Occupational challenges faced by nursing personnel at a state hospital in Cape Town, South Africa

by

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DECLARATION

I, Deborah Marilyn Brophy, declare that the contents of this dissertation/thesis represent my own unaided work, and that the dissertation/thesis has not previously been submitted for academic examination towards any qualification. Furthermore, it represents my own opinions and not necessarily those of the Cape Peninsula University of Technology.

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ABSTRACT

Occupational challenges exist in all working environments, and affect all levels of organisational personnel from top management to employee levels.

State hospitals in South Africa place occupational demands mainly upon registered nurses who make up most of the hospital staff.

The focus of the research investigation concentrated mainly on a population of three groups of registered nurses at a state hospital in Cape Town. They are staff nurses, professional nurses and enrolled nursing assistants. These nurses are experiencing a decline in morale, due to staff shortages, a lack of resources and a perceived lack of leadership. They experience various levels of stress, which affect their personal health and morale.

The objective of the research was to analyse the impact on the state registered nurses of three main contributors of occupational challenges faced by these nurses, namely a lack of resources, staff shortages and a perceived lack of good leadership. The nurses are employed to provide quality care for patients in state hospitals.

This research recommends an improved TRIAGE model to assist both nurses to boost their morale levels and how to better communicate with their hospital management. It also recommends solutions that are based on the findings of completed questionnaires and interviews, which involved two selected groups of nurses at a hospital in Cape Town, South Africa, which was specifically chosen for this research. The outcome is that both the nurses and hospital management are being made aware that an effective nursing management system can be achieved.

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DEDICATION

This dissertation is dedicated to my late mother and my aunt, for their constant support throughout my life.

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GLOSSARY

Terms

The terms referred to in this research have been clearly defined below. The explanations are based on definitions that have appeared in the Oxford British Dictionary provided by the Oxford University Press (copyright 2013). Some of the definitions have been adapted for the purpose of the research.

Assistant

An assistant is an individual who is employed as a helper in a particular line of work. He or she is referred to as a junior person, who is ranked below a senior person and is hired to provide additional services on behalf of the senior staff member or manager.

Behaviour

Behaviour refers to the actions of persons by the manner in which they conduct themselves, especially towards others. Behaviour refers to a kind of stimulus. This means that the person affected by a happening, challenge, or event will automatically react to that phenomenon.

Another definition of behaviour is the actions by persons who are either observing, or being observed. It can be seen as a form of demeanour, which, in turn, means a way of behaviour.

Challenges

Challenges are tasks or situations, which test the abilities and strengths of people. Challenges affect each individual differently. They are difficulties that individuals must face and overcome in an organisational work situation.

Disease

Disease refers to a functional disorder in a human being. It is regarded as having a negative effect on a person, or a group of people. It weakens the body. Diseases produce specific symptoms, which affect a single location, or various locations within the body, for example, heart disease can lead to heart attacks.

Enrolled

The definition of enrolled is to be recruited to perform a service, or task, as determined by the leaders of an institution, or for employees to be officially registered as members of an organisation. For example, it would mean that an enrolled nursing assistant, once registered with the South African Nursing Council, would qualify as a registered state nurse.

Environment

An environment is described as the surroundings, or conditions in which a person works and operates. It can alternatively be referred to as the setting in which a particular activity is carried out. It is also termed as a learning structure, which impacts on a person's behaviour and activity.

Hospital

A hospital refers to an institution that provides nursing care for sick or injured people. Hospitals also provide medical care and surgery-based treatment for patients.

Leadership

It is described as the act of guiding and influencing followers into an action, an opinion, or a state of mind. Leadership means to have a superior ability over others, who naturally follow the leader's style and manner.

Management

It is the process of being in control of people. It is referred to as a collective group of controllers of an organisation. They are responsible for effective decision-making and communication with their employees. In terms of health-care, management is the treatment, care and control of patients, in respect of their diseases or disorders. This style of management occurs on a long-term basis.

Meaning

This refers to what is meant by a word, text or an action. It can also refer to a concept of worthwhile or important quality. It is an intention to communicate something more effectively, to give effect to what the person is saying or doing. Meaning is also stated as a release, or a breakthrough in communicating a message more emphatically to another person. It is an immediate follow up to an act of behaviour, which will complete the process.

Mentoring

Is the process of receiving trusted advice and guidance from someone who has more experience than the person who is in the continuous development structure of learning, for the intention of gaining experience and skills. The mentor is usually the affected individual's supervisor.

Nurse

A nurse is a person who has received guidance, mentorship and training so that he or she can provide primary health care to sick patients at health institutions.

Nursing

The profession of nursing can be referred to as the practice of providing health care to sick or injured patients in health institutions such as hospitals or clinics. The nursing tasks and services are generally provided by registered nurses.

Occupational

It relates to a job or profession. It is also linked to a happening in a working environment or institution. An example is linking occupational (the descriptive) to challenges (the problem), which forms the descriptive problem statement of this research.

Perception

It is the ability to be aware of something through the senses in a manner that is understood by the individual as something that might happen, or may have been seen to have already occurred. Perception allows the individual alternative actions of either seeing, hearing or heightened awareness. It allows for optional alternatives. For example, a state nurse may be seen to be competent, or possibly incompetent.

Professional

It is a person who relates, or belongs to occupational activities that demand skill, competency, experience and is of value to the organisation. The person is paid for his or her services. The person has undergone formal training, is registered with a professional body, and is accountable to that body for acts or omissions.

Quantitative

It is defined as a concept of targeting population samples with the intention of gaining responses to access information about a topic or problem.

Qualitative

It can be described as a scientific concept, which relates to measuring something of value and quality in terms of its appearance and comparison to something else.

Resources

Resources mean stocks or supplies of materials, other assets or money. Resources are used by institutions or organisations such as hospitals in order to allow them to function and operate effectively. It can be alternatively defined as reserves that are kept for future use by organisations, depending on the varying levels of demand by the public and members of the organisations. It can also mean human resources such as staff members, for example, nurses. Advantages of human resources are the use of their skills and capabilities to overcome challenges and difficulties in an organisation.

Staff

Staff are people (members) who are employed by, or provided at an organisation, for example, a hospital, to carry out tasks and duties, which are determined by their employers.

State

The State is a national and provincial body of public institutions that are controlled by a government. It is seen as part of the state economy. For example, state institutions employ public servants such as registered nurses, who are employed to work in state hospitals.

Training

It is the act of teaching a person a skill, or various skills and behaviours to prepare them to be able to become effective in an organisation. It can be alternatively referred to as mentoring by means of leading by example and experience.

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	African National Congress
ART	Anti-retroviral treatment
CPUT	Cape Peninsula University of Technology
CTS	Cape Triage Score
DA	Democratic Alliance
DENOSA	The Democratic Nurses' Organisation of South Africa
DoH	Department of Health
HOSPERSA	The Health and Other Service Personnel Trade Union of South Africa
HR	Human resources
HRH	Human Resources for Health
ICU	Intensive Care Unit
OSD	Occupation Specific Dispensation
PGWC	Provincial Government of the Western Cape
PHC	Primary Health Care
SAIRR	South African Institute of Race Relations
SANC	South African Nursing Council
SAQA	South African Qualifications Authority
SATS	South African Triage Score
TAC	Treatment Action Campaign
TB	Tuberculosis

CHAPTER ONE: INTRODUCTION

Chapter Overview

This chapter explains the key concept of the research problem of occupational challenges for state registered nurses in South Africa. The chapter describes the problem and the categories of nurses that are affected by the problem, and states how the problem impacts their morale. It explains the problem and gives key evidence of the proof of existence of the problem's causes.

Staff nurses, professional nurses and enrolled nursing assistants at a state hospital in Cape Town are experiencing a decline in morale, due to staff shortages, a lack of resources and a perceived lack of leadership. The problem is that the decline in morale decreases the motivation of the nurses, which negatively affect quality care to patients. These nurses are hindered in caring for their patients more effectively, as the three variables mentioned affect the behaviour of each nurse according to the levels of demand of their profession. This stands in contradiction to the quality care to patients, as contained in the nurses' pledge determined by the national Department of Health, South Africa (DoH, 2011:1).

Evidence of the problem has developed to the extent that the 2013 statistics from the South African Nursing Council (SANC) indicated that the Western Cape recently employed 30 765 registered nurses (SANC, 2013). Given this statistic, and the Western Cape's population of 6 016 900, the population ratio was, therefore, 196:1. However, according to the "prescribed unit standard (norm)", the ideal population ratio per nurse should be 4:1 for general wards, and 2:1 for intensive care units.

Against this background, a need exists to evaluate the extent of a decline in morale, due to staff shortages, a lack of resources and a perceived lack of leadership. The practical research (questionnaires and interviews) was conducted on the premises of the above-mentioned state hospital, in accordance with the ethical guidelines and operational requirements of the hospital. Research questions are included to indicate what is required from the literature and nursing respondents, to answer the problem statement. The chapter concludes with the objectives and significance of the research, a summary of Chapter One and what can be expected in Chapter Two.

1.1 Statement of the research problem

Due to a variety of challenges nurses are facing (for example shortages of staff, perceived lack of leadership and lack of resources), the morale of nurses is negatively affected at Somerset hospital, Cape Town.

1.2 Explanation of the research problem

The research problem statement addresses state registered nurses in the South African Public Health Sector. The primary focus of the research study is on three categories of nurses at the hospital. These nurses have been experiencing occupational challenges, causing low morale at the hospital, where they are required to care for patients.

1.2.1 Staff shortages

The current ratio of nurse to patient (SANC, 2013) provides evidence that there are staff shortages of nurses. The currently employed state nurses are overworked, as there are, on average, too many patients per nurse. The problem increases when nurses are absent from work, or are on long leave, especially maternity leave. In order to function effectively in a hospital working environment, the occupational needs of the nurses, the largest workforce in any hospital, are essential and should be addressed urgently by their employers.

These occupational concerns are wide ranging and affect the nurses' experiences and behaviour and include stress (DENOSA, 2013:1), burnout (Kruse, 2011:23), a lack of recognition (Ditlopo, Blaauw, Rispel, Thomas & Bidwell, 2012) , long working hours (Hall, 2004:7, 9) and excessive workloads (Rust & De Jager, 2010:2278).

Other reasons for the nurses' decline in morale include a lack of career advancement (DoH, 2011:59), unsatisfactory environmental working conditions (Ramjee & McLeod, 2010:185), a lack of job satisfaction (Mohase & Khumalo, 2014:94) being constantly under pressure and poor communication (Ditlopo, Blaauw, Rispel, Thomas & Bidwell, 2012) amongst themselves, their management, their patients and members of the public (Oosthuizen, 2012:49).

1.2.2 Lack of Resources

The lack of adequate resources such as medicines (De Beer, Brysiewicz & Bhengu, 2011:6), medical equipment, medical supplies (for example linen such as sheets, pillow cases, etc.), beds and furniture has added to the stress and decrease in morale for nurses (DENOSA, 2013:1).

It means that if stocks of medical items are low or depleted, the nurses cannot render the related services to their patients. This is especially critical when medical supplies, for example, anti-retroviral vaccines or tablets for AIDS patients, are either depleted or in short supply (WC, DoH, 2011:102, 106).

Other examples of inadequate resources that add to the decline in nursing morale are malfunctioning or non-working medical equipment, for example machines to measure blood pressure, temperature of patient etc. (Mokoka, Oosthuizen & Ehlers, 2010:107).

1.2.3 Perceived lack of Leadership

Elements of good leadership and good governance exist, due to hospital managers being unable to retain full control of their staff, resources (goods and services) and proper staff structures (Rust & De Jager, 2010:2278).

Nursing staff complained about the lack of mentoring support (Cameron, Gerber, Mbatha, Mutyabule, & Swart, 2012:99-100), while others commented on being frustrated with being allocated to other tasks when they should have been using their new skills that they had obtained through training.

Furthermore, the nurses sometimes have to wait for decisions on patients to be made and if their leaders are not present, they are forced to make some decisions on their own, especially if one of their patients is critically ill (Augustyn, Ehlers & Hattingh, 2009). This situation questions the training of hospital managers. For instance, some nursing unions have complained about the methods of training of leaders and nurses in state-owned colleges, which needed improvement.

1.3 Research questions

The following research questions were formulated for this study.

- Why are staff shortages causing a decline in morale to the state registered nurses at a Cape Town hospital?
- What are the reasons for severe staff shortages of state registered nurses in state hospitals in South Africa?
- What primary health care resources are lacking for state registered nurses, which are preventing the provision of effective primary health care to patients?
- Why are the lack of health resources causing stress and low morale for government nurses employed at a state hospital in Cape Town?
- What perceptions do the nurses have about the effects of leadership in the state hospitals?
- Is the perceived lack of adequate leadership causing a decline in the morale of state nurses employed by the Department of Health at a Cape Town government hospital?
- What are the provincial and national governments currently doing to reduce occupational challenges for the nurses?
- How does the decline in morale affect the nurses' service delivery to patients?
- What levels of behaviour are experienced by state nurses with low morale?

1.4 Research aim and objectives

1.4.1 General research aim

The aim of the research was to show how staff shortages, the lack of resources and the perceived lack of leadership contributed to the decline in the morale of state registered nurses. The research focused mainly on nurses at one state hospital in Cape Town. Literature about other state hospitals was investigated to find out if the stated problems also occurred at these hospitals.

A further aim of the research is to identify and analyse the links between the nurses' occupational challenges (for example the lack of morale, stress etc.) and their effects on staff morale. A review of the literature on the causes of the challenges identified three main contributory themes: staff shortages, a lack of resources and a perceived lack of good leadership.

The data collection was achieved by collecting relevant literature documentation, in order to understand the extent of the problem. The literature was evaluated so that solutions could be recommended to assist the nurses and hospital management.

Another aim for the research study was to assist in creating a better working environment for the nurses, patients and hospital management by creating awareness of the extent of the problem, and offering solutions to reduce the problem. The reasons why the research was conducted, was to find out how extensive the low morale of the nurses were, and to recommend solutions to reduce the causes thereof.

1.4.2 List of specific research objectives

The objective of this study was to analyse the impact on the state registered nurses of three main contributors of occupational challenges faced by these nurses, namely a lack of resources, staff shortages and a perceived lack of good leadership. The nurses are employed to provide quality care for patients in state hospitals.

The list of objectives indicates how staff shortages, the lack of resources and the perceived lack of leadership affect the morale of state registered nurses in their working environment.

- **Objective 1**

To determine to what extent the fluctuating or high levels of staff shortages have impacted on the morale (also stress levels and motivation) of the nurses employed by a state hospital in Cape Town.

- **Objective 2**

To analyse the effect that the lack of resources was having on the morale (the ability of government nurses to cope with daily challenges in the workplace) of the nurses in a state hospital in Cape Town.

- **Objective 3**

To determine to what extent a lack of good leadership was having on the morale (and causing occupational stress) of the nurses in a state hospital in Cape Town.

1.4.3 Summary of specific objectives

The objectives were to define whether the factors perceived to be causing the occupational challenges of nurses were worth researching. These objectives aimed to reveal why staff shortages, a lack of resources and an apparent lack of good leadership were affecting the nurses, so that solutions could be found to assist the nurses and hospital management.

1.5 Significance of the research

The significance of occupational challenges on the nurses, meant that if the increased impact of these challenges were ignored, the morale of these nurses would continue to decline, which would negatively affect patients, and sometimes lead to their death. There was already evidence of this reality, and supporting statements are contained within the research literature in Chapter 2 of the research. The motivation for the research topic is to make an additional contribution to the current body of research knowledge. The idea for the topic of the research was based on identifying factors related to occupational challenges that nurses faced, which were influenced by staff shortages, a lack of resources and a perceived lack of leadership. This study has, therefore, been linked to the existing theoretical framework of knowledge.

The research is based on the desire for the occupational challenges to be addressed in respect of the registered nurses and the reasons for their daily stress and decline in morale. The need for the research was urgent due to increased occupational nursing challenges, which continue on a daily basis in the working environment of state hospitals. Its significance was that it took note of the functions of the hospital management and nurses, showing how they operated within a government departmental framework.

There is a need to assist both hospital management and the nurses in achieving a compromise that would reduce the occupational burdens that have had a negative effect on them. The research is important, due to the link between the nurses' everyday life experiences (and those of their colleagues) in the work environment, the challenges that affect them and the causes responsible for the nurses' stress factors and decline in morale.

1.6 Chapter summary

Chapter One described the research problem of occupational challenges for nurses and its effect on their morale. It further explains the research problem and the three independent variables (which are staff shortages, the lack of resources and the perceived lack of leadership) causing the problem of low morale (dependent variable) for nurses in a local state hospital. The chapter continued with the research questions which were included to indicate what is required from the literature and nursing respondents, to answer the problem statement. Furthermore, research aims were stated and research objectives were stated, listed and summarised. The chapter concluded with the significance of the research.

Chapter Two discusses the identification and understanding of the literature that was found to be relevant for the research topic. The literature will cover state nursing occupational challenges in South Africa, which are impacted by staff shortages, a lack of resources, and an apparent lack of good leadership.

CHAPTER TWO:
LITERATURE REVIEW

2.1 Introduction

The purpose of this chapter is to focus on literature, which deals with the research problem pertaining to occupational challenges faced by state registered nurses in South Africa.

Chapter Two discusses the identification and understanding of the information that was found to be relevant for the research topic. The literature covers occupational challenges faced by nurses in South Africa, which are staff shortages, a lack of resources and a perceived lack of good leadership.

The chapter introduces the origins of state nursing in South Africa, and continues with the characteristics of the problem statement, staff shortages, a lack of resources and a perceived lack of good leadership. The chapter then focuses on developments in the field of research from previous researchers, and an overview of solutions to the challenges, namely the Occupational Specific Dispensation and the TRIAGE model. The chapter concludes with a summary, and an introduction to Chapter Three.

2.2 Introduction to state registered nursing in South Africa

The origins of nursing began with the mission stations that were established in various provinces in South Africa during the nineteenth century, and where the trainee nurses were educated (Marks, 1994:324). A career in nursing in South Africa was important for Afrikaans and African women, because the nursing career was one of the few careers that were widely open to women, notably during the 1920s and 1930s (Marks, 1994:324).

A pocket guide, which was issued by the National Department of Health states that health services in South Africa were mainly the responsibility of the Department (DoH, 2013:114), with a specific responsibility for public sector healthcare. The tradition of nursing in South Africa was for an individual to be trained as a registered nurse to assist patients in every legitimate manner possible in order to speed up and improve the process of healing (Jay, 2007:14). The researcher adds that nursing is a caring profession, which means that nurses are trained to make the patient’s well-being their top priority (Jay, 2007:15).

A professional nurse was defined and described in the acts and procedures of Chapter Two, Section 2 of the South African Nursing Act, No. 33 of 2005, Regulation 30 (1), as a person who had earned the right to qualify and practise nursing (South Africa. The Presidency, 2006:34). A registered nurse qualified to practise nursing after completing a four-year course of study, including education and training (Jay, 2007:20).

State registered nurses were required to serve their patients and be registered according to the nursing profession regulations set out by their employer, the South African Government, in the Nursing Act No. 33 of 2005, which prevented unregistered nurses from practising nursing (South Africa. The Presidency, 2006:34). Nurses are required to sign a nurses' pledge, as determined by the national Government (DoH, 2011:1). The contents of the pledge require the nurses to serve the public, and to make the total health of their patients their main responsibility. They are also required to respect their patients and to show no prejudice towards them, whilst showing respect for human life (South Africa. Public Service and Administration, 1997:15). This meant that nurses are required by law to comply with the South African Government's 8 principles of "Batho Pele" (People First), with the primary emphasis being placed upon the "Service Delivery" principle (South Africa. Public Service and Administration, 1997:15).

The South African Nursing Council is the statutory, financially independent nursing body that was established in terms of the Nursing Act, 1944 (Act No. 45 of 1944). It is currently operating under the Nursing Act, 2005 (Act No. 33 of 2005) (SANC, n.d.:1). It sets and maintains nursing education standards and codes of practice in the nursing profession in South Africa (SANC, n.d.:1). Some of the requirements that they set for nurses allow them to practice as registered nurses, and also provide them with counselling and guidance. Other functions of the Council are to ensure that nursing education and institutions are accredited (SANC, n.d.1).

In order to obtain accreditation, nurses must communicate with the South African Qualifications Authority (SAQA), which is the educational governing body for all educational programmes (Jay, 2007:46-47). The Council also decides on how state registered nurses should practice nursing in South Africa (DoH, n.d.:1). The council issued a policy in which nurses are entitled to their rights in terms of the South African National Constitution, Act 108 of 1996, and hence be equipped with the minimum physical, material and personnel requirements (DoH, n.d.:1).

State registered nurses in the Western Cape Province are currently required to perform certain tasks in state hospitals (WC, DoH, 2012:1). They must, for example, perform physical examinations on patients and analyse their health history information. They are also required to issue the correct medication to their patients and, where applicable, administer injections and attend to their wounds. Other requirements for them are to promote health education and counselling by monitoring health trends and adapting accordingly (WC, DoH, 2012:1).

2.3 Characteristics of the problem statement

State registered nurses allegedly attributed their occupational failures in their daily working environments to their working circumstances and they identified staff shortages, enormous workloads and poor management for their inability to provide efficient and effective services to their patients (Rust & De Jager, 2010:2278). More than 80 percent of patients receive Primary Health Care (PHC) at state hospitals because they have no medical aid (Rust & De Jager, 2010:2278), revealing that the patients' demands owing to the epidemic of AIDS and the growing increase in the number of people in urban areas, are some of the factors that contribute to challenges at the hospitals (Rust & De Jager, 2010:2278).

Another viewpoint stated that some characteristics of occupational challenges for the nurses were burnout and physical exhaustion, which were caused by the pressures of having to care for ill patients (Beau, 2006:24). The researcher indicated that burnout caused various nursing behaviours, including anger, frustration, anxiety, absence from work and laziness (Beau, 2006:24).

A newsletter from the Treatment Action Campaign (TAC), South Africa, states that nurses work in challenging environments and should not be blamed for their behaviour, nor for poor service delivery at health clinics in South Africa (Mthathi, 2005:3). The general secretary of the TAC stated that the behaviour of nurses was characterised by frustration, rudeness, a lack of interest, short consultations with patients and poor medical decisions (Mthathi, 2005:3) owing to the nurses performing duties in poor working conditions at dirty and unsafe hospitals. Further evidence showed that there was a lack of equipment, medical supplies and appropriate training, which meant that nurses could not take care of their patients effectively (Mthathi, 2005:3).

Three researchers conducted their research at a selected state hospital in Cape Town during 2010, using interviews and thematic analysis to determine how the nurses behaved and what the characteristics of their experiences and challenges were, when attending to patients who suffered from Tuberculosis (T.B.) and AIDS (Sissolak, Marais, & Mehtar, 2011:1). The results of the research revealed that nurses were concerned about the risk of Tuberculosis (T.B.) for both patients and staff members. The researchers analysed the data that they had collected after interviewing the nurses (Sissolak, *et al.*, 2011:2). (They concluded that nurses experienced protection when the T.B. routine was applied, meaning that high-risk patients were isolated.) In cases where high-risk patients were not isolated, the nurses feared for their own health (Sissolak, *et al.*, 2011:2). This was caused by the perceived failure of the health system (Sissolak, *et al.*, 2011:4).

State nurses were more dissatisfied in their daily work environment than private sector nurses (Pillay, 2009). A research survey revealed that 2 306 nurses were unhappy with the lack of resources such as working equipment, medication, examination facilities, staff shortages, poor working conditions and the unsatisfactory organisational climate in their daily working environment (Pillay, 2009). Pillay used the ANOVA method to conduct a quantitative research study to test the difference between nurses' work satisfaction in the public and private sectors.

The research outcomes revealed that the independent variables were the nurses' personality characteristics, their experiences in the work environment and their future work plans (Pillay, 2009). Pillay concluded that the state nurses' experiences in the public sector work climate were worse than the working experiences of nurses in the private sector (Pillay, 2009). The survey's findings were explained by the fact that the nurses' behaviour was caused by a severe shortage of nurses (Pillay, 2009).

Nurses complained about the lack of employer support and that coping in the working environment was difficult for them and that there was a lack of adequate protective clothing such as gowns, goggles and masks (Hall, 2004:7). Some of the characteristics of nurses included occupational stress and burnout owing to being forced to work long hours without adequate resources and organisational support (Hall, 2004:7, 9). Intensive care nurses experienced stress, as they were expected to work productively with few resources, shortages of staff members, no lifting devices for heavy patients, malfunctioning equipment, and the perceived lack of managerial support (Beau, 2006:20).

2.4 Staff shortages

2.4.1 Nurses' challenges caused by staff shortages

The current state of staff shortages was addressed in a statement from the Democratic Nurses Organisation of South Africa (DENOSA) on 26 March 2013, in which the union referred to the recent National Health Facility Audit report, dated 20 March 2013, which concerned public healthcare facilities and, which was commissioned by the National Department of Health (DENOSA, 2013:1). According to the union statement, the report showed that there was a critical shortage of nurses at facilities such as maternity clinics and that some nurses who were allocated to work at these clinics were not midwives. This effectively caused stress and low morale for nurses who were qualified to work at the clinics (DENOSA, 2013:1).

A comment by a journalist on the crisis regarding nursing shortages in public hospitals in 2013 was contained in an article, which described the shortages as dire (Van Schie, 2013). The motivation for this statement was revealed in a report by The South African Institute of Race Relations (SAIRR) on 17 January 2013 (Rondganger, 2013). The Institute claimed that 46 percent of nurses' posts in the public sector were currently not filled. The total number of nursing posts totalled 44 780 and did not include nursing assistants and student nurses (Rondganger, 2013). Van Schie voiced concern regarding the staff shortages in various state hospitals around South Africa, which has lead to widespread infant mortality rates in maternity wards (Van Schie, 2013).

A workshop report stated that the performance of efficient service delivery in the South African public health sector depended on addressing nursing challenges (Rispel, 2008:5), and the report indicated that there was an insufficient number of nurses in the healthcare system owing to an inability to retain them. The causes of nursing shortages have been blamed on poor human resource management, coupled with a lack of motivation amongst the retained nurses, leading to widespread absenteeism, which has resulted in negative consequences in the delivery of services to patients (Rispel, 2008:5). Primary Health Care (PHC) research shows that, although the percentage of professional nurses that were employed at six selected state hospitals was 94%, the percentage of enrolled nurses (at 60%) and nursing assistants (at 83%) was unsatisfactory (Daviaud & Chopra, 2008:47).
Another review revealed that the quality of Primary Health Care (PHC) service delivery decreased when there was a shortage of nurses (Chabikuli, Blaauw, Gilson & Schneider, 2005:104).

Further causes for the problem were shown by factors such as the failure to produce enough nurses, their migration, and the impact of AIDS (Chabikuli, *et al.*, 2005:104). Primary healthcare concerns for nurses were addressed in a journal article, in which the need was expressed that more professional nurses needed to be trained, and that existing nurses need to receive reorientation in PHC, as staff shortages were critical (Rawat, 2012:4).

Shortages among primary care registered nurses were found in primary care clinics in 7 provinces in South Africa (Cameron, Gerber, Mbatha, Mutyabule & Swart, 2012:98).The findings revealed that owing to nursing shortages, some of the on-duty nurses were sometimes allocated to other tasks and as a result, these nurses were not able to effectively give anti-retroviral treatment (A.R.T.) in order to combat the AIDS virus to their patients (Cameron, *et al.*, 2012:99).

Nursing shortages are most present in rural areas, where these shortages have always been more than in urban areas (Gonyela, 2005:9). Presently, rural nurses face obstacles such as having to perform extra tasks on behalf of nurses who have not yet been appointed, as well as their own work, which leads to physical and emotional stress (Gonyela, 2005:9).

A related research outcome quoted a total need of 14 370 nurses and expressed the need for training for state nursing to be increased owing to the severe shortage of registered state nurses in South Africa (Wildschut & Mqolozana, 2008:9). A further opinion revealed that the number of nurses employed in the public health sector had decreased and by 2007, there were only 110 registered nurses per 100, 000 patients (Coovadia, Jewkes, Barron, Sanders, & Mc Intyre, 2009:830).

By 2010 the vacancy rate for health professionals had increased to 42.5 % (Lloyd, Sanders & Lehmann, 2010:173). A specific mention was made about professional nurses and enrolled nursing assistants that there was an urgent need to train them as a matter of priority (Lloyd, *et al.*, 2010:176). Reasons for the human resource shortage in the public sector, was owing to the closing of nursing colleges, the emigration of some nurses from the public service and poor working conditions (Ramjee & McLeod, 2010:185).

There was a need for more resources in state hospitals and a better skills mix, due to the fact that skill imbalances existed within the public sector because more doctors than nurses were being trained (Rawat, 2012:-2).

A report has emerged that only 12 percent of nurses were employed in rural areas in South Africa (DoH, 2011:30). The same report revealed that staff turnover in some provinces was as high as 80 percent (DoH, 2011:59). Conclusively, nurses left owing to the lack of advancement in their careers.

This statement by the Department was supported in a periodical article, which indicated that the media was seen as portraying these nurses in a negative manner (Oosthuizen, 2012:49), and that the skilled nurses left the service owing to the lack of career advancement and recognition. The researcher conducted a purposive sampling analysis, taken from 161 newspapers between January 2005 and December 2009 and found that nurses in provincial hospitals were seen as overworked, lazy, uncaring, suffering from burnout, ruthless (power-obsessed) and incompetent (Oosthuizen, 2012:49). Recommendations were made that both the generally negative attitudes amongst these nurses and the nursing shortages should be urgently addressed by the South African Government. Fixing the nursing shortage would improve health care in South Africa (Oosthuizen, 2012:49).

An alternative exploration of staff turnover amongst South African public sector nurses was made by another researcher who found that the Limpopo province had the highest nursing staff turnover (more than 60%) in South Africa in 2010 (Tshitangano, 2013:1), and the reasons given for this problem was the fact that the nurses were dissatisfied with their jobs. In order to prove this behavioural attitude displayed by the nurses, the researcher had to describe the factors that formed part of the problem (Tshitangano, 2013:1).

A quantitative analysis was conducted by collecting data from 380 respondents, whereby 141 nurses (31.1 %) provided feedback by means of self-administered questionnaires (Tshitangano, 2013:1). The data was analysed to determine the levels of job dissatisfaction experienced by the nurses, and the results showed that only 37.8 % of nurses were satisfied with their jobs, compared to 53.9 % dissatisfied respondents (Tshitangano, 2013:1). The primary factor from the responses of the nurses was staff dissatisfaction (85.2 %), which led to the turnover. Another reason was that the Limpopo province was mainly rural and that 93.6 % of the respondents worked in rural environments (Tshitangano, 2013:3). Of the 141 nursing respondents, only 19 nurses had experience in nursing specialities, which meant that only nurses with specialist skills were preferred when promotions were being decided upon (Tshitangano, 2013:5).

This statement meant that promotions for nurses depended on whether the nurses were adequately trained and developed, and if they did not have the necessary training, they were not considered for promotion (Tshitangano, 2013:5). The outcomes of the findings compared to previous studies revealed that the lack of professional status and career development had an impact on the job satisfaction of the nurses. The findings revealed that 64.5% of the nurses were dissatisfied with the lack of career development opportunities (Tshitangano, 2013:6).

Another case study pointed out that critical shortages and high turnover of nurses existed in critical care wards and operating theatres owing to the alleged unsuccessful implementation of the Occupation Specific Dispensation (O.S.D.), a reward benefit system for nurses (Ditlopo, L., Blaauw, D., Rispel, L.C., Thomas, S. & Bidwell, P. 2012). The different categories of nurses were dissatisfied with their related benefits and were unhappy that their needs and expectations were not being met (Ditlopo, *et al.*, 2012). An alternative claim in an editorial was the extreme shortage of critical care nurses in South Africa, especially in the public sector owing to the low numbers of nurses graduating, which meant that some qualified nurses did not wish to work in state hospital intensive care units (Michell, 2011:2).

There was a shortage of Western Cape Province nursing staff in speciality areas such as Critical Care, Theatre, Trauma, Emergency and Intensive Care Units (I.C.U.'s). (WC, DoH, 2011:37). The high vacancy rate impacted negatively on service delivery and medical-related legal risks for the Department of Health (WC, DoH, 2011:37). Existing registered nurses faced challenges in maintaining quality health care (the feeding of babies, and the prevention of measles) and the shortage of vaccines impacted negatively on service delivery to patients (WC, DoH, 2011:102, 106). The morale of nursing staff was low, while the standard and quality of nursing care in public health facilities had declined (WC, DoH, 2008:1).

There was a shortage of skilled registered nurses in outlying medical centres in the Western Cape, where most of the poorer people were based (Moss-Reilly, 2011), and these outlying hospitals had fewer resources and inexperienced staff members. The analysis found that South Africa faced many challenges regarding its healthcare facilities (Moss-Reilly, 2011) owing to skills shortages. Although the Western Cape Government has stated that they almost have the number of nurses required, they have acknowledged the need for more professional nurses in South Africa (WC, DoH, 2012:1). They have promised to restructure 6 nursing colleges to meet these demands.

A research report stated that nurses were being forced to perform additional duties to their currently allocated tasks (Kruse, 2011:23), as these functions were normally reserved for doctors and cleaners. This was because of the critical shortages of staff members, which often caused burnout for the existing nurses (Kruse, 2011:23), and also caused the high staff turnover among nurses in South Africa (Kruse, 2011:5).

An alternative view regarding staff turnover was expressed in terms of demand exceeding the supply of nurses (Jooste & Jasper, 2012:59). This had affected current nurses who became resistant to the increasing challenges having a negative effect on them (Jooste & Jasper, 2012:59), and these factors had lead to widespread staff turnovers, as the nurses preferred to seek other employment. Further research revealed that the nursing profession was dominated by an ageing workforce, which meant that over the next ten years, 45 646 nurses would retire (Jooste & Jasper, 2012:59). It would result in the profession suffering losses in both staff and skills on a larger scale more frequently (Jooste & Jasper, 2012:59).

There was a national shortage of mental healthcare nurses (Bateman, 2012:70). The reporter also noted that there was at least one mental healthcare nurse for each district hospital in the Western Cape Province (Bateman, 2012:70). These nurses faced the challenges of dealing with substance abuse cases, which at the time of the report consisted of 35% of mental care patients admitted to Western Cape mental health institutions (Bateman, 2012:70). This justified the reason why qualified nurses resisted working in mental healthcare services.

Another perspective showed in a statement from a South African registered nurse that there was a severe problem of understaffing at state hospitals, which led to work overload (Anon, 2012:1). The writer of the article alleged that there was only one nurse for every 32 patients. Some of these patients were extremely ill and required regular attention. The article's contents noted that, according to the Global Health Statistics of 2009, although the private health sector was significantly smaller than the sector of state hospitals, they employed approximately 41.1 % of the nurses in South Africa (Anon, 2012:1) owing to better paid wages. The reason for the nurses not being willing to work in the state hospitals was because of being underpaid, which affected staffing issues, not only in terms of shortages, but also in terms of quality (Anon, 2012:1). If solutions were not found, more nurses would be forced to move out of the state hospitals, increasing the critical shortage (Anon, 2012:1).

In some provinces in South Africa, the shortages of nurses were critical (DA, 2005:1). An extensive research investigation at the 5 worst affected large state hospitals in South Africa revealed that there was severe understaffing (DA, 2005:3). Sometimes this was because new nurses were not being hired, high levels of staff turnover, and frequent levels of absenteeism on a daily basis (DA, 2005:8). Some officials stated, however, that although they were willing to employ staff at some hospitals, they could not find qualified nurses that were willing to work at the state institutions (DA, 2005:10). The report further revealed that the critical shortage of nurses led to many babies dying unnecessarily in hospitals, because there were not enough nurses to care for them. Matrons frequently complained about being overworked and short-staffed (DA, 2005:11).

The shortage of registered nurses was specifically mentioned in a nursing strategy report (W C, DoH, 2010:1), which stated that at the time, according to a report from the South African Nursing Council (S.A.N.C.), only 203 948 nurses were registered in South Africa to serve approximately 47 million South African citizens. As at 16 May 2008, the Provincial Government of the Western Cape Government (PGWC) had 10 824 registered nurses employed, but a large number of specialised nursing posts and general nursing posts remained vacant (WC, DoH, 2010:1). The purpose of the 2010 Western Cape nursing strategy was partially aimed at addressing the concerns of adequate resources for nurses and the strategic goal was to maintain an adequate supply of professional nurses in order to meet the health needs of the population of the Western Cape (WC, DoH, 2010:9). A provincial human resource plan had been envisaged for the nurses and its aim was to ensure that appropriately skilled nurses for the right jobs were chosen for the purpose of delivering nursing services of quality (DoH, 2010:5).

Another report raised concern about the lack of adequate progress on AIDS challenges, because of the health sector facing barriers such as the unsatisfactory manner in which health resources were distributed and the shortages in human resources, and because financial and human resources were not properly allocated (Schaay, Sanders & Kruger, 2011:iii). The private sector was better funded and resourced (Schaay, *et al.*, 2011:6). An alternative report on an AIDS virus clinic in Mpumalanga stated that it attended to approximately 2 500 patients a week, and that the clinic only had, amongst other staff members, four professional nurses and three assistant nurses (Mashele, 2005:7), which meant that the nurses could only see each patient for not more than a few minutes at a time. The unsatisfactory working conditions meant that four staff members had already left the clinic during 2005, which the reporter noted with concern, as it meant that the clinic was severely understaffed (Mashele, 2005:7).

There was a need for nurses to be equipped with the relevant information and skills (Fongqo, 2011:n.d.), as they were forced to cope with persisting challenges such as severe staff shortages, workloads that had increased and a lack of resources. These factors and key issues made it difficult for currently employed nurses to carry out effective service delivery to their patients (Fongqo, 2011:n.d.). The Democratic Nursing Organisation of South Africa (DENOSA) had undertaken to address the nurses' challenges to help them deal with aspects of public service delivery (Fongqo, 2011:n.d.).

Staff shortages were blamed for the poor services at a Mitchells Plain hospital in Cape Town. Fozaki (2013:3), a spokesperson from DENOSA, on behalf of the nurses, voiced concern during November 2013 that there was a critical shortage of medical staff at the hospital and requested the provincial government to act on the critical shortages of doctors and nurses (Fozaki, 2013:3). Another view from a research report was that there were nursing shortages of midwives in clinics, as well as labour wards (Maputle & Hiss, 2010:11). This was caused by a lack of human and material infrastructure (Maputle & Hiss, 2010:5).

A lack of resources and facilities was revealed as the reason for the nurses treating patients as mere "numbers", therefore, compromising service delivery to them (Robinson & Strydom, 2011:1). The affected nurses suffered from stress and a decline in morale and health owing to their inability to cope with the unrealistic challenges of the burden of patients, sometimes as many as 500 a day. The research analysts continued that if the nurses had more resources and staff, their everyday life experience in the work environment would be made easier (Robinson & Strydom, 2011:1).

Hospitals employed trainee nurses who had not been properly trained and the experienced nurses were instructed to retrain them, or some nurses were also given posts for which they were not qualified, which they accepted for financial reasons (Robinson & Strydom, 2011:1), which usually occurred when there were staff shortages. The nurses still faced challenges on a daily basis in understaffed hospitals (Robinson & Strydom, 2011:1).

In South Africa, migration of nurses was mainly from the public sector to the private sector (Egerdahl, 2009:11). The emigration by nurses became critical when some patients were forced to wait to receive emergency surgery (Egerdahl, 2009:8). The negative outcomes were linked to understaffing that was caused by the nursing shortage (Egerdahl, 2009:8).

2.4.2 Nurses' perceptions of staff shortages

A case study on the experience of nurses on recruitment and migration was conducted, in which the findings were that nurse migration was caused by the perceived lack of value of the affected nurses in health care systems (Troy, Wyness & McAuliffe, 2007:15). The health researchers used the qualitative method to record and analyse the behaviour of the nurses who participated in the study. Their objective was to find common meanings to see whether there were different levels of the nurses' behaviour in their working environment (Troy, *et al.*, 2007:15). An analysis of this case study revealed that the nurses' behaviour was desperate, overburdened and stressed, because of work overload (Troy, *et al.*, 2007:15).

The perception of the shortage of state nurses was so desperate in South Africa that the health system had been asked to lower its standards to assist nursing staff to complete their tasks in less time and under less pressure (Troy, *et al.*, 2007:15). Nurses, irrespective of which country they worked in, found the stress of watching dead and dying patients to be extreme, and these factors also led to the current shortage of nurses.

Another alternative view identified the occupational challenges of the Termination of Pregnancy nurses, who face adding abortion services to their work schedules, whilst coping with being understaffed and overworked (Lebese, 2009:37-38). The researcher concluded that by means of conducting interviews, the outcomes proved that the nurses did not wish to work in abortion services (Lebese, 2009:v).

Another nurse spoke out about working conditions at an AIDS virus clinic in Mpumalanga and stated that there were only nine nurses to attend to approximately 45 patients a day, and that they were usually forced to work overtime, as the clinic was the only one operating for 24 hours in the specific area, in which about 35 000 people lived (Masinga, 2005:8).

The nurse stated that without the support of the volunteers that assisted them daily, they would not be able to cope and recommended that they be hired by the clinic on a full-time basis (Masinga, 2005:8), as the nurse perceived that the shortage of health workers affected the quality of their (the existing staff members') work (Masinga, 2005:8). An alternative view by another nurse was that there was understaffing at a Wallacedene clinic in the Western Cape province and recommended more realistic staff-patient ratios (more nurses per patient) and an urgent increase in medication for patients. (Majali, 2005:12).

Further complaints about understaffing were stated by a volunteer co-ordinator with 16 years' nursing experience, who expressed the view that they were only four nurses at the clinic and recommended the hiring of more nurses, as well as doctors, because the existing nurses were doing work that doctors were supposed to be performing (Dlamini, 2005:13). Further problems included the larger demand of patients, as there was evidence that more people were being infected with the AIDS virus, which led to the high workload that these nurses currently have (Dlamini, 2005:13).

2.5 Lack of resources

2.5.1 The effect of the lack of resources on nurses

The current state of resources was evidenced in a statement from DENOSA on 26 March 2013, in which the union referred to the recent National Health Facility Audit report, which was commissioned by the national Department of Health and announced on the previous Thursday (that is, 20 March 2013), revealing information about public health care facilities (DENOSA, 2013:1). According to the union, the audit report showed that 93% of the maternity wards in the above-mentioned facilities did not have the required essential functional equipment to keep newly-born babies and their mothers safe at the facilities (DENOSA, 2013:1). The problems concerning infrastructure resources had effects in various ways, especially how the nurses were perceived and how they had been negatively affected by public reaction to the problems that they experienced at the public healthcare clinics (DENOSA, 2013:1).

The morale of the nurses was found to be low, which was caused by communities blaming them whenever services did not meet their expectations (DENOSA, 2013:1) such as when there was a poor and unreliable supply of medicine at the hospitals. DENOSA recommended that the correct procedures should be followed in the procurement of the necessary infrastructure so that the health facilities could become more effective in order for the nurses to be able to respond to the needs of patients (DENOSA, 2013:1). DENOSA had recently released another statement in February 2013 that the state nurses were planning a nationwide campaign to protest for better infrastructure and support in health facilities in order to benefit patients (DENOSA, 2013:1). The statement mentioned the examples of a specific day hospital, in which the hospital was reported to have a shortage of functional equipment such as only one operational cardiac monitor. The union recommended enough equipment and resources so that the health centres could be served more effectively, which it believed would occur, if the said campaign became a success (DENOSA, 2013:1).

State nurses in South Africa were challenged by the non-productive use of resources and there was evidence of the lack of adequate human and financial resources in state hospitals (Mack, 2011:37, 41). There were vast differences in resource allocations in the public and private health institutions, and research supporting this theory explained that only those persons who earned higher salaries received quality health care, usually from private health institutions (Mack, 2011:35). An article was written to address the Primary Health Care (PHC) approach and the factors that limited its success (Dookie & Singh, 2012:1), which was that the limited allocation of resources in the public health sector was a cause for concern, and that the problem had to be urgently addressed. Causes for the lack of resources were blamed on the unequal distribution of personnel in the public and private sectors (Dookie & Singh, 2012:2).

Rural nurses complained that there was a lack of resources such as running water, transport, homes for nurses, while the distances that nurses had to travel to the clinics were vast, as the clinics were far away from where they lived (Gonyela, 2005:9). There was also no security service to protect the nurses, resulting in most nurses not wanting to work in rural areas. Another voluntary counsellor with 16 years nursing experience at Orange Farm AIDS clinic complained that the national government kept changing the medication, which was a challenge for the nurses (Dlamini, 2005:13). Worse still, was the shortage of uniforms for them, which their union provided for instead (Dlamini, 2005:13).

Another view was that registered nurses had to deal with the shortage of high level medicines that were needed to treat intensive care patients (De Beer, Brysiewicz & Bhengu, 2011:6), and that there was evidence of a shortage of intensive care unit (ICU) beds and equipment, which had a negative impact on the state of behaviour of the nurses (De Beer, *et al.*, 2011:8). The nurses were also stressed because they were forced to turn away patients on a daily basis as a result of the lack of the above-mentioned resources (De Beer, *et al.*, 2011:8), and the shortages of staff members. The most demand on resources was by patients who suffered from the disease profile of the AIDS virus, which the intensive care nurses, especially in the public sector, found most challenging (De Beer, *et al.*, 2011:6, 10).

Further comments were that state nurses who were employed at the state's AIDS clinics have complained that there were shortages of rooms in which to consult with patients (Cameron, Gerber, Mbatha, Mutyabule & Swart, 2012:98). The nurses were unhappy about the lack of stationery such as files and registers, and this resulted in them not being able to render effective Anti-Retroviral Treatment (A.R.T.), which was required to reduce the effects of AIDS, to their patients (Cameron, *et al.*, 2012:99).

Nurses were forced to work in a state-owned hospital with a lack of adequate resources (Zondo, 2010:1). Patients depended on nurses to perform essential services in spite of the lack of medications, materials, equipment, staff and support, but owing to the lack of these resources, many patients died (Zondo, 2010:1). The report confirmed that the lack of resources in state hospitals in South Africa still existed, and this had lead to the DENOSA nurses' union expressing dissatisfaction with the sometimes fatal consequences of the hospitals being under-resourced (Zondo, 2010:1).

DENOSA reported that a lack of resources was named as the cause of the deaths of five premature babies in a state hospital sector in Pretoria owing to broken and defective incubators (Anon, 2011). The union demanded that all the problems relating to the lack of resources be addressed immediately in order to prevent further loss of life.

Nurses were challenged by the lack of advancement in their careers, the decline in public services, unacceptable working conditions, and that they were forced to leave the state hospitals owing to a lack of resources (Oosthuizen & Ehlers, 2007:24). A further perspective was that the lack of adequate facilities, structure and support, as well as unsatisfactory working conditions hindered the nurses in effectively carrying out their duties (Anon, 2012:1). A stronger support system to boost the low morale of the nurses was recommended.

Mental Health Care nurses were dissatisfied with the lack of resources that they needed to care for their patients and complained that mental health resources remained low, compared to other health care resources (Murrels, Robinson & Griffiths, 2008:127). The decline in job satisfaction for mental health nurses, meant that the perception was that they faced bigger occupational challenges owing to the supply of mental health resources being lower than resources for other health services, and the nurse-to-patient ratios being unsatisfactory (Murrels, *et al.*, 2008:128).

The challenges for the South African state health institutions was to fully equip Primary Health Care (PHC) facilities, provide them with enough staff members, a more cost-effective service delivery, and a proper health care service (Makie, 2006:2). Supporting evidence was that in the past few years the government has reduced its budget to some of the institutions, leaving them with not enough money to buy or repair equipment. Further problems were that basic supplies had run out and could not be replaced (Makie, 2006:2).

A news report on Cape Town provincial hospitals described the critical situations at these hospitals (Fokazi, 2013). The reason for these situations was that there was a severe shortage of beds and that some critically ill patients at one hospital had to lie on trolleys in passages for up to three days, with no adequate access to resources such as bedding and emergency equipment such as drips or nebulisers for breathing purposes (Fokazi, 2013). Cape Argus media visited the hospital during the first week of September 2013 and found that more than 60 patients had been admitted to the hospital's 27-bed emergency ward (Fozaki, 2013), and were in chairs or trolleys for up to 24 hours.

The reaction from the medical staff was that the workload was too much and they could barely cope. A patient could not receive much-needed oxygen, as there was no electrical output for nebulisers in the hospital passage (Fozaki, 2013). Another patient who had a drip on her arm for 17 hours had no stand to suspend her arm on, therefore, it was swollen. Another patient asked nurses for an oxygen mask to help her breathe, but the nurses told her that there were none available. She observed that the staff were running up and down and looked helpless (Fozaki, 2013).

Conditions at three Cape Town hospitals were named as being critical owing to overcrowding of patients, some of whom had to wait overnight on hard benches while they waited for beds (Fokazi, 2013). There were also no blankets for these patients and they had to provide their own blankets because of bedding shortages. The South African Medical Association warned that the Western Cape health services were not keeping up with the increasing population in the Western Cape (Fokazi, 2013). A spokesperson for the Western Cape Government Department of Health responded that the shortage of beds was due to the demands on public health services (Fozaki, 2013). She added that improvements in resources such as infrastructure within emergency centres had been recently made at the three Western Cape hospitals (Fozaki, 2013). The Department's Minster of Health added that the growing burden of disease and the growing migration of the South African population to the Western Cape Province had contributed to the overflowing of Western Cape public hospitals and would, therefore, request the National Treasury for funding to deal with the related pressures (Fozaki, 2013).

A news article was released about another Western Cape hospital, stating that the lack of resources at the institution caused the death of a patient (Fozaki, 2013). A lack of oxygen, feeding and fluids for four days was responsible for the said patient's death. Another patient was transferred from the hospital to another public hospital in time owing to poor treatment from hospital staff at the first hospital (Fozaki, 2013).

The families of the patients blamed the incidents on the lack of appropriate medical infrastructure and staff, resulting in patients receiving poor treatment (Fozaki, 2013). Further research revealed that shortages also related to the lack of phones, bedside bells and cell phone reception (Fozaki, 2013). Medical staff members who wished to remain anonymous blamed the Department of Health for poor planning. The staff had been transferred from other hospitals to the hospital in question, which had been recently opened. However, these staff members had not received adequate training and were expected to work under conditions that lacked the adequate resources, which were required of them to give care to their patients (Fozaki, 2013).

The 2007 national audit of critical care resources in South Africa revealed that only 23% of public sector hospitals had intensive care units (ICU's), which meant that there was a shortage of 1 783 beds nationally for these units (Bhagwanjee & Scribante, 2007:1311), and this hindered the nurses in caring properly for critically ill patients in general wards. The researchers reported that the total bed-to-population ratio in the public sector for the Western Cape province was less than 1 bed for every 20 000 people (Bhagwanjee & Scribante, 2007:1311), and of these beds, only 1.7 percent were being used in ICU's in the public sector.

A second view on critical care was stated in an academic journal article, in which the 23 percent statistic of intensive care units in the 2007 national audit was confirmed (Carter, 2008:50). The lack of resources was seen as the cause for nurses being unprepared in terms of education, knowledge and experience (Carter, 2008:50).

2.5.2 The lack of resources as perceived by the nurses

There is a need to retain nurses in public service healthcare in South Africa (Mokoka, Oosthuizen & Ehlers, 2010:103, 110). A target population of nurses in state hospitals in Gauteng was analysed and the findings were that the nurses' challenging working environments were unsafe, and that adequate resources and facilities were scarce, which subsequently led to a high turnover of nursing staff (Mokoka, *et al.*, 2010:103). Service delivery and patient care are dependent on meeting the resource needs of nurses who are required to perform these services (Mokoka, *et al.*, 2010:107). The researchers explained this dependency on the basis that there were supply shortages and either no equipment, or the existing equipment was not working properly (Mokoka, *et al.*, 2010:107). Nurse managers stated that if these issues were properly addressed, nurses could be retained.

If hospitals had better equipment and their infrastructure was improved, it would improve nurses' job satisfaction, and improved quality health care to their patients (Mokoka, *et al.*, 2010:107). A hospital without resources and equipment may cause a negative perception among nurses owing to their service levels increasing and decreasing, causing many of them to leave, but this variable would depend on the nurses' perceptions, behaviour and attitudes towards their quality of service and their patients (Mokoka, *et al.*, 2010:106, 109-110). The lack of supplies, or malfunctioning equipment had been confirmed by nurse managers, as one manager had declared that inadequate resources made patient care dangerous owing to the lack of stock, protective clothing and medicines (Mokoka, *et al.*, 2010:107). This meant that the provision and retention of resources were essential to the effective execution of service delivery, which was required by the nurses for their patients, depending on the extent to which the nurses' needs had been met (Mokoka, *et al.*, 2010:107).

The migration of nurses from state hospitals was perceived to be caused by the misallocation of resources owing to the lack of incentives, resources and poor health care support system (Philp, 2009). Motivating factors were that one hospital had no life-saving oxygen equipment, faulty lifts, ventilators, heart-starting machines and a shortage of life-saving drugs (Philp, 2009). Some essential food supplies ran out at some hospitals and staff had to use petty cash to buy food (Philp, 2009).

Another view was contained in a newsletter from the Treatment Action Campaign, which revealed that there was a severe lack of resources and staff at state hospitals in South Africa, which meant that the nurses should not be blamed for their perceived poor attitudes towards service delivery in respect of their patients (Mthathi, 2005:3).

Another response from a nurse in Wallacedene, in the Western Cape Province, was that there were many occupational challenges that were experienced by nurses at the said clinic (Majali, 2005:12). These particularly affected the lack of proper resources and included the lack of available ambulances (sometimes for between 2 to 3 hours), a lack of medication with which patients could be treated, low salaries (financial resources) and the absence of a safe working environment (Majali, 2005:12).

2.6 The perceived lack of good leadership in state hospitals

2.6.1 Lack of good leadership

Leaders should focus on the challenges of daily activities at hospitals so that satisfactory supervision could be given to the nurses. These factors would result in quality care being provided to patients. There was evidence that in some cases the lack of adequate leadership caused understaffing and overworking at public health institutions (Rust & De Jager, 2010:2278). Poor management existed owing to hospital managers being unable to retain full control of their staff, resources (goods and services) and proper staff structures (Rust & De Jager, 2010:2278). Some nurses had to wait for doctors to make decisions regarding patients in spite of the fact that they already knew some practices and procedures regarding the patients (Augustyn, Ehlers & Hattingh, 2009).

Leadership requires sound decision-making. A case study was conducted about hospital management leadership in which the results showed that hospital managers admitted to needing more development and training (Pillay, 2008). The state nurses faced daily challenges and shortcomings in their jobs owing to a lack of proper staff to train nurses and poorly trained nurses who struggled to cope in state hospital environments (HOSPERSA, 2011:1). The Health and Other Service Personnel Trade Union of South Africa (HOSPERSA) was one of the unions that represents the nurses. The union claimed that they were dissatisfied with the Government's apparent lack of commitment towards training nurses in the 119 state-owned colleges in South Africa because of perceived poor training and understaffed trainers (HOSPERSA, 2011:1). An alternative view was that the alleged poor state of health care in state hospitals was caused by mismanagement (Philp, 2009). The causes for mismanagement by hospital leaders included a lack of adequate resources and alleged mismanagement of funds (Philp, 2009).

2.6.2 Nurses' responses to the perceived lack of good leadership

Better leadership skills in management were required, more research had to be conducted in hospitals, because the perception was that nursing supervisors had to be better leaders, and better interpersonal skills with the nurses had to be developed (Pietersen, 2005:24). An overall concern of the perceived weaknesses and deficiencies in leadership in the public health sector was confirmed in a human development resource centre report (Schaay, Sanders & Kruger, 2011:iii).

Another nurse employed at a public health facility noted that there was a lack of training for rural nurses and blamed the government for not creating mechanisms to attract nurses to work in these areas (Gonyela, 2005:9). The nurse perceived that this had led to more deaths than were necessary, especially from the AIDS virus. The nurse also lamented the fact that training concerning AIDS was not in the nursing curriculum, and should be included therein as a matter of urgency (Gonyela, 2005:9). Another nurse spoke out about the lack of leaders at another AIDS clinic in the Mpumalanga province (Masinga, 2005:8) such as training nurses for mother-to- child AIDS transmissions, the lack of trained nurses to teach nurses how antiretroviral treatment for AIDS patients worked, and the lack of a full time nurse who was trained on voluntary counselling and testing.

Another nurse at an AIDS clinic in the Limpopo province was unhappy with the lack of training for health workers in various aspects of AIDS-related tasks (Ntimbani, 2005:8), which included how to use CD4 count and other AIDS-related tests, anti-retrovirals, and so on. The affected nurse had only been trained to provide counselling and AIDS-related tests and was considering moving over to the private sector (Ntimbani, 2005:8). The argument was backed up by confirming that there was evidence of the inefficient management of health facilities that were used and the perceived lack of visibility by managers in being responsible when dealing with issues such as AIDS and tuberculosis (Schaay, Sanders & Kruger, 2011:6-7).

Weak leadership issues such as the lack of adequate training, support and supervision (Schaay, *et al*., 2011:6) were reasons to be concerned about the future of Primary Health Care (PHC) in South Africa. Another aspect under scrutiny was the lack of capacity to manage underperformance in the public sector (Schaay, *et al*., 2011:6). Recommendations were proposed that improvements in leadership and regulation of the health system should be revised (Schaay, *et al*., 2011:17) in order to address health service delivery management in the South African provinces.

Nurses' behaviour towards patients were negative. These nurses stated that the human resource management system was the cause of poor communication and slow decision-making by their employers for their demotivation and low morale in the PHC work environment (Chabikuli, *et al*., 2005:108-109). The contributors concluded that the shortage of nurses, caused by migration and AIDS and TB, had increased the workloads for nurses who remained in the primary healthcare systems (Chabikuli, Blaauw, Gilson & Schneider, 2005:109, 113).

The nurses also blamed the poor administration of the scarce skills allowance, which almost entirely excluded the non-specialised professional PHC nurses and made them more demotivated (Chabikuli, *et al.*, 2005:110). Other poor leadership issues, according to the nurses, were unclear job descriptions, the unsatisfactory manner in which the reward and appraisal systems were managed, and the lack of standards for the work loads of nurses in PHC (Chabikuli, *et al.*, 2005:111).

2.7 Developments in the field of research from previous researchers

Comments regarding the continuous dynamics, characteristics and changes that are currently present in the working environment were contained in recent study about public service employees (Florence, 2011:iii, 27), and that this required the employees to continuously update their knowledge and skills, to improve service delivery and to add value to their organisation. Research was conducted (Oosthuizen, 2005:251) on the behaviour of the emigration of South African nurses, using the qualitative method. Poor working conditions, the lack of resources preventing the provision of quality care and the lack of support from hospital management, were factors that had contributed to many nurses refusing to work in the public service once they had become qualified as professional nurses (Oosthuizen, 2005:251, 261).

The data was analysed and results showed that the psychological and financial needs of the nurses were not being met, as they were not valued, nor did they receive recognition (Oosthuizen, 2005:261, 265). The South African Government was requested to acknowledge the nurses' value to the health care system (Oosthuizen, 2005:248, 255), to budget for resources for them, improve working conditions, provide better quality equipment and manage resources more effectively (Oosthuizen, 2005:248). This would encourage nurses to be retained and provide quality services to the patients (Oosthuizen, 2005:255). If hospital managers took responsibility and cared about the nurses, by communicating with them on all levels, this would reduce nursing staff turnover levels (Oosthuizen, 2005:257). Nursing staff commented about the lack of mentoring support (Cameron, Gerber, Mbatha, Mutyabule & Swart, 2012:99-100), while others commented on being frustrated with being allocated to other tasks when they should have been using their new skills that they had acquired through training.

Research was conducted on the shortage of registered nurses in the profession in South Africa (Jooste & Jasper, 2012:58). The researchers suggested educating the current nursing workforce in order to meet healthcare demands (Jooste & Jasper, 2012:62). This required the initiative of nurse managers and educators who had been identified as the primary role players in ensuring that the nurses were able to cope with diseases and the needs of patients (Jooste & Jasper, 2012:62). Currently, there is a shortage of nursing educators in South Africa (Jooste & Jasper, 2012:62), and this has a particularly negative effect on nurses that wish to become managers. Further recommendations were that the managers should try to influence new policy regarding nursing services, which would require them to have an understanding of South Africa's healthcare needs and to shift tasks evenly among nurses so that some would not have unfair workloads (Jooste & Jasper, 2012:56, 63).

The Department acknowledged the lack of adequate finance (WC, DoH, 2010:7). According to the report, the recent Nursing Amendment Act No. 33 of 2005 had made provision to expand the scope of practice for a staff nurse. Some clauses in the Act were supposed to assist in maximising human resources in view of assisting each other in tasks that they would previously not have been allowed to do (WC, DoH, 2010:7), thereby gaining proper experience in their overall operational functions. It would save time and improve service delivery for patients, and would address the critical shortages of nurses in certain areas of work at the hospitals and improve their physical working environment (WC, DoH, 2010:3,7). The report also focused on workloads (WC, DoH, 2010:8). It acknowledged the short supply of nurses, as well as the unavailability of support to all staff members. These nurses experienced non-core functions, that is, added workloads such as administration, house-keeping and porter activities, which were caused by the shortage of support staff members (WC, DoH, 2010:8). It meant that they spent less time with their nursing functions of attending to their patients and these burdens added to their stress (WC, DoH, 2010:8).

The impact of AIDS was also mentioned in the report as having a workload impact on the nurses owing to the increase in patients and their needs because more intensive care was required (WC, DoH, 2010:8). A solution to the problem was to introduce health assistants, theatre technicians and ward aides to reduce the load for the nurses (WC, DoH, 2010:8). The Department also committed itself towards improving the current training of nurses to address the nursing crisis (WC, DoH, 2010:9,10). The report made mention that the nurses made up approximately 40 percent of the Western Cape Health Department workforce and that their challenges and issues should be taken seriously, which meant that they should be made part of the provincial and national decision-making process (WC, DoH, 2010:16).

2.8 Overview of solutions to the nursing challenges

The purpose of solutions was to provide opportunities that would benefit both the employees and the employers at organisations. Solutions can be developed to suit the operational requirements of the organisation, as well as the needs of the employees. There is a need for nursing challenges to be reduced. A focus on various options was important for these challenges to be properly addressed. All categories of nurses in the public service were included. The reason for this all-inclusive policy was the staff shortages and high turnover of nurses, especially in operating theatres and critical care wards.

2.8.1 The Occupation Specific Dispensation (OSD)

The Occupation Specific Dispensation (OSD) was a financial incentive strategy that was gradually introduced into the public health sector from 2007 by the South African Government (Ditlopo, Blaauw, Rispel, Thomas & Bidwell, 2012) to encourage nurses to join the public health service. The primary motivating factor for the OSD as a continuous solution for nurses was the financial benefits that were promised to them. OSD aimed to encourage nurses by motivating, retaining and attracting them by various incentives (Ditlopo, *et al.*, 2012). The benefits of OSD was that it encouraged nurses to improve their qualifications in key areas such as how to work in operating theatres and specialising in critical care (Ditlopo, *et al.*, 2012).

In order for OSD to be fully operative and effective, an OSD policy and strategy had to be implemented. The policy's contents included career pathing, pay progression frequency, experience recognition, required levels of performance, opportunities for promotion (grade progression), and the structure of remuneration (how much staff are paid) (Ditlopo, *et al.*, 2012). However, OSD could only be fully effective if there were enough resources, proper provincial health departmental communication, and realistic time scales to meet the demands of OSD. Due to the factor that OSD was delegated to provincial levels, the system did not work effectively. The continued updating and revision of the OSD policy would provide the framework that was necessary for it to succeed (Ditlopo, *et al.*, 2012).

A case study revealed that the implementation process had many weaknesses and flaws such as neglecting resources, which did not receive enough attention (Ditlopo, *et al.*, 2012). It was reported, for example, that the nursing databases were not being properly updated by the state department human resource database (Ditlopo, *et al.*, 2012), which resulted in devaluing the OSD process.

Furthermore, the South African Nursing Council register was also not up to date, which was incomplete and accurate (Ditlopo, *et al.*, 2012). Therefore, when OSD financial incentives were recommended, proper planning and continuous management of the process should be maintained to assist in the retention and motivation of the nursing workforce (Ditlopo, *et al.*, 2012). The Occupational Specific Dispensation was not a complete failure, however, as it did attract nurses from the private sector and from other countries and encouraged nurses to improve their qualifications or to work in specialised services (Ditlopo, *et al.*, 2012). However, findings revealed that the perception that increased salaries would increase the recruitment and retention of registered nurses was partially incorrect owing to the allegations of incorrect allocations and mismanagement of funds related to OSD (Ditlopo, *et al.*, 2012). The nursing unions blamed the South African Nursing Council, which blamed the perceived slack attitudes of nurses in registering with them. The council stated that the nurses only registered their relevant qualifications when they were required to do so as part of the implementation of the OSD (Ditlopo, *et al.*, 2012).

Another failure was that nurses who worked in medical wards did not qualify for OSD, which has caused the staff turnover to be at unacceptably high levels nationally, and this affected the patients' care (Ditlopo, *et al.*, 2012). This meant that the nurses were informed of the benefits of OSD, if they chose not to work in medical wards, because in this working environment the related qualification was seen as only a basic one, which, therefore, disqualified them from OSD (Ditlopo, *et al.*, 2012). The reason that nurses in medical wards were not able to progress further in qualification was the factor that there was no post-basic qualification available in medical nursing (Ditlopo, *et al.*, 2012).

The results of the negative impact of OSD have seen the nurses migrate to specialised areas of nursing, which has impacted on nursing managers who have aligned their qualification choices automatically with the purpose of qualifying for OSD (Ditlopo, *et al.*, 2012). Some nurses were allegedly resentful towards their nursing colleagues who benefited from OSD owing to the fact that they were working in a speciality area (Ditlopo, *et al.*, 2012). Other reasons cited for the staff turnover were the perceived mixed messages that the nurses received from their unions, or the South African media, which created confusion and the desire to leave the public service (Ditlopo, *et al.*, 2012).

The relative failure of the OSD has been blamed on the lack of financial resources (Ditlopo, *et al*., 2012). The reasons given by public health institutions was that some nurses were overpaid, while others were underpaid. The nurse managers complained that the system was not implemented properly owing to the hospitals not being able to budget for the OSD owing to allegations by the hospital managers that the national Department of Health had not transferred enough money to these hospitals (Ditlopo, *et al*., 2012). An alternative opinion was that OSD non-payments, underpayments and corrected overpayments occurred frequently (Bateman, 2012:70).

Another view was that, in spite of OSD, nurses were still dissatisfied with pay, conditions of service, workplace resources, benefits and incentives (Tshitangano, 2013). Another reason was that many health sector professionals felt that the implementation of OSD was rushed. However, if managed correctly and consistently, OSD could work (Ditlopo, *et al*., 2012).

2.8.2 The Triage system

The word TRIAGE originated from the French translation, meaning to select, or sort, which meant that the system was implemented with guidelines on how to sort incoming and current patients more effectively. The model also allowed the nurses to become empowered in making decisions about the patients and dividing them into relevant categories of treatment and care (Rosedale, Smith, Davies & Wood, 2011:537). The South African TRIAGE Score was introduced into emergency clinics in South African hospitals.

The origins of the South African Triage Score (SATS) in South Africa, designed by the Cape TRIAGE Group, dated back to 2006 (Buys, Muloiwa, Westwood, Richardson, Cheema & Westwood, 2013:161). It covered variable functions and actions that were required when patients arrived at the emergency centres and it had been used with success at community health emergency departments in the Western Cape (Buys, *et al*., 2013:161).

The origins of TRIAGE were influenced internationally by the Modified Early Warning Score (MEWS), which monitored emergency patients (Rosedale, *et al*., 2011:537). The nurses were now able to prioritise the relevant patients for emergency treatment (Augustyn, Ehlers & Hattingh, 2009). TRIAGE also allowed nurses to apply First Aid measures, where necessary. It was the nurses' level of attitude to service delivery, their ability to cope with pressures, and their interpersonal skills with patients and relatives that would measure the efficiency of the TRIAGE system in the long term.

The recent Cape Triage Score (CTS) had not been completely successful (Augustyn, *et al.*, 2009). The system was difficult to maintain during peak patient demand periods. The advantages of the TRIAGE system were that patients could be properly assessed at emergency units and it saved time and money. The effects of the CTS were studied and it was concluded after assessments and investigations that the system worked well when in use owing to the decline in nurses' challenges, who no longer had to wait for doctors before making decisions about emergency patients (Augustyn, *et al.*, 2009). Recommendations were that the nurses should use the system on a rotation basis, but that more efficient orientation and training was needed for the overall impact to become effective (Augustyn, *et al.*, 2009).

A research article stated that TRIAGE was also known as an emergency response system (Den Hartigh, 2012). South Africa's own version of the score had received positive responses from international countries such as Pakistan owing to the reduction of the waiting time of patients when they arrived at emergency rooms, and when they required urgent critical care (Den Hartigh, 2012). Without this score, patients would not receive the medical treatment that they urgently needed because of understaffing and overcrowded emergency rooms, which caused nurses and patients more stress and challenges (Den Hartigh, 2012).

The system was developed with input from the nurses who were then able to identify emergency cases. TRIAGE has proved a success by reducing the rate of deaths and improving service delivery to patients (Den Hartigh, 2012). The article revealed that the TRIAGE system was being used in state hospitals in the Western Cape. The system was essential because of South Africa's high patient burden rate and limited resources (Den Hartigh, 2012). The desire for the South African TRIAGE system to be used has received support from Botswana, Malawi, Ghana, Brazil and Poland. The use of the system was primarily for nursing assistants and was seen to be practical, user-friendly, accurate and suitable for under-resourced developing countries (Den Hartigh, 2012).

The international humanitarian organisation, Doctors Without Borders, has adopted SATS in many countries in which emergency medical care is provided by their own teams (Den Hartigh, 2012). A further statement expressed concern about the levels of nursing competence, which influenced the outcomes of TRIAGE scores (Buys, *et al.*, 2013:165). The researchers stated further that the perception was that only emergency patients benefited from TRIAGE. This made decisions by trained nurses more critical (Buys, *et al.*, 2013:165).

Research was conducted at a selected government hospital in Kwazulu-Natal by means of data collection on the comparative use of the MEWS and SATS systems. The results of the analysis revealed that SATS was superior to MEWS as a TRIAGE scoring system (Rosedale, *et al.*, 2011:537), and that this was in spite of government hospitals being poorly resourced, overcrowded, understaffed and under funded. These factors contributed to the pressure under which nurses at the emergency units were forced to work, which proved that the trauma load was measured as one of the highest in the world (Rosedale, *et al.*, 2011:537). The crisis occurring at the emergency units was a quadruple disease burden, including AIDS, injuries, chronic diseases and communicable diseases (Rosedale, *et al.*, 2011:537). The researchers supported the Cape Triage Score (C.T.S.), which actively increased TRIAGE scores so that a more strict and firm system could be taught in a more user-friendly and easier manner to nursing staff (Rosedale, *et al.*, 2011:537).

The reason for the design and implementation of the C.T.S. in 2006 was to oversee trauma and medical patients in emergency institutions (Rosedale, *et al.*, 2011:537). It was the first national TRIAGE system in South Africa that was ever implemented and reduced waiting times for patients. A national score was added to it and became the South African TRIAGE Score (S.A.T.S.) (Rosedale, *et al.*, 2011:537). In the report, however, it was revealed that in certain cases the illnesses were not severe enough, identifying shortcomings of the S.A.T.S. failing some of the more chronical diseases, caused and impacted by AIDS and T.B., as more people were dying of these diseases (Rosedale, *et al.*, 2011:540).

The misconception was that other diseases were not seen as important, and therefore, resources for the nurses attending to these types of patients were not prioritised, leading to both nurses and patients experiencing more stress and the deterioration of both physical and mental health (Rosedale, *et al.*, 2011:540). 75% of hospitals were using TRIAGE in 2006. However, it was not a complete success during this period. This was owing to the nursing staff initially resisting the changes because of the lack of staff and the perceived difficulty of the new system, while the nurses in Kwazulu-Natal felt that the system was too overburdening to function effectively (Rosedale, *et al.*, 2011:539-540).

Evidence showed that some patients were over-triaged, in other words, they were rated too chronically ill, when they did not require immediate attention. Further evidence revealed that other patients were under-triaged, which meant that these patients' conditions were not seen as serious enough, when in fact, some were more critically ill than perceived by the system's methods (Rosedale, *et al.*, 2011:540).

These discrepancies lead to imbalances in the system. Although over-triage was the preferable score in protecting the patients' welfare, it added to the current nursing crisis of understaffing and lack of resources (Rosedale, *et al.*, 2011:539-540). In respect of under-triage, the accepted rate was less than 10 percent. The researchers concluded that the advantages of S.A.T.S. were far more superior than the disadvantages and should, therefore, be retained, but they also admitted that the S.A.T.S. was not an easy system for the nurses to use (Rosedale, *et al.*, 2011:539-540).

2.8.3 A work satisfaction model in human resources - an analysis of occupational challenges

Extensive research revealed that there were currently no work satisfaction models at the selected hospital in Cape Town. This meant that the nurses' levels of work satisfaction were low due to the evidence in some of the literature documents showing that staff turnover was high.

Employee satisfaction had been defined as the positive aspects that were present in a job, as determined by the employee and depending on organisational climate (Iwu, Allen-Ile, & Ukpere, 2012:9658). The contents of a research paper revealed that the aim of the research was to develop a model of employee satisfaction for the health professionals (human resources) in South Africa (Iwu, *et al.*, 2012:9658). The reason for the relevance of the model was to address the occupational challenges and the low levels of employee satisfaction and the fact that there was a lack of a model to measure health profession employee satisfaction (Iwu, *et al.*, 2012:9658). Another motivating factor to create a model was that the model represented designed recommendations, solutions, or answers, which were used to check situations that presented challenges (Iwu, *et al.*, 2012:9659).

The nurses had been described as health professionals who assisted in attending to the medical needs and proper examinations of patients (Iwu, *et al.*, 2012:9658). The researchers designed a theoretical framework for health professionals, which included the facets of job satisfaction (working conditions, and so on), demographic variables (work experience, and so on) and the organisational climate (employee wellness, and so on), in which the length of service showed that older nursing employees chose to remain longer in service (Iwu, *et al.*, 2012:9660, 9663).

The researchers recommended more credible (reliable) leadership, which required innovative thinking and helpful feedback to the employee in order to build confidence in the employee in terms of working for a leader who was seen to be competent (Iwu, *et al.*, 2012:9666). The researchers stated that the model of employee satisfaction for health professionals was supported by effective technology, excellent relations with customers (patients) and a positive race-based relationship (Iwu, *et al.*, 2012:9666).

A work satisfaction model demanded a strategy and properly trained nurses (Lutge-Smith, 2013). In order to address this sensitive issue, the South African National Department of Health held a nursing summit to address nursing challenges in the country (Lutge-Smith, 2013). The article's contents also noted that the public healthcare sector was regularly criticised, because of the lack of resources, inconsistent staff-patient ratios and poor management (Lutge-Smith, 2013).

The Department aimed to reverse the nursing challenges by addressing nursing practice and education concerns and improving leadership skills (Lutge-Smith, 2013). The results hoped to improve nursing, but this had not happened at the time of the written article, as a third of nurses were exhausted and overworked, as there was still a severe nursing shortage (Lutge-Smith, 2013).

Another opinion on human resource challenges was presented in a dissertation in 2000, which placed emphasis on a specific trauma unit at a selected public hospital in Cape Town, in which nurses handled intense workloads (Babst, 2000:i). The researcher proposed designing a workload model that would allow nursing staff to be allocated efficiently and effectively (Babst, 2000:7) due to the perceived opinion that the current allocation standards were wrong. The need for TRIAGE was also proposed at this early stage.

The reason for the perception was that when patients decreased in hospital wards, this meant that the work loads of the nurses also decreased, which was incorrect, because the patients that were still in intensive care had more severe injuries or illnesses, which meant that the nurses had different workload levels (Babst, 2000:11). The creation of a nursing triage position was proposed in order to improve the quality and efficiency of services in the trauma units (Babst, 2000:28-29), as well as for improved training for registered and enrolled nurses.

A new perspective to job satisfaction was researched in 2014, the aim of which was to find a link between the job satisfaction of personnel in public health care and quality-based service delivery to patients (Mohase & Khumalo, 2014:94). The researchers relied on previous research on nurses, in order to present findings that proved that there was a link, but expressed dissatisfaction in the outcomes of their findings, which stated that little discussion had been conducted on how job satisfaction contributed to quality service by the health personnel (Mohase & Khumalo, 2014:95).

The proposal of a work satisfaction model that will benefit nurses, hospital management and the patients that they must serve should be considered and should include improving resources such as technology, equipment, supplies and other means of improving the occupational conditions that state nurses are forced to work in on a daily basis.

The reason why specific solutions were being focused on was that the researcher could not choose solutions that were not relevant to nurses. If existing factors could be improved upon such as OSD and TRIAGE, it could reduce the nurses' occupational challenges. However, the lack of resources and a perceived lack of good leadership remained a cause for concern.

This review of the literature has outlined the occupational challenges, which affect nurses in South Africa and is presented diagrammatically in Figure 2.1. This dissertation will add to the growing body of knowledge about nurse satisfaction, by adding specific evidence about the occupational challenges faced by nurses by using data that was collected at a public hospital in the Western Cape.

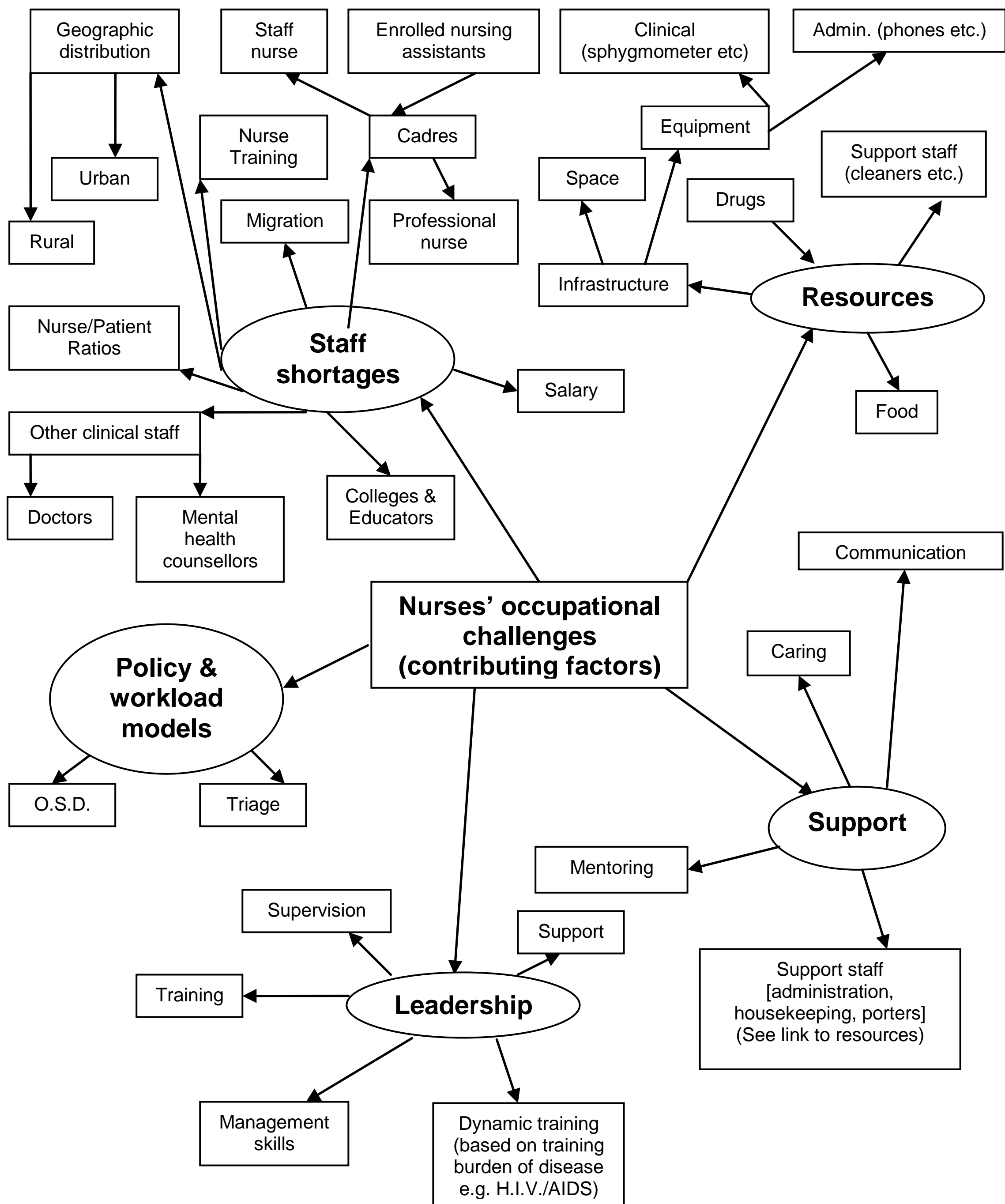

Figure 2.1: Factors, which contribute to nurses' occupational challenges

2.9 Chapter summary

Chapter Two outlined and presented the relevant literature for the research problem. The chapter discussed the identification and understanding of the information that was found to be relevant to the research topic. The literature covered nursing occupational challenges in South Africa, which are impacted by staff shortages, a lack of resources, or an apparent lack of good leadership.

The practical aspect of the research, which was conducted at a state hospital in Cape Town was conducted from findings in the literature that were brought to the attention of the participants and, which they were asked to respond to by means of questionnaires and interviews. This will be discussed in more detail in Chapter Three, which will introduce the research design and methodology. It will continue with the approach, design, population and sampling procedure. It will conclude with the data collection, the data limitations of the research, and the ethics statement.

CHAPTER THREE:
RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

The purpose of this chapter is to focus on the research design and methodology of the research problem of occupational challenges for state registered nurses in a selected hospital in Cape Town, South Africa.

Chapter Three introduces the research design and methodology. It will continue with the approach, design, population and sampling procedure. It will conclude with the data collection, the data limitations of the research, and the ethics statement.

This chapter outlines the methods of data collection, which is presented diagrammatically in Figure 3.1 below.

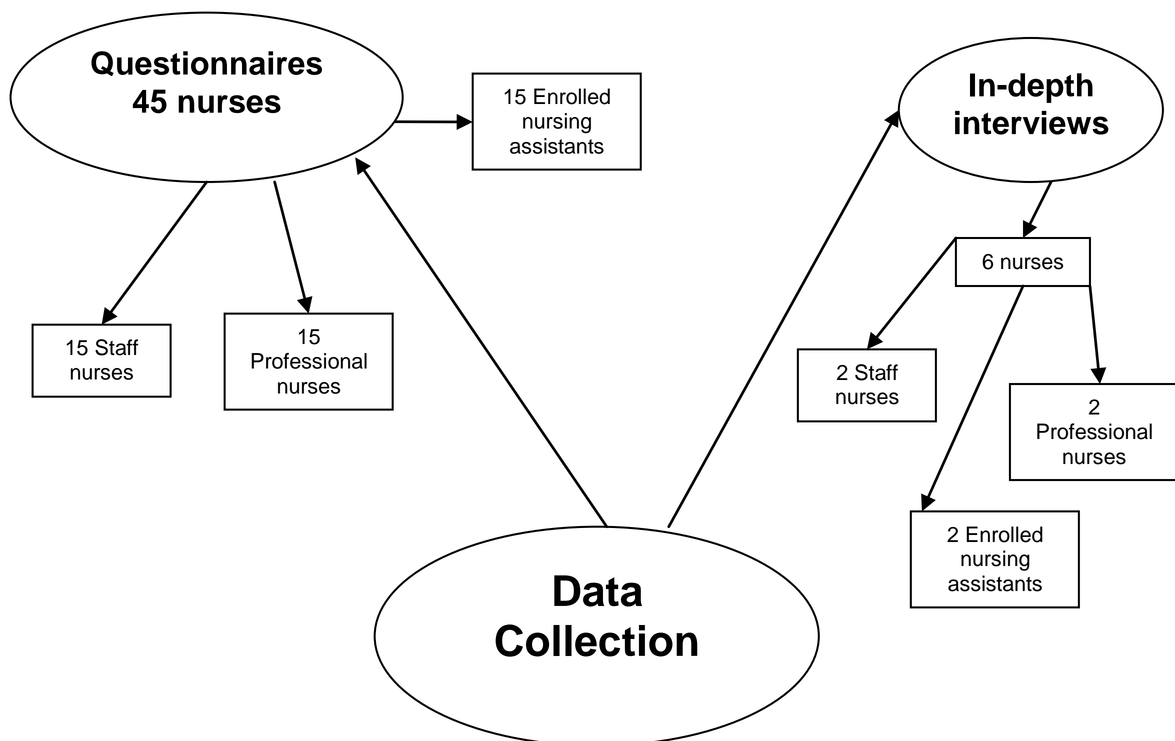

Figure 3.1: Diagrammatic summary of the data collection

3.2 Approach

The first phase of the data collection was to source literature documents, to investigate how staff shortages, the lack of resources and the perceived lack of leadership affected the nurses at work. Books, journals, government gazettes, Internet articles and dissertations were reviewed, and the relevant information was analysed and selected for the research. The research was required to investigate specific occupational challenges. This was done to get a solid theoretical background about challenges nurses faced in South African state hospitals.

The second phase was a quantitative research approach. The reasoning for this was to get an idea of how nurses perceive the challenges facing them in the impact of that on their morale. This method consisted of 45 questionnaires that were distributed to 3 categories of 15 state registered nurses each, consisting of professional nurses, staff nurses and enrolled nursing assistants. The purpose of the questionnaire was to establish the nurses' feelings about the occupational challenges that they faced, and how this affected their daily tasks and motivation levels. The impact of staff shortages on the nurses, the lack of resources and the perceived lack of leadership was specifically targeted, with the desire to achieve specified outcomes that were relevant to the problem statement.

The third phase of the data collection was a qualitative research approach. The reasoning for this was to get to the roots of the perceived problems, to meet with 6 additional nurses from a different target group in order to discuss the results of the 42 accepted questionnaires with them, and to determine their support of, or resistance to the evidence from the questionnaires completed by the 42 nurses. A third party (a senior hospital staff member) was present to ensure that no nurse was intimidated during the interview process. The process was conducted in a professional manner and no results were altered to unfairly influence the outcomes of the results.

3.3 Design

Research designs are used and developed so that there is reduced bias in research (Burns and Grove, 2003:197). Research design is the planned structure and strategy of an investigation (Mateo & Kirchhoff, 1999:269). The afore-mentioned authors also stated that some methods could be used to collect data for the research design. These included interviews, questionnaires, observation and psychological monitoring.

Another view was that it is an overall plan to progress with the continuation of the research (Polit, Beck & Hungler, 2001:167). These authors added that the design was needed to conduct the research and to answer the research questions.

The controlled research design contains the steps (guidelines) that are required to conduct the research. The design includes the sampling plan, data collection plan and data analysis plan. A population focus is required to conduct a research design. The sampling is specifically designed in respect of the target population and how this is chosen so that the highest rate of response possible can be achieved.

Research methodology is described as techniques that the researcher would use to gather information relevant to the problem statement, or research question (Burns & Grove, 2003:197). They add that this will enable the researcher to structure research and analyse the relevant information. Finally, the methodology is seen as becoming the activity of the research (Jay, 2007:56). This statement is backed up, by aligning the focus of the research with the practice of nursing, in respect of this study.

There was a need for sampling in this research study. Purposive sampling is a non-probability method to collect data (Sells, Smith & Newfield, 1997:178), which is collected from chosen participants, who are aligned to the key characteristics that are needed for the practical aspects of the research. Another viewpoint, however, cautions that the research and its results must be reliable (Lephalala, 2006:24), which depends on the chosen research instrument.

There was also a need for interviews to be used for the research in order to hear about the stated challenges from the nurses' point of view. The purpose of interviews is to collect data from selected participants (Sebokedi, 2009:65). Questions were asked in order to find out what the interviewees did, thought, or felt. This allowed for identifying issues that could be added to the research target environment that were previously not mentioned in the questionnaires (Sebokedi, 2009:65).

There was also a need for selecting a single state hospital in the Western Cape Province in order to conduct the interviews and to distribute the questionnaires. The preferred city region was Cape Town and its surrounding hospitals, as it is within a reasonable distance from where the researcher is based. It was easier for the researcher to travel to and from the chosen hospital.

The hospital was representative of the population of the City of Cape Town in comparison to three other state hospitals, which also had an equal chance of being chosen for the research. These hospitals were considered, but not chosen, owing to the researcher's requirements around accessibility in comparison to the hospital that was chosen in the final decision-making process.

3.4 Population

The population required for the research was taken from nurses who are registered with the South African Nursing Council, and who were employed by the Western Cape Government Department of Health. The total number of nurses (the target population for the research) that were employed by the hospital at the end of May 2013 was 430. It was decided to select 45 nurses only as the sample size of the research. Selecting a larger sample size would have disrupted operations at the hospital. The first requirement was that the hospital had to allow questionnaires to be distributed to 45 nurses who had to be registered with the South African Nursing Council (S.A.N.C.). Within the sample of 45 nurses, the hospital had to be willing to allow 15 professional nurses, 15 staff nurses and 15 enrolled nursing assistants to complete the questionnaires.

The second requirement was that the researcher needed to conduct interviews with 6 nurses, and these interviews would be split into two nurses from each of the three above-mentioned groups required for the research. They were not permitted to be from the same collective of 45 registered nurses who completed the questionnaires. The 6 nurses would merely be required to respond to the results and findings of the questionnaire survey analysis and findings, expressing their various viewpoints and providing the feedback required by the researcher, within fair and reasonable boundaries and without prejudice.

The third requirement was that the interviews would be conducted on the hospital's premises. This would allow the nurses to answer the questions in a safe and trusted environment, and to be more willing to respond to interview questions by the researcher. The chosen hospital met the requirements of the research. The questionnaires were distributed on 3 June 2013. The chosen target population of 45 registered nurses were given 23 days to complete the questionnaires, which they did and returned them by the deadline date of 26 June 2013. The interviews were conducted on 9 July 2013 and 10 July 2013, respectively.

It was easier to distribute questionnaires and to conduct research interviews at the chosen hospital, as the researcher had been employed in two state hospitals since 2001, by the Western Cape Government Department of Health, and was experienced in health policies, procedures and other relevant matters. Therefore, gaining the trust and co-operation of the hospital manager, nurse manager and the chosen nurses was easier to achieve. In order for the chosen hospital to be validated in respect of the problem statement, comparisons had to be made with other state hospitals in South Africa, to see if the occupational challenges, as contained in the problem statement, also occurred in these institutions. The collected data confirmed that the problem statement was realistic and meaningful.

3.5 Sampling procedure

The sampling plan was to design and distribute questionnaires to selected groups of specific nurses for the purpose of the research problem statement. The target population size had to be realistically smaller owing to the time limitations of the research and the inability of a single researcher to manage an unrealistically large group of nurses who were selected for the interviews and to complete the questionnaires.

The research had to be conducted without significantly disrupting their service delivery to patients and they had to be allowed a certain amount of time to complete the questionnaires. It was decided to use quantitative research, to investigate the reasons for the occupational challenges of the nurses, which resulted from being affected by the perceived lack of good leadership, resources and staff. These factors influenced the direction that the design would take.

The idea to get purposive sampling is to get the view of people at a certain time. Due to operational requirements at the chosen hospital of research, where some of the nurses who were potentially targeted for population samples worked shifts, it was not possible for the researcher to include all of the employed nurses in the study. The nature of the hospital operations required the research interviews (in the presence of a supervisor) to be conducted and questionnaires to be completed (anonymously) at the hospital.

Purposive sampling was decided upon as the method of choice, as it added value to the research by identifying specific participants that were required for the research. The research design was based on a purposive sampling selection process, in which representatives of the participants were needed, in order to obtain data from them that was essential and relevant to the research study.

The purposive sampling method ensured that the most relevant nurses were chosen for the research study. This model was used to select the respondents and permission was granted by the chosen hospital to interview 6 selected nurses and to distribute the questionnaires to 45 nurses.

Therefore, the research instruments that were used, were interviews (6 nurses) and questionnaires (45 selected nursing respondents). All participants of the survey were employees of the Provincial Government of the Western Cape (PGWC). They were seen as the target population (units) of the sampling results and the subsequent analysis. The interviews were intended to gain knowledge that was required for completion of the research. The structured interviews focused on the pre-prepared questions, which required answers from the interviewees.

3.6 Data collection

An overview of the nurses' occupational challenges was conducted at the selected hospital in the Western Cape, South Africa, by means of a descriptive survey. The non-probability sampling technique (non-random sampling) was judged to be the most suitable for the research due to being able to use purposive (theoretical) sampling (Ndihokubwango, 2008:48). The aim of using this method was to select a sample with the goal and objective to achieve representivity in the research, to get views of which nurses are available.

A research group of 45 nurses was chosen to complete a self-administered questionnaire. The representative selections included 15 professional nurses, 15 staff nurses and 15 enrolled nursing assistants. All three groups of nurses represented target populations that were registered with the South African Nursing Council and were, therefore, qualified to practice nursing. A data collection plan was designed with the purpose of planning how the data for the research would be collected.

Literature, questionnaires and interviews served as the research instrument for the research survey. Part of the data collection plan was to collect responses from two sets of nurses by means of questionnaires and interviews. The balance of the data collection plan consisted of the literature documentation that was sourced from journals, articles, dissertations, books, government gazettes and the Internet.

The nurses were chosen according to the predominant groups of nursing staff compliments at the hospital. It was not possible to include unregistered trainee nurses, nor groups of nurses that were too large or too small for the required sampling of 15 groups of registered nurses each. If those groups had been chosen instead, it would have compromised the research, as well as the Primary Health Care (PHC) and well-being of the hospital patients.

For the purpose of the interviews, two nurses from each group were chosen. These nurses were not from the same group of nurses that were selected for the questionnaires. This meant that this method was the more credible, as specific groups of nurses were chosen in equal numbers for the purpose of the research. This method was also used to select the hospital at which the research was conducted. Arrangements for the questionnaires and interviews were made with the administration manager of the hospital. Standardised questionnaires were used to obtain data that was related to the problem statement. All of the 45 nurses answered the same questions.

The numerical evidence that the questionnaire data results provided revealed the contribution that was made by the nurses, because of the percentage of responses that was received from the nursing respondents. The questionnaire was designed in order to find out the reasons behind the occupational challenges faced by nurses in a state hospital in Cape Town, South Africa. The reason for using questionnaires was owing to this method being an easier way to obtain the information that was required for the research. A copy of the questionnaire template has been added to the addendums section at the end of the dissertation.

The questions were closed-ended, as the respondents were only being allowed to select one answer per question, as pre-determined by the researcher. This ensured that the information that was required by the researcher was obtained in a specific manner from the respondents. Neither the researcher nor nursing management knew who answered each question paper, as the nurses completed them privately in their own time and handed the sealed envelopes to nursing management. It was decided by the researcher to use the questionnaires, as this was the most cost-effective and an easier manner to obtain responses from the nurses in order to answer the research questions.

The structured questionnaire was the most effective method for obtaining the desired results. The questionnaire focused on one issue at a time, per question, so as not to confuse the nurses. The nurses were invited to answer the questions at their own free will and no pressure was placed on them to complete the questionnaires immediately.

However, it was seen as fair and reasonable to give them from 3 June 2013 until 26 June 2013 to complete the questionnaires. It also assisted the researcher in being able to decide on how to complete the findings, analysis, recommendations and conclusion in a reasonable amount of time. Allowing the nurses too much time to complete the questionnaires would have placed added pressure on the researcher to complete the research in a shorter period of time and it would have interfered with the operational requirements at the selected hospital.

The questionnaires were furthermore designed using simple sentences, so that the 45 nursing respondents could understand each question more easily. This would ensure that none of the nurses would find any question that was too difficult to answer. No bias occurred and no ethical standards were abused. Any information shared with the management of the hospital under survey only contained the statistics of the results. No details of any nurses were reflected on the documentation.

The questionnaires were designed in English only. The researcher regretted not being able to provide the questionnaire to the nurses in the other two official languages of the Western Cape Province, namely Afrikaans and isiXhosa, because of extra administrative costs involved and the inability of the researcher to speak or write in isiXhosa. There was also the factor of not knowing what the primary language of the nurses was. It was felt that all nurses were at least able to speak English, either as a primary or secondary language, hence the researcher's final decision on the matter was based on this factor.

The questionnaires were distributed by a senior staff member of the hospital management. They were placed in enclosed but not sealed envelopes. Each envelope contained the name and return address of the researcher, which was at the office of the nurse manager employed at the hospital. This allowed the researcher to see the nurse manager if any doubt arose regarding the procedure of the questionnaire process. After the due date of return of the questionnaires, the nurse manager was able to make arrangements to meet the researcher in the hospital to hand over the completed and confidential documentation.

The research design included ethical considerations. This meant that the nurses were under no obligation to complete the questionnaire. Their participation was strictly on a voluntary basis. Permission was also granted by the hospital management to conduct the research at the chosen hospital.

However, because of the sensitive nature of the subject matter, a general covering letter to the affected nurses explained in clear terms the aim of the research. They were guaranteed confidentiality, because no nurses were required to place their names on the questionnaire. They were treated with dignity and respect. They were not mislead by the tone and nature of the questions. They were reassured that the controlled data collection was fact-based. The reason for this interaction with the respondents was to gain their trust and confidence, as the issues were of a sensitive nature and were being handled with care (see Chapter 4, sub-Chapter 4.3 – Discussion of results, Part B: Answering the 25 Questions, and Part D: Final outcomes of results).

Three methods of interviews were considered for the research. Unstructured interviews were described in a quoted source (Cooper & Schindler, 2006:204). The source quote revealed that in this method the interviews were customised to each participant and addressed no specific questions, nor topical order.

This method was rejected, because this method was not in line with the requirements of the research. The explanation for the rejection of unstructured interviews was that the preferred method of questioning was being drawn from already prepared questions that were set out beforehand by the researcher. The topic related to the questions had also already been decided upon. The questions were specific and were in a pre-designed order so as to ensure better co-operation from the nurses.

The researcher took account of the semi-structured interview method, but after careful consideration rejected it, as it began with specific questions, but the method changed to align itself with the thoughts of the interviewees (Cooper & Schindler, 2006:204). This meant that the interviewer was not completely in control of the interview.

In order for the end result and the purpose of the research to be achieved, the researcher was required to lead the process from the start, or results could have been manipulated, or achieved an unrealistic outcome had the researcher lost eventual control of the interview process. The researcher decided that only the structured interview method would be able to align itself with the problem statement and its objectives. The previously quoted source defined structured interviews as being similar to questionnaires in order to guide the order of the open-ended questions and how they were communicated to the interviewee or interviewees (Cooper & Schindler, 2006:204). Six registered nurses, including two professional nurses, two staff nurses and two enrolled nursing assistants, were chosen for the interviews.

The interviews sought to discuss occupational challenges with them for periods of 30 minutes each, which was split into two sessions. The reason for this manner of interview was to allow the nurses to focus for the shorter periods so that a maximum number of questions could receive acceptable responses in the shortest time possible. It was generally accepted that the longer the nurses would have had to respond to interview questions, the less attentive they would have become. The results would not have been as satisfactory, as less committed responses would have been received. After 30 minutes had passed, the nurses could have, therefore, been subsequently perceived to be merely "going through the motions", merely to get the interviews over and done with. Although they may have responded to the former half of the questions with the answers that the researcher desired for the required information and data collection, this meant that they would have merely automatically responded to the latter half of the questions, as opposed to the desired responses of choosing how to answer the related questions.

The questionnaire upon which the interviews were based, was specifically designed so that the expected balance of responses would achieve a more diverse outcome, without bias. Had the responses from the questionnaires been too one-sided, the perceptions of bias would have been noticed by the senior member of hospital management and the interview process would have been terminated by the senior member immediately. The trust between the researcher, hospital management and the nurses would have been lost. It was, therefore, essential to gain the trust and faith of every role player in the interview process before proceeding with the sensitive nature of conducting the interviews. They were given a brief explanation of the research and its intended outcomes. There was another concern that the questions would draw predictable responses from the nurses, which meant that the results of the findings would not have been realistic.

The outcome of the results would not have been able to be linked to the problem statement and its objectives, as the results would have been interpreted as false representations, or misconceptions. The results would no longer have been relevant to the desired outcome of the research. In the final outcome, the nurses were willing to answer 21 out of the 25 questions in Section B (see Chapter 4, sub-chapter 4.3 – Discussion of results, Part C: Interviews with 6 nurses and Part D: Final outcomes of results).

It was, therefore, felt that a balanced overview was achieved, due to the diverse responses from the nurses who completed the questionnaires, which assisted the nursing respondents in the interview process to have the right to be able to either respond positively, negatively, or adopt a neutral stance in light of some of the questionnaire responses.

They were also given the right not to respond to the findings regarding some of the more sensitive questions. They exercised this right by refusing to answer the results of the findings relating to four of the questions under review. This was perceived by the researcher to be for two reasons, which are explained below.

The first reason was because the questions dealt with leadership issues, which were promoted as perceptions and not necessarily facts during the entire process of the research. However, it was found that a small portion of the literature research contents made direct references to the lack of good leadership, or poor leadership. This was based purely on the opinions of the authors and is not the opinion of the researcher, who merely presented the evidence for introduction, observation, comment, analysis, recommendations and concluding statements.

The second and final reason was that the senior member of hospital management was present. Although the senior member was present to ensure that the interview process was conducted in a fair and reasonable manner, this may have been a deterrent for the nurses. This meant that they may have been uncomfortable about speaking about a perceived lack of leadership in front of the senior member of hospital management. It was, therefore, acceptable for them not to respond to perceived high-risk subjects of discussion.

The setting for the interviews between the researcher and the nurses had to be conducted in an environment, which was as natural as possible (Lephalala, 2006:53). The researcher continued that the environment for the nurse respondents could influence the data that was collected. It was, therefore, decided to conduct the interview research in a locale on the premises of the hospital in which they were employed. It had to be a setting, which they were used to and with which they were comfortable.

The interviews with the nurses were held in a sectioned-off room, away from the patients, which ensured a quiet, relaxed atmosphere. The interview process lasted for approximately 30 minutes each, from 10:30 to 11:00 on Tuesday, 9 July 2013 and Wednesday, 10 July 2013. The limitations of a research dissertation being restricted by costs and time restrictions, hindered further investigation.

A senior member of hospital management was present during both interview processes with the 6 nurses to ensure that the interview proceedings were conducted ethically and morally. This gave the nurses more confidence to respond to most of the questions owing to their rights, needs and well-being receiving protection.

Communicating effectively with the nurses made them comfortable and relaxed, as they could answer in a spontaneous, informal and positive manner. They could choose, which questions they preferred to answer. They could either not respond, or say a sentence or two. They were also given permission to respond for a few minutes if the question topic required broader discussion. Both parties understood that this assisted in maintaining a realistic balance during the interview process. A rigid structure method was not considered by the researcher, as this would have lead to unsatisfactory outcomes that may have lead to some questions remaining unanswered. Ethical consideration included reassuring these nurses that they could withdraw from the discussions if at any time they felt uncomfortable during the verbal exchange process, and were also assured that their privacy would be respected at all times.

The procedures and interview style were not changed during the process. The interview procedures adhered to the Ethical Standards that were established by the Democratic Nursing Organisation of South Africa (DENOSA), which ensured that set guidelines were strictly adhered to (DENOSA, 1998:1-7). The nurses understood the questions and the interviews were hence successful.

The researcher considered that this research would have no significant ethical implications that should be brought before the Faculty of Business Ethics Committee and had knowledge of the ethical practices in research. Hence, the data was collected by means of the questionnaires and interviews, which proved relevant to the chosen topic in respect of the responses.

3.7 Data limitations of the research

Data collection for the research focused on factors related to the problem statement, which was limited to one state hospital in Cape Town only. The collection of data for the research was limited, as a result of the following factors:

- The researcher had to ensure that operational requirements at the hospital that was selected for the research was not disrupted unnecessarily.
- A single researcher collected the data.
- The hospital released 6 nurses for the research interviews for two sessions of 30 minutes each.

- The distribution of questionnaires for the purpose of collecting data from the nurses was restricted to 45 sets of documents due to budget restrictions.

- The target population of 45 nurses that was chosen for data collection was limited owing to the lack of time that was available to conduct the research.

- It would not have been cost-effective for a single researcher to expand the research investigation further by attempting to manage a larger nursing population.

- Data collection was limited by the precise nature of the requirements of the research study topic.

- Only one interviewing technique, namely the structured interview, was used for the purpose of collecting data.

- A senior member of hospital management was present during both interview sessions for ethical reasons. Reponses from the nurses on sensitive issues did not materialise, as they were unwilling to answer certain questions owing to the senior member’s presence.

- Data collection from literature documents was restricted, as there were limited media resources that gave relevance to the topic. Limitations were of particular significance in respect of the lack of adequate documentation about occupational challenges at the hospital that was chosen for the research investigation.

3.8 Ethics statement

Ethics is a set of various moral principles, which were decided upon by authorities who then designed, authorised and implemented rules and regulations on conduct in the organisational work environment (De Vos, A.S., Strydom, H., Fouche, C.B., Poggenpoel, M. & Schurink, 1998:24).

The researcher was required to conduct the research and generate knowledge by means of honest reporting and conduct (Lephalala, 2006:25). This statement also included the insistence that data that was submitted by the researcher was not falsified, nor manipulated, so that the research quality was also maintained and accurate. A research report had to become available at the final outcome. The ethics in this research included the rights of the nurses, their managers and a top management member at the hospital, who gave her permission for the research to be conducted. The rights of the state hospital in Cape Town that was chosen for the research was assured.

The hospital management staff members were told that they would receive a duplicate of the final approved research dissertation at the conclusion of the research. Nurses were reassured that withdrawing from the process would not impact negatively upon them, nor their careers. This statement was echoed in another research study (Lephalala, 2006:24), in which their right to being anonymous and to privacy would be guaranteed, without fear of prejudice or stigma. The researcher was able to establish credibility, by being employed by the Western Cape Government Department of Health as a skills development facilitator since 1 April 2004.

The fact that the researcher has interacted with nurses at state hospitals in Cape Town since 2001, enabled the researcher to build a position of trust with them and, with assistance from the chief professional nurse and hospital administrative officials, was able to select the nurses that were required for the interviews and questionnaires with ease.

The supporting literature review documentation confirmed the credibility of the research and retained the required knowledge for the chosen topic. The use of people in any research immediately raises the concern of ethics (Lephalala, 2006:62). The researcher believed that when any researcher is involved in ethical research, it would involve explaining the research to the nurses who participated in the process, in this case. The nurses also received information about them participating in the research on a voluntary basis and giving their permission to do so (Lephalala, 2006:62). This required respecting their rights and also the rights of the hospital in which they work.

3.9 Chapter summary

Chapter Three outlined and presented research design and methodology for the research problem, beginning with an introduction before discussing data collection, which explained how the research instruments were chosen and how the data collection processes and procedures were followed and executed. The chapter further discussed data limitations, in which data collection for the research focused on factors that were related to the problem statement, which was limited to one state hospital in Cape Town. The ethics statement was presented in order to establish the credibility of the research, in that no information was manipulated and that no bias was shown towards nurses or hospital management in any manner. The statement further revealed that the nurses' right to privacy and being anonymous was respected.

Chapter Four will introduce the results, and discuss the procedures of analysing the data and information that was found to be relevant to the research topic. The chapter will continue with a discussion of the results from the collected data, starting with the respondents' demographics. The chapter will then focus on how the 25 questions of the questionnaire were answered, and how that data was interpreted. Afterwards, the chapter will reveal the results of the analysis of collected data from the interviews. The chapter will conclude with the final outcomes of the results and the chapter summary.

CHAPTER FOUR:
RESULTS

4.1 Introduction

This chapter focuses on the results of the research data and reveals the findings, with the aim of supporting the fact that the research problem of occupational challenges for state registered nurses was realistic and balanced. Specific emphasis was placed on a selected state hospital in Cape Town in order to achieve realistic and balanced results for the research outcomes.

Chapter Four begins by discussing the procedures of analysing the data and information that was found to be relevant to the research topic. The chapter continues with a discussion of the findings from the collected data, starting with the respondents' demographics. The chapter then focuses on how the 25 questions of the questionnaire were answered, and how that data was interpreted. The results of collected data from the interviews with the 6 nurses were analysed and the chapter revealed the results. The chapter will conclude with the chapter summary.

The researcher was required to analyse and evaluate the data presented or collected. The research analysis had to confirm whether or not the problem existed. This meant ensuring that the proof of evidence did reveal that the state registered nurses in Cape Town and the rest of South Africa were indeed challenged in their occupational environment when confronted with causes relating to the problems. This chapter discusses the results and related findings from questionnaires that were completed by nurses at the chosen state hospital in Cape Town, South Africa.

Data analysis is the process of organising data in an orderly manner by means of arranging a collection of categories, descriptive statements and concepts (Marshall & Rossman, 1999:111). The data analysis was necessary so that the collected data, once analysed, could give the numerical samples the meaning that was required to interpret and determine the information (Lephalala, 2006:23), and that the analysis would validate the varied research findings.

4.2 Data analysis procedures

The aim for the research study was to assist in creating a better working environment for the nurses, patients and hospital management by creating awareness of the extent of the problem, and offering solutions to reduce the problem. The reasons why the research was conducted, was to find out how extensive the low morale of the nurses were, and to recommend solutions to reduce the causes thereof.

There was a perception from the nurses that there was a lack of resources, good leadership and nursing staff. Evidence to support these perceptions was present in the literature documents and the results of the questionnaires and interviews. The data that was received from the respondents was analysed by using different analysis methods. A data analysis plan was essential so that the researcher could analyse the data more accurately and ensure that the data remained relevant to the research topic, and be able to link it to the problem statement and its objectives.

The results for analysing data were taken from the literature, notes from the research interviews and from the 45 questionnaires, respectively. Once the data had been compiled, the next step in the process was to understand and interpret it. The root cause analysis method was used owing to the belief that problems were best solved by correcting the root causes, and not the obvious symptoms (Sebokedi, 2009:44), while recommendations were that corrective measures should be applied regularly and the view was supported that root cause analysis improved problem solving.

4.3 Discussion of results

The findings showed that all of the information that was collected was related to the problem statement and its objectives. Of the 45 questionnaires that were distributed, all documents were returned. The nurses were given time from 3 June 2013 to 26 June 2013, to complete the questionnaires. However, 3 questionnaires were rejected from the research as 3 nurses did not indicate to which category of nursing staff they belonged. Hence, this would have compromised the outcome of the research.

The requirements for the questionnaire-based methodology made it clear that 15 nurses from each of the three categories of nurses had to be included in the sample in order to render the research valid and reasonable in the final outcome. This required each nurse to indicate clearly in the first part of Section A, namely Demographics, to which category of nursing staff they belonged. 42 nurses complied with the said requirements and their responses were therefore, accepted for the research. This meant that all the accepted results were valid.

Furthermore, it was found that 31 nurses answered all the questions and 11 nurses answered only some of the questions. All results relating to the questionnaires are contained in Part A and Part B of Chapter 4.3 relating to the Discussion of Findings. 6 nurses were interviewed after the results of the questionnaires. Details of the interviews and results are contained in Part C of Chapter 4.3 relating to the Discussion of Findings.

4.3.1 Part A: Demographics

The nurse manager ensured that the categories of the nursing staff required for the research were maintained and accounted for. Therefore, as requested, 15 professional nurses, 15 staff nurses and 15 enrolled nursing assistants were made available for the research. However, 14 professional nurses, 15 staff nurses and 13 enrolled nursing assistants responded correctly in the final outcome. Overall, it was revealed that, although all 45 nurses responded, only 42 nurses responded according to the stated research requirements. 3 questionnaires were, therefore, rejected.

The results have been illustrated by means of tables and figures as follows, as shown below.

The nurses were asked to which category of nursing staff they belonged, which is illustrated in Figure 4.1 below. This means that they were required to indicate whether they were operational, supervisory or management nurses.

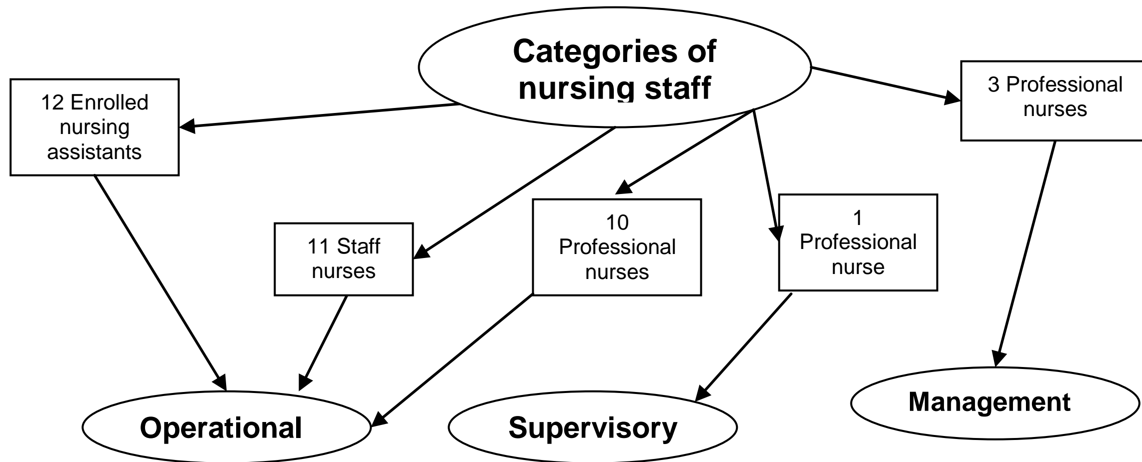

Figure 4.1: Flow chart of the categories of nursing staff

The results in the flow chart revealed that of the 42 nurses accepted for the survey included, 37 nurses responded to the question regarding categories of nursing staff. The results indicated that 33 nurses were employed in an operational capacity, 1 nurse was employed as a supervisor; and 3 nurses were employed in the management category.

14 professional nurses had qualified for the survey; 1 professional nurse was employed as a supervisor; and 3 professional nurses were employed in the management category. The remaining 10 professional nurses were found to be employed in the operational category.

Of the 15 staff nurses who qualified for the survey, 11 nurses responded to the survey question. These nurses indicated that they were all employed in the operational category.

12 of the 13 enrolled nursing assistants responded to the survey question. All 12 nurses responded that they were employed in the operational category.

The questionnaire also probed the nurses about their number of years of experience in nursing. The responses are revealed below.

The combined responses to the nurses' years of experience are illustrated in Figure 4.2 below.

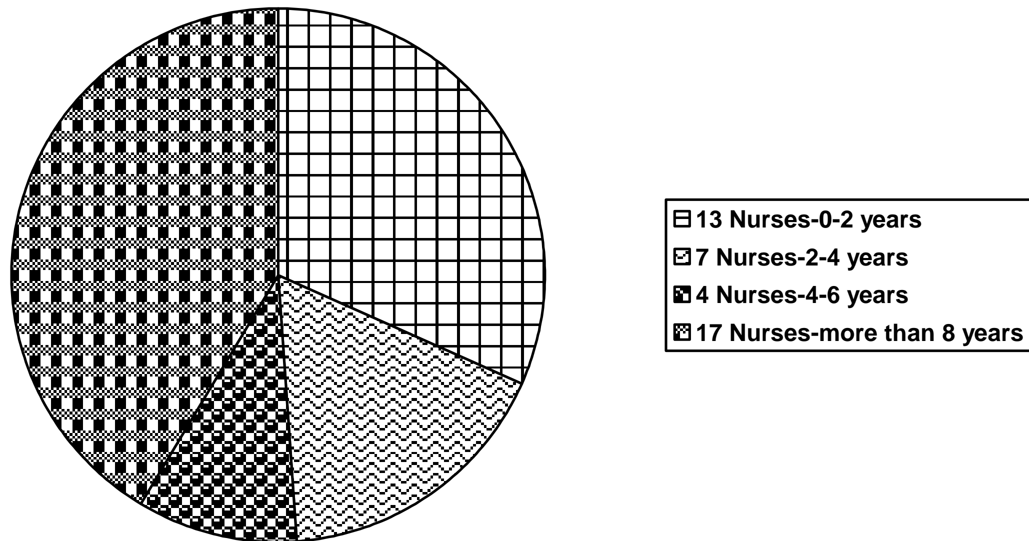

Figure 4.2: Pie chart of the number of nurses with varying years of experience

Figure 4.2 illustrates that the nurses were represented in the following manner:

- The 13 nurses with 0-2 year's experience are represented by large grids and appeared in a dominant format on the north-eastern section of the pie chart.

- The 7 nurses with 2-4 year's experience are represented by zig-zag patterns and occupied a medium portion of the south-eastern section of the stated chart.

- The 4 nurses with 4-6 year's experience are represented by spherical patterns and appeared in a small sector of the south-western section of the said chart.

- The 17 nurses with more than 8 year's experience are represented by plaid patterns, as seen on the predominantly north-western section of the pie chart, thereby making up the largest group of nurses.

More detailed evidence of the responses from the nurses appear in Table 4.1 below and show a breakdown of their answers (per category of nurses). These responses also indicate that none of the nurses had 6-8 year's experience. It could, therefore, not be included in Figure 4.2.

Table 4.1: Nurses' years of experience

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
0-2 years	2	8	3
2-4 years	1	3	3
4-6 years	1	2	1
6-8 years	0	0	0
8 years +	10	1	6

The survey results distributed in terms of the number of years of experience, as seen in the above pie chart and table, illustrate that of the 42 nurses included in the survey, 41 nurses responded to this question. These results indicate that 13 nurses had 0-2 years of experience; 7 nurses had 2-4 years of experience; 4 nurses had 4-6 years of experience; 0 nurses had 6-8 years of experience; and 17 nurses had more than 8 years of experience.

The results indicate that of the 41 nursing respondents, 13 had little experience (0-2 years); 17 had more than 8 years of experience in nursing; and the remaining 11 nurses had between 2 and 6 years of experience, indicating that employment at the hospital appeared to be balanced. The consistency of this balance would depend on possible future levels of staff turnover.

This view was supported by a mixed reaction from the nurses in response to Part B: Question 24, in which the responses ranged from "strongly agree" to "strongly disagree". A recommendation is made to reduce the turnover levels in Chapter 5 (Recommendations) of the research.

The nurses' genders were also requested. These responses are illustrated in Figure 4.3 below, in which the professional nurses are indicated by wide upward diagonal lines, the staff nurses are illustrated by stripes (dark horizontal) and the enrolled nursing assistants are highlighted by checks (small checkerboards).

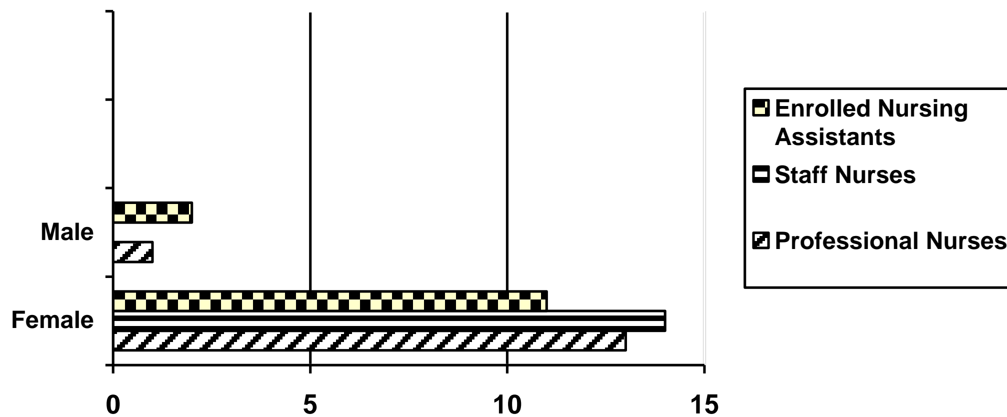

Figure 4.3: Bar chart of the nurses' gender

More detailed evidence of the responses appear in Table 4.2 below and show breakdown of the replies given by the nurses concerning their gender, but with a more precise indication in numerical format.

Table 4.2: Nurses' gender

	Female	Male
Professional Nurse	13	1
Staff Nurse	14	0
Enrolled Nursing Assistant	11	2

The findings, as shown in the Bar Chart (Figure 4.3) and Table 4.2, reveal that 13 professional nurses are female and 1 professional nurse is male; 14 staff nurses are female, and no staff nurses are male; and 11 enrolled nursing assistants are female, and 2 enrolled nursing assistant nurses are male. One staff nurse chose not to answer the question.

4.3.2 Part B: Answering the 25 Questions

In this section the nurses were requested to answer questions regarding their occupational challenges, as indicated in the tables below, and to mark the appropriate answers with an "X", using the table below as a guide.

Table 4.3: Table guide

Definitely do not Agree	Do not Agree	Uncertain	Agree	Definitely Agree
1	2	3	4	5

4.3.2.1 A perceived lack of leadership may impact negatively on service delivery to patients

Table 4.4: Impact of leadership on patient care

	Professional Nurse	**Staff Nurse**	**Enrolled Nursing Assistant**
Definitely Agree (5)	9	7	0
Agree (4)	3	3	9
Uncertain (3)	1	3	2
Do not Agree (2)	1	1	0
Definitely do not Agree (1)	0	0	2

From the tabled results it may be assumed that a majority of nurses (31 out of 42) agreed with the question, while 6 nurses were uncertain, however, only 4 nurses did not support the question statement, and one staff nurse chose not to answer the question.

4.3.2.2 Staff shortages impact negatively on service delivery to patients

Table 4.5: Impact of staff shortages on patient care

	Professional Nurse	**Staff Nurse**	**Enrolled Nursing Assistant**
Definitely Agree (5)	13	12	2
Agree (4)	0	3	9
Uncertain (3)	0	0	0
Do not Agree (2)	1	0	1
Definitely do not Agree (1)	0	0	1

The above table illustrates findings, which indicate that 39 out of 42 nurses agreed that their service delivery to patients was negatively impacted when staff shortages occurred at the hospital. 1 professional nurse and 2 enrolled nursing assistants did not agree with the mentioned statement .

4.3.2.3 The lack of resources impacts negatively on service delivery to patients

Table 4.6: Impact of resource deficiencies on patient care

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	10	7	4
Agree (4)	2	4	6
Uncertain (3)	1	4	2
Do not Agree (2)	0	0	0
Definitely do not Agree (1)	1	0	1

The outcome of the results shown in the above table reveal that of the 42 nurses, 33 agreed with the above statement; 7 nurses in all categories were uncertain; and 1 professional nurse and 1 enrolled nursing assistant definitely disagreed with their colleagues.

4.3.2.4 Nurses experience stress when faced with a lack of resources

Table 4.7: Levels of nursing stress caused by resource deficiencies

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	10	10	3
Agree (4)	2	4	8
Uncertain (3)	1	1	1
Do not Agree (2)	1	0	0
Definitely do not Agree (1)	0	0	1

The above table illustrates that 37 of the 42 nurses indicated that they experienced stress without resources at the hospital; 3 nurses from all categories were uncertain; and 2 nurses did not experience resource-related stress issues.

4.3.2.5 Nurses may experience stress if they think that the cause is a lack of good leadership

Table 4.8: Leadership concerns may cause levels of nursing stress

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	6	5	2
Agree (4)	5	7	7
Uncertain (3)	2	2	3
Do not Agree (2)	0	1	1
Definitely do not Agree (1)	1	0	0

The above table illustrates leadership being linked to stress, which is experienced by the nurses included in the research survey, as indicated by the results shown. A total of 32 nurses perceived stress through issues related to lack of good leadership; 7 nurses were unsure; 1 staff nurse and 1 enrolled nursing assistant disagreed in response to the statement; while 1 professional nurse definitely disagreed with the mentioned statement.

4.3.2.6 Nurses experience stress when faced with staff shortages

Table 4.9: Staff shortages may cause levels of nursing stress

	Professional Nurse	**Staff Nurse**	**Enrolled Nursing Assistant**
Definitely Agree (5)	11	13	6
Agree (4)	1	2	5
Uncertain (3)	1	0	0
Do not Agree (2)	0	0	0
Definitely do not Agree (1)	1	0	2

The above table reflects that 38 nurses experienced stress owing to hospital staff shortages. The scale also reveals that 1 professional nurse was uncertain; and 3 nurses stated that they did not experience staff shortage stress issues.

4.3.2.7 Nurses face more challenges when working in critical care wards

Table 4.10: Critical care wards cause challenges for nurses

	Professional Nurse	**Staff Nurse**	**Enrolled Nursing Assistant**
Definitely Agree (5)	7	10	3
Agree (4)	5	4	6
Uncertain (3)	0	1	3
Do not Agree (2)	0	0	1
Definitely do not Agree (1)	1	0	0

A total of 35 out of 42 nurses (see above table) agreed that they faced more challenges when working in critical care wards, while 4 nurses were uncertain, and 2 nurses did not face more challenges when working in these wards.

4.3.2.8 Nurses continue to receive training and development

Table 4.11: Training and development for nurses

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	4	7	3
Agree (4)	4	5	6
Uncertain (3)	2	3	2
Do not Agree (2)	2	0	2
Definitely do not Agree (1)	2	0	0

Table 4.11 illustrates whether the nurses receive training and development. Out of 42 nurses, it was evident that 29 agreed that they continued to receive training and development at the hospital, while 7 nurses were unclear and responded neutrally, and 6 nurses did not support the mentioned statement.

4.3.2.9 Nurses face occupational challenges owing to the demands from patients

Table 4.12: Demands from patients cause challenges for nurses

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	3	5	4
Agree (4)	9	7	4
Uncertain (3)	2	3	4
Do not Agree (2)	0	0	1
Definitely do not Agree (1)	0	0	0

A total of 32 nurses agreed that they faced occupational challenges owing to demands from patients, while 9 nurses were uncertain, and 1 enrolled nursing assistant disagreed.

4.3.2.10 Nurses understand working environment conditions

Table 4.13: Nurses understand working environment conditions

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	2	8	2
Agree (4)	7	6	6
Uncertain (3)	3	0	1
Do not Agree (2)	2	1	2
Definitely do not Agree (1)	0	0	2

Out of 42 nurses, 31 agreed that they understood working environment conditions, while 4 nurses were uncertain, and 7 nurses in all categories did not agree with the statement.

4.3.2.11 Nurses are able to build relationships with each other

Table 4.14: Nurses are able to build relationships with each other

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	2	9	3
Agree (4)	6	4	6
Uncertain (3)	4	1	0
Do not Agree (2)	1	1	3
Definitely do not Agree (1)	1	0	1

Table 4.14 indicates that 31 nurses supported the statement that they were able to build relationships with each other. However, 5 nurses were uncertain, and 7 nurses submitted a negative response.

4.3.2.12 Nurses are able to serve patients effectively

Table 4.15: Nurses are able to serve patients effectively

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	1	9	3
Agree (4)	7	6	6
Uncertain (3)	2	0	1
Do not Agree (2)	3	0	3
Definitely do not Agree (1)	1	0	0

Most of the 42 nurses (32) agreed (in respect of the contents of the above table) that they were able to serve patients effectively, while 3 nurses were unclear and responded neutrally, and 7 nurses did not support the mentioned statement.

4.3.2.13 Nurses' opinions and ideas to improve working conditions are taken seriously

Table 4.16: Working conditions can be improved by nurses' ideas

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	2	9	1
Agree (4)	2	2	2
Uncertain (3)	4	3	4
Do not Agree (2)	4	1	4
Definitely do not Agree (1)	2	0	2

The findings (illustrated in Table 4.16) in response to this question indicate that the nurses' responses differed on this issue. Statistically, 13 of the three sets of nurses were in disagreement, but 18 nurses in all categories agreed, while 11 nurses stated that they were unsure.

4.3.2.14 Job satisfaction is an occupational challenge for nurses

Table 4.17: Job satisfaction is an occupational challenge for nurses

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	6	8	0
Agree (4)	4	5	8
Uncertain (3)	1	2	1
Do not Agree (2)	2	0	3
Definitely do not Agree (1)	1	0	1

The majority of nurses (31) agreed that job satisfaction was an occupational challenge at the hospital, but 7 nurses did not support the issue, and 4 nurses were unsure.

4.3.2.15 Nurses are regularly involved in patient service delivery decisions made at the hospital

Table 4.18: Nurses contribute to decisions regarding service delivery to patients

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	0	9	2
Agree (4)	4	2	4
Uncertain (3)	3	4	2
Do not Agree (2)	3	0	3
Definitely do not Agree (1)	4	0	2

The nurses' responses show that they were divided on this issue. The evidence shows that 12 nurses disagreed with the statement, 21 nurses were happy with the statement, and 9 nurses were uncertain.

4.3.2.16 There are enough leaders to assist nurses at the hospital

Table 4.19: Nurses are assisted by enough hospital leaders

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	3	8	1
Agree (4)	2	4	2
Uncertain (3)	1	3	4
Do not Agree (2)	5	0	4
Definitely do not Agree (1)	3	0	2

Table 4.19 indicates that the nurses differed in opinion regarding leaders assisting them. Of the respondents, 8 nurses were uncertain, 14 nurses disagreed, and 20 nurses agreed with the mentioned statement.

4.3.2.17 The workload of the current nursing management is satisfactory

Table 4.20: Nursing management workloads are satisfactory

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	2	2	1
Agree (4)	1	7	2
Uncertain (3)	5	2	3
Do not Agree (2)	2	3	7
Definitely do not Agree (1)	4	0	0

The nurses did not agree with each other regarding the above statement. 1 staff nurse chose not to answer the question. Table 4.20 shows that statistically, 15 nurses did support the statement, however, 10 were uncertain, and 16 nurses did not agree with the statement.

4.3.2.18 I am able to render a competent service to my patients

Table 4.21: Nurses are able to render a competent service to their patients

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	4	8	3
Agree (4)	3	6	6
Uncertain (3)	2	1	0
Do not Agree (2)	3	0	3
Definitely do not Agree (1)	2	0	1

The above table reflects that 30 nurses agreed that they were able to render a competent service to their patients at the hospital, 3 nurses were uncertain about this issue, and 5 professional nurses and 4 enrolled nursing assistants did not support the questionnaire statement.

4.3.2.19 Hospital leaders mentor nurses effectively

Table 4.22: Nurses are effectively mentored by hospital leaders

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	1	7	3
Agree (4)	5	4	3
Uncertain (3)	3	4	2
Do not Agree (2)	4	0	3
Definitely do not Agree (1)	1	0	2

A total of 23 nurses supported the statement (see Table 4.22 above) that hospital leaders mentored nurses effectively. There was uncertainty among 9 nurses, however, while 10 nurses responded negatively to the statement.

4.3.2.20 Nurses are able to share hospital knowledge effectively with each other

Table 4.23: Nurses can share hospital knowledge with each other

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	1	9	3
Agree (4)	3	2	5
Uncertain (3)	3	4	1
Do not Agree (2)	6	0	4
Definitely do not Agree (1)	1	0	0

In response to the above statement, Table 4.23 reveals that there were 11 negative responses amongst the nurses. However, 23 nurses responded positively on the said issue, while 8 nurses were uncertain.

4.3.2.21 Labour relations management is satisfactory for nurses at the hospital

Table 4.24: Nurses are satisfied with hospital labour relations management

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	0	3	1
Agree (4)	2	7	1
Uncertain (3)	4	2	5
Do not Agree (2)	6	2	5
Definitely do not Agree (1)	2	1	1

Table 4.24 indicates that the nurses' responses were divided on the issue, as 17 nurses in all categories responded negatively or were strongly opposed to the statement, 14 nurses in all categories agreed with it, and 11 nurses were uncertain.

4.3.2.22 Nurses are regularly informed of the outcomes of labour meetings between hospital leaders and trade unions

Table 4.25: The outcomes of labour meetings between hospital leaders and trade unions are communicated regularly to the nurses

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	0	6	1
Agree (4)	2	5	3
Uncertain (3)	3	4	6
Do not Agree (2)	4	0	3
Definitely do not Agree (1)	5	0	0

Table 4.25 revealed that the nurses' responses were different to each other, as 17 nurses in all categories agreed with the statement, while 13 nurses were uncertain and 12 nurses indicated that they did not agree with the statement.

4.3.2.23 Nurses are regularly trained to be hospital leaders

Table 4.26: Nurses receive regular training in hospital leadership

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	0	6	1
Agree (4)	0	3	4
Uncertain (3)	6	4	5
Do not Agree (2)	5	2	2
Definitely do not Agree (1)	3	0	1

The above table's results show that the nurses' responses differed from each other, since 14 nurses supported the statement, while 15 nurses in all categories were uncertain, and 13 nurses disagreed with the statement.

4.3.2.24 Nursing posts are filled timeously

Table 4.27: Nursing posts are filled timeously

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	1	7	1
Agree (4)	2	2	5
Uncertain (3)	2	4	2
Do not Agree (2)	5	0	4
Definitely do not Agree (1)	4	1	1

The nurses disagreed with each other on this issue, since 18 nurses in all categories responded positively; 7 nurses were uncertain; 15 nurses responded negatively; and 1 staff nurse chose not to answer the question.

4.3.2.25 Leaders show appreciation for the service that nursing staff render to patients

Table 4.28: Nursing staff are appreciated by their leaders for the patient care that they render

	Professional Nurse	Staff Nurse	Enrolled Nursing Assistant
Definitely Agree (5)	1	4	1
Agree (4)	3	6	4
Uncertain (3)	1	0	3
Do not Agree (2)	3	1	4
Definitely do not Agree (1)	6	3	1

The above results reveal that the nurses' responses differed from each other on the sensitive topic of leadership. Proof was revealed by the findings, since 19 nurses in all categories agreed with the mentioned statement; while 4 nurses were uncertain; 18 nurses in all categories disagreed; and 1 staff nurse chose not to answer the question.

4.3.2.26 Summary of questionnaire findings (results)

The final samples were representative of the nursing population at the hospital. The final statistics revealed no noticeable problems with the samples obtained, apart from some nurses who chose not to answer certain questions. Ethical standards were maintained throughout the procedures relating to the 25 questions, which meant that no nurses, hospital leaders, or trade unions were portrayed in a negative manner with regard to the analysis and findings, which merely presented the facts required for the research.

The final analysis and findings aligned with the problem statement and its objectives by linking the occupational challenges, which affect nurses to the causes of these challenges owing to the majority ratio of responses by the chosen nurses in the sampling process being achieved in respect of the 25 questions in the questionnaire.

4.3.3 Part C: Interviews with 6 nurses

The interviews with the 6 nurses were conducted on the premises of a selected hospital in order to obtain responses and feedback from them. They were, however, only willing to respond to some of the interview questions, as some of the questions were of a sensitive nature. They were free not to answer those questions, as responses may have been ethically unfair to them. It ensured that the researcher conducted the interviews in a fair and reasonable manner. The results of these interviews are presented below.

4.3.3.1 A perceived lack of leadership may impact negatively on service delivery to patients

None of the 6 nurses were willing to respond to this question. No reasons were given, and the findings stated in Part B relating to this question, therefore, remain unchanged.

4.3.3.2 Staff shortages impact negatively on service delivery to patients

The 6 nurses were willing to respond to this question. They agreed with the 39 nurses' positive responses and replied in support of the statement by saying that the nurses could not meet the 100% norm standards, which are required by the hospital. They added that staff shortages impacted on the quality of patient care. Staff shortages also impacted on medical legal issues, which means that a case could be taken to court owing to something going wrong with a patient, for example, the turning of patients could cause ulcers.

4.3.3.3 The lack of resources impacts negatively on service delivery to patients

The 6 nurses were willing to respond to this question. They agreed with the 33 nurses' positive responses to this question and provided further responses to support it. They stated that negative incident readings could be high if there was a lack of resources. Other views were that more physical resources were required at the hospital. These included Dina maps (for blood pressure), oxygen gauges and sugar machines. If there were leakages the equipment could not be used, which lead to unnecessary expenses and wastefulness. The nurses stated that without adequate equipment, time was wasted, as the nursing students were unable to work.

4.3.3.4 Nurses experience stress when faced with a lack of resources

The 6 nurses were willing to respond to this question. They agreed with the 37 nurses' positive responses, and stated that nurses did not only experience stress, but also job dissatisfaction.

Another view was that the lack of resources lead to poor services when the tally of staff members was required, to ascertain which nurse had to fulfil a certain function on any given day, especially during winter time. This was critical when there were power failures owing to electricity being required for equipment in order to provide service delivery to hospital staff, management and patients. Electricity was also a necessity for lighting, especially at night, as the presence of darkness made it almost impossible for nurses to provide health care to patients. Another problem that was experienced by the interviewees was that nurses had to wait a long time for broken medical instruments to be replaced, which was blamed on the slow administrative process. They had to borrow machines and linen savers. They also stated that it was always essential for nurses to complete their tasks quickly. A lack of adequate resources was an obstacle to provide essential client care to patients.

4.3.3.5 Nurses may experience stress if they think that the cause is a lack of good leadership

None of the 6 nurses were willing to respond to this question. No reasons were given and the findings stated in Part B relating to this question, therefore, remain unchanged.

4.3.3.6 Nurses experience stress when faced with staff shortages

The 6 nurses were willing to respond to this question and agreed with the 38 nurses' positive reactions to the statement and gave further responses to support it.
They stated that if nurses were off sick, no replacements were made available. No further statements were made in response to this statement.

4.3.3.7 Nurses face more challenges when working in critical care wards

The 6 nurses expressed willingness to respond to this question, but they disagreed with the 35 nurses' positive responses in respect of critical care ward challenges.
They stated that nurses in the intensive care units "do better" owing to having less patients and more time to care for them. Another view was that Neonatal (critical care clinic for babies) "had everything". No further statements were made in response to this statement.

4.3.3.8 Nurses continue to receive training and development

The 6 nurses were happy to respond to this statement. Responses were, however, divided in comparison with the 29 nurses' positive responses. They stated that nurses received regular in-service training, but the nature of the said training depended on absenteeism.

Training and development regulations, as specified by the hospital under review, state that there must be a minimum number of nurses available for training per course or seminar, as well as other miscellaneous methods of training and development, such as practical training, workshops and on-site (at the hospital) skills. They continued that, for example, if there were staff shortages, when a minimum of 12 nurses were required for training on a specific day, or for a week, and there were less nurses than the required number, then the training could not continue.

It would not be cost-effective for the hospital to have two training days for two unreasonably smaller groups of nurses. The negative impact of absenteeism means that many nurses had missed out on training on a more regular basis. Other reasons for the divided feelings on training and development was because only 3% of nurses could receive training and development per training session owing to the nurses being employed to commit to their patients first, as stated in the provisions of the South African Nursing Act and the Nurses' Pledge.

The nurses added that it was usually enrolled nursing assistants and staff nurses who received training and development and that it was usually off-site, which meant being away from the hospital, because facilities were not always available to train and develop the nurses on-site. This was more relevant to specialised training and usually involved full-time studies.

The nurses' final input into the question under review was that the Department did want to employ more registered nurses. However, the nurses were told that no posts were guaranteed, and that post retentions would depend on the operational requirements of the hospital. Too many absent nurses would hinder other nurses from receiving adequate training and would not be able to properly develop their skills and abilities.

4.3.3.9 Nurses face occupational challenges owing to patients' demands

The 6 nurses agreed to respond to the above statement. They agreed with the 32 nurses' positive responses. They stated that nurses faced the challenges of talk and response. They said that when machines broke down at the hospital, some nurses with access to some machines, would bring them to the hospital.

The nurses claimed that they were also intimidated when patients took photographs of everything that these nurses allegedly did incorrectly. The stresses experienced by these state hospital nurses sometimes caused illnesses, and had lead to the high levels of absenteeism at the hospital. The challenges increased when essential equipment stopped working and caused nursing staff dissatisfaction.

4.3.3.10 Nurses understand working environment conditions

The 6 nurses agreed to discuss the findings on this issue. They disagreed with the 31 nurses' positive responses and stated that nurses were often not informed properly of working environment conditions. For example, additional patients and no "extra hands" meant that there was often no transparency of what precisely each nurse's job functions were in respect of their patients. No further statements were made in response to the mentioned statement.

4.3.3.11 Nurses are able to build relationships with each other

The 6 nurses expressed willingness to answer the above statement but their responses were divided in comparison with the 31 nurses' positive responses. Some nurses stated that there was a 100% degree of helpfulness amongst the nurses. However, others disagreed and stated that only some were willing to help others, while others were unwilling to help, as they were not given performance bonuses in terms of the Staff Performance Management System (SPMS). No further statements were made with regard to this statement.

4.3.3.12 Nurses are able to serve patients effectively

The 6 nurses agreed to respond to the above statement. They disagreed with the 32 nurses' positive responses, stating that the number of patients was always excessive and that the nurses were therefore, not able to serve patients effectively. This problem increased or decreased, depending on the resources and nursing staff that was made available to the hospital. The nurses agreed that there were not enough resources, nor nursing staff to serve the patients effectively. The issues of too many patients was never discussed at meetings.

4.3.3.13 Nurses' opinions and ideas to improve working conditions are taken seriously

The 6 nurses agreed to discuss the findings of this statement, which resulted in a universal divided response. Some of the nurses did not believe that nurses in lower categories were involved in decision making at the hospital. They were also not allowed to participate in the decision-making process, although they felt that they also had answers and ideas that would benefit the hospital, and improve the working conditions of the nurses, as well as service delivery.

They added that operational managers often never spoke to lower category nurses. The lack of effective communication had a negative effect on the nurses. Some of the other nurses, however, were in agreement that some of their opinions and ideas were taken seriously.

4.3.3.14 Job satisfaction of nurses is an occupational challenge

The 6 nurses agreed to engage with the above statement, and supported the 31 nurses' responses by stating that the levels of job satisfaction and challenging impact on the nurses' feelings were influenced by the tallies of staff, and the dependency on the availability of resources.

Some nurses were stressed and experienced negative emotions on a regular basis. This meant that nurses could not perform their tasks properly. This also led to negative perceptions by the patients of Primary Health Care (PHC) and the nurses. The overall perception by the respondents was that some nurses cannot "do the job". This meant that the levels of job satisfaction caused different forms of challenges to the nurses, which lead to job dissatisfaction.

4.3.3.15 Nurses are regularly involved in patient service delivery decisions that are made at the hospital

The 6 nurses agreed to respond to the findings relating to this question. The responses were universally divided. Some of the nurses did not believe that nurses in lower structures were involved in decision-making at the hospital. However, top structure nurses were involved in hospital decision-making. No further statements were made in this regard.

4.3.3.16 There are enough leaders to assist nurses at the hospital

The 6 nurses agreed to comment regarding the findings. Widespread divided opinions formed the collective basis for their answers. Some of the nurses stated that they agreed that there were enough leaders to assist nurses at the hospital. This would depend on whether lower category nurses asked management for assistance in their daily tasks and functions, as well as how to approach the most efficient service delivery techniques for their patients.

The nurses added that top management have said that lower level nursing staff members do not seek assistance. Some lower level nurses agreed, but said that they were afraid to ask for help. They felt scared and unhappy owing to the fear of prejudice if they should ask “too many questions”. The ideal outcome to resolve the issue for both parties would be a more effective communication strategy, and that the leaders should take the initiative first, as they were appointed at the hospital to provide mentorship and guidance to all categories of registered state nurses.

4.3.3.17 The workload of the current nursing management is satisfactory

The 6 nurses agreed to respond to the findings regarding the above statement. Divided opinions were discussed. Some of the nurses disagreed with the statement, and stated that some aspects of Primary Health Care (PHC) receive more attention than other aspects, which they felt also deserved more recognition. This would depend on the fluctuating levels of daily workloads of the nursing management at the hospital. The functions of management nurses meant that administration was an essential part of their duties at the hospital. Other nurses also disagreed with the statement, but felt that the aspects were covered.

A third opinion was that it depended on how passionate the affected senior nurses were about nursing and administrative tasks. They elaborated on this by mentioning that certain senior nurses did not regard administration as a nursing function, and were hence not very willing to perform duties that were indirectly related to the patients. The preference was for a more “hands-on” care approach towards the patients, meaning that they preferred to oversee the management of lower level nurses and patients, as opposed to administrative tasks.

Those nurses who felt strongly about this particular issue stated that this was why they studied nursing in the first place. They added that employees who were not nurses should be employed by the hospital to perform the administrative functions. Although the hospital had employed staff members who were not nurses to be involved in administrative duties, they were not involved in all aspects of nursing and patient administration. Another reason for the lack of desire of the senior nurses to be involved in administrative functions is that it took up too much time. This became more problematic when there were staff shortages and a lack of essential resources. The problem was seen as severe, as it wasted valuable time that could have been used to care for the needs and well-being of patients.

4.3.3.18 I am able to render a competent service to my patients

The 6 nurses agreed to comment on the above statement. Their responses were divided in comparison to the 30 nurses' positive responses to this question. They were undecided owing to their feelings that it depended on the nursing individual and how competent the nurse was. If the nurses' competencies fluctuated, it affected their abilities to render above-average service to their patients.

The nurses said that all nurses' skills should be "kept going". This can be achieved by the backup mentoring and training that the nurses needed so that they did not make mistakes in their daily care of the patients. The respondents stated that if other nurses were unsure of how to perform certain functions, they needed to ask continuously. They reverted to the issue of training in relation to the above statement and said that the training, especially in respect of inexperienced nurses, should be continuous, but this would also depend on how often the affected nurses asked for assistance.

Finally, they added that competency was needed in order for Primary Health Care (PHC) for patients to be more effective and successful. The responses had been seen as divided, as they were understandably unsure of the personalities and competencies of many of their colleagues, in particular those who had been employed at the hospital for less than two years.

4.3.3.19 Hospital leaders mentor nurses effectively

None of the 6 nurses were willing to respond to the findings of this statement. No reasons were given, and the findings stated in Part B relating to this statement remain unchanged.

4.3.3.20 Nurses are able to share hospital knowledge with each other effectively

The 6 nurses were willing to discuss the findings of the above statement. Their responses were divided in comparison with the 23 nurses' positive responses to this question. They were undecided owing to them believing that it depended on the nursing individual and how confident they were to ask questions or to request advice. The respondents stated that some nurses feared to ask for advice from senior staff members.

This was more problematic, when the seniors were much older people. The “generation gap” problem was blamed on the lack of effective communication between junior and senior nurses, or between younger and older nurses. In turn, the older nurses felt that some younger nurses were not willing to ask them for advice on how to improve their skills in respect of their patients. The older nurses added that as a result of the non-communication on the part of some younger nurses, these nurses often lost the skills that they had been trained to perform initially.

A statement from a nursing manager at the hospital under review was that “no question is dumb” and added that the person must be willing to ask. This meant that it was perceived that some nurses were unwilling to share hospital knowledge. However, the evidence at the interview session meant that there was uncertainty about how to communicate the knowledge effectively amongst nursing staff members on all levels, which lead to the respondents not being able to fully commit to either a positive or negative response at the interview.

4.3.3.21 Labour relations management for nurses at the hospital is satisfactory

None of the 6 nurses were willing to respond to the findings relating to this statement. No reasons were given, and the findings stated in Part B relating to this question remain unchanged.

4.3.3.22 Nurses are regularly informed of the outcomes of labour meetings between hospital leaders and trade unions

The 6 nurses responded positively to answering the above statement, but disagreed with the findings. They stated that they were not informed of labour meetings’ outcomes and that this was a major problem. They added that unions needed to find better ways to notify nursing personnel of the said outcomes. Despite workloads, the nurses stated that the unions had to make more time for them. No union representatives assisted the nurses at the interview sessions on 9 July 2013 and 10 July 2013.

4.3.3.23 Nurses are regularly trained to be hospital leaders

The 6 nurses agreed with the above statement, but added that it depended on the person (meaning the nursing staff member) who would be trained to be a hospital leader, and that it would require that person to ask for skills.

Training was available, but was not always a success owing to nurses allegedly not attending the training and development courses, seminars and workshops.

4.3.3.24 Nursing posts are filled timeously

The 6 nurses disagreed with the findings regarding the above statement. They said that the posts were mostly frozen, and that this was the reason that the hospital used 8-9 agencies to recruit new nursing staff. No further statements were made in this regard.

4.3.3.25 Leaders show appreciation for the services that nursing staff render to patients

The 6 nurses again disagreed with the findings, but not with the statement. Their responses were positive in comparison to the other nurses who answered the questionnaires, and whose responses were divided. They also elaborated on the statement by stating that leaders showed some appreciation for the services that the nurses rendered to their patients.

Evidence of this occurred on 8 July 2013, when top managers thanked the nursing staff for the extra hard work when everyone had supported each other and worked harder during the week without electricity from 24-30 June 2013. According to these managers, nurses were said to have “joined hands”. Motivation for these statements were evident in news reports at the time of the disaster, when one of the most essential resources, namely electricity, had failed at the hospital.

4.3.4 Part D: Final outcomes of results

This analysis was essential in order to combine both the feedback from the nurses who answered the questionnaires and the interview questions in order to establish a balanced answer for each response to the questions, which appeared in the designed questionnaire.

The final analysis showed evidence of the respondents in the interviews not always agreeing with the respondents who answered the questionnaires. In order for the final outcomes of the research to present a balanced view, the initial findings had to be revised and amended. This was achieved by presenting each statement again, and by making a final analysis based on the evidence linked to these statements. Therefore, the evidence to support this statement was as follows:

4.3.4.1 A perceived lack of leadership may impact negatively on service delivery to patients

The final analysis revealed that the research question remained valid in spite of the unwillingness of the nurses at the research interviews, and one nurse responding to the questionnaire being unwilling to answer a sensitive question, which focused on leadership.

Due to the evidence gathered in respect of the responses to the questionnaire, there may be a perception at the hospital under review that a lack of leadership could impact negatively on service delivery to patients. This supported the problem statement and its objectives in respect of the perceived lack of leadership having an occupational negative impact on nurses in the working environment of the state hospital under review.

4.3.4.2 Staff shortages impact negatively on service delivery to patients

The final analysis proved that the research question was valid. Both groups of nurses responded willingly to the question. Due to both sets of results from the findings being generally in agreement with the question, there was evidence that, in respect of the hospital patients, staff shortages were responsible for the negative impact of service delivery. The findings revealed that more nursing staff at the hospital meant better Primary Health Care (PHC) for patients.

4.3.4.3 The lack of resources impacts negatively on service delivery to patients

In the final analysis the research question remained valid, as both groups of nurses responded willingly to the question. Due to both sets of results from the findings being generally in agreement with the question, there was evidence that the lack of resources led to a negative impact of service delivery to the hospital patients. The findings revealed that providing sufficient and adequate resources at the hospital would assist the registered nurses in serving their patients more efficiently, and it would save time and money.

4.3.4.4 Nurses experience stress when faced with a lack of resources

This research question remained valid. The final analysis revealed that both groups of nurses responded willingly to the question.

Due to both sets of results from the findings being generally in agreement with the question, there was evidence that the lack of resources led to the nurses at the hospital experiencing stress. The findings revealed that providing proper resources on a regular basis at the hospital under review, would lower the levels of stress for the nurses.

4.3.4.5 Nurses may experience stress if they think that the cause is a lack of good leadership

Despite the nurses at the research interviews being unwilling to answer a sensitive question, which focused on leadership, the final analysis confirmed the validity of the research question. The evidence from the questionnaire responses showed that a lack of good leadership could lead to the nurses experiencing stress.

4.3.4.6 Nurses experience stress when faced with staff shortages

Both groups of nurses responded willingly, validating the research question. Due to both sets of results from the findings being generally in agreement with the question, there was evidence that the staff shortages led to the nurses at the hospital experiencing stress. The findings revealed that providing more nursing staff members on a regular basis at the hospital under review would lower the levels of stress for the nurses. However, the institution would also need to mentor the nurses on how to cope more effectively when faced with unreasonably high workloads.

4.3.4.7 Nurses face more challenges when working in critical care wards

Both groups of nurses responded willingly to the above valid statement. However, opinions were divided, and the final analysis was amended to balance the opinions of both parties that were involved in the survey. The evidence in the literature research revealed that there were challenges for the nurses in other South African state hospitals.

However, the opinions were found to be divided when it came to the final analysis at the hospital under review, as the nurses that were interviewed did not believe that nurses at the critical care wards faced more challenges, because they believed that these nurses had fewer patients to deal with and had better resources

4.3.4.8 Nurses continue to receive training and development

Both groups of nurses responded willingly to the above statement, which ensured its validity. However, opinions were divided and the final analysis was amended to balance the opinions of both parties that were involved in the survey. The evidence in the literature research revealed that nurses continued to receive training and development in other South African state hospitals. However, the opinions were found to be divided, as the nurses that were interviewed stated that the nurses only received training and development if they were willing to be present at seminars, courses and workshops. The alleged high levels of absenteeism meant that other willing nurses had missed out on training. Even if there were enough nurses to receive the required training, these numbers were limited by operational requirements at the hospital.

4.3.4.9 Nurses face occupational challenges owing to the demands from patients

Both groups of nurses responded willingly to the above statement. Due to both sets of results from the findings being generally in agreement, there was evidence that the demands from patients led to nurses facing occupational challenges. The findings revealed that general support mechanisms (staff, resources and mentorship) by the hospital under review would assist the registered nurses to reduce the burden of coping with their occupational challenges and, subsequently, they would be able to provide quality care to their patients.

4.3.4.10 Nurses understand working environment conditions

Both groups of nurses agreed to respond to the above statement. Opinions were divided on the question statement. The final analysis was amended to balance the opinions of both parties that were involved in the survey. The nurses that were interviewed did not believe that nurses were informed properly of working environment conditions, which meant that the nurses did not know what their real job functions were in respect of their patients.

4.3.4.11 Nurses are able to build relationships with each other

Both groups of nurses were happy to respond to the above statement. However, opinions were divided, and the final analysis was amended to balance the opinions of both parties that were involved in the survey.

This meant that the nurses were either supportive of each other, or unhelpful. Jealousy was blamed on the latter perception, as only some nurses received performance bonuses.

4.3.4.12 Nurses are able to serve patients effectively

Opinions were divided on the above statement and the final analysis was amended to balance the opinions of both parties that were involved in the survey. The interviewees believed that nurses always had excessive numbers of patients, hence they were not able to serve them effectively. A lack of resources and nursing staff contributed to the problem.

4.3.4.13 Nurses' opinions and ideas to improve working conditions are taken seriously

Both groups of nurses agreed to answer the above statement, but opinions were divided on the findings. The final analysis was amended to balance the opinions of both parties that were involved in the survey. Nurses in lower categories were not involved, nor allowed to participate in decision-making at the hospital. Operational managers ignored them.

4.3.4.14 Nurses' job satisfaction is an occupational challenge

Both groups of nurses agreed to respond to above statement. Due to both sets of results from the findings being generally in agreement, there was evidence that the nurses' job satisfaction was an occupational challenge.

The findings revealed that general support mechanisms (staff, resources and mentorship) by the hospital under review would assist the registered nurses to reduce the burden of occupational challenges. The levels of resources and staff influenced job satisfaction. Some nurses were stressed, which affected their performances. This meant that the levels of job satisfaction caused different forms of challenges to the nurses.

4.3.4.15 Nurses are regularly involved in patient service delivery decisions that are made at the hospital

Both groups of nurses responded to the above statement, but there were different opinions. The final analysis was amended to balance the opinions of both parties that were involved in the survey. Nurses in lower categories are not involved in patient service delivery decisions that are made at the hospital, and operational managers did not support them. Only top level nurses were involved in hospital decision-making.

4.3.4.16 There are enough leaders to assist nurses at the hospital

The groups of nurses responded to the above statement, albeit in a divided manner. The final analysis was amended to balance the opinions of both parties that were involved in the survey. Nurses in lower categories were not confident enough to speak to leaders at the hospital. The leaders expected the nurses to speak to them first. Others felt that there were enough leaders at the hospital to speak to about occupational challenges.

4.3.4.17 The workload of current nursing management is satisfactory

Both groups of nurses' responses were divided on the above statement. The final analysis was amended to balance the opinions of both parties that were involved in the survey. The interviewees believed that there was no universal opinion regarding whether the workload of the current nursing management at the hospital was satisfactory or not.

The main problem was that some aspects of primary healthcare were being disputed owing to too much emphasis being placed on certain healthcare aspects, whereas other aspects were allegedly being neglected. It was also difficult for the nurses to provide equal answers owing to the varying levels of the workload burden being a challenge for nursing management on a daily basis. The perception was that nursing management did not enjoy performing administration duties.

4.3.4.18 I am able to render a competent service to my patients

Responses from the nurses who completed the questionnaires were generally positive. However, the interviewee respondents were divided on the statement. The final analysis was amended to balance the opinions of both parties that were involved in the survey. The interviewee respondents believed that it depended on the competencies and attitudes of the affected nurses.

Nurses could only become competent if they were continuously mentored and trained, or by asking for help. This was of particular relevance to nurses who had been employed at the hospital for less than two years.

4.3.4.19 Hospital leaders mentor nurses effectively

The final analysis revealed that the research question remained valid in spite of the unwillingness of the nurses at the research interviews to answer a sensitive question, which focused on leadership. Due to the evidence gathered in respects of the responses on the questionnaires, there may be a perception at the hospital that hospital leaders do indeed mentor nurses effectively. This supported the problem statement and its objectives in respect of the hospital leaders' mentorship having a generally positive impact on nurses in the working environment of the state hospital under review.

4.3.4.20 Nurses are able to share hospital knowledge with each other effectively

Responses from the nurses who completed the questionnaires were generally positive. However, the interviewee respondents were divided on the statement. The final analysis was amended to balance the opinions of both parties that were involved in the survey.
The interviewees commented that it depended on whether the affected nurses were willing to ask for assistance and advice, or whether others with experience or knowledge were willing to share it with other nurses.

4.3.4.21 Labour relations management for nurses at the hospital is satisfactory

Despite the unwillingness of the nurses at the research interviews to answer a sensitive question, which focused on labour relations management at the hospital, the statement remained valid. Due to the evidence gathered in respect of the responses from the questionnaires, there may be a perception at the hospital that nurses are divided on whether labour relations management at the hospital satisfies them. This supported the problem statement and its objectives in respect of labour relations management impacting on the nurses at the state hospital under review.

4.3.4.22 Nurses are regularly informed of the outcomes of labour meetings between hospital leaders and trade unions

The responses from the nurses who completed the questionnaires were generally divided. However, the interviewee respondents disagreed with the statement. The final analysis was amended to balance the opinions of both parties that were involved in the survey.

The interviewees believed that they were not informed of the outcomes of labour relations meetings between unions and management. The allegations of blame were directed towards the unions.

4.3.4.23 Nurses are regularly trained to be hospital leaders

Both groups of nurses were divided on the above statement. The interviewees believed that it depended on the nursing staff member who engaged in the hospital leadership training, as it required skills. It was believed that more leaders would be employed if nurses attended the related training on a regular basis.

4.3.4.24 Nursing posts are filled timeously

The responses from the nurses who completed the questionnaires were generally divided. However, the interviewee respondents disagreed with the question statement. The final analysis was amended to balance the opinions of both parties that were involved in the survey. The interviewees believed that the posts were mostly frozen. They alleged that the hospital used 8-9 agencies to recruit new nursing staff.

4.3.4.25 Leaders show appreciation for the services that nursing staff render to patients

The responses from the nurses who completed the questionnaires were generally divided. However, the interviewee respondents agreed with the above statement. The final analysis was amended to balance the opinions of both parties that were involved in the survey. The interview respondents stated that leaders showed appreciation for the services that the nurses rendered to their patients and gave examples to the researcher. Motivation for these statements were evident in news reports at the time of the disaster when one of the most essential resources, namely electricity, had failed at the hospital.

4.4 Reliability and validity of the research

In order for the chosen hospital to be validated in respect of the problem statement, comparisons had to be made with other state hospitals in South Africa, to see if the occupational challenges, as contained in the problem statement, also occurred in these institutions. The reliability of the collected data confirmed that the problem statement was realistic and meaningful.

42 nurses complied with the requirements for the research population sample. Their responses were reliable for the research. This meant that all the accepted results were valid.

The data collection was achieved by collecting relevant literature documentation, in order to understand the extent of the problem. The literature was evaluated so that solutions could be recommended to assist the nurses and hospital management.

Data analysis was necessary to validate the varied research findings.

Specific solutions were chosen for the research that, despite the need for improvement, were reliable and tested solutions that were relevant and valid to the nurses and hospital management

Books, journals, government gazettes, Internet articles and dissertations were from reliable sources, and the relevant information was selected for the research. Only the sources that were valid and relevant to the research topic were chosen for the investigation into occupational nursing challenges and how the three primary causes affected the morale of the state nurses in the public service.

The impact of staff shortages on the nurses, the lack of resources and the perceived lack of leadership was specifically targeted, with the desire to achieve specified outcomes that were relevant to the problem statement.

Research methodology enables the researcher to structure research and analyse the relevant information. In this study, the purposive sampling model was decided upon as the method of choice, as it added validation to the research by identifying specific participants that were required for the research. The selection process expressed the need for participants, to obtain data from them that was essential and relevant to the research study. The purposive sampling method ensured that the most relevant nurses were chosen for the research study.

Other methods were rejected, as there was concern that the questions would draw predictable responses from the nurses, which meant that the results of the findings would not have been realistic. The outcome of the findings would not have been able to be linked to the problem statement and its objectives, as the results would have been interpreted as false representations, or misconceptions. The results would no longer have been relevant to the desired outcome of the research. The data was collected by means of the questionnaires and interviews, which proved reliable to the chosen topic in respect of the responses.

4.5 Chapter summary

The conclusion of the final analysis of the data revealed findings that represented a balanced outcome from respondents who were involved in the surveys. The analysed data was found to support the problem statement. This meant that no statistics were manipulated to influence the outcomes, but were presented in a straightforward manner so that fair and reasonable results could be achieved.

The location where the data was collected represented a realistic overview of data statistics that could be found in varying degrees in other state hospitals in the Western Cape Province. The findings showed evidence that occupational challenges for state nurses did exist in the hospital’s working environment.

Despite divisions in opinions, it can be ethically stated that no nurses were portrayed in a negative manner by the researcher. The various opinions were from the interviewees only, and served to balance the results of the research data.

Chapter 5 will discuss the results that were presented in Chapter 4. The first part of the chapter will discuss the three causes under review, namely the lack of resources, the perceived lack of good leadership and staff shortages. Each cause will be dealt with separately.

The Chapter's contents will include recommended proposed ideas to the state hospital, and recommendations in order to assist the nurses to reduce their challenges, to justify and support the discussed results. A summary will conclude the chapter.

CHAPTER FIVE:
DISCUSSION OF RESULTS

5.1 Introduction

This chapter discusses the results that were presented in the previous chapter. The other main focus of the chapter is to recommend proposed ideas to the state hospital, and to make general recommendations in order to assist the nurses to reduce their challenges. Reasons for the recommendations are to justify and support the discussed results. The first part of the chapter discusses the three causes under review, namely the lack of resources, the perceived lack of good leadership and staff shortages. Each cause is dealt with separately. A summary concludes the chapter.

5.2 Discussion and recommendations

This section discusses results from the questionnaires, nursing interviews and the final outcomes of the findings, which were concluded in the previous chapter. All three sets of information are linked to the common denominator of staff shortages, the lack of resources and the perceived lack of leadership within the state hospital. Various recommendations can be made owing to the fact that the complex and varied results of the findings under discussion showed that more than one aspect of the research problem was evident.

The recommendations are made in relation to the research that was conducted at the state hospital under review, and from related knowledge that was collected from literature, as evidence of the problem statement. The findings show that the nursing challenges exist at the state hospital under review, hence the recommendations are made on the basis of these findings. The results have been interpreted and solutions to address the occupational challenges are, therefore, recommended in the ensuing test.

5.2.1 Discussion: Staff shortages

Introduction

It has remained a concern that the issue of staff shortages is still the primary cause of occupational stress and subsequent low morale of nurses in state hospitals. This was also evident in the Cape Town state hospital that was chosen for the study of nursing behaviour and what factors affected their morale.

To support this statement, a report has emerged that only 12 percent of nurses were employed in rural areas in South Africa (DoH, 2011:30). The same report revealed that staff turnover in some provinces was as high as 80 percent (DoH, 2011:59). This meant that nurses with low morale left the public service due to the lack of advancement in their careers.

The results indicated were that staff shortages had a negative effect on the nurses' working experiences. It was evident that the indicators of staff shortages that were identified were absenteeism, that fact that not enough new nurses were trained, and staff turnover. Literature study has shown that nurses in provincial hospitals were seen as overworked, lazy, uncaring, suffering from burnout, ruthless (power-obsessed) and incompetent (Oosthuizen, 2012:49). Recommendations were made that perceived negative attitudes amongst these nurses and the nursing shortages should be urgently addressed by the South African Government. Fixing the nursing shortage would improve health care in South Africa (Oosthuizen, 2012:49).

The results from the questionnaires and interviews showed that there were staff shortages at the state hospital in Cape Town, and this was supported by literature documents in which varying degrees and levels of staff shortages were placed into perspective. For instance, The Democratic Nurses Organisation of South Africa (DENOSA) stated on 26 March 2013 that a National Department of Health report dated 20 March 2013 showed that there was a critical shortage of nurses at maternity clinics, which caused stress and low morale for nurses who were qualified to work at the clinics (DENOSA, 2013:1).

5.2.1.1 Staff shortages as the main cause of nursing challenges

The observation of the findings revealed that staff shortages emerged as the most stressful of the three problem causes for the nurses. The findings concurred with Pillay (2009), Rust and De Jager (2010), Fongqo (2011), Robinson and Strydom (2011), Rawat (2012), DENOSA (2013), and Fozaki (2013), who also reported staff shortages as an occupational concern. Supporting literature corresponded with the findings from the interviews with the six nurses at the selected state hospital. In addition, proof of the most common cause of occupational challenges amongst state nurses was reflected in the responses by the 42 nurses (also employed at the same hospital), who answered questions about staff shortages in the questionnaires. The results proved that staff shortages remained a challenge for both nurses and hospital managers.

The literature stated that demand exceeded the supply of nurses in public sector hospitals (Jooste & Jasper, 2012:59). This had affected current nurses who became resistant to the increasing challenges having a negative effect on them and has lead to widespread staff turnovers, as the nurses preferred to seek other employment.

It is recommended that the Provincial Departments of Health should collect detailed reports from all personnel at the affected hospitals under their control and submit the evidences of staff shortages to the national Department of Health so that National Government can be made more aware of the seriousness of the problem. Failure to commit to such actions would allow the shortages to spiral out of control, with unpleasant consequences for patients in desperate need of primary health care.

A staff target framework should be established and maintained. Each hospital should work together with their regional offices under the control of the Department of Health to ensure that high staffing levels are maintained in order to reduce staff turnover.

5.2.1.2 Staff shortages resulting from stress

Other revelations from the findings are that there is a lack of proper training for nurses on how to cope with the mental stress of their working environment, and the need to equip them with proper preparation and skills. They are exposed to sick and dying patients every day. The overwhelming occupational challenges have caused increased nursing staff turnover and have increased the nursing shortages, especially in the TB and AIDS hospital wards. Changes in patterns of behaviour were also identified as nursing stress factors.

Literature to support these concerns was contained in a report from the Western Cape Department of Health acknowledging the short supply of nurses, as well as the unavailability of support to all staff members.

These nurses experienced non-core functions, that is, added workloads such as administration, house-keeping and porter activities, which were caused by the shortage of support staff members (WC, DoH, 2010:8). It meant that they spent less time with their nursing functions of attending to their patients and these burdens added to their stress (WC, DoH, 2010:8).

The findings explained how the nurses felt emotionally within their working environment and gave in detail the various behaviour patterns that the nurses had experienced. It is recommended that hospital management should address the nurses' behavioural stress factors by redistributing workloads, otherwise staff turnovers will continue on a regular basis. This notable aspect was especially prevalent in respect of nurses who worked overtime shifts.

These findings identified with the nurses' behavioural stress indicators, which were burnout, inexperience, a lack of recognition, long working hours, excessive workloads and fearing for their own safety. The nurses also suffered from low morale, poor communication with each other, as well as with their management, patients and members of the public.

There was a lack of proper training for the nurses on how to cope in extreme working conditions, which requires relevant courses on stress education and management. This type of training is recommended, especially for nurses who work in AIDS and Tuberculosis hospital wards.

It is proposed that more staff should receive multi-skilled training and development and that the hospital should be allocated a bigger annual budget in order to ensure that all nurses receive equal opportunities for skills acquisitions and better working opportunities.

It is further suggested that a turnaround strategy to benefit nurses should be implemented by introducing flexible working hours that suit both the hospital's operational requirements and the nurses, but do not place the lives of the nurses or their patients in danger, especially at night. Effective transport arrangements should be made for night shift workers to ensure their safety to and from work.

5.2.1.3 Staff shortages during training and development

A surprise discovery in the findings was that there were staff shortages during training and development. The nurses that were interviewed by the researcher commented that the high levels of nursing absenteeism at the hospital meant that the nurses who were on duty and were willing to undergo training and development, were denied this privilege. The discussion also revealed the dwindling number of nursing staff members who were supposed to attend training at the hospital.

Professional nurses and enrolled nursing assistants needed to trained as a matter of priority (Lloyd, Sanders & Lehmann, 2010:176). Reasons for the human resource shortage in the public sector, was because of the closing of nursing colleges, the emigration of some nurses from the public service and poor working conditions (Ramjee & McLeod, 2010:185).

Hospital leaders should, therefore, look into staff shortages during training, as it is currently an alarming issue at the hospital. The absenteeism of nurses at work and at training should be monitored and actions need to be taken to reduce or prevent these occurrences. Approaching all the nurses and paying attention to why the nurses are absent from training, is hence proposed.

Requirements for training at the hospital were that a minimum number of nurses had to be present at seminars, workshops and courses, otherwise the training and development could not continue. Leaders must also consult with trainers to readjust the minimum number of nurses required for training, as the discussion of the findings on this issue pointed to operational requirements as being a cause factor for the limited attendance of nurses at training and development seminars, courses and workshops. In addition, they should plan, in consultation with the nurses, what their training needs are and then implement it.

5.2.1.4 The lack of work satisfaction as a factor in determining staff shortages

It was found by Mohase and Khumalo (2014) that work satisfaction greatly assisted and contributed to quality-based service delivery to patients. Their findings relied on the previous research of nurses in this field and required further discussion, to create further awareness of the link.

Results from a quantitative analysis showed that only 37.8 % of nurses were satisfied with their jobs, compared to 53.9 % dissatisfied respondents (Tshitangano, 2013:1). The primary factor from the responses of the nurses was staff dissatisfaction (85.2 %), which led to the turnover.

It is recommended that a work satisfaction model should be created, planned and implemented as part of hospital policy. The reason for this proposal is the fact that nurses are dissatisfied with their jobs and an underlying cause of this dissatisfaction is that they are allegedly not properly informed of all of their functions at the hospital, as they sometimes perform tasks for which they were not hired in the first place.

It is imperative that nurses should understand their working conditions better, or the nurses will continue to leave their employment at the hospital, or remain absent from work for indefinite periods.

The new model could be influenced by the processes of the Triage system and have full input from the experiences of hospital management representatives and senior nurses who were used to the long-term processes and operations in state hospital working environments. It is suggested that existing norms could be modified, updated and refined to suit the operational requirements, but fall within the national health regulations that were determined by the South African government.

The nurses at the interviews that were conducted by the researcher confirmed that no work satisfaction model currently existed at the selected hospital in Cape Town. Other contributions that were made by the nurses at the interviews provided explanations for why this proved to be a major problem for them. They claimed that they were not properly informed of what their job functions were in respect of their patients. These factors lead to the nurses not understanding the nature of their working conditions, which caused them stress and frustration. Some nurses opted to leave nursing, thereby adding to the nursing shortage crisis.

The nurses should be better informed of the advantages and disadvantages of the Occupation Specific Dispensation (OSD) so that levels of perceived unfairness and accusations of favouritism could be removed from the workplace environment. A culture of positive interaction and mutual respect amongst the nurses should be encouraged instead. This would prevent the nurses from leaving because of job dissatisfaction.

It has been recommended to the hospital that was selected for the purpose of the research that it should make use of the Staff Satisfaction Survey 2013 questionnaire, which was issued by the Western Cape Government Department of Health. This form was designed specifically for employees within the Department in order for the Department to understand how the employees responded to the questionnaire. A majority of the employees at the Department are state registered nurses.

5.2.1.5 Non-filling of vacant nursing posts

Another topic of discussion at the interviews was the non-filling of posts on time, or not at all. This was clearly a source of unhappiness for the currently employed nurses who felt that the posts were mostly frozen, which means that once a nurse had left that post, no nurse was selected and recruited to take up the post. The resultant outcomes were that staff shortages inevitably occurred owing to apparent unwillingness to fill much-needed vacant posts.

Literature from the study showed that the Provincial Government of the Western Cape Government (PGWC) had 10 824 registered nurses employed, but a large number of specialised nursing posts and general nursing posts remained vacant (WC, DoH, 2010:1).

In simpler terms, state nurses need more training and a bigger budget is required for each province in South Africa, especially for the training, recruitment and selection of newly-qualified nurses. The reasons for this need is the urgency to fill vacant posts. A more concerted effort should be made by hospital leaders to fill posts as soon as possible after they have been vacated, especially if there were nurses (according to the nurses themselves) who were already sufficiently qualified to fill these posts and with hindsight, could reduce the shortages in crucial positions within the hospital.

Nursing is not seen as a popular career choice. It is up to the national and provincial health departments to promote nursing as a desirable career. The provincial departments should also propose and promote the nursing profession so that existing nurses can feel more proud of what they do, knowing that their management is making an effort to attract more nurses to provincial state hospitals.

5.2.2 Discussion: The lack of resources

Introduction

Findings from the questionnaires and interviews revealed that state hospital resources were not always managed well. The literature revealed that some resources were lacking, as they were not being used enough. It was determined that the findings provided evidence that supplying adequate and sufficient resources is essential and necessary at state hospitals, as it saved money and time.

There was generally a unified and committed response by both sets of nurses, even though not many questions were levelled at the nurses regarding the lack of resources owing to this category being limited in what could be asked of the nurses, as opposed to the dominant factor of staff shortages and the perception of the shortcomings in hospital leadership being seen as cause for stress-related incidents at the state hospitals.

It has already been mentioned that there was enough tangible evidence to support the notion that discussion on the findings linked to the lack of resources had merit.

Literature to support this statement is that the current state of resources was evidenced in a statement from DENOSA on 26 March 2013, in which the National Health Facility Audit report showed that 93% of the maternity wards did not have the required essential functional equipment to keep newly-born babies and their mothers safe (DENOSA, 2013:1). The morale of the nurses was found to be low, which was caused by communities blaming them whenever services did not meet their expectations (DENOSA, 2013:1) such as when there was a poor and unreliable supply of medicine at the hospitals.

Hospitals should be able to successfully manage the value of their resources and develop strategies to make them last longer so that nothing is wasted. Resource-based strategies should be aligned with the policies and procedures of related state hospitals.

5.2.2.1 How service delivery to patients was impacted upon by the lack of resources

The nurses were willing to answer resource-related questions in the questionnaire and at the interviews. For instance, when they were asked whether the lack of resources impacted negatively upon service delivery to patients, the responses were universal in agreeing with the statement. It may be observed from the findings that service delivery to patients was negatively affected without the proper resources, which were required to render these services. The non-provision of these resources also caused the nurses to experience varying levels of stress.

Supporting literature showed that a lack of resources and facilities was revealed as the reason for the affected nurses suffering from stress and a decline in morale and health. (Robinson & Strydom, 2011:1).

It is recommended that the proper inventories of hospital resources are kept up to date and then submitted on a monthly basis to the head of the hospital. The head should, in turn submit arguments in motivation for extra resources in greater quantities, to the Minister of the Western Cape Government's Department of Health. Details of the requirements should place greater emphasis on medical supplies and medicines, which are always required.

Acquisition and retention of valuable resources can also be achieved by eliminating wasteful expenditure on items that are merely ornamental and are not really urgently in need at the hospital. The clearing of hospital storage space to make provisions for more resources are also proposed. The proper disposal of medical waste on a more regular basis is essential to control the flow of resources at the hospital and improve the skills of the nurses who are tasked to fulfil these functions. The ability to multi-task effectively is also a morale-booster for nurses.

The use of the Triage system at the hospital should continue and any recommendations to improve on the system should be discussed and decided upon. This should ensure that strained resources are not over-utilised.

5.2.2.2 Occupational challenges caused by the lack of general support mechanisms

The nurses who engaged in discussions with the researcher at the interviews revealed their feelings regarding this sensitive matter. They raised concerns on excessive patient demands, which made their jobs more challenging when general support mechanisms were lacking. They added that reducing these burdens would enable them to provide much-needed quality care to patients.

Available technology such as computers and hospital machinery should be used by the nurses more efficiently and frequently. Hospital leaders should train as many nurses as possible to use the technology, especially in the case of patient emergencies. Empowering nurses with responsibility can be seen as a motivating factor to reduce a challenging work environment.

5.2.3 Discussion: The perceived lack of leadership

Introduction

There was enough evidence in the discussion on this matter to suggest that the nurses sometimes experienced problems relating to their leaders in a more positive way. The discussion related to the overall findings revealed tensions between the nurses and their leaders. The sources of these conflict theories were identified as being a lack of effective communication. The findings indicated that the primary source of tensions between nurses and their leaders was a lack of effective communication, as detailed below. The following are solutions to the problems on leadership, and are recommended below.

5.2.3.1 The contrasts in nursing responses regarding leadership issues

It can be argued that the respondents were willing to answer questions contained in the questionnaire, but found it difficult to respond to some of the leadership issues during the interview processes owing to the perceived fear of consequences if they spoke out about leadership concerns. For instance, the interviewee nurses refused to say whether a perceived lack of leadership might have a negative impact on patient service delivery. The reason why this statement was accepted in the final outcome of the findings was that most of the 42 nurses who responded to the questionnaire had agreed with it.

Better leadership skills in management were required, more research had to be conducted in hospitals, because the perception was that nursing supervisors had to be better leaders, and better interpersonal skills with the nurses had to be developed (Pietersen, 2005:24). An overall concern of the perceived weaknesses and deficiencies in leadership in the public health sector was confirmed in a human development resource centre report (Schaay, Sanders & Kruger, 2011:iii).

Evidence from literature stated that the nurses blamed the poor administration of the scarce skills allowance, which almost entirely excluded the non-specialised professional PHC nurses and made them more demotivated (Chabikuli, *et al.*, 2005:110).

The initiative should be taken by the hospital management to engage with the nurses (time permitting) on a regular basis, especially when operational requirements seem to become too overwhelming for these nurses. They should assist the nurses to overcome their fears. Again, short courses, seminars and workshops could be beneficial to the morale of nurses who tend to feel that they are seen as mere “numbers”.

Leaders should note that the nurses are employed to give health care to their patients, but cannot deliver these services effectively if the leaders' perceived lack of good decision-making impacts negatively on services to patients.

5.2.3.2 Positive aspects of leadership in state hospitals

Despite some negative factors, the findings did reveal positive attributes regarding leadership. These aspects could now be discussed in a broader context. Some nurses who were interviewed held the viewpoint that the hospital had enough leaders to speak to concerning occupational challenges. More positive feedback showed that leaders did show appreciation for the services that nursing staff rendered to patients, especially when electricity power failures occurred at the hospital.

Although no literature showed positive aspects of leadership, the responses from the nurses in the interviews did acknowledge that some of the leadership was good, especially during crisis periods such as power failures, where unity was displayed amongst all staff members.

Hospital leaders should train nurses in the proper use of technology to the best advantage of the hospital, its employees and its patients. It is recommended that training courses in Information Technology (IT) should be introduced. This will include computer software courses for general software usage by the nurses on a daily basis. The recommended IT courses of a general nature should include Microsoft Windows 7 and Microsoft Office 2010. The nature of the courses should, however, be introduced specifically in the programmes that are used by the Department of Health.

5.2.3.3 The involvement of nurses in hospital decision-making

Only top level nurses are involved in hospital decision-making, while lower level nurses were allegedly not allowed to participate in such a process. A clearer understanding was evident, since these nurses stated that lower category nurses were ignored by their managers when suggesting opinions and ideas to improve working conditions.

Better communication between hospital leaders, staff nurses, professional nurses and enrolled nursing assistants was required so that a unified approach to the challenges could be discussed. Furthermore, sound decisions could be made that would benefit everyone, including hospital patients, who will subsequently receive better care. Hospital management and the nurses should take collective action in order to find workable solutions together and to implement them in the daily hospital working environment.

The sensitivity of leadership issues were further discussed at the interviews, when a change in direction of responses made it known that the nurses conceded that hospital leaders expected the nurses to speak to them (the leaders) first when they need assistance. Other nurses pointed out that lower category nurses found it difficult to express their feelings, fears and concerns in words and, consequently, lacked the confidence to approach their leaders for help.

The opinions of lower-level nurses should also be heard even if some ideas may not be feasible owing to operational protocol, standards and requirements at the hospital. Effective communication courses for these nurses would increase their levels of confidence and ability. This will enable them to speak openly to their leaders about sensitive issues without fear of prejudice or victimisation.

5.2.3.4 The alleged controversies regarding training, mentoring and development

Another issue worthy of discussion is that hospital leaders are also expected to provide training and development for the nurses. The administration of a state hospital requires strong leadership skills. Although indicators are that leaders assist nurses in mentoring and training, there is a need for an increase in work interaction and skills.

However, the results are not typical of other outcomes of findings from the research survey. The literary evidence made positive statements of nurses being trained and developed. Interviewee nurses, however, believed that it was dependent on the attitudes of the nurses, in general in terms of how they responded to training and development. Sometimes, however, the hospital’s operational requirements that were imposed on the nurses by their leaders led to some of them being unable to attend training. Findings from the data that was collected at the interviews showed that the nurses were not trained to be hospital leaders.

Another viewpoint regarding the training was that the leaders were supposed to mentor nurses and assist any nurses who asked for help. This was especially applicable to nurses who had been employed (by the hospital under review) for less than two years. The effectiveness of mentorship could only be confirmed by the anonymous responses from the questionnaires, as the interviewed nurses refused to answer the question relating to this sensitive issue.

The discussion highlighted a need for more skills and better work interaction. The opinions in the findings related to the above-mentioned issue was that it was difficult to make a concrete conclusion on the matter. Either the training or the nurses were “blamed”, as it were, for the apparent lack of success in training outcomes. Although it did not always happen, there was enough evidence to suggest that it was a source of confusion and frustration for most of the nurses.

The hospital leaders should endeavour to use talent identification as a means of identifying potential nursing candidates for leadership positions. The reason behind this need is that the discussed findings showed that talented nurses were not being trained, mentored and developed for leadership. Once identified, these nurses should be trained and mentored so that they achieve leadership potential. An alternative thought is for leaders to be more driven to assist nurses who ask for help, especially those who have been in the service of the hospital for less than two years.

5.2.3.5 Disputes concerning the outcomes of labour relations meetings

Concerns in need of further discussion were directed by some nurses at leaders who allegedly did not inform them of the outcomes of labour relations meetings between unions and hospital management. This caused further frustration for them, as their working conditions were already intolerable.

The findings under discussion were open to further debate, however, as there were mixed reactions to the questionnaire responses. It would appear that, if an analyst were to re-examine Table 4.25 (see Chapter 4, page 71), he or she would notice that the staff nurses were more inclined to agree that they, in fact, were regularly informed by their managers of outcomes that were discussed at labour meetings with the unions. Further examination of the said table would reveal that enrolled nursing assistants were mostly uncertain of the matter.

In continued reference to the labour meeting differences in opinion, one can discuss the negative reaction from the professional nurses who did not agree with the statement, and were supported in their negative reactions by non-responses by the nurses at the interviews.

Recommendations for this sensitive problem should be handled carefully. The nurses belong to unions that occasionally meet with hospital leadership to discuss working conditions at the hospital, and to protect the interests of their members who mainly comprise of state registered nurses.

It is proposed that the majority of the professional nurses who are, according to the evidence, unhappy with the manner in which the hospital leadership communicates issues to them regarding labour relations meetings with the unions, should be better informed and kept up to date on sensitive issues, which affect them, especially if there is information that could be beneficial to them. Leaders should continue to encourage the staff nurses who seem mostly satisfied with the above-mentioned comment.

The enrolled nursing assistants need the most feedback, however, as there have been broad opinions on the statement given above. They need to be encouraged to eventually become unified on the matter.

5.3 Chapter summary

The research study examined how nursing challenges at state hospitals, referring in particular to three specifically chosen causes thereof, had an impact on service delivery to patients and the behaviour of nurses, depending on the levels of work that they were assigned to, and the hours that they had to work at their place of occupation.

This chapter dealt with the discussion of results that had been compiled in Chapter Four and recommended proposals and suggestions as possible solutions to the various problems that affected the nurses, in their daily tasks. It was important to understand the reasons for the challenges and then take the appropriate steps to address them in a realistic manner.

The chapter was dominated by considering the root causes of the stated nursing challenges, which were a perceived lack of proper leadership, staff shortages and the lack of adequate resources for use in a state hospital working environment.

The common denominator, which linked the three causes of occupational nursing challenges was the reality that all the nurses were affected negatively, while stress and low morale was found to be the most common factor in their behaviour at the hospital. The motivation for this finding was that the problems were complex and they had reached such an extent that the nurses struggled to effectively perform their duties towards their patients.

The approach to providing recommendations was done in a manner that suited both the nurses and their employers so as not to create a biased or negative slant, which favoured the nurses only. A balance to the theoretical and practical aspects of the research was sought, as there was a need to assist the nurses in finding answers to their problems.

Ultimately, the recommendations supported and justified the discussed results. The results from the questionnaires and interviews were combined in the discussion, as they were topics that addressed the same or similar issues that were required for the purpose of the research.

Final conclusions on the three causes of occupational challenges for the nurses, will be discussed in Chapter 6. This chapter will also discuss directions for future research, further recommendations and research limitations. The chapter will conclude with the significance of the research results, final views on the impact of the research and the need to reduce state hospital nursing challenges in Cape Town.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter focuses on the conclusion of the research problem of occupational challenges for state registered nurses at a government hospital in Cape Town. The chapter contains concluding statements of the research, which the findings confirmed as valid, and recommendations for each statement. Aspects of the conclusion are covered separately within the conclusion statement to explain the cause factors of the shortages of staff, the apparent lack of leadership, and resources that are lacking.

The significance of the research is also discussed, in which factors and needs for the research are explained. Limitations of the research detail the restrictions that prevented the research from being conducted more extensively. Primary causes thereof were owing to a single researcher conducting the research, as well as economic and time factors.

The research had to identify the reasons for the causes of occupational challenges of the three categories of registered nurses in state hospitals in respect of their exposure to staff shortages, the lack of resources, and the perceived lack of leadership. The factors that caused occupational nursing challenges were linked and evaluated in order to gain an understanding and meaning of how extensive the problems were.

The researcher investigated and analysed the findings from the collected data in order to answer the problem statement. The correct interpretation of the research was a key element in understanding it. The practical aspect of the research was conducted at a state hospital of choice, with permission being granted by a top management staff member at the hospital.

The illustration methods chosen by the researcher included figures and tables, as there was a need to show nursing-related indicators. These were the nursing demographics and numerical details on how the nurses responded to the 25 questions within the questionnaire, as the collected data from the results was relevant to the study topic.

The target population for the research was drawn from nurses who were employed at the selected state hospital. This manner of collected data was easier to interpret than if the information had been scattered and disorganised, if presented randomly. The two sets of nurses answered questionnaires and interview questions, respectively.

Finally, the data was analysed and findings were made. The outcomes of the findings were linked to provide answers to the problem statement. These findings were discussed and recommendations were given.

6.2 Concluding statements

6.2.1 Conclusion: Staff shortages

The following emerged from the findings, discussion and recommendations. The theory suggesting the severity of staff shortages was conclusively proven. These staff shortages have also affected the Cape Town hospital in which much of the research was conducted. Enough evidence was gathered from the nurses to justify the need for more nursing staff.

The data from the research inquiry into causes, which affect the nurses was examined and commented upon. In order to draw an accurate conclusion, the researcher had to weigh and balance the facts in perspective so that an accurate result could be achieved.

The nurses' responses to the questionnaires could be concluded as honest responses, as they could answer them anonymously. The interview-related responses could also be interpreted in the same manner, as the nurses were opinionated about the matter in their replies and spoke openly about how staff shortages affected them.

Finding – There is a shortage of nurses.

Recommendation

It is recommended that the hospital should apply to the provincial Department of Health for more qualified nurses and urge the Department to release a bigger budget for training and development purposes so that nurses can be recruited and selected for the desired posts at the hospital. The hospital should inform the Department where the most critical shortages are such as the intensive care unit or general wards, where there is a greater need for nurses.

6.2.1.1 Staff shortages as the main cause of nursing challenges

The researcher outlined factors that govern staff shortages from the perspective of the nurses and found that the causes for concern were that some of the nurses' behaviour, as evidenced in some of the literature documentation, lead to absenteeism, stress, conflict with other staff members and burnout. Staff shortages was still critical and caused the greatest stress for currently-employed nursing staff.

Finding – Staff shortages lead to absenteeism among nursing staff.

Recommendation

It is recommended that the hospital management should conduct an urgent investigation into levels of absenteeism amongst the nurses. The outcomes of the said investigation should establish, which of the 3 groups of nurses, namely the professional nurses, the enrolled nursing assistants, and the staff nurses are mostly affected by absenteeism. Absenteeism impacts directly on staff shortages, and should be addressed by the hospital leadership as a matter of urgency.

6.2.1.2 Stress resulting from staff shortages

Stress was identified as a primary indicator of nursing behaviour when they were forced to face challenges that were caused by the absence of staff from the hospital. It could be seen from the comments that were made in the discussion and recommendations that there was an urgent need for more state nurses to assist their heavily-burdened colleagues, who were strained by patients' demands.

There is also an urgency to train the nurses more often so that they can cope with stress and other barriers that hinder them in performing their duties towards their patients more effectively. This will result in the nurses being more multi-skilled and motivated.

Finding – Staff shortages cause stress.

Recommendation

It is suggested that the nurses should attend stress management training courses. A further recommendation is that these nurses should be empowered. If the nurses were placed in delegated positions in which they can make decisions, it will increase their confidence, lower their levels of stress, and reverse the decisions by many of them to leave the nursing profession.

It is recommended that there is a need for the nurses to be shown how to combat occupational challenges more effectively, not as individuals, but as a group or team. This can be achieved by reducing the isolation of some nurses in some wards, and having them work with patients in groups of two or more for short periods at a time so as not to disrupt working operations in terms of patient service delivery at the hospital.

6.2.1.3 Staff shortages during training and development

There was a desire for more trained and qualified staff to use their skills in the practical nursing environment. It was identified in the findings that absenteeism and operational requirements were the main causes of staff shortages during training and development sessions.

Other causes for the below-par attendance of nurses at courses, seminars and workshops is that some of their training needs may not be properly addressed, whereas too much emphasis may have been placed on a few aspects of development, while completely ignoring others.

Finding – Absenteeism and operational requirements cause staff shortages during training and development.

Recommendation

It is suggested that the nurses should be made aware of what their needs for training are, so that a plan can be devised to ensure that their training needs are aptly met. Further suggestions are that their line supervisors should monitor where lower level nurses' shortcomings are in certain skills and take the necessary steps to communicate with hospital leaders to arrange for the nurses to be trained for skills improvement.

It is, therefore, recommended that the nursing leaders should hold sessions with groups of nurses at a time so that the required skills needs can be identified and the appropriate courses, workshops or seminars can be chosen for the relevant nurses to attend.

6.2.1.4 The lack of work satisfaction as a factor that determines staff shortages

The nurses will choose to leave the state nursing profession for a private institution or leave nursing completely if not enough attention is given to their needs. Another motivating factor for nursing turnover is the inability for organisation growth, which means that there is a lack of promotion or job stagnation owing to performing the same daily work routine. The desire to leave nursing will be reduced if nurses also understand their jobs and working conditions better. Nurses have complained that they are frustrated.

Finding – Staff shortages occur owing to the lack of work satisfaction.

Recommendation

It is suggested that the work satisfaction model that was previously mentioned in the research should be implemented at the hospital under review. Further suggestions are that there should be input sourced from the nurses to create a more effective and realistic model. It is, therefore, recommended that these nurses should be made aware of the advantages of the model so that there can be less staff turnover, and other qualified state nurses can be attracted to seek employment at the hospital. The hospital should also consider redesigning the jobs, as it is important to add varying skills to the jobs, so that the tasks of the nurses do not have a lack of variation and become merely routine.

There is a need for hospital managers to encourage their staff to complete the provincial Department of Health's Staff Satisfaction Survey 2013 questionnaire that has been recommended for them to complete. This is necessary so that the reasons for the levels of job dissatisfaction can be properly assessed by the hospital leaders.

6.2.1.5 The non-filling of vacant nursing posts

This sensitive topic was discussed with the nurses during the interviews, where they voiced their dissatisfaction with nursing posts that remained vacant for lengthy periods of time. The desire for job creation should be of paramount importance to the hospital.

If the posts are not filled in a reasonable space of time, this unfortunate problem will result in an increase in unnecessary challenges for the currently-employed nurses in the wards at the hospital and the delays in patients being properly attended to by the nurses.

Finding – The non-filling of posts on time cause staff shortages.

Recommendation

It is suggested that the hospital should review all posts under its control on a monthly basis and advertise the vacant posts as soon as possible.

It is, therefore, recommended that the Human Resource Department should take responsibility for advertising posts at the hospital. They must be supported by the heads of each section in the hospital in respect of the correct advertising of the relevant posts for consideration.

It is further suggested that nursing should be advertised as a desirable career, which will instill a sense of pride amongst existing nursing employees, and attract those persons who wish to qualify, and be more driven and determined to do so.

6.2.2 Conclusion: The lack of resources

It is clear from the literature, which was presented in Chapter Two of the study that the issue of resources was researched to ensure that nothing was overlooked. To speak too broadly on the lack of resources, would have been a futile exercise.

The conclusion, therefore, echoed that either the nurses had resources or had a lack of them. The only variations were to establish, which resources had the most impact on the nurses. These were medicines and medical supplies. The nurses who were interviewed confirmed these facts.

If was clear from the comments that were made in this regard that it was up to the state hospitals to manage their resources more effectively, even within a limited budget. However, it can be said that it was difficult for hospitals to know how much to budget for resources on either a short or a long-term scale, as the influx of patients that were admitted to these hospitals were uneven and varied greatly.

Finding – A lack of proper resources exist at the hospital.

Recommendation

It is recommended that the hospital should apply to the provincial department for a bigger budget for resources. This approach may sound ineffective, but it is suggested, as the provincial department should be made aware of the resources shortfall so that it can allocate additional funding to the hospital, when there is a need for resources. This can only be achieved if a report, which details the resource needs of the hospital is submitted to the provincial department in writing.

6.2.2.1 How service delivery to patients was impacted upon by the lack of resources

Conclusive evidence proved that the service delivery was compromised when resources were lacking at the state hospital in question. This meant that the nurses were not able to deliver the same high quality patient care that was required of them if they did not have the relevant resources to do it.

The last word on this aspect concerning the lack of resources and its links to the nurses, was that it added to the increased levels of stress by the nurses when they continued to struggle to fulfil their tasks on a daily working basis.

Finding – The lack of resources has a negative impact on service delivery to patients.

Recommendation

It is suggested that both the hospital managers and nurses should monitor the most important resources on a daily basis. This commitment to keeping resources under check will prevent them from being depleted (medicines) or from malfunctioning (medical equipment and machinery).

6.2.2.2 Occupational challenges caused by the lack of general support mechanisms

The nurses contributed to discussions on the lack of the above-stated mechanisms, and stated that they required general support from hospital management so that they could reduce increased challenges at the hospital.

Finding – The lack of general support mechanisms causes occupational challenges for the nurses

Recommendation

It is recommended that more general support should be given to the nurses in order to reduce their workloads and to give their patients efficient primary health care.

It is further suggested that emphasis upon these types of mechanisms in terms of additional mentoring and guidance should be given by their leaders who could establish new operational support mechanisms to enhance and not disrupt the working conditions at the said hospital.

6.2.3 Conclusion: The perceived lack of leadership

The nurses' responses regarding leadership were cooperative, or evasive, vague and non-responsive. If the interaction between the nurses and their leaders could be summed up in an abbreviated format, it would be described as tense. Not many nurses responded confidently about leadership at the hospital.

6.2.3.1 The contrasts in nursing responses regarding leadership issues

A key element of the research was that the perceived lack of leadership remained the case owing to the understandable reluctance of the nurses at the interviews to speak out on leadership. It can be concluded that most of the nurses feared negative consequences (possibly of a disciplinary nature) if they spoke out against any of the leaders in an inappropriate way. The leaders praised the nurses, however, for performing their duties admirably, especially when the hospital suffered occasionally from blackouts owing to power failures or load shedding.

Finding – Nurses differed in opinion on leadership issues at the hospital.

Recommendation

It is suggested that the leaders should set an example for the nurses to follow in terms of effective communication by engaging with the nurses and not, as alleged in the evidence, that nurses should come to them first. It is suggested that their goal should be to aim for universal acceptance of their leadership style.

Further recommendations are that the leaders should continually praise the commitment of the nurses, and not only when they work together to resolve blackout crises in order to take care of their patients. They should do this by commending them on key factors in their jobs that enhance the reputation of the hospital and draw praise from the public. This will boost the nurses' morale and encourage them to remain employed at the hospital.

It is further suggested that nurses should also change their mindsets about their leaders and approach them with concerns and challenges at the hospital, especially if these challenges impacted negatively on their patients. It is recommended that they should support their leaders so that they (the nurses) can benefit from organisational growth and assistance from their leaders, in turn, at the hospital.

6.2.3.2 Positive aspects of leadership in state hospitals

Any negative responses around leadership in the literature documents were in the minority. Although the literature pointed to a lack of leadership, none of it proved that any of the leaders were guilty of misconduct.

In order to motivate the statement, evidence in the literature and findings from the analysis of the questionnaires and interview data, showed and seem to suggest that effective leadership had a positive effect on nursing behaviour in spite of the occupational stress factors, although the nurses' responses in other aspects of leadership showed a distinct negative attitude (anonymously) towards their leaders.

Finding – Effective leadership can reduce occupational nursing challenges.

Recommendation

It is recommended that leaders should continue to improve their skills by means of regional mentoring and training so that they can manage the hospital and its nurses better.

It is further suggested that leaders should introduce more modern technology to the hospital, which will empower the nurses to employ multi-skilled techniques, which means that their tasks will be completed faster. This will prove that effective leadership at the hospital can reduce nursing challenges.

6.2.3.3 The involvement of nurses in hospital decision-making

Lower level nurses had no say in hospital decision-making and their ideas were ignored by their leaders. These attitudes hinted at an autocratic style of leadership.

Finding – Lower level nurses are not involved in decision-making at the hospital.

Recommendation

It is recommended that leaders should include lower-level nurses in the decision making-processes at the hospital. Realistically-speaking, selected nurses should be chosen for this task, otherwise operations at the hospital will suffer from a shortage of nursing staff, which is required for specific tasks in the wards and for administrative duties.

6.2.3.4 Alleged controversies regarding training, mentoring and development

The administration of a state hospital requires strong leadership skills. Better training of more nurses will add value. The nurses also require improved skills development and can achieve these objectives, by receiving mentoring and training from their leaders or delegated authorities who have experience in skills development.

There was clarity in the evidence that was presented that more frequent training and mentoring, which will develop the nurses' skills will take place, if the nurses are motivated enough to attend courses, seminars and workshops. Less strict measures in terms of operational requirements will give the nurses more time to be present for educational purposes. Other nurses require training to be leaders at the hospital.

Finding – There is a need for more nurses to engage in training, mentoring and development.

Recommendation:

It is suggested that leaders should regularly identify potential leadership talent at the hospital so that these identified nurses can be trained to be leaders and be in positions to apply for future leadership posts.

It is recommended that a more driven approach is required by the professional nurses, the staff nurses, the enrolled nursing assistants and their leaders at the hospital to interact more positively and without fear of prejudice or victimisation so that these nurses can be selected for training, mentoring and development.

6.2.3.5 Disputes concerning the outcomes of labour relations meetings

The issue concerning labour meetings was deemed as sensitive. Staff nurses seemed to be more positive regarding the input that they received from the outcomes at labour relations meetings, but professional nurses generally did not agree with feedback from these meetings and the same reactions were received from the nurses who were interviewed. Enrolled nursing assistants reactions were mixed, but they were mostly uncertain.

Finding – Nurses differed in opinion regarding leaders' feedback to them after labour relations meetings with nursing unions.

Recommendation:

It is recommended that leaders should communicate more with all nursing staff about labour meetings' outcomes. The suggestion is valid, as the nurses will change their position to unilaterally agree that they indeed received proper feedback regarding discussions between their leaders and the unions at these meetings.

6.3 Directions for future research

- It is essential that state hospitals in South Africa, with support and guidance from the provincial and national Departments of Health, should develop strategies to reduce occupational challenges, which were mentioned in the research. This aspect will yield positive results, if aided by further research and study in this field. The reason given for recommending further research is that the current study had limitations, which was caused by budgetary, operational and time restrictions.

- In order to continue the momentum of research, research articles that are written by more than one person at a time (collaborations between two or more persons), are suggested. Larger sample groups are also recommended.

- This research combined quantitative research with qualitative research. Future researches of this nature are recommended, as it is more convincing in effectively backing up the results of the findings that are analysed.

- It is suggested that hospital managers should consider involving as many researchers, media reporters, journalists and experts as possible, so that the nursing-based problems can be heard by a wider majority of persons and hence become public interest. It will give hospital management and the nurses a “voice”. However, the right to confidentiality and ethical considerations should be maintained at all times during these processes.

- It is further recommended that ethical considerations should continue to be upheld throughout the interview and questionnaire processes in terms of current legislation. This aspect of the process was successfully achieved during the current distribution and completion of questionnaires and the manner in which the interviews were conducted. Although the results could have been more satisfactory had all the questions been answered by the nurses, the expectations of the objectives were realistically achieved.

- Further studies could focus specifically on departmental guidelines, directives and policies, referring also to occupational problems caused by the three factors mentioned in the research topic or additional cause factors. Feasibility studies of this nature can be conducted on a wider scale and with a larger budget.

- Comparative studies between all the state hospitals in Cape Town are recommended, but this will require a group of committed researchers with the same mind-set.

- The national Department of Health should consider improving upon the OSD and Triage systems in all state hospitals in the nine provinces of South Africa and regulate training for the nurses in order to meet public service demands.

6.4 Further recommendations

- Hospital management should allow for more questionnaires to be distributed for further research and analysis purposes. Future questionnaires of this nature would impact upon all nurses, and it is recommended that every nurse at the hospital should be given an equal chance to complete the questionnaire, irrespective of their rank.

- Hospital leaders and nurses should all be issued with official cellular phones, so that more effective communication between them can be realised and thus enable the reduction of many communication barriers such as nurses not being easy to reach when urgent messages need to be communicated. This was especially critical when there were staff shortages and nurses were needed to fill in for their absent colleagues.

- A policy for the issue of cellular phones for all nursing staff members should be discussed, planned, designed, approved and implemented as a matter of urgency, as it would be more effective than standard communication. The only barrier to this recommendation would be in terms of budget constraints and choosing the most suitable cellular phones that the nurses may use. Cellular phone theft may also limit the usefulness of this vital resource.

- It is imperative that hospital management should build a culture of supporting occupational challenges (open-door policy) and their causes, and make the nurses aware that they are doing so by the mediums of communication available, either verbally, by means of newsletters, posters, banners, electronic mail, text messages by cellular phone (where applicable), and indirectly via the nurses' supervisors (also known as line managers).

6.5 Limitations of the research

The research focused on the factors of the problem statement, which are limited to state hospitals in South Africa only. However, the researcher could not visit every state hospital in South Africa. Consequently, the boundaries of the research had to be limited, or the scale would have been too great to complete the research on time.

A state hospital in Cape Town was chosen in which to conduct the research. The purposive sampling was conducted on a small scale and linked to the problem statement and its objectives. Due to the challenges for the nurses in all state hospitals, it is unlikely that further sampling of respondents from other hospitals would have revealed different results. Doctors and patients were not included. Student nurses were not targeted for the research either. Private sector nurses that were temporarily seconded to the hospital were also not considered for the research. Conclusively, the criteria limited to certain exclusions were maintained.

There was a limitation on a full analysis, as some of the six nurses had not answered all the questions. The interview time limit also restricted the topic from being discussed further. Only six nurses were present at the two discussions. A larger number of nurses were not considered owing to time and budget limits. A larger nursing numbers would have disrupted the operations of the hospital. The nurses were employed to serve their patients and were constantly on standby, especially in cases of emergencies. Their interview time had to be restricted as a necessity.

The decision was to limit the interviews to 30 minutes only at a time. This was achieved on 9 July 2013 and 10 July 2013. The time limit was restricted from 10:30 to 11:00 per interview session on each day. There may have also been difficulty in obtaining permission to interview more than six nurses for ethical reasons in terms of managing the confidential rights of a large number of nurses.

The sampling of the target population of nurses was limited to 45 nurses. It was also decided that only three categories of 15 registered nurses each would be permitted to participate in the research. These were professional nurses, staff nurses and enrolled nursing assistants. Only a single hospital could be used to choose nurses to participate in the research. Therefore, the investigation’s findings, final analysis and recommendations should be linked to the limitations and restrictions that contributed to the final outcome of the research.

6.6 Significance of the research results

The motivation for the research topic was to make an additional contribution to the current body of research knowledge.

The idea for the topic of the research was based on identifying factors related to occupational challenges that nurses faced, which were influenced by staff shortages, a lack of resources and a perceived lack of leadership. The new research has, therefore, been linked to the existing theoretical framework of knowledge.

Approval by hospital management will be required to effect strategic change so that the needs of nurses and patients are met. The research was based on the desire for the occupational challenges to be addressed in respect of the registered nurses. The need for the research was urgent owing to increased occupational nursing challenges, which continue on a daily basis in the working environment of state hospitals.

The analysed literature (Chapter Two) showed that the challenges also affected hospital management. Its significance was that it took note of the functions of the hospital management and nurses, showing how they operated within a government departmental framework. Implications of the recommendations that have been suggested were made to assist both hospital management and the nurses in achieving a compromise that would reduce the occupational burdens that have had a negative effect on them.

Proof of evidence has been shown in the literature and in the responses by the nurses to the questionnaires and research interviews. The research was important owing to the link between the nurses' everyday life experiences (and those of their colleagues) in the work environment, the challenges that affected them, and the causes responsible for the nurses' stress factors.

6.7 Final views on the impact of the research

The research has implications for the studied registered nurses, as well as for patients and the hospital management. Although the chosen Western Cape hospital's results are generally positive, this was only because the resources available to the Province were greater than in other perceived poorer provinces in South Africa.

6.8 The need to reduce state hospital nursing challenges in Cape Town

There is a need to assist state nurses in public sector hospitals in South Africa. For example, nurses at a state hospital in the Western Cape are challenged when they experience staff shortages and a lack of adequate resources, which restrict their abilities to provide proper quality care to their patients.

They are also challenged by the apparent lack of adequate leadership, which compromises their abilities to make decisions about patients in critical situations. Characteristics of the nurses' challenges can be found in their behavioural patterns, which include stress, frustration, burnout and absenteeism.

Statistics provided by the South African Nursing Council (SANC, 2013) proved the existence of staff shortages and showed that the Western Cape Province had a ratio of 196 patients for every nurse, whereas it should be 4:1 for general wards and 2:1 for intensive care units. Staff shortages remain the primary cause of nursing occupational challenges.

Research was conducted at the above-mentioned state hospital, for which questionnaires for 45 selected nurses and interviews with 6 selected nurses provided the framework for data collection concerning occupational nursing challenges and their causes. The results provided evidence that staff shortages and a lack of resources caused occupational challenges. Opinions were mixed on the perceived lack of leadership, and hence not conclusive.

It is recommended that a staff target framework should be established and maintained at the hospital. This will reduce staff turnover and absenteeism. Other suggestions are to train and develop more nurses so that they can qualify as registered nurses and be employed at the hospital. Other recommendations should be to advertise vacant posts more urgently.

The stricter control of resources, especially medicines, should be applied by the hospital management and its nurses. Improved management of resources and staff shortages will reduce nurses' stress and the perceived lack of leadership. Leaders can gain further respect by showing recognition on a more regular basis to the nurses for their hard work. The rights of nurses should also be respected. This is especially critical when management should inform nursing staff of the outcomes that are reached at labour meetings with nursing unions.

Conclusively, priority attention should be given to all of the challenges, which have been presented above.

6.9 Chapter summary

Chapter Six outlined and presented final conclusions on the three causes of occupational challenges for the nurses, which included findings and recommendations to support the findings. The chapter further discussed directions for future research, in which the emphasis upon encouraging groups of researchers to investigate nursing-related challenges, were discussed.

The chapter continued with research limitations, which explained the limitations faced by a single researcher with smaller target populations, resources, time and budget restrictions.

The chapter concluded with the significance of the research results and the contribution that the research had made to the body of research knowledge about nurses, their occupational challenges and the causes thereof. Finally, views on the impact of the research and the need to reduce state hospital nursing challenges in Cape Town, in which the need for expanded resources and nursing staff members, was discussed.

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APPENDICES

APPENDIX A: Letter to request permission to conduct research

DEPARTMENT of HEALTH

Provincial Government of the Western Cape

COMPONENT

dbrophy@pgwc.gov.za
tel: +27 21 402 6583: 082 221 0014
7 Wale Street, Cape Town, 8001
www.capegateway.gov.za
REFERENCE: Mrs. D Brophy
ENQUIRIES: Human Resource Department, New Somerset hospital

Mr. J Ledwaba
Western Cape Government Department of Health
Chief Directorate – Health Programmes
Cape Town
8001

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY AT THE NEW SOMERSET HOSPITAL

Dear Mr Ledwaba

I hereby request permission from you to conduct a research study with selected nursing personnel on the premises of New Somerset hospital, for a limited period only, please.

I am currently completing my M-Tech Degree at the Cape Peninsula University of Technology, Cape Town. In order to graduate with a Master's Degree in Human Resource Management, I am required to complete a research study, which solves a particular problem by gathering information, conducting an analysis, concluding the findings of the research outcomes, and providing proposals to solve, improve, or eliminate the problem.

The research problem that I have chosen is: "*Occupational challenges faced by nursing personnel at a state hospital in Cape Town, South Africa".*

I understand the importance of confidentiality and human dignity towards these nurses, who are not compelled to be present at these interviews, but merely on a voluntary basis. The disclosed information gathered from the interviews will be kept strictly in-house and shared with hospital management, but is not to be used prejudicially against the affected nurses.

The intention is to find realistic solutions to the problem, such as proposing the TRIAGE system, which is being used in certain hospitals in South Africa. If it is not yet been used at New Somerset hospital, I hope to conduct a feasibility study, to find out if the value in healthcare systems can be improved upon by employing this method, or finding alternative solutions instead.

During my research, I am required to report to Professor A Slabbert, who will guide me on how to properly conduct my research at Somerset hospital. Before I am permitted to proceed with the research, Prof. Slabbert requires a signed letter, granting permission from the Western Cape Government Department of Health, to conduct the research study at the New Somerset hospital, as stated above, please. He requires that I provide this permission to him as soon as possible, please.

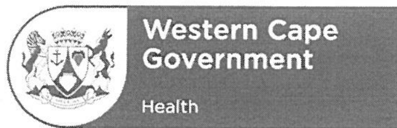
Your assistance and decision in this urgent matter will be appreciated.

Thank you

Mrs D Brophy
(Human Resource Department, New Somerset hospital)

DATE: 5 November 2012

APPENDIX B: Approval by the hospital for permission to conduct the research



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Gloria.mccrae@
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Nursing Dept
Somerset Hospital

Professor A A Rust

Cape Peninsula University of Technology

Dear Professor Rust,

RE: RESEARCH PROJECT – Mrs D Brophy

This letter serves to inform you that I was aware of the research project conducted by Mrs Brophy, who is a staff member in the Human Resource Management department at Somerset Hospital.

The research activities took place in 2 parts: questionnaires distributed to all categories of nursing staff, and focussed group discussions with a few nurses.

These activities took place in June and July 2013.

Yours sincerely,

G A Mc Crae

Head of Nursing

Somerset Hospital

5 December 2014

Somerset Hospital, Private Bag , Green Point, 8051
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APPENDIX C: Covering letter to respondents who will answer the questionnaire

Dear respondent

Aim of the research study

I, a postgraduate student at the CPUT (Cape Peninsula University of Technology), wish to contribute to the existing body of knowledge within the field of study of the occupational challenges faced by nurses at provincial hospitals in South Africa. I, therefore, would like to conduct a survey at Somerset hospital.

The study intends to focus on specific areas, such as resources, leadership, nursing staff, hospital management and service delivery. My aim is to investigate and analyse the levels at which these areas operate, so that both the affected nurses and hospital management can benefit from the outcomes, recommendations and proposals.

I would appreciate your willingness to participate in this survey and politely request that it be completed as fully as possible. Please accept my guarantee that your responses in this survey will be treated confidentially, particularly since no nurses' names will be required. When you have completed the survey, please return it to Sr. Van Heerden.

Thank you.

Yours sincerely

Ms DM Brophy

Research student
Faculty of Business
Cape Peninsula University of Technology
PO Box 652
Cape Town, 8000
(W) 021-402 6583
dbrophy@pgwc.gov.za

APPENDIX D: Research Questionnaire

Research: Hospital

The purpose of this questionnaire is to determine the levels of occupational challenges at a provincial hospital in the Western Cape, South Africa, as perceived by the selected nurses.

- The questionnaire will be completed anonymously and you are under no obligation to complete it.
- This information will be treated as confidential.
- Your identity will not be revealed.
- *By completing the questionnaire you give your permission to participate in this survey.*

A. Demographics

Mark the relevant answer with an X:

To which category of nursing staff do you belong?

Enrolled Nursing Assistant	1	Staff Nurse	2	Professional Nurse	3

Indicate the level of your post.

Operational	1	Supervisory	2	Management	3

Indicate your number of years of experience.

0-2 years	2-4 years	4-6 years	6-8 years	8 years +

Indicate your gender.

Male	Female

B. **Answer the following questions by using the indicated scale as key.**

Please mark the appropriate block with an X.

Mark the most applicable:

Definitely do not Agree	Do not Agree	Uncertain	Agree	Definitely Agree
1	2	3	4	5

Reply to the following statements about occupational challenges that nurses face at the hospital:

B.1 A perceived lack of leadership may impact negatively on service delivery to patients.

1	2	3	4	5

B.2 Staff shortages impact negatively on service delivery to patients.

1	2	3	4	5

B.3 The lack of resources impacts negatively on service delivery to patients.

1	2	3	4	5

B.4 Nurses experience stress when they are faced with a lack of resources.

1	2	3	4	5

B.5 Nurses may experience stress if they think that the cause is a lack of good leadership.

1	2	3	4	5

B.6 Nurses experience stress when they are faced with staff shortages.

1	2	3	4	5

B.7 Nurses face more challenges when they work in critical care wards.

1	2	3	4	5

B.8 Nurses continue to receive training and development.

1	2	3	4	5

B.9 Nurses face occupational challenges owing to demands from patients.

1	2	3	4	5

B.10 Nurses understand working environment conditions.

1	2	3	4	5

B.11 Nurses are able to build relationships with each other.

1	2	3	4	5

B.12 Nurses are able to serve patients effectively.

1	2	3	4	5

B.13 Nurses' opinions and ideas to improve working conditions are taken seriously.

1	2	3	4	5

B.14 Nurses' job satisfaction is an occupational challenge.

1	2	3	4	5

B.15 Nurses are regularly involved in patient service delivery decisions, which are made at the hospital.

1	2	3	4	5

B.16 There are enough leaders to assist nurses at the hospital.

1	2	3	4	5

B.17 The workload of the current nursing management is satisfactory.

1	2	3	4	5

B.18 I am able to render a competent service to my patients.

1	2	3	4	5

B.19 Hospital leaders mentor nurses effectively.

1	2	3	4	5

B.20 Nurses are able to share hospital knowledge with each other effectively.

1	2	3	4	5

B.21 Labour relations management for nurses at the hospital is satisfactory.

1	2	3	4	5

B.22 Nurses are regularly informed of the outcomes of labour meetings between hospital leaders and trade unions.

1	2	3	4	5

B.23 Nurses are regularly trained to be hospital leaders.

1	2	3	4	5

B.24 Nursing posts are filled timeously.

1	2	3	4	5

B.25 Leaders show appreciation for the services that nursing staff render to patients.

1	2	3	4	5

APPENDIX E: Grammarian certificate

GRAMMARIAN CERTIFICATE

SHAMILA SULAYMAN PROOF READING AND EDITING SERVICES

2 March 2015

Dear Sir / Madam

This confirms that I have proof read and edited the research study entitled "***Occupational challenges faced by nursing personnel at a state hospital in Cape Town, South Africa",*** and that I have advised the candidate to make the required changes.

Thank you.

Yours faithfully

(Mrs) SHAMILA SULAYMAN

Communication Lecturer: CPUT

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