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From a contested Past to an Uncertain Present: Agency Nurses' Experiences of Work in the Private Healthcare System- A South African Analysis

A Research Report submitted in partial fulfilment of the Degree of Master of Commerce (Inequality Studies) in the School of Economics and Finance, University of Witwatersrand

by

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Candidate's Declaration

I, Gontse Mabaso (Student number: 2199480), am a student registered for MCom Inequality Studies in the year 2024. I hereby declare the following:

I am aware that plagiarism (the use of someone else's work without their permission and/or without acknowledging the original source) is wrong.

I confirm that ALL the work submitted for assessment for the above course is my own unaided work except where I have explicitly indicated otherwise.

I have followed the required conventions in referencing the thoughts and ideas of others.

I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work or that I have failed to acknowledge the source of the ideas or words in my writing.

Signature:  Date: 26/03/2025

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ABSTRACT

Work as we know it consumes so much of our day-to-day lives; we need work to better our living standards and contribute to the economy in which we live. However, issues surrounding the current and future realities of work are growing in debate as both scholars and academics attempt to address the growing issues of work. This paper focuses on the issues of work in the nursing sector. Particular focus is put on agency nurses' experiences of work in private hospitals. The current structure of work has taken a liking to casualisation and outsourcing of the labour force. This labour restructuring has increased job insecurity and precarity, especially in the nursing sector. With the rise of privatisation and the adoption of neoliberal policies, nurses find themselves assuming non-standard roles in the hospital sector, such as agency work. The study traces the history of the nursing sector and how it has come to weigh heavily on the current nursing profession. This paper aims to magnify the increasing interaction between agency nurses, nursing agencies and private hospitals and how this causes a triangular employment relationship known as the three-way system. This study also aims to understand how nurses navigate, attempt to negotiate, and mediate their experiences of work in the three-way system. The study analyses the private hospital industry through the lens of the panopticon that enforces power, domination, and control to create a docile labour force that finds it difficult to negotiate for better experiences of work.

ACKNOWLEDGEMENTS

Trust in the Lod with all your heart, lean not on your own understanding. In all your ways acknowledge Him and He shall direct your paths- Proverbs 3:5-6

I would like to thank my mother who is the reason behind this research. I would also like to thank all the participants who trusted me with their stories and experiences of work. I would also like to thank my supervisor, Dr. Mbuso Nkosi, who taught me how to be confident in my writing. Thank you for going above and beyond for me- thank you for your support, guidance and patience. All your efforts truly do not go unnoticed.

Dedicated to all the agency nurses in South Africa, I see you, I feel your pain, and may people finally hear your voices.

Chapter 1 Introduction

1.1 Introduction and Background

Questions of employment have always been at the centre of debate in the making of modern societies (Coetzee, 1982). According to Stats SA's Quarterly Labour Force Survey, 17.1 million people were employed in South Africa in 2024. The above figure shows how work is a central feature of people's livelihoods. People need to work to maintain a decent standard of living and contribute to the growth and stability of our economy (Sefalafala, 2018). However, it is crucial to note that the structure of work has transformed, and workers globally are faced with the challenges of insecure work. The contemporary workforce is confronted with the harsh realities of the neoliberal structure of work (Quinlan et al., 2001; Kalleberg, 2009; Webster et al., 2011; Darche et al., 2015). Glyn (2006) states that the modern structure of work has given rise to privatisation and the deregulation of markets. Additionally, this is linked to the intensification of neoliberal policies that weaken workers' power (Benanav, 2019). Denning (2010) complements this argument by stating that the intensification of capitalism will always mean the weakening of labour. This is particularly true for healthcare workers who are confronted with the challenge of insecure work (van de Ruit and Zhou, 2022). The rise of privatisation has seen a stark divide between the private and public healthcare systems (Turshen, 1999). Furthermore, this divide has had adverse effects on the nursing sector which is confronted with the issues of insecure work. Work has come to take on a universal figure of exploitation and alienation through the capitalist system that has transformed the structure of work. Work has moved from being a source of stability and security to a casual entity that isolates and exploits the worker (Cuilla, 2011; Peetz, 2019; Polkoskwa 2019; Valiani, 2019; Wichterich, 2020). Denning (2010) argues that with the current structure of work, it is better to be exploited as a worker than not at all, as exploitation affords workers the luxury of receiving a wage. The increase in job insecurity is linked to the rise of privatisation. Privatisation in South Africa became prominent in the 1980s, and the adoption of neoliberal policies in post-apartheid South Africa came bearing serious consequences for workers (Birdsall and Nellis, 2003; Pons-Vignon and Anseeuw, 2009). Furthermore, the rise of neoliberal policies has intensified the effects of casualisation and precarity of work, and one of the sectors

that have been immensely impacted is the healthcare sector (Ameso and Prince, 2020). This is further exacerbated by the challenges of the two-tier healthcare system (private and public) that exists in South Africa, which instils inequality. In South Africa, the private healthcare sector only caters for 20 percent of the total population, while the public sector is responsible for 80 percent of the same population (Valiani, 2019).

The contemporary structure of work has also seen a decline in trade unionism and an increase in the abuse of workers' rights. This prominent structuring of work has resulted in workers being increasingly outsourced and offered little to no employment benefits or protection (Webster and Dor, 2023). Bezuidenhout and Fakier (2006) argue that South African corporations have adopted neoliberal market strategies that have resulted in the growth of contracting out workers. This is accompanied by highly intensified work, reduced wages, and benefits for many workers. In the healthcare sector, the privatisation of private provision has altered the structure of work and given rise to agency nursing work. In this study, agency nurses are seen as those nurses who offer their clinical services to the private hospitals for pay. Agency nurses refer to themselves as occupying a liminal position where they are neither employed nor unemployed; this is termed jobless employment in the study, as nurses are employed in the private hospital sector under unfavourable terms that do not guarantee them social mobility. Current literature highlights that little is known about agency nursing work in South Africa (Ruyter et al., 2008; Rispel and Bruce, 2014; Rispel, 2015; Wichterich, 2020).

1.2 Aims and Objectives of the Study.

The research project explored the nature of agency nursing work (agency nurses) and nursing agencies that are increasingly becoming concentrated in the private healthcare sector. The research project employed qualitative research methods to analyse the three-way relationship that exists between nursing agencies, agency nurses and the private hospitals that outsource these nurses. The three-way system/ process is created through the constant interaction of agency nurses, nursing agencies, and private hospitals. This interaction creates a triangular employment relationship. Thus, the study aimed to understand how agency nurses operate, mediate, and negotiate through their daily clinical practices that fall within the three-way system. The research project aimed to understand agency nursing work from the perspective of the agency nurse, which entailed drawing from their experiences and conditions of work in the context of neoliberalism. Wichterich (2020:122) helps us understand the current conditions of work that nurses are facing- she states

that “healthcare institutions are understaffed, the staff is overworked, their work is undervalued and underpaid.” The research project analyses and understands how the privatisation of public services affects agency workers' conditions of work. This study employs a Marxist perspective to analyse the impact of privatisation on the agency nurses’ work. Marx was interested in studying the worker under capitalism and how the structure of work creates alienation and exploitation (Marx, 1887; Petrović, 1963). This perspective is crucial in helping us understand agency nurses who render their services in the private healthcare sector. Analysing nursing agency work from the perspective of the agency nurse proves useful because it gives nurses a platform to narrate their experiences of their work in the private hospital sector. This also helps us understand the current realities of work and how they make and remake themselves with time. This research project uses a grounded approach to understand the complex relationship that exists between agency nurses, nursing agencies and private hospitals.

1.3 Relevance to the field of Inequality Studies

The nursing sector in South Africa is one of the oldest professions as it makes up the single largest group of health service providers (Rispel, 1995; Rispel, 2015). Nurses are also the backbone of society, as they ensure the vital functioning of the healthcare system (Valiani, 2019). Studying nurses and their conditions of work is crucial as nursing brings one to the heart of the South African condition, one that is plagued with intersecting issues of race, class and gender (Marks, 1994; Dillard-Wright and Shields-Haas, 2021). Recent debates have depicted South Africa’s nursing sector as a workforce that is in peril due to issues of high job intensification, a high-disease society that burdens nurses and high nursing staff shortages (Collins, 2008; Rispel and Bruce, 2014; Valiani, 2019). It is, however, crucial to note that the nursing sector has always been depicted as a fragmented sector which has external and internal struggles to which nurses have been subjected (Marks, 1994). This study analyses in detail how nurses were historically seen as a divided sisterhood that was fragmented from its inception and had no sense of unity. This was due to the apartheid system that created a divide between black and white nurses (Marks, 1994). And how this picture has continued to classify nurses in the current structure of work. Rispel (1995) argues that the history of nursing is likely to weigh heavily on any post-apartheid healthcare system. Dillard-Wright and Shields-Haas (2021) argue that today’s healthcare system transforms nursing

into a commodity; it exploits its staff and reinscribes inequality for those who cannot afford care. Manias et al., (2003) and Rispel and Olojede (2015) state that there is a rapid increase of agency nurses that are concentrated in the private sector, however, little is known about agency nurses and the type of services that they provide. This study sees it vital to analyse and understand this type of group and their conditions of work as the existing literature focuses on the public healthcare sector and the issues thereof (Cavoodia et al., 2009; Maphumula and Bhengu, 2019; Malakoane et al., 2020)

1.4 Rationale of the study

I have chosen this topic due to personal experience. My mother is a professional nurse and is currently employed by a private agency. She renders her services to a private hospital, which is one of the largest private healthcare providers in South Africa. The daily struggles she and her colleagues are always voicing out of the dire conditions and experiences of work that they are exposed to has prompted my interest in the topic of nursing agency work and the socio-economic relations that exist between agency workers, nursing agencies and private hospitals. Engaging with the literature has shown that what I thought was my mother's individual problem of not being able to acquire permanent and stable employment is, in fact, part of a global phenomenon that exists for millions of workers who are unable to acquire stable and secure work. This is known as the sociological imagination, where private problems are linked to broader issues of the public (Mills, 1959). Private healthcare is seen as a system that perpetuates inequality with its high-cost prices, which forms part of a structure that instils inequality (Barber et al., 2017). Turshen (1999:1) pushes this argument even further by stating that "Public health services are disintegrating or mutating everywhere in South Africa…and there is little hope that the private market will serve more than the urban elite." Atkinson and Elliott (1999:6) also state that "the market cannot offer security without ceasing to be itself, instead, it provides security for financial interest at the expense of the majority". This shows how the neoliberal structuring of work benefits a few elite individuals and corporations at the expense of the rest of society. Therefore, it becomes crucial to analyse this type of structure and its implications for agency nurses.

1.5 Main Research Question

How do agency nurses navigate, operate and negotiate through their experiences and conditions of work within nursing agencies and private hospitals that utilise their services?

1.6 Sub-questions

1. What are the conditions of work for agency workers, and how do they compare to nurses who are permanently employed in the private sector?

2. How have agency nurses attempted to navigate, negotiate, and mediate for better working terms from their hospital counterparts, and to what extent have they been successful?

1.5 Summary of Chapters

The study looks at agency nurses' experiences of working in private hospitals in South Africa. The study aims to understand how agency nurses navigate, negotiate and mediate working in the private hospital sector. The study investigates how the interaction between agency nurses, nursing agencies and private hospitals creates a three-way process that produces and reproduces avenues of accumulation, extraction and exploitation. A detailed summary of the chapters is provided below.

1.6 Chapter 2- Literature Review

This chapter offers a comprehensive literature review which focuses on four themes: The rise of privatisation of public provision- which focuses on the rise of privatisation in South Africa and how this has come to affect agency nurses. It also provides a view of the increased utilisation of agency nursing work in the private sector. The chapter looks at the available literature on agency nursing work and its linkages with precarity and casualisation. It traces how the privatisation of public provision in healthcare occurred. The chapter also looks at how care workers have been active agents in the labour process. This study contributes to the literature by providing a theory that analyses the interaction that is produced when agency nurses, nursing agencies and private

hospitals interact- this is known as the three-way system. This study is interested in how agency nurses navigate, attempt to negotiate, and mediate working in the private hospital sector.

1.7 Chapter 3- Research Methodology and Conceptual Framework

This chapter looks at the research methods that were used for this study; it lays forth the sampling criteria and the conceptual framework is also highlighted. This is a qualitative study that explores the experiences of nurses in the private hospital sector. The study gathered insights from 16 nurses on how they navigate, try to negotiate, and mediate working in the private hospital sector. This was achieved through multiple data collection techniques, which included focus groups, individual face-to-face interviews, and telephonic interviews. Using a grounded theory approach, the interaction between nurses, nursing agencies and private hospitals was explored to understand the complex employment relationship in the three-way process.

1.8 Chapter 4- Analysis and Findings

Chapter four analyses the collected data from the nurses' interviews. The collected data was grouped into different themes. Using a thematic approach, the data was coded and grouped into seven themes. These themes include: The History, Present and Future of the nursing sector, Motivations for going into the nursing sector, Handling workplace stress, Isolation and Alienation: The agency nurse as the liminal other. The Private sector: The elitist system that keeps on taking, Nursing Agencies: what or who are they?, and the last theme looks at Nursing Unions and their efforts of mediation.

Chapter 4 analyses the different actors that form part of the three-way system (agency nurses, nursing agencies and private hospitals). The chapter begins by focusing on the history of the nursing sector. The nurses' history traces how the sector was depicted- to how the sector is currently viewed. Historically, nurses were valued, and the profession was dignified. Nurses refer to this as *the olden days*. The olden days carry with them symbolic representations of what the nursing sector was, this representation also influences individuals' motivations into the nursing sector. The current view of the nursing sector is riddled with insecure work, which leaves nurses

in a state of jobless employment as they are reduced to a liminal position in which they are neither here nor there. This is viewed through the lens of docility and control as nurses account for how the private hospital sector confines them in a liminal position where they cannot stand up for themselves or have a voice. Nurses thus find themselves accepting insecure working terms, which impacts their current and future realities of work. This chapter focuses on the private hospital sector, it zooms into the ideas of power and control that the private hospital sector has over agency nurses through the insecure offerings of contemporary work. This section also looks at the unequal relations that get created inside the private hospital which further perpetuates agency nurses' liminal position in the three-way system. The third argument focuses on the nursing agency industry, which is growing in prominence. It interrogates the role that the nursing agencies play in the three-way system, as it takes on the role of an invisible labour broker in the triangular employment relationship.

1.9 Chapter 5- Conclusion

This chapter provides the overall conclusion of the study. It traces out the aims of the study and to what extent they were achieved. It also lays forth the findings of the study and provides a scope for future research.

Chapter 2: Literature Review

2.1 Introduction

When reading the literature on the public health system and the challenges faced by nurses who are employed by the public sector- it becomes evident that there has been little focus on the private healthcare sector and its nursing labour (Coovadia et al., 2009; Hilliard and Boulton, 2012; Dlamini and Visser, 2017; Ronnie, 2019; Fana and Goudge, 2021). This study focuses on agency nurses' experiences of working in private hospitals. A particular focus is placed on how nurses navigate, negotiate, and mediate working in the private hospital sector. This study is interested in how the interaction between agency nurses, nursing agencies and private hospitals creates the three-way employment relationship and the consequences thereof. This chapter focuses on three themes and existing scholarship to understand how the current structure of work holds insecure offerings that affect agency nurses' experiences of work and confine them in a liminal position. The first section focuses on the privatisation of public provision and its implications for the healthcare system. This allows us to understand how the adoption of neoliberal policies came bearing serious consequences of job insecurity and precarity for nurses. The second section looks at the rise in the utilisation of agency nurses, this helps us gauge the trend in the contemporary labour structure. This also helps us understand why contracting out of workers has come to be prominent in South Africa's private hospital markets. The third section looks at how agency nurses try to leverage their power with the neoliberal structuring of work, this aspect attempts to understand whether agency nurses can negotiate or better their working terms in the three-way system.

2.2 The rise of privatisation of public provision and its implications on the healthcare system.

Healthcare has moved from being a societal provision to a tool that supports private capital accumulation (Deppe, 2010). Countries all over the world have been confronted by the process of globalisation, privatisation and deregulation (Birdsall and Nellis, 2003; Bezuidenhout and Fakier, 2006; Stone, 2006; Deppe, 2010). Privatisation refers to policies that shift responsibilities and

resources from the public sphere to the private (Roy, 2010). Existing literature on privatisation offers two opposing views. Neoclassical economists hold the view that adopting privatisation offers positive effects for the economy as countries that take on neoliberal policies become more competitive on an international scale (Birdsall and Nellis, 2003). Birdsall and Nellis (2003) also state that privatisation results in profitability for owners and investors. The second is an elite-centric view that argues that privatisation is unfair as it harms the poor, the disenfranchised, the workers and even the middle class. The elite-centric view argues that privatisation throws people out of good jobs and into poor ones or even unemployment; it is seen as raising the cost of essential services to benefit the local elite or agile corrupt politicians (Birdsall and Nellis, 2003). Turshen (1999:1) argues that "from the 1970s free market economists worked to erase the state from economic activity. The slogan of the day was "Big government is out of fashion and this prescription led governments to deregulate labour and disband public services." Loeppky (2010) shows us that the goals of the capitalist structure were to dismantle, dismember and transform the public channel of the healthcare system into a private one aimed at profit-making.

The effect of neoliberal policies in post-apartheid South Africa can be seen when the government implemented the Growth, Employment And Redistribution (GEAR) macroeconomic strategy. The GEAR policy is a macroeconomic policy that was adopted in South Africa in 1996. The policy aimed to reduce poverty and inequality in South Africa while increasing economic growth (Streak, 2004). The neoliberal strategy resulted in a tight fiscal budget and minimal state intervention. The Constitution of 1996 removed the health budget allocation, and efficiency over equity was prioritised as a strategy for economic growth (Collyer and White, 2011). The implementation of GEAR affected health policy by constraining health care spending. The healthcare system has been restructured by the re-direction of government policy toward privatisation and the growing interest in strategic investment from the corporate sector in health services and products (Collyer and White, 2011). The growing favour of privatisation is seen as a threat to public institutions and worsens the rights of the underprivileged. Therefore, the deepening of privatisation and neoliberalism has come to impact workers (Loeppky, 2010; Roy, 2010; Whiterich, 2020). The existing literature shows that the privatisation of public provision holds serious consequences for citizens as well as workers. It is argued that privatisation carries with it cost-cutting measures, and labour often pays the price of the reformation to privatisation (Birdsall and Nellis, 2003; Deppe, 2010; Collyer and White, 2011; Wichterich, 2020).

2.3 The increased utilisation of agency nursing work.

The structure of work has changed, as highlighted in the introductory chapter. Focusing on South Africa, Kenny and Webster (1998) and Bezuidenhout and Fakier (2006) argue that the labour system that was once based on the employer and employee binary has been overtaken by labour brokers. This shows that the transformation of work to outsourcing has replaced the more traditional standard employment. In the healthcare sector, the increased utilisation of agency nurses is now a prominent way of structuring work. Rispel and Olojede (2015) argue that there is an extensive utilisation of nursing agencies in the private sector. The reliance on temporary staffing services is not a new development, most hospitals used to employ temporary nursing agencies to manage staff deficiencies (Manion and Reid, 1989; Aitken et al., 2001). However, the issue for Manion and Reid (1989) started when hospital managers used temporary staffing to fill vacant full-time nursing positions. The justification for the rise in the utilisation of agency work resides in the fact that this group of workers could easily be replaced without any implications. Ray (2016) argues that nurses were constructed as menial labourers and thus easily substitutable. The Labour Relations Act (LRA) section 198, however, deems labour broker workers to be permanent employees of a company after they have worked for three months (Webster and Dor, 2023).

Agency nurses thus become a distinct type of labour that is shaped and created by the neoliberal structure of work. Stone (2006) defines this group of labourers as contingent workers, who work for an organisation without being hired as an employee. Ruyter et al. (2008) define agency work as the desire to be a free agent because of the benefits of flexibility and control. Manias et al. (2003) state that this distinct group of agency nurses are increasingly becoming favoured in the private sector, and they have their working life organised by a private contractor. Hughes and Marcantonio (1991:46) argue that despite the increased use and considerable cost of using supplement nursing services, almost nothing is known about agency nurses or how they might differ from their hospital counterparts. Manias et al. (2003) advance a similar argument that little is known about agency nurses' experiences of their clinical practices, their relationship with their employing agencies, as well as relations with hospitals and permanent nurses. Rispel and Olojede (2015) argue that little is known about nursing agencies except the role they play as labour brokers

in healthcare. Braddy et al. (1991) argue that the boom in agency nursing would be fascinating to study. Thus, this research project takes up the task of understanding and analysing the nature of nursing agency work and the different labour relations that are created between agency nurses, nursing agencies and private hospitals. This is examined through the lens of the agency nurse in an effort to understand more about the three-way relationship from the perspective of the nurses.

Existing evidence shows that the agency nurse is seen as the liminal 'other' who is there to provide support only when needed and the increased boom in the utilisation of nursing is linked to the shortages of nurses (Braddy et al., 1991; Hughes and Marcantonio, 1991; Manias et al., 2003; Johnston and Conway, 1981; Rispel and Bruce, 2014). Braddy et al. (1991) argue that the quick answer to the high demand for nurses has been and will continue to be agency nurses. The question thus becomes why a global shortage of nurses exists when there are casually employed nurses who can fill in the positions. Existing literature on agency nurses indicates that they willingly choose to become agency workers due to issues of work intensification. Furthermore, agency workers are also viewed as offering low-quality services because they have permanent employment elsewhere. Agency nurses are also depicted as the incompetent 'other', who are unreliable, have split loyalties and have issues with accountability (Manion and Reid, 1989; Braddy et al., 1991; Hughes and Marcantonio, 1991; Rispel and Bruce, 2014; Rispel, 2016). With neoliberalism came the deregulation of capital markets such as the private healthcare markets that are in question, it reduced the state's influence on the economy through privatisation and austerity (Birdsall and Nellis, 2003, Bezuidenhout and Fakier, 2006; Stone, 2006; Roy, 2010; Loeppky, 2010; Deppe, 2010). The existing literature on the rise of agency work also fails to help us explain why nurses would choose to leave permanent, stable employment with a guaranteed income to be free agents at low remuneration rates. Leaning only on these perceptions of agency workers can offer a distorted understanding of agency nurses and the way they make sense of their work. The existing literature does not capture the experiences of agency nurses like my mother and her colleagues whose only option and hope to sustain their livelihoods is through nursing agencies.

2.3 Agency nursing work and its linkage to precarity and casualisation.

Contingent work is on the rise, and it is characterised by precarious conditions and marketisation (Standing, 1999; Kenny, 2007). Work has increasingly transformed into something that does not guarantee security (Polkoskwa, 2019). Agency nursing work is thus linked to precarious work, as this type of work is classified as uncertain, unstable and insecure, at which the employee bears all the risk of work (Webster and Forrest, 2023). Stone (2006) argues that the contemporary structure of work is classified by flexibilisation. Flexibilisation refers to the changing work practices by which firms no longer use internal labour markets for the supply of labour or promise employees job security but rather seek flexible employment relations that permit them to increase or diminish the workforce with ease. Rispel and Bruce (2014:120) define this as casualisation, which is short-term work that is without the rights and benefits associated with permanent employment. The rise of contract workers was supposed to affect low-skilled workers; however, it has now been applied to trained labour, threatening to replace the high-skilled nurses with cheaper nurses. Contract employment also functions as a leverage to decrease wages and to create a cheap, docile nursing labour force within the neoliberal paradigm (Pons-Vignon and Anseeuw, 2009; Wichterich, 2020). This casual structure of work has come to exploit workers and alienate them from the product of their labour; it is, however, crucial to understand that southern workers' experiences of work have always been classified by precarity and exploitation (Scully, 2016). Kalleberg (2012) argues that precarious work has historically been the way work has been structured; its appearance marks a resurgence rather than a new development in the structure of work and employment relations. Kalleberg (2012) further argues that standard work has always been reserved for men, and women's work was for generations structured as a contingent and temporary one. This is true for the nursing sector, which has endured centuries of exploitation, from being seen as an extension of social reproduction and not fully acknowledged as a real profession (Mark, 1994). Dillard-Wright and Shield-Haas (2021:197) complement this argument that nursing still holds a marginalised role in healthcare, "nurses are viewed as handmaidens to medicines knight and shining armour". Nurses are also considered central to the financial health of a hospital, yet they are unrecognised and forced into precarious and shifting roles (Collyer and White, 2011; Valiani, 2012; Wichterich, 2020). Most of the existing literature on nursing agency work is from a developed country context, there is limited literature that focuses on agency nursing work from a global South perspective and how their experiences of work might be similar or different. Manion

and Reid (1989) argue that most nurses typically work as agency nurses for about two years and then return to permanent labour because they have the luxury to do so. In a country like South Africa, which is considered the most unequal country in the world and is confronted by high unemployment and poverty levels, most workers do not have the option to move from job to job (Francis and Webster, 2019).

2.4 The Agency nurse as an active agent of change in the labour process

Kenny (2007) argues that the rise in contingent work has changed the experiences of labour and trade unions globally. However, there have always been contestations between workers and employers due to their contradictory interests. The employer-employee relationship has always been classified by conflict and workers have been engaging in work-class struggles for recognition and fair and equal treatment (Webster and Dor, 2023). Wichterich (2020) shows this by arguing that nursing is an exemplary sector where the rationale of care and the capitalist rationale clash due to neoliberal policies and privatisation in the healthcare system. Central to this is that labour in South Africa played a pivotal role in the 1980s and the early 90s in the transition to democracy by winning significant worker rights and fighting for inclusion (Kenny, 2007; Webster and Dor, 2023). This shows that workers are not passive actors who accept dire working conditions; rather, they are active agents of change. This is seen in how workers were granted protection by the Labour Relations Act of 1995 through their mobilising efforts. However, in 1996, employers exerted their power by implementing macroeconomic growth policies that led to the privatisation of state assets. The government in South Africa adopted neoliberal policies such as GEAR (Narsiah, 2002; Kenny, 2007; Ndhambi, 2015). Stone (2006) argues that privatisation fosters policies that diminish the legal protection for labour rights and collective bargaining. As noted above, the rise of privatisation altered the standard employment relationship and allowed the employer to employ workers through labour brokers as casual workers. Furthermore, neoliberal policies have serious implications for workers and trade unions. Trade unions and workers have always relied on collective bargaining as a way of fighting for workers' rights. However, the democratic transition in South Africa has weakened trade unions' power. The trade union, which was once a radical and disruptive tool used by workers has become confined to the process of institutionalisation (Kenny, 2007; Hlatshwayo, 2018; Webster and Dor, 2023). The rise in the

neoliberal structure of work also meant that workers had to forge their own collective communities beyond trade unions. The limits of unions meant that care workers had to start relying on their own informal movements. Deppe (2010) argues that solidarity is strongly rooted in the history of the labour movement. This is collectivising from below to enact pressure from above with efforts to bring about change. Hlatshwayo (2018) argues that care workers have shown collective solidarity through strikes, workers have been able to claim back their power and negotiate for better conditions of work. Hlatshwayo's article focuses on community healthcare workers in the public healthcare sector who are not absorbed by mainstream unions and have to rely on informal mobilisation, such as nascent organisational responses, to negotiate for themselves better working terms. These informal organisations of collective solidarity went beyond unions. This proves that the most powerful kind of solidarity is its organised form with strong participation from below. Pons-Vignon and Aneeuw (2009) state that improvements in working conditions occur in the wake of industrial action. Webster and Dor (2023) call this a logistical power, which is a kind of structural power that rests on workers' ability to disrupt flows of capital in public places. The above scholarship is important as it shows that workers can mobilise to negotiate for themselves better working conditions and enforce change from below. Deppe (2010) argues that solidarity was and is the alternative to neoliberal commercialisation because human health will not be possible without solidarity. This argument does not, however apply to the findings of this research as I expand in chapter four. Agency nurses in the private hospital sector assume a liminal position where it is hard for them to stand up for themselves because of the power imbalances that exist in the private hospital sector which restricts agency nurses' efforts of mobilisation. Looking at the private hospital as a panopticon that enforces power, control, and domination shows us how nurses become docile bodies that are easily trainable making it difficult to become active agents of change.

2.5 Conclusion

This research paper zooms in on agency nurses who are depicted in literature as the incompetent other, who are unreliable and have split loyalties. The themes in this chapter highlight how the changing nature of work has had adverse effects on agency nurses' experiences of work. The chapter also traces the move to privatisation of public provision and how it has come to directly impact the nursing sector. The chapter also looked at the correlation between the rise of the

utilisation of agency nurses and increased worker precarity and insecurity. The chapter also explored the possibility of agency nurses being active agents of change in the workplace and how informal movements can bring forth change. This research study magnifies on how agency nurses in the private hospital sector are confined to a liminal position where it is difficult to be active agents of change because of the different power relations that restrict their agency to act. This study contributes to existing literature in the analysis of the triangular employment relationship that is created through the constant interaction between agency nurses, nursing agencies and private hospitals, which is known as the three-way system.

Chapter 3: Research Methods and Theoretical Framework

"Theory is not discovered; rather, theory is constructed by the researcher who views the world through their own particular lens"

-Chun tie et al

3.1 Introduction

Wilson and Sharpen (2015:2) argue that qualitative researchers are interested in how people make sense of the world they live in and how they interpret and experience different events. This chapter discusses the methodology and research design used in this study. As discussed in the introductory chapter, this research study employs a qualitative research design to understand and analyse the three-way process that exists when agency nurses, nursing agencies and private hospitals interact. Mohajan (2018) states that qualitative research is a form of social action that stresses the way people interpret and make sense of their experiences to understand the social reality of individuals. Creswell (2013) states that qualitative research is conducted when we want to empower individuals to share their stories. The theoretical framework is all about identifying frameworks that are relevant to a study (Creswell et al., 2007; Creswell, 2013). Strauss (1995) states that theory provides us with a way of explaining some aspects of how the world works. Thus, this chapter intends to explain the three-way process that creates avenues of exploitation, domination and control. This will be done by relying on a grounded theory approach to help explain the three-way system.

This chapter discusses in detail the research methodology and design that were used for this study. This chapter will show how the research results were achieved. Research methodology is the research design that shapes the selection and use of particular data generation and analysis methods to answer research questions (Chun Tie et al., 2019). The Research methods and theoretical framework chapter will showcase what the research study will look like in regard to the data

collected. This chapter will show how the data was collected and the different methods that were used to collect the data.

3.2 Theoretical and conceptual framework

Wilson and Sharpen (2015) see research methodology as an umbrella term that shows the theory as well as accounts for how research should be carried out. This study uses multiple theories to explain and understand the three-way system and the results thereof.

3.2.1 Grounded Theory

The study employs a grounded approach to understand the contemporary structure of work in which agency nurses find themselves having to navigate. Additionally, this study magnifies on the employment relationship that is created through the interaction between agency nurses, nursing agencies, and private hospitals. A grounded theory is useful to employ in a study when little is known about a phenomenon (Chun Tie et al., 2019). A grounded theory is a method of conducting qualitative research that focuses on creating conceptual frameworks or theories through building inductive analysis from data. Creswell (2007) states that the basic principles of grounded theory are used to discover new methods of understanding and investigating social processes and interactions. Thus, the researcher does not test the hypotheses but builds the theory from unprecedented information to form a theory. A grounded theory aims to construct an explanatory theory that reveals a process of an area of inquiry (Chun Tie et al., 2019). For a grounded theory to be possible, all study participants should have experienced the process for the development of the theory to become successful. This proves true for the three-way process- the interaction between agency nurses, nursing agencies and private hospitals is felt and experienced by agency nurses who seem to be located at the centre of the three-way process. Additionally, little is known about the three-way system thus, a grounded theory approach was suitable for this study to understand this triangular employment relationship and its effects.

3.2.2 Karl Marx's Theory of Alienation and Exploitation

Karl Marx was interested in studying workers under industrialisation and growing capitalism. Marx focused on the problems of exploitation and alienation to analyse the nature of work (Vallas et al., 2006). Marx made crucial observations, he saw that workers under this new capitalist rule were increasingly detached from themselves, the labour they produce and their families. Thus, the Marxist theory of alienation is used to explain how the rise of agency work alienates workers from their labour as agency nurses are increasingly becoming detached from the patients whom they treat. Nurses are also detached from their other hospital counterparts, and this affects their sense of belonging to a team. The concept of exploitation is also used to explore the changing nature of work. This also looks at how work transformed from offering stability and security to the increased reliance on outsourcing of workers which has huge implications for agency workers. The theory of alienation and exploitation is used to understand the avenues of the three-way employment relationship, which give way to sites of domination, submission and control. Pons-Vignon and Anseeuw (2009) argue that exploitation and poor working conditions have become invisible in the context characterised by outsourcing. The research project uses Marx's theory of alienation and exploitation to examine the effects of capitalism on labour and their experiences of work. Sam Porter (2019), in the article: Why nurses should be Marxists, argues that Marxism gives us an explanatory framework that reveals how unequal and exploitative relations impinge themselves in the nursing sector. The article looks at how the capitalist enterprise has come to affect the nursing sector and how to address these issues. Nurses need to be Marxists to understand the structure of work and to show capitalism's reckless pursuit of profit. For Marx, the core pursuit of capitalism was profit and the reduction of the cost of labour (Porter, 2019:6). This study leans on Marx's theory of alienation and exploitation to analyse the three-way employment relationship.

3.3 Conceptual framework: The three-way system

The three-way system is created through different interactions between agency nurses, nursing agencies and private hospitals. Nursing agencies recruit agency nurses to provide nursing services to private hospitals. Nursing Agencies also act as brokers between agency nurses and private hospitals. The role that agency nurses play in the three-way process is to sell their labour power to nursing agencies and provide clinical services to private hospitals. Crucial to note is that nursing agencies are responsible for paying the agency nurses' salaries. Private hospitals are responsible

for providing agency nurses with the space to provide their nursing services, and they also pay nursing agencies for the nurses supplied to them. This interaction is further explained below:

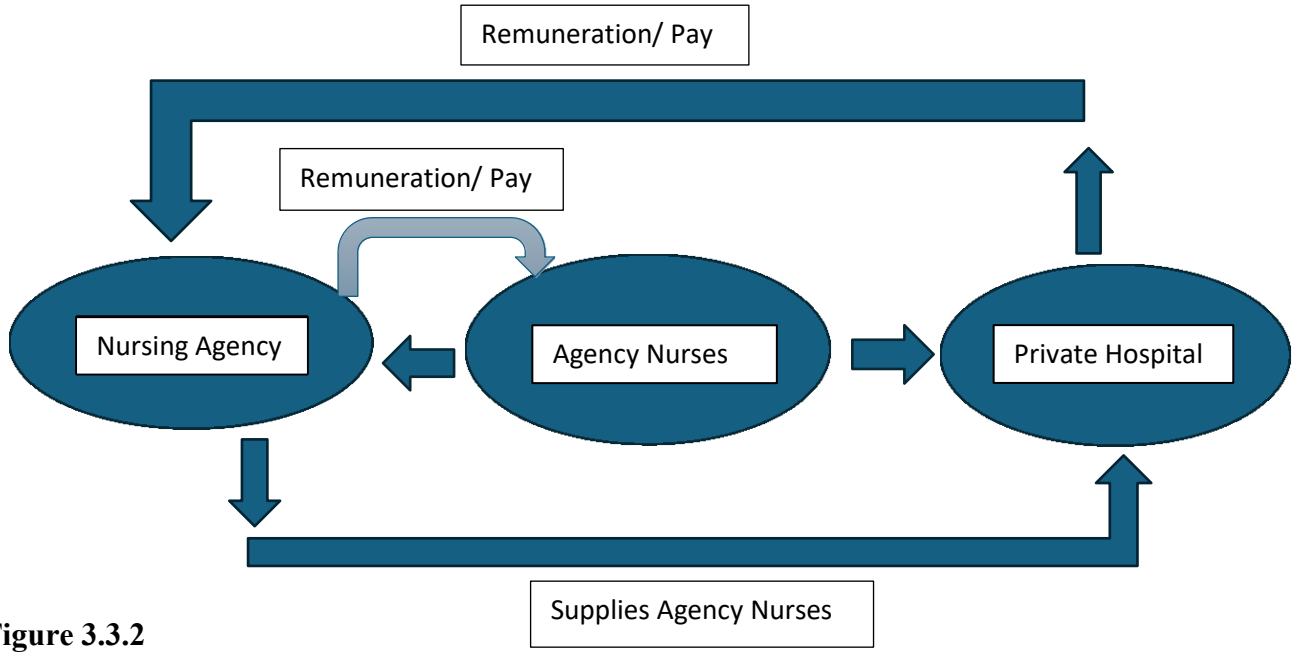

Figure 3.3.2

3.4. Research Methods

Birdsall and Nellis (2003) argue that for one to successfully understand the distributional impact of privatisation, an assessment of real-life cases is required, and the setting of those cases should be in a larger context of their political, economic and historical environment. Thus, the research project uses the personal stories and insights from agency nurses to assess the impact of working in private hospitals. This study employs a qualitative research design to explore the nature of agency nursing work and the three-way relationship that exists for agency nurses, nursing agencies and private hospitals that are increasingly outsourcing them. The research project is an exploratory study that analyses the relationship between the rise of agency nurses, nursing agencies and the private hospital sector. Qualitative methods provide an in-depth and interpreted understanding of the social world of research participants by learning about their social and material circumstances, their experiences, perspectives and histories (Moriarty, 2011). Qualitative methods also help us analyse the links between different processes and outcomes. Qualitative research is important as it

traces out experiences that contribute to different participants' experiences by collecting participants' accounts of what happened to them (Hancock et al., 2001). Qualitative methods thus prove useful in helping us analyse agency nurses' experiences of work. A technique called snowballing was employed; this technique is also known as chain referral sampling (Naderifar et al., 2017). This technique allows the researcher the privilege to get into contact with other participants who share similar experiences. This technique was the most suitable to use as my mother is an agency nurse and referred me to other agency nurses who participated in this study.

3.4 Data collection methods

Data collection methods are different types of data that a researcher or a research study employs to gain more understanding and insight into a particular phenomenon (Creswell, 2013). The use of different methods or data sources in qualitative research to gain a comprehensive understanding of a phenomenon is known as data triangulation. This can include interviews, field notes, journals and accredited websites (Creswell et al., 2007; Creswell, 2013; Carter, 2014; Dodgson, 2017).

3.5 Desktop research: Secondary data and Literature review

Desktop research is the use of different types of existing data to understand an issue or phenomenon. Desktop research is also referred to as Secondary data (Kaplan and Maxwell, 2005). This research study uses different data sources to ensure quality and reliability. The different data sources included company websites, different company records that are available online, journal articles and policy reviews will also be employed.

- Company websites used in this report (Netcare, Mediclinic, Life Healthcare, MHR)
- Annual financial reports from Netcare, Mediclinic, Life Healthcare
- Stats SA official trends/ reports
- Journal articles
- Newspaper Articles
- Policy Briefs on Private Sector Agency nurse utilisation in South Africa

3.6 Research Participants and Sampling

Research participants for this study consisted of registered agency nurses between the ages of 30 to 65 who have worked for a private agency for over 2 years. The participants were selected using a snowballing technique. Three types of interviews were employed for this study, this includes focus groups, individual in-person interviews as well as telephonic interviews. The participants were interviewed in person and some were telephonic interviews. The first focus group was conducted in person and consisted of 4 participants. The second focus group also consisted of 4 participants. This study also conducted 3 face-to-face interviews. The interviews concluded with 5 telephonic interviews. The study focused on the different experiences of work in the private hospital sector. Permanent nurses were also interviewed in an effort to understand the power dynamics that exist within private hospitals. All participants of this study were given pseudonyms to protect their identity.

3.6.1 List of all 16 participants who took part in the study

Name	Race	Occupation Type	No. of Years Working
1. Jabulile	Black	Agency Nurse	16
2. Thandiswa	Black	Agency Nurse	10
3. Emily	Black	Agency Nurse	15
4. Philani	Black	Permanent Nurse	6
5. Rose	Black	Permanent Nurse	12
6. Ntombi	Black	Permanent Nurse	13
7. Thoko	Black	Agency Nurse	10
8. Katleho	Black	Agency Nurse	10
9. Lerato	Black	Agency Nurse	10
10. Robyn	White	Permanent Nurse	16
11. Precious	Black	Agency Nurse	12
12. Thandiwe	Black	Agency Nurse	10
13. Grace	Black	Agency Nurse	12
14. Zanele	Black	Agency Nurse	10
15. Zandile	Black	Agency Nurse	12
16. Palesa	Black	Permanent Nurse	11

3.6.1 List of Participants (not their real names)

3.7 Interviews

The study employed qualitative research methods, including semi-structured interviews with agency nurses and permanent nurses. The study conducted a total of 16 interviews with nurses between the ages of 30-65 who work in the private hospital sector. Similar questions were posed to participants; however, questions for some interviews were probed more than some, depending on the nurses' comfort level. A total of 11 agency nurses who provide their services to one of the largest private hospitals in Gauteng, South Africa, were interviewed. This was complemented by interviewing 5 permanently employed nurses who also work in the private hospital to trace the different power dynamics between permanent nurses and agency nurses. The research tools that were employed included telephonic interviews, focus groups, and face-to-face interviews that aimed to get nurses' personal stories on their experiences of work in the private sector. Focus groups and Individual interviews were conducted to get nurses' personal stories on their experiences of work in private hospitals. There were 2 face-to-face focus groups that were conducted during the nurses' lunch breaks; the first consisted of 4 nurses, and the second also consisted of 4 nurses. 3 face-to-face individual interviews were conducted. The interviews concluded with 5 telephonic individual interviews. All the data collected in the focus groups and individual interviews were recorded with a phone and transferred to the researcher's email. The interviews were then downloaded to the researcher's laptop for transcription. The interviews were transcribed in a Microsoft Word tool that uploads and transcribes recordings into Word documents. The Word documents were saved and referred to throughout the analysis stage. The telephonic interviews could not be recorded, and extensive notetaking was relied upon.

3.7.1 Advantages of individual interviews.

The advantage of using in-depth interviews is that this study was able to get agency nurses' experiences on how work in private labour markets is shaped. Making use of in-depth interviews proves advantageous as it allows the agency nurse to narrate their individual stories without being overpowered by other respondents. The one-on-one interviews were very useful as they allowed the researcher to probe more on insights that arose in the focus groups. Agency nurses gave accounts of their experiences of work and they were able to freely speak about their issues with agency-based work. Nurses gave in-depth insights and they could clearly articulate what they were feeling and experiencing with agency-based work.

3.7.2 Disadvantages of individual interviews

The disadvantage of one-on-one interviews is that they were hard to schedule, and the interviews had to shift to other forms of interviews to accommodate the nurses. Due to nurses' uncertain schedules, most of the interviews were rescheduled, or they had to be shifted to focus groups or the researcher had to resort to telephonic interviews.

3.7.3 Benefits of Focus Groups

Creswell (2013) states that focus group discussions are a qualitative technique to gain an in-depth understanding of social issues. The interviews with the agency nurses and permanent nurses were initially supposed to be one-on-one interviews. Due to some difficulties encountered some of the interviews ended up being focus groups. The challenges encountered were due to nurses' busy schedules; some nurses found it difficult to commit to a specific time and date because of the uncertainty in their work schedule. However, nurses availed themselves during their lunch breaks and off days. The benefits of the focus groups were that nurses were able to go into dialogue with their colleagues and this raised crucial insights into the relationships that nurses have with their colleagues and also the different power relations that exist between agency nurses, permanent staff, as well as patients. The focus group raised questions that this research study did not necessarily focus on and magnified on critical issues that exist within the private hospital industry that allowed for a better understanding of the three-way process.

Creswell (2013) argues that focus groups provide additional comments and insights that might not be made individually. Focus groups were advantageous in that nurses were able to comfortably narrate their experiences of work. They were also able to go into dialogue with other nurses (staff) about their work, such as their day-to-day tasks. The participants were able to give meaning to what they were experiencing and feeling. The focus groups allowed nurses to sit together and talk about everything they have been observing in the workplace which they felt could not be freely discussed with the permanent staff. The focus groups also gave nurses the chance to confront the issues they felt were being overlooked by permanent staff or rather what they felt the permanent nurses did not understand because they were not in the same position as them. I was able to observe the agency nurses' body language and facial expressions when they were in dialogue with the other nurses, and I found this useful as I could understand how certain conditions and treatments that

agency nurses were exposed to make them feel, and this could only be achieved in a focus group setting.

3.7.4 Disadvantages

The disadvantage to employing focus groups as a way of collecting data is that the participants would often overpower each other when they were responding to certain questions they felt strongly about. With some of the questions I would ask, the nurses would often have the same answers as other participants. I feel like hearing other nurses' responses conditioned them to have the same answers. Aside from these two disadvantages, nurses found a space to narrate their stories, and some also found their voice as they were able to clearly voice out their experiences of work in private hospitals. MacDougall and Baum (1997) show that groupthink is a major pitfall in focus group discussions as they feel the pressure to conform to the majority opinion in a group. This was overcome by giving all the nurses a chance to answer all of the questions that were posed to them. Nurses were also each given the space to voice their stories and issues of work.

3.7.4 Telephonic Interviews

This study also employed telephonic interviews because some of the face-to-face interviews were unsuccessful. The researcher also could not travel to some of the participants' houses due to budget constraints; thus, telephonic interviews proved suitable in this regard. The study conducted 5 telephone interviews; these telephonic interviews could not be recorded, and extensive notetaking was used as the main data collection tool.

3.7.5 Benefits

The telephonic interviews were convenient as they saved time and money. Nurses were able to freely set up the date and time of the interviews, which made setting up interviews flow with ease. Nurses were able to narrate their experiences of working in the private hospital sector in their free time, which proved advantageous.

3.7.6 Challenges

Telephonic interviews proved challenging in terms of network/ connection issues. There were some parts of the interviews that were lost due to connectivity issues. I could not record all the telephonic interviews and had to resort to note-taking which proved challenging to do- all while trying to keep the conversation going and participants engaged. It was also difficult to see the participants' bodily cues, such as their expressions and their gestures, as well as their faces, and this made it hard to establish rapport as I had done with in-person interviews.

3.8 Data analysis

The data collected was analysed through multiple techniques to ensure validity and quality. The research project analysed data through a qualitative technique known as thematic analysis, which grouped common themes from the different nurses' interviews that were conducted. A technique called the voice-centered relational method (VCRM) was utilised. This technique involves an activity where the respondents' transcriptions are read four times by the transcriber, which ensures that their individual stories are properly recorded (Gilligan, 1990; Cruz, 2003). A technique known as tape analysis was also employed, which replays interview recordings to make notes of the interesting information that arises (Lutabingwa and Auriacombe 2007). I also made extensive notes of the telephonic interviews. The data was developed through a qualitative theory known as grounded theory, which aimed to explain the meaning of people's social interactions, behaviours, and experiences. This technique relies on participants' own interpretations and explanations (Glasser et al., 2015). An inductive method that consists of individual interviews was utilised to get agency nurses' experiences of their work. A grounded theory approach is useful when there is no existing theory that explains the phenomenon that is being studied (Creswell, 2007; Chun Tie et al., 2019). The phenomenon in this study is the nature of agency nursing work and the three-way employment relationship. Another advantage of using grounded theory is that the outcome of the research study was determined by the data collected (Charmaz, 2015). The research project aimed to formulate a tentative explanation of the 'three-way relationship' highlighted above through the analysis of agency nurses' cases, their direct employers who are nursing agencies and the private hospitals that make use of agency nursing labour. Last, the research report also triangulates all the individual interviews with other sources of data such as documentary evidence

on the privatisation of healthcare, company records that were accessed online, and existing policy documents- this aided in offering insights into company business models.

3.9 Reflexivity and positionality

Dodgson (2019:221) refers to reflexivity as "turning off the researcher's lens back onto oneself to recognise one's own situatedness in the research". Researchers bring their worldviews and different sets of beliefs to a research project, and their beliefs inform how the qualitative study will be written (Creswell, 2013). This research study is influenced by my mother, who is an agency nurse at a private hospital in Gauteng. Through snowballing, I was able to get in contact with other nurses who work as agency nurses. Attempts were made to jump networks with no luck. Potential participants would agree to an initial interview; however, upon follow up they would either not respond or decline due to their busy schedule. Therefore, all the interviews had to resort to snowballing. I had the opportunity to talk to nurses who have worked in both the public and private healthcare sectors. The opportunity of having my mother present in the data collection process, as well as one of the participants in the study, presented immense opportunities for me. Having my mother present in most of the interviews had some advantages as well as some disadvantages. My mother's presence, though extremely appreciated in some instances, proved a bit distracting, as the questions I would pose to the participants, she would give the cues on what was expected. I think this process created a soft obligation from the participants. I often had to state to the participants that they were not in any case restricted and should feel free to speak their minds. All the nurses I interviewed were very accommodating, and they felt comfortable talking to me about their experiences of work. It was interesting to understand the similar work experiences that all the agency nurses have. Talking to the nurses felt like all the conversations I have had with my mother, as all their stories were relatable. I found myself assuming an insider-within role, an insider in the sense that I could relate to the feelings that the agency nurses were experiencing. As a daughter of an agency nurse, I have lived with the direct effects of agency-based work, and I am also directly affected by the outcomes of this structure of work. I have seen firsthand the emotional and social toll of agency work on my mother, and it was interesting to see how it has affected other nurses. When agency nurses were telling their stories and experiences of how they could not afford to take their kids to better schools, I also saw myself relating to what the agency nurses felt. Understanding the agency nurses' personal stories and experiences of agency-based work proved that the issues of work do not only exist for my mother but for all agency nurses who find themselves occupying these positions at private hospitals. This shows that these experiences of work are not issues

that trouble only the individual and their family; rather, they are social issues that affect numerous workers and need to be problematised.

3.10 Ethical considerations

An important aspect of the process of data collection is ethical consideration. Research methodology teaches us that a researcher should always be cognisant of ethical considerations, especially when dealing with human subjects or a topic of a sensitive nature. Ethical clearance to conduct research for this study was obtained at the University of Witwatersrand. Consent that is written and spoken was made available for the participants. Participants were from different backgrounds; thus, consent was asked in their home language. Another crucial aspect of this research project was to ensure that the participants knew exactly what the study was about and whether they had any questions that they wanted to ask. Participants were informed that the study was voluntary. I wanted participants to know that they could and were allowed to stop the interview if they felt like they could not go through with it. Some of the questions of this study were not probed more due to how agency nurses started to feel when answering some of the questions. It is the responsibility of the researcher to ensure that the research does not cause any pain or harm (Ali and Kelly, 2018). Confidentiality and anonymity were ensured by not disclosing participants' identities as all participants of this study were given pseudonyms; this ensured that participants were protected at all times. In the focus groups, all the participants stated that they were comfortable with discussing their issues of work in front of their colleagues which mitigated the issues of confidentiality and anonymity. The participants were informed that the information they chose to share was purely for academic use. All the participants' personal information was kept in a password-protected Google Drive folder to which only I had access.

3.11. Limitations of the Study and Conclusion.

The study was limited as it did not account for the experiences of unemployed nurses, which are also on the rise due to dire labour market conditions that are increasingly perpetuating inequality (Ncube, 2012; Espi et al., 2019). However, this issue should be treated on its own because it comes with its own set of challenges. This was a research report; unlike a dissertation, it had time constraints. The study was also constrained by the word limit for this dissertation. The study only focused on a limited number of agency nurses and their experiences of work in the private hospital sector, this runs the risk of excluding other voices of marginalised agency nurses. This was mitigated by drawing on secondary data to complement nurses' experiences and conditions of

work. Overall, the study aimed to fill the gap in the literature by accounting for the interaction between agency nurses, nursing agencies and private hospitals that creates the three-way system and how these labour market relations impact agency nurses' experiences of work in the private hospital industry, which little was known and written about.

Chapter 4

Analysis of Findings and Interpretation of Results

Qualitative research seeks to provide a detailed understanding of human experiences, behaviours, and emotions (Creswell and Poth, 2016). A qualitative study is crucial as it provides explanations about a phenomenon; it also provides insights and understanding of different participants' experiences by collecting their narratives (Hancock et al., 2001). Qualitative methods thus prove useful in helping us analyse agency nurses' experiences of work. In order to generate findings that contribute to new knowledge, a qualitative researcher needs to undergo an active analytical task throughout the stages of research (Thorne, 2000). According to Creswell (2015:434), qualitative data can be analysed through different methods. This study employs a grounded theory method known as constant comparison- an inductive data analysis approach that generates and connects categories and incidents. Particularly, raw data gets formed into small segments of information from different people or the same people over time and different sources, the indicators then get grouped into several codes, which form themes. This chapter analyses seven themes that emerged from the transcribed interviews with agency nurses and permanent nurses. The themes draw on how nurses navigate, negotiate and also mediate through their experiences of work in the private healthcare system. Agency nurses' experiences of work are formed through the constant interaction with nursing agencies and private hospitals, which creates a three-way process. The different themes that are analysed in this chapter include:

- The History, Present and Future of the nursing sector
- Motivations for going into the nursing sector
- Handling workplace stress
- Isolation and Alienation: The agency nurse as the liminal other

- The Private sector: The elitist system that keeps on taking
- Nursing Agencies: Who/what are they?
- Nursing Unions and their efforts of mediation.

4. The History, Present and Future of the nursing sector.

When conducting the interviews with the nurses, both permanent and agency nurses spoke on how the nursing sector has *changed* and how this change has not been for the benefit of the nursing sector as a whole. The emphasis and motivation for this theme is on the aspect of change in the nursing sector. Sociology teaches us that nothing is ever static or remains the same, societies change over time, and their change can be influenced by past events that make and remake themselves (Webster, 1991; Von Holdt, 2012; Von Holdt, 2022). The different accounts of nurses' experiences of work and how they have evolved have given motivations to this theme of the history, present and future of the nursing sector. The question of the history of the nursing sector has been written about by historian Shula Marks in her 1994 book titled *A Divided Sisterhood,* which gives an account of what the nursing sector in South Africa looks like. In her pioneering book, she offers a historical analysis of the formulation of the nursing sector as well as the complexities that it is challenged with. The book explores the establishment of the nursing sector as a white Afrikaner profession and the different racial and class tensions that form as the nursing sector starts to transform to incorporate African, Indian and Coloured women in its ranks. Marks (1994) states that the nursing profession suffers from an identity crisis because of the divide that exists between white, African, Indian and Coloured women through the process of professionalism. This, in turn, creates a divided sisterhood, one without a sense of unity. Marks traces the historical events that have shaped the nature of the modern nursing sector. She shows how history influences our present realities through the different complexities of race, class and gender that continue to shape the present structure of the nursing profession. Marks offers crucial insights into the struggles of the nursing sector which arise from the different areas of dominance or subordination of nurses, their threat or security, and the control or submission they experience. These different facets for Marks have been pivotal in sculpting the image of the nursing sector we see today. Rispel (1995) also gives an account of the issues that the nursing sector is confronted with and how these issues will affect the present and future of any nursing system. She states that

the history of nursing is likely to weigh heavily on any post-apartheid healthcare system. Thus, it is important to understand the history of the nursing sector and the implications thereof on the current structure and future of the nursing sector.

4.1 History of the nursing sector

Engenes (2017) eloquently states that the study of the history of nursing helps us better understand the societal forces and issues that continue to confront the profession. Mulcachy (2014:888) states that nurses are most often the backbone of what keeps healthcare organisations operating functionally and efficiently…nurses are also the body, mind and spirit of most healthcare facilities. Nursing has historically been linked to the idea of care and nurturing and these ideas have continued to confront the modern nursing profession. Engenes (2017) continues to note that in many tribes, the role of nursing care was usually assigned to girls as it was assumed that women were natural-born nurturers and thus their same caring abilities would be appropriately extended to the sick. Nurses in the interviews conducted for this study stated that the nursing sector was better in the '*olden days'* which is why they chose to go into the nursing profession. Nursing for them was attractive back then- as it held some status, and when one was a nurse in the 'olden days', the person was known to be permanently employed and well respected. This raises the question of how the nurse of old was portrayed. For Hull (2009), nurses were seen as an elite group, one that held high moral standards. Hull further explains how the nursing profession occupied a superior status, and this made the profession attractive to black and white women alike. Rispel and Schneider (1991:119) state that nurses enjoyed a high status, especially in black communities, as teaching and nursing were the main occupations that were available to black women. This resulted in nurses occupying a higher social structure in their township communities. Marks (1994:88) argues that nurses found themselves confronted by conflicting ideals of nursing as an attractive profession that afforded them respectable social standing but also highlighted their precarious positions as black nurses were still confronted by the issues of racist and discriminatory practices because of the apartheid system. Hull (2009:21) complements this argument and states that two images of nurses are in the literature. One image depicts nurses as an elite group who have a respectable social status, while the second image portrays nurses as downgraded and disempowered workers. Searle (1965:5) highlights the changing structure of the nursing profession

through a debate on the nurses of old versus the new type of nurse that is becoming prominent. She states that the old nurse worked to fulfil her religious duty for the good of humanity, while the new type of nurse "came into the hospital for economic reasons" (Searle, 1965:5). Thus, when nurses refer to the 'olden days' they seem to refer to the historical structure of the nursing system one that was better in terms of how work was experienced. In the interviews, nurses continuously highlighted the changing nature of nursing. Emily, who has been working as a nurse for 15 years, explained that "It was nice in the beginning when we started nursing but now it is no longer interesting to do nursing" (Emily, interview, 30/11/2024). Jabulile, also a nurse participant who has been working as a nurse for 16 years, stated that "things have changed, everything is different now" (Jabulile, interview, 30/11/2024). These responses illuminate the different meanings that nurses ascribe to things, in particular the meanings they ascribe to what they refer to as the *olden days*. For some, the olden days meant freedom, and for others, the olden days seem to represent simple times which was the simpler way of doing their jobs. Nurses emphasised that the days of old carried with them greater value for their experiences of work, which the current structure of the nursing profession seems to be lacking. This understanding of the difference in the value offering of work in both the past and current structure of the nursing system can be related to how nurses used to view work through the lenses of stability and dignity (Cheater, 1974; Rispel and Schneider, 1991; Hull, 2009). Nurses who refer to the olden days refer to the images of nurses they would see growing up, images that portrayed nurses as respectable ladies of standard and status. These images, in turn, propelled their motivations into the profession. For nurses this becomes a symbolic representation through which they view the nursing sector. In a society where work has precarious offerings, having a uniform, different skills, and an education seems to be the ingredients to a dignified profession yet when one looks closer, we realise that there is misery involved in the professionalisation of the nursing sector. The current view of work is that it has insecure and precarious offerings (Cuilla, 2011; Peetz, 2019; Polkoskwa, 2019; Wichterich, 2020) and for nurses, it offers little value as the historical benefits of the nursing sector dissolve into the neoliberal structure of work which is accompanied by casual work. The present and future realities confronting the nursing profession shape nurses' work experiences in the private healthcare system.

4.2 The Present State of the Nursing Sector

For nurses in the private healthcare sector, the current structure of work is challenged by the rise of agency nursing work and insecure employment. Nurses narrated that their present experiences of work are riddled with insecurity. Jabulile, a nurse respondent, explained: "Awukho (you are not) financially stable and you can't pay your bills, it's like you are unemployed in a way" (Jabulile interview, 30/11/2024). The rise in temporal (agency) employment and its relation to insecure work can be explained by the rise of privatisation. Birdsall and Nellis (2003) argue that when viewing privatisation from an elite-centric view, one starts to see the darker side of privatisation in that it takes people out of good jobs and into poor ones. It also leaves them in a position of unemployment. Thus, the effects of privatisation on nurses can be seen in how nurses have moved from being permanent nurses to agency nurses. This theme has established that agency nursing work is linked to issues of precarity as this type of work can be characterised by uncertainty, insecurity and instability. Scherer (2009:529) argues that the increase in fixed-term employment raises concerns about job insecurity and precariousness for workers and their families. The neoliberal transformation of work has carried with it adverse effects on nurses as they had to assume the role of agency workers. Pons-Vignon and Anseeuw (2009) show through different case studies that outsourcing and casualisation are a direct response to the perceived threat and fear that labour discipline would be impossible to implement in a free workplace regime. Thus, these new forms of employment increase the precariousness of labour. Pons-Vignon and Anseeuw also state that South Africa's transition to democracy has done little to change workers' situations as the transition was accompanied by casualisation, and in post-apartheid economies, employers shifted to economic coercion as a strategy and this was made easy by the high unemployment levels and casualisation that are prevalent in South Africa. This study shows how nurses' account of being employed in the nursing sector is linked to the changing nature of work which moved from offering secure employment to a temporal and flexible type of work that leaves nurses with no hope for their prospects of work as well as the future of the nursing sector.

4.2 The future of work in the nursing sector

Nurses were asked their opinion on whether the nursing sector could be revived to understand if nurses were hopeful about the future of nursing in South Africa. Katleho, in a one-on-one interview, replied:

> *If they (the private hospital industry) want, it will be revived if they don't want to, it will not. The government is always saying they do not have a budget. The people that we have hope in they say they have nothing to offer us. We as nurses, go everywhere we even try our luck in old age homes. We are a lot that's why you end up going to work 5 times in a month because everyone needs the job, everyone needs to survive. If they book you for 2 weeks, the week might even end without you going to work because of shift cancellations* (Katleho interview, 10/01/2025).

Nurses explained that the reason they only end up working for 5 days is due to the fact that agency nursing work is highly unstable, which means that shifts can get cancelled at any time and agency nurses do not have the power to change that. The second reason was that different power dynamics are present within the private hospital; permanent nurses have the power to hinder agency nurses from working if they do not have good working relationships with them. This puts agency nurses in a precarious position as they have to maintain good working relationships with permanent staff at all times to ensure that their shifts do not get cancelled. The hospital also plays a huge part in how nurses are either called into work or their shift gets cancelled. Nurses even voiced how they would not encourage anyone thinking about going into the nursing field because of the issues they are confronted with as agency nurses: *"*I would not encourage anyone to do it, it is tough now. I would not encourage my kids to do this" (Lerato interview, 30/11/2024). The interviews raised concerns about the future of nursing work, especially in the private sector, as nurses held pessimistic views in their experiences of work. Katleho further explained "In terms of the future of nursing *Ayi angazi* (I don't know) because most of the nurses are now going overseas in search of better opportunities. But to anyone who wants to pursue a career in nursing, I would not advise it. Existing literature shows that the nursing sector is in peril, and it requires serious attention for

its revitalisation. Rispel and Bruce (2014) highlight the nursing crisis that is in South Africa, which is classified by a declining interest in the profession of nursing, a nursing staff shortage and a decrease in care ethos. This study shows how work does not remain the same. The past and contemporary realities of work in the nursing sector seem to hold a dim view as nurses have moved from viewing work as valuable and ascribing their experiences of work to aspects of dignity and pride. To the current perceptions of work as being insecure and unstable and having dim hope for the future of the nursing sector. Benjamin (2013:11) argues that the increased use of labour brokers and trends towards casualisation have contributed to South Africa's labour relations being referred to as increasingly fraught. These debates are also linked to broader discussions on the changing nature of work and the negative implications it has on workers.

4.3. Motivations for the nursing profession

Given the challenges noted above, the discussion moved to understanding the motivating factors that led nurses into the nursing profession. The different motivations that nurses hold are linked to how nurses often navigate, negotiate and mediate their clinical practices in the three-way system, which is the constant interaction and intersection between agency nurses, nursing agencies and private hospitals. The interviews revealed that nurses had four motivations as to why they keep nursing or why they got into the nursing profession. These motivations included passion, their kids, money, and some even saw nursing as a way of escaping poverty. The different motivations are discussed in detail, and a critical analysis of each motivating factor is offered below.

4.3.1 Passion

The findings of this study suggest that nursing is linked to passion. Most of the nurses voiced out that they got into the nursing sector because they were passionate about the profession. Philani gave his account of why he went into nursing: "Actually, I fell in love with nursing. I did my degree and honours in media studies, but I never liked it. After that, I met a lady who was studying nursing. So, as we had a conversation, I realised that I liked nursing, so I applied for it, and they took me, and I still love it. If I can choose another career again, I would choose nursing." (Philani interview, 30/11/2024). Ntombi held similar views about nursing: "I enjoy nursing, even if there

is some strain *nyana* (a bit), I enjoy it." (Ntombi focus group interview, 30/11/2024). In a similar vein, Thoko stated, "Helping people is what we enjoy the most, seeing our patients getting better. That's what we enjoy" (Thoko focus group, 30/11/2024). Philani explained that "giving out medication and dressing wounds is one of my best duties. When my patients are doing well, that makes me fulfilled, and also when I help somebody so that they can help themselves" (Philani individual interview/ 30/11/2024). Jabulile also gave a similar account: "I enjoy helping sick people because my mother once had a stroke while I was not a nurse, so I was taking care of her while I was growing up until she passed away. So, I had a passion for nursing from a young age." These accounts from nurses complement existing research that shows that nursing is linked to the ideas of care and nurturing (Dodson and Zincavage, 2007; Ray, 2016; Engenes, 2017). This is interesting to note as Dodson and Zincavage (2007:126) show that previously caring for the elderly was seen as a moral duty and not a profession- the authors also eloquently explain that care "gets trapped in a contradiction between professionalism and affection, closeness and distance, private and public space". With the changing nature of work, nurses are not only considered care workers, but an added burden gets put on them, which is the title of a temporary worker. Bushardt et al. (2016) argue that recent research shows that passion is a complex concept that has a dark side. The idea of passion and its linkages to care work, when analysed from the point of the labour market, is translated into exploitation. This exploitation becomes prevalent through the perception that nursing work is not real work. Wichterich (2020) argues that the idea of care work is favourable for capitalists as this type of work is often underpaid; therefore, nurses, in the name of care and passion, become exploited.

The different accounts of what keeps nurses nursing suggest that their passion for their profession is translated through acts of service such as taking care of sick patients, dressing wounds and giving out medication. Passion for Graling (2007) goes beyond emotions it is an act, especially for nurses. Bushardt et al. (2016), also state that passion manifests through performance. This can be seen in the above analysis of nurses' accounts of their day-to-day duties. The acts of service such as taking care of the patients, wound dressing and giving out medication are how nurses express their passion. The duties that the nurses perform can be linked to the historical images of nurses as caretakers and natural-born nurturers and contrast to Rispel and Schnieder (1991) who argue that

the aspect of care in nursing has evaporated, the different narratives from nurses prove that the ideals of care and nurture continue to be at the core of the nursing profession. The findings, therefore, show that to be a nurse is to bear the responsibility of care and nurture- this means that we cannot divorce nursing from its traditional role of care.

4.3.2 Kids as a motivating factor

The nurses that I sat down with were middle-aged women, young women and one man, who is both a husband and a father. who have all been working as nurses for more than 10 years. The nurses stated that their biggest motivation that keeps them nursing or why they accept working as agency nurses is because they have kids. What was interesting to note is that the agency nurses emphasised the word kids as if they were showing that their sole purpose for accepting their insecure experiences of work was because they had families who were dependent on them. “I work for my kids and nothing else.” And most nurses agreed with this statement (Zandile focus group, 30/11/2024). “My kids are my motivation” (Robyn interview, 22/01/2025). Nurses explained how they work for their kids and that often working as an agency nurse restricts them from properly taking care of their kids. Lerato explained, “It is almost December now, and there are no patients. If there are no patients, you will sit at home until January, so you can imagine how that makes you feel. If you are sitting at home and you cannot provide for your kids.” (Lerato focus group, 30/11/2024). Precious added to this account by stating that working as an agency nurse means that “you can’t take your kids to better schools and you can't buy a car.” (Precious interview, 10/01/2025). The question of nurses working for their kids raised different emotions for most of the nurses, and due to ethical reasons that nurses have the right to refrain from answering questions they do not feel comfortable answering, the question was not probed more. However, what was established is that nurses work for their kids, and they accept the different conditions of work because they have families who depend on them. As a daughter of an agency nurse myself, I could understand the emotions that agency nurses felt. This also revealed that nurses’ experiences of work go beyond the economic, such as selling their labour power and earning a wage. These experiences are intertwined with the personal. Nurses accept unfavourable working conditions to provide for their families- this can be linked to the ideals of care and sacrifice as discussed above. For nurses, this is where production and social reproduction meet. Benya (2015:546) argues that social reproduction includes the necessary labour of feeding

people, taking care of the sick, and child-rearing, and this burden often falls on women. Therefore, nurses' experiences of work (productive role) are not divorced from the social reproductive role they play outside of the workplace; the two are linked and affect nurses' decisions regarding the conditions of work that nurses come to accept.

4.3.3 Money as a Motivator

Nurses spoke about how the *only* benefit of being an agency worker is the money, in that if your shift does not get cancelled you earn a daily wage that is reasonable of 1500 rands a day. The insights gathered on the theme of money as a motivator to work were linked to the power dynamics that are created between permanent and agency nurses in private hospitals. Nurses stated that they end up fighting for the shifts because of the money. Palesa who is a permanent nurse at one of the biggest private hospitals in Gauteng, stated "We sometimes do overtime as permanent nurses because we need the extra cash. There is no money that's why they say nursing is a calling, there is no money in nursing." (Palesa focus group interview, 30/11/2024). This account was complemented by Rose, who also stated that "there is no money, you work hard but there is nothing to show for that" (Rose interview, 3011/2024). From the perspective of an observer, the question of money caused feelings of unrest as nurses felt strongly about the issue of pay. The nurses unanimously agreed that the only advantage of being an agency nurse was that there is more money as there are not a lot of benefits with agency nursing. Palesa, a permanent nurse, further explained that there are no medical aids or UIF deductions, so the money that agency nurses receive tends to be higher than permanent workers (Palesa focus group interview, 30/11/2024). In a similar tone, Zanele, an agency nurse, voiced that if permanent nurses do overtime, that means that the agency nurse will not have work because permanent workers take their shifts.

The issue of pay raised key insights on how nursing can be linked to ideas of passion and calling, as well as how nursing can be seen as a commodity. Marx (1887) defines labour as a commodity- a process through which workers' labour power is used and sold to the labour market. For Marx, labour becomes commodified when workers sell their labour power to their employers in exchange for wages. Thus, this transactional relationship transforms labour into a commodity. The three-

way process that exists within agency nurses, nursing agencies and private hospitals further explains Karl Marx's labour process where the agency nurse as a labourer is transformed into a commodity. Marx (1887) further explains that the commodification of labour leads to the loss of individuality and autonomy. The purchase of labour power means that the capitalist incorporates labour as a living agent of fermentation into lifeless constituents of the product, which also belongs to him. This shows how the capitalist system has the power to transform labour into docile bodies that are easily trainable, this will be explained further in succeeding themes.

4.4 Handling workplace stress

This theme was an unexpected one, what Creswell (2015:249) refers to as an unexpected or surprise theme. This theme was created from the initial question posed to nurses in an effort to create rapport: *How do you handle workplace stress?* However, the nurses' responses sparked insightful conversations and ideas on the issue of care work versus real work, and the liminal positions that nurses assume that directly impact their sense of identity and belonging.

4.4.1 Care work versus 'Real' work: Nursing work as a necessary chore/ duty

The idea of care work and its linkages to nursing and exploitation have been discussed above. As nurses navigate through the private hospital, they deal with different physical and emotional emotions. Emily replied to the question of how nurses navigate stress in the workplace: "We push through because the work needs to be done" (Emily interview, 30/11/2024). This response raised insights on the idea of care work vs real work, as agency nurses go about navigating their experiences of work within the confines of the private hospital. Furthermore, this also raised insights on how the overlap between work and labour for nurses is not a clear-cut one or one that is clearly defined. It is blurred by how their work is linked to the ideas of care and nurturing for their patients, and how this work is a necessary duty for them to get paid. This idea of care work versus real work stood out as it has extensively been documented in the literature. Henderson (2001) argues that many nurse theorists define caring as central to nursing work and is one of the defining features of the nursing profession. Engenes (2017:4) states that nursing was historically linked to the ideas of service to others and self-sacrifice. These ideals have found a place in the

contemporary structure of the nursing system. Thembi explained how you just have to push through with work when you are a nurse because there is no space to handle the stress. “If it is not your teatime or lunchtime, you cannot handle anything; teatime or lunchtime is when you handle stress” (Thembi interview, 30/11/2024). Hochschild (1983:15), in her study on emotional labour, magnifies how flight attendants must subordinate and suppress their feelings to make others feel cared for and safe and this is irrespective of how they feel. This relates to the aspect of care that nurses have to encompass, they must subordinate their feelings to ensure that their patients feel cared for. In an individual interview that I conducted with Philani, he offered a similar account of how he has to suppress his feelings in order to get the work done: “You know nursing on its own is stressful because the work does not end. There is no time where you will sit down and say I'm done (Philani interview, 30/11/2024). Even now I'm just eating but I'm not done”. These findings show how nurses feel like they have to suppress their emotions in order to complete the tasks at hand. Thandiwe explained, “I just relax, calm down and focus on one thing at a time. It lowers my stress levels” (Thandiwe interview, 22/01/2025). Nurses are aware that they need to remain calm in order to cope with the extremes that come with being a nurse.

4.5 The nurse as a liminal other: Isolation and Alienation

The existing literature shows how isolation and alienation are direct effects of the modern structure of work (Seeman, 1959; Dean, 1961; Petrović, 1963; Seeman, 1975; Erikson, 1986; Shantz et al., 2014). The theme of Isolation and Alienation raises different insights and ideas from nurses on their work experiences in the private hospital sector. Nurses' accounts of agency-based work revolved around the issues of Isolation and Alienation, this theme is directly linked to the ideas of Victor Turner’s (1969) concept of liminality, and the ideas of the panopticon coined by Jeremy Bentham in 1791 and further extended by Michel Foucault in his (1926) book on *Discipline and Punish.* The subthemes explore ideas on liminality, docility, surveillance and control in nurses’ experiences of work in the private hospital sector. These ideas build on each other to understand the complex nature of work that agency nurses often find themselves navigating, negotiating and mediating in efforts to make a living in the private healthcare sector.

4.5.1 Precarious Liminality

Agency nurses are insecurely employed, as we have established in the introductory chapter of this study. This precarious form of employment is linked to nurses' experiences of work. The aspect of insecure work is linked to issues of exploitation and alienation that are found in the contemporary structure of the nursing sector (Cuilla, 2011; Peetz, 2019; Polkoskwa, 2019; Valiani, 2019; Wichterich, 2020). The findings from the interviews revealed that agency nursing work is a form of insecure and precarious work that yields little value. This theme relates nurses' feelings of isolation and alienation to Victor Turner's (1969) concept of liminality- where one is neither here nor there and often finds oneself inhabiting a liminal position of being in between. Nurses felt feelings of insecurity as they felt that they could not commit themselves to things that needed stability such as buying a house, buying a car and also committing to take their children to quality schools as their work did not afford them that stability. Zanele explained, "Because you are not permanent, awukwazi ukuzibopha (which means you can never fully commit yourself to anything) and say I want to buy a car, or I want to buy a house because you are not working. (Zanele interview, 30/11/2024). Jabulile expressed similar concerns: "Being an agency nurse is good, and it is bad, I am employed but I am also unemployed, but it is better than doing nothing at home". These accounts show how nurses' experiences with agency-based work often leave them in a liminal position of not knowing what their current and possible work situations will look like. This becomes a liminal offering as nurses feel like they are neither employed nor unemployed.

Jabulile further highlighted the insecure position that comes with agency-based work "Even though they call you 5 days in a month, I would say you can buy soap, you can buy basic necessities, yeah but otherwise you can't buy a house. You can't take your kids to better schools. You can't buy a car. You just eat and keep going" Thandiwe also held similar sentiments "The disadvantages are that you're getting old, and you are not permanent. You don't have medical aid. You can't buy a house; you can't buy a car. You cannot better yourself, you can't save anything, you are there just *ukuthi uphile* (you are there to survive)" (Thandiwe interview, 22/01/2025). These narratives raised key insights into how nurses liken their employment situation to a jobless one, one that produces little value, but they still hold on to it. As Denning (2010) explains, being

exploited under capitalism is better than not being exploited at all. This raises the idea/ concept of agency nursing work as a type of *jobless employment* that allows agency nurses to acquire wages for their basic subsistence but not quite enough for them to better their standard of living. Nurses thus inhabit this liminal position of not knowing whether they are employed or unemployed. For Turner (1969:359), "liminal entities are neither here nor there, they are betwixt and between the positions assigned and arrayed by law or custom… their behaviour is normally passive or humble, they must obey instructors implicitly and accept arbitrary punishment without complaint." Liminality is used to describe a phase that can be attributed to an individual who does not know where they fit in. I attribute this concept to agency nurses' experiences of work because from their perspectives, they are neither unemployed nor permanently employed; they occupy this liminal phase of insecure work which holds feelings of uncertainties about their current and future aspects of work as explained above. What was interesting to note during the interviews was how nurses would alternate between using the words *unemployed* and *employed* to explain their experiences of work. These words represented and explained the same thing; they represented and explained what an agency nurse is and what they do. This definition differs from the standard definition of what an agency nurse is; the standard definition of an agency nurse as seen by Ruyter et al. (2008), is an individual who desires to be a free agent because of the benefits of flexibility and control. The standard definition uses the concept of control to highlight agency nurses' power in the labour process, while the actual definition, according to the findings of this study highlights how nurses do not have control over their experiences of work as they assume liminal positions in the labour process and have minimal control. Stone (2006) however, offers an accurate definition that is consistent with the findings of this study that agency nurses are contingent labourers who work for an organisation without being employed.

4.5.2 Liminality in Belonging

This study also found that agency nurses feel isolated from their hospital counterparts, and this affects their sense of belonging to a team and how they identify themselves as workers. This subtheme is connected to the question this study posed of the relationship between agency nurses and permanent nurses in private hospitals. Agency nurses stated that they feel isolated and alienated from different actors that are present in the private hospital such as patients, permanent

nurses and their managers. They further stated that the treatment they receive from each actor has a direct impact on their sense of identity and sense of belonging and how they carry out their clinical practices. Selberg (2013:12) states that identities are not stable as people enter paid work but rather, they are ever-transforming, open for negotiation and ambiguous…they are also processes that are created through different power relations. Agency nurses stated that they were excluded from hospital events that should have been for all nurses, and this adds to their feelings of not knowing where and how they fit in the private hospital sector. Grace explained that "sometimes you feel isolated somewhere, somehow because most of the times the permanent staff and management will do their thing (not include the agency nurses) if it is a nursing day they only concentrate on the permanent staff and not the agent" (Grace interview, 30/11/2024). These accounts also illuminate how there is another layer of liminality that gets created as nurses find themselves occupying positions as nurses but are not treated as nurses, as they are excluded by the private hospitals that are increasingly utilising their services. Nurses are also alienated from permanent staff and patients. Therefore, agency nurses become these nurses who are not nurses.

This study has established that identities are generated through power relations. Emily explained the power differences that often come with agency-based work. "*Bare gethola* (They discriminate us)." She was referring to the treatment(s) they get from permanent nurses and hospital managers. (Emily, focus group interview, 30/11/2024). Palesa further added "Can I answer, it is not about the agency; it is about the individual fela (only) just like how you work at Checkers or Shoprite it is clear that you will not click with everyone, so it is like that. But when it comes to other things like nurses' day the hospital can be a bit discriminative or bias and from my side, I don't understand why the hospital should treat nurses differently and even wear different uniforms as we are in the same hospital." (Palesa focus group interview, 30/11/2024). For some nurses the power dynamics are not created because of the differences between agency nurses and permanent staff, the distinction is formed by different individual behaviours- these behaviours relate to how a person carries themselves within the workplace and the different attitudes they have towards their work and their hospital counterparts.

The response on the issues of uniforms sparked interest as to why permanent nurses and agency nurses wear different uniforms. Thandiwe indicated that nurses wear different uniforms so that the hospital can distinguish between agency nurses and permanent nurses. She went on to say that when the patients see the difference in the uniforms, they ask a lot of questions (Thandiwe interview, 22/01/2025). The findings suggest that wearing different uniforms leaves agency nurses feeling vulnerable to a number of questions that they feel uncomfortable answering. Secondly, wearing different uniforms decreases patients' trust in the agency nurse because patients tend to ask questions that question whether or not agency nurses can accurately perform their job. Emily shared similar sentiments "Patients treat us very bad, and it can make us feel small the way they do things." (Emily interview, 30/11/2024). The issue of nurses' uniforms can be linked to Foucault's (1926) analysis of discipline and control- one starts to draw connections to the broader idea of the panopticon. The panopticon is used for surveillance and control, in the sense that when nurses wear different uniforms, their work is easily surveilled. Nurses specifically stated that the different uniforms also make it easy to determine which nurses make mistakes. Precious showed this by explaining:

> "You get discriminated in a way; you are not considered as part of that hospital. Because they only call you when they need you. So, it makes me feel as if I don't know my job because if there are mistakes or errors in the ward. It's always agency staff. Even though you worked there for 10 years, but for the fact that you are working for an agency, you are not considered as that institution's employee." (Precious interview, 30/11/2024).

Thandiswa also offered a similar account of how mistakes are often attributed to agency nurses:

> "If you are an agency nurse, they don't take you seriously when the permanent staff are doing wrong things they will say it's you and when they don't like you maybe if you perform better than them, they don't like it. They (permanent nurses) make sure that you don't come in on any of your work days. If you have 30 days in a month or, let's say, you booked for 15 days in that month, you will work only three days because they don't like you. Yes, there is a register where they book us as agency nurses. The permanent will come and rub you off (erase your name from the register) and put their friends. Then yeah, it's like that." (Thandiswa individual interview, 30/11/2024)

Rispel (2016) in a study on the cost of agency nursing work, states that agency nurses often need more supervision than permanent nurses, in particular when giving medication, dressing wounds or dealing with high tech. Most of the agency nurses in this study held contrasting views as they explained that they were capable of doing their work without any supervision. Agency nurses have been working for a minimum of 6 years, and some nurses have experiences of about 16 years in the private hospitals. This for nurses shows how they are capable of providing clinical services without needing supervision, contrary to what the available literature shows. On the other hand, permanent nurses voiced that agency nurses that come from different institutions need to be trained, monitored or supervised to ensure that they offer quality services in the private hospital. Palesa who has been working as a permanent employee for 11 years explained:

> "Some agency nurses have an attitude; when you tell them that this is how the job is done, they will not listen. And we as permanent staff attend training so we are more qualified and more equipped so we know what is expected of us. If you tell him or her what to do, they feel like you want to control them and others also use age whereas this work deals with ranks, sometimes my senior can be someone who is younger than me, so we deal with ranks here so we must obey the rules." (Palesa interview, 30/11/2024).

This study shows that the tensions and conflicts that exist between agency nurses and permanent nurses reveal the unequal power relations that are in private hospitals, these power imbalances rotate through the dimensions of threat and security, dominance and subordination, as well as control and submission that Shula Marks (1994) magnifies on the struggles of the nursing sector.

The different narratives from agency nurses show that they find themselves in a liminal space, where their power to act or speak is weakened by their other hospital counterparts. Their sense of powerlessness can be connected to how Foucault views power. For Foucault, power exists in all human relationships, and it extends throughout society. According to Foucault (1926), discipline represents the different ways in which the body can be controlled, and it is activated when individuals' movements and experiences are confined within space and time. Disciplinary power can be viewed in terms of the panopticon, which is a disciplinary institution that shows that individuals can be controlled and supervised efficiently. This study looks at the private hospital sector through the lens of the panopticon in which agency nurses are located. Disciplinary power

depends on three crucial elements for its success: hierarchical observations, normalising judgement and examination (Foucault, 1926). The panopticon aims to strip individuals of their freedom in an effort to reform them. This deprivation of freedom can be seen in how agency nurses are insecurely employed and the reformation through how nurses at least receive compensation for their work. Through this interaction, nurses find themselves moving through the confines of the private hospital. Thus, the private hospital acts as a panopticon which creates mechanisms of control that make the constant observation of agency nurses easily achievable. This also allows for the creation of an efficient and productive worker, one that is easily submissive, trained and controlled in how they perform their work. Agency nurses assume the position of a cog in a machine whose sole purpose is to generate profits for the private hospital sector. The constant surveillance in the private hospital occurs through the different uniforms that nurses wear, this allows them to be monitored by both managers and patients alike in how they conduct their work. The constant surveillance turns nurses into docile bodies that become powerless, regardless of the agency nurses' years of experiences the private hospital confines them in a state of docility where they are neither employed nor unemployed. This hierarchical relationship that is instilled by power is formed through the constant interaction of agency nurses and their hospital counterparts who are constantly observing, monitoring, and controlling how they render their clinical services.

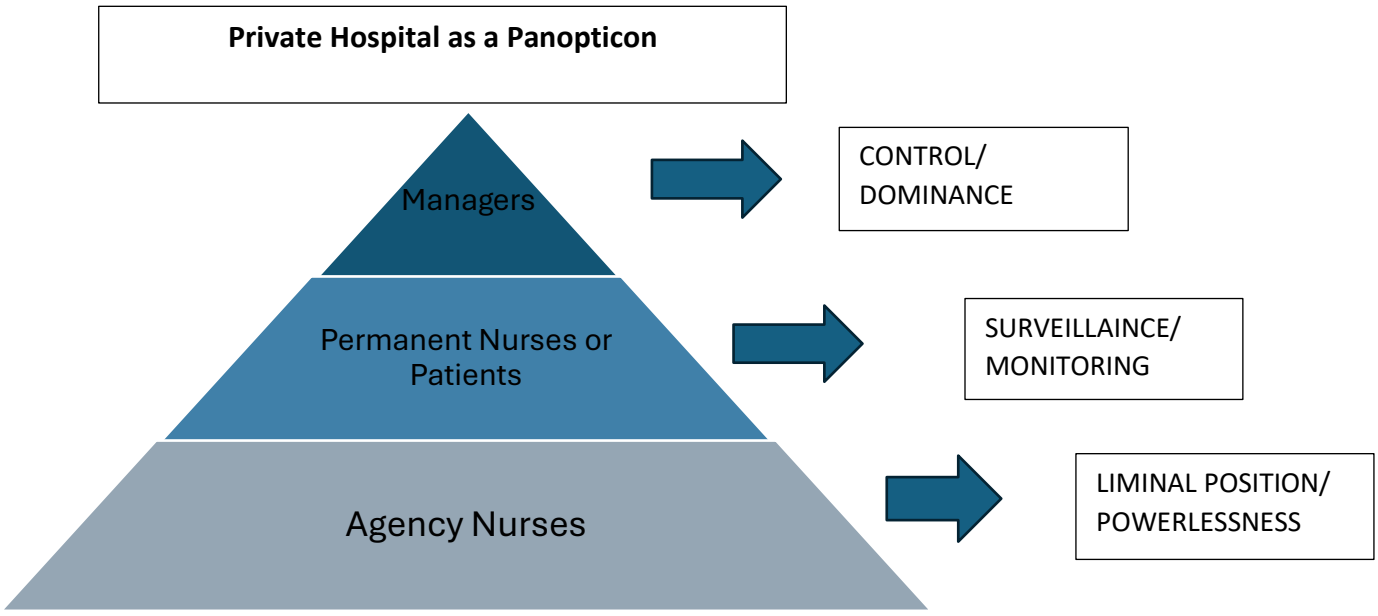

Figure 4.5.2 The three elements of disciplinary power in action in the private hospital sector

Figure 4.5.2 shows the three elements of disciplinary power in action in the private hospital. This process shows the different power relations that are created through the interaction of agency nurses and other hospital actors as the agency nurses try and navigate their experiences of working in private hospitals. This process first requires one to look at private hospitals through the lens of the panopticon that is responsible for instilling discipline and control; this is to understand the different relationships that are formed inside the private hospital sector. The hospital managers can be seen as the observers who instil control and discipline in agency nurses. The permanent nurses and patients can be viewed as the monitors who allow the surveillance of nurses to flow with ease. Finally, agency nurses can be seen as the liminal other who is constantly observed, monitored and alienated from their hospital counterparts which are the hospital managers, permanent nurses and the very patients they treat. Goffman (1961), in his work on total institutions, complements this argument by stating that the incorporation of individuals into an institution creates alienation. In this case, the incorporation of agency nurses into the private hospital institution creates alienation through their liminal position of being agency workers. Therefore, nurses inhabit a liminal position of not knowing where they belong. As they feel like they are not part of the team, they are not accepted by patients, they also feel isolated from the permanent nurses and experience feelings of alienation from hospital managers.

4.6 The Private Healthcare Sector: The Elicit System that keeps on taking

4.6.1 Overview of the South African Private Healthcare Industry.

The private hospital industry is one of the most lucrative markets in South Africa, and according to Statista (2024), the private hospital industry reportedly makes around 8.1 billion rands in profits annually, as depicted in Figure 4.6.2. The South African healthcare industry is a two-tier system that comprises of the public and private sectors (Valiani,2019; Rensburg, 2021). The South African private hospital sector is dominated by three large hospital groups, Netcare, Life Healthcare Group and Mediclinic and together, they have approximately a market share of 70-80 percent of the industry's 40,000 beds (Perpetua, 2024; RH Bophelo, n.d). Netcare Group reported in their 2024 summarised audit results that their group revenue grew by 6.3 percent. The group has also seen an increase in profits to R202 million. Dr Friedland, the current CEO of the Netcare Group, stated, "We expect ongoing improvements in the operational and financial performance of the business

in the financial year 2025 and beyond" (Netcare website, 2024). On the 30th of September 2023, Life Healthcare Group reported a growing group revenue of 10.6% (R22.6 billion), and the Group CEO Peter Wharton-Hood stated, "We have again shown solid growth in our Southern Africa business, and we're making steady and pleasing progress on our long-term strategy. We are positioning Life Healthcare as a leading, diversified healthcare provider in southern Africa, accelerating integrated-care growth initiatives, and adding diagnostic capabilities into the local market." The summarised financial results of the three largest hospitals in South Africa show how the private hospital market is growing yearly, and it also shows the projected profits for the 'bright' future of the hospital industry. However, this raises the question- at what cost is growth sustained. Theme 4 on the nurse as the liminal other reveals the darker side of the private hospital sector through nurses' experiences of work. Therefore, the impressive figure that shows the boom in the private hospital industry conceals what is actually happening behind the doors of its hospitals.

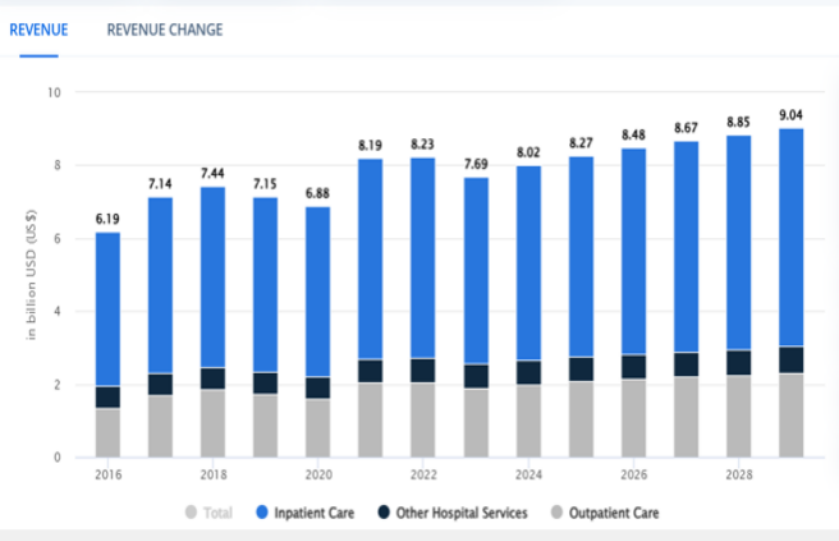

Figure 4.6.2 Revenue growth in the private hospital industry Source: Statista (2024)

5. The Private Hospital Industry and its implication on Agency Nurses

The interviews with the agency nurses revealed that there is immense power that is held by the private hospitals. This power is able to turn nurses into docile bodies that are easily trainable, and that also respond quickly to discipline. This sub-theme extends on the ideas of the private hospital as a panopticon that instils surveillance and control on agency nurses. When conducting the focus group interviews with the nurses three main points stood out from nurses' responses on their

accounts of working in the private hospital, this sub-theme dissects each point through the lens of power and exploitation that is induced by the private hospital industry.

- The private hospital is a *money-making scheme*
- The private hospital is *not* for the agency nurse
- The private hospital is *not* for patients

These are some of the responses from nurses that complement the point that the private hospital is not for agency nurses.

Elizabeth an agency nurse responded:

> "The disadvantage with agency-based work is that it's only patient ratio kind of nursing, let's say for instance the ward is 32 bedded and there are 16 patients in the hospital, you as an agency nurse are going to be cancelled because this is a money-making scheme. *Phela* (because) It's a private hospital. They work according to the number of patients that they have in the ward. If you are not needed, let's say you're confirmed in the morning that you must come to work, and then during the day they discharge patients, just know that you're going to be cancelled later on. That's the disadvantage because you can't budget."

Von Holdt and Webster (2008) state that the changing nature of work in South Africa has given birth to an externalised worker (a non-core worker) one that works alongside the core permanent worker. This is true for agency nurses who assume non-core positions in private hospitals alongside permanent nurses. These nurses become non-core due to their liminal position of being agency nurses. Benjamin (2013:8) argues that agency workers are paid less than permanent employees who they work alongside performing the same task. This for agency nurses shows how the private hospital sector is a profit-driven industry that is not for nurses. Jabulile further explained: "It's been hell, I will say, because now there is pressure from the managers, especially in the private sector, because this is a business, they're making money so they will put you under pressure. And also, when the patient is rude or does you wrong, they won't stand with you. They will stand with the patient and by the patient. *Wena* (you) are just a nurse; you are nothing and

bona (the private hospital) they're pushing money. They're making money using you. Also, the patient is always right, even when they are wrong. They don't care about you. They care about money because their company is always making money. Nobody is standing up for you in case something happens. Unless they are suing them, that's when they will, because now the money is going to go out. But otherwise, nobody is standing up for you. You are nothing to them, just a money-making machine for them." (Jabulile individual interview, 30/11/2024).

Working in the private hospital sector for agency nurses means that they are alienated as no one fights for their rights. Nurses in this study narrated how the services they offer are reduced to a mere cog in a machine, one that is required to be efficient and productive in how work is done, which consists of taking care of patients. For nurses in this study, working in the private hospital sector also means accepting insecure and casual forms of work.

The study also found from nurses that private hospitals are not for the patients they treat. Palesa stated that:

> "Working conditions are good in the private sector, but nowadays, you don't want to be a patient in the private sector because in the private they concentrate more on the paper than the patient. You don't want to be a patient in the private nowadays, to be honest" (Palesa interview, 30/11/2024).

Maria added that "you also don't want to find yourself as a patient in a government hospital." (Maria interview, 30/11/2024). This is linked to the idea of exploitation being prevalent everywhere. The findings of this study show that the main interest of the private hospital sector is to make profits. This raised insights into how the private hospital is seen as a symbol of exploitation by both permanent and agency nurses, as it exploits both patients and employees. This was interesting to find out as the commonly held assumption is that private hospitals would focus more on the patients as they receive most of the revenue from the patients who utilise their services (Pillay, 2009; Young, 2016).

The observations made throughout the interviews were that there is something powerful about the private hospital as it holds the power to strip away nurses' ability to have a voice, stand up for themselves or even defend themselves. Private sector agency nurses become reduced to service

providers who do not feel nor react. This is interesting considering that nursing is linked to the ideas of care and nurture, therefore, this raises questions as to how one can seemingly be attached and detached from the patients they treat. Petrović (1963) compliments this and notes that under alienation, the individual loses control over the product of their labour. Henderson (2001) magnifies on two concepts: emotional engagement versus emotional detachment to understand nurses' experiences of work. Nurses explained that being a nurse means you work closely with patients and different forms of relationships get to be formed at the same time, this creates an emotional attachment, and there is a detachment that gets created when patients, permanent nurses and hospital managers in the private hospital sector exert their power over agency nurses. Palesa explained "You get to find out and learn a lot from patients, you get to understand how deep a person can be. The disadvantage of working as a nurse is that patients can lie, especially the elderly. I don't blame them because they are old- they can say you laid a hand on them whilst you didn't do that, and their children will think it's true, and that will get you in trouble" (Palesa interview, 30/11/2024).

Nurses' narratives about private hospitals raised key insights to look at the private hospital industry from the lens of an elitist system that keeps on taking. As it takes from agency nurses the potential of being a permanent worker, it strips nurses of their dignity and leaves them in a liminal position where they do not know what their current and future realities of work will look like. In a sense, they extract profits from their patients and also extract value from both permanent and agency nurses for the clinical services that they provide. The private hospital industry magnified through the lenses of power allows us to see the darker side of the sector and its exploitative yields. Looking at the private hospital industry through the lenses of power also allows us to analyse how agency nurses are turned into docile bodies through this private system. Finally, analysing the private hospital industry through the lenses of power allows us to understand how value is extracted in the three-way system that is created when agency nurses, nursing agencies and private hospitals interact.

6. The Nursing Agency Industry: *What* or *Who* are they?

Pons-Vignon and Anseeuw (2009) argue that the private sector used the issues of high unemployment and casualisation to create temporary enterprises that focus on outsourcing with the goal of labour cost reduction; these temporary enterprises ensure that flexible working arrangements become possible. The structural changes in the South African economy have increased the employment of temporary workers; however, Bhorat and van Der Westhuizen (2013) state that it is difficult to accurately estimate the total number of workers that are employed in the Temporary Employment Services (TES) industry using official labour force data. Benjamin (2013:8) states that the official market statistics do not record the number of employees that are placed by temporary employment agencies, however, the Confederation of Associations in Private Employment Sector (CAPES) suggest that there are close to a million placed agency workers in the private sector. Bhorat et al. (2014) note that despite the growth in TES, the labour broker sector has been under-researched in South Africa. When reviewing the literature, what became apparent was that not much is written and known about nursing agencies. Rispel (2016) states that little is known about nursing agencies globally as well as in South Africa. According to Rispel, what is known about these agencies is that they are employment service providers who supply nurses on a temporal basis to healthcare establishments. Agencies are responsible for paying nurses' salaries, and they charge hospitals a fee for the nurses provided. This process is explained in detail in Figure 3.3.2. This raises the question of why little is known about nursing agencies while they are closely connected to the lucrative business of the private hospital industry, and as nursing agencies are part of an increasing labour force that is responsible for providing temporary staff to private hospitals. Rispel (2016) shows that in 2009/10, the country spent R1.49 billion on agency nursing, and this amount is likely to have increased; however, due to the difficulty of estimating the actual data as noted above, this current figure is used to show the estimated cost of nursing agencies. MHR, which is one of the biggest nursing agencies in South Africa, shows on their company website that they have more than 20,000 agency nurses on their database (MHR, n.d). This study does not focus on the structure of nursing agencies; rather, the study aims to understand how nursing agencies function, and how this comes to affect agency nurses' experiences of work. This theme thus focuses on how nursing agencies work from the perspective of agency nurses who interact closely with nursing agencies.

Agency nurses explained that they initially take the first step of contacting nursing agencies. Once the initial contacts are made (via call or email), potential agency nurses are called in to write tests. If they fail the test, the nurses are given other opportunities to write and pass the test. After this, informal interviews are conducted, and this is followed by informal training that is given to the nurses. The training includes someone from the agency taking the nurse to the private hospital where they show the nurse the clinical practices they are to perform (show them the ropes). They inform the agency nurse about the private hospital's culture as to how things are done in that particular hospital. The last step in the recruitment and placement process is to inform the agency nurse about the company policies to ensure that they know the rules of the company. Then the agency nurse is left to their own devices, and from this point on the agency nurse is thus expected to render her clinical services. This account is consistent with what is found in the literature. Rispel (2016:3) states that "most nursing agencies have formal contracts with clients, a code of conduct and a complaints mechanism for clients, albeit mostly verbal and informal."

Thandiwe explained what happens inside nursing agencies: "When they take you (the nursing agency), they tell you that the bad thing about agencies is that if they don't need you, they cancel you. If they want you, they call you" (Thandiwe interview, 22/01/2025). This explanation can be linked to the ideas of insecure work as nursing agencies inform nurses before working that their shifts can get cancelled anytime; therefore, agency-based work for nurses is not guaranteed work. This can be connected to theme 4, where the idea of '*jobless employment'* was introduced to explain nurses' experiences with agency-based work. One can conclude that agency-based work is directly linked to insecure work. Thus, a paradox comes to exist as nursing agencies are incorporated through the major role they play in supplying agency nurses to private hospitals; however, they also assume the minimal role of being the middleman.

7. Nurses Unions and their efforts of mediation

The main aims of this research study were to understand how nurses navigate, negotiate and mediate working in the private healthcare sector. The previous themes have focused on how nurses navigate and negotiate their work in the private hospital sector. This section focuses on the aspect

of *mediation*. Rispel and Schneider (1991) argue that even if unionisation holds the potential to benefit many nurses, they have been socialised into believing that unions are not in the interest of the nursing profession. Rispel and Schneider continue to argue that trade unions in nursing are seen as a threat to the professional and class status position of the nurse. Nursing associations such as the South African Nursing Association (SANA) and South African Nursing Council (SANC) were created to prevent the unionisation of nurses. In 1942, there was a trade union crisis within the nursing sector. The period was classified by nurses' response to the poor working conditions, and there was a possibility that workers might organise themselves. This period proved significant as it shaped the structure of the contemporary nursing sector in South Africa. Rispel and Schneider (1991:117) argue that the initial response to proletarianization is unionisation; however, the powerful ideology of nursing associations inhibits this response from becoming a reality. The above historical description of nursing unions shows how history influences so much of our current realities. Nurses were asked their opinions on trade unions and how they help them through some of the issues of work they encounter in private hospitals. Nurses' responses provided a gloomy depiction in that they felt the unions do not do much to help them mediate their issues of work: "I feel like unions don't work for the private sector. Here, they say the patient comes first. In this private hospital, there is no union. They used to have a union called Solidarity, but it was for white people. but the union was not for agency nurses it was for permanent staff." (Palesa interview, 30/11/2024). Emily further explained, *"Rona hantle Hantle arena dinto tsengata* (We agency nurses do not have a lot of benefits) …We are not heard. We don't have a union. We are not allowed to strike. We are under oppression." (Emily interview, 30/11/24). This is linked to how agency nurses are not regarded as employees and they do not receive any protection from labour legislation. Labour movements have played a crucial role in the labour process; they have helped facilitate the relationship between employer and employee and have worked to ensure that the workplace is free from exploitation. In South Africa, the Democratic Nursing Organisation of South Africa (DENOSA) is one major trade union that works to strengthen nurses' bargaining power. DENOSA was formed in 1996 and has over 84,000 union members. The union also advocates for the rights and working conditions of nurses. Another trade union that has been increasing in prominence is the Health and Allied Workers Indaba Trade Union (HAITU), which is an independent union that is politically non-aligned. The union was registered in 2017. It organises healthcare workers who are employed in both the private and public sectors. However,

according to Von Holdt and Webster (2008), the modern restructuring of labour has weakened the once-powerful labour unions. Agency nurses in this study noted that they do not have trade unions that represent them in private hospitals, thus, the associational power that comes with trade unions disintegrates because of the liminal position agency nurses assume in private hospitals.

Theron 2005 states that an externalised worker becomes subject to the process of informalisation as they are employed outside the bounds of the employment and labour law and cannot claim the benefits of a full employee. Benjamin (2013) builds on this argument by arguing that the manner in which labour brokers operate leads to the exploitation of vulnerable workers as they are deprived of their constitutional protections and rights under labour law. Thandiwe also had similar views: "You know let me just divide it. The private sector hospitals have their union which I feel only suits them if there's a huge problem within the hospital, your voice doesn't really matter because most private sector hospitals are considered white hospitals. Let me put it like that so their union is also white. So now if you have issues maybe if you come with your union, they are not going to allow them to represent you. because now they have their own union, of which you feel like they are not going to represent you because they are going to take the institution's side." (Thandiwe interview, 22/01/2025). Philani also held similar views on unions "In my opinion, Unions are ineffective they just want to chow our money. You might work for 40 years and not have anything that they help you with." (Philani interview, 30/11/2024). The findings of this research show that agency nurses held the view that unions are invisible in the private sector as they cannot represent agency nurses. They also felt like they did not see the work that nursing unions do in the private hospital sector. This raises questions about how agency nurses negotiate for better working experiences in the absence of nursing unions. Theme 4 on the nurse as the liminal other shows how nurses often find it hard to negotiate for better working conditions in the private hospital sector as they find themselves occupying liminal positions that are subject to the control from the private hospitals. This is consistent with the above-mentioned literature on the structure of work in South Africa, which shows that the contemporary structure of work offers insecure and precarious work that offers little protection and benefits to workers. The modern structure of work does, however, offer exploitative conditions and alienates workers from belonging to a team and from themselves (Cuilla, 2011; Denning, 2010; Peetz, 2019; Polkoskwa, 2019; Wichterich, 2020;

Webster and Dor, 2023). The interaction between agency nurses and their hospital counterparts, as shown in Figure 4.5.2, shows that agency nurses find it difficult to be active agents of change in the private hospitals, as the liminal position they assume in private hospitals restricts them in how they negotiate and mediate for themselves better working experiences. As noted above flexibilization of work has made it easier for employers to or decrease their workers with ease (Stone, 2006).

8. Conclusion

This chapter has analysed the findings from agency nurses who render their services in the private hospital sector. Agency nurses and permanent nurses shared their stories and experiences of working in private hospitals, and how these experiences relate to how they navigate, negotiate and mediate working in both private hospitals and nursing agencies. The interaction between agency nurses, nursing agencies and private hospitals creates a three-way process.

The chapter suggests that the interaction between different actors in the three-way process gives rise to the ideals of power, control, supervision and submission. The different themes dissected the complex nature of the three-way system by viewing the private hospital sector as a panopticon that exerts power and control. Patients and permanent nurses were seen as mechanisms of discipline that are used to surveil and monitor the agency nurses. Thus, agency nurses find themselves at the bottom of the hierarchy as they assume a liminal position of submission and powerlessness. The private hospital industry is seen as an elitist system that keeps on taking as it is a profit-driven enterprise that exploits both workers and patients. Agency nurses are not active agents of change in the three-way system because of the interactions that confine them into a space of liminality. Agency nurses find it hard to exercise their logistical power in private hospitals. Nurses also noted that it becomes hard for unions to exercise associational power in the private hospital sector and this further enforces their liminal positions. The nursing agencies that are responsible for supplying private hospitals with agency nurses still offer themselves as the invisible actor in the three-way process but hold the ability to exert power over employees. Nurses stated that the agency holds the

power to cancel their shifts if the hospital is not busy and this confines nurses to a liminal position which is a jobless type of employment.

Chapter 5: Conclusion

5.1 Introduction

Current realities of work make and remake themselves with time. The nursing sector has gone through significant changes over the years, this has been influenced by its historical, social, and economic factors. This study has explored agency nurses' experiences of working in private hospitals. It has magnified on each actor that creates the three-way system and the roles that they play. The study explored the three-way employment relationship and its different dimensions of power, control, and submission. The study also focused on the lived experiences of agency nurses and permanent nurses on how they navigate working in the three-way system. This study shed light on the challenges, shifts and the continuities that agency nurses are faced with in the private hospital sector. This entailed analysing the history and the present of the nursing sector and how this comes to affect the future of the profession. This chapter recalls the key aims of the study. This chapter concludes by showing the main research findings and providing the final word.

5.2 Key aims of the study

The research study was based on the following objectives:

- It aimed to understand the three-way employment relationship that exists between agency nurses, nursing agencies and private hospitals.
- The study aimed to understand how agency nurses operate, mediate, and negotiate through their daily clinical practices that fall within the three-way system.
- This research study aimed to understand better the rise in nursing agencies that are increasingly becoming concentrated in the private healthcare sector.
- This study also aimed to understand and analyse the nursing agency and the private hospital industries and how they reinforce inequality through their dimensions of power, domination, and control.

5.3 Research Findings

The study revealed multifaceted findings that show the relationship between work, care, insecurity, exploitation, alienation, control, and submission.

5.31. The historical reflection of the nursing sector

The historical reflection revealed that nursing, a profession that was once viewed with much dignity, respect, and stability has now transformed to offer insecure and precarious work. Nurses refer to this as the olden days that represented a sense of dignity and secure employment. These attributes were however marked by a divided sisterhood that fractured the unity of nurses. The current realities of the nursing sector reflect continuities of the past. The rise of privatisation, casualisation and agency work has weakened the nursing sector. This has come to erode the sense of security and value that was once associated with the nursing profession. Participants such as Jabulile and Emily described how the transition to agency worked introduced precarity as it left nurses financially unstable and detached from the values of the nursing profession. The study revealed that the nursing sector is perplexed by uncertainty as it remains shaped by historical continuities. The study revealed that the motivations that drive nurses into the nursing profession are varied, they reveal a direct link between personal passion, family obligation and financial necessity. These different motivations of work thus come to influence nurses' experiences and practices within the three-way system.

5.3.2 Precarious and Liminal nature of the nursing sector

The study reveals the precarious and liminal nature of agency nursing work. It illuminates the structural issues and power dynamics that shape the experiences of agency nurses. Agency nurses' insecure employment prevents them from achieving long-term stability such as acquiring property, taking their children to better schools, as well as improving their standards of living. This precarious form of work offers minimum value, this study refers to this as jobless employment. The study found that the changing nature of work confines nurses to a liminal position where their skills and expertise are not enough to guarantee them stable employment. Agency nurses stated that they do not consider themselves as neither employed nor unemployed. This study saw this as a liminal space in which agency nurses find themselves in, where one is a nurse, and does the work

of a nurse but is not considered a nurse by the private hospital where the agency nurse often renders their services. The study also found that nurses occupy a liminal position in the three-way employment relationship where they find it difficult to voice out their issues of work or try to negotiate for better working terms. The study also revealed that agency nurses feel isolated from their hospital counterparts due to the different power dynamics that exist between agency nurses and permanent nurses, this alienates and isolates agency nurses and ultimately affects their sense of belonging to a team. This means that nurses' identities are influenced by power relations that exist in the private hospital sector.

5.3.3 The private hospital and nursing agency industries as elitist systems of power

The study also found that the private hospital sector is not for the nurses and the patients they treat; this revealed that the private hospital is an elitist system that is driven by the sole interest of profit-making. This study also found that the nursing agency industry is a growing sector, one that holds immense invisible power but plays the role of a silent third party. The study also found that nursing agencies are increasingly becoming prominent and the industry is a lucrative one, however, little is known about these agencies and how they conduct their business. This study also contributed to finding out how the recruitment process occurs in the three-way process, and this was revealed through the perspective of the agency nurse. The study found similarities with existing literature that states that little is known about agency nurses (Rispel and Bruce, 2014; Rispel and Olemejede, 2015; Rispel, 2016; Bhorat et al., 2014). However, both quantitative and qualitative research still needs to be conducted to further understand agency-based work and the structure of nursing agencies in South Africa. This study analysed the private hospital industry through the lens of the panopticon, viewing the private hospital as a panopticon that surveils, monitors and controls agency nurses, rendering them docile bodies that are easily trainable. In the panopticon nurses find it difficult to voice out their concerns or even stand up for themselves. Analysing the private hospital sector through the lens of the panopticon allowed us to see what happens within the hospital's doors. It revealed how power is created for the benefit of capital, and how submission is attained for the creation of an effective and efficient worker.

5.4 Scope for future research

The study could have benefited from finding out the number of agency nurses occupy the private hospital sector. Understanding the number of agency nurses and how many nursing agencies are in South Africa would have helped us gain more insight on the three-way relationship and the extent at which it operates. However, these areas of research can be explored to gain more insight into agency-based work in the nursing sector:

- A qualitative and quantitative exploration of agency nursing work in South Africa stands to reveal the extent to which both the private hospital sector and nursing agencies are operating.

5.6 Conclusion and final word

The study fulfilled its aims of finding out how nurses navigate, attempt to mediate, and negotiate their experiences of work in the three-way system. This study was interested in understanding the three-way employment relationship that is created through the constant interaction between agency nurses, nursing agencies and private hospitals. The study dissected this relationship and analysed each actor and the role which they play in the employment relationship. This study found that agency nurses are at the centre of the employment relationship but occupy liminal positions that renders them easily trainable and controlled. The private hospital as a panopticon occupies positions of power and domination which in turn subordinate agency nurses. Nursing agencies, on the other hand, take on the invisible role of supplying the three-way system with agency nurses. This research study was able to produce a theoretical perspective at which to look at the interaction between the agency nurses, private hospitals, and nursing agencies which is the three-way system. The three-way process allowed us to understand how agency nurses navigate, negotiate, and mediate their experiences of work. Finally, this study allowed us to understand how power is produced, how control is maintained, and how submission is attained within the three-way process.

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