

**THE EXPERIENCES OF STRESS AND COPING STRATEGIES OF NURSE
MANAGERS IN A PRIVATE HEALTHCARE SETTING**

Niyati Naik

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DECLARATION

I, Niyati Naik, declare that this Research Report is my own, unaided work.
It is being submitted for the Master of Science (Nursing) at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other University.

Signature

Niyati Naik

.....day of.....2015

Protocol Number: M150301

DEDICATION

Thank you to my Guru, Sri Sri Ravi Shankar, for the grace and opportunity to commence, continue and complete this course. Jai Gurudev.

For my husband, Dakshesh Naik. Thank you for being my pillar of strength, wisdom and encouragement, on this long, yet fulfilling adventure.

For my beautiful son, Madhav Naik. We were together through it all. Let us continue to love, learn and grow, always.

For Moti, Fuaji, Mavis, Zanele, and everyone who fed, looked after and cared for our family and home, during the times when I could not.

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ABSTRACT

Stress has been identified as a prevalent and global occupational hazard especially within the hospital and healthcare setting. Majority of the available literature on the topic of occupational stress in healthcare workers has focused on the experiences of nurses and physicians, however little is known about the experiences of stress in nurse managers, especially those working in private hospitals in South Africa.

The aim of this research study was to describe the nurse managers' experiences of stress, stressful situations and the coping strategies used to deal with stress. This was so that individual and organisational interventions may be planned accordingly in order for stress to be effectively managed.

This research study used a qualitative, descriptive methodology where three open ended questions with probes, were asked as part of semi structured interviews. The study setting was a private hospital in Gauteng, South Africa. The population comprised of all nurse managers who were invited to participate in the study, with the sample which totalled ten participants (n=10). The audio taped interviews were transcribe verbatim and analysed using thematic content analysis.

The sample consisted of ten, female, unit managers who identified the following five themes regarding their experience of stress and stressful situations at work: their role; staff issues; interactions with doctors; interactions with patients and relatives; and the lack of support. The participants coped with stress using four different strategies of: personal attitude and beliefs; lifestyle choices; support structures and interpersonal communication strategies.

Nurse managers have identified various contributors of stress and stressful situations at work and despite their expression of love for their work, strategies and interventions pertaining to: personal role preparation and development, clinical support for staff, administrative support and senior management support could help to relieve nurse managers' experiences of stress and stressful situations. This needs to be considered in order to recruit, retain and develop nurses in management positions, amidst a national and international climate of nurse shortages.

Key words: Stress; Occupational stress; Nurse Managers; Private Hospital

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CHAPTER ONE

Overview of the Research Study

1.1. INTRODUCTION

Occupational stress is a major psychological hazard that is prevalent within the healthcare industry. The existing literature regarding occupational stress appears to have focussed on nurses and physicians in the public sector, however there is little known about the experiences of nurse managers who work in the private healthcare sector.

1.2. BACKGROUND

Occupational stress is inevitable in any occupation (Hardwick, 2010), and occurs when an individual's capabilities, needs and resources are misaligned to the requirements of the job. Healthcare professionals have been known to experience high levels of work related stress (Gandi et al, 2011). This is aligned with Van Zyl's (2002) findings which state that those who have a responsibility of people experience greater levels of stress than those who have a responsibility of objects and things.

Nurses have been found to experience high levels of occupational stress (Gandi et al, 2011). This may have significant implications, as nurses constitute the largest group of health care providers in South Africa (Van Der Colff and Rothmann, 2009). Within nursing, nurse managers are a specific group who may experience even higher levels and susceptibility of stress and exposure to stressful situations, due to their complex and multi faceted roles and responsibilities (Johansson et al, 2013, p.451). Nurse managers are required to deal with daily issues of: patient complaints, nurse shortages, doctor lead hospital systems, demanding schedules (Anthony et al, 2005) and meeting financial targets. This is within the context of a very fast paced system where there are "increased demands for efficiency and stringent requirements for quality of care and patient safety" (Johansson et al, 2013, p.450), particularly within private hospitals.

Nurses in management positions may be seen as white collar professionals, who have more control than their subordinates. However, Nakamura et al (2011), have

stated that it is this very control that may cause stress and lead to vulnerability in nurse managers' experience of stress and stressful situations.

Nurse managers in general, have a duty to identify stress and provide measures to reduce stress in their employees (Wright, 2004). The "24-hour responsibility for the operational, fiscal and performance accountability" (Warshawsky and Havens, 2014, p.33) of nurse managers in private hospitals may however result in higher levels of stress than that of their subordinates.

In dealing with staff, nurse managers are found to deal with reduced job satisfaction (Munyewende et al, 2014), increased rates of absenteeism and increased rates of long term sick leave pertaining to their subordinates and themselves (Sandmark and Renstig, 2010). Motivation has also been found to decrease due to stress, thus resulting in low productivity, poor decision making and the individual workers' consideration to quit (Hulsheger and Schewe, 2011).

Occupational stress may cause nurse managers to display negative behaviours towards their subordinates, thus affecting the overall experience of all the role players: the nurse manager, nursing staff, nursing students and the patient. This may cause both the nurse manager and their subordinates to want to leave the nursing profession altogether (Mokoka et al, 2010) therefore exacerbating the problem of nurse shortages in South Africa. Nakamura et al (2011) also stated that the health of managers have a significant impact on the health of their subordinates (Nakamura et al, 2011)

Occupational stress is not only a psychosocial hazard that affects the individual, but it may also have serious consequences on the success of the organisation at large (Van Zyl, 2002). From an individual's perspective, occupational stress has been found to have negative and adverse effects on one's physical (Owolabi, 2012), emotional, mental and social health. Physically, Lim et al (2013) found a correlation between stress and several diseases due to a reduced immune system, thus predisposing affected individuals to diseases such as cardiovascular disease and hypertension, ultimately leading to morbidity. Occupational stress has also been shown to lead to depression (Nakamura et al, 2011) exhaustion and burnout (Klopper et al, 2012).

On an organisational level, workplace stress has been shown to have adverse effects on the functioning, efficiency and overall success of a company (Van Zyl, 2002). This is of particular importance within this healthcare setting where the company in question is a private hospital. Patient care can be severely compromised due to reduced compassion and care (Wright, 2014) as a result of stress. There has also been evidence of increased rates of healthcare related errors (Hamaguchi et al, 2008) and increased infection rates (Wright, 2014) as a result of stress and burnout of hospital personnel.

Rothmann et al (2011) have categorised positive and negative coping strategies in dealing with stress and stressful situations, as active and avoidant strategies, respectively. Examples of positive coping strategies used particularly in nurse managers have been: time management, relaxation techniques, exercise, good eating habits, skills development and support (Naude et al, 1999). Conversely, negative coping strategies in dealing with occupational stress have been associated with addictive behaviours such as smoking (Pagon et al, 2011), excessive eating (Onasoga et al, 2013), taking drugs and alcohol abuse (Rothmann et al, 2011).

In summary, the literature shows that managers in general are exposed to stress and stressful situations. The complex role of nurse managers who work with patients, staff and higher management in a private hospital may therefore lead to various encounters and experiences of stress and stressful situations. This may have a significant impact on the health and wellbeing of themselves, their patients, staff and the success of the organisation.

1.3. PROBLEM STATEMENT

Little is known about how nurse managers in the private sector experience stress and stressful situations, and although it may not be possible to completely eliminate stress, certain individual and organisational strategies may be used to reduce stress (WHO, 2007). The need has therefore been identified to explore and describe the experiences of nurses in management positions with regard to stress and stressful situations. In order to be able to take steps to manage stress effectively, it is important to understand the coping strategies used by nurse managers because occupational stress experienced by nurse managers has also been found to

adversely affect the quality of patient care, relationships with other members of staff and the overall success of the organisation.

1.4. RESEARCH QUESTIONS

This research study was guided by the following research questions:

1. What are the experiences of nurse managers, regarding stress and stressful situations?
2. What are the coping strategies used by nurse managers to deal with stress and stressful situations?
3. What do nurse managers feel may help to relieve their experiences of stress and stressful situations at work?

1.5. PURPOSE/AIM OF THE STUDY

The purpose of this study was to explore and describe the experiences of nurse managers, with regard to stress and stressful situations. The aim was also to understand the coping strategies used by nurse managers to deal with stressful situations.

1.6. RESEARCH OBJECTIVES

To explore and describe the experience of stress, stressful situations and coping strategies used by nurse managers

To make recommendations regarding stress and coping strategies for nurse managers working in a private hospital

1.7. IMPLICATIONS FOR OCCUPATIONAL HEALTH NURSING PRACTICE

This study will add to the body of occupational health literature by addressing the psychosocial issue of occupational stress as experienced by nurse managers in a private hospital setting.

1.8. OPERATIONAL DEFINITIONS OF KEY STUDY VARIABLES

Work related/occupational stress: 'the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope.' (WHO, 2014)

Nurse manager: A nurse who is involved in determining, planning and working while simultaneously supervising an increasing number of subordinates (Johansson et al, 2013).

1.9. RESEARCH METHODS

Semi structured interviews were used in this study as part of the qualitative and descriptive design. A 263 bedded private hospital in Gauteng was selected as the setting for this study, due to the range of specialities and services provided, thus increasing the range of different experiences and scenarios encountered by nurse managers. A purposive sampling method was used to invite nurse managers from nineteen departments within the private hospital to participate in the study (N=19). The nurse managers were given information sheets (Appendix E) detailing the research study and if they agreed to participate, they were requested to sign consent forms to consent to participate in the study (Appendix G) and to be audio taped (Appendix H). Participants were also requested to complete a demographics sheet (Appendix I). A semi structured interview guide consisting of three questions and probes were used to obtain data (Appendix D). Audiotapes were transcribed and analysed using thematic content analysis (Creswell, 1994). This study was designed and conducted in accordance to ethical principles of informed consent, privacy, confidentiality, right to withdraw information, beneficence and non malevolence (Pera and Van Tonder, 2004). Measures to ensure the trustworthiness of the data were taken into account.

1.10. OUTLINE OF THE STUDY

In order to organise and present the collected information, this research report will consist of the following chapters:

Chapter 1 – Overview of the Study

Chapter 2 – Literature Review

Chapter 3 – Research Methodology

Chapter 4 – The Presentation and Discussion of Results

Chapter 5 – Limitations, Recommendations and Conclusion

1.11. SUMMARY

The purpose of this chapter was to introduce the reader to this research study that was aimed to explore the experiences of stress and coping strategies, used by nurse managers in a private hospital. An overview of this study was provided along with the research question that emerged from the problem statement. The reader was also provided with the purpose of this study and the implications that the results may hold for nursing practice.

CHAPTER TWO

Literature Review

2.1. INTRODUCTION

The aim of this chapter is to provide the reader with a background and review of the literature surrounding the topic under study which is stress in nurse managers.

2.2. STRESS

2.2.1. Definition of Stress

Various definitions of stress can be found in the literature. According to Marinner-Tomey (2004), stress is generally defined as the body's non-specific response to any demand. Stress can be experienced in a positive or a negative form, that is 'eustress' and 'distress', respectively. Eustress is identified as that which causes excitement and a challenge. Whereas distress has been identified as an experience that threatens the effectiveness of the affected individual (Marinner-Tomey, 2004, pp 29-31).

Psychologists, Robert Yerkes and Dillingham Dodson had in 1908, created a graph representation of the relation between stress and performance. The Yerkes-Dodson curve, illustrates that a certain amount of perceived stress is necessary in order for individuals to perform at their optimum level (Gibbons et al, 2008).

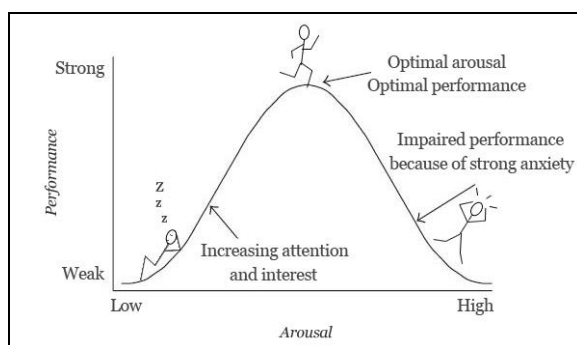


Figure 2.1. The Yerkes Dodson Curve

The Yerkes-Dodson curve may therefore be relevant to the workplace setting, where qualities such as effectiveness and optimal performance are expected of employees. This is supported by findings which state that a certain amount of stress is

acceptable, not necessarily harmful and may in fact contribute towards keeping employees focussed, energetic and alert (Khosa, 2014).

In terms of research studies, it appears that the literature has focussed more on distress rather than eustress. Gibbons et al (2008) had recognised the lack of literature regarding sources of eustress in students and thus endeavoured to add to this body of knowledge by conducting their research on stress and eustress in nursing students. Literature searches conducted by the researcher on databases such EBSCO and CINAHL have yielded no results for studies of eustress in nurse managers.

2.3. NURSE MANAGERS

2.3.1. Roles and Responsibilities

A comprehensive list of work related stressors that are common to all jobs was identified by Marriner-Tomey (2004). These included stress that was related to: dismissal, changing jobs and responsibilities, poor physical work conditions, work overload, time pressures, responsibility for people, conflict and restrictions, amongst others (Marriner-Tomey, 2004). According to the World Health Organisation (2003), nine stress related work hazards have been identified. These were categorised in terms of work content and work context and are shown in the table below.

Table 2.1 WHO (2003) categorisation of nine stress related hazards

Work Content	Work Context
Job Content Workload and work pace Working hours Participation and control	Career development, Status and Pay Role in the organisation Interpersonal Relationships Organisational culture Home-Work Interface

There has been a growing interest in the area of research regarding the health of nurses. In comparison, there is limited research regarding nurse managers (Johansson et al, 2013). Due to their role in the work environment, Baker et al (2012) state that nurse managers are accepted as being the most influential group of healthcare workers in terms of staff retention and job satisfaction.

Issues that are specific to the management of nurses, which may further exacerbate the experience of stress in nurse managers, have been: dealing with life and death situations, heavy workloads, knowledge of how to use various pieces of equipment, dealing with the consequences of equipment failure, reporting to numerous superiors, communication problems and the awareness of the serious consequences of mistakes (Marriner-Tomey, 2004) also looked at the importance of crisis management in the hospital setting particularly in terms of the role of the nurse manager.

This may explain why the work schedules of nurse managers may be considered to be the most demanding (Anthony et al, 2005) due to their 'ever expanding' (Baker et al, 2012, p.24) role, thus making them a vulnerable group that are at risk of ill health and reduced psychological wellbeing (Johansson et al, 2013).

Shirey (2006) conducted a literature review on the topic of stress and coping in nurse managers that spanned over two decades. The review consisted of seventeen studies that emerged after the application of the inclusion and exclusion criteria. This is indicative of the limited number of studies that are available on this topic. Shirey (2006) split the years into three decades and found that research regarding stress, nurse managers and coping strategies, in each era highlighted different issues. Between 1980 until 1991, the focus of research regarding nurse managers and stress was placed on stress as related to relationships with physicians; constraints pertaining to time and resources, powerlessness and role ambiguity. Research conducted between 1992 till 1999 focussed on the challenges associated from the transition of the managerial role from the traditional head nurse to the nurse manager, as well as stress related to the acquisition of new skills for a changing role of the nurse manager. Between 2000 and 2003, nurse manager and stress research focused on the challenges of the work environment, the shortage of nurse managers and an increased span of control. These emerging issues may have been linked to what was happening in the nursing profession at that time. Shirey (2006)'s review also found that in the first time frame (1980-1991), there was little reference to aspects of leadership issues and organisational support as a stressor in nurse managers.

Nurse managers are also expected to be leaders, who have an 'advantage over the followers in respect of abilities/competencies (knowledge, skills, attitudes, wisdom, etc.) and professional-ethical-legal conduct" (Muller, 2009, p. 153).

In a descriptive study of twelve nurse managers, it was found that: role ambiguity, role overload and a deficit of business management skills were the themes that emerged relating to stress (McCallin and Frankson, 2010).

2.3.2. Defining a nurse manager

A limitation of the available literature regarding nurse managers is that there is no standardised definition of a nurse manager (Shirey, 2006). This may vary in terms of countries, as the scope of the nurse and therefore the nurse manager may vary. Nurse managers have also been referred to as 'front-line managers' (Heller et al, 2004) and 'charge nurse managers' (McCallin and Frankson, 2010).

The research studies included in Shirey (2006)'s review were conducted in countries such as Canada, England, Sweden and America. Caution must therefore be taken not to generalise these results to nurse managers in the South African context.

From a historical perspective, Clifford and Horvath (1990) described the evolution of the 'head nurse' role to the current role of the nurse manager, which moved from supervising nurses towards a role with a clear responsibility for: managing activities of the unit, budgeting, management of personnel and staff development (Cathcart et al, 2010).

2.3.3. Pathways to management

Little is known about the factors which lead to nurses becoming managers, and their experiences of this role transition (Spehar et al, 2012). A qualitative research study by Spehar et al (2012) on the experiences of clinicians in Norway found that there were different pathways of becoming involved in management positions. Clinicians in this context included nurses and well as doctors. This process consisted of three phases: developing leadership awareness; taking on the role of the manager and the experience of entering management.

This may be of significance especially as many nurses have been shown to enter management positions with little to no management skills (Judkins, 2001). Heller et al (2004) stated that managers who were well trained and competent were found to develop teams that were highly productive in delivering quality patient care (Perra, 2000). So if training of nurse managers is inadequate, team work and patient care may be compromised.

It was found that nurses entered into management positions through informal ways of recruitment, such as persuasion and pressure from superiors who were either retiring or stepping down (Spehar et al, 2012).

Luo et al (2015) conducted a qualitative study on nurse managers in China, and found that participants underwent four phases in their transition from nurses to nurse managers. These phases were the adaptive phase, the running in and stable phase, the stagnation phase followed by the maturation phase. Luo et al (2015) also concluded that communication and stress management were two aspects in which competency development of nurse managers was identified.

2.3.4. Effects of workplace stress on nurse managers

As described in chapter one of this report, prolonged stress may have an adverse impact on the physical and psychosocial aspects of an individual, organisation and community. However workplace stress may have specific effects on nurse managers.

In a quantitative study conducted on a sample of ninety five Canadian nurse managers, results showed that stress factors such as work overload and a lack of recognition were reasons for nurse managers intending to leave the nursing profession (Hewko et al, 2014).

This dissatisfaction amongst nurse managers may filter down to their subordinate registered nurses as well as to nursing students (Rikhotso et al, 2014) who may feel disempowered and demoralised to continue with their career in the nursing profession. As a result of this, the global nurse shortage may be further exacerbated.

2.4. COPING

2.4.1 Concepts of coping

The concept of coping has been described in various ways. Livneh et al (2000), cited by Rothmann et al (2011), had described coping as a complex process that is a global yet intricate and multileveled concept comprising of: personality trait; response; process; construct; strategy and reaction.

According to Carver and Scheier (1996) coping can also be considered as the third and final process in dealing with stress. The first and second processes are:

perceiving a threat, and perceiving the available resources in order to deal with the stress (Rothmann, 2011).

2.4.2. Types of coping

Problem focused coping and emotional focused coping were the two types of coping described by Folkman and Lazarus (1980). Later in that decade, a third type of coping was proposed by Carver et al (1989), as avoidant coping.

Another categorisation of coping strategies are; active and avoidant coping strategies. Active coping were identified as psychological or behavioural responses to stress, whereas avoidant strategies lead to activities or mental states that keep individuals from directly addressing the stressful events. Rothmann et al (2011) stated that in general, active coping strategies are better ways of dealing with stress rather than avoidant strategies.

2.4.3. Constructs related to coping in the nursing profession

Research exploring the coping strategies used in the nursing profession has focussed on studies involving nurses within specialities such as emergency room nursing (Adriaenssens et al, 2015), mental health nursing (Lee et al, 2015), theatre nursing (Zhou and Gong, 2015), intensive care nursing; with comparatively less that is known of coping strategies used by nurse managers.

2.4.3.1 Work engagement

Rothmann et al (2011) have stated that the concept of coping is important as it not only plays an important role in dealing with occupational stress, but coping strategies may also affect the individual's ability of work engagement. Engagement has been defined by Macey and Schneider (2008) as a 'psychological state of involvement, commitment and attachment to a work role' (Rothmann et al, 2011)

2.4.3.2 Hardiness

Another construct that has been linked to coping strategies used to deal with stress is that of 'hardiness'. Hardiness is composed of the three aspects: commitment, control and challenge, and is defined as a "constellation of personality characteristics that function as a resistance resource in the encounter with stressful life events" (Kobasa, 1979a, p. 414 in Judkins, 2001).

2.4.3.3. Emotional Intelligence

Tyczkowski et al (2015) looked at Emotional Intelligence (EI) as a tool for enhancing the psychological resilience of nurse managers to the stress related to their expanding roles. Emotional Intelligence has also been defined as a skill that can be learned through counselling, training and keeping a reflective emotional journal (Tyczkowski et al, 2015). The concept of emotional intelligence has also been linked to 'resilience' which has been identified as a construct that is similar to emotional intelligence. This includes: 'energy, passion, the ability to bounce back from hardships, drive, "tanks seem full", grounded, adaptable and a healthy work/life balance.' (Tyczkowski et al, 2015, p.173). Resilient leaders have also been described as 'positive, flexible, focused and are able to deal with reality and improvise' (Tyczkowski et al, 2015, p.173-174). Chang and Chan (2015) found that high levels of optimism and proactive coping strategies were linked with low levels of burnout in a sample of Taiwanese nurses.

2.4.3.4. Resilience

In terms of a work life balance in nurses, the construct of 'resilience' was explored by Kim and Windsor (2015) and included 'positive thinking, assuming responsibility, flexibility and separating work and life'.

2.4.3.5. Control

A study by Johannson et al (2013) on Swedish nurse managers and their subordinate Registered nurses found that the nurse managers were better able to cope with stress due to their high level of control, as compared to the registered nurses who were in low-control positions.

2.4.4. Strategies within the workplace

Naude et al (1999) gives the following strategies to manage personal stress; time management, relaxation, exercise, eating habits, skills development and support. In order to manage organisational stress; leadership and management; critical debriefing; defusing and formal debriefing may be used (Naude et al, 1999). According to Cathcart et al (2010), the use of writing narratives were found to be a useful tool for nurses in reflection and understanding difficult situations.

The World Health Organisation (WHO) (2003), have provided primary, secondary and tertiary strategies to prevent work stress. Primary prevention includes ergonomics, work and environmental design and organisation, management

development. Secondary work stress prevention includes worker education and training, whilst tertiary prevention includes the development of management systems that are sensitive and responsive, and occupational health provision that is enhanced (WHO, 2003).

However as mentioned previously in this chapter, due to the concept that stress may not entirely be harmful, Khosa et al (2014) states that workplaces should implement programmes to help employees deal with stress, rather than focussing on the complete reduction of stress, which is ‘virtually impossible to achieve’ (Khosa et al, 2014, p.3).

2.4.5. Health Promotion

In striving for “decent work, safe work and human dignity” (ILO, 2012, p.iv), the International Labour Organisation (ILO), the impact of stress as a psychosocial hazard in the workplace has been identified. It was this preventative culture that set the undertone for the SOLVE training package that was aimed at various stake holders such as managers, in creating a comprehensive management system that included risk assessments and control of stress as a psychosocial hazard. This was similar to what has been done with other identified workplace hazards such as physical, chemical, biological and mechanical hazards (Acutt & Hattingh, 2012).

Health promotion measure have been categorised into three areas; organisational measures, individual measures and environmental measures respectively (ILO, 2012). Examples of organisational measures have included, flexible working hours and workplaces for employees, encouraging workers to participate in improving their work environment and providing opportunities for life long learning. Environment measures include the provision of areas where workers can socialise and providing a supportive psychosocial working environment. Individual measures consist of the provision of smoking cessation programmes, supporting mental well being by offering external stress management courses, funding sports courses and encouraging healthy eating (ILO, 2012).

2.5. SUMMARY

The purpose of this chapter was to provide the reader with an insight into the findings of the literature that is available regarding the subject of stress and coping strategies,

particularly in the context of nurse managers. The following chapter will be on research methods used in this research study.

CHAPTER THREE

Research Methods

3.1. INTRODUCTION

This chapter will describe the research methods that were applied in this research study. Details regarding the research design, setting, population and sampling methods will be provided. The processes taken in order to collect and analyse the data will also be described. Ethical considerations were also taken into account in the planning and implementation of this research study. Details of these will be given in this chapter.

3.2. RESEARCH DESIGN

From a quantitative method perspective, tools such as the 'Stress management competency indicator tool' have been used to assess stress experiences of managers (Toderi et al, 2015). However in the context of the under researched topic of stress in nurse managers, the researcher deemed that despite a lack of one clear definition, a qualitative research design was more appropriate in order to describe stress experiences and to provide an insight into 'health-related phenomena' of stress in the attempt to 'understand and interpret subjective experience and thus humanises healthcare' (Qualitative research, 2015, p.356). A qualitative and descriptive study was therefore conducted in this study, using open ended questions as part of semi structured, face to face interviews. Quick and Quick (1994), cited by Van Zyl (2002), had stated that interviews are a successful method used to measure stress because the participants are free to discuss and express their feelings. This was supported by Lincoln and Guba (1985) who stated that "the inquiry (is) based on the realities and viewpoints of participants" (Polit and Beck, 2012, p.487).

3.3 RESEARCH METHODS

3.3.1 Research Setting

As stated by Polit and Beck (2012) researchers conducting qualitative studies, usually obtain their data in "real world, naturalistic" settings (Polit and Beck, 2012, p.

489). It was for this reason that the particular private hospital was selected; because it was a large, 263 bedded hospital with a high patient turnover, that facilitated the services of various specialities including; medicine, surgery, emergency medicine, paediatrics, oncology, orthopaedics, gynaecology, neurology, neurosurgery, maternity and intensive care. This therefore seemed to be the appropriate setting to conduct this qualitative research study in order to obtain a variety of baseline information regarding nurse managers' stressful experiences that may lead to further research and investigation.

This hospital like others in the private healthcare sector was cost driven and it was also a teaching hospital where nursing students made up a large proportion of the nursing staff. Due to the variety of specialities, research regarding nurse managers at this site would bring forth various experiences of nurse managers in the different types of departments.

In the interest of protecting their confidentiality, nurse managers were given the option to conduct the interviews in their office or in a pre-booked conference room. All participants chose to have the interview in their offices. However due to environmental distractions such as noise, which was not ideal for recording audibility and accuracy (Polit and Beck, 2012) one interview was conducted in an empty ward.

3.3.2. Population

All nurse managers within the one private hospital of Gauteng were invited to participate in this research study (N=20).

3.3.3. Sample

All of the nurse managers at the selected hospital were invited to participate in this study. As mentioned by Polit and Beck (2012), qualitative studies mostly use small and non-random samples. Non random sampling, also known as non probability sampling has been criticised for not producing representative samples, however despite this, most studies are believed to rely on non probability samples which will be explained in the next section.

3.3.4. Sampling Method

Four types of non probability sampling methods have been described and of these, a purposive sampling method was used in order to obtain the objectives of this study; which was to explore the experiences of stress and stressful situations of nurse

managers in a private hospital. This is because these nurse managers may have added responsibilities and be subjected to stressors that are specific to the cost driven targets of private hospitals. This contributed to the aim of this study which was to “discover meaning and to uncover multiple realities, not to generalise to a target population” (Polit and Beck, 2012, p.515).

Despite the various types of purposive sampling strategies (Polit and Beck, 2012), the researcher found that maximum variation sampling was the most appropriate strategy for this research study. According to the literature, maximum variation sampling has been defined as ‘a sampling approach used by qualitative researchers involving the purposeful selection of cases with a wide range of variation’ (Polit and Beck, 2012, p.733). In relation to this study, the nurse managers of one particular hospital were invited to participate in this study and they held a range of experiences in their individual nursing specialities. An updated list of all nurse managers was requested from the hospital management and out of all of the the nurse managers who were invited, ten nurse managers agreed to be interviewed in participation of this research study (n=10).

3.3.5. Inclusion Criteria

A primary inclusion criterion was for participants to have experienced the phenomenon or culture that was being studied (Polit and Beck, 2013). It was for this reason that the nurse managers who were invited to participate in this study were: matrons, deputy matrons, night nurse managers and unit managers. Temporary and acting nurse managers were also included in the sample, as it was assumed that they would have been exposed to the same pressures associated with nurse management responsibilities.

Despite inviting all nurse managers in the hospital to participate in this study, it emerged that all of those who participated were unit managers, also known in the literature as front-line nurse managers. This conformed with the understanding that in qualitative studies, the sample was not “wholly prespecified” (Polit and Beck, 2012, p.516) but was rather emergent in nature (Polit and Beck, 2012).

3.4. DATA COLLECTION

3.4.1. Semi structured Interview Guide (Appendix D)

An interview or topic guide has been described as a “list of areas of questions to be covered with each participant” (Polit and Beck, 2012, p.537). The aim of the researcher was therefore to “encourage participants to talk freely about all the topics on the guide and to tell stories in their own words” (Polit and Beck, 2012, p.537), thus giving participants the freedom to provide as many examples and explanations as they wished.

Probes have been designed to “elicit more detailed information” (Polit and Beck, 2012, p.537). In this research study the following questions were asked to the participants with probes as described in Appendix D. This was in accordance to the feedback from the University Postgraduate Research Committee.

1. As a nurse manager, please describe what you experience as stressful at work?
2. How do you cope with stress and stressful situations at work?
3. What do you feel may help to relieve stress and stressful situations at work?

3.4.2. Data Collection Procedure

Ethical approval to conduct this study was first obtained from the HREC (Medical) (Appendix A), the hospital management of the particular private hospital (Appendix B), as well as the private hospital group (Appendix C).

The researcher was required to ‘gain entrée’ into the particular setting in order to conduct this research study. According to Polit and Beck (2012), gatekeepers are individuals who have “authority to permit entry into their world” (Polit and Beck, 2012, p.61). Therefore, once clearance for data collection was granted, an appointment was made with the gatekeeper to the participants- the nursing services manager.

The nursing services manager then invited the researcher to attend a managers’ meeting, where the majority of the nurse managers were present. At this managers’ meeting, the researcher gave an overview of the research study and invited nurse managers to give their names, contact telephone numbers and email addresses, if they wished to participate in this research study.

Using this information obtained, the researcher then approached each manager individually by telephone call and message, in order to confirm verbal consent and to arrange interviews at an appropriate and convenient place, date and time. Email

addresses of nurse managers who were absent from the meeting were obtained by the nursing services manager. An email was then sent to all the nurse managers, inviting them to participate in this research study (Appendix F). It was emphasised to the nurse managers present at the meeting and in the email, that participation to this study was completely voluntary.

Before the interview took place, written information regarding the purpose and details of the research study was given to the nurse managers in the form of an information sheet (Appendix E). Participants were then asked to sign a consent form to participate (Appendix F) and another consent form to be recorded on audiotape (Appendix G). It has been acknowledged that participants may become nervous when interviews are tape recorded. For this reason, time was taken by the research to explain the reasons for recording the interview. In order for participants to feel comfortable and to “settle in” (Polit and Beck, 2012, p.542), the researcher aimed to develop a rapport and create a trusting environment for participants to share their experiences.

Participants were also asked to complete a demographic information sheet (Appendix I) to give the researcher a better understanding regarding the profile of the participants. The duration of the interviews averaged sixty minutes. During and immediately after each interview, the researcher made field notes in order to supplement the recorded interview. This was to “ensure the highest possible reliability of data and to prevent total information loss” (Polit and Beck, 2012, p.543).

As associated with qualitative studies, conducting the interviews for this study was an intense and exhausting experience (Polit and Beck, 2012), especially due to the phenomenon of stress experiences that was being explored. For this reason, interviews were limited to no more than two interviews per day in order to pace data collection.

As the participants were at work during the time of the interviews, personal or telephonic interruptions by staff members or doctors were acknowledged and the recording was paused to protect privacy and confidentiality. Recordings were then resumed when participants were ready.

3.5. DATA ANALYSIS

As mentioned by Polit and Beck (2012) the analysis of this data involved an ongoing process in order to “formulate subsequent strategies and to determine when data collection is done” (Polit and Beck, 2012, p.487).

Due to the qualitative nature of this research study, audiotapes of the interviews were first transcribed verbatim and then analysed, by the researcher. This was to protect the confidentiality of the participants and also to reduce bias and thus provide rich information.

The transcriptions along with the field notes were then analysed using thematic content analysis (Creswell, 1994). This is where common themes which emerge from the data were identified in accordance to the eight open coding steps in data analysis put forward by Tesch (2013) which were to:

1. carefully read through all the transcripts and make notes
2. select one interview and read it to obtain meaning and make notes
3. arrange similar topics that emerged after reading all the transcripts
4. abbreviate the topics as codes and check to see if new codes emerged
5. select verbatim quotes that were the most descriptive and representative of the codes
6. abbreviate codes
7. compile material of each category and conduct a preliminary analysis of the data
8. Recode the data if necessary

Even though pre existing code systems were acknowledged by the researcher through the findings of the literature review, the code systems for the data of this study were subsequently modified, according to the derived data.

Due to the small number of participants, were ensured that their demographic information would not be linked to their interview responses. This was the researcher’s attempt to protect participant confidentiality.

3.6. MEASURES TO ENHANCE TRUSTWORTHINESS

According to Polit and Beck (2012), trustworthiness is applied in qualitative research to ensure that an accurate and insightful representation is investigated. The factors that constitute trustworthiness are categorised by Guba's constructs, described by Shenton (2004): credibility, dependability, transferability and confirmability. These were applied to this research study in the following ways:

3.6.1. Credibility

A comparable project where the interview guide was successfully used was by French et al (2011). Having previously worked at the particular hospital, the researcher had an insight into the culture of the organisation. Iterative questioning and tactics were applied to ensure the honesty of responses, especially because participants' were encouraged to be honest and frank. Peer scrutiny of this study was conducted by presenting this proposed study to the Nursing Department, and a panel of The Postgraduate Research Committee at the University of the Witwatersrand. These factors added to the credibility of the data.

3.6.2. Transferability

It had been observed that transferability in the context of qualitative descriptive studies may be impossible because each participants experiences and feelings are subjective and unique. As the nurse managers of only one hospital were used, the findings of this study were specific to a 'small number of particular environments and individuals, (so) it was impossible to demonstrate that findings and conclusions may have been applicable to other situations and populations' (Shenton, 2004, p.69).

3.6.3. Dependability

The research design, intended strategy of implementation and the details of how the data was collected, added to the dependability of the data. An example of ensuring dependability was: after each interview was over, the researcher listened to each recording to check for audibility and accuracy. In order to minimise clarity issues with the recording, the researcher used two devices to record the interviews. This enabled the researcher to clarify and to correct and confirm participants' responses on the second device if it was unclear on the first device. Dependability as a method of ensuring trustworthiness also suggests that if this study were to be repeated in a similar context with similar participants, that there would be consistency in the findings. This was difficult to ascertain especially because nurse managers working

in other hospitals, albeit in the same hospital group, may be faced with different challenges and organisational culture, thus yield different experiences.

3.6.4. Confirmability

The interview guide (Appendix C) consisted of three open ended questions with probes, in order to ensure that the responses were representative of the experiences and opinions of the nurse managers and not those of the researcher. This is also known as bracketing which is a process where assumptions and presuppositions of the researcher are suspended in order to improve the research rigour (Polit and Beck, 2012, p.721).

A pre-test of the interview schedule was done with the first interview in order to determine the clarity of what was being asked, and was included in the results of the study.

3.7. ETHICS

The process of ethical considerations employed throughout this research study will be discussed below.

3.7.1. Ethical Considerations

This research study was conducted in accordance to the ethical principles of research (Pera and Van Tonder, 2004). The rights' of participants were respected by providing them with written information about the study (Appendix E & F) Informed consent (Appendix G & H) was obtained from agreeing participants. Privacy and confidentiality was assured by removing information that may identify participants. This included names, and technical information about their speciality. Participants were therefore given unique code names such as NM#(number). Participants were also informed of their right to withdraw from the study at any time. The name of the hospital was not mentioned in the write up or at any stage of this research study. Beneficence and non malevolence was ensured by treating the participants and information disclosed with respect. Should participants have discussed or expressed the need for support, during or after the interview, they would have been referred to the employee assistance programme (EAP) as subscribed by the employer, or to a preferred counsellor in order to maintain confidentiality and anonymity.

3.7.2. Ethical Approval

This proposal was presented to the Department of Nursing Education at the University of the Witwatersrand for a peer review. This was followed by a protocol review from the University Postgraduate Committee. Ethical approval also sought from the management and research ethical committees of the particular hospital and the private hospital group (Appendices B & C).

Once any amendments were made according to the above departments' recommendations, an application was made for clearance from The University of the Witwatersrand Ethics Committee (HREC Medical) (Appendix A), for research to be conducted on human subjects. All data collection was commenced only once this had been granted.

3.8. SUMMARY

In summary, this chapter provided the reader with information pertaining to the research design and methods that were employed in this research study. Details regarding the data collection methods were provided along with how the information was analysed according to ethical principles and considerations.

CHAPTER FOUR

Presentation and Discussion of Research Findings

4.1. INTRODUCTION

Having described the research methods that were used, this chapter will now provide a presentation of the research findings of this study. This will be followed by a discussion of the results in the context of the available literature. For the purposes of presenting participants' experiences verbatim, quotations will be presented according to nurse managers who were given individual numbers in order to protect their identity. An example of this was that nurse manager number one was referred to as NM#1 and so forth.

4.2. DEMOGRAPHIC INFORMATION

In order for the researcher to gain a further understanding of nurse managers and their circumstances, prior to conducting the interview, all consenting participants underwent a data profile by being requested to complete a demographic questionnaire as part of the data collection process. All of the participants agreed to provide their demographic information which yielded the results as shown in Table 4.1., as below. It must be noted that the demographic information of participants were not linked to the interview responses. This was to protect anonymity and confidentiality of the study participants through the use of unique codes.

Table 4.1. The demographic characteristics of the participants

Characteristic	Category	Frequency
Age	less than 25 years	0
	25-34 years	0
	35-44 years	5
	45-54 years	4
	55-64 years	1
	65-74 years	0
	75 years or more	0
Qualification	Diploma	8
	Bachelors degree	1
	Masters degree	1
	Doctoral degree	0

	Other (specify)	0
Years in a Management Position	Less than 5 years	1
	6-10 years	3
	More than 10 years	6
Years in Current Management Position	Less than 5 years	5
	6-10 years	3
	More than 10 years	2

4.2.1. Age, gender and ethnicity of participants

In this research study, all of the participants were female and the majority of the participants were between the ages of thirty five and forty four. Only one nurse manager was in the category of fifty five to sixty four years. In terms of ethnic background, the majority of the participants in this study were Caucasian, and to protect anonymity of the participants, a breakdown of participants in the other ethnic categories have not been disclosed.

4.2.2. Qualification

It emerged that the majority of participants (n=8) in this research study held a diploma in nursing, which is the minimum requirement for the professional nursing qualification in South Africa.

4.3. Experiences of stress and stressful situations at work

The aim of the first research question was for participants to describe their experiences of stress and stressful situations at work. The following two themes were found to cause stress and contributed to stressful experiences in nurse managers; the role and function of the unit manager and nurse managers' relationships with stakeholders. Table 4.2. shows these themes and the emerging subthemes related to nurse managers' experiences of stress and stressful situations at work.

Table 4.2. Themes and subthemes emerging from the first research question

Themes	Subthemes
4.3.1. Theme 1 - The role and function of the nurse manager	4.3.1.1. time, working hours and leave
	4.3.1.2. multiple roles, overload and ambiguity
	4.3.1.3. lack of training and support

4.3.2. Theme 2 – Relationships with stakeholders	4.3.2.1. Staff issues
	4.3.2.2. Doctors
	4.3.2.3. Patients and relatives

4.3.1. Theme 1 - The role and function of the nurse manager

All of the participants in this study described issues surrounding their role as a contributing stress causing factor (n=10). Subthemes that emerged from the unit manager role were of;

- 4.3.1.1. time, working hours and leave
- 4.3.1.2. multiple roles, overload and ambiguity
- 4.3.1.3. lack of training and support

4.3.1.1. Time, working hours and leave

Participants felt that they were continuously accountable for their wards even when they were not on duty. This was described as *'24 hour accountability'*, which lead to nurse managers feeling overwhelmed especially as many mentioned that they came into to work earlier and staying later, in order to complete their duties.

"I'm 24 hours, 7 days a week on call, I'm always available for my department, the doctor calls me 2 o'clock in the morning I get in my car I come to work"(NM#9)

"Doesn't matter what happened there (points to the ward) this must be done (points to the desk) and I won't leave because I'm proud of what I've got here. I will not go until it's done. I will come in at night" (NM#1)

"There is no time, where you can say today I'm taking my bag, its 1 0' clock, I'm going home. I'm taking my bag, its 4 o'clock I'm going home, because there is always something." (NM#3)

Another stressor for participants in this study that impeded on nurse managers' time was that of management meetings. Although participants acknowledged the importance of management meetings in relation to their roles, meetings were described as *"disruptive"*, *"a waste of time"*, *"repetitive"* and that meetings took them away from the ward for several hours in a day. . Nurse managers therefore did not always know what was happening in their wards particularly relating to patient

progress. This then lead to stressful situations with doctors who always expected the nurse managers to have immediate information about their patients in the ward. Nurse managers also expressed the conflicts in their experience of taking annual leave and asking for annual leave, stating that despite taking leave, they felt they did not have a break from work.

4.3.1.2. Multiple roles, overload and ambiguity

Nurse managers in this study expressed their difficulty in being able to balance their administrative, clinical and managerial tasks.

“Once you’re in a management role, its not a nursing role. It’s different. And it becomes distorted” (NM#5)

“You’ll find managers doing everybody’s work hey. We do pharmacies work, we do HR work, we do stock issues, we do patient complaints, patient liaison officers work, we just kind of general dogs bodies. We do marketing.”(NM#6)

“Our job is to strategically, manage, to think about what we going to do, plan it and follow through on an implementation. That’s what we’re meant to be doing, but on a day to day basis, you are putting out fires all over the place. That you just can’t get down to strategically handle your plan, you just can’t get to it.” (NM#7)

Some nurse managers felt that their job descriptions were unclear, whilst others mentioned that they did not have job descriptions. There was also the opinion that despite having a contract, the expectation and the reality of nurse management functions were different.

“I feel, as nurse managers we know what is expected of us. It is an unsaid expectation. But when you are in, it’s not the contract that you signed when you started. Really it’s different from what we bargained for. The contract that I signed when I started here, its different from what I’m doing everyday, very different” (NM#4)

“none of this was told to you when you took the position. Let me tell you, they do not tell you what you have to do when you take the position” (NM#8)

Despite an already overloaded role, administrative issues that worsened the situation for them included, documentation, paperwork, printing, “*so many other things*” and being on the phone “*the whole time*” (NM#8) in order to make arrangements for the ward. Examples of other management tasks related from budgeting and adequate staffing of the ward, to ordering stationery and stock and patient meals. One nurse manager stated that these tasks:

“just piles and piles and piles. You forever behind. Being forever behind, you forever in trouble” (NM#10)

“I don’t mind dealing with patients, dealing with doctors complaints, dealing with visitors, it comes with the territory, dealing with staff members. but sometimes for me, it’s the amount of admin marrying it with the clinical because sometimes you find that with urm the admin work usually takes you away from the contact you need to make.” (NM#4)

This need for participants to be in contact with patients, staff and doctors, were identified as an important aspect their role, rather than having to spend time balancing administrative and comparatively menial tasks that could have been carried out by others. Nurse managers also found it difficult to prioritise and manage their multiple roles as a manager, whilst being expected to include quality patient care.

“I understand that the management is also under pressure but then at the same time they’ve got this expectation that you need to be on the floor. Urm, which makes it very difficult because where do you split your time?”

“You’re trying to ensure that everything is being done to the T. Yes, we have to be there (points to the ward), we have to see that things are done, but you find that from 7 o’clock, until 4 o’clock, you’re busy on the floor” (NM#3)

4.3.1.3. Lack of support & training

- **Administrative Support**

Due to their administrative role, many of the participants spoke about the importance and their need for good administrative support in the form of a personal assistant

(PA). Not all of the nurse managers had personal assistants; however those who did expressed their concerns about the administrative competencies and the ability to support nurse managers in their complex role. One participant stated:

“But I tell you the person that you interview and the person that you get eventually is not the same person. So when you do the interview, we can do everything. I say ok show me, yes we can do, but ask her to come and do a spread sheet for you, she can’t. She’ll tell you, you’re better with that, you do that one, ill do the other things.” (NM#1)

- **Clinical support**

Nurse managers expressed the need for clinical support through clinical facilitators to train the nurses in carrying out clinical nursing skills and patient care. Managers also mentioned the impact that other departments within the hospital had on their experiences of stress as a nurse manager. She stated:

“Sometimes I find the people that work with us, like the x-ray department and the laboratory, yuss they can be impossible sometimes, so that’s actually quite stressful. Because if they don’t do their job, we get into trouble because they haven’t done what we asked them to do“ (NM#7)

- **Training**

Despite being sent on a specific management training course within the hospital group, participants felt that the course content was not always conducive for the preparation of their roles as managers in the wards. Participants felt *“bombarded”* and *“thrown in the deep end”* by the workload and required tasks.

Although information and technology (IT) systems were not considered to be difficult, the main issue was the volume of what needed to be done. Despite the ease, the tasks still required time and focus. Another response to IT systems was that they received little to no training. Most managers gained ad hoc experiences from previous places of employment where the same systems were used.

“Systems frustrate me because they don’t always teach you properly...they don’t teach you what is actually going on, on the floor. They don’t.”(NM#1)

Although policies and procedures were instituted to support nurse managers, they felt that it was not always possible to access this information when needed or did not know how and where to access this information. Participants also felt that when

wanting to start a course, a long winded paper exercise for the application deterred and demotivated them to proceed.

"I didn't know the internal workings of (hospital group name) and I didn't have access to all of the things that I should have had....We run a business at the end of the day, so you can't have that. But I did not have the background knowledge, into what our stock commodity was. What are fast lines? What are things we can hold on stock for a certain amount of time? What was on the emergency trolleys that are high value items, you know those kind of things. So you can't know that like out of your head, unless you have the experience of knowing it.(NM#6)

- **Support from senior management**

Some participants felt that they had received '100%' support from their seniors whilst others did not share this sentiment. This seemed significant considering that nurse managers were required and expected to support others, yet they felt unsupported themselves.

*“. they wont offer, number 1. they wont suggest , it is just expected
You're telling me that I must do it this way but you're not accommodating me,
you're not giving me guidelines how" (NM#1)*

"given a lot of responsibility and no authority...we are required to empower our staff, but I don't feel like I am empowered, not at all."(NM#5)

Participants did not feel understood by their management who they felt had "unrealistic" expectations.

"don't think they know what the unit managers on the floor do. I don't think they've got any idea. None"(NM#8)

"Its not just me, ok, my deputies and my nursing service managers are having the same kind of pressure. I mean they as leaders and managers are having the same kind of pressure that we're having. The only difference is that they don't have to see the patients as well. So theirs is purely administrative issues that they're scrambling for. The deputies yes, they have to go and deal with complaints in the units, and they must liaise with the doctors. But basically

they're having similar kinds of issues that we have. Except that we are being squashed from the bottom and the top. So they are just being squashed from the top.” (NM#6)

4.3.2. Theme 2 – Relationships with stakeholders

4.3.2.1. Staff issues

Although there was some positive feedback regarding good team work, the majority of the nurse managers had one form or another of staff issues that caused them to experience stress or have stressful experiences at the workplace. In relationships with stakeholders, the general attitude, behaviour and educational skills amongst staff members contribute to stressful situations for nurse managers.

“some of them are good nurses, some of them shouldn't have been a nurse at all.”(NM#1)

“staff can either make or break a unit manger...So if you don't have that, if you don't have that um level of um team work and the level of working together and loyalty, it becomes absolutely impossible to run a specialty unit or any unit for that matter. Because if your team is not cohesive, nothing is going to go right.”(NM#6)

- **Attitudes and Behaviours**

'Non caring' attitudes of staff were conveyed by the manner in which the staff communicated with patients, colleagues and their superiors. The misuse, loss and neglect of equipment by staff were also examples given of this feeling.

“I'll say guys, take care of the file. It took me five days to put these files together at home. And you just see, they lose the insides of the files. And that frustrates you and stresses you out on top of it, because you just know you've got this together now nicely, you've made it nice and pretty for them, its working and they will just like, not worry about it.” (NM#1)

One participant stated that her some of her staff members would “*point blank refuse*” (NM#9) to carry out tasks that were required of them, and that deviating from their general tasks was “*too much to ask*” (NM#9). Nurse managers in this study also

mentioned that they often took tasks out of their staff members hands because they thought it was easier and quicker to do the tasks themselves.

Several participants attributed the non-caring attitude to differences in the age and generational differences between themselves and their staff. Nurse managers felt that there was a vast difference in the attitudes of their younger staff members as compared to the attitudes that they themselves held earlier in their own careers. They held the view that despite nursing tasks becoming comparatively easier and “*less for them to do*” (NM#9) compared to “*old school nursing*” (NM#9), there was still resistance from the staff to cooperate with the nurse managers.

“Because nowadays staff are not committed. I’m here for the salary. In the olden days nursing was that passion that commitment to be a nurse. Salary wasn’t anything. They don’t get jobs now so they become a nurse and its an income.” (NM#9)

“the older generation like my sort of age group, we’ve got very different ideas um and the younger a lot of the younger nurses you see, it in the wards. They’ve got a very different attitude and um a lot of them there’s no respect. They don’t respect their elders. Urm its like a fine balance. You don’t want them to be completely submissive, I want somebody to answer back, but there’s got to be a way of doing it and they need to learn that. They need to learn how to communicate.”(NM#7)

Some of the staff members were seen as opinionated and therefore made it difficult for the nurse managers to discipline or teach them. Older staff members on the other hand, were viewed as resistant to changes that were implemented by managers.

“So you’ll find that people are telling you we have been here for 20 years and we’ve been doing this 1,2,3, that doesn’t help, because there is modern technology now, so there are new ways where we do things, so people just don’t want to comply at all.” (NM#3)

An important aspect of nursing is teamwork, however, difficulties were expressed by managers, when staff members were expected to work as a team.

“I don’t know. I think it is an in built thing, or it’s just sometimes an attitude of why should I do it. I was so guilty if I said I’m not going to put this away. I feel guilty. Because I know that it needs to be put away because my fellow colleague is going to look for it. And I feel there’s no team work. I cannot make team work, I’m leading by example. I work just as hard as them and if me leading by example, by helping them, seeing that their things are done. Ill do that for you. But they wont do it for one another. You can lead by example up to a certain stage, if they don’t want to grip it” (NM#9)

Nurse managers felt that some staff members were uncooperative and manipulative in their behaviour towards each other and that this negative behaviour was seen to be corruptive by having a detrimental and snowball effect on the attitudes and behaviours of other staff members, who were otherwise compliant and cooperative.

“I think the education is equally important as attitudes, and unfortunately attitudes and behaviours we learn from people we working with, so one rubs on the other” (NM#5)

“There’s a lot of mistakes the staff make which was because they didn’t look. They didn’t hear. They weren’t engaged. They like absent. They somewhere out there. It’s a big problem. They’re not here, when you talk, they’re tired they worried about the kids, they’re worried about money, they’re worried. They didn’t have enough sleep last night. That is a big concern.” (NM#1)

Managers also felt that staff talking during handover and making a lot of noise, was disrespectful behaviour which caused them stress.

- **Knowledge/Skill**

Regarding the ward nurses’ level and quality of skill, it was apparent that nurse managers felt that the “basics” (NM#5) of nursing were being forgotten, thus leading to poor quality of care and increased complaints from patients and doctors. Generally it seemed that despite the lack of time, many of the participants felt that teaching staff members was their responsibility and was one part of their multifaceted role. It was felt that subordinate staff members were not responsive to nurse managers’ continuous efforts to teach and engage their staff, thus leading to feelings of frustration and anger.

“you can leave the document, please read the new policy. It'll lie there of months. Even if they don't sign, they know everything, But when it comes to asking or proving it, its nothing.” (NM#5)

It was also clear that nurse managers felt tired of having to continuously motivate their staff members to do the basics of their jobs.

“When I'm here, I'm driving them. When I'm not here, they disappear.”(NM#9)

“I have to get people off the internet, off their phones, off their bums, that's big things also that also stress you out.” (NM#1)

The feelings that were expressed by the participants regarding staff issues were of frustration and nagging.

“this being a policewoman, I find it very frustrating, and I find it very stressful or annoying that I'm expected to treat adult learners or staff members like children.” (NM#5).

“sometimes you feel like you're in nursery school and you've got to like nag and nag and nag.” (NM#7)

Overall, whether they were on the ward doing clinical tasks or in the office doing managerial and administrative tasks, nurse managers participating in this study continuously felt accountable and responsible for the actions and inactions of their subordinate staff members:

“Ultimately if they don't do what they supposed to and there's a mistake, its me that is accountable. Ultimately so it's quite a big thing, because you have to responsible for all these people and the things that they can do wrong.” (NM#7)

- **Salaries**

The salaries of themselves and their subordinate staff were causes of stress for participants. On one hand, some felt frustrated that there were staff members who earned more than they did, thus inciting feelings of inadequacy, frustration and unfairness in having to teach and manage those individuals.

“this is the common problem. They need to look at our salaries. They really need to look at our salaries. It is very frustrating that you as a manager, are getting an employee that is earning far better than you.” (NM#2)

On the other hand, others felt that their staff members were also overworked and despite working in highly specialised areas, were not being paid enough. This then lead to the staff becoming demotivated and thus choosing to leave their jobs, causing increased stress and pressure for nurse managers who had to undergo an often arduous process of recruitment for new staff members.

4.3.2.2. Doctors

Few of the participants expressed the view that doctors had a lack of respect for nurse managers and that the doctors thought that nurse managers were “*useless*” (NM#5) “*not doing what you are supposed to do as a manager*” (NM#2) thus leaving nurse managers to feel that they were “*never good enough*’ (NM#1).

“So you always feel, or you should be doing better but you’re not there yet...I was here a couple of months and he said they will never make the unit managers like they did it in the old days and that was for me, I will never be able to please him”. (NM#1)

In contrast other participants cited that doctors, with whom they had worked for many years, were their sources of support in terms of clinical issues. However the vast majority of the participants felt that there was a general lack of trust and little to no sense of team work between themselves and the doctors with whom they worked.

“they want subservient skivvies you know and I view myself as a professional person working side by side, I’m not their maid.” (NM#5)

Doctors were also described as having underestimated and undermined the skill and knowledge of the nurse manager. They also felt hurt and humiliated in stressful encounters with doctors whose approach was to scream, in corridors of the ward, regardless of who was present.

In terms of senior management support, nurse managers also felt that their opinions were regarded as inferior to the opinions of the doctors. Participants felt that doctors were ‘worshipped’ and ‘get away with murder’ because

“Doctors are bringing money, I don’t bring money. That’s the life in private sector.”(NM#3)

One example of this was when participants attempted to order and obtain essential equipment for their wards. They felt that if doctors complained to hospital management, their requests were considered and granted quicker than the requests of the participants.

4.3.2.3. Patients and relatives

The majority of the responses in terms of dealing with patients and relatives were positive and even described as ‘driving factors’ for nurse managers in continuing their role. The only qualm was that participants did not have enough time to interact with their patients, due to the overload of other their tasks as mentioned earlier in this chapter.

Of the minority who did feel that patients and relative interactions were stressful, the reasons were directed to the interruptions caused by patients who demanded to speak to the nurse manager for things that could have been dealt with by the nurse allocated to look after the patient.

4.4. Coping Strategies

The coping strategies used by the nurse managers in this study, were categorised into the following two themes of individual and interactive coping strategies as displayed in Table 4.3. below.

Table 4.3. Themes and subthemes emerging from the second research question

Themes	Subthemes
4.4.1.Theme 1 – Individual coping strategies	4.4.1.1. Personal attitude and beliefs
4.4.2.Theme 2 - Interactive coping strategies	4.4.2.1. Interpersonal relationships
	4.4.2.2. Support systems

4.4.1. Theme 1 – Individual coping strategies

4.4.1.1. *Personal attitude and beliefs*

Most of the participants took an introspective perspective when explaining their response to stress and stressful situations at work. Many expressed the view that they felt they had changed since entering management, in order to cope. These changes included accepting one's self, making one's own happiness and gaining confidence.

“You make peace with what you cant change and live with the rest. You cant change it so stop being worried about it. So my stress has changed because I've changed my thinking, so that's what it is” (NM#1)

“So for me, my personality is not to be so hard, mine is to be nice to you and care for you and things, so I had to change myself to be that person so my stress is less” (NM#1).

Reflection, identifying the cause of the stress and apologising were also strategies used to cope with stress. Another response to coping with stress was by becoming emotional and crying. Not taking things personally were described as 'blocking' (NM#3) and 'switching off' (NM#2).

If a person will fall, I used to almost collapse myself. Yes, I'm still very worried about it, but I don't take it so personally on. So I'm like ok guys, what can we do? What can we implement to make it better? It mustn't happen again, and then I'm over it. (NM#1)

Adverse behaviours relating to interpersonal skills that participants mentioned in terms of dealing with stressful situations were: 'losing your cool' (NM#7), shouting, slamming the door, and becoming 'vicious' (NM#5).

- **Religious beliefs**

Several participants made clear references to their religious beliefs, trust in God or a higher power and prayer as effective coping strategies used to deal with stress and stressful situations.

"I believe in god, So that helps me to focus and to get my balance. And I think you have to do that because it just doesn't make sense otherwise"(NM#6).

4.4.1.2. Lifestyle choices

Although nurse managers felt that exercise would benefit them, only two nurse manager reported having done physical activity by walking and running. Another behaviour that emerged was that nurse managers did not make time nor have time to eat and drink adequate and appropriate food during their working days. Participants also stated that they often did not eat during work hours, and if they did, it was whilst standing, because of feelings of guilt to take time out and sit down. Other unhealthy behaviours that were identified were: eating unhealthy foods, overeating, drinking excessive amounts of coffee, as well as a reported increase in cigarette smoking and alcohol consumption as a release from stress.

I'm usually so tired at the end of the day I couldn't be bothered to eat. I don't think I drink enough either. I don't think that's very good. Because sometimes you can go a whole day and suddenly you realise its 4 o'clock and often you haven't had anything to drink. It depends on how busy it is. So that can also, it can definitely get...stressful. it does. Cos and I'm diabetic so I should know better than that (NM#7)

Activities that helped to relax the participants of this study were: being outdoors, playing musical instruments, quilting, meditation, reading and doing housework. One participant stated that without a hobby;

"I would've lost it. It's keeping my soul together" (NM#9)

4.4.2. Theme 2 - Interactive coping strategies

4.4.2.1. Interpersonal relationships

Nurse managers felt that teaching and empowering their staff members, whilst delegating tasks to competent staff helped to alleviate their stress. One manager even added that a different perspective on the recruitment of her staff was a way of coping with stress.

"I've always employed who are better than me, and its made my life absolutely 10 thousand time easier. But I think with nurses, often they feel

threatened you know, when someone's got a better idea, or more competent, or more popular of whatever. Nurses are funny creatures" (NM#5)

The nurse managers felt that they were responsible for attempting to improve relationships in order to deal with stressful situations between themselves and other stakeholders such as the doctors, senior management, the patients and their subordinate staff. However participants expressed that this was not always easy to do and that when it was required, they felt that they had to muster 'courage' to put people in their places.

In dealing with their staff, nurse managers also felt that it was their duty was to get to know their staff members on a personal level, in order to understand their staff's strengths, limitations and weakness, thus helping nurse managers in learning how to manage them appropriately.

"If I work with people, I will make it my business to know them not only clinically, but to know them. Like okay, this person has got challenges 1,2,3 and then she needs support 1,2,3 she's ok with 1,2,3, she's hopeless with 1,2,3. to marry them and pair them with their strengths and weaknesses, it helps me a lot"(NM#4)

When dealing with doctors who shouted, some nurse managers preferred to keep quiet, whilst others shouted back. Another strategy used by participants to improve their relationships with doctors, and thus cope with stress related to this relationship, was for the nurse managers to make appointments for meetings with the doctors. Participants felt that this would create a platform for communication and feedback, which was often impossible to achieve in the ward setting.

"Once you are there in their rooms, they will talk, instead of here. Here they don't even want to listen to what you are saying. They don't. They just push you away. They just build this wall between you and them. So once you have booked an appointment, you go to their rooms you talk to them then they listen and that's when they tell you what they are expecting from us as the nursing staff" (NM#3).

According the categorisation of coping strategies, meetings and teaching were identified as active strategies. In contrast, avoidant coping was represented by nurse

managers stating that they shouted, became vicious and often slammed their office doors when they felt stressed.

4.4.2.2. Support systems

Most of the participants mentioned family as a source of support and strategy to cope with stress. When speaking about their families, the researcher sensed feelings of gratitude and happiness from the participants, however there was also an undertone of guilt that emerged in participants' responses about not being able to spend enough 'quality' time with their families due to their workloads. Regretted experiences of taking out their workplace frustrations on their families and children at home were also voiced. Although this study did not take participants' marital status into account, it was also interesting to find that several participants felt that their husbands in particular were unhappy with their roles as nurse managers and had even encouraged their wives to leave their jobs altogether.

Approaching senior management and line managers was one way of obtaining support, however the majority of participants felt that talking, networking and communication with their peers was often more effective in helping participants to deal with stress and stressful situations.

"Well another way of coping is to talk to someone. I talk to someone about it and I feel better. I cough it out, I don't keep it with me. That how I cope with the stress I've got a very reliable friend that I speak to, what helps me...."(NM#2)

I think we've actually got a pretty good team here the unit managers can sort of support each other. Which I think is important. We actually do a lot of venting to each other as well. So that actually makes a difference. That helps." (NM#7).

However, others also highlighted feelings of loneliness and isolation with regard to their experiences at work.

I'm quite isolated. Sometimes I feel I don't have any friend to go and sit with or just have a cup of coffee with and just vent...I sometimes just cope with everything on my own (NM#8)

“You have to be the stronger person. Its like Gallagher pulling those ships. That’s what you do everyday...Its lonely to be here, but its ok” (NM#9)

In terms of support in dealing with stress and stressful situations, especially relating to difficult staff issues of absence and sickness, participants also mentioned the presence of an occupational health nurse as beneficial and helpful.

“its stressful dealing with these issues so its so nice to be able to refer and she comes back and feeds back and gives me the information. Which is wonderful;. So I think its essential. I think we should have more occupational health practitioners. I think its ironic that as nurses, yet occupational health in nursing is shoved to one side. I think in the government they have social workers and psychologists. I hope that management and higher management pay attention because I think we’re going to run into a major nurse crisis” (NM#7).

4.5. What may help to relieve the experiences of stress and stressful situations at work

In the third research question, when the nurse managers were asked about how and what could help to relieve their stress and experience of stressful situations at work, the following themes emerged in terms of support.

- Personal role preparation and development
- Clinical support for staff
- Administrative support
- Senior management support

4.5.1. Personal role preparation and development

Although their pathway to becoming nurse managers was not explored in this study, some participants of this study mentioned that they did not feel prepared for their role as nurse managers. Some participants felt that the hospital only employed them as a unit manager because the hospital were desperate, despite feelings that the participants may have not been ‘unit manager material’ (NM#1). Another opinion was

that despite 'knowing nothing' participants initially took a part time management post which then lead to them being at the hospital for a significant period of years.

The provision and access to guidelines, policies and protocols were also mentioned as possible ways to relieve stress in nurse managers. Participants stated that these would allow access to information on how to carry out certain functions and requirements. Examples that were given were: how to compile month end and financial reports. In terms of other training issues and attending training and specialist forums, one participant stated:

*"I don't think we should be having to ask the question to better ourselves. I think that makes you a better manager, if you can learn...
So like for training opportunities, I think they can give you more. We used to have hospital based CPDs as well which they don't do anymore. I can't tell you when last they had one."* (NM#7)

The majority of the participants gave positive feedback and enjoyed the forums for unit managers from different hospitals.

"We are all like relieved of whatever we were going through. I even told that facilitator, you know what when I, the last few weeks, I was like 'gat-vol' I was like saying to myself, this is enough. I need to maybe retire, or do whatever, but I think I'm done with nursing. I'm fed up. I had that anger inside me but now when I go there and everybody was saying this and that, and all contributing, it was like there was a load that was lifted (laugh) and at the end of the day, we were ok. We were fine, we were happy. And I said that if (hospital group) can do this, maybe like every third month, it will be better (NM#3)

A recommendation of aligning the content of training courses to the 'reality on the floor' (NM#1) could be improved by assessing and examining whether the nurse manager could complete certain tasks under various scenarios. Other opinions were that salaries were needed to be reviewed.

"I must say (hospital group) has got good programmes for their employees if they can just look at the salaries. If they can look at the salaries of the

nurses.... why can't all companies match every category accordingly...Why, another facility A is paying more than facility B. that is frustrating" (NM#2)

A clearly defined job description and role was also suggested to reduce stress related to role ambiguity,

"everybody needs to have a proper designated role and everybody needs to be carrying that role. So they know, you are empowered to do this, go and do it well."(NM#6).

As mentioned earlier, the nurse managers felt that various interruptions during their working day exacerbated the incidence and their experiences of stress at work. Participants felt that the interruptions were made worse by them feeling pressured to have an open door policy.

In order to reduce interruptions, nurse managers therefore suggested the creation of a culture whereby within reason, stakeholders would be required to make appointments with the nurse manager in order address issues that may not be urgent, thus respecting the time of nurse managers.

"Treat (me) like a manager. So if I am sitting, if I'm with a patient, I can't be expected to deal with somebody who's just walked in to the office unannounced, without an appointment. That is pure etiquette" (NM#6)

Improving nurse manager role preparedness was also linked to the orientation of nurse managers into their role. Nurse managers felt that a 'good" and 'proper" orientation programme" (NM#10) was needed and also suggested the implementation of the 'buddy' and continuing 'mentorship' system that was applied to students when they were allocated to the wards, so that new nurse managers could feel supported and guided into their complex roles.

4.5.2. Clinical support

Some nurse managers identified their role in teaching staff members, whilst others felt that it was not their function. Regardless, nurse managers felt that their subordinate nursing staff members were not getting the adequate clinical support that they needed to provide good quality care to their patients.

Nurse managers felt that the role of the clinical facilitator and clinical nurse specialist should be revisited, and revised, in order to provide managers with support in terms of 'real time' training of staff members in the ward (NM#4), in order to link nursing theory to nursing practice. An emerging opinion was that not all but a vast majority of younger and new staff members were lacking in 'soft skills training' which were described as an essential aspect of nurse training (NM#7).

4.5.3. Administrative support

Nurse managers felt that adequate administrative support was required in order to have an efficient functioning ward. Participants stated that having a competent personal assistant (PA) would be of tremendous help, however the clarity of their (PA) roles and functions could be improved because:

"I don't think the PAs realise what's expected of them, you know what they're told and what were told, I don't think is the same thing."

Participants acknowledged the importance of paperwork, especially in the prevention of litigation, however they felt that the process of repetitive paperwork could be 'compressed' (NM#4) by using technology in order to relieve stress. Thus moving away from "primitive" (NM#4) practices and moving the nursing profession forward. Nurse managers also felt that active involvement and input from the human resources (HR) department could be beneficial in relieving the stress of nurse managers.

"I think we do a lot of HR functions as unit managers that we shouldn't be doing. Like interviewing of new staff members to getting references etc. it's not our job. It's an HR function."(NM#7)

Regular meetings, communication and the exchange of information between other departments within the hospital, such as the pharmacy and radiology departments, could also be made more efficient in order to reduce the incidence of stressful situations.

4.5.4. Colleague and senior management support

It appeared that team building sessions were a suggested method by which relationships could be improved between staff members and nurse managers

themselves. Some nurse managers felt fully supported by their superiors whereas others did not.

A suggestion to improve senior management support was through increased visibility of senior management in the ward, as participants' felt that this would provide an opportunity for their managers to see and thus understand the pressures of the ward. This was a contrasting opinion to others who felt that they would 'rather be left alone' to do their work.

"I just think you take that line manager and you stick them in my shoes for one day she will soon not do what she does" (NM#8)

Although nurse managers appreciated the importance of management meetings, some felt that improving the time aspect of how management meetings were conducted, could help to relieve the pressure faced by nurse managers, of not having to be away from the ward for extended periods of time, thus allowing time for them to complete the relevant ward related tasks.

"I mean have a meeting that is short and sweet and to the point and get us out of the office. Don't like go on and on and on and on and talk about arbitrary things, come off the point, come back to it again." (NM#9)

4.6. DISCUSSION

The previous section of this chapter presented the various themes and subthemes that emerged from the narratives in relation to nurse managers' experiences of stress and their chosen coping strategies. This section will now provide a discussion of further concepts of leadership, lack of trust and implications for the retention of nurses that emerged throughout this data by thematic content analysis.

4.6.1. Demographic characteristics of participants

The incidence that all of the participants in this study were female was no surprise, especially within the context of the nursing which has traditionally been a predominantly female gendered profession. It was therefore interesting to note that the literature had suggested management models to have evolved from a patriarchal perspective, thus having the potential to cause conflicts in female nurse managers.

Regardless of work pressures, the experience of stress and stressful situations may also have been exacerbated by the 'triple workload' of female managers attempting to achieve work-life balance from "balancing profession, children, husband and leisure" (Brito et al, 2010, p.955).

In terms of ethnic backgrounds and gender, the majority of the participants in this study were Caucasian. This is interesting, considering that Caucasian and Indian ethnic groups had the lowest representations in the nursing profession (Department of Labour, 2007). This was not consistent with the findings of an American study which showed that non white women held more manager positions (Foundation of the American College of Healthcare Executives, 2008), however it was congruent in that the minority ethnic group held managerial positions. The researcher was unable to obtain more recent statistical data regarding the ethnic distribution of registered nurses and nurse managers in South Africa, in order to compare this finding.

The age distribution of the participants represented a predominantly younger workforce of nurse managers, as compared to the findings of American and Canadian studies where a large proportion of nurse managers were found to be over the age of fifty five and approaching retirement in the next decade (Tyczkowski et al, 2015 and Cziraki et al, 2014). On the other end of the scale, there were no participants in this sample who were under the age of thirty four years. This may have been representative of the lack of young people who are entering the nursing profession (SANC, 2014), and thus the lack of younger nurses entering management positions in South Africa.

A minority of the participants held nursing degrees that were obtained at universities. This supported the findings of the South African Nursing Council (2014) that showed only 568 professional nurses qualified at universities, as compared to 2192 professional nurses who qualified at nursing colleges. This differs to international data that has shown that the majority of nursing unit managers held a bachelors degree in nursing (Duffield, 2011). Participants of this study therefore held a different profile compared to Bulmer (2013) who stated that nurses who were in the early stages of their career and those who held bachelors degrees and higher, were ideal candidates for leadership programmes.

4.6.2. Experiences of stress and stressful situations

None of the participants in this study mentioned their physical work environments as stressors considering that an Australian study which aimed to explore the perspective of power and status of nurse managers, found that suboptimal workspaces of nurse managers, affected their ability to manage their tasks effectively (Paliadelis, 2013). Rather causes of stress and stressful situations emerged from the role of the nurse manager and their relationships with stakeholders.

Overall, listening to the experiences, it appeared that many participant's spoke about their roles in the context of management and not leadership. The emerging opinion was that individuals who were managers were not necessarily leaders and vice versa, thus highlighting this disparity between the two separate yet interacting, interdependent skills of management and leadership which are both essential in nursing. "Exerting good management skills is part of being a good leader – and leadership skills are necessary for good management" (Canadian Nursing Association, 2009, p.2). In the attempt to differentiate the two, a white paper by the Australian College of Nurses (2015) (ACN), stated that management involved the daily operational aspects of service planning, implementation and evaluation. Whereas leadership was described as a strategic vision that worked towards change by tackling barriers, creating a sense of a mission whilst inspiring and motivating others (Kotter, 1996, Cited in ACN, 2015).

Participants of this study felt that their roles were ambiguous with a lack of clarity regarding what was expected of them. This was supported by Johannsson et al's (2013) findings, especially as it was found that nurse managers have job descriptions which are less clear compared to registered nurses, thus making it difficult for managers to function effectively. The vast majority of the participants also felt that they had to fulfil multiple roles as nurse managers, which often lead to work overload and experiences of stress. This finding was already identified in the literature (Bogaert et al ,2014 and Apker, 2002). The different aspects of the multiple roles were found to be related to a lack of clarity regarding the combination of administrative, managerial and clinical tasks.

Many of the participants recognised that their strengths were in their clinical abilities; and they felt that they were not adequately suitable, prepared nor equipped for the other administrative and managerial tasks required for the nurse manager role. As mentioned earlier, participants were not asked directly about how they came into

management positions, however several of the participants stated that they had previously been clinical nurses who were promoted to management positions when openings became available or once the previous manager had left the position (Spehar et al, 2012).

Issues pertaining to social pressure may thus have been highlighted what has already been found in the literature about nurses had been convinced and persuaded to take up management positions in order to fill positions, especially when there may have been a lack of potentially more suitable, external candidates. Out of desperation, organisations may have therefore resorted to the promotion of unsuitable candidates due to a lack of effective succession planning, which has been described as a requirement for nurse leaders (CNA, 2009).

Regarding administrative duties, it was significant that participants expressed their need for competent administrative support, in the form of a personal assistant. This was of particular relevance especially as in terms of retention, a study by Azar et al (2015) found that the lack of support from administration was one of the three predictors for nurse's intention to leave.

This then led to the question of further support especially as there was mixed feelings regarding the support received from senior hospital management. Participants felt that their seniors had unrealistic expectations of nurse managers, however this is ironic because other research findings have shown the same perceptions of general nurses about their unit managers (Hoyle, 2014). An appreciation and understanding of the pressures also encountered by their superiors was also voiced, however a feeling of 'being squashed from the top and the bottom' reflects the findings of a study which showed that managers middle in the management hierarchy suffered the most social stress because of having to challenge and be challenged by managers higher in the hierarchy (Middaugh, 2014).

Experiences of stress and stressful situations relating to staff pertained to staff attitudes/behaviour and knowledge/skill. It was interesting to find that participants of this study highlighted their concerns of conflicts experienced when dealing with both young and both older members of staff. This brings forth issues surrounding the management and leadership of a multigenerational workforce which is especially relevant to nursing practice in South Africa, where it appears that young people are reluctant to enter the nursing profession and in order to cope with the vast nurse

shortages, retired nurses are being invited to return to the profession (Mukoka, 2010). In this situation, nurse managers are therefore left to deal with the different demands and issues surrounding both age groups at either end of the spectrum. A need to identify these different generational needs has therefore been acknowledged as the first step in recruiting nurses to the profession and retaining experienced nurses.

Without direct reference to the term, the issue of presenteeism of themselves and their staff, within the nursing context was also identified in the narratives. Presenteeism, has been defined as “simply the practice of coming to work when an individual should not, which results in being physically present at work but functionally absent” (Middaugh, 2006, p.103). This may once again be related to the issue to female managers trying to balance the demands of their multifaceted roles. Ultimately staff members and even nurse managers themselves who experience presenteeism may well have adverse effects on the wellbeing of patients and the overall success of organisations. Hence it was encouraging to hear that nurse managers of this study made a concerted effort and took an interest in understanding the personal and social circumstances of their staff members. This has an impact in terms of retention, especially as nurse leaders have been found to be pivotal ‘change agents’ (ACN, 2015) with a responsibility to recruit and retain nursing staff who have been found to leave the profession due to various reasons. Unit managers had specifically been identified as ‘chief retention officers’ for the pivotal role that they play in recruiting and retaining staff (CNA, 2009).

General ‘front line’ nurses working in the wards had been found to leave an organisation due to their managers. In turn, managers who felt they were supported by the organisation then reciprocated and projected these experiences and sentiments onto their staff (Anthony et al, 2005). Initiatives to increase team work and communication between the different tiers of management may therefore yield positive and constructive relationships for organisational success.

Interactions with patients and relatives were surprisingly the lowest described contributors of stress in nurse managers. Patients in the private sector may be perceived as difficult and demanding customers, due to sometimes upfront payments that are made for the care received (Torpie, 2014).

One of the few patient related stressors that were mentioned was that patients and relatives sometimes took up a significant amount of the nurse managers' limited time, due to issues that could have been resolved by competent ward staff. This may have suggested a lack of trust that patients and relatives may have in the attitudes or skills of the ward nurse, thus leading them to seek comfort in and persistently ask for interventions by only the nurse manager. This was supported by research that has shown nurse managers to have a pivotal role to play in improving the image of nursing and 'regain(ing) public and professional confidence' (McSherry et al, 2012, p.7). This suggested issue of a lack of trust in nursing personnel, was in contrast to the findings which showed that nursing was voted as the most ethical and honest profession in an American poll (Wisconsin Nurses Association, 2012). It was however encouraging that the majority of the participants mentioned that patient interaction was actually an enjoyable driving force which gave them job satisfaction. The only drawback expressed was that they felt unable to spend enough and more time with the patients due to the pressures of their other required management roles.

4.6.3. Coping strategies used by participants

It was interesting to find that attitudes and coping strategies were described to have changed over time, experience and with age. This was supported by Shirey (2009) who found that nurse managers with longer experiences in the field, had different coping strategies than their novice counterparts. Reference had also been made to emotional intelligence, a construct that was discussed in the literature review of this study.

There were positive and negative aspects of lifestyle choices that emerged regarding how nurse managers coped with stress and stressful situations, particularly at work. It appeared as though nurse managers knew that certain behaviours were unhealthy and harmful to their health and wellbeing, yet despite knowing this, they continued to carry out that particular behaviour. This topic of health behaviour amongst health personnel is widely researched regarding: smoking (Nicholson, 2011), inadequate fluid intake whilst at work (Brady, 2003), inadequate diet, physical inactivity and binge drinking (Malik et al, 2012)

It appeared that there was little research surrounding the health behaviours of nurse managers. This may have been significant considering that the general public have perceived nurses as role models of health promotion and disease prevention (Blake

and Harrison, 2013), so it is important to consider that the role models for nurses may in turn be their managers and superiors.

With all of the activities and hobbies described by the participants, there appeared to be a general factor that it was different and outside of work activities. Thus providing nurse managers with a sense of escape from their daily work related pressures and stressors. These findings were consistent with similar results which showed that nurses, who had personal activities outside of their nursing professions, were found to achieve better work life balance and have better physical, emotional and spiritual development (Kim and Windsor, 2015).

It was ironic that some nurse managers felt that sharing information and teaching staff members helped to relieve their stress; whilst other participants felt that they found it difficult to trust and delegate tasks to their staff members. Although management meetings were identified as a factor that caused nurse managers' stress (as in the previous section of this chapter), meetings with doctors and staff members were actually used by nurse managers to also deal with their stress. Participants felt that meetings resolved issues of role ambiguity and cleared the expectations of all parties involved. As mentioned before, nurse manager initiated meetings also created an opportunity for them to engage with their staff, by becoming acquainted with information regarding their staff members' personal lives and circumstances, thus fostering better understanding and team work.

It has been found that family support was a contributing factor that leads to resilience, a strategy used in coping. This was supported by Kim and Windsor (2015) who explored research linking work-life balance of married nurses who had family responsibilities and found that the imbalance ultimately impacted on the retention of these nurses in the profession. It was also found that the participants preferred to go to their peers rather than superiors for support. These findings were supported by Clarke et al (2012) who showed that nurse managers in Australia found it helpful to speak with their colleagues in order to deal with stress. The hesitation to approach superiors for assistance and advice may have once again suggested a lack of trust between the different levels of an organisational hierarchy. The literature has shown that a lack of participation in making decisions (Apker, 2002) and "not being heard" (Apker, 2002, p.78), can lead to stress and burnout in nurses. This was further supported by opinions of nurse manager in this study, who felt that their superiors needed to "listen" to what these nurse managers were saying and experiencing.

A positive and encouraging attitude towards their work was that the majority of the participants expressed a love for their work and their wards. Some even suggested that they loved their work 'too much'. This is indicative of the high level of commitment that has been expressed particularly by nurse managers, who are driven by the fundamental nursing principal of caring and giving (Brito et al, 2010). Thus having the possible consequence of creating a dilemma in individuals who are driven by compassion and care, but are unable to do so due to internal and external pressures placed on them due to their demanding roles.

Dedication to their jobs as managers was not without its drawbacks, especially as Shirey et al (2008), also found that despite loving their work, nurse managers reported issues of work-life imbalances, sleep disturbances, having mostly bad days at work, little support, and showed signs of physical and emotional exhaustion.

Although no question pertaining to their future plans were asked to the participants, it emerged that several nurse managers were 'looking' (NM#2) at other career options and did not see themselves within their current management role for long. Due to the impact of stress and stressful situations at work, options that were being considered were: changing place of work, stepping down from management, changing speciality and being medically boarded.

"I wont stay forever because your energy is up. But working in by this people all the time, and sitting on their backs, its getting stuff right and one audit to the next audit just kills you, I promise you" (NM#1)

"I just thought to myself, you know what life is too short and I'm so desperately unhappy and its no one else's fault, except mine. If I want it to change, I need to change it. No one else is going to do it, or can even do it for me." (NM#10)

Regarding all of the coping strategies that were discussed, the topic of 'control' was highlighted. Nurse managers may not have had control of the causes of stressful situations, however they used strategies to control and cope with their responses to the stressors. The literature has described ineffective nurse managers as 'control addicts' who have false sense of control and whose aim was to only "maintain the status quo with as few problems as possible" (Laurent, 2000, p.15), thus focussing on short terms goals as opposed to having a visionary approach. This is once again

related to the prior mention of the differences and dilemmas which arise between management and leadership roles. This illusion of control was then described as an attempt to mask the powerlessness and lack of self worth that has been expressed by nurses. In order to identify 'telltale' behaviours of nurse managers as control addicts, an insightful 12 step programme was compiled (Laurent, 2000).

4.6.4. Aspects that would help to relieve experiences of stress

Parry et al (2012) endorsed that access to information was imperative and that materials for the development of nurse managers should be accessible and readily available. Even if the information was available, perhaps the role overload would have not allowed nurse managers the time to read and absorb the information. This information was also applicable to the accessibility of hospital guidelines, policies and protocols that would ensure consistent output throughout the board of nurse managers.

Another use of technology was also suggested in order to progress nursing by making administration and paperwork more efficient and less time consuming. A study conducted on the computer literacy of Australian nurses found that nurses had good attitudes towards computers and had good levels of computer literacy. Whether this finding is congruent in the context of South African nurses may be questionable, especially in the context of a predominantly older workforce who may be hesitant to incorporate technology into their nursing practices (Asah, 2013).

Despite a national and global shortage of nurses, no participants in this research study explicitly stated that they needed more staff members in order to relieve their stress. Rather, emphasis was placed on the quality and type of training of existing nursing staff members. Some participants felt that support from senior management could be improved by increasing the visibility of leaders. This was supported by the literature that showed a positive correlation between the visibility of leaders and job satisfaction of staff (Claffey, 2006, cited in Duffield et al, 2011). However in contrast, some nurse managers felt that they did not want the interventions from senior management and would have rather been left alone to do their work. This suggested an ambivalent approach towards the subject of support from seniors.

Another example of support that was mentioned was through the need for interdepartmental support, regarding support from the human resources department, particularly with regard to labour relations and the administration involved in the

recruitment of staff. Although many participants mentioned that they were required to drive the process of recruitment and interviewing potential staff, many felt that it was a prolonged and tedious process, which was not solely their responsibility.

In terms of the management of their staff, participants felt that dedicated, committed and skilled staff would reduce nurse managers' burden and pressure related stress. However it seemed as though there was reluctance for nurse managers to be able to trust their subordinates, and despite wanting to delegate tasks (which they said would relieve their stress) they could not. This once again points to the concept of keeping 'control' although this lack of trust may have been linked to attitudes as well as a lack of competency and skill on the part of the subordinate staff.

4.7. SUMMARY

The aim of this chapter was to present the information that was collected in the interviews with the nurse managers. The themes and subthemes that emerged from participants' responses to three specific research questions were presented and discussed. These questions were: what are nurse managers' experiences of stress and stressful situations at work; how do nurse managers cope with stress and stressful situations at work and what may help to relieve the experiences of stress and stressful situations at work.

CHAPTER FIVE

Conclusions, Limitations and Recommendations

5.1. INTRODUCTION

Having presented and discussed the various themes that emerged from the interview data, this chapter will now focus on the limitations of this research study. Further recommendations will be made in terms of future research studies that are linked to this area of stress in nurse managers.

5.2. CONCLUSION

Semi structured interviews with nurse managers found that the prevalent issues leading to the experience of stress and stressful situations at work were related to the role of the nurse manager, followed by the interactions with other stakeholders. This study also looked at the various strategies that were used by these nurse managers in order to cope with the stress and stressful situations. These were categorised into individual and interactive coping strategies. Recommendations were made based on the feedback on nurse managers about how their experiences of stress and stressful situations at work might be relieved. In conclusion, it was found that the emerging issues of this study needed to be taken into account when recruiting and training nurse managers, so that they may be retained and developed within the management and nursing profession.

5.3. LIMITATIONS

As with any research study, there were specific limitations of this study and the emerging results. Firstly, although this study was intended to include all nurse managers, it emerged that all of the participants were unit managers. Therefore, future studies could focus on the experiences of middle and higher management within the private hospital settings who may also experience stress.

Secondly, due to the qualitative nature of this research study, the narratives were subjective opinions and experiences. Future studies into the topic of stress in nurse managers may include quantitative data collection using valid and reliable instruments such as questionnaires. Also, a further understanding of role clarity may in future be obtained by the use of an audit tool in order to quantitatively determine the functions of nurse managers, as was done in a study by Baker et al (2012).

Thirdly, only one hospital site was used for the collection of the data. Therefore the information that emerged from the interviews, may not be generalisable to other hospitals in the same private hospital group, due to organisational and cultural differences that may exist between different hospital sites.

Although there were nineteen nurse managers who were invited to participate in this study, only ten participants consented to being interviewed. Although reminder invitations were sent out, the responses were beyond the control of the researcher. Despite this, saturation of the data had already occurred after interviewing the sample of ten nurse managers as no new themes were emerging.

Another limitation of the sample was that it consisted of female participants only. Therefore, the experiences and of stressors and coping strategies may not be generalised to male nurse managers who may have different opinions, experiences and coping strategies.

5.4. RECOMMENDATIONS

The following recommendations were made, based on the findings of this research study. These recommendations were in relation to four aspects of practice, education, administration and research relating to nurse management.

5.4.1. Nurse management practice

The daily operational functioning of the nurse manager may be improved by the consideration of the following recommendations:

- The development of policies and guidelines including the implementation of zero tolerance to violence and abuse towards staff, albeit doctors being abusive to nurses or nurse managers.

- The introduction of roles such as clinical nurse specialists who may be empowered as 'champions' within specialities of nursing. This may ease the load from the nurse managers having to be on the floor as well as complete their management duties.
- To revisit and review the role of clinical facilitators who can spend time with students on the ward, to improve the quality of care provided to patients.
- Nurse managers to be given opportunities and time to reflect and engage in peer support (Bonner and Mclaughlin 2014).
- From the findings in the literature and the results of this study, it is clear that nurse managers have a multifaceted role. From an occupational health perspective, a formal hazard identification and risk analysis of the nurse manager role, might be beneficial in understanding the different physical, chemical, biological, ergonomic and psychosocial hazards that nurse managers may be exposed to whilst carrying out their duties. This may in turn, protect and prevent occupational diseases and in the case of this study, prevent experiences of occupational stress in nurse managers.

5.4.2. Education and training in nurse management

McCallin and Franckson (2010) recommended that 'role preparation' should be done for nurse managers, which should include postgraduate education and training in business management.

As per findings in the literature and the responses of the participants, the researcher recommends the consideration and an introduction of a formalised orientation programme that might be beneficial in the recruitment and retention of nurses into management positions. This may include comprehensive induction programmes, readily available information resources and ongoing and supportive clinical supervision and mentorship, especially for nurse managers.

In light of continuous professional development (CPD) that will become mandatory for all nurses in South Africa, training programmes for nurse managers may incorporate portfolios and workbooks as evidence of development. This may provide

an opportunity to highlight areas for development and reflect on areas of excellence in nurse managers.

Training and development of nurse managers should also include the aspect of stress management training and interventions, on an ongoing basis. The choice of intervention used may be decided upon the evidence base of the intervention, thus making it a cost effective investment for the employing institutions, in the wellbeing of the nurse managers. This may be an incentive for organisations to recruit and retain nurses and nurse managers which is especially important in a competitive climate of nurse shortages and nurses wanting to leave the profession. The different needs and feelings of a multigenerational workforce would be beneficial towards the development of content for training programmes.

5.4.3. Administration

It is recommended that administrative issues be investigated and improved in terms of the expected and actual role of personal assistants in the daily functioning of a ward setting. A clear job description and thorough recruitment process for personal assistants, involving a proactive human resources department, may provide relief and support for nurse managers in carrying out their multifaceted roles. The provision of a contingency plan when administrative support or personal assistants are absent may also allow for effective running of a ward and reduced stressful situations.

5.4.4. Research regarding nurse managers

It might be beneficial for future studies regarding nurse managers and their experiences of stress and stressful situations at work, to be conducted in public hospitals, where the pressures and organisational culture may cause different themes to emerge.

Based on the limitations discussed earlier, future research studies may find it beneficial to include other research sites which may upon comparison, provide different perspectives and themes.

5.5. FINAL CONCLUSION

The Occupational Health and Safety Act (no. 85 of 1993), in South Africa has stated that employers have a duty to: identify hazards that may be present in the workplace,

assess the extent and risk of employees health posed by the hazards and take steps that are reasonably practicable to eliminate or minimise these hazards. Work related stress was one such psychosocial hazard that was explored in this research study.

Although more research amongst this group of employees is needed, it became clear that nurse managers are under pressure in the workplace and despite finding ways to deal with stress themselves, there is a need for support and further measures to address the psychosocial issues of stress in the workplace. The importance of understanding these aspects is relevant especially as nurse managers play an important role in the delivery of quality patient care. The concern therefore to the private healthcare setting could be that unresolved stressors may not only compromise patient care but may also alter organisational effectiveness, performance and success.

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APPENDIX A



R14/49 Mrs Niyati Naik

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M150301

NAME: Mrs Niyati Naik
(Principal Investigator)

DEPARTMENT: Nursing Education
Netcare Linksfield and Linkwood Hospital

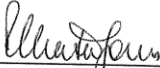
PROJECT TITLE: The Experiences of Stress and Coping Strategies
of Nurse Managers in a Private Healthcare Setting

DATE CONSIDERED: 2015/03/27

DECISION: Approved unconditionally

CONDITIONS:

SUPERVISOR: Annalie Van Den Heever

APPROVED BY: 
Professor P Cleaton Jones, Chairperson, HREC (Medical)

DATE OF APPROVAL: 03/05/2015

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Secretary in Room 10004, 10th floor, Senate House, University.
I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report.**

Principal Investigator Signature _____

Date _____

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX B



Netcare Linksfield Hospital

Tel: +27 (0) 11 647 3400
Fax: +27 (0) 11 640 3576
24 12th Avenue, Linksfield West, Johannesburg, South Africa
PO Box 46337, Orange Grove, 2119, South Africa
www.netcare.co.za

30 January 2015

Instructions: Please copy content onto hospital/site/division letter head

LETTER CONFIRMING KNOWLEDGE OF NON-TRIAL RESEARCH TO BE CONDUCTED IN THIS NETCARE FACILITY

Dear Niyati Naik (Name of applicant)

Re The experiences of stress and coping strategies of Nurse Managers in a private Health Care setting
(Title of research)

We hereby confirm knowledge of the above named research application to be made to the Netcare Research Operations Committee and in principle agree to the research application for Netcare Linksfield and Linkwood Hospital, subject to the following:

1. That the data collection may not commence prior to receipt of FINAL APPROVAL from the Netcare Research Operations Committee.
2. A copy of the research report will be provided to the Netcare Research Operations Committee once it is finally approved by the tertiary institution, or once complete.
3. Netcare has the right to implement any recommendations from the research.
4. That the Hospital/Site/Division Management reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects / Netcare or should the researcher not comply with the conditions of approval.

We wish you success in your research.

Yours faithfully

Edel Cutler

30 January 2015

Signed by Hospital/Site/Division Management

Date

Nursing Manager

(Specify designation)

Netcare Hospitals (Pty) Ltd T/A Netcare Linksfield Hospital
Directors: J du Plessis, R H Friedland, K N Gibson
Company Secretary: L Bagwandeen
Reg. No. 1996/006591/07

APPENDIX C

RESEARCH OPERATIONS COMMITTEE FINAL APPROVAL OF RESEARCH

Approval number: UNIV-2015-0008A

Ms Niyati Naik

E mail: niyati.d.naik@gmail.com

Dear Ms Naik

RE: THE EXPERIENCES OF STRESS AND COPING STRATEGIES OF NURSE MANAGERS IN A PRIVATE HEALTHCARE SETTING – Proposal amendments

The above-mentioned research was reviewed by the Research Operations Committee's delegated members and it is with pleasure that we inform you that your application to conduct this research at Private Hospital, has been approved, subject to the following:

- i) Research may now commence with this FINAL APPROVAL from the Committee.
- ii) All information regarding the Company will be treated as legally privileged and confidential.
- iii) The Company's name will not be mentioned without written consent from the Committee.
- iv) All legal requirements with regards to participants' rights and confidentiality will be complied with.
- v) The Company must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from the Committee as well as a FINAL REPORT with reference to intention to publish and probable journals for publication, on completion of the study.
- vi) A copy of the research report will be provided to the Committee once it is finally approved by the relevant primary party or tertiary institution, or once complete or if discontinued for any reason whatsoever prior to the expected completion date..
- vii) The Company has the right to implement any recommendations from the research.
- viii) The Company reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects/ Company or should the researcher not comply with the conditions of approval.




- ix) APPROVAL IS VALID FOR A PERIOD OF 36 MONTHS FROM DATE OF THIS LETTER OR COMPLETION OR DISCONTINUATION OF THE STUDY, WHICHEVER IS THE FIRST.

We wish you success in your research.

Yours faithfully

 27/5/2015
Prof Dion de Plessis
Full member: Research Operations Committee & Medical Practitioner evaluating research applications as per Management and Governance Policy


Shannon Nell
Chairperson: Research Operations Committee
Date: 3/6/2015

This letter has been anonymised to ensure confidentiality in the research report. The original letter is available with author of research

ANONYMOUS

APPENDIX D

Semi structured Interview Guide

1. As a nurse manager, please describe what you experience as stressful at work?

Probes: In dealing with patients
In dealing with family and relatives of patients
In dealing with subordinate nursing staff
In dealing with colleagues (other managers)
In dealing with higher management

2. How do you cope with stress and stressful situations at work?

Probes: Active strategies
Avoidant strategies
Positive and negative behaviours
Colleague/peer support
Managerial support

3. What do you feel may help to relieve stress and stressful situations at work?

Probes: Organisational level
Individual level

APPENDIX E

Dear Nurse Managers,

My name is Niyati Naik and I was previously employed by Netcare Linksfield hospital in Paediatrics. I am currently studying at the University of the Witwatersrand and I would like to invite you to participate in my research study titled:

The Experiences of Stress and Coping Strategies of Nurse Managers in a Private Healthcare Setting

It is YOUR experiences and opinions that are important in this study. Participation is entirely voluntary and would involve individual interviews of about half an hour, with you at a convenient place and time.

You will remain **anonymous** at all times as no names will be mentioned. Interviews will take place in no particular order and all participants will be referred to as eg. Nurse Manager No. 1 and so forth. Before the interview starts, you will be asked to complete a:

consent form to participate
consent form to be voice recorded
short demographics information sheet (this information **will not be linked to the interviews** in any way)

You are free to withdraw from this study at any time. Please do not hesitate to contact me at this email address or 072 254 9617 if you have any questions.

You will also be given a comprehensive information sheet about the study, before the interview. **You are not required to print any documents whatsoever.** Forms will be provided for you at the interview.

If you would like to participate in this study, **please would you kindly reply to this email**, and provide **your telephone number** so that I may contact you to arrange a suitable date and time for the interview.

If you have already given me your information at the Managers meeting on 21st May 2015, you do not have to send me your number again. I will contact you via email, telephone call or text message.

Thank you very much for your time,

Regards,

Niyati

APPENDIX F

Information Sheet

The Experiences of Stress and Coping Strategies of Nurse Managers in a Private Healthcare Setting

Dear Nurse Manager,

My name is Niyati Naik and I am a student at the University of the Witwatersrand undertaking my Masters in Occupational Health nursing. You are invited to take part in a research study that will aim to explore and describe the experiences of nurse managers like yourself, regarding stress and the strategies used to cope with stress. Please take time to read this information sheet regarding this study so that you may understand what is involved if you decide to participate.

Purpose of this study

Research has shown that nurse managers are prone to high levels of stress. However, little is known about the experiences of nurse managers in the private healthcare sector. It is for this reason that I would like to focus my research report on this topic. This is so that, your invaluable experiences may be recorded and so that recommendations can be made to ensure that stress is managed effectively.

What will participation involve?

This research will involve an interview, where I, the researcher, would like to ask you three open ended questions about your experiences of stress as a nurse manager and the coping strategies used by yourself to deal with stress. Each interview will be approximately 20-30 minutes. I will also ask you about how you would like to be supported in dealing with stress. It is your experiences and opinions that are important. Interviews will take place individually, at a time that is convenient for you. You are free to withdraw from the study at any stage without giving a reason. You will be asked to complete a consent form to participate in this study as well as a demographic information sheet. All data will be treated with confidentiality.

You will be asked to sign a consent form for the interview to be recorded on an audiotape. The audiotapes will be locked in a secure place at all times and will be destroyed at the end of the study. Anyone who takes part in the study will be identified only by code numbers or false names. You will be given feedback at the end of the study, but your participation will remain anonymous throughout. Talking about stress may be upsetting for you. You are free to stop the interview at any time if you do not wish to continue. I will be able to advise you who to contact for further help, after the interview.

Your experiences are valued and your participation will be greatly appreciated. Please do not hesitate to contact me or my study supervisor, Mrs Annalie Van Den Heever at 011 488 4061, for any questions regarding this research.

Thanking you in anticipation,

Niyati Naik
0722549617
Niyati.d.naik@gmail.com

APPENDIX G

Consent form for Participation

I have read the information sheet regarding the research study titled:

The Experiences of Stress and Coping Strategies of Nurse Managers in a Private Healthcare Setting.

I have had an opportunity to ask any questions that I have regarding this research study. Any questions that I have asked have been answered to my satisfaction.

I consent voluntarily to be interviewed as a part of this research study. I also give consent for the interview to be recorded on audiotape.

Signature of participant

Date of signature

Statement by the researcher, Niyati Naik

I have accurately explained the details of this research study to the participating nurse manager and have offered an opportunity to this participant to ask questions. I have answered any questions to the best of my ability. I confirm that the individual has not been coerced into participating in this study and consent has been given voluntarily and freely.

Signature of researcher

Date

\

APPENDIX H

Consent form for being Recorded on Audiotape

Dear Nurse Manager,

Thank you for agreeing to participate in this study titled:

The Experiences of Stress and Coping Strategies of Nurse Managers in a Private Healthcare Setting.

As discussed, one on one interviews will be conducted regarding your experiences of stress and stressful situations as a nurse manager. If you have any questions or concerns whatsoever, you are encouraged to contact me at the email address and telephone number provided on the information sheet.

You are encouraged to ask questions or raise concerns at any time about the nature of the anytime at the email address and telephone numbers provided below.

Our discussion will be audio taped to help me accurately capture your insights in your own words. The tapes will only be heard by me for the purpose of this study. If you feel uncomfortable with the recorder, you may ask that it be turned off at any time.

You also have the right to withdraw from the study at anytime. In the event you choose to withdraw from the study all information you provide (including tapes) will be destroyed and omitted from the final paper.

Insights gathered by you and other participants will be used in writing a qualitative research report, which will be read by my supervisor and presented to the Hospital Group. Though direct quotes from you may be used in the paper, your name and other identifying information will be kept anonymous.

By signing this consent form I certify that I agree to the terms of this agreement.

Signature of participant _____

Date of signature _____

APPENDIX I

Demographics Sheet

Dear Nurse Manager,

Thank you for taking part in this study. As part of the information required, please take 5 minutes to complete this health and demographics information sheet. Please do not write your name on this form. It will be stored separately from any other information you may give during this study. This information will not be linked in any way to your responses in the interview.

This information is only required in order to provide us with accurate information of the sample. Please mark your answer with X.

1. Gender

Male	Female
------	--------

2. Age

Less than 25 years	55- 64 years
25- 34 years	65- 74 years
35- 44 years	75 years or more
45- 54 years	

3. Culture

Black African	Coloured	Other
Indian/Asian	White	

4. Highest level of professional education or training

Diploma	Bachelor's Degree
Master's Degree	Doctoral Degree
Other (Please Specify):	

5. Years experience as a nurse manager

Less than 5 years	6-10 years	More than 10 years
-------------------	------------	--------------------

6. How long have you been in your current position as a nurse manager?

Less than 5 years	6-10 years	More than 10 years
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APPENDIX J

Transcription of a Narrative

NN: ok sister, so please can you tell me as a nurse manager, please describe what you experience as stressful at work?

NM3: the most important thing that is stressful is to have the doctors swearing you. Like you are just nothing. Talking to you like you you you don't think, you are senseless, and underestimating you and undermining you. I find that very much stressful and frustrating because as far as I'm concerned, the doctors mostly they wont call you aside to talk to you. They'll just scream, swear you, at the corridor in front of the patients, in front of the staff, and that it like humiliating. And how is staff going to respect you in return. Even if something wrong has happened. But i don't feel or think they have the right to talk to you anyhow, and to swear on top of that.

NN: swearing as in?

NM3: swearing as in, f's and b's.

NN: and you are saying this is in front of people?

NM3: In front of everybody. They don't care. And if for example that happens in the morning. Your whole day is like finished because you'll be stressed for the whole day. And with me, I don't know whether I am too sensitive or what, I just, my mind just blocks. I cannot cope with anything once you have screamed at me, you have sworn at me. I, I I I don't take that like..this is the most stressful thing that happens on duty.

Apart from the staff being resistant to change, because they are things you need to change, there are new development. Everyday we learn in nursing, so everyday you have to change something and get the staff to do 1,2,3, because our main focus and our main goal is the quality. So you'll find that people are telling you we have been here for 20 years and we've been doing this 1,2,3, that doesn't help, because there is modern technology now, so there are new ways where we do things, so people just don't want to comply at all.

NN: Hmm, these are your staff? Your subordinates?

NM3: Yes, exactly.

NN: And, in terms of the doctors, how many do you work with?

NM3: I work with more than 10 doctors because this is a general (specialty) ward, where we have (specialty). We have ENT doctors, I think we have 5. and then we have gynae doctors, er, we have plastic surgeons, we have um enertologists, we've two of them and then urm, if the other departments are full, they give us patients as well. So we get physician, all physicians come here. We get cardiologists, we get neurologists, we get psychiatrists.

NN: Ok, and this issue that you have with the doctors screaming at you. Is it, generally all of them?

NM3: Its not all of them, it's a few. But those few, are our main users. So on a daily basis you will face with one thing, the next day something else. So you never know what is happening, to such an extent that most of your time, you have to spend on their, in the ward, on the floor with the nurses, because now you trying to catch up, trying to sort out the problems.

You/re trying to ensure that everything is being done to the T. yes, we have to be there, we have to see that things are done, but you find that from 7 o'clock, until 4 o'clock, you're busy on the floor because most of the time, we are an academic institution so we have a lot of students. So our staff rotates. Its not that you are going to have the full complement of staff that knows what is happening with the department. You'll find that urm you have like 10 nurse on shift, but now amongst these nurses, its only 2 that are used to the routine of the department, so the rest, they are students, they are on training, they are still familiarising themselves with whatever is happening with the department.

So these 2 will get stressed. So in order to alleviate stress from these ones, you have to be there. Because now you are coaching these other nurses. And then at the end of the day, you haven't done your work as the unit manager, so you have to stay behind 4ocl you cant go home, you have to catch up with the admin work, and paperwork and whatever maybe its month end, there are payments that need to be done, you have to sort that out. So its like so stressful.

NN: Yes, and staying back, does that happen often? Staying later than...

NM3: Let me tell you we we we we are on call, so maybe once a week you are on call, until 7. definitely there must be a day in the week when you have to go off at one because you covering those hours where you stayed and did a call. But now, there is no time, where you can say today I'm taking my bag, its 1 0clock, I'm going home. I'm taking my bag, its 4 o clock I'm going home, because there is always something. Especially in this ward because this is a ward where we accommodate day cases as well. You'll find that you have a morning list where there are 10 patients who are coming in the morning, so you accommodate those patients, they go to theatre. Some of the, sleep overnight and others are discharged. But in the afternoon, you have another list that starts at 1300. so these patients will go to theatre, maybe they will come back and sleep overnight, or others will have to go home round about 7 and 8 o'clock. So there is no time where you say, you are free and now I can do what I want to do.

NN: Okay, so staying behind?

NM3: Staying behind happens often. At times, I know we we, there is a course that we attended, where they say some of the unit managers, I thought that it was my problem, and a few others here, but last week we went for a unit managers course and we found other unit managers that had the same problem, so we were feeling bad like we are going to be told that we are not coping with the work and stuff like that, or we are in competent, but discussing with other unit managers we saw that its not only us, that are having a problem. Yes, there are others that at 3:30, they take their bags and go. But now, at 5:30, if I still have a list running, and if I still have problems in the department with a less number of staff that is there, I cannot just take my

bag and go. Because it all comes back to me. When I come back the following day, there were problems the previous day, I have to account.

Not that I don't trust the staff that is there but there is too much for them to handle., so if I can stay behind and assist them, I have to.

NN: And then the doctors, sister, when they do have these episodes of screaming at you, do you find its about the same thing? What do they complain about?

NM3: You know, there is a time, when the doctor complained about er..the patient was supposed to go fro an x-ray. You know that er now, when an MRI scan has been booked, or ct, whatever has been booked, x-ray department first gets authorisation from medical aid. So it takes them time, to get that, so everything was delayed. So when the doctor phoned to get the scan results, there were no results. Patient had not even went downstairs to do the scan, and then the doctor swore me, like I have anything to do with the delay. Then I said ok, before responding to the doctor, let me find out what is happening at the x-ray department. I sorted out the x-ray department, I sorted out even this side, when the patient and then afterward I attended to the doctor.
You know what, you just spoiled my day for nothing. I have nothing to do with the scan, I have nothing to do with the authorisation, I have nothing to do with the delay of the patient, but you are swearing me.

NN: So what do they say when you tell them this?

NM3: I had to urm, I had reported to the management and then I lodged a complaint I wrote a urm, there's a form that I filled up for a complaints. It was sent to the hospital manager, and then they called the doctor, they spoke to the doctor and then he came to apologise because I involved my husband as well, I said if he is doing this because he is a male, then I have to get my husband involved. Because I didn't come here to be abused by anybody. I came here to work and the doctor cannot cope without us.

NN: Yes, yes

NM3: So he must not act like he is the boss,

NN: So you feel like they have that attitude, like they are...

NN3: they do, they definitely do. Like when you talking to somebody, one will answer you anyhow. Like you are a piece of nothing. A problem happened last week, I phoned the doctor. Or the doctor phoned me saying er this is what happened and then I said ok doctor I will investigate, he said, 'I don't care what you going to do, that investigation of yours is not going to help me with anything. The only thing that I am telling you is that I'm going to report you to south African nursing council,' but now how am I supposed to respond if I don't investigate. I was not there, so I have to find what happened. So if he s saying he doesn't care, he doesn't need an investigation, now what does he want me to do?

And a problem with that, I know that I cant justify faults of the staff. If the staff has done something wrong, they have done something wrong. But now, what must I do? Besides saying ok doctor, I am sorry, I promise you this will not happen again, ill talk to my staff....'your sorry cannot fix anything'

NN: and then how did you deal with that? Did you?

NM3: what else can I do? Nothing? You cant do anything. What can I do?
The doctors are here. The doctors are bringing the revenue and I don't bring revenue. Nobody sorts our problems out.

NN: do you get that feeling? Its because they are the ones that er..

NM3: its what one gets told, the doctors are bringing revenue here, private is like that. Doctors are bringing money, I don't bring money. That's the life in private sector.

NN: have you worked in public?

NM3: I worked in public like (pause) 15 years ago.

NN: As a manager?

NM3: oh no, I was just a registered nurse.

NN: okay

NM3: but ena, public, there are frustrations, that are there but ena, no body, nobody abuses anybody. Its only the patients that are rude from the community and staff towards staff because nobody cares about anything. Otherwise there is no doctor that comes there and shouts at you, swears. There's nothing like that in public sector, its only the staff being rude to one another, on the floor, which is something you can manage. But there is nobody who comers and swear you just like cos I am whoever. Like you are nobody.

That life. Because even when you are doing rounds with the doctor and um patient says I haven't eaten, the doctor will just scream at you, in front of the patient. Ok, I understand medication has not been given , but don't scream at me in front of the patient. Don't call us names like they are doctors that will say stupid, er...(hesitation)

NN: In front of the patient?

NM3: In front of the patient.

NN: And then how is the patient towards you?

NM3: You know ena, some of the patients, others understand, they say, oh i'm sorry sister, about that encounter with the doctor and he's he's just like that, he's been my doctor for long. Others will say, ja, this is what the doctor said about you guys here, you don't now what you doing. And after that those patient become rude, and they very difficult to manage because now they have these understanding that you don't know what you are doing

NN: and they're endorsed by the doctor

NM3: That is the frustration that we go through. We make our own happiness.

NN: and is this on a daily basis that you have this?

NM3: Like now, I'm looking for a file that is missing. I was not even there, I don't even remember the patient, I was on leave, but I have to look for the file because the staff is saying we don't know.

The patients file is missing. It all goes back to the unit manager, patient was discharged last week, so a file is nowhere to be found, they want to bill in the billings department, so unit manager must take..we have looked everywhere. If you (laughs) could have seen us early in the morning. We were lal on our knees, trying to break the drawers, lockers.

NN: did you find it?

NM3: (shakes her head in dismay) I went to matron now, to tell her I cant find the file. But I have to find the file because it cant jsutr disappear. Patient was here, I have to find it.

NN: and sister your staff, of lets say the x amount that are here in the day shift, how many are your staff? You said about 2 staff and the rest would be?

NM3: like today I have urm 2 RNs that are permanent. All the staff nurses that are here are on rotation because they are students. You know they are BC1s and BC2s. I have that, and urm the ENAs. The ENA that is here is a student and then urm 2 agency staff.

NN: Okay, so as you said you have to keep being on the floor, to make sure they all know what they doing

NM3: Because they don't adjust over the night. Even if you can be given a staff nurse on a refresher course, she's been here for 6 months, but she cant master everything.

(Interruption by staff)

NN: and then, when in you said that you don't get time to do your management work, your admin work, tell me more about that. How do you then? You said you stay behind

NM3: Ja, I stay behind to finish off what I have to finish off. And urm maybe at times I come early in the morning to do what ever I need to finish off and submit.

Because even if you can come inside here during the cause of the day, you shut the door and you start working. They still come in, sister (name) there is this, there is that. And you have to leave what you doing and you go and attend. Once you are outside there its difficult to come back in time, very difficult. Because you have to attend to this and that and that and that.

Right now as I'm looking for this file, I have to make sure that I get information I have to investigate, so there is no time to come back now and sit here and do my admin work, because I have to look for this file, they want it.

NN: Hmm, and do the doctors come knock at this door?

NM3: If there is a problem, they do.

NN: And then the actual admin work, how do you find that?

NM3: There is too much. There's a lot of paperwork to do. There is a lot. There's quite a lot, because when you come in the morning you have to do staffing, and then there is a working, planning, staffing planning tool that you have to do on computer. There is a report on the devices that you have to do on computer on daily basis. There is a risk management document that you have to do on computer on daily basis, and you can't go home without doing these things at the end of the day.

NN: Daily?

NM3: Daily daily, daily, you can't you can't. There is Kronos, there is a planning tool, there is an URM devices URM URM URM tool that you have to sort out on daily basis, there is a risk management tool where you write your staffing, who is absent, the staff that is isolated, all kinds of ill patients and stuff like that, you have to fill up because that's the report that goes to the operational manager and the night supervisor and the matron, so they need to know what is happening in the department. So you cannot leave without doing the document.

NN: And how do you find it? Doing it on the computer?

NM3: It doesn't take much of your time doing it, but now you have to have time, you have to focus. Because with the devices tool, you have to enter all the drips that you have, you have to enter all the catheters that you have, audit those catheters, all the operations, patient that went to theatre, major cases you have to enter there and still audit them as well. If there are infections that have been picked up. Like the patient that the cleaner was asking about cleaning of the room. We send a stool specimen. We have to check if there is any URM organism that was picked up because it will show on the tool and then, act accordingly, maybe I isolate, I inform the doctor and advise the staff to isolate patient, what precautionary measures to put in place.

NN: And you're saying audit- you yourself have to go and audit or, how does that work?

NM3: No I audit on the computer, the catheters, if everything has been done according to best care always. The audit is done on computer.

NN: Ok but you have to go check?

NM3: I have to go get the files, check if everything is in place, enter on computer if things are not in place and staff is aware if they have to do 1,2,3, I have to go back to them and talk to them. Why was 1,2,3 not done?

(Interruption by PA)

NM3: See (laughs) we are getting an admission. This patient was here, like I don't know when but because it's a previous complaint, I have to make sure that she is comfortable.

NN: So that was? You were informed by higher management?

NM3: (nods, yes) So now, you have to get the staff. You tell them about this person, so when this person comes, you treat the person like a queen.

- NN: You have to be on your toes?
- NM3: Because you don't want more complaints, because she has complained before.
- NN: and how do you feel about management higher than you? When you have these issues with the doctor, when you have these issues with the patient? When you have issues with your staff?
- NM3: Urm, You know I, they are supportive, they are supportive. But ena, with the doctors, you get the feeling that the doctors they get away with murder, because its like they are worshipped.
- NN: oh ok
- NM3: All in all, you get the support that you need, they do support you, right throughout, hmm
- NN: Ok, but the doctors get away with it?
- NM3: The doctors gets away with it. The support, I don't want to lie, you get it 100%, you get it.
- NN: And so how do you cope? With all these stressful situations at work? How do you as an individual cope?
- NM3: I always say, you make your own happiness, because if I take everything that happens here, and I put it in my head, then ill go mad. I just say ok what is done is done. I call the, if something has happened, I call everybody. I first have to cool down myself, take a deep breath, make myself a nice cup of tea, have my tea, or just go and buy myself ice cream, I eat my ice cream. After that I'm ok, then I call everybody, 'you know guys we have had 1,2,3, that has happened, we need to make sure that it doesn't happen again. I make sure that I don't scream at them, because I want them to listen to what I'm saying. I just become as cool as ever, this is how we need to do things. This is how were gonna do things from now onwards, so lets get to the work, lets do the work.
- At times, I even call them, I ask them one by one. Why are you here? Why are you here? Why are you here? Why are you here? Why are you here?
- Ok you are all telling me that you are here to work. Nobody has forced you to be here, its your own choice, on your own. So let us work, let us do what we've come here to do.
- Because at the end of the day we all run to the ATM and nobody takes half of a salary and give it to that person because you come by doing. All the money goes to your pocket and your purses. So let us be responsible, because we are all adults here. So let us work. So that's how I manage them, that's how we work and now what I've started, is that every third month, we go out for team building, because now, we have to look after ourselves, at some stage we have to be happy. And we have to bond with one another, so it's the night staff and the day staff, we go for outings.
- NN: So this is the permanent staff of your ward?

NM3: Everybody that is working here. Whoever is in the ward.

NN: ok and what do you do? Where do you go?

NM3: I just give them a chance to chose. But last time we went to the zoo lake. The other time we went to the Vaal. I cant remember where the Vaal is, but because we went, it was a long distance drive, but we went there. And then this time around, they are still thinking, where they want us to go to. But they want us to go where we will sleep overnight.

NN: oh nice, okay. And then who, everyone pays individually?

NM3: Everyone pays individually. And they are happy to do so. They just pay.

NN: yes and who organises this?

NM3: well I organise, because I want to make sure that everybody participates, but I have never, encountered where they will be those that are dragging their feet. That are reluctant to do whatever, and anybody that doesn't go is the person that comes up with the valid reason. You know, this is what happening in my life so I cant go. Otherwise they all go, hmm

NN: Ok and you feel that helps?

NM3: It helps because, we will be revising what has happened. You will se that they are happy and they are stress free. It does help. Hmm it does help

NN: So every three months?

NM3: Nods, every three months. Because I don't want them to get burnout I don't want them to reach a point of where they are highly stressed, they're depressed. They end up maybe taking antidepressants. I don't want that. I believe for me, to get urm better quality of care, everyone should be happy. Because if I am having a frustrated staff and staff that has burnout, definitely, definitely ill get a lot of complaints, and ill get a lot of urm medication errors, whatever what ever. People will not do their work, the way they are supposed to be. I want everybody to look forward to going to work.

NN: Yes, hmm

NM3: I don't want a person that says ohhh, I have to get up, I have to go there. No, I don't like that. I want everybody to look forward to getting to work, and I want everybody to be happy. This is our second family, this is the place where we supposed to be happy

NN: Yes

NM3: Ja, so the way you once copes with eee stress is one determines it. If you are going to take personally, then there is going to be problem. One thing that I have learnt is to understand each and every individual, so it will be easier to deal with each and every person that I come across with. Because now if I'm expecting you to be this person that I'm imaging then there is going to be a problem. I have to study you and see uti, what kind of person are you. Then I will be able to work with the. Because there are people where you talk to her

now, you say know, do this thing like 1,2,3, the next day she still doesn't do the work, you instructed her to do. And then the third day she's still repeating the same mistake. So its my responsibility, to go back and let me study this person. Her level of knowledge, her attitude and stuff like that. Because there people that like have present this, negative attitude from the word go. Then at times, I get a person, I sit down with the person. I don't like. We socialise, because I want to get something from this person. What kind of a person is she, or what is her background. What is happening in her life. Because you'll find that a person is not coping just because there are other things that are frustrating her. So she takes those thing out to wrong people and as a result even the way she performs is affected. So I told myself that I need to understand that each and every individual so that ill be able to see, when I'm talking about 1,2,3, it is how I need to address it with this person, because it will be different from, this other person.

NN: And do you do that with the doctors as well?

NM3: Er, I have started to do that with the doctors because when I started and urm they were these doctors who would say. Ay, this doctor so and so is so rude, and so and so is like this, and I said to myself, eh he, let me start with these doctors and their attitudes. It helps.

NN: And then when they are in front of you, how do you cope with that stress, when they are shouting at you? Do you keep quiet? What do you do?

NM3: You know when you shouting, I don't argue. I just listen to you shouting, shouting shouting. Then I book an appointment and go to the rooms

NN: I see

NM3: And talk. This is what has happened, how do you want us to deal with things like these? What is your protocol? What is your expectation. Where do you want us to improve?

NN: And do you feel like it something that they are willing to go through or?

NM3: Once you are there in their rooms, they will talk, instead of here. Here they don't even want to listen to what you are saying. They don't. They just push you away. They just build this wall between you and them. So once you have booked an appoint, you go to their rooms you talk to them then they listen and that's when they tell you what they are expecting from us as the nursing staff. And me as the unit manager.

NN: Do you feel its unrealistic what they expect? Or do you think, how do you feel?

NM3: It makes sense when they are like talking to you. Like na, a doctor will say, I went there, my patient was given urm perfalgan, at 6 o'clock and then again patient was given stilpane at 8 c loc. Both these things have the same ingredients. Definitely we cant, give eh a patient medication like that. If a patient has pain and was given perfalgan in the morning they must be rayzon you can give rayzon because the ingredient are not the same. Or maybe you can still give pethidine, or tenstene. Not still pane after the patient was given perflagan, because there is the same ingredient here. It is that you are overdosing the patient. But when the doctor is here and seeing this thing, he

wont explain like this, he will just grill you (clicking fingers) then when you go the rooms, and say doctor really, what is there? Then he will start explaining that ohhh now I see, ok

NN: Yes

NM3: Its small things but when they are here they make them like, big things like somebody..I know that ena its something big because now we are overdosing a patient/ but ena if he can call you aside and explain to you this is what is happening. This is what you supposed to be doing, then you understand. Instead of swearing and throwing files there

NN: And then how do you take that back to your staff?

NM3: I call them again, I tell them you know what, doctor complained about this and aah this is what we had done and this is how you supposed to be doing this, and if you not sure please come back, ask me, ill tell you what to do

NN: And do they?

NM3: They do, they do, they do come back. Like I said, most of them are still on training, so they want to know. They will come back, they will ask you now this is the situation, what do we do, then you explain to them.

NN: Oh ok, and then sister how do you feel , what do you feel might help to relieve all the stress and the stressful situations that you can have in this ward?

NM3: Er..you know I found ena helping like I told you about the course that we attended, and then I said to myself that you know (hospital group) is now thinking because that's the course where there were 30 unit managers from different hospitals, we were all sharing what we are going through. We are all advising one another, when you come us with your problem- this is what I'm encountering. And the other one will tell you, I used to experience things like that, this is how I managed to sort them out., so you get ideas from different people. Mixing and maybe because when we go there, we don't like, lets say both of us are coming from (hospital name), no, we wont be in the same group. You will mix with others. They will be (other hospital group hospitals listed). And the teams are maybe 6 of you so you'll be sharing ideas. And then there is a session where everybody gets involved and the facilitator is like picking I mean, pointing at people, every individual you had this problem or did you encounter from this. We're sharing ideas, so when we went there it was like a debriefing session. And eh after this session, it was a two week, ah two days session and after that it was like we are all like relieved of whatever we were going through. I even told that facilitator, you know what when I, the last few weeks, I was like 'gat-vol' I was like saying to myself, this is enough. I need to maybe retire, or do whatever, but I think I'm done with nursing. I'm fed up. I had that anger inside me but now when I go there and everybody was saying this and that, and all contributing, it was like there was a load that was lifted (laugh) and at the end of the day, we were ok. We were fine, we were happy. And I said that if (hospital group) can do this, maybe like every third month, it will be better, because

NN: So it was the first time you did this?

NM3: It was the first time we doing something like that because it opened my mind that ok, okay.

NN: And have you been on any other course like that?

NN: No. no no , but iv never been. Except when I was still working in KZN, for the company that I came from, we had urm we had a hospital doctor, she was not like based in any department whatever, she had her office so we used to go there, like urm, more frequently when you go there, she taught us how to meditate. You'll go in this room, switch the light off ad then play music softly, you start meditating and we had sessions with her, where she used to council us and stuff. It was helping. Because there is stress everywhere.,

NN: Hmm so you feel that helped you the? And could it help now?

NM3: It did. Exactly.

NN: So you said that meditation, counselling. Was there anything else that she would do there?

NM3: That we used to do?

NN: Yes, that could help to relieve stress

NM3: We use to have a unit managers urm team building sessions where but we never used to go out frequently, maybe when, management would take us like, twice a year. To wherever we wanted to go and have a good time there.

NN: Ok,

NM3: It does help, to be away from everything. You are away from your family, no children to stress you, Away from work, nobody to stress you. Go out there for like three days and then you come back. You are refreshed and you carry on where you ended.

NN: And how do you feel, the stress and the issues at work, do you feel, how does it affect your home life? Do you take it home?

NM3: Fortunately I've been in the management position for long, so I've managed to adjust myself very well. And urm I'm this person that says if I cannot sort my problem out if iv tried to sort it out, ad it doesn't get resolved, and its like that scale, then I just switch off, I just forget about it.

NM3: If it resolves itself, it will resolve itself. If it doesn't, it doesn't.

NN: Oh ok

NM3: Even here at work. Even here at work, they'll be people that you can see, these people are up to sabotaging me, I just tell myself 'you know what, forget about these people. You didn't come here to be frustrated by these people. And I come first. Other people, I , they are human beings, I respect them, I respect even the cleaner, because she is a human being, but a person that is out there to frustrate me I just forget about her. I came here to work, lets do the job. That's all. I don't have hard feeling for anybody, whatever, everybody is equal. Everybody is an image of god, so I don't have to hate anybody. Lets

just work. Personal issues- I don't care about them. Even at home, its like that. If I have a problem. If I don't have money, I cannot go go and break into the bank and get money. I cannot rob anybody I don't have money, I don't have money, why should I stress now? I just forget about that. If I have food, I have 1,2,3, ok. Other things, other material things, sort themselves out if they do. If they don't,. there's nothing I can do.

NN: Ok, now you mentioned image of god- how do you feel about spirituality, god, urm, in dealing with stress? Can you apply that to stressful situations? How do you?

NM3: I believe, that if there is something that is something that is stressing me, I pray. I can come inside in this office at any given time, I kneel, I pray. Because god said, all our problems, we have to give them to him, he's there to sort them out, because we don't have that power and that ability to resolve anything on our own.. we have to call his name. we have to involve hi,, so I take all the burdens. I say here God, here are my burdens, you see me, take them. I'm giving them all to you because you can plan better than I can and you can use your intelligence better than myself so I'm giving all to you. For you to plan for me, for you to show me the way. I may say that I am intelligent, but my intelligence is here on earth, because if anything goes beyond my control, beyond my power, who am I to resolve it. So I'm giving everything to you. You sort this out for me. Because I believe if I don't involve god in whatever, I wont not succeed. Because as I'm sitting here, its not because of my will and my intelligence, its because of him because he gave me this position. He gave me this life and his going to be in charge and in control, right throughout.

NM3: There is not a single day where I leave my house without calling his name. because I said god, you have shown me that you are the god. You are in control, you are in power. You woke me up from the dead- you know when you go to sleep, you don't know whether you will wake up or not, and when you are sleeping its like you are dead. Because you don't know what is happening outside there but with the grace of god, he takes control of everything. The people that can come in your house, break in,. kill you..its only god that can say- no- you're not going to do this to this person. Not because we are better, its because god wants to show us, that ena he is our god, he's almighty, he's in control of everything. If he just wants to switch the light off, does just that. I can be sitting here, but when god says its over, I can just die. So he's always there so I say god, thank you for waking me up and thank you fo r this job. There are people that are digging in the bins there, that don't have the 25th, the 30th or whatever of the month. They are not waiting for any salary, but you have given me this job. Thank you. So now, please lead the way, I'm going there, and please don't leave me. Everything that happens, its because you have allowed it to happen, because you have taught me that you are a living god and I must know that there is a day where, I must be tested. Anything that happens, where I get frustrated, where I get hurt, I take it like god is testing me. He wants to see whether I still believe in him or what. That's how I lead my life.

NN: And, with that, and with that faith. Do you feel like there's anything that could help that? In terms of you coming to work? You say you come in to your office and kneel and you pray here, but do you feel that there is anything that you could help that? Is there anything that would support you in your prayer? In your? While you are at work>

NM3: there's that thing you know when you have used everything. I've used my intelligence, and nothing materialises, I just say god, you're the only one that will come to my rescue. Besides maybe if it's an issue that needs me to go to matron and say matron 1, 2,3 and maybe matron will come with her ideas and maybe we will resolve it but it's something that nobody else can resolve for me, I just, call him.

NN: And you come into this room?

NM3: And then I pray. I can even pray when I'm walking on the corridors, I'm frustrated and stressed, I call his name. I can even go outside, have some fresh air, I'll call his name.

NN: Is there, do you read the bible?

NM3: I do, everyday . I don't choose the verse or the scripture that I want to read. The only thing when I really want to communicate to god, I will take my bible and hold it like this, I'll say, god talk to me now, I need you more than any other time that I've asked for your assistance. And then any page, that I open like this (demonstrates), I'll read. Half of the time, it will talk say exactly the problem that I'm going through. So I will say thank you god, you've answered me. Because I believe, you know when I've receded I just go straight to my bible.

NN: Do you have one here? A bible?

NM3: I don't have one here, but when I get home, I'll take my bible because I'll pray first. I tell him what is happening. I know that he sees, I know that he knows what is happening, but I'll tell him what, this is what is happening and I need you know lord. I need an answer from you. Then when I get home, I'll take my bible, I'll open like this (demonstrates) then I'll read, oh god has spoken to me.

NN: here I have a few quotes (shows a book) that I've like written, that I go through. And this thing here. Ja, that's how I read my notes.

NM3: Maybe ena, it's because when I grew up, everything was not like what they say, when everything is ok, everything is smooth(sigh) it was a hard life. I come from a poor family but my father made sure that we get everything that we wanted. He was unemployed, he was doing his own small business. He was making burglar guards for people and kids, stuff like this. If people come to pay they'll pay, if they don't pay, they won't pay. You will find that months were not the same. There's a month where there is money, there a month where there is no money, but he made sure that he does everything for us, and I always tell the staff here, that it's not here because there was money at home- there wasn't. I started working at the age of 16 and then when I got there the supervisor said you know what, you too young, to be here. You'll be exploited by these boys here, you must try and get a space and study whatever then I said my intention is to be a nurse, but now there is no money at home. And then she said, no you can go to the university and register, once you have a registration fee, you'll apply for bursaries, study loans and stuff like that. You'll make it. That's how I got to university and I studied, I studied and here I am. I. perseverance and hard work. Everything happens if you are determined.

NN: Yes, thank you so much sister