participant 5)

…They promised me last of last year and I went for a interview and what happened there sister we went for interview they posted for I think for 2 ENAs we are 2 for that interview and we think the way they ask we are doing well at the end they say we are not qualified so must try another next year at the end of the month they took their student they give the post the following month they never go for interview that they do but we went for interview but they never take us and then our unit manager they promise me before I go home on December they said when I am coming back January I must ask her I must ask her about the post… (Participate 2)

…Ja there is no choice but I ask the sister she said she is going to see but when they have post they are going to give us… (Participate 12).

… it is 3 years now and I am starting the 4th year I came here it was September I can't remember the date but it was about 16 to 20 when I came here September now we are finished September that means I am starting the 4th year now… (Participant 13).

This theme has not been discussed in any of the previous studies and it appears to be a new thought. Although in a study done by Houseman et al. on the role of temporary agency employment suggests that the agency staff express a desire of more permanent jobs, concluded that temporary jobs were more likely driven by employer demand rather then choose by the temporary staff (Houseman et al.,2003:105) This would indicate that there is staff to fill posts, but there are no posts available. This theme is linked to the fact that the reason for agency nurses to work through the agency is to access employment.

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3.3.5 Theme 4: Challenges encountered by agency nurses

The fourth theme involved challenges encountered by the agency nurses.

Sub-theme 4.1: Fear felt by agency nurses.

The main sub-theme was fear. There were many different reasons why the agency staff experienced fear. The fear they experienced was related to the fear of losing their off duty times. They believe they needed to work harder than the permanent staff members as they were scared of losing off duty time. Nursing staff were too scared to take leave because they feared that to their off duty periods would be given someone else while they were away on leave. Burnout is linked to fear as the staff do not take leave for the fear of losing their jobs, also because of no work no pay, so they cannot afford to take leave as reflected below.

…We are scared to go off I never ask anything about the leave the only leave that I took its the maternity leave of which they waited for me I went off June July then August I came back. If there is anything that needs to be done the agency staff must do it so they keep their job, because if it is not done the agency staff are going to be chased out… (Participant 13)

…No but the off duties I can lose it at the hospital if they find someone to replace me if you can be sick for such a long time surely they can replace me cause they only concentrate on who is going to work they don't care about you what is wrong with you and all that stuff when are you coming back when are you coming back my dear… (Participant 6)

… you burn out because like now we like I can't say if I work for agency I can't say ok I going if they call you I can't say I don't want to work like if they say can you work then I say no I can't I am busy then again tomorrow can you work at nnnn no I am busy now you know that o well now if I keep saying no , no, no   I won't get the

job like I won't get shift they will be given to someone else and they will forget about you so you have to go even if sometimes you don't feel like going you have to go and work because what if next time the hospital will say we don't need agency staff any more then you won't have money you will be stuck at home so you have to try and work even when you don't feel like it because you are trying to save for rainy days…(Participant 5).

Participants said that they were afraid of saying no, they are not available to work when the hospital asks them to work, as they are afraid that of not being asked again. This could contribute to the nurses' over working and burnout.

Research substantiates that agency nurses find burnout to be a problem as nurses often work too many hours (Jacobs, 2010:2). A feeling of belonging could reduce the development of burnout (Hass *et al.*, 2006:151).

…you work harder yes look you work harder for the shift leader to be satisfied you work harder for the manager of the unit to be satisfied because if she is not satisfied or you did something wrong the manager is going to call her the unit manager and you don't know what is happening there but when you look from who you are working you find they are scared I really don't know what is done in the management but they are scared you see starting with the shift leader and sometimes you find out even the shift leader that is making you make mistakes because she is panicking…(Participant 3)

Very few participants shared the feeling of fear regarding incidents in the hospital, as they believed them to be fairly dealt with and many of the participants had not experienced an incident. This also indicates that the agency nurses are not necessarily the cause of increased incidents.

… I can't lie because I have not had an incident since I come to work there... (Participant 7)

…I have never experience I have never had any incidents since I started (pause) I have never had any… (Participant 4)

…Umm from an agency I think the hospital incidents regardless of whether you are permanent or agency you if it is an incident it is an incident umm I been fortunate enough not really to be expose you know been involve in an incident but they certainly do have them with agency staff and permanent staff you know as I said an incident is an incident so umm and they don't umm I think the criteria is the same for both you know whether you permanent or agency they don't say ok because you permanent you get away with it and because you agency you don't get away with it I think it is throughout the board the incident… (Participant 2)

There appeared to be a consensus that incidents were dealt with fairly.

…sometimes the hospital you say you doing good and yet they blame you that time you know you wrong the thing you did joo I am going maybe go to somewhere then I am in the trouble of that thing maybe they say no its fine it's OK but the think that is OK I must do this I am correct if I am doing this and this and then they say no it is wrong… (Participant 10).

Participants revealed confusion regarding how incidents work, and what was regarded as a serious incident and what was not, and not being sure of the consequence of different incidents.

…Ja but it is not nice the decisions when it comes to agency it's not nice cause they don't follow the procedure they just fire you fire us without following the procedures but when you are permanent they make some arrangement and doing the hearing everything but when we are agency they don't do that they just cut it… (Participant 12).

One participant felt that an incident had not been dealt with fairly; she believed consequences for the agency staff were far worse than for the permanent staff.

According to research, using agency staff increases incidents (Peerson *et al.,* 2002:505). Some of the participants in this study had not experienced incidents or mistakes and the few that had felt they were fairly dealt with and that permanent staff were involved with incidents as well.

Sub-theme 4.2: Disparity between permanent staff and agency staff

The next challenge that the participants spoke of was the disparity between permanent staff and agency staff. Participants revealed conflicting ideas related to their relationship with the permanent staff. As expressed below, some felt there were differences.

…Well its eye opening and hard when you are not permanent in a place like they treat you like you are there for money and then you have to work harder than everyone else but ja you get used to it…(Participant 5)

…What I can say is that as an agency nurse he or she doesn't treat well as like permanent staff if you are agency you are like someone like a puppet… (Participant 7)

…With our differences like we are the agency and they are the permanent staff so we have to they have to see. Yes it does and there is nothing they can do because they (permanent staff) are I don't feel any difference even whatever is going there I have been involved I don't feel isolated that I am an agency perfect… (Participant 13)

However, others felt the relationship was good and felt the treatment was no different.

…I do not feel any difference even whatever is going there I have been involved I don't feel isolated that I am an agency… (Participant 4)

…we are the same we are working the same work doing the same thing it just that she is permanent and she is agency we are working the same work… (Participant 11)

…I would say you know that it is the same as whether you permanent or agency… (Participant 3)

Maybe one of the contributing facts to the feelings of difference is that the agency nurses wear different uniforms to the permanent staff. Agency staff have to wear navy pants and a white top, whereas the permanent staff wear a navy and red uniform. Many expressed their distaste in wearing a different uniform. The different uniform appeared to create a feeling of being undermined and mistrusted. Some participants believe it influences the patients' trust in them. Participants articulated that they needed to explain the different uniforms to the patients, which was uncomfortable for them.

…Like who is supposed to wear this colour uniform who is supposed to wear that one and then you have to explain everything now ooh so you are an agency so you are from the pool that is what they say and I don't even know where is the pool and to keep the patient happy you have to say everything that they are asking…(Participant 13)

…don't mind wearing the white shirt but then I don't like someone who is going to point at me cause ja we are supposed to wear white shirt… (Participant 6)

…Big no no the white shirts if you are wearing their uniform then they know ok she is one of us they can trust her but if you are not they can't trust you…(Participant 5)

One participant shared that she felt part of the hospital because she wore the hospital's uniform as she was a student and she did not believe it influenced the patient or their care.

…I felt like I was part of the hospital because I used to wear the hospital's uniform you know patient see us as nurses they don't know which agency or which company you work for….(Participant 9)

Attitudes of the permanent staff members can contribute to the agency functioning better in the hospitals. Mixed feelings related to the attitude experienced in this study. Some participants felt the permanent staff saw the agency staff as people wanting to earn money and not as assistance to them for the shortage of staff. This belief is linked to the feeling that the agency staff need to work harder to earn their money. The conflicted feelings related to the attitudes of the permanent staff is

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concurrent with pervious literature. (Hass et al., 2006:148; Manias et al., 2003:275; Collier, 2011:46)

…negative is about the attitude the attitude of the staff like they forget that you are there because you are coming to help them they take you as a person that has come to take their jobs you understand and then you will find out that there is a misunderstanding…(Participant 3)

The same participant continued to say that the conflict affected the patients

…but sometimes it affects the patients because sometimes you find nurses exchanging words in front of the patient you understand… (Participant 3)

Other attitude sensed by the permanent staff regarding the agency staff was of incompetence. The agency staff are perceived to be incompetent and the inclination is not to give them a chance to learn and function well within the hospital.

…I find it hard like that and if they are working they say the agency staff they don't know there work so the patient don't have trust in us because the women in front usually accuse us of that... the agency staff does know their work… (Participant 6)

… Ja they say we are incompetent sometimes you know. Once (laughs) like I didn't know how to maybe it was the 1st time that I like maybe it was the 2nd time that I been working as an agency staff I think it was the 2nd day... So a peflagan I don't know whether I should mix it up or you know so I ask the sister whether I must dilute it you know I haven't come to do peflagan before so I just ask her whether I should dilute it she just said I am incompetent…(Participant 8)

The same participant shared that, if the permanent staff were more patient she would have learnt, as she functions well now.

…cause if come just like I came I was just from the college I was not exposed to the private sector if they can be patient for us then let us work and get used to that work we would be fine cause now I am fine I know my work but when you come they treat you like joo I don't know…(Participant 6)

… they have this thing about the agency staff they like we don't know anything you see but we can't do something they we haven't done before you see… (Participant 8)

Negative attitudes displayed by permanent staff seem to be universal in all studies. The attitudes are related to the agency staff not being competent and less productive but this could primarily be due to the lack of familiarity with the wards (Houseman, Kalleberg & Erickcek,115:2004). In previous studies it is indicated that some experience good relationships and some experience conflicting relationships (Hass, *et al.*, 2006:150; Manias *et al.*, 2003:270; Collier, 2011:55).

Some research indicated that the portfolio of agency nurses has changed and they are no longer incompetent and the quailty of agency nurses has improved (Manias *et al.*, 2003:436). It was mentioned by one participant who believed agency staff were seen as not performing well, but the portfolio has changed as agency nurses are competent and can work very hard. The previous perceptions created the conflict in the past and the permanent staff need to realise that the way agency nurses work through the agency has changed.

…mentality of the people who are dealing with 'cause I think in the past when someone comes because another thing that I think cause this big problem most people who used to worked for agency before they had permanent jobs they would come from the permanent job like work 7 nights on their permanent job then come and do agency for 7 nights and sometimes sleep or not perform their duties… (Participant 5)

Sub-theme 4.2: No benefits received by agency nurses.

Agency nurses find the fact they do not receive benefits a challenge for them. Often the agency nurses work for the agency for long periods and feel they have nothing to show for all their hard work like a pension.

 Another challenge the agency staff face is that they have no benefits, like medical aid and pension. The staff spoke very vividly about this issue and this seemed to

affect most of the agency staff. They shared not having a medical aid worried them, as did working for a long period and not having a pension or a thirteenth cheque.

…Umm disadvantages at the end there are no benefits like if I lose my job I can't get any thing I am been an agent there is no medical aid if I get sick I will go to the government hospital…(Participant 13)

…I think no work no pay if you get sick don't get paid that it so you have to work to get money no work no pay…(Participant 4)

…Otherwise there is nothing else that is not good to be agency and the I want to know about agency is that how can be prepared that we can get a 13th cheque… (Participant 7)

Agency nurses not receiving benefits seems to be universal in all studies as it is seen as a disadvantage experienced by the agency staff (Ball & Pike, 2006:27; Jacobs, 2010:2).

3.3.6 Theme 5: Environment of working conditions

Environment of working conditions looks at different conditions and aspects of the environment the agency nurse would work in, to facilitate their performance. Aspects like the difference between the private and the public sector, the communication experience by the agency nurse with the hospital, the agency and the permanent nurses are all aspects which have influenced working condition of the agency nurse.

Sub-theme 5.1. Difference between private and public hospitals

The next theme was related to working conditions and the participants discussed the difference between public and private hospitals. This caused feelings of contentment and of confusion. The difference affected the staff who were trained in public hospitals but seek employment in the private and they were not used to the equipment or policies. Other participants really enjoyed working in private hospitals

as the hospitals were clean and they were exposed to new equipment and technology, and patient care in addition is very important. In the private sector, the enrolled nurses perform different tasks.

…it different you don't do the procedure that you do here are different from the one in the public hospitals… (Participant 6)

…management or BAPHLE principles or client care because we find out that those people that are working for agency the care that they have it supersede it is more than the people that are employed in our public hospitals that is to care for your clientele…(participant 3)

…in private sector EN are expected to give medication to fill those care plans… (Participant 5)

… the government hospital even the equipment it's not the same so it a lot I learn there even the quality the confidence the care the care that side so that why I like to work there the cleanliness in that hospital that's why I learn a lot… (Participant 12)

This subject has not been discussed in the literature reviewed but gaining experience and knowledge through working in different environments has been discussed (Manias *et al.*, 2003:276).

Sub-theme 5.2: Communication between agency nurses, hospitals, agencies and permanent staff.

Good communication between the hospital staff and the agency staff is important to create a good working environment for patient care. The communication between the agency nurses and the agency needs to function for good placement of the agency staff. Effective communication can increase the feeling of respect and trust between the agency nurse and the permanent staff. Communication between the nursing agency and hospitals should be a formal process and adequate internal and external communication should be clearly delineated (Muller,2001:27)

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The following excerpts are from participants with regard to the communication with the agency staff and permanent staff, which is described as being good and effective.

…if you are working in a permanent capacity through the agency you know like regular hours you give you know you get the unit that you are working for those hours that you available and they sort of accommodate you and if there is anything over and above that   that needs to be changed then they go through the agency… (Participant 2)

….relationship it's they have an excellent relationship in fact because they can't manage without the agency they are short staffed they need the agency you know… (Participant)

Here are excerpts with regard to the communication between the agency and the agency nurses.

…Yes there is good communication I was called here in the hospital and I was called to the agency the treatment that I got from the agency was aa very motherly, motherly… (Participant 3)

… it was good if they call you on the phone to come work they phone as if they are your friend or they know you better they know I don't know how I am going to put this thing but they are very friendly shame…(Participant 11)

…I have got any problems I just go to my agent and if I have a problem of my shift leader I am just going to my agency to report what happening anything that happening I just reporting to agent and they explain to me nice and I understand the way they explain…(Participant 10)

Collier's (2011:52) study suggests that the communication between the agency nurses and agency seemed to be conflicting whereas this study found the communication to be effective. Communication between the agency and the staff has been described as good by most of the agency staff, but another agency's nurse shared that she had a problem with communication because the agency had moved

premises and another staff member shared that she thought things were not running smoothly in the agency at present.

… they have moved from here to Vincent so it is rare for me to go there because it is hard for me to go there…(Participant 7)

…Relationship with the agency recently it not running smooth I don't know what is happening… (Participant 8)

The agency needs to communicate policies related to leave and salaries and their employment. Most of the participants shared that they did not have clarity concerning some of the policies, especially the leave policy.

…I never read the fine print of anything but umm for the most part you know I think been a registered nurse you know what your, what your job description is and I think that governs you it doesn't matter what hospital you work in whether you are permanent or agency…(Participant 2)

…I haven't had clarity about sick leave I've heard about maternity leaves I do have clarity about sick leaves and about the taxes the agency must explain to us how the tax works because we went to SARS and then we get nothing and some get a huge amount so we were so confused what happened what they do their taxes thing…(Participant 7).

3.3.7 Theme 6: Sense of security

The last theme is related to the sense of security that the agency nurses experience.

Sub-theme 6.1: Irregular income

Most of the participants discussed the feeling of insecurity concerning off duty and their salaries. This appeared to be a major concern and worry for the agency staff as they have problems with financial planning. With the feeling of not being recognised

and respected aggravating their feeling of insecurity, all these feeling contributed to some of the agency nurses not feeling self-confident.

…disadvantages umm sometimes you get called you get called sometimes you don't get called so it is… (Participant 8)

…there are students, night students we are normally cancelled don't come in to work otherwise it is not bad, it is only 1 month 2 weeks cause we are on a week and off a week so in a month it is 2 weeks. We are renting we are buying food here so it is affecting me. We are supposed to rent supposed to buy food, we got no money month end, and we had to phone at home so they have to post money… (Participant 13)

…we don't have a stable salary this week you one for 7 days another week you get 6 days but you find you have for 7 days so if we can have a stable salary… (Participant 6)

…day shift it does so we are lucky we are on night duty but October or October we are normally we are normally been cancelled cause it is that month of the students I don't know about this year but we are always waiting for that time…(Participant 8)

…it is a day ward sometimes you find out they like to close the ward and I am working with someone who is permanent EN they phone me on Monday you have been cancelled for tonight maybe they can cancel me for 5 days or I can work 2 days in 7 days then I am going to be off for another 7 days that is very bad…(Participant 10)

A participant spoke animatedly about when she was booked to work on a Sunday when you get double pay, but the booking was cancelled and a permanent staff member who never worked in that ward was booked in her place.

…if there is a holiday they just want to be ones that are working sometimes I remember one time I had like I knew that I was working and it was a holiday I knew I was working but then they called me no you can't come tomorrow we are OK only to find out someone else was working in my place…(Participant 5)

Research indicates that nurses find the irregular and erratic hours a disadvantage as they cannot plan and job insecruity does create fear of losing their jobs (Ball & Pike, 2006:27; Manias et al., 2003:273).

Sub-theme 6.2: Lack of recognition and respect

Showing little recognition and respect towards the agency staff contributes to the feeling of insecurity.

…the time when you [are] new they don't respect you but then the time they get along with you but when you are coming you are new ha aah they must learn to treat everybody with respect even if you are new or they know you that's all they must do cause we are not expose to the private sector maybe we trained in the government or we come from different sides…(Participant 6)

She then added that she did not feel respected.

…then they have to respect us because we know the job as they know the job now…

…it is like you are not human in the hospitals like you don't even have feelings if you say ooo well it is agency that's your name you agency you are not so and so (laughs) so it like you don't have to say anything…(Participant 5)

The same participant shared an incident that occurred when she had been placed in charge of the ward and she reprimanded an enrolled nurse for not carrying out doctor's orders. The enrolled nurse reported this to the clinical training specialist who then undermined the authority of the registered nurse in charge as she was an agency staff member and the enrolled staff member was a permanent staff member.

…She had already made her feel happy that don't worry you are permanent that one she is no body like in a way… (Participant 5)

One participant expressed her disappointment regarding the agency not acknowledging them by giving them gifts at the end of the year.

…But it is painful if they got their cups and watches and bags and pens we didn't get anything. When that day pass it passed they the agency called were you get your money… (Participant 11)

The feeling of not been recognized and respected was found in other literature. (Hass et al., 2006:148,Ball & Pike 2006:27)

Sub-theme 6.3: Teamwork experienced by agency nurses.

Teamwork will be affected if there is a sense of insecurity amongst the staff. Although the participant shared that negative attitudes regarding agency staff often surfaced, most felt that the teamwork was effective and they felt as if they belonged to a team.

…I can't say sometimes it is good sometimes you know when you work together… (Participant 13)

…Yes we help each other even that one permanent staff she like working well with us… (Participant 6)

…The team work it depends on the people as well the agency staff like those that work for agency I relate better with them like if I want them to do something they are good they will do it…(Participant 5)

…The relationship between us is good, I help my colleagues. There is nothing bad. It's good to work with those people we are happy. Mmm we share our stresses our social things mmm our desires we shared everything other than the job… (Participant 7)

One participant shared that she gets support from the Sister but not all staff work well together.

…Not yet not really just a half maybe I got problems I just maybe go to my sister and just explain what is happening but not all staff…(Participant 10)

There often is conflict between the agency and permanent staff with relation to overtime and off duties.

…would say for the most yes then umm probably with hours at certain times your, you know they [are] cutting back in staff obviously they look at the agency first which is understandable you know because there permanent have to work a specific amount of hours but other than that you are pretty much equal…(Participant 2)

Although many participants spoke about the attitude of the permanent staff not being very welcoming, they never shared that they felt unsupported or experienced teamwork being affected.

Sub-theme 6.4: Unit managers attitudes can make a difference.

It was suggested that the unit manager's attitude played a very important role in the agency nurse feeling respected and for the teamwork to be effective.

…for the unit to work to function well it is the leader first to respect the agency staff I have seen this if she is uu not weighing them at the same level the permanent staff think they are supers of the agency staff irrespective of how senior you are to them I am talking to a level of a assistant nurse and a professional nurse you will see that the assistant nurse is not giving you respect you will see that the assistant nurse don't respect you as a sister because of the attitude of the unit manger but if the unit manager respect the staff you will see the team work how it goes we will work like sisters and brothers… (Participant 3)

…But I must say since we have had this new unit manager things have really change there are people are starting to recognise people but with the old unit manager it was not like this it was really like you would know you are real agency they would go and sit at the back while you are working you won't know when it is their tea time when it is their lunch time there will just go and come back as they please and as soon as they come back they are talking with the unit manager in her office…(Participant 5)

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…Yes they did give me my unit managers they sometimes the one that that I got when I came she was willing to give me everything that you want to know and she was helping she was the reason I stayed in… (Participant 6).

3.3.8 CONCLUSION

In this chapter, the results of the study have been presented and discussed. The demographic data were presented in section A. In Section B, six themes were identified and discussed. The findings revealed that nurses embarked on agency work for various reasons, the main reason being that it creates employment opportunities, provides extra income and because of the flexibility of working hours.

Advantages of agency nursing included that it enabled the nurses to gain knowledge through working in different environments. The nurses were exposed to new equipment and new technology, which they then could apply in their permanent employment settings. Training and orientation were discussed, as being competent in the working environment is important to the agency nurse. The third theme concerned the disappointment of not being on the permanent staff. This theme was expressed with strong feelings and it is linked to why the nurses work through the agency; they are not made permanent and cannot find permanent employment. The fourth theme was related to the challenges faced by agency nurses. The challenges were related to fear, disparities between permanent and agency staff, and the fact that they do not receive benefits. The fifth theme was the environment of their working conditions, which included the difference between private and public and communication. The last theme was the sense of security the agency staff felt. They expressed not feeling secure on account of working hours; on account of salaries, as they fluctuated so much; and on account of having bookings cancelled by the hospitals. This theme included the feelings of recognition and respect felt by the agency nurses.

In conclusion, Chapter 4 will provide a concise and in-depth literature review and Chapter 5 provides a concise overview of the key findings; presents appropriate recommendations based on the study; and describes certain limitations.

CHAPTER 4: CONCEPTUALISATION

4.1   INTRODUCTION

This chapter conceptualises agency nurses, discusses what has led to the need for agency nurses, presents challenges experienced by both the nurse and the hospitals; disadvantages and advantages of placement; and strategies used to control placement in the hospitals.

4.2   SELECTING AND REVIEWING OF LITERATURE

Literature was reviewed to increase the knowledge and understanding of agency use in the health establishments.

Search engines such as Medline and EBSCO were utilised. Key words such as agency nurse, temporary nurses, casual nurses and flexible staffing where used for searches and material was selected from multiple electronic databases, journals and books.

4.3   FINDINGS FROM LITERATURE

4.3.1 The background to agency work

The South African nursing council, in Section 1 of the Nursing Act, No. 50 of 1978, defines an agency as a business which supplies registered nurses or midwives, enrolled nurses or nursing auxiliaries to any person, organisation or institution, whether for gain or not and whether in conjunction with any other service rendered by such business or not (SANC, 2010:4).

Manias *et al.* (2003:273) describe agency nurses as those who "have their working life organised by a private contractor, known generally as an agency, to carry out work within any number of hospitals within any one working week and the work they do [is] on a contractual or temporary basis".

Agencies offer temporary employment where the employee only works for a given period. Temporary workers nowadays are employed in many industries for example in agriculture during harvest time, and engineers and accountants who work as consultants for a period (Business Encyclopaedia, 2010).

Temporary work can also be called contractual, freelance, moonlighting, and 'time on task', or even 'temps'.

Agency workers may work full time or part time, depending on the individual's needs. (Manias *et al*., 2003:270).

The need for agency nurses started in the 1860s. Florence Nightingale identified the need for respectable women to work in the military hospitals. These women were needed to do night duty under the supervision of the head nurse. They were temporary staff. Maggs hypothesised that it was the temporary nurses who made up the complement of nursing staff at that time (Maggs, 2004:150; Helmstadter, 2004:590, cited by Collier, 2011:58). In South Africa, agency nursing has been around for more than 60 years (Nursing Services, 2010 cited by Collier, 2011:58).

A nursing agency is a private business. All nursing agencies should have written business plans which show the principles of strategic planning in relation to the mission statement and should have formulated goals which need to be supported by operational plan, based on the environment analysis. This would reflect that the nursing agency complies with the principles of good governance (Muller, 1998:144). All nursing agencies are regulated by the South Africa Nursing Council. This ensures that all nursing agencies need to comply with licensing requirements and organisational and administrative requirements in accordance with the Nursing Act (South Africa, 1978, as amended). They are also required to comply with the financial regulations of the country (Muller, 2001:21). The agency must enter into a contractual agreement with the agency nurses and this may be in the form of writing.

The agencies are required to sign a service level agreement with the hospitals were their supply of staff are placed. The agency should have written policies, procedures and guidelines that should reflect their standards and core business. There should be a formal communication system to ensure adequate interaction between the nurses and the hospital and the agency itself. The agencies have policies regarding risk management and evidence that this policy it functional (Muller, 2001:21).

A nursing agency is a private business. Private business should reflect the principles of good governance. This means there should be a relevant strategic/business plan reflecting the principles of strategic planning in relation to a mission statement, and a formulation of strategic goals supported by an operational plan based on the environmental analysis (Muller, 2001:21).

The South African Nursing Council regulates nursing agencies in terms of the Nursing Act (SANC, 1978, as amended). This implies that the nursing agency should comply with the licensing, organisational and administrative requirements (Muller, 2001:21-36). SANC regulation 32 indicates that all nursing agencies are registered with SANC (SANC,1964).

The agency nurse must be registered with the South African Revenue Services (SARS). Failure to comply will lead to penalties as laid down by SARS. Private healthcare institutions are defined as "private for profit, a unit where the staffs delivering health service are recovered from fees for service" (SARS, 2010).

The nursing agency must comply with the principles of corporate governance with regard to the accounting and financial responsibilities of a company, and principles of fair labour practise (Muller, 2001:27).

The Basic Conditions of Employment Act governs both the agency and the private health institution regarding fair labour practice (Basic Conditions of Employment Act, 1997:96).
It is important that both the agency and the private health care institution enter into contractual agreements in accordance with legislative requirements and principles of corporate governance (Muller, 2006: 27).

A service level agreement is signed between the agency and the private health care institution. The service level agreement may state aspects like how many days' orientation is necessary; the line of formal communication; role clarification with regard to the different service and financial obligations; and mutual responsibility (Muller, 2006:27).

The private institution may also indicate for how many hours they expect the agency to provide clinical accompaniment; training of staff; and testing of competency.

Disciplinary procedures and other human resources issues are also indicated in the Service Level Agreement and need to be in accordance with principles of good business governance (Muller, 2001:31).

Both the agency and the private health care institution need to abide by the Labour Relations Act 66 of 1995 and the Basic Conditions of Employment Act 96 of 1997 with regard to Human resource issues.

The nursing agency should display evidence of appropriate risk management to ensure safety and quality delivery (Muller, 2006:27).

An agency needs to be a paid up member of the Association of Nursing of South Africa and there is a code of ethics that governs the agency (ANASA, 2013:1)

Lines of communication should be clearly delineated and there should be evidence of reliable and continuous internal and external communication systems and networks to facilitate quality care and service delivery (Muller, 2006:27).

4.3.2 Reasons for agency work

The shortage of nursing staff remains a problem worldwide. In the United States of America the US Government predicts that it will be short of between 800 000 and one million nurses by 2020 and about 233 000 additional nursing jobs will open only to about 200 00 candidates who passed registered nurse licensing (U.S. Bureau of Labour Statistics, 2009:1). Many nurses leave the profession each year. This leaves

a huge shortage of nursing staff. Several factors such as the lack of qualified instructors, decreased funding for training programmes and difficult working condition contribute to the shortage (Medical News Today, 2008). Another article that addresses the nursing shortage in the U.K. states that, by 2020, according to the National centre for Health Workforce Analysis (2004), approximately 36% of nursing positions in the United States would not be filled, and it is estimated to grow and the gap between supply and demand of qualified nurses is expected to widen to over one million nurses by 2020. The reasons for this shortage is said to be that the nursing population is aging and nearing retirement. Many other nurses experience burnout and are leaving the nursing profession. Nursing has a poor image in the market place, which does not attract people to this career (Dotson, Dave & Cazier, 2012: 311).

The same problem occurs in the United Kingdom. A study has shown that up to one in ten nursing jobs remain unfilled in hospitals in England and only two-fifths of the wards in Scottish hospital were fully staffed (Hurst & Smith, 2011:287).

There is a shortage of nurses in Australia, New Zealand and Canada. Nurses comprise 40% to 50% of the global healthcare workforce and represent the largest portion of the healthcare team; therefore the shortage of this resource will have major implications on quality health care (Collier, 2011:16).

In South Africa, the situation is no different; the shortage also remains a problem in public and private institutions. The World Health Organization (WHO) states that the minimum ratio for nurses to population is 200:100 000 or 500 people per nurse. According to the South African Nursing Council, statistics of nursing manpower as at the end of 2008 showed that South Africa had 437 nurses for every 100 000 people. This assumed that all nurses who are registered with SANC were working in South Africa, therefore subtracting the assumed number of staff not working in South Africa can push the SA ratio up to between 600 and 678 people per nurse (WHO, 2006). According to Collier (2011: 2), nurses leaving their jobs add to the shortage in South Africa and 10% loss of staff in the general area and 15% in specialised nursing area has been reported. According to an article by Joubert (2009:2), the official ratio of people per registered nurse in South Africa was 1:463 in 1998 and this, in ten years,

has only improved by 2.5%, therefore indicating a shortage of nurses according to the SANC figures. Joubert (2009:2) further says that health is put under additional pressure by the migrants and political refugees from Zimbabwe, Mozambique and other neighbouring countries. South Africa has one of the highest HIV/Aids rates, and experiences multi-drug resistant tuberculosis and many other diseases, which place the health system under pressure and indicate a higher need for medical services. He states that the figures show a shortage of registered nurses in the public health sector and this indicates a compromised capacity for service delivery, as well as a stressful working environment for nurses that are currently employed, which contributes to qualified nurses seeking other employment. It is also the reason for nursing not being a popular career choice for young people in South Africa. Many posts in the public hospitals are unfilled (Joubert, 2009:2).

Many different solutions to the shortage of nurses have been researched and different strategies have been tried. One solution is the used of agency nurses and this has been implemented worldwide. Different studies have proved this as viable, and the expenditure on agency nursing staff in the United Kingdom National Health Service has escalated due to the shortage of nursing staff (Massey *et al.*, 2009:912). A study by Manies *et al.,(*2003:270) agrees that a shortage of nursing staff has led to an increase in the reliance on agency nurses. The general Australian workforce also is becoming increasingly reliant on agency staff to meet the shortfalls in staff-patient ratios (Peerson *et al.*, 2002:505). In South Africa this is the same. Tendani Maduda, director of nursing services in the Western Cape DOH, presenting a study on managing nursing agencies, stated that the use of agency nurses is one of the stategies use to deal with the shortage of nursing staff. Eileen Brannigan, group nursing director from Netcare has stated that, because of the shortage of staff, 25% of their staff come from agencies, on average an agency places 700 nurses per day and their agency bill amounts to R22 million out of an overall nursing bill of R110 million per month. In the same study it was identified that Gauteng faces the same problems as the Western Cape and some of their entire units are run by agency staff. Until utilisation of agencies was discussed in the Eastern Cape Province, little was known about this phenomenon (Rispel, 2008:18)

Another reason for the increase in agency staff is that health care organisations are pressurised to reduce costs, and the fact that labour costs represent approximately 40% of the costs in a healthcare organization. This put pressure on the organisasation to restructure their staffing patterns. Temporary employment is used to add flexibility to staffing, allowing organisations to accomodate increases and decreases in their business activities. Temporary staffing helps meet the increase in demand and when a downturn comes they can reduce temporary workers without making costly changes to their permanent employment levels (Goodman & Yukako Ono, 2007:2). According to a study by Houseman, Kalleberg and Erickcek, increases in temporary employment is more likely driven by the needs of the employer. Companies often find it cost effective to hire workers on temporary contracts when work is expected to be uncertain. The pressure on hospitals to reduce costs lead to hospitals using agency staff for both high- and low-skilled occupations. In the UK, hospitals are required by the state to maintain minimum nurse/patient ratios but the occupancy of the hospitals fluctuate, therefore the agency nurses enable the hospital to add and subtract staff as needed when demand increases or when patients are discharged. This enables the hospital to control the costs. Another reason why hospitals use agencies is when employees are sick or on leave. The third reason stated by Houseman *et al.* is that there is a shortage of nursing staff (Houseman *et al.,* 2004:105).

The health services cannot afford to adopt a 100% staffing model and have implemented the use of agency nursing to help meet fluctuating and unpredictable health care demands in Australia and overseas. Agency staff is used to meet the short falls in staff-patient ratios. This is confirmed by Peerson *et al.* (2002:505) who stated that the use of agency staff is becoming a suitable way of providing cost-effective and flexible staff. However, nurse managers find themselves coordinating an increasing number of agency staff. Manion and Reid (1989:315) suggest that there are other benefits for hospitals in utilising agency nurses: if the agency nurses are not acceptable, the relationship with the hospital can be terminated easily, as extensive paperwork and procedures do not have to be followed to dismiss the agency staff.

Peerson *et al.* 2002:505) add that agency work enables nurses who may have left the profession for other reasons to continue working in the hospital environment.

In South Africa, nursing service managers are accountable for the provision of quality nursing care and cost-effective management of the nursing service. The nursing management outputs should be achieved in a cost-effective way without reducing the quality of care. Therefore adequate nursing staff is very important. A shortage of permanent staff is often to due permanent staff taking sick leave; or annual leave; absenteeism; or a sudden increase in the workload within a particular unit. Nursing agencies play an important role in the provision of nursing staff in South Africa, not only as a back-up system for health care services but also as a method of rendering cost-effective nursing care without affecting the quality of care (Muller, 2001:22).

Hurst and Adam (2010:287) suggests that agency nurse staffing form a large part of the health service in the UK and is unlikely to fall because of recruitment and retention problems; high absenteeism; and staff wanting to work casually. In Australia. the mobile agency workforce is increasing particularly in female dominated occupations (Peerson *et al.*, 2002:505). According to Hurst and Smith, this is also true for the United Kingdom were nurses prefer to work irregular and flexible hours so that they then can see to their family commitments (Hurst & Smith, 2011:288). The nurse workforce is becoming older and has increasing demands around work and family responsibilities and needs to balance their demands therefore a trend towards working for an agency is preferred. Nursing is a predominantly female occupation. Domestic responsibilities have resulted in an increase in the number of nurses choosing to work for an agency, were they can reduce hours worked per week and this enables them to balance their lives better (Ball & Pike, 2006:13; Massey *et al.*, 2009:913). This seems to be true for South Africa, as there appears to be a growing trend for professional nurses to prefer casual employment instead of permanent status (Collier, 2011:60).

In a report by Marie Jacobs (Jacobs, 2010:2) for the ANASA news flash, she states that the growth of nursing agencies has been motivated by a shortage of nursing staff, especially in specialist areas such as ICU and theatre; an increase in demand

for patient care; and the nurses' need for extra income. In South Africa, the health sector faces a huge challenge to produce, recruit and retain health professionals. In 2008, South Africa had a shortfall of approximately 19 000 nurses and a vacancy fill rate of 56% for professional nurses and midwives. The increase of nursing agencies has affected service delivery negatively, but has been able to fill unfilled posts, especially in specialised areas like ICU and theatre.

The placement of agency nurses appears to have increased and they now form an important part of the nursing workforce. The reasons, apart from the shortage of nursing staff, also seem to be the pressure of cost-effective management of hospitals and preferred choice of the nurses.

4.3.3 Aspects to consider as reasons of doing agency work

In a study done by Manias *et al*. (2003:454) for which 10 agency nurses working in Australia where interviewed and questioned in connection with employment conditions; the nature of interactions with agency staff, hospital staff and patients; recognition of professional knowledge and skills; and perceived career opportunities, the following reasons were indicated:

4.3.3.1 Employment opportunities, financial benefit, flexibility and other advantages of doing agency work

The advantages and reasons for doing agency work identified from this study were flexibility; personal development; the stress associated with permanent work; lack of respect for nurses in permanent roles; and the politics of the clinical setting. Flexibility, for allowing nurses to address social and personal commitments, was the most common reason. Some chose flexibility as they needed time for their families; for volunteer work; for health reasons; for additional jobs or for studying and others

associated permanent jobs with stress and less autonomy and independence. In another study conducted by Peerson *et al*. (2002:504), the advantages that corresponded with the previous study was flexibility, independence or autonomy and the ability to blend personal and professional life, but variety and short-term financial achievement was added. Ball and Pike (2006:15) conducted an on-line survey in the United Kingdom, in which 539 agency staff participated. Findings from this study were that flexibly was the biggest advantage of doing agency work, although they did describe many others like choice, which allows agency nurses to choose when they work. Freedom and independence was also an important advantage. Extra pay, for topping up your income, or the ability to gain extra income was identified, as well as being able to broaden your experiences; professional development; and gaining skills. Variety of work or the ability to retain the nurse's registration and the ability to choose the area where you are going to work were reported advantages. This study also identified less stress and less hospital politics as advantages. Networking and meeting people was also recognised as an advantage. Agency nursing was seen as a good way to return to nursing (Ball & Pike, 2006:17).

In a study conducted by Collier (2011:62) in the Western Cape, South Africa, on registered agency nurses working in a critical care unit where 10 nurses were interviewed regarding their job satisfaction, the advantages that were identified were found to be flexibility, independence, personal development, autonomy, avoidance of the political involvement and the stress associated with permanent work. This study's findings seem to confirm what was found in overseas countries. Flexibly was also the most frequently listed advantage. The reason for needing flexible working hours appeared to be that the hospital requires their permanent staff to work varied shifts, which were rigid. The flexible hours enabled the staff to address social and personal commitments and obligations, which included spending time with partners, children, friends and family. Health problems that were aggravated by permanent shifts were also given as a reason. To maintain independence and autonomy was important, as well as personal development. Another advantage was that the agency staff was able to avoid the politics of the hospital: this includes conflict and strain in the relationships of colleagues. The ability to choose your work environment is another advantage: agency nurses are able to choose whether they are going to return to a

certain unit. Some of the participants found financial rewards to be an advantage (Collier, 2011:20).

In the report by Jacobs (2010:2) on the situation in South African public and private hospitals, the advantages agree with previous literature, such as agency nurses filling gaps in specialised areas where there would be no other available staff member to work in that area. The nurses enjoy the flexibility of the shifts they are required to work. It was also recognised as an employment opportunity for the staff members. Auxiliary nurses experienced opportunities for employment and for gaining working experience. The quick weekly payment is another advantage for the nurses.

In conclusion, as to the advantages for the nurse, agency work provides flexibility of working hours. It provides the nurses with a choice as to when they want to work, for example if night duty or weekend work do not suit their lifestyle, they are compelled to work these duties whereas they would be forced to work these shifts if they were permanent employees. The choice of unit the agency nurse wants to work in also appears to be an advantage: an agency staff member may prefer medical wards. Regarding working for financial gain, agency staff work to top up salaries or as an extra income. Personal development, independence and autonomy, retention of professional skills and avoiding the stress or the politics that are part of a permanent job are also mentioned as advantages in the case of South African agency nurses. It appears as if all studies whether from overseas or South Africa, agree on the perceived advantages.

4.3.4 Challenges encountered with the use of agency staff

Agency nursing is not without challenges, whether experienced by the nurses or the hospitals.

4.3.4.1 Challenges encountered by the hospitals

A study by Manias *et al.* (2003:457) for which directors of nursing of two long-term care facilities were interviewed about their use of agency nurses, found that agency nurses performed necessary nursing duties, including administration of medication, charting and clinical care. The study also identified disadvantages, which included lack of knowledge about policies, regulations, potential for medication errors, a need for constant supervision, charting errors and complaints from clients, and families, which have a negatively influence on quality care. Another disadvantage that was stated was declining staff morale and decreased teamwork, which was blamed on the use of agency nurses. The nursing managers had to spend a lot of time and take responsibility for planning the allocation of the agency staff; they were required to plan in advance, verbalise needs with the agency and make arrangements with permanent staff and examine the agency nurses' competency. A challenge the hospital managers shared was that when there was a shortage of available nurses, and staff then allocated did not possess the appropriate qualifications or experience. A concession was needed about the type of nurse sent by the agency. Agency providers recognised that the agency nurses felt isolated, as they were not involved in the team building efforts made by the hospital. Compulsory evaluation was done by agencies; this included basic life support and advanced life health care support and moving and handling techniques, but other training was the responsibility of the agency nurse herself. Some of the hospital managers thought the agency nurses were unable to adapt to evidence-based practice, as they believed the agency nurses to be motivated by money rather than professional status. They believed the agency staff to be incompetent. Other nurse managers disagreed and believed times have changed, the competency of agency nurses has improved, and, compared to the permanent staff, they are better skilled. Conflict between the agency nurses and permanent staff was an additional challenge, as there was frustration about the difference in payment because the agency staff earned more than the permanent staff. Another frustration for the hospital managers was the rapid turnover of nursing staff created by the use of agency nurses and that many of the nurses were inexperienced (Manias *et al.*, 2003:457).

According to a study by Levenson (2000:36), staff who were unfamiliar with equipment, policies and procedures, and were placed in chaotic environments, were more likely to make mistakes. Hurst and Adam (2001:287) conducted a study in hospitals in the United Kingdom comparing work activity, cost and quality care between agency staff and permanent staff. They stated the most worrying disadvantages of agency staff were quality issues. High workload and rising agency staffing increased medication errors. Hurst and Adam's (2001:287) research determined that wards with higher workloads and fewer permanent staff necessarily used agency staff, but service quality could be affected as a result. The study agreed with Manias *et al*. (2003:457) that good quality care is also related to nursing teamwork, which suffers if the workforce comprises agency staff. Teamwork and working styles are disrupted and this diminishes quality care. Manias *et al*. concurred with Levenson's (2000:36) findings that the agency staff is less familiar with ward policy and procedures and need to seek assistance from the permanent staff. In wards where agency nurses were used, the cost of running the wards were more than the cost of running a ward without agency, which raises the question whether agency nurses were worth the cost. Another challenge was that the agency nurses have a choice whether to return to wards and chose not to return to wards where there were high workloads, which added to the challenges for the hospitals employing agency staff (Hurst & Adam, 2011:289). In the Peerson *et al*. (2002:504) study, in which a telephonic survey was done with agency managers and hospital managers in Australia, it was agreed that a disadvantage of using agency nurses is the concerns related to quality care of the patients, they believed that formal relationships through which both agency and hospital developed policies related to allocation of the nurses, delivery of patient care and provision of continual education were necessary (Peerson *et al*., 2002:504). Lack of continuity of care for the patients is a disadvantage for the agency, the hospitals and the patient (Ball & Pike, 2006:27).

In South Africa, a survey was done on, "The nature and Health care Consequences of Casualization, Nursing Agencies and Moonlghting in South Africa". Eight of the nine provinces responded to the provincial survey and all private hospitals responded. In this survey the following disadvatages were listed: There is a

perceived negative impact on permanent staff.The relationship between agency staff and permanent staff is often conflictual. Unethical business practices and abuse of the system by the agencies, with a possiblity of corruption and collusion between agencies, managers and nurses occur. The agencies themselves have a shortage of staff and can not supply the required number of nurses. The agencies do not screen the nurses adequately before placing them in the hospitals and then provide inadequate training for the nurses. The nurse may also not possess the adequate skills and experience needed in the hospitals. The agencies do not abide by the contractual obligations set by the hospitals. The provincial government staff may abuse the system when working through the agency. The agency staff may lack knowledge regarding the hospital's procedures, policies and protocols. The permanent staff often perceive the agency staff to have little commitment, loyalty and reliabilty.Too much time was needed to orientate agency staff and the high turnover of staff made this an ongoing responsibilty. The public hospitals have very little control over their permanent staff working through the agencies and if their staff work too many overtime hours or double shifts or back to back nursing, the staff becames unproductive and also increase the risk of medico legal incidents. In this survey Tendani Maduda, director of nursing in the Western Cape, stated that a disadvantage was the high cost of agency nurses. The nursing agecies charge different tariffs which contributes to high expenditure on agency nurses and the administration process for getting agencies to supply staff was costly and difficult. The major challenge faced in the Western Cape with regard to the use of agency staff was the poor standard of care given by the agency nurses. There was also lack of ownership and responsibilty on the part of both the agencies and the nurses. Maduba concluded that there was no return on the investment in the staff development as the staff were not permanent to that hospital (Jacobs, 2010:1; Rispel, 2008:16).

4.3.4.2 Challenges encountered by the agency nurses

Some of the challenges encountered by agency nurses include fear, disparity between staff, financial insecurity, respect and recognition, and teamwork being influenced negatively.

It is generally agreed (Ball & Pike, 2006:3; Massey *et al*., 2009:269) that the unpredictability and uncertainty of work supply were the main disadvantages for the agency nurse. It is suggested that the agency nurse experiences difficulty accessing the necessary information from medical records because of interruptions, a lack of familiarity with the environment and immediacy of patient's needs. They have trouble in completing tasks, as they do not have the correct information available to them. The agency nurse's autonomy is affected by the lack of appropriate communication about the patient necessary for decisions to be made when responsibility is passed on to the agency nurse. In addition, the agency nurse plays a restricted role in decision making and development of policies. Ball & Pike (2006:3) study concurs that the agency nurses are responsible for maintaining and updating their own clinical skills and professional development. Ball and Pike (2006:3) suggest further disadvantages for the agency staff members in that they cannot claim sick pay or holiday pay and receive no pension.The agency nurses receive no benefits besides their hourly rate; they have no job secruity and uncertain salaries.This makes planning very hard for an agency nurse. Agency staff with permanent jobs and agency work complained about the extra tax they ended up having to pay. The agency nurses experience lack of confidence due to the fact that they are not familiar with the enviroment or fear that they may make a mistake. Some nurses felt obliged to work particular shifts even when they did not want to because they were afraid to turn the hospitals down. The nurses working extra hours as overtime experienced exhaustion as some worked too many hours. Ball and Pike's study produced similar findings to Manias *et al*. (2003:269) with regard to the relationships with permanent staff, which is often conflictual. Manias *et al*. (2003) explored the perceptions and experiences of agency nurses in Australia and described some of the negative experiences which conicided with Ball and Pike's study, like receiving short notice to be allocated a shift, especially night duty for which the nurse needs to prepare. If the

nurse is not notified in advance, she finds it hard to prepare herself for the shift. Another negative experience discussed by Manias *et al.* was the relationship with the permanent staff: if they were notified late about the shift they were working on and arrived late on duty, the permanent staff would blame the nurse and would not accept lateness as the result of late booking. Cancellations are a disadvantage for the nurse, because it causes increased anxiety as it implies decreased payment, as well as the need to reorganise other commitments. This connects with the disadvantage of job insecruity and unknown salaries. The two studies agreed on the agency nurses' experience of not having a sense of belonging in the wards and a feeling of not being accepted and respected by the permanent staff. The agency nurse would end up feeling isolated and unable to develop a relationship with the permanent staff as they only work in the hospitals occcasonally. Some nurses in these studies expressed feelings of not being supported. According to Manies *et al.* study, educational or training sessions conducted by the agencies sometimes were not relevant and the nurses often found it hard to make time to attend the training provided. The agency nurses were not included in the hospital in-service training and agreed that the agency nurse is responsible for her own training needs. Orientation with regard to their patients and enviroment was sometimes seen as a disadvantage as it was often limited.(2003:270). In a study by Hass *et al.* (2006:144) exploring the experiences of agency nurses working in a London teaching hospital, the disadvatages identified also included lack of confidence as many of the hospitals used different equipment or technology and the agency nurse would need to spend a lot of time asking how to use the different equipment. The nurses stated that they felt far more confident and spent less time asking permanent staff how to undertake simple tasks when they knew the equipment. In Hass *et al.* (2006:144) study found that agency nurses experienced a feeling of deskilling and not receiving feedback on their work performance as a disadvantage. Nurses, in addition, experienced feelings of isolation and received little support from hospitals in which they worked infrequently. It was noted that the staff were enabled to build trusting relationships if the nurse had more regular shifts in the same hospita. The agency nurses comented that they experienced less anxiety when the team leader and other members of the staff were friendly and approachable; this impacted on their work (Hass *et al.*, 2006:151).

The report presented by Jacobs after her survey of private and public hospitals throughout South Africa reported disadvantages that corresponded with earlier literature from in different countries. Unreliable and irregular incomes create conflict between staff as they compare salaries from the agency to salaries received the Health Department. The agency nurses do not consider the tax implications and this then creates conflict and confusion regarding their salaries. Some agency staff who have primary jobs as well as secondary jobs may have conflicting schedules or shifts and use their sick leave to work in other hospitals to earn extra money. Therefore the agency nurse may experience exhaustion and burnout as they work too many shifts and too long hours. This also increases the chances for medico-legal incidents. The agency nurses do not receive benefits such as medical aid, pension, sick leave and uniforms. The lack of continuity of care and quality of patient care is a disadvantage for both the agency nurse and the hospital (Jacobs, 2010:1; Rispel, 2008:17).

Findings from the study conducted in the Western Cape by Collier (2011:40) resembled previously stated findings in Australia, the United Kingdon and the United States of America. These included the lack of a sense of belonging, inadequate teamwork and a lack of support from the permanent staff. Orientation to wards is very important and contributes to the agency nurses' confidence in the new enviroment. Collier's study revealed the perceived workload distribution as differing from what was reported in previous studies. In this study, the agency nurses saw the workload distribution as divided unequally due to the shortage of staff. The workload was viewed as overwhelming by some and the nurses were afraid that mistakes would be made and incidents would arise. The quality of care was affected, not due to the agency staff but due to the shortage of staff. This created anxiety for the agency nurses. The fear of not been booked again caused nurses to accept higher workloads. Agency staff experienced inappropriate placement. Some agencies were assertive enough to confront the inappriate placement but the pattern continued. The communication between the agency and the hospital did not seem to be a disadvantage and appeared to be working well. The conflict between agency nurses and permanent nurses appears to be universal. In the Western Cape, some agency nurses felt that the permanent staff believed that agency staff needed to work harder as they earned more money than the permanent staff. Cancellation and

unpredicatable pay was also common in most of the studies and was seen as a disadvantage (Collier, 2011:42).

4.4   STRATEGIES ALREADY IMPLEMENTED TO IMPROVE THE WORKING ENVIRONMENT

According to the studies discussed previously, strategies have been put in to place to ensure better use of agency nurses. Some of the strategies were suggested after the studies and others had already been put in place; agency nurses and hospitals, described these strategies as helpful.

Strategies related to orientation seem important as this set the trend for the agency nurse in the new environment. The study by Manias *et al*. (2003:269) reported that, orientation was done by the agency by communicating information at the interviews and supplying the nurses with written hand-outs about professional code of conduct, fees, uniforms and agency regulations for working and cancelling shifts. Some of the agencies carried out comprehensive competencies checks but the strategy that the agency nurses thought to be the most helpful was if the hospitals could make available a written orientation package for the wards (Manias *et al*., 2003:275). According to Hass *et al*. this study agreed with findings by Manias *et al*. as nurses experienced a better transition on account of a folder presenting the protocols in use in the ward. The welcoming attitude of the permenent staff played a vital role in the agency nursing feeling more confident. Manias's study reported that the nurses experienced a better sense of belonging and the relationship with the permanent staff was more respectful if they worked in one specific hospital over a defined period. The findings from this study reinforced the strategy to create a strong collaborative network between agency nurses, agencies and hospitals by which better communication could facilitate negotiations over placement of nurses and concerns (Manias *et al*., 2003:269).   Hass *et al*. (2006:144) added that nurses believed that returning to the same ICU meant they were less likely to experience deskilling as the shift leader would be aware of the nurse's experience and level of

skill. In Hass *et al.* (2006:144) study suggested that agency nurses should consider working in a limited number of hospitals to become more familar with a few hospitals. This could be facilitated by the agency. The hospitals could become involved in the intergration of agency nurses by ensuring that effective orientation is provided (Hass *et al.*, 2006:145).

In the study on the perceptions of the hospital managers and agencies by Manias *et al.* (2003:270), the strategies that were discussed were for the benefit of the hospital and agency. Nursing managers who planned allocations in advance were better able to book the agency nurses and examine the labour hours needed in advance but the final decision concerning exactly how many agency nurses were required was taken on a daily basis. Allocation books in which the agency nurses could record their availabilty for further shifts were used and this seemed to be helpful. It was agreed that the agencies should provide extensive educational resources to help the nurses retain their basic and advance life support certificates, but the agency nurses are responsible for any other training needs they may have. The study concurred that collaboration between the hospitals and agencies was important and could be achieved by regular debriefing sessions between the hospital and agencies to discuss common concerns (Mainias *et al.*, 2003:457).

The strategies mentioned in the Peerson *et al.* (2002:504) study were that a limited number of prefered agencies should be used, for a long-standing working relationships between the agencies and the hospitals could be developed. Some of the hospitals placed the same nurses in the same wards with permanent off duty periods; this reduced problems around unfamilar enviroment and equipment and increased teamwork (Peerson *et al.*, 2002:504).

According to Collier, agency nurses were able to establish a sense of belonging if they worked in one particular hospital over a period of time. Good communication is vital for the building of good relastionships and mutal respect. More discussion between the agency nurse, the agencies and hospitals with regard to relevant training and when this should be offered would increase the quality of the care of the patient and participation of the agency nurse (Collier, 2011:44). In the Western Cape, the strategies proposed in the research report on the state of Nursing

compiled by Laetita Rispel, was that Service Level Agreements with penalties and a code of conduct should be introduced for the hospitals and the agencies. Agencies would be expected to maintain a register of all nursing staff with proof of registration, qualification and proof of competencies and skills. Hospitals would implement strict monitoring and control recruitment of agency staff. Introduction of an electronic system for procuring agency staff would improve efficiency of administration. The private hospitals have limited the number of agencies and have a contract with one master vendor. The other solutions to improve the placement of agency nurses suggested in this study were to improve management of nursing agencies; improve regulations and governance; improve communication between the agency and the hospitals; define requirements and expectations of the agencies and hospitals; and establish a quality assurance system (Rispel, 2008:16). There seemed to be a gap in the governance of agencies as nursing agencies fell under the jurisdiction of the National Health Department in terms of the National Health Act and temporary staff placement services fall under the Department of Labour; this produced the gap in governance of the nursing agencies, therefore the legislation needs to be revised (Jacobs, 2010:1).

An article written by two nurses, Willens, an agency nurse and Grau, a permanent nurse, discussed the experiences of both, by trying to look at both sides. The agency nurse describes arriving in a new ward to work a shift; she is nervous and experiences butterflies. She sees all the new faces and a new environment where the nurses are scrutinising her. She finds working in a new institution and trying to function at maximum capability difficult. The orientation she received was helpful, she recognises that the staff will not know her level of skill but she is dependent on the permanent staff to incorporate her into their team. To make the transition easier she realises she needs to communicate effectively with the permanent staff, this includes introducing herself and finding out who is in charge and if there is a resource person asigned to answering questions. She has chosen to work through the agency and realises she needs to work harder to change the preconceived ideas and stigmas associated with agency nurses. She needs to market herself as she may want to return to this particular ward. She realises she needs to prove herself to the permanent staff members. In this article she makes a suggestion on how to

enhance the working relationship between the agency nurse and the permanent nurse. First, the agency nurse should ensure orientation is done by the agency. Ask the agency to supply the hospital with a profile listing creditials, strengths and weakness of the agency nurse. Always arrive early for a shift to give yourself time to acquaint yourself with the hospital. Introduce yourself when you arrive to establish open communication. Present yourself professionally and courteously. It will be beneficial for all if professional relationships are formed and teamwork will ensure that both agency and permanent nurse have the same goal. On the other side, the permanent nurse describes her experience with agency nurses. She arrives for her shift and the ward is very busy, and an agency nurse has been assigned to her ward. The permanent nurse could believe the stigmas associated with agency nurses is that they are not committed to the profession but are only concerned with money, but if she starts the day thinking this she would be miserable, so she tries to think of the agency nurse as someone that just chooses to work agency but is still professional. The permanent nurse also realises that communication is important and she needs to introduce herself and find out what the agency nurse does know. If the permanent nurse includes the agency nurse in tea times and breaks, it would improve the relationship and the permanent staff are working really hard and need the help. If they communicate well, the agency nurse may agree to come back to work in this ward again. The permanent nurse's suggestions on how to build the relationship between the agency nurse and the permanent nurse are as follows: orientation is important. Encourage the agency to develop a core group of nurses who return to the same hospital. Receiving a profile from the agency on the nurse they are sending to the ward regarding her credentials. She believed having staff meetings during which the role of the agency nurses is discussed would incorporate them into the ward more effectively. Develop a way of giving the agency nurse feedback on her performance in the wards. If the relationship with agency nurses are good then they may return or even want to work in the ward permanently. Many strategies can be developed from just exproring the experience of both agency nurses and permanent nurses (Grau & Willens, 2011:120).

4.5 CONCLUSION

The use of agency nurses has increased for many reasons: the shortage of nursing staff and cost effectiveness of employing temporary staff to fill posts and alleviate the burden when there is a high workload. Flexibility of staffing is important as the hospitals do not always function at a 100% occupancy. Agency nurses have been used for many years but the number of agency nurses just recently has increased. Nurses themselves choose to work agency for many reasons. The most common reason is that it provides flexibility for the nurses who have other commitments involving family or studies, or do not to choose to be employed permanently where working rigid shifts is necessary. Disadvantages are experienced by both the hospitals and the agency nurse. For the nurse, the uncertainty of work and salaries are disadvantages. The relationship between permanent staff and agency staff seems to be conflitual. Orientation of the agency nurses and communication between the agencies, hospitals, agency nurses and permanent nurses is seen to be important in making the placement of agency nurses more effective.

Agency nurses seem to play a big role in the staffing solution of hospitals today and can be a valuable resourse for nursing if utilised properly.

CHAPTER 5: DISCUSSION, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The researcher defined reasons for this study, described the applicable research methodology and data analysis and presented an in-depth literature review in previous chapters. The findings of the study having been discussed as well, this chapter presents a discussion of the conclusions derived from the data analysis. Recommendations for future approaches and the study's limitations are also presented in this chapter.

5.2 DISCUSSION

The demographic data of the participants is described in this section. The participant age, years qualified, years' experience in nursing are explained. The other demographic data include, if they work only for the agency or if they have a permanent job and work for the agency, how many hospitals the agency nurses works for and how many hours they worked for the agency.

5.2.1 Demographic data

The ages of the participants ranged from 28 to 48 years old. Their working experience as qualified nurses varied from 24 years to newly qualified. Seven of the thirteen had never worked before; they had only completed their required hours of service while training. The participants had worked for the agency for a substantial amount of time. Five out of thirteen participants were employed full time and worked part time through the agency. Eight of the thirteen participants only worked for the agency, being employed either full time or part time. Seven of the participants have

been placed permanently in the same ward; they therefore work a 40-hour week in the same ward and form a large part of the regular workforce in these wards. Only two indicated that they might be spending too many hours at work. one participant, for example, explained that she has full-time employment where she works a 40-hour week and then does 24 hours of work for the agency each week. The other participant indicated that she has permanent duties through the agency, but works extra hours overtime in a different institution. Seven of the participants indicated that they only worked in one hospital. The literature indicates that the quality of patient care is less affected if agency staff is placed in a limited number of units and relationships between the hospital staff, agency and agency nurses are formalised (Peerson *et al.*, 2002:511).

5.2.2 Themes generated from interviews concerning the experiences of the agency nurses about placement in the private hospitals

This study provides insight into demands of agency nursing work from the perspective of the experiences of the agency nurse.

5.2.2.1. Reasons for doing agency work

This study indicates that participants gave the main reason for working through the agency as that they were able to obtain employment through the agency. Other reasons were that it provided extra income and flexibility. Agency work allows the nurse to avoid hospital politics. Some of the participants explained that they had completed their training at a private college and could not find employment in the hospitals. Some of the participants travelled from Durban in order to get work through the agency. Others said that they worked in the public sector but worked extra shifts in the private sector for extra money. The private hospital employees also

did their overtime through the agency but were only allowed to work three 12-hour shifts per month, therefore the overtime was controlled. The nurses worked their overtime through the agency; this enabled them to receive money weekly and therefore not having to wait until the end of the month to receive payment, so nurses worked overtime to top up salaries during the month. One of the participants was a student in the private college and was allowed to work three shifts through the agency for extra money. She has now qualified and is employed permanently, but still works overtime through the agency. Other participants explained that they had started working through the agency but have since been given a permanent post and was working overtime through the agency. Ambivalence regarding the permanent employment was felt as she was glad to have the job security but was worried because she was not able to do more than the three shifts overtime in a month, and therefore she was not able to earn extra money if she needed it. Previous studies suggest that the main reason for nurses to choose agency work is that it provides flexibility as nurses are predominantly female and need to balance family and work commitments (Ball & Pike, 2006:3; Manias *et al.*; 2003:269; Hass *et al.*, 2006:144). There were many reasons why flexibility is attractive in the work place. This might only be true for a few agency staff in this area but their main concern was to obtain employment. The reason for this seems to be that posts in the public and private sector have been frozen.

Although research indicates that agency nurses' main reason to work under an agency is for flexibility, research by Hurst and Smith (2011:289) indicates that vacancy freezes are used by the hospitals to meet financial targets. This increases the use of agency staff. This may be true for this situation in East London. The private sector appears to need the flexibility of the staff so they are able to reduce staff when occupancy is down and this enables them to control the cost of running the hospitals. The private sector workforce consists of a large portion of agency staff.

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5.2.2.2. Growth through experience

The newly qualified nurses may use the agency work to gain experience before managing to be employed permanently. This would be beneficial for both the nurse and the hospital as the nurses gain experience and the hospital can access the nurses without having to deal with disciplinary problems if they are not adequately trained to perform the duties required of the nurses.

Employment opportunities are linked to the next theme, which was growth through experience. As discussed, the newly qualified staff gain the working experience needed for permanent employment through the agency. This seemed true for enrolled nurses and enrolled nursing assistants in this study who had been trained in private institutions not linked to a specific hospital. All participants stated that they had grown through the experience of working for the agency. Working in different environments and different settings exposed the nurses to new technology and new equipment and the nurses were able to learn and integrate this learning by applying it in the other settings, which then increased the quality of care for the patient rather than decrease the quality of care, as stated in previous research (Castle & Engberg, 2008:437). In Castle and Engberg's study the findings were that the use of agency staff did not necessarily influence the quality of care of the patient but could actually increase the quality of care. Collier's (2011:40) study confirms this by reporting that learning is gained through being exposed to new enviroments. Participants stated that they were able to gain experience in ICU and were being trained to function in this specialised unit. Another participant shared that she has been given the opportunity to function as the unit manager of the ward. It gave her confidence to know she could be in charge of a ward. These results differ from results obtained by Hass *et al*. (2006:149) that reported that agency staff experienced deskilling.

The research substantiates the need for agency staff to be orientated adequately so that they can be familiar with different equipment and policies in order to function well. Participants in this study felt they had experience and adequate orientation and had never been placed in a situation in which they did not feel comfortable. The participants indicated that they were given two days' orientation and if they felt it was

not adequate they could ask for more orientation. They were included in in-service training when they were on duty. Recently the hospital included the agency staff in their induction programme. The only disadvantage was that the agency staff were not paid for the time spent at induction. As they were not paid, some of the participants did not attend training regularly because they needed to earn money. The no-work-no-pay policy forced them to work, instead of attending training. The agency itself provided the orientation and has a clinical facilitator working in the hospitals with the nurses to train them, but some participants indicated that training in basic life support and advance life support was not undertaken by the agency or the hospital. The agency nurse was responsible for her own development and for keeping up to date with technology. Previous research indicates that some agencies take responsibility for training and provide training programmes including workshops for the agency staff (Peerson *et al.*, 2002:504). Other research indicates that training is the agency staff member's responsibility but a lack of ongoing educational opportunities existed (Hass *et al.*, 2006:144). The current study found that it seems that some training is done by the agency and some is done by the hospital when the agency staff member is on duty.

5.2.2.3. Disappointment of not been made permanent

The disappointments regarding not obtaining permanent employment were very strong amongst seven of the thirteen participants. This was linked to the first theme of working through the agency as an employment opportunity. No previous studies could be found in the literature regarding the feeling of disappointment because of not being made permanent. Participants commented that they had worked for the agency for a long time; one participant was in her fourth year of working for the agency in the same ward. Their expectation was that they would eventually be given permanent posts. Seven participants have been working for the agency for quite some time and worked in the same ward with permanent off duty periods. They formed part of the regular workforce for those wards. Their expectation was that they would receive permanent posts once they received permanent off duties and proved

themselves as competent staff members. Some of the staff believed it was because they were not good enough and it affected their self-confidence. The unit managers of some of the wards had indicated that they would be given permanent posts as soon as there was a post. One participant shared she had gone for an interview and the post was given to a student from the hospital's college, which increased the feeling of disappointment. Some indicated that they had applied at the public hospital for permanent posts but were unsuccessful there. This feeling seems to affect the morale of the staff and increase the tension between the permanent staff and agency staff.

5.2.2.4. Challenges encountered by the agency staff

Agency nurses discussed the many challenges they encountered while working. Agency nurses were concerned about the hospital cancelling their off duty. This created fear amongst the agency staff and in turn influenced their assertiveness so that they were unable to say "No" when placed in difficult situations. The staff experienced fear for different reasons. They were fearful of making mistakes and of their off duty being cancelled. They discussed not been able to say "No" when they were asked to work extra hours, as they were worried that they would not be asked again.   The agency staff felt obliged to work when asked to maintain a good relationship good between the agency and the hospital and to secure future off duty. This was linked to an increased risk of burnout. Staff also worked extra hours to top up salaries and this increases the risk of burn out. Another risk related to burnout was that they did not have clarity regarding leave policies and did not ask for leave, being were fearful that their permanent off duties would be given to someone else. Agency staff felt obliged to work harder than the permanent staff because of the insecurity they felt concerning their off duties. Disparity between agency staff and permanent staff appears to be universal in all studies. Reasons for the difference seem to be common in previous studies. In the current study, the agency staff highlighted the attitudes of the permanent staff about salaries; the belief was that the agency staff earn more money than the permanent staff. This corresponds with

previous studies (Ball & Pike, 2006:3; Manias *et al.*, 2003;269; Hass *et al.*, 2006:144). The agency staff commented on the fact that the permanent staff did not consider the fact that the agency does not receive benefits like medical aid. They felt the permanent staff judged this aspect unfairly. Uniforms in this study contributed to the disparity between agency and permanent staff. The agency staff members' uniform consost of a white top and navy bottom and the premanent staff wore a navy and red uniform. This physically separated the agency staff from the permanent staff. The agency staff commented on being pointed out to the patients as being agency staff, which diminished the trust patients had in the agency staff member. Interestingly, this appears to be a small difference but most of the agency nurses spoke of this animately, leading to a conclusion that this physical difference separates the team and creates many feelings of not being accepted and not being good enough. No previous study has indicated that this is a concern in any other hospital. The researcher is not sure whether this is unique to this area. The agency staff were disturbed on account of the perception among the permanent staff of them being incompetent. Many suggested that all they needed was time to familarise themselves with the difference in working policies and enviroment to become more competent, but felt they were being judged unfairly and the judgement was passed too rapidly.

The study by Hass *et al.* (2006:145) confirmed that this appears to be a general feeling and that agency staff who are fully trained and skilled can experience self-doubt because they are not familiar with the enviroment and equipment (Hass *et al.*, 2006:145).

That agency staff receive no benefits like medical aid, pension and a thirteenth cheque created huge apprehension among the staff. Some commented that, in spite of working hard in the private sector giving patients quality care, the participant would need to be admitted to the public hospital if she were to fall ill. She saw this as unfair treatment and she believed she would be judged unfairly by the public hospital's staff. Many participants have worked for the agency for quite some time and feel if has been in vain as they do not have pensions. This does appear in previous studies, but, it does not appear to create such strong feelings because the

majority of the staff choose to work through the agency (Ball & Pike, 2006:3; Hass, *et al*., 2006:144; Manias *et al*., 2003:269).

5.2.2.5 Enviroment of working conditions

Enviroment of working conditions was the next theme. Here the participants discussed the difference between the private hospitals and the public hospitals. Participants trained in the public hospitals noticed many differences when working in the private hospitals. The differences were related to the equipment and technology. Agency staff who work in the public hospitals and moonlight in the private hospitals also experienced these differences. New equipment and techonolgy was used in the private hospitals and it took the agency nurses some time to adjust to it. The participant spoke about the physical enviroment of the different hospitals. The cleaniness was mentioned, as well as the level of patient care. This theme has not been discussed in literature. This phenomenon may be due to the fact that previous studies were conducted in countries where there is a national health service, therefore there are no private and public hospitals to compare equipment and treatment. The Lliterature review of studies done in South Africa did not reveal any discussion around these issues (Collier, 2011:57).

Communication has been discussed in previous studies and it has been shown that collaboration between hospitals and nursing agencies is important for the process of effectively placing agency staff in the hospitals (Manias *et al*., 2003:457). In this study it seemed that communication between the agency nurse and agency appears to be good. Few problems were expressed with regard to communication around placement and cancellation of off duties. The agency staff spoke of being able to communicate with the agency when they were available to work. They expressed feeling obliged to work when asked to work, even if it did not suit them. The communication appeared to be broken when the agency explained policies and procedure with regard to leave and leave pay and SARS requirements. Most participants did not have clarity with regard to these policies. This does appear to correspond with previous literature (Collier, 2011:45).

Communication between aency staff and permanent staff appears to be conflictual at times. This may be connected to the attitudes of the permanent staff. Conflict over overtime also appears to be an issue. Some participants felt that the permanent staff got preference for working overtime when they needed to, but this was contradicted by other participants who felt the agency staff got preference, as the permanent staff were only able to work three shifts per month. Participants shared that duties on Sundays, where they get paid double time, is often given to permanent staff wanting overtime and agency staff were regularly cancelled to make way for the permanent staff. Cancellation based on favouritism influences the working relationship between permanent staff and agency staff. These issues compare with a study done by Collier in the Western Cape (Collier, 2011:48). Other studies suggest conflict between agency staff and permanent staff but for different reasons.

5.2.2.6 Sense of security

Insecurity regarding off duty and salaries was experienced by participants in Collier's study (Collier, 2011:48). In the current study, participants experienced the cancellation of duties. The agency nurses' duties were affected by the students studying in the college of the private hospitals who worked night duty in October. Agency nurses' periods of dury were cancelled to make way for the students. Cancellation of off duties occurred in the day ward when patients were discharged. The participants commented that the patient occupancy dropped and the agency nurses' bookings were cancelled when the doctors went on leave. Expected duty was therefore also affected by holidays. For this reason the participant received irregular income. Of concern for the agency nurses was the ability to plan financially. It influenced their ability to buy a car, and plan for a monthly instalment. Irregular income is a collective problem for agency nurses (Hass *et al*., 2006:144).

Recognition and respect were aspect that the agency nurses debated. Many felt that they were not recognised or respected by the permanent staff. This feeling was not as prominent with regard to   the patients, the main thought being that the patients were not aware of which staff were permanent and which were from the agency, in

spite of the uniform worn by the staff being different. Feelings of not being recognised and respected affected the agency nurses' sense of secruity, and teamwork.

Participants admitted that they felt not been recognized and respected more acutely when they started working in the private hospital and were unsure of the policies and equipment The expectation that agency nurses are incompetent is stronger when agency nurses are new. Many of the participants had been working for the agency for a substantial period and shared that they were seen as incompetent intially, but came to be trusted and respected more once the permanent staff became aware of their ability and skills. The one participant was trusted sufficiently to be placed in charge of the unit while the unit manager was away, but the participant still doubted herself. The reason for this was conflicting support from the hospital. When she was in charge she reprimanded a junior staff member who then reported her to a manager. The manager supported the junior staff member who was permanent, indicating that the agency staff have little authority. She was supported by the nursing manager but her self-confidence was affected negatively. The self-confidence of agency staff has been described as being affected when they are unfamilar with the equipment and policies of the hospital they are working in, but when they became familiar with the different equipment used, they took less time to undertake procedures (Hass *et al*., 2006:149). Evidence suggests that having policies and procedure written in a file which is available for the agency staff improves patient outcomes by providing a guide to clinical decisions (Hass *et al*., 2006:149). Although some of the participants appreciated supportive relationships with the permanent staff, others reported that there was little support from the permanent staff. This corresponds with the literature.

The nature of temporary employment influences how permanent staff perceive the agency nurses and whether support is given or withheld (Manias *et al*., 2003:278).

The unit manager's attitude has a big impact on the feelings of security of the agency nurses. The participant explained that, if the unit manager showed respect for agency staff, it created an atmosphere of respect and improved teamwork. The unit

managers have the power to include agency staff in training, which impacts on the feelings of unity.

Hass *et al.'s* (2006:145) study confirmed that teamwork increases effectiveness; the agency nurses feel less anxious if the team leader is friendly and approachable and this has a positive impact on their effectiveness. In this study, it was noted that the agency staff who had worked in the private hospital previously or permanently now have a good relationship and express no negative feelings while working in the hospital under agency. Teamwork was generally described as good. This phenomenon could be related to the fact that there are many agency nurses working in the ward, most participants confirmed that agence nurses make up approximately half of the staff. Participants stated that they relate well to other agency staff members and they work well together. Previous studies have indicated that developing rapport with permanent staff is difficult when visiting numerous hospitals. A lack of camaraderie and feelings of not belonging in a team increases the chances of burnout. Emotional support is important, especially for nurses, because they work in highly stressful situations (Hass *et al*., 2006:150).

5.3   IMPLICATIONS

The findings of this study contribute unique knowledge about the experiences of agency nurses with regard to placement in private hospitals in East London. Participants have undertaken to work through agency to gain employment, to have more flexibility and to earn extra income. Adequate orientation is vital for agency nurses to function at their best and reduce incidents, which together would improve the quality of care. In this study, orientation appears to be adequate but a suggestion to have policies and procedure available in writing for the agency staff may contribute to the agency being familiar with what is expected of them, diminish anxiety and ultimately improve quality care. Hospitals and agencies can facilitate the integration of the agency nurses in the new environment. Good communication between the agencies, hospitals and nurses is essential for these practices to function at their best. Agency nurses appear to form a large part of the workforce

and relieve the shortage of staff within the hospitals. Agency staff are utilised in wards were fluctuation of patients occur and hospitals are able to control costs of staffing by down staffing when occupations decrease. Understanding the challenges of the agency nurses can contribute to discovering strategies for improving the placement of the agency nurses. Some of the challenges can be decreased in this area. Challenges like the relationship between the agency staff and permanent staff can be addressed and improved. Attitudes and perceptions can be changed by introducing team building training. Perhaps this would increase the productivity of the staff in the private hospitals, thereby improving the care of the patient. If the attitudes to and perceptions of the agency staff are improved, the sense of security among the agency nurses would increase. A sense of insecurity about duties may always be an issue.

5.4   LIMITATIONS OF THE STUDY

This study only focused on agency staff members and their experience with regard to placement in the private hospitals. The experience and perceptions of patients, permanent staff and the unit managers of the private hospitals regarding their relationship with agency staff were not explored. To gain fuller understanding of this type of work force, all areas need to be explored to get a holistic view of the placement of agency staff in the private hospitals. Further research is recommended on the experiences of the permanent staff and the perceptions of the nursing managers.

The study was conducted in the private hospitals of East London and excluded the wider population of public hospitals. The data were collected from one agency working in this area and did not include other agencies supplying staff to the private hospital. Agency nurses working via other agencies may have different views of the topic discussed in this study.

The study only included agency staff who had worked for the agency for more than six months and excluded new agency nurses who had only recently commenced

working as agency nurses. A different view may have been obtained from these agency staff members. All participants had been working as agency nurses for a substantial amount of time and could therefore provide a wealth of knowledge regarding working environments and rich experiences related to being an agency nurse.

5.5   RECOMMENDATIONS

Participants embarked on agency work for numerous reasons, the main reason being employment opportunities, with other reasons including flexibility and extra income.

The number of agency nurses has increased over the last couple of years for many reasons. Providing strategies to place these nurses suitably to allow them to function at their best is important for quality care of the patient and should be considered.

Adequate orientation and on-going training are key elements for correct placement of these staff should be implemented.

Improved communication between the agency staff and permanent staff is vital to allow this process to run smoothly and should be encouraged as improved communication and changed perceptions of the agency staff will increase teamwork and aid quality care.

Social interaction, group cohesion and a sense of belonging need to be addressed and improved. To promote a sense of belonging, agencies and hospitals need to work together to encourage the agency nurses to take part in corporate programmes. The hospitals have included the agency staff in their hospital induction and this needs to be communicated efficiently to the agencies to encourage the nurses to attend these programmes. The private hospitals have many programmes where they have award ceremonies, nurses' day functions, year-end functions and reward and recognition programmes It is recommended that all staff be included in these programmes and qualify to win these awards to encourage cohesion between

the agency and permanent staff. Hass *et al.* (2006: 145-153) agree that it is important to create social networks that will contribute to a sense of belonging. Team building exercises between the agency and permanent staff could improve relationships.

Perceptions regarding salaries and benefits should be clarified and adjustment and transparency should be incorporated. Misunderstandings related to income should be addressed by explaining the disadvantages of agency work, such as lack of benefits, no leave pay, and no bonus and that there is no stable salary.

Effective communication between the hospitals and the agencies could strengthen the utilisation of agency nurses. Regular meetings of agency and hospital managers could be introduced for discussing difficulties, issues and placements. In this study, it was found that the agency had employed a clinical facilitator who regularly meets with staff and unit managers to discuss issues. Communication could be strengthened by using text messages, notices and meetings for giving feedback. The clinical facilitator of the agency should be included in training at the hospitals when new policies and equipment are introduced, so that the clinical facilitator will be able to train agency staff and inform them of the change in policies or new equipment.

Policies regarding leave and payment and the agency nurses' rights need to be clearly understood before the agency nurses are placed in the hospitals. Orientation should include a session in the agency for discussing policies concerning leave and, the number of hours agency staff members are permitted to work. Booklets containing this information should be handed out to the agency nurses before commencing work.

The contract between the agency and the nurses should be explained and signed when fully understood. Staff in the agency should be available to answer questions if there are still misunderstandings after orientation.

Unit managers of the hospitals should attend training with regard to social skills and leadership skills. During training, it should be pointed out that their attitudes and how they treat the agency staff will be reflected in how productive the nurse will be; the

relationship between how they treat the agency staff and quality care should be explained.

Unit managers should include the agency staff in the process of decision making within the unit. The agency nurses need to be able to express their concerns without fear.

Some form of job security could be addressed, for example by discussing agency nurses' leave and reassuring them that when they return they will have off duty periods as they have had in the past.

One of challenges the agency nurses experience is that they do not receive benefits, financial incentives such as medical aid, pension and a 13th cheque. This should be revised. Nursing agencies could revisit their policies and institute policies based on how long or how many hours the nurse works for the agency. For example, the agency staff who have worked for the agency for more than a year for more than 36 hours a week should receive some form of financial benefit because of the extended period of work. Nursing agencies could also provide some financial incentive to the agency nurse to attend training.

Mentorship programmes should be introduced in different wards by the hospitals as they have a high turnover of agency staff. The hospitals could identify certain permanent staff to become mentors to agency staff members. The mentors could be identified and introduced to new recruits and be available to the agency when problems or questions arise while working. Mentors can then provide feedback as to how the agency staff is performing.

It may be recommended that the private hospital revisit the policy regarding the uniforms. A different uniform creates a division between agency nurses and permanent nurses. A uniform that is universal for the staff or a policy allowing agency staff to wear navy and red uniforms so that the uniforms are not so different may be considered.

Training programmes for permanent staff regarding life skills and respect could include teaching staff not to point out agency staff to the patients to differentiating them.

Research done in the Western Cape suggested strategies to improve the utilisation of agency nurses. It was suggested that hospitals should minimise the use of a variety of agencies and concentrate on a limited number of selected service providers with whom a service level agreement is signed and penalties and a code of conduct that are clearly defined. In this area, The private hospitals that featured in the current research have selected two service providers who sign a service level agreement yearly. Another suggestion was for establishing an electronic system for monitoring the staff on a daily basis (Rispel, 2008:18). This has also been introduced in this area under investigation. The benefits of these two strategies could be evaluated in further research.

Futher research could include:

- Investigting the perceptions and experiences of the permanent staff with regard to agency staff members.
- Investigating the experiences of the unit mananger in the private ward with regard to utilisation of agency staff and the extent to which the private hospitals utilise agency staff memebers.

5.6   SUMMARY

The literature revealed an increase in the utilisation of agency nurses. This is a worldwide phenomenon that has been recorded in the United Kingdom, the United states of America, Australia and here in South Africa. Many reasons for this phenomenon were identified, for instance a need for flexibilty, for extra income and for employment opportunities. The utilisation of agency nurses holds many advantages for both the nurses and hospitals. With the increased demand for cost cutting and effective budgeting in the hospitals, it has been have found that agency staff compensate for the shortage of staff and provide a flexible staffing option which is cost effective. While there are many advantages, there also are disadvantages into utilising agency staff. Relationships between the agency staff and permanent staff appear to make an important contribution towards effective teamwork and ensuring quality care for the patients. Ensuring that agency staff feel recognised and

respected will encourage commitment to quality care. Formal relationships between the hospitals and the nursing agencies will enhance the process of utilising agency nurses. Policies and procedures need to be transparent and formally explained.

5.7   CONCLUSION

In this chapter, a discussion of the findings of the research in relation to the themes identified during data analysis was presented. Implications of the study with regard to practice were discussed. And recommendations based on the findings of the study with regard to improving the utilisation of agency nurses working in the private hospitals were noted.

It can be concluded that agency nurses working in private hospitals in East London have experienced both postive and negative aspects of working through an agency. Positive aspects include that this work provides employment, extra income and a weekly income. It also enhances learning through exposing the nurses to different situations and new technology.

Negative aspects of working through the agency include that nurses are exposed to insecurity. They experience fear with regard to cancellations, for instance of their off duty benefits; they believe tht they need to work harder to prove themselves; they run the danger of burnout as agency nurses do not take leave; and they work longer hours. The disparity between the agency nurses and permanent nurses create conflict which can affect patient care. The difference in the uniforms of the agency nurse and the permanent nurse increase the difference and create a division between the staff. Financial remuneration of the agency staff needs to be revisited and benefits of some sort need to be adressed to ensure that agency nurses feel more secure. Communication with all stakeholders is important and clear, concise policies and procedures need to be adressed and understood by all stakeholders. A sense of security would increase the agency nurses' feelings of recognition and respect. This is linked to the attitudes and relationships with the permanent staff. Unit managers' attitudes can make a big different to succesful integration of the agency

staff in their wards. Teamwork among the agency nurses is good but the teamwork between the agency and permanent staff could be improved.

Recommendations of this study include combining permanent staff and agency staff in reward and recognition programmes, in in-service programmes, in award ceremony programmes and nurses' day programmes and to include all staff in team building exercises. Further recommendations include: Providing social skills and leadership skills for the managers of the units in the hospitals; encouraging agencies and hospital managers to meet on a regular and formal basis to address issues or problems and increase communication and to revisit the uniform policy of the hospital.

The limitations of the study are that not all stakeholders were interviewed, therefore a holistic view of the experience was not obtained.

Implications of this study concern that a large portion of the workforce works under the agency and policies and procedures need to be transparent and up to date.

In conclusion it is recommended that undertaking further studies with regard to the experiences of permanent nurses and hospital managers regarding the utilisation of agency nurses will provide a more holistic view. A study of experiences in other areas would give a more complete and country wide view of agency nurses in hospitals.

APPENDIX 1

Letter requesting permission from Seanda Health Care to conduct research.

<div align="right">

P.O. Box 152

Gonubie

East London

5256

1 October 2013

</div>

Seanda Healthcare

Health Professional Placement Agency

REQUEST FOR APPROVAL TO CONDUCT A RESEARCH STUDY

I am a master's student at the University of Fort Hare.

I request approval from your agency to conduct a research on members of your agency staff. The research will be conducted in the form of interviewing agency staff members working in these institutions.

The topic of my study is: Experiences of Agency nurses regarding their placement in the Private Hospitals in East London, Eastern Cape.

Data will be collected from a semi-structured interview which will last about 45 minutes. The participation is voluntary and participants may withdraw at any time. Consent will be obtained from all participants. Confidentiality, privacy and anonymity will be honoured throughout the study.
There are no risks to the participants. The benefits of this study will provide a better understanding of the experience of the agency nurses and could lead to the improvement of quality care rendered by this type of workforce and could lead to improvement of conditions for the agency nurses.
The summary of the research findings and the recommendations will be distributed to you.
Thanking you in anticipation

Yours Faithfully

Jenny Muller

Cell phone number 0828966433

APPENDIX 2

SEANDA HEALTHCARE (PTY) LTD

Tel: 031 265 8422
Fax: 031 265 8423
info@seandahealthcare.co.za
www.seandahealthcare.co.za

Suite 1A, 5 The Boulevard
Westway Office Park
Westville, Durban
3630

SEANDA HEALTHCARE
Health Professionals Placement Agency

Mrs J Muller

University of Fort Hare

East London

5201

Dear Mrs Muller

PERMISSION TO CONDUCT RESEARCH
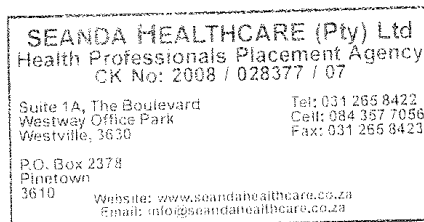
As per previous correspondence:

Permission is hereby granted to conduct your research study involving the agency staff working in the private hospitals in East London.

We look forward to seeing the results of your research.

Yours Sincerely

Nasareth Mohamed

Chief Executive Officer

SEANDA HEALTHCARE (Pty) Ltd
Health Professionals Placement Agency
CK No: 2008 / 028377 / 07

Suite 1A, The Boulevard   Tel: 031 265 8422
Westway Office Park   Cell: 084 357 7056
Westville, 3630   Fax: 031 265 8423

P.O. Box 2378
Pinetown
3610   Website: www.seandahealthcare.co.za
            Email: info@seandahealthcare.co.za

KWA-ZULU NATAL | EASTERN CAPE| WESTERN CAPE |GAUTENG

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APPENDIX 3

Semi-structured interview guide.

SEMI-STRUCTURED INTERVIEW ON THE EXPERIENCES OF AGENCY NURSES WORKING IN LIFE HEALTH CARE HOSPITALS IN EAST LONDON, EASTERN CAPE.

There are two sections in the questionnaire, section A and Section B. The questionnaire is strictly confidential.

SECTION A:

Demographic Data

- Indicate your age ……………………………
- Indicate your professional registration
  SANC

Rn	EN	ENA

- What year did you obtain your professional registration? ……………………….

- How many years have you been working in a health care
  Institution before joining for the agency?...........................

- How many months or years have you worked for the
  agency?...........................

- At how many different health institutions have you worked
  while working for the agency?...............................

- Do you have permanent employment?...................................

- If Yes, how many hours per week do you work for your permanent
  employer?.......................

- How many hours do you work for the agency per week?........................

APPENDIX 4

SECTION B

Question 1.

How did you, as an agency nurse, experience being placed to work in the private hospitals in East London?

Probing question if not answered by question 1

1. Why have you chosen to do agency work?
2.
3. Can you share with me some of your negative and positive experiences related to agency work?
4. Can you share your experiences related to your orientation in the health care institution where you work for the agency?
5. Please share with me any difficulties you faced while working for the agency and how did you cope?
6. Can you suggest any measure that could be put into place to aid you to provide a quality service?
7. Describe your relationship with the hospital.
8. Describe your relationship with the agency.

APPENDIX 5

Information sheet

INFORMATION GIVEN TO THE PARTICIPANTS BY THE RESEARCHER TO OBTAIN CONSENT

I, Jenny Muller, am a master's student in Health Sciences at the University of Fort Hare in East London. The aim of my Research Study is to explore strategies for effective use of agency staff in the private hospitals in East London.

As part of my studies, I am required to collect information from relevant participants and hereby wish to request your participation in this regard.

Should you agree to form part of this study, you will be invited to participate in an interview of about 45 to 60 minutes. I will take notes during the interview of information and will also use an audio recorder. I assure you that all information will be kept confidential and your name will not be associated with the information you have been given me. I will be using numbers or codes for information obtained. However, information collected in this research may be used for publication and may be presented at conferences. I may collect information once or more times, but you will be informed in advance. There will be no risk involved in this study. During your participation, if you wish to withdraw for any reason, it will be accepted. Participation is voluntary and there will be no compensation for participating in this research study. All sessions will be in a private venue and you will be informed beforehand.

If you are interested in participating, please read and sign the attached agreement.

Should you have any questions, concerns or complaints in future, please contact me at the contact numbers provided.

RESEARCHER'S CONTACT DETAILS

Mrs J. Muller 0437343426

Cell Number: 0828966433

e-mail address: jmuller@ufh.ac.za

APPENDIX 6

Consent Form

Dear Participant
You are invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this research. Feel free to ask the researcher any questions about any part of the research that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Your participation is voluntary and you have a right to decline. If you decline, this will not affect you negatively in any way. You are also free to withdraw from the study at any point, even if you have agreed to take part.

CONSENT FORM

TITLE: EXPERIENCES OF AGENCY NURSES REGARDING THEIR PLACEMENT IN THE PRIVATE HOSPITALS IN EAST LONDON, EASTERN CAPE

STUDENT NUMBER: 201008913

PRINCIPAL INVESTIGATOR: J. MULLER

CONTACT NO: 0828966433

This study has been approved by the Human Research Ethics Committee at The University of Fort Hare and will be conducted according to ethical guidelines.

You are invited to participate in this study as you are working in the private hospitals for the agency. This study will be done by means of an interview and aims at improving strategies according to which nurse agency staff are placed in the private hospitals. The interview will take 30 to 45 minutes. I will take notes during the interview and will use an audio recorder. The interview focuses mainly on the experiences of the agency staff during their placement in the private institutions. I assure you that all information will be kept confidential and your name will not be associated with the information you have given me. However, information collected in this research may be used for publication and presented at conferences. You will need to answer the interview questions. Completion of the interview is totally voluntary, and if you do not want to answer all the questions, that is all right. After conducting this study, better strategies may be found for placing agency staff in the private hospitals, which would hopefully benefit the agency staff member, the private hospital, the agency and the patient. There are no risks involved. The study is strictly confidential.

You will not be paid to take part in this study, but your contribution will benefit the use of agency staff in hospitals. There will also be no cost involved in your study.

The completion of the interview will signify your willingness to consent and your voluntary participation in this study.

Your participation and feedback are valued.

Thank you

Signature of the participant………………………………..

INFORMED CONSENT FOR RESEARCH PROJECT

I_____ on this day of_____ hereby agree to participate voluntarily in a research study which will be conducted at the private hospitals in East London. The research study intends to explore experiences of agency staff while working in the private institutions.

I understand the following:

- What the study is about.
- That I will be interviewed, once or more times, for approximately 45 to 60 minutes.
- I also understand that information will be recorded on audio tape.
- That my privacy, anonymity and confidentiality will be maintained throughout the study.
- I also understand that there are no risks associated with this study and that I have the right to withdraw at any time.
- I also have the right, should I do wish, not to answer all questions.

The researcher explicitly explained this study to me and my questions have been satisfactorily answered. By signing this agreement, I undertake to give honest answers to reasonable questions and not to mislead the researcher. I have read the consent form and understand the content thereof.

I agree to participate in this research study. I understand that I will be given a copy of this consent form on signing this agreement.

Participant signature_____
Date_____

Researcher's signature_____
Date_____

APPENDIX 7

)FFICE OF THE DEPUTY VICE-CHANCELLOR:
CADEMIC AFFAIRS AND RESEARCH
'rivate Bag X1314, Alice 5700
'el: 04060 22403
'ax: 0866282944
;nyders@ufh.ac.za

University of Fort Hare
Together in Excellence

\pplication for clearance from the University of Fort Hare's Ethics :ommittee

'roject Title: **Exploring the contribution of using Agency Nurses to address the shortage of skilled nursing staff in the Private Health Care Establishments in the Buffalo City Local Service Area**

:hief Researcher: Jennifer Muller

3upervisor: Professor C Rautenbach
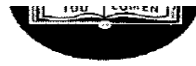
:o/supervisor: Mr J Mahler

Date of application: 10 August 2010

Having consulted the Dean of Research, I hereby grant permission to conduct the research.

Professor J R Midgley
Deputy Vice-Chancellor
Chairperson of the interim Ethics Committee

23 August 2010

APPENDIX 8

University of Fort Hare
Together in Excellence

ool of Health Sciences
. Box 1054
t London 5200
27-(0) 43- 704 7344
ail: hbunt@ufh.ac.za

'EPENTANT CODING UNDERTAKEN FOR MRS. J. MULLER

'ider of such service: Mrs H. Bunt

k provided:

Listen to tapes of some interviews and check transcripts

Read transcripts of interviews and identify themes and sub-themes

Assisting with the analysis and organising of data and themes

Discussions with student about the themes

Assisting student to arrange themes and sub-themes in a logical order to make meaning.

NATURE: .... DATE: 29 September, 2013

APPENDIX 9

Example of an Interview

R. Thank you for seeing me. What I would like to know is how have you experienced working for agency.

P. Well its eye opening and hard when you are not permanent in a place like they treat you like you are there for money and then you have to work harder than everyone else but j a you get used to it.

R. What do you mean you there for money

P. Like they will say agency is paying more than the hospital but they don't know that the money that comes to me it is not much it is almost the same as their money but because agency that is the perception that people have that the agency is paying more so people who come to work for agency have more money so you have to work for your money you don't have to be like them so you end up working twice as much as their working

R. And is it true do you get more money than them

P. No we have got 2 sister who are agency actually 1 sister who is permanent is leaving to another unit and then there is me an agency sister another agency sister and I student sister she was doing like BC 2 so she is going to be getting her results that maybe she is going to be the 1 permanent and the other one is like a junior sister but the senior sister who are working there are all agency and then we have got ENs 2 in each shift 2 on both side who are agency ENAs 3 3 so 6 ENAs and it will be like 1 ENA who is permanent out of 4 1 of them is permanent ENs out of 4 there will be 2 that are permanent so like it is like half, half our ward is just agency

R. Just agency

P. Then the once who are permanent are the once who are really staff and make you feel like you have to really put your foot down

R. So they don't work nicely in a team

P. But I must say since we have had this new unit manager things have really change there are people are starting to recognize people but with the old unit manager it was not like this it was really like you would know you are real agency they would go and sit at the back while you are working you won't know when it is there tea time when it is their lunch time there will just go and come back as they please and as soon as they come back they are talking with the unit manager in her office laughing and laughing and you are sweating but now the new one she really she really has fixed the ward in a way because she got rid of some people they are working in other units she got the ones who are OK

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R. So before they expected the agency to do the work and the permanent sat and did nothing

P. Yes ja and pretend that they are everything because when they see like a senior person coming they are the ones talking about all the thing that are supposed to be done right if you are having a care review you are talking about pressure sores they will be the ones who talking and talking and talking and as soon as the person is gone they are not there the other ones are doing the job it was more talk less work

R. More talk less work

P. Ja

R. Have you ever worked agency before

P. No I have never

R. So this is your first time, so it has been an experience.

P. It is a real experience and I don't think I want to work for agency ever again I can work for agency as like if I have got a permanent job just to come for the day not to work like now 5 days a week or 4 days a week and just get so tiered like this.

R. Do they acknowledge you financially now that you have become are in charge of the ward for the 5 weeks that you have been in charge.

P. My unit manager before she left she said there was going to be like 10% if I was permanent she said if I was permanent I was going to get 10 % for taking this role but she said she does know I am agency so she doesn't know but she was going to submit a form to somebody in the hospital then she left and I have not seen any change in my money.

R. So you have more responsibilities

P. But no change in money.

R. But no change in money so they don't acknowledge the agency staff if they take on a more responsible role.

P.Ja

R. Can you share some of the positive experiences?

P. With

R. Being an agency what is nice about being an agency.

P. I have been exposed to work if I was not working I would sit at home and not work but now I am getting experience which is good I am learning a lot of experience

and I am like stronger and ja I can manager a ward even (laughs) so that is a good thing that the agency has help me to achieve.

R. So you have got this experience

P. Ja experience

R. Other negative what else isn't so nice about the agency

P. No annual leave do you have that side annual leaven no we have been working the whole year now and we haven't had a break if you take a break it means you are just for fitting the money won't get any money if you decided to take 2 weeks off then that is it I have nothing.

R. And are you scared that while you take the 2 weeks off you will you come back your job is gone

P. Ja cause someone else will fill my place and what if they like that person more then they like me then when I come back I have no off duties you are always worried about your off duties.

R. So there is no security

P. No security at all and you burn out because like now we like I can't say if I work for agency I can't say ok I going if they call you I can't say I don't want to work like if they say can you work at East London Private then I say no I can't I am busy then again tomorrow can you work at nnnn no I am busy now you know that o well now if I keep saying no , no, no I won't get the job like I won't get shift they will be given to someone else and they will forget about you so you have to go even if sometimes you don't feel like going you have to go and work because what if next time the hospital will say we don't need agency staff any more then you won't have money you will be stuck at home so you have to try and work even when you don't feel like it because you are trying to save for rainy days.

R. So you burn out

P. Then you burn out (pause)

R. Because you don't have proper leave

P. Unnunn that is the bad thing we were all talking about it the other day like oo we need to go and ask for leave but then we were like ok if we ask for leave they will say they don't deducted any money for us to get leave or something we will stay home for 2 weeks and not have anything (laughs) that the negative another negative.

R. Another negative and you have shared some of the difficulties that is the attitude and any other difficulties how was it to start

P. To start

R. Like your orientation

P. Orientation my orientation was good I didn't have a problem during my orientation it was nice and (pause)

R. Was it enough

P. I can't say it was enough because soon after the orientation if there were things I was not sure about things I would asking, asking, asking but I had a good orientation.

R. And when you asked because obviously you can't learn everything in 2 days.

P. Ja it will depend on the people you work with cause some were really helpful they will say they will go through something with you but others will be like oo she's a sister she should be knowing and you got 3 bars if you got 3 bars it's like you know the world (laughs) it will be like something that they talk ooo she got 3 bars and she knows nothing she keeps asking and we are showing her this jaa but it was OK the orientation it was good I mean the environment is different so you have to be orientated so I needed that orientation and some of the procedures that they were doing like the tapping we never used like when I was working other places we never had patients who were tapped like in the ward maybe it would be done somewhere like in theatre I don't know but I have never had that experience OK that someone who has fluid in the lung and he has to be taken out in the ward the only thing I was used to was lumber puncture so now the doctors wanted something different like they have their own equipment that they use so you have to prepare for that so if you are new in the unit you have to know that doctor so and so wants theses he want to use the 3mls syringe a 5ml syringe so you have to make sure you know about this doctor or else you have a problem with that doctor that is another thing the doctors if you are agency they don't want to do rounds with agency they want to rounds with permanent staff .

R. So the doctors don't want the agency.

P. I had to gain their trust because like the one time there was a sister who was agency who worked there and I don't know what happened something went wrong when the doctor order something oo it was like about the stickers you know moss the patient have got stickers so there was this sticker that were belonging to another patient and they ended up in the file that the patient that the doctor was writing the order on and now ordered wrong things for the wrong patient and the doctor was like I was doing the round with the agency sister a new sister who was agency and that sister stopped working but after that they didn't want to work with agency sisters it was like no we don't know anything until the permanent sister did something

and then they realize that actually this one is very good that's me actually if we work with this one things are done so that when the change started then I started but they usually ask they feel like you are wearing a white shirt because the people that work there are not wearing a white shirt so if you are wearing white shirt it is a big no no even the doctors will be nasty he will be like

R. So the white shirts are a big no no

P. Big no no the white shirts if you are wearing their uniform then they know ok she is one of us they can trust her but if you are not they can't trust you. (laughs)

R. So do you think the uniform it makes people trust you.

P. Especially when they don't know you like the first time like now it is like I am permanent even though I don't have a permanent post so they know me they will just ask for me even when they call on the phone the doctor will call were is Somi were is Somi and then they will say OK can I tell you this and this and they know it will be done but if during those days when I was new they will be like no, where is whoever they will be like while I am standing there ready to go on the round   and you feel bad you feel like I am so stupid I don't know   even the doctors they think that about me but they get used to you

R. So how do you feel about the white shirt

P. Now I feel I don't care now but then I hated it I wanted the one that makes me recognisable someone who has a brain (laughs)

R. So the uniform gives you a brain

P. Ja according to them

R. Or acknowledgement

P. Ja

R. And the patient

P. No the patients are fine patient's don't they just want someone who's caring and friendly they don't really know who is the sister who is the ENA. Who is the EN until you start giving medication you start doing things that they will know but if you are bad they don't like you if you are a good person especially where I work they are all depressed sad and some of them are young and they are diagnosis with a big, big thing cancer and you feel like they don't really care who comes in as long as you are making them feel loved and accepted.

R.   So the shirt does make a difference

P. Not to them it just the ones who know the professionals who work with them is it all in these questions.

R. Can you think of any measures that we could put into place to help the agency?

P. Umm I can't think of anything cause I don't think the agency is doing anything wrong the agency is just a business or like you are employing sister who are finding jobs for sister who don't have jobs like I don't think there is anything you can do it is just the mentality of the people who are dealing with cause I think in the past when someone comes because another thing that I think cause this big problem most people who used to worked for agency before they had permanent jobs they would come from the permanent job like work 7 nights on their permanent job then come and do agency for 7 nights and sometimes sleep or not perform their duties but they get money more money like double like they would get their money from the agency and money from their permanent job and people used to be jealous of that so it caused this attitude I think that was the main thing that is making everybody now have a stain when you are working for the agency they think everyone is lying they don't have they have another job somewhere they lying they lying you know I think that is the reason more than anything else.

R. So it is not about the person's abilities.

P. The agency is fine the only thing that the agency can help us with is just to give us annual leave that is paid if like they count your hours they see that this person has been working for a year like us most for we have been working for a year if they can add something and say OK you are entitled to a 4 week or a 2 week leave at least that is nice because you burn out.

R. So if you could accumulate leave you get recognition the time you have worked with them

P. Ummm

R. And any measure to make the transition cause the agency is a huge part of the workforce.

P. Well maybe more induction especially when people are starting cause that 2 days is it 2 days that they do 2 days is not enough especially for ENA and EN especially EN ENA is just temperatures thing they get easy they get used to those things easily but in private sector EN are expected to give medication to fill those care plans and things some of them they don't know even if they were shown they are still not sure they are afraid of going with the doctors cause sometimes there are only 2 sister working on shift and where I work 5 doctors come at the same time and you find the EN running hiding and especially the agency one you would be so scare of going with the doctor to do the rounds so if they can be us helping them the person who

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trains them at the agency can keep coming maybe for like every day while the person has started even if they are not coming they are already been paid now to work not like that 2 days when they are not paid if they can just come and work with them until maybe for a week until they can see that now they are really getting that confidence because one of the EN it is a year already but she is still struggling you can see she is struggling and because she is struggling she gets upset very easily when you try to show her something she is angry like she is always trying to explain why she is not doing it or she is not doing it like this yet she is getting herself in trouble all the time so they I think ja I don't know if it makes sense.

R. Yes it does

P. (laughs)

R. You have describe your relationship with the hospital sometimes it is not good.

P. umm

R. And the team work.

P. The team work it depends on the people as well the agency staff like those that work for agency I relate better with them like if I want them to do something they are good they will do it and then we were talking about one day on the care review that agency it was about what was it about the other group at night was saying they can't wash many people like they can't wash 4 people cause we are only 2 it was the permanent staff that was saying we are only 2 ENA so we can't do more we can't wash 4 we can wash 1 or 2 and then we were saying during the day we end up with a problem because people are still washing patients until 12 o'clock which is not right then we made I looked at for instance we had 2 agency staff working at night and then managed to wash 4 how can you not manage and then they said well the agency staff they are doing the impossible things because they are worried about losing their jobs we are not worried about losing our jobs we have security so the agency people even though they are like they have a good team work it is not pushed by it pushed by the fear of not having a job tomorrow so if for instance I complain about the agency staff all the time I say this one is lazy this one lazy the next thing the off duties will be off they will remove all their off duties so even if they feel they are been abused they have to work hard because they are worried about the off duties.

R. So then they actually allow themselves to be abused

P. Ja that the thing they don't have a say they like say no we can manage we can manage then behind joo it is hard we can't wait to go we hope Frère can hire people then we can go

R. This just makes me think agency staff don't stay in the hospitals long hey

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P. umm

R. So there is a high turn over

P. Yes like now the government has just employed people you know how many people left they just went like that and the ones we were left behind we were so sad like we were left behind cause we were not called for an interview and all that we were sad but ja we like been paid every week though don't worry

R. That is an advantage

P .We like been paid every week cause we always have something (laughs) ja but (pause)

R. So you off duties don't give you like a sense of control like I can say when and where can I work you said the opposite it forces you to work even if you don't want to

P. Ja you don't work were and when

R. One of the advantages they say is that agency can control.

P. Ja you can work were you want if I don't want to work at medical I will say no then you can take surgical jaa you are free to pick and choice

R. To pick and choice.

P. To pick and choice (Pause)

R. Is there anything else you can tell me (pause)

P. No . I talk to much (laughs)

APPENDIX 10

Extract of Journal entries.

Extract of journal entries where the researcher reflected on her own feelings related to agency nurses.

Researcher's feelings: Researcher was aware that she might feel bias towards the agency nurses as she had worked in an agency. She had feelings of being protective over the agency nurses and her own feeling of being uncomfortable in a new setting.

As a clinical coordinator for an agency, feelings of frustration about the agency competence were noted and the researcher needed to identify the difference between incompetence and inexperience. The researcher needed to be patient.

The researcher was aware that the knowledge of agency work could give her insight into how it may feel to work in the wards as she had done so herself and needed to put her own feelings of not being comfortable in surroundings that are not familiar and being sensitive to how she was treated by the private hospital.

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