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JOB SATISFACTION OF NURSES IN A PUBLIC HOSPITAL WITH A HIGH NUMBER OF HIV AND AIDS PATIENTS

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A research report submitted to the Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the degree

of

Master of Science in Nursing

Johannesburg, 2009

DECLARATION

I, Elaine Hennessy declare that this report is my own work. It is being submitted for the degree of Master of Science in Nursing in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other University.

Signature…….

……day of…….

DEDICATION

I dedicate this masters report with gratitude to all the nurses in the public service as well as Raymond, Kate, Cillian and Oisin whose support and encouragement helped me to complete my studies.

"Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around"

Leo Buscaglia

ABSTRACT

The purpose of this research was to investigate job satisfaction and the impact of HIV and AIDS on nurses in a public hospital in Gauteng.

The problems that generated this study included absenteeism, low morale and negativity of nurses working with patients in the presence of the HIV/AIDS crisis.

A quantitative research method was used. The sample size comprised 248 nurses from all categories. The Measure of Job Satisfaction was the framework used which covers issues such as remuneration, security, growth, social and supervisory aspects. The framework for the HIV/AIDS section of the research was the Government policy on HIV/AIDS.

Results showed job satisfaction was adversely affected by staff shortages, workload, frustrations with management, remuneration, lack of developmental opportunities and equipment. Analysis of the open-ended responses showed ambivalence amongst nurses towards nursing HIV/AIDS patients. Some expressed sadness and fear while others found their caring role fulfilled.

The study indicated that facilitating development of staff, improving management skills, providing staff and equipment will all impact positively on job satisfaction. In addition, a deliberate effort needs to be made to plan debriefing/counselling services for nurses as well as ongoing HIV training.

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CHAPTER ONE

INTRODUCTION AND PURPOSE OF THE STUDY

1.1 Introduction

The murmurings of disgruntled nurses are still to be heard in public hospitals despite the implementation of the Occupation Specific Dispensation (OSD) for public servants which set out a revised salary structure unique to identified occupations in the public service (Department of Public Services and Administration 2007:1). This meant salary increases for nurses. However it seems that nurses in South Africa are not experiencing job satisfaction. This is evidenced anecdotally in conversations with nurses and indeed can be seen in the glum faces and unresponsive attitudes of nurses, escalating rates of resignation, rising absenteeism rates and increasing numbers of complaints from patients. In an article in The Star (Green 2006:6) based on a Democratic Party survey regarding nursing, a bleak picture of the state of nursing in Gauteng was given, citing staff and medicine shortages, lack of equipment and poor management as factors that nurses working in Gauteng's public hospitals have to contend with daily.

There have been negative media reports regarding nursing care and working conditions in public hospitals (Seshoka 2005:32-33). In addition, the Chief Executive Officer (CEO) and Quality Assurance Department of this public hospital received a significant number of patient complaints. Added to this we are all aware of the many nurses'

complaints – ranging from the shortage of staff, poor salary, lack of facilities, lack of resources and heavier workloads

In a study by Selebi & Minnaar (2007:53-61) only 35% of nurses were satisfied with their conditions of employment, which means 65% of nurses were dissatisfied with their employment conditions. The principal causes of dissatisfaction were salaries (96%), promotion opportunities and career development dissatisfaction (82%), working conditions dissatisfaction (81%). These were the top three causes of dissatisfaction amongst a study of nurses in a public health hospital in Gauteng in 2005. Other causes of dissatisfaction included supervisors' decision making skills, supervision, relationships in the workplace, policies and job security. In the same study nurses experienced low levels of satisfaction (42%) with motivational aspects of their jobs including responsibility, opportunities for creativity and innovation, independence and recognition.

This study aimed to build on the study by Selebi & Minnaar (2007:53-61) by exploring the above mentioned factors which dissatisfied nurses in public hospitals. For the purposes of this study a tertiary hospital in Gauteng was selected. A further study in this area would consolidate the findings and inform strategies to improve the working conditions of nurses. In addition, this study is one component of a larger research study/project being undertaken entitled 'Strategies for the Management of HIV/AIDS in the workplace of nurses'. With this in mind it required that this study be carried out in an

institution where high numbers of patients died from HIV/AIDS and related illnesses which impacted on the nurses' working environment in order to assess the job satisfaction of nurses working in a public hospital with a high number of HIV and AIDS patients.

The Department of Health reported that the prevalence of HIV amongst antenatal clinic patients who are taken as a barometer for the wider population was estimated nationally as 30.2% in 2005 (National HIV and Syphilis Prevalence Survey South Africa 2005:10). In a report by Dorrington, Bourne, Bradshaw et al., (2001:6) it was estimated that about 40% of adult deaths in South Africa aged 15 – 49 that occurred in the year 2000 were due to HIV/AIDS. These statistics have implications for nurses in terms of heavier workloads, the impact of the infection amongst the nursing body itself, families of the nurses and stress in terms of nurses becoming terminal care providers instead of health care providers.

Job satisfaction describes how content a person is with his or her job. There are a variety of factors that influence a person's job satisfaction including levels of pay and benefits, the perceived fairness of the promotion system, working conditions, leadership, social relationships and the job itself, the variety of tasks involved, the interest and challenge the job generates and the clarity of the job description.

According to Swanepoel, Erasmus, Van Wyk et al (2004:23) satisfaction can have a profound influence on organizational success. It can contribute to productive output (for example a high quantity or quality of product or services) and to organizational maintenance objectives (for example low absenteeism and labour turnover). Turnover and productivity are important aspects of hospital management. According to Shaver and Lacey (2003:166) as satisfaction decreases, turnover increases, which impacts on quality care.

In a hospital setting this influence on productive output would be reflected in patients' verbalized experiences of their admission in hospital. Patients are often heard complaining about nurses' attitudes and service delivery. Cases of negligence against nurses have been cited in the newspapers and on television, and according to an article in the Nursing Update, conditions have reached crisis level in public hospitals, (Seshoka 2005: 32-33). It is clear that poor nursing attitudes can be linked to the low morale of nurses and negative outlooks brought on by a lack of job satisfaction. This dissatisfaction is evidenced by nurses complaining of heavier workloads brought about by staff cutbacks and exacerbated by absenteeism and staff losses. The recent strike by nurses and other support staff in the public hospitals in June 2007 also indicated a deep dissatisfaction with nursing; all of this in the presence of an epidemic of HIV and AIDS related illnesses.

Presently one of the problems facing all nursing institutions is staff turnover. Studies show that high turnover rates among nurses and doctors have an unfavourable impact on quality of care as noted by Gardulf, Soderstrom, Orton et al. (2005:330). In addition, according to Marriner Tomey (2004:104), job dissatisfaction contributes to high turnover rates and decreased productivity and is correlated with absenteeism. At an academic hospital in Gauteng nursing staff losses in 2003 amounted to 145, in 2004 to 143, in 2005 144 and in 2006 - 153, this averages about 12 a month. In 2003, 18 staff members transferred to other public government health service hospitals or clinics; this figure increased to 35 in 2004, and 38 in 2005, dropping to 23 in 2006. The second notable loss was to private hospitals within the Republic of South Africa: 44 staff members left in 2003, rising to 57 in 2004; in 2005 43 nursing staff went into the private sector, jumping to 85 in 2006. These nursing staff losses result in a heavier workload for those nurses remaining in the services at the hospital, as often staff who leave are not replaced. The use of temporary nursing or agency staff is never as satisfactory as permanent staff who know and understand the units and their patients. The frequent use of temporary nursing staff causes extra stress on permanent nursing staff as they must repeatedly introduce, inform and supervise newcomers.

In a study by Shader, Broome, Broome et al (2001:210-216) (in Marriner-Tomey 2004:106) entitled ‘Factors influencing satisfaction and anticipated turnover for nurses in

an academic medical center' – it was found that stress and anticipated turnover decreased as levels of job satisfaction increased.

1.2 Significance of the Study

It was important to conduct this study because previous studies show that nurses were not satisfied with their jobs regarding aspects such as salary, career pathing, promotion opportunities and working conditions as well as supervisors. Nurses were leaving for greener pastures, better salaries and improved working conditions. Many were moonlighting in order to produce a living wage for themselves and their families. Moonlighting can be described as working at another job in addition to working at one's own fulltime job. This moonlighting practice has a negative impact on individuals, in that they are overtired and stressed, which impacts in turn on the quality of patient care rendered and has implications for the reputations of those institutions where moonlighting is commonly occurring. In addition the study examined the impact of HIV/AIDS on the working experience of nurses in a large public hospital. It is hoped that this study will provide information to assist in the formulation of strategies to improve the working conditions of nurses.

1.3 Problem Statement

Previous research has found that nurses are not satisfied with their jobs regarding aspects such as salary, career pathing, promotion opportunities, working conditions as well as

supervision (Selebi & Minnaar 2007: 53 – 61). This study aimed to build on the study by Selebi & Minnaar (2007: 53 – 61) by exploring factors which dissatisfied nurses in a public hospital. A further problem was that nurses are faced with high numbers of very sick HIV and AIDS patients, which increase the workload. Furthermore, it is not known what impact the rendering of HIV/AIDS patient care is on nurses' job satisfaction. The research questions addressed those issues as follows.

1.4 Research Questions

- How satisfied are nurses with regard to personal factors including salary, promotion prospects, training, development and workload and the support they receive from supervisors?
- How do nurses feel about or experience job satisfaction in this hospital?
- What impact is rendering HIV/AIDS patient care having on nurses' job satisfaction?

1.5 Purpose Statement

The purpose of this research was to investigate job satisfaction and the impact of rendering HIV/AIDS patient care on nurses job satisfaction in an academic institution in Gauteng.

1.6 Primary Objectives

There were three primary objectives in this research:

1. To measure the satisfaction of nurses regarding personal job satisfaction, workload, level of support from supervisors, pay, prospects and opportunities to develop further.

2. To describe the views and experiences of nurses regarding their job satisfaction.

3. To explore and describe the opinions/perceptions of nurses regarding the impact of HIV/AIDS patient care on their job satisfaction.

Secondary Objective

To measure the difference between professional and sub professional nurses (t-test) regarding job satisfaction. This study also intends confirming with factor analysis and reliability tests the suitability of the questionnaire for the specific setting.

1.7 Definition of Terms

Job Satisfaction	The perception that one's job fulfils or allows the fulfilment of one's important job values, providing and to the degree that those values are congruent with one's needs. (Traynor & Wade 1993)
Nursing Practice	Nursing practice is the result of blended understandings of the empirical, aesthetic, ethical and intuitive aspects of a given clinical situation and a nexus of maintaining belief in, knowing, being with, doing for and enabling the other. (Swanson 1993)
HIV	Human Immunodeficiency Virus, is a virus that is transmitted through the exchange of body fluids such as blood, semen, breastmilk and vaginal secretions. As HIV reproduces, it damages the body's immune system and the body becomes susceptible to illness and infection. (http://aids.about.com/od/aidsfactsheets 2007)
AIDS	Acquired Immune Deficiency Syndrome, a condition that describes an advanced state of HIV infection. The virus has

progressed, causing significant loss of white blood cells (CD4 cells) resulting in illness, cancers and infections. These illnesses are said to be Aids-defining because they mark the onset of AIDS. (http://aids.about.com/od/aidsfactsheets 2007)

1.8 Conclusion and Overview of the Study

This study looked at job satisfaction and the impact of HIV/AIDS on the satisfaction of nurses. This chapter gave a broad overview of the study including the significance of the problem, the problem statement, research objectives and research questions as well as the definition of terms.

Chapter 2 is the literature review and presentation of the framework of the study.

Chapter 3 deals with the methodology of the study: the research design, questionnaire, validity, reliability, data collection, population, sampling method and sample size will be dealt with in detail, as well as ethical considerations.

Chapter 4 consists of the results of the study according to the sections of the questionnaire.

Chapter 5 discusses the results of the study in detail, with recommendations and conclusions drawn.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Job satisfaction can be described as the positive individual response to one's perception of one's own work experience. According to Locke as described in Tovey & Adams (1999:152) job satisfaction results from the perception that one's job fulfills or allows the fulfilment of one's own important job values. The usual models of job satisfaction focus on the feelings that a person has about her job. However, not only the nature of the job plays a part in job satisfaction, but also the expectations of the individuals as to their job. From this it can be seen that job satisfaction is very much an individualized experience and is a matter of personal satisfaction as much as anything else.

For the purpose of this review a variety of nursing journals were consulted and electronic databases accessed via the University of the Witwatersrand Library in order to provide a historical background to the question of job satisfaction and to discuss the findings of some previous and recent nursing research into this subject. There is a growing literature base relating to job satisfaction amongst nurses: in a review published in 2004, an

electronic search identified 1189 published research papers on the topic. (Lu, While & Barriball 2004:2).

2.2 Studies on Job Satisfaction

The literature review of job satisfaction showed that historically, research on the subject dates back to the 1930s (Westway, Wessie, Viljoen, Booysen, Wolmarans 1996:17). However, attempts to measure job satisfaction in a variety of work settings had been occupying theorists before then, and their work underpins a lot of nursing research. In Jooste (2003:54), Taylor linked job satisfaction simply to money earned, believing it to exist in proportion to financial rewards. Initially job satisfaction research was concerned with the issue of job satisfaction and productivity (Jooste 2003:54). By the 1940s a different approach was being suggested by Mayo, who argued that the key element of job satisfaction was group interaction highlighting the importance of good leadership and satisfying personal relations in the workplace (Tovey & Adams: 1999:152). This approach concurs with other studies which recognized job satisfaction as a quality of life issue pertaining to the welfare of workers (Westaway, Essie, Viljoen, Booysen & Wolmarans. 1996:17).

In the 1950's Maslow's Hierarchy of Needs theory, one of the first content theories of motivation as described in Smit & Cronje (2007:347), suggested that human needs form a five-level hierarchy with dimensions ranging from physiological needs, safety, belonging

and love, esteem to self-actualisation. This theory and Hertzberg's 2 Factor Theory as described in Smit & Cronje, (2007:349-351) point to the importance of multiple factors in assessing and achieving job satisfaction since these theories form part of the antecedents of job satisfaction (Tovey and Adams 1999: 150-159). This premise, that job satisfaction is influenced by multiple factors, was identified as affecting the perception of job satisfaction – working conditions, interactions/relationships, scheduling, the work itself, pay, promotion and growth amongst others.

In the 1960's Hertzberg developed his theory of motivation as described by Smit & Cronje (2007:349). The two Factor Theory of job satisfaction which include intrinsic and extrinsic factors. He saw satisfaction and dissatisfaction as two separate and sometimes unrelated phenomena. Intrinsic factors called "motivators" were found to be job satisfiers such as achievement, recognition and responsibility. Extrinsic factors which were called hygiene factors were found to be job dissatisfiers and these included company policy, administration, supervision, salary, interpersonal relations and working conditions.

The situation in South Africa reflects the global experience of nurses. In a study conducted by Bester, Richter and Boshoff (1997:59) nurses were not experiencing a high level of job satisfaction. Their study highlighted that nurses who do have job satisfaction have a correlating positive self concept. In a later research into the perceptions of nurses

in a district health system in KwaZulu-Natal of their supervision, self-esteem and job satisfaction, it was found that a total of 41% of the respondents fell into the two lowest categories (very dissatisfied and dissatisfied) in the job satisfaction section which highlighted the extent of nurses' dissatisfaction (Uys, Minnaar, Reid, Naidoo 2004:54). Selebi & Minnaar (2007:53-61) found that factors such as salaries, lack of resources, lack of staff and equipment, poor support from supervisors and lack of career development were all sources of dissatisfaction for nurses in a public hospital in Gauteng.

2.3 Studies on HIV and AIDS and Job Satisfaction

Previous studies regarding the impact of HIV and AIDS on nurses' work experience indicated that nurses are experiencing emotional stress, fatigue, fear, helplessness and empathy as a result of nursing HIV/AIDS patients (Smit, 2004:22). Although Siminoff's study (1998:161) did not show significant avoidance of HIV/AIDS patients by nursing staff or any obvious difference in nursing care given to HIV and non HIV patients, it was clear that nursing HIV patients is occupying a significantly larger portion of nursing time and changing the profile of the patients and therefore the acuity level of the patients. In a study conducted by Minnaar (2005:36), an increasing amount of Nurse Managers' time was spent on counselling nurses with HIV/AIDS, taking care of ill nurses and organizing funerals for nurses who died from AIDS, indicating the seriousness of the infection rate. What, then, is the impact of nursing HIV patients having on the job satisfaction for nurses? The Clinical Guidelines published by the Gauteng Department of Health estimate that one in every five people in the 20 – 30 year age group is infected

with the disease. (Gauteng Department of Health Clinical Guidelines for Managing HIV/AIDS Infection in Adults at Hospitals 2001:4).

Tovey & Adams study highlighted the difficulty in measuring nursing job satisfaction; there are a number of tools available to measure, but no standardized or even widely accepted method to measure job satisfaction (Tovey & Adams 1999:152-153). In addition, although studies have broadly identified similar ranges of components that are said to constitute job satisfaction, there are nearly as many different combinations of components as there are studies (Traynor & Wade 1993:128). Traynor and Wade (1993:129) in their research to devise a tool to measure job satisfaction (MJS) amongst community nurses in the United Kingdom, established their framework based on a format used by Hackman & Oldham (1975: 159-170) which covered issues such as pay, security, growth, social and supervisory aspects. This study it is hoped has added to the body of literature available regarding South African nurses' job satisfaction and the impact of HIV/AIDS on their working lives.

2.4 Framework for the Study

Traynor & Wade's (1993) Measure of Job Satisfaction instrument was the framework which was used for the purpose of Section A and Section B of this study. The Measure of Job Satisfaction instrument consists of 42 items which fall into the following 5 categories: Personal satisfaction, Satisfaction with workload, Satisfaction with

professional support, Satisfaction with pay and prospects and Satisfaction with training. Personal satisfaction included perceptions of the merit of the job as well as feelings of having delivered skilled and quality care to the patient. In a study carried out in the theatre complex of a private hospital in Pretoria, nurses were dissatisfied with having to work in several theatres per day without taking cognizance of their skills, not being allowed sufficient time to complete and wind up activities in specific theatres as well as insufficient time to teach and train other staff, which led to frustration for the skilled nurses. In addition 89% of the respondents did not regard the staff complement as adequate to render safe and excellent patient care - in other words they did not feel safe in their practice environment (Ackerman & Bezuidenhout 2007:33). This research quantifies what nurses are saying on a daily basis about their work environment.

The second component was satisfaction with workload which dealt with sufficient time to do the job, staffing levels and the time spent on non-nursing tasks. Currently dissatisfaction is apparent: in a US multinational study of 43,000 nurses, only 34% of the surveyed nurses reported enough RNs to provide high quality care, only 43% reported enough support services to get the work done and only 29% reported that their administration listens and responds to the nurses' concerns (Mee & Robinson 2003:52), this links into the third component of the instrument which measures satisfaction with professional support.

Professional support assesses how the nurses perceive the support or lack of it, and respect from either the managers or colleagues together with social aspects of the work. Professional support for nurses from their supervisors is an important aspect of job satisfaction. Selebi & Minnaar (2007:53-61) found in Gauteng that lack of acknowledgement from supervisors was causing dissatisfaction in 66% of the group studied, while supervisors' decision making abilities caused 42% dissatisfaction.

Satisfaction with pay and prospects related to salary, prospects and job security. Salary remains a hot issue among nurses. In a recently released portion of a multi-phased research project from a public hospital in Gauteng, the research revealed that 96% of the nursing staff were dissatisfied with salaries (Selebi & Minnaar 2007:53-61). In an article discussing why nurses want to leave a Swedish university hospital, low salary was found to be the number one cause, with a 69% dissatisfaction rate (Gardulf, Soderstrom, Orton, Eriksson, Arnetz, Nordstrom 2005:333).

Satisfaction with training dealt with time off, funding, the opportunity for continuing and further education and the aspects of adequacy of training as well as promotion and advancement prospects. Another Swedish study by Fochsen, Sjogren, Josephson, Lagerstrom (2005:343) underlined that the lack of professional opportunities and lack of career paths for those wishing to remain in clinical areas as opposed to moving in a

hierarchical fashion into management was impacting on nurses' decisions to leave nursing care.

Lastly, this study explored nurses' experiences of job satisfaction and the impact of HIV and AIDS on their job satisfaction. The framework used to enquire about the impact of HIV and AIDS and job satisfaction of nurses was the Government's National Policy on HIV/AIDS. The HIV/AIDS National Policy has evolved over a period of years, initially guided by the Strategic Plan for HIV and AIDS 2002 - 2005 and now by the Comprehensive Plan for the Management, Care and Treatment of HIV/AIDS. It covers a range of interventions put in place by the government, including the Voluntary/Counselling/Testing programme (VCT), Prevention of Mother to Child Transmission (PMTCT), Antiretroviral programme (ART) and HIV/AIDS/STD/TB services (HAST). The government policies are intended to inform, educate and communicate information in all aspects of HIV/AIDS prevention and treatment, as well as provide guidance in legal aspects, health rights and workplace programmes for those affected by HIV/AIDS.

2.5 Conclusion

This literature review shows that the concept of job satisfaction is one that has changed over the decades; different theories have evolved over time, and sources of job satisfaction have also changed. Development in management systems and new

technology in the workplace will continue to impact on nurses' job satisfaction. It is important to continue research in the area of job satisfaction as the phenomenon of job satisfaction continues to evolve, and to investigate the impact of HIV and AIDS on nurses' work experience. At present no such research has been carried out at a metropolitan academic public hospital and a gap exists in the literature. Staff assessments are based on hearsay and individual perceptions. It is hoped that this study will provide information which can be used to review strategies to retain and recruit nurses in the public service and to provide information to assist in forming strategies for the management of HIV/AIDS in the workplace of nurses.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter deals with the methodology of the research. Nurses' job satisfaction was studied quantitatively using a descriptive survey measurement instrument designed in the United Kingdom – The Measure of Job Satisfaction (MJS) and tested by Traynor and Wade (1993:129-135), which was developed from Hackman & Oldham's (1975:159-170): Job Diagnostic Survey Tool. The Measure of Job Satisfaction (MJS) had 38 Likert scale items ('very satisfied' to 'very dissatisfied' on a five point scale) and one open ended question was added. Using this instrument allowed the gathering of information to meet the objective of measuring nurses' personal job satisfaction, workload, level of support from their supervisors, pay, prospects and opportunities to develop further. The impact of nursing high numbers of HIV and AIDS patients on nurses' job satisfaction was studied using seven open ended questions. This method allowed nurses to describe their views and experiences regarding job satisfaction and gave an opportunity to describe the impact nursing HIV and AIDS patients was having on their job satisfaction. The research took a qualitative approach in analysing the open ended questions on the questionnaire.

3.2 Population and Sampling

The study was conducted in a large academic public hospital in Gauteng. All nursing staff was invited to participate. The size comprised the number of volunteers who agreed to take part and included professional, enrolled and auxiliary nurses. The hospital's allocation list was used which showed a total of 1,318 nurses of all categories. All nurses who were on various forms of leave were excluded, as well as those who were still listed but had left the service. In order to keep the research in manageable proportions it was decided to restrict it further to those areas where actual patient care was taking place, so non-patient areas were excluded. The sample size was deemed to be 953 nurses and the questionnaires were prepared for distribution.

3.3 Pilot Study

A pilot study was conducted with a sample of 12 nurses from the population group identified to clarify any problems e.g. language problems, unclear aspects of the questions and to assess the time respondents would require to fill out the questionnaire. The pilot study added to the reliability of the questionnaire by means of test-retest. No changes were necessary which could be attributed to the previous use of the instrument in a similar study conducted in KwaZulu Natal and changes made following that pilot study.

3.4 Questionnaire

The questionnaire chosen for this research was the questionnaire developed by Traynor and Wade (1993) in the United Kingdom. Traynor & Wade developed and piloted this scale for Measurement of Job Satisfaction (MJS) with the objectives of user friendliness, simplicity and to establish the reliability (Cronbach Alpha of .83) and the validity of the instrument.

The instrument had 3 sections: Section A provided demographic information. Section B contained 38 items which covered five categories (1) personal satisfaction, (2) satisfaction with workload, (3) satisfaction with professional support, (4) satisfaction with training and (5) satisfaction with pay and prospects. Responses to the questions were ranked on a five point Likert scale ranging from very satisfied through satisfied to uncertain and dissatisfied through to very dissatisfied. Sections A & B were analysed quantitatively. This information was important to meet the objective of measuring the difference between professional and sub professional nurses regarding job satisfaction. Section C comprised of open-ended questions which asked the respondents for their individual experiences regarding job satisfaction in their hospital and the impact of HIV and AIDS on their work experience.

I chose this questionnaire because it covered all the aspects as identified in previous research by Lu, While & Barriball (2004: 1-17) of the multiple factors influencing job satisfaction, namely working conditions, relationships, the work itself, scheduling, pay, promotion and growth opportunities.

3.5 Reliability

The reliability of the MJS had been assessed on several occasions. When Traynor and Wade (1993:132-134) developed the MJS the internal consistency (Cronbach Alpha) was computed for each of the categories and for Overall Job Satisfaction using the main sample, Cronbach Alpha was established at .83. In addition, a smaller sample of 37 nursing students completed the MJS on two occasions with a 2 week interval between. Mean scores were computed for each administration and the two sets of scores were correlated. The correlations and Cronbach alpha values were both satisfactory and the mean scores and standard deviations for the two occasions were almost identical, suggesting the absence of a test effect (Traynor & Wade 1993:132).

In South Africa, the MJS has been shown to have an internal consistency of 0.88 on Cronbach Alpha and an inter-rater reliability of 0,86 on average (Uys, Minnaar, Simpson et al 2005:284). Test-retest reliability was assessed and found to be satisfactory and therefore the stability of the instrument had been established. Reliability for this study

was done by test-retesting the instrument and statistically by the Cronbach alpha calculation which was assessed at .90.

3.6 Validity

Face validity was established by giving the questionnaire for review to a panel of five senior and middle management professional nurses. The reviewers were asked to reflect on the suitability of the questionnaire to measure job satisfaction of nurses in a public hospital and also to evaluate whether the questionnaire would test job satisfaction of nurses working in the public service.

Concurrent and discriminatory validity were assessed and found to be satisfactory. It showed a 0.83 correlation with another measure of job satisfaction from Price Waterhouse (criterion validity) and was able to discriminate between different groups of nurses in a health setting (Traynor & Wade1993:136). Factor analysis was done to establish construct validity.

3.7 Data Collection

The questionnaire with a covering letter explaining what the study consisted of, background information regarding the Measure of Job Satisfaction as to reliability and validity, instructions on completion of the questionnaire and an undertaking regarding

confidentiality were placed in an envelope. Each envelope was individually addressed as per the allocation list, both as a mark of respect to the recipient and in order to ensure that all staff within units received their own questionnaire. An envelope addressed to the researcher was included in the package for the completed questionnaire.

The researcher delivered the questionnaires to the units in the hospital during July and August 2007. The study was originally to commence in June 2007 but a national strike by nursing staff delayed its commencement by a month. The deliveries of the questionnaires were staggered to accommodate availability of Unit Managers or deputies. The researcher spoke personally to staff in the Units or, if not possible due to staff shortages and work demands, to the Unit Manager and the study and the rationale for it explained. Also that participation was voluntary, anonymity was assured, the time required to complete it was given and that it had ethics clearance as well as senior management permission from the hospital. The researchers' contact details were placed in three places on the questionnaire should individuals wish to clarify or contact the researcher on any point.

Each unit was issued with a clear plastic pocket marked "Nursing Research" and a call back date was placed on the pocket; depending on the Unit Managers' wishes/suggestions, an agreed upon date was fixed to the pocket. The collection dates were usually 7 to 14 days after the initial delivery of the questionnaires to allow for

distribution to other shifts and for those on annual or short term sick leave. Staff members were given the option either to place the completed questionnaires in the reply envelope provided by the researcher and send directly to the researcher's office, or to place the envelope in the plastic pocket for collection by the researcher. Both methods were used; however, predominantly the plastic pockets were used in the units to collect the questionnaires. Completed research data was collected from 20th July 2007 until the 30th September 2007. This 10-week period was necessary to ensure fairness, as many areas were short staffed and respondents did not have time to complete the questionnaire during on-duty time. Requests were received from units to extend the time in order to afford staff the opportunity to complete the questionnaires. Each unit received a minimum of two to four visits from the researcher, the average being three visits by the researcher to each unit.

3.8 Data Analysis

Computer programmes such as SAS for correlations and P values as well as Moonstats and Excel were used for organisation and analysis of descriptive data. The researcher entered the raw data on excel spreadsheets. These were analysed together with a statistician at the University of the Witwatersrand Medical School; t-test and cross tabulations were done to establish relationships between different concepts. The biographical data was compared using cross tabulation with items in the questionnaire to establish differences or associations between, for example, position, unit, age, years of experience and satisfaction levels in nursing. In Section C of the questionnaire, the open

ended questions regarding feelings or an experience of job satisfaction and the questions on the impact of nursing high numbers of HIV and AIDS patients were analysed qualitatively. The open-ended questions were analysed by hand, by identification of recurrent themes emerging from the data. This section gave the respondents an opportunity to raise feelings and experiences of particular significance, and it also provided information for the study which may not have come to light and may suggest other areas for future investigation. Recurring themes were categorised and all categories were included.

3.9 Ethics

To ensure confidentiality, the questionnaire was delivered to all units in envelopes addressed personally to the nursing staff of that unit by the researcher. Permission had been obtained from the selected hospital for the study. All nursing staff was invited to participate; participating in the study was entirely voluntary. The participants were given verbal information about the study and an opportunity to ask questions thus their participation was entirely voluntary and on invitation and they were free to decide to participate or not. The unit managers were approached to acquire verbal consent to distribute the questionnaires to staff and explain the research to the staff and allow the respondents to ask questions. In some cases, despite repeated visits, access to the unit manager was not possible due to shifts, annual leave, sick leave, meetings or staff shortages. In those cases questionnaires were left with the deputy or shift leader for that unit at that time, and the same procedure of explanation to staff followed. The institution

was not identified and questionnaires were subsequently coded to ensure anonymity. No names of respondents were required for the research or personal information for the subsequent report. The completed questionnaires were to be placed in sealed envelopes addressed to the researcher which were provided, and placed in a plastic sleeve marked 'Nursing research' for subsequent collection, or could be sent directly to the researcher's office. Completion of the anonymous questionnaire and posting of it in a sealed envelope served to indicate consent. The researcher's contact details had been placed at three places on the questionnaire should there be any queries that the respondents wished clarified. Repeated visits were made to the units to ensure that all staff had an opportunity to ask questions and were given sufficient time to complete the questionnaires in the interests of fairness.

3.10 Conclusion

In this chapter the methodology of the study has been described. The population, sampling method, sampling size and pilot study were discussed as well as the questionnaire design, its reliability and validity. The data collection procedure was explained and how the data was analysed and finally the ethical considerations and steps taken to ensure confidentiality and anonymity were delineated.

CHAPTER FOUR

RESULTS

4.1 Introduction

The aim of this chapter is to describe and display the results of the study relating to job satisfaction of nurses in a public hospital with a high number of HIV and AIDS patients. Quantitative data analysis was carried out using the computer programmes SAS, Moonstats, and Excel. A statistician at the University of the Witwatersrand Medical School assisted with the statistics. Cross tabulations were done and t-tests between the two groups of nurses, professional and sub professional. Open ended questions were analysed qualitatively with reflections made by the nurses.

4.2 Findings

The results of the study are discussed according to demographic data, then the issue of job satisfaction and finally the impact of HIV/AIDS on nurses' job satisfaction. A total of 248 completed questionnaires were returned, which represented 31% of the dispensed questionnaires. Fifteen questionnaires were returned as completed but were, in fact, blank. These fifteen questionnaires have not been included in the 31%. Twelve questionnaires were returned completed but the demographic data was omitted - these questionnaires were included. The confidence interval (CI) was set at 95% for the study.

4.3 Demographic Data (Section A)

This section presents the biographic variables of the respondents. Demographic data comprised position in the hospital, age, years of experience and the unit in which the nurses worked.

4.3.1 Position in the Hospital

The two options were professional and sub professional categories. Information on the position of the respondents was important in order to identify which category of nurses expressed more satisfaction and to compare the views of professional and sub professional nurses, which were enrolled and auxiliary nurses.

4.3.2 Job or Post

A frequency table is a listing of the values or scores and how frequently they occur. The values are in the “Value” column and the number of cases obtaining each value in the “N” column. The “%” column shows the number of cases as a percentage.

Table 4.1 Categories of Nurses (N = 236)

Value	N	%	Cum. %
Professional	159	67.37	67.37
Sub professional	77	32.63	100.00
Total	236	100.00	

(N = 236) **Missing Demographic Data: 12

** Missing are respondents who did not indicate their position in their questionnaire.

From Table 4.1 it is clear that most of the participants were professional nurses (67.37%).

4.3.3 Age

Age is relevant in order to identify the relationship between job satisfaction and the age of the nurses. The results showed that 14.35% of the sample were in the 20-30 yr age group which was the smallest group, 31.22% in the age group 31-40 years, 38.4%, the largest group in the sample, in the 41-50 year group and lastly 16.03% were 51 years and above, as displayed in Figure 4.1.

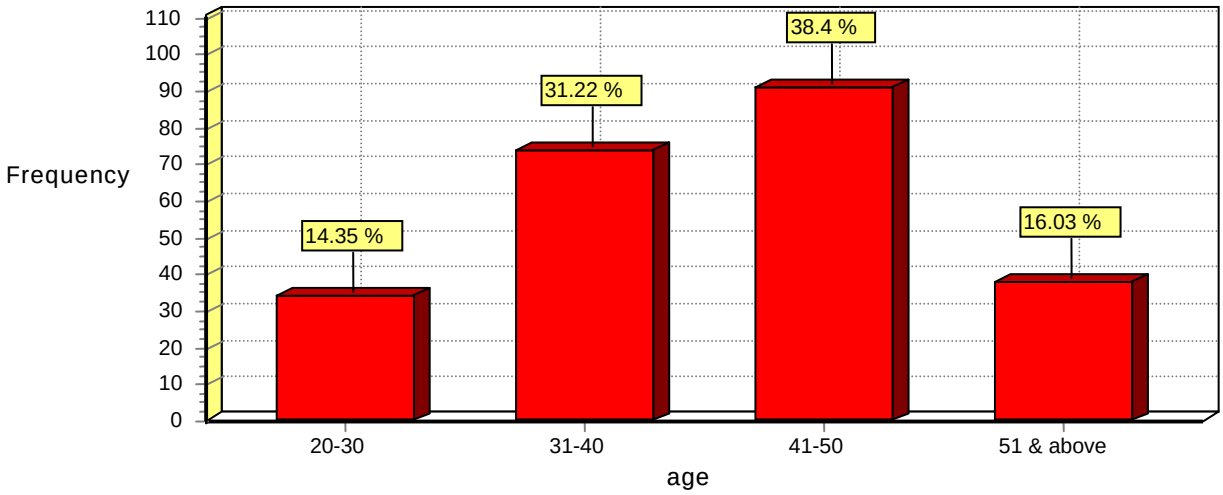


Figure 4.1: Age Groups of Participants (N=236)

(N = 236) **Missing Demographic Data: 12

** Missing are respondents who did not indicate their age group in the questionnaire.

4.3.4 Years of Experience

Years of experience are relevant in order to compare job satisfaction with number of years in the profession. According to Figure 4.2, 18.64% of the sample were in the 1-5 year group, 12.29% in the 6-10 year group, the largest group of the sample, 27.12% in the 11-15year group, 19.92% in the 16-20 year group, 10.59% had 21-25 years' nursing experience 7.2% had 20-30 years' experience, 3.81% had 31-35 years' experience and only 0.42% had 36 years' experience and above.

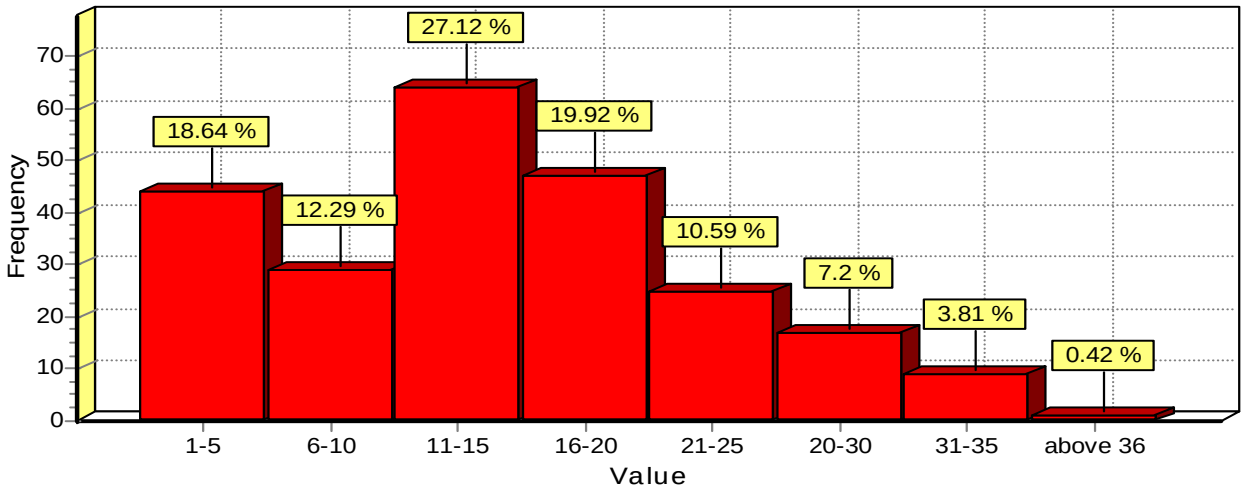


Figure 4.2: Experience of Nurses in Years (N = 236)

(N = 236) **Missing Demographic Data: 12

** Missing are respondents who did not indicate their years of nursing experience in the questionnaire.

4.3.5 Units in Hospital

The units in which the respondents were working are relevant in order to assess job satisfaction within certain nursing areas for example the Maternity Unit, as well as response numbers from different departments. The largest respondent group came from the Medical nursing department 23.11% of the sample group, followed by Maternity with 17.65%. Paediatric department was 15.55% of the sample with the Surgical department at 14.29%. Theatre complex came in with 11.76% of the sample, ICUs accounted for 8.4% and High care units 3.36% , Emergency units 2.94 and Other 2.94% giving a total of 100%. Other was given as a category option for nurses working in areas such as the Skills Development department.

Table 4.2 Hospital Units Included in the Study (N=238)

VALUE	N	%	CUM %
Medical	55	23.11	23.11
Surgical	34	14.29	37.40
Paediatric	37	15.55	52.95
High Care	8	3.36	56.31
Intensive Care/Trauma	20	8.40	64.71
Emergency	7	2.94	67.65
Theatre	28	11.76	79.41
Maternity	42	17.65	97.06
Other	7	2.94	100.00%
TOTAL	238	100.00%	

(N=238) ** Missing Demographic Data: 10

** Missing are respondents who did not indicate to which unit they belonged in the questionnaire.

4.4 Results regarding job satisfaction – section B

4.4.1 Introduction

Section B contained 38 items which covered five categories: (1) personal satisfaction, (2) satisfaction with workload, (3) satisfaction with professional support, (4) satisfaction with training and (5) satisfaction with remuneration and prospects.

Responses to the questions were ranked on a five point Likert scale ranging from ‘very satisfied’ through ‘satisfied,’ ‘uncertain,’ ‘dissatisfied’ to ‘very dissatisfied’.

The five point Likert scale was further collapsed as follows into three categories; 'very satisfied' and 'satisfied' are represented in the tables as 'satisfaction', 'very dissatisfied' and 'dissatisfied' were represented as 'dissatisfaction' and 'uncertain' remained as 'uncertain'.

The following key was used as a qualitative descriptor in order to evaluate the participants' satisfaction levels with the various categories.

High Satisfaction	=	above 80%
Moderate Satisfaction	=	60 – 79%
Low Satisfaction	=	below 60%

'High' represents responses which were measured in excess of 80% and refers for example to 'highly satisfied' as in Item 7 in Table 4.3 where the professional nurses had an 88% satisfaction level and the sub professional nurses had a 95.40% satisfaction level with the contribution they make to patient care. 'Moderate' represents those responses which fell in the 60 – 79% range as in the following example. In Item 30, Table 4.5 "The value placed on my work by my colleagues" professional nurses measured 63.33% which is moderate satisfaction as did the sub professional nurses at 72.94%. Low satisfaction represents those responses which measured below 60% as in Item 31, Table 4.6 "The

amount of pay I receive" where professional nurses measured low satisfaction levels at 5.33% and sub professional nurses at 6.74%.

In Figure 4.3 the overall results of the survey are displayed for professional nurses. The professional nurses had a moderate level of job satisfaction at 69.73% with personal job issues (use of skills, contribution to patient care, quality of work). All other aspects of the questionnaire resulted in low satisfaction levels – regarding professional issues (supervision, support from seniors, contact with colleagues and feeling part of a team) the professional nurses' satisfaction level was 51.48%. The results in Table 4.5 showed low satisfaction with aspects such as support and guidance, respect and supervision, yet moderate levels of satisfaction with aspects such as feeling part of a team and contact with colleagues. Professional nurses were very dissatisfied with workload issues (time available to finish work, time spent on administration, staffing levels) at 34.00%, training issues (opportunities, time, funding for courses and perceptions of adequate training) only reflected 24.83% satisfaction. Training meant basic and post basic nursing education including diplomas, degrees, short courses and inservice arranged by the institution resulting in certification and skill development. Pay and prospect issues (the remuneration received, post gradings, opportunities for promotion, career advancement and job security) had similarly low results at 22.33% satisfaction levels.

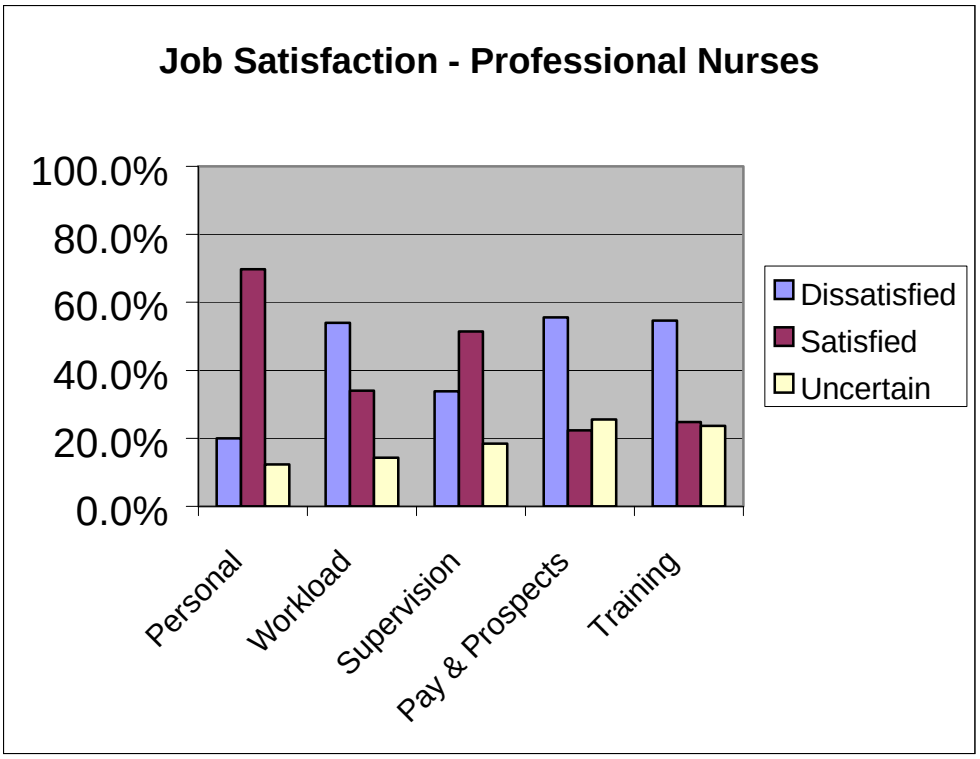


Figure 4.3: Job Satisfaction of Professional Nurses

In Figure 4.4 the overall results of the survey are displayed for the sub professional nurses. The sub professional nurses, like the professional nurses, had a moderate satisfaction level of 73.52% with personal job satisfaction issues. Unlike the professional nurses, they showed a moderate satisfaction level with professional issues (supervision, support from seniors and contact with colleagues and feeling part of a team) at 64.18%. In all other aspects the results reflected similarly to the professional nurses with low satisfaction percentages. Workload satisfaction was 50.48% for the sub professional nursing group, training and development only 35.03% and pay and prospects a low 24.77%.

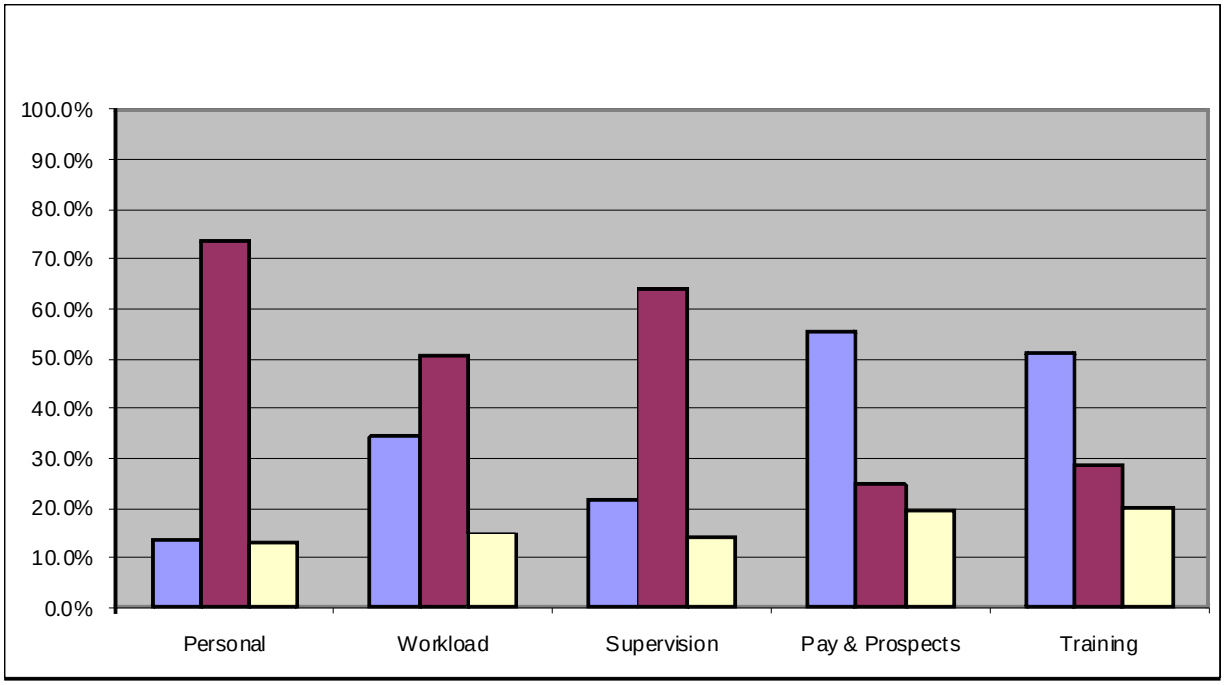


Figure 4.4: Job Satisfaction of Sub-professional Nurses

4.4.2 Personal Job Satisfaction Issues (Items 5 – 14)

Personal satisfaction refers to individual perceptions of the merits of their job as well as feelings of having delivered skilled and quality care to the patient. It also tells us if the nurses experience growth and development and feelings of accomplishment through their work. Table 4.3 measured nurses' responses to personal job issues, Items 5 to 14.

Item 5 – "The feeling of worthwhile accomplishment I get from my work". Both groups,

professional nurses (52.67%) and sub professional nurses (45.78%), showed low satisfaction in this regard and there was no statistically significant difference between the two groups.

Item 6 – "The extent to which I can use my skills". Both groups showed moderate satisfaction levels with this element: professional nurses (71.33%) and sub professional nurses (75.78%).

Item 7 – "The contribution I make to patient care": both groups experienced high levels of satisfaction in this regard, professional nurses scoring (88.00%) and sub professionals (94.40%).

Item 8 – "The amount of challenge in my job": professional nurses showed moderate (62.00%) satisfaction and sub professionals moderate (63.10%) satisfaction levels.

Item 9 – "The extent to which my job is varied and interesting" – professional nurses felt moderately satisfied with this element scoring (69.33%) and sub professionals also scoring (71.08%).

Item 10 – "What I have accomplished when I go home at the end of the day": professional nurses showed moderate satisfaction levels here (63.33%) and sub professionals showed moderate satisfaction levels at (70.59%).

Item 11 – "The standard of care that I am giving to the patients": high levels of satisfaction were recorded here for sub professional nurses at (92.05%) and professional nurses at (90.00%).

Item 12 – "The amount of personal growth and development I get from my work": low levels of satisfaction were shown in this area by both groups with no statistically

significant difference in their percentages. Professional nurses had low satisfaction levels of (56.00%) and sub professional nurses also low levels of satisfaction at (58.33%).

Item 13 – “The quality of my work with patients”. Both groups showed high levels of satisfaction with the quality of their work, professional nurses responding with a (81.33%) level and sub professional nurses with (91.01%) satisfaction.

Item 14 – “The amount of independent thought and action I can exercise in my work”. It was important to note that sub professional nurses showed more satisfaction than professional nurses with satisfaction levels of (72.09%) and professional nurses (63.33%), the P-value was statistically significant at P= 0.0004.

Table 4.3: Measure of Personal Job Satisfaction for Nurses in Public Service (Items 5 – 14) (N= 248)

	POSITION	DISSATISFACTION		SATISFACTION		UNCERTAIN		TOTAL		P-Value
		N	%	N	%	N	%	N	%	T-Test
5. Feeling of worthwhile accomplishment I get from my work.	Prof. Nurses	50	33.33%	79	52.67%	21	14.47%	150	100%	0.562
	Sub Prof. Nurses	26	31.33%	38	45.78%	19	22.89%	83	100%	
6. The extent to which I can use my skills.	Prof. Nurses	29	19.33%	107	71.33%	18	12.00%	154	100%*	0.688
	Sub Prof. Nurses	12	13.95%	65	75.78%	9	10.47%	86	100%	
7. The contribution I make to patient care.	Prof. Nurses	12	8.00%	132	88.00%	9	6.00%	153	100%*	0.867
	Sub Prof. Nurses	3	3.45%	83	95.40%	1	1.15%	87	100%*	
8. The amount of challenge in my job.	Prof. Nurses	29	19.33%	93	62.00%	31	20.67%	153	100%*	0.709
	Sub Prof. Nurses	17	20.24%	53	63.10%	14	16.67%	84	100%*	
9. The extent to which my job is varied and interesting.	Prof. Nurses	27	18.00%	104	69.33%	23	15.33%	154	100%*	0.551
	Sub Prof. Nurses	9	10.84%	59	71.08%	15	18.07%	83	100%*	
10. What I have accomplished when I go home at the end of the day.	Prof. Nurses	26	17.33%	95	63.33%	31	20.67%	152	100%*	0.92
	Sub Prof. Nurses	12	14.12%	60	70.59%	13	15.29%	85	100%	
11. The standard of care that I am giving to the patients.	Prof. Nurses	12	8.00%	135	90.00%	7	4.67%	154	100%*	0.267
	Sub Prof. Nurses	3	3.41%	81	92.05%	4	4.55%	88	100%*	
12. The amount of personal growth and development I get from my work.	Prof. Nurses	50	33.33%	84	56.00%	19	12.67%	153	100%*	0.06
	Sub Prof. Nurses	19	22.62%	49	58.33%	16	19.05%	84	100%	
13. The quality of my work with patients.	Prof. Nurses	23	15.33%	122	81.33%	10	6.67%	155	100%*	0.162
	Sub Prof. Nurses	5	5.62%	81	91.01%	3	3.37%	89	100%	
14. The amount of independent thought and action I can exercise in my work.	Prof. Nurses	42	28.00%	95	63.33%	16	10.67%	153	100%*	0.0004**
	Sub Prof. Nurses	9	10.47%	62	72.09%	15	17.44%	86	100%	

*Not always adding up to 100%.

**P-value is statistically significant at 0.05. There is a statistically significant difference between the two groups.

4.4.3 Workload Issues (Items 15 – 21)

Workload issues as displayed in Table 4.4, refers to perceptions by the nurses of whether they have sufficient time to do the job, staffing levels and the time spent on non-nursing tasks. In this section there was a significant difference recorded between the two groups of nurses. Professional nurses measured very low levels of satisfaction in terms of time to get work done, time to finish tasks and time to care for patients. The sub professional nurses measured moderate satisfaction levels in three of the elements.

Item 15 – "The time available to get through my work". Professional nurses measured low satisfaction levels with only 50% satisfaction with the time available to get through their work whereas sub professional nurses measured 62.07% a moderate satisfaction level. There was a statistically significant difference between the two groups, $p = 0.009$.

From Table 4.4 it is clear from Item 16 – "The amount of time available to finish everything I have to do": that professional nurses do not have enough time at their disposal to do their jobs effectively. If one looks at the table, one can see that only 36% of professional nurses were satisfied - very low satisfaction levels. Sub professional nurses had a 54.02% satisfaction rate on this point and the p-value of 0.006 shows a statistically significant difference in the two groups.

Item 17 – "The time I have available to care for my patients" - resulted in low satisfaction rates at 45.33% for the professional nurse while the sub professional nurses on the other hand had moderate satisfaction levels at 67.44% and the p-value of $p= 0.025$ reflects this difference significantly according to Table 4.4.

Item 18 – “My workload” - both groups were very dissatisfied with this element of the questionnaire. Professional nurses had a low 18.67% satisfaction level with their workload, with sub professional nurses also low at 26.74%.

Item 19 – “I am satisfied with the overall staffing levels”: here there was great dissatisfaction amongst professional nurses regarding staff with only 10.67% recording satisfaction with this element. The sub professional nurses also recorded low satisfaction with 26.14% but there was a statistical difference in the two groups; the p-value of p=0.006 reflects this difference.

Item 20 – “The way that I am able to care for my patients”: interestingly, this aspect measured moderate satisfaction levels of 77.92% for sub professional nurses compared to a low 52.67% for professional nurses and the p-value of p=0.009 shows this difference between the two groups.

Item 21 – “The amount of time I spend on administration”: here again very low levels of satisfaction were recorded by professional nurses at 24.67%, indicating a lot of dissatisfaction with this aspect of their workload. The sub professional nurses did not feel the same frustration and measured satisfaction at 39.08%; a statistically significant difference is recorded between the two groups p = 0.004 as displayed in Table 4.4.

Table 4.4 – The Measure of Workload Satisfaction for Nurses in Public Service (Items 15 – 21) (N = 248)

	POSITION	DISSATISFACTION		SATISFACTION		UNCERTAIN		TOTAL		P-Value
		N	%	N	%	N	%	N	%	T-Test
15. The time available to get through my work.	Prof. Nurses	57	38.00%	75	50.00%	21	13.33%	152	100%*	0.009**
	Sub Prof. Nurses	18	20.69%	54	62.07%	15	17.24%	87	100%	
16. The amount of time available to finish everything I have to do.	Prof. Nurses	74	49.33%	54	36.00%	25	16.67%	153	100%*	0.006**
	Sub Prof. Nurses	25	28.74%	47	54.02%	15	17.24%	86	100%	
17. The time I have available to care for my patients.	Prof. Nurses	63	42.00%	69	45.33%	23	15.33%	154	100%*	0.025**
	Sub Prof. Nurses	19	22.09%	58	67.44%	9	10.47%	86	100%	
18. My workload	Prof. Nurses	108	72.00%	28	18.67%	17	11.33%	153	100%*	0.078
	Sub Prof. Nurses	51	59.30%	23	26.75%	12	13.95%	86	100%*	
19. I am satisfied with the overall staffing levels..	Prof. Nurses	127	84.67%	16	10.67%	9	6.00%	152	100%*	0.006**
	Sub Prof. Nurses	58	65.91%	23	26.14%	7	7.95%	88	100%	
20. The way that I am able to care for my patients.	Prof. Nurses	55	36.67%	79	52.67%	19	12.67%	153	100%*	0.009**
	Sub Prof. Nurses	13	15.12%	67	77.91%	6	6.98%	86	100%*	
21. The amount of time I spend on administration.	Prof. Nurses	83	55.33%	37	24.67%	37	24.67%	157	100%*	0.004**
	Sub Prof. Nurses	26	29.89%	34	39.08%	27	31.03%	84	100%	

*Not always adding up to 100%.

**P-value is statistically significant at 0.05. There is a statistically significant difference between the two groups.

4.4.4 Professional Support/Interpersonal Issues (Items 22 – 30)

Table 4.5 measured satisfaction with elements such as guidance, supervision and mentorship from seniors as well as contact with colleagues, working in teams, interpersonal communication and support for each other. The professional nurses measured low satisfaction levels in terms of guidance and supervision whereas the sub professional group measured moderate satisfaction levels, and a statistically significant difference is seen. Both groups of nurses measured moderate to high levels of satisfaction with their immediate colleagues and team members.

From Table 4.5, it is clear professional nurses felt that they do not get sufficient support from their supervisors. Item 22 – "The amount of support and guidance I receive from my supervisor". In this aspect sub professional nurses were more satisfied, scoring a moderate 64.04% satisfaction level for support and guidance compared to professional nurses, who only measured a low 40.67% satisfaction with this element. This significant difference in the two groups is reflected by p=0.047.

Table 4.5 shows clearly that professional nurses want more opportunities to discuss their concerns. Item 23 – "The opportunity I have to discuss my concerns": this question measured low satisfaction levels, the professional nurses being very dissatisfied at only 31.33% satisfaction, whereas sub professional nurses were more satisfied, although still low, at 42% satisfaction. A statistically significant difference was noted in the two groups with a p-value of p=0.013.

Item 24 – “The support available to me in my job”: low satisfaction levels were recorded for professional nurses at 30.67% whereas the sub professional nurses experienced more support at 54.22%. Although still a low satisfaction level, it indicates a statistical difference between the two groups: p-value of p=0.0247.

Item 25 – “The overall quality of the supervision I receive in my work”: both groups measured similarly low satisfaction levels with this element, only 40% for professional nurses, with the sub professional group measuring satisfaction at 55.06%.

Item 26 – “The degree of respect and fair treatment I receive from my superiors”. There was no major difference in the findings for this element between the two groups. Professional nurses measured a low 42% satisfaction and sub professional nurses 48.86%, both groups showing dissatisfaction with this aspect of their work.

Item 27 – “The degree to which I feel part of a team”. This aspect of professional issues measured moderate levels of satisfaction both for professional and sub professional nurses, with professional nurses at 62% and sub professional nurses at 74.12%.

Item 28 – “The people I talk to and work with”: also measured higher levels of satisfaction, with a moderate satisfaction level of 74% for professional nurses and high levels of satisfaction of 81.82% sub professional nurses.

Item 29 – “The contact I have with colleagues”: also measured higher levels of satisfaction at 79.33% for professional nurses and 84.52% for sub professional nurses. These last three elements (27, 28 & 29) measure interpersonal communication and speak to us about caring for each other in the work place.

Item30 – “The value placed on my work by my colleagues”: professional nurses measured 63.33% moderate satisfaction with this aspect, although interesting to note is

that 24.67% of professional nurses were uncertain. Sub professional nurses have more confidence in the value placed on their work as their satisfaction measured at 72.94% as seen in Table 4.5.

Table 4.5 – The Measure of Nurses Satisfaction in the Public Service with Professional Issues (Items 22 – 30) (N = 248)

	POSITION	DISSATISFACTION		SATISFACTION		UNCERTAIN		TOTAL		P-Value
		N	%	N	%	N	%	N	%	T-Test
22. The amount of support and guidance I receive from my supervisor.	Prof. Nurses	68	45.33%	61	40.67%	26	17.33%	155	100%*	0.047**
	Sub Prof. Nurses	20	22.47%	57	64.04%	12	13.48%	89	100%*	
23. The opportunity I have to discuss my concerns.	Prof. Nurses	86	57.33%	47	31.33%	23	15.33%	156	100%*	0.013**
	Sub Prof. Nurses	32	36.36%	37	42.05%	19	21.59%	88	100%	
24. The support available to me in my job.	Prof. Nurses	80	53.33%	46	30.67%	29	19.33%	156	100%*	0.0247**
	Sub Prof. Nurses	30	36.14%	45	54.22%	8	9.64%	83	100%	
25. The overall quality of the supervision I receive in my work	Prof. Nurses	63	42.00%	60	40.00%	33	22.00%	156	100%*	0.7
	Sub Prof. Nurses	29	32.58%	49	55.06%	11	12.36%	89	100%	
26. The degree of respect and fair treatment I receive from my superiors.	Prof. Nurses	69	46.00%	63	42.00%	25	16.67%	157	100%*	0.197
	Sub Prof. Nurses	26	29.55%	43	48.86%	19	21.59%	88	100%	
27. The degree to which I feel part of a team.	Prof. Nurses	35	23.33%	93	62.00%	29	19.33%	157	100%*	0.661
	Sub Prof. Nurses	11	12.94%	63	74.12%	11	12.94%	85	100%	
28. The people I talk to and work with.	Prof. Nurses	19	12.67%	111	74.00%	25	16.67%	155	100%*	0.322
	Sub Prof. Nurses	9	10.23%	72	81.82%	7	7.95%	88	100%	
29. The contact I have with colleagues.	Prof. Nurses	15	10.00%	119	79.33%	22	14.67%	156	100%*	0.868
	Sub Prof. Nurses	5	5.95%	71	84.52%	8	9.52%	84	100%*	
30. The value placed on my work by my colleagues.	Prof. Nurses	22	14.67%	95	63.33%	37	24.67%	154	100%*	0.862
	Sub Prof. Nurses	8	9.41%	62	72.94%	15	17.65%	85	100%	

*Not always adding up to 100%.

**P-value is statistically significant at 0.05. There is a statistically significant difference between the two groups.

4.4.5 Pay and Prospects Issues (Items 31 – 38)

Table 4.6 reflects on issues surrounding salary and promotion prospects for nurses in the public service. The data for this research were collected just after the public servants' strike of June 2007 and therefore the findings presented here were predating the salary increase from the Occupation Specific Dispensation, and it was clear most nurses were very unhappy with their salaries.

From Table 4.6 it is clear that all nurses are highly dissatisfied with their salaries. Item 31-"The amount of pay I receive". Both groups measured extremely low satisfaction levels with pay. Professional nurses were satisfied only by 5.33% and sub-professional nurses by 6.74%. This was the second lowest satisfaction recorded in this study.

Item 32 – "The level of my position at the hospital (post grading)". Satisfaction levels amongst both categories were low: professional nurses measured at 36% and sub professional nurses at 29.76%.

Item 33 – "The degree to which I am fairly paid for what I contribute to the organization": huge dissatisfaction was noted here amongst professional nurses with only 3 respondents being satisfied, measuring a 2% satisfaction level, the lowest satisfaction level recorded in the questionnaire. The sub professional group was slightly higher at 13.79% satisfaction, although obviously dissatisfied. Due to the extremely low scoring of the professional nurses a statistically significant difference was noted between the two groups p-value is p=0.006

Item 34 – “My prospects for promotion”: great dissatisfaction noted here also with professional nurses measuring only 14% satisfaction with promotion prospects and the sub professional group at 21.18% satisfaction.

Item 35 – “The opportunity I have to advance my career”: only 26.67% of professional nurses felt that they would be able to advance their career in the institution, and sub professional nurses measured slightly less at 25.30%. Dissatisfaction levels in this category measured 46% for professional nurses and 55.42% for the sub professional group, which indicates that the sub professional group see themselves as less likely to advance in their careers compared to professional nurses with a statistically significant difference of p=0.007.

Item 36 – “The match between my job description and what I do”. Low levels of satisfaction with this element are observed in both groups; professional nurses only measured 36.67% satisfaction and sub professional nurses at 45.98%.

Item 37 – “How secure things look for me in the future of this organization”: professional nurses felt very uncertain of their future in the organization with only 20% showing satisfaction and 52% measuring uncertainty regarding the future. The sub professional group also measured a low satisfaction level of 25.29%. A statistically significant difference was shown between the two groups with a p-value of p=0.032.

Item 38 – “The amount of job security I have”. Both groups are dissatisfied with this element, 38% of professional nurses measuring low satisfaction in this area and 30.12% of the sub professional group.

Table 4.6 – the Measure of Nurses' Satisfaction in the public service with Pay and Prospects (Items 31 – 38) (N = 248)

	POSITION	DISSATISFACTION		SATISFACTION		UNCERTAIN		TOTAL		P-Value
		N	%	N	%	N	%	N	%	T-Test
31. The amount of pay I receive.	Prof. Nurses	140	93.33%	8	5.33%	10	6.67%	158	100%*	0.202
	Sub Prof. Nurses	75	84.27%	6	6.74%	8	8.99%	85	100%	
32. The level of my position at the hospital (post grading).	Prof. Nurses	77	51.33%	54	36.00%	25	16.67%	156	100%*	0.225
	Sub Prof. Nurses	49	58.33%	25	29.76%	10	11.90%	88	100%	
33. The degree to which I am fairly paid for what I contribute to this organization.	Prof. Nurses	139	92.67%	3	2.00%	14	9.33%	156	100%*	0.006*
	Sub Prof. Nurses	63	72.41%	12	13.79%	12	13.79%	87	100%*	
34. My prospects of promotion.	Prof. Nurses	81	54.00%	21	14.00%	52	34.67%	154	100%*	0.342
	Sub Prof. Nurses	45	52.94%	18	21.18%	22	25.88%	85	100%	
35. The opportunity I have to advance my career.	Prof. Nurses	69	46.00%	40	26.67%	43	28.67%	152	100%*	0.007**
	Sub Prof. Nurses	46	55.42%	21	25.30%	16	19.28%	83	100%*	
36. The match between my job description and what I do.	Prof. Nurses	71	47.33%	55	36.67%	29	19.33%	155	100%*	0.97
	Sub Prof. Nurses	35	40.23%	40	45.98%	12	13.79%	87	100%	
37. How secure things look for me in the future of this organization.	Prof. Nurses	48	32.00%	30	20.00%	78	52.00%	156	100%*	0.032**
	Sub Prof. Nurses	34	39.08%	22	25.29%	31	35.63%	87	100%	
38. The amount of job security I have.	Prof. Nurses	42	28.00%	57	38.00%	55	36.67%	154	100%*	0.07
	Sub Prof. Nurses	35	42.17%	25	30.12%	23	27.71%	83	100%	

*Not always adding up to 100%.

**P-value is statistically significant at 0.05. There is a statistically significant difference between the two groups.

Table 4.7 – The Measure of Nurses Satisfaction with opportunities and assistance for Training in the Public Service
(Items 39 – 42) (N = 248)

	POSITION	DISSATISFACTION		SATISFACTION		UNCERTAIN		TOTAL		P-Value
		N	%	N	%	N	%	N	%	T-Test
39. The opportunity/ies available to me to attend courses.	Prof. Nurses	85	56.67%	39	26.00%	32	21.33%	156	100%*	
	Sub Prof. Nurses	47	54.65%	23	26.74%	16	18.60%	86	100%*	0.892
40. The time available for me to attend courses.	Prof. Nurses	94	62.67%	24	16.00%	37	24.67%	155	100%	
	Sub Prof. Nurses	48	56.47%	22	25.88%	15	17.65%	85	100%	0.926
41. The opportunity is available to me for funding for courses.	Prof. Nurses	92	61.33%	18	12.00%	45	30.00%	155	100%*	
	Sub Prof. Nurses	44	51.16%	21	24.42%	21	24.42%	876	100%	0.482
42. The extent to which I have adequate training for what I do.	Prof. Nurses	57	38.00%	68	45.33%	28	18.67%	153	100%*	
	Sub Prof. Nurses	17	20.24%	53	63.10%	14	16.67%	84	100%	0.699

*Not always adding up to 100%

**P-value is statistically significant at 0.05. There is a statistically significant difference between the two groups.

Overall, a high level of dissatisfaction is evident in this section from the respondents as displayed in Table 4.6. Both the professional and sub professional nurses see themselves as being poorly paid, especially in the light of their contribution to the organization, with the professional nurses measuring the lowest of the two groups before the salary increases in 2008. Following the salary increases many professional nurses salaries improved significantly, especially for those having a speciality, for example intensive care professional nurses, midwives and operational managers (previously called unit managers).

4.4.6 Training and Development Issues (Items 39 – 42)

It is clear from the responses received that nurses are not satisfied with opportunities for training and development in this public hospital. Item 39 – "The opportunity/ies available to me to attend courses". Low levels of satisfaction were recorded amongst both groups for this section, with only 26% satisfaction amongst professional nurses and 26.74% satisfaction amongst the sub professional nurses.

Item 40 – "The time available for me to attend courses". Again, very low levels of satisfaction were recorded: professional nurses recorded a 16% satisfaction level in this regard and only 25.88% of the sub professional nurses were satisfied with the time available to them to attend courses.

Item 41 – "The opportunity is available to me for funding for courses". Only 12% of professional nurses were satisfied regarding funding for courses and only 24.42% of sub professional nurses were. Uncertainty surrounding this element was high, with

30% of professional nurses being unsure and 24.42% of sub professional nurses being uncertain as to whether funding was available for courses.

Item 42 – “The extent to which I have adequate training for what I do”. The professional nurse group scored a low satisfaction level of 45.33% with this element, and the sub professional group scored a moderate satisfaction level at 63.10%. Overall in this section dissatisfaction with training opportunities was the predominant theme.

4.5 Findings regarding the open-ended questions on job satisfaction and HIV AND AIDS.

A significant proportion of respondents answered the open questions on job satisfaction and HIV and AIDS. Item 43 had the lowest response rate at 78% while the response rate to items 44 to 50 ranged between 85 – 90% of the 31% of returned questionnaires. The most significant feeling revealed in this section was a sense amongst the nurses of being overwhelmed. The two causes of this, in almost equal measure, were being overwhelmed by the staff shortages and being overwhelmed by the workload, the one impacting on the other. To a lesser degree the nurses also voiced their emotional response to the impact of HIV and AIDS on their work and job satisfaction.

4.5.1 Feelings and Experiences of Nurses (Item 43)

This question elicited a varied response: of the 248 questionnaires returned, 195 answered that question, which represents a 78% response rate of the 31% of returned questionnaires. The answers given by the participants were categorised according to the issues identified in the responses. The following seven categories were identified: nurses were overwhelmed by staff shortages, overwhelmed by the workload and frustrated with management. There was unhappiness expressed about the salary and lack of opportunities to improve status, study further and expand knowledge. There was

also frustration with dwindling resources and equipment as displayed in Table 4.8. Of the 195 returned responses to Item 43, 46 (23.5%) expressed overall satisfaction but were dissatisfied with some aspects as described above.

Table 4.8 Categories Identified

Categories	Example
1. Overwhelmed by Staff Shortages	"….we are work overloaded, you end up working for all nursing levels from enrolled nursing assistants to unit manager, there are no boundaries."
2. Overwhelmed by Workload	"Consultation with patients has deteriorated. I see the patient now, a few minutes later I have forgotten them because you can't engage well with patients"
3. Frustration with Management	"Management always looks and comments on the dark side." "We are not cared for, when a nurse is sick they say you are pretending, they don't stand by you when you have problems".
4. Overall satisfied, some aspects cause dissatisfaction	"I feel very satisfied when I see that I have made a difference in somebody's life".
5. Unhappiness re salary	"No living wage". "We are not given enough credit; this is evidenced by how much we are paid, though we work hard".
6. Frustration with lack of opportunity to study	"Seniors get more opportunities to study and upgrade than junior staff, enrolled nursing assistants and enrolled nurses".
7. Frustration with dwindling resources & equipment	"……equipment chosen because it's cheap – cheap turns expensive".

Several issues recurred again and again in staff shortages with the use of agency staff (temporary nursing staff from a nursing agency) being one of them; strong negative feelings were expressed regarding the use of agency staff as “We as experienced personnel work as trouble shooters to cover such nurses; inexperienced and incompetent part-time nurses who augment ward cover or are medico- legal hazards”. It was felt that staff should be placed in permanent posts rather than using temporary nursing staff. Angry tones were evident in comments such as “There is no way you can stick to your job description because we are work overloaded, you end up working for all nursing levels from enrolled nursing assistant to unit manager - there are no boundaries”.

The second source of this feeling of being overwhelmed was the actual amount of work or workload to be accomplished. This feeling resulted in additional feelings of guilt at not being able to provide quality patient care “Consultation with patients has deteriorated. I see the patient now, and a few minutes later I have forgotten her because you can’t engage well with patients”. It also resulted in nurses feeling frustrated with working conditions “Nurses having to do non-nursing tasks for example serving meals, porters, security, and admin”.

The next feeling evinced by the nurses was frustration with management, which included a variety of opinions. The most significant feeling expressed was that the

nurses felt a lack of management support, “one is always feeling burnt out due to lack of support from the authority”. These feelings were followed closely by recurring comments on feeling unappreciated by management with comments such as “They don’t recognize nurses; maybe they will praise you verbally but not in writing; they forget the good things for all the years, but they don’t forget the wrong things”. Another criticism of management was that it was perceived as seeing the negative rather than the positive with comments such as “Management always looks and comments on the dark side.” These comments included management from operational manager level: “There is a lot of pulling down”.

Strong feelings were expressed that management was autocratic; comments included “Management is not open in terms of consultation and makes unilateral decisions”, “…..decisions made and taken on our behalf” and show the frustration felt. Management and seniors were seen as uncaring “We are not cared for; when a nurse is sick they say you are pretending, they don’t stand by you when you have problems”, “I am a nursing auxiliary nurse – when you are a nursing auxilliary you are nothing, you are tossed all over the hospital and the sister is there to tell you to bring bedpans, change the messed patient, fetch stretchers and help porters with patients”. Management was seen as being inconsistent, “Treatment is not the same, especially to junior nurses”. There was a call for skilled management with nurses seeing that

sometimes problems are not dealt with but simply passed along: “Employees that are known to be problematic are moved by managers from one department to another”.

Unhappiness regarding the salary came after the feelings of being overwhelmed, and dissatisfaction with management. Salary was perceived as bad, with comments such as “No living wage”, “…..have to moonlight” and “We are not given enough credit; this is evidenced by how much we are paid, though we work hard” reflecting the norm. Other sources of unhappiness were delays in paying night duty allowances and discrepancies in salaries amongst newly qualified enrolled nursing assistants and enrolled nurses who have more experience.

Those who were satisfied express feelings of happiness with their role in patient advocacy. For many, nursing was a spiritual calling and comments such as “I feel very much satisfied when I see that I have made a difference in somebody’s life.” Being able to educate patients gives a lot of satisfaction to nurses, “…..being able to help others, especially in the community” all reflect that for many nursing is not just a job but a vocation. Others commented on enjoying working in an academic environment, enjoying the career of nursing and the opportunities to learn.

Those who evidenced that they were satisfied but some aspects of their work caused dissatisfaction, commented on things such as not working within their scope of practice: "Senior staff nurses performing chief professional nurse duties are only paid as a staff nurse, but my area of work gives me a great deal of job satisfaction." The desire to upgrade was a recurring theme, as well as distress at being unable to avail themselves of courses and in-service training because of staff shortages.

The next category that occurred repeatedly was the lack of opportunity to improve knowledge; this was perceived to be a result of staff shortages which meant that staff could not leave their units to attend in-service. Opportunities to improve knowledge were seen as something predominantly aimed at the professional nurse rather than the enrolled nurses and enrolled nursing assistants with operational managers seen as the principal recipients of training. "Seniors get more opportunities to study and upgrade than junior staff, enrolled nursing assistants and enrolled nurses". There was also a strong feeling that an element of favouritism was employed by managers in selecting those who attended upgrading courses, and there was frustration with the many of years of service required before opportunities for upgrading were available as well as frustrations with the Performance Management Development System (PMDS): "….we are always asked to reflect our development needs, which are never attended to" and "PMDS is a waste of time".

The last major area that was reflected on was the issue of dwindling resources which caused the nurses' spirits to flag. Comments included "…equipment is chosen because its cheap – cheap turns out to be expensive", "…lack of equipment", "what about diabetic patients – no evening snack for them." Even lifts not working was mentioned, all these issues increasing the frustration levels of nurses and seen as hampering their ability to give quality patient care.

4.5.2 HIV/AIDS patients and job satisfaction of nurses (Item 44)

The issue of whether nursing HIV/AIDS patients was affecting the job satisfaction of nurses was answered by 221 of the 248 respondents representing 89% of the 31% of returned questionnaires. Initially it appeared amongst professionals and sub professional nurses that they did not see HIV/AIDS as affecting their job satisfaction. Statements which recurred were that all patients should be treated the same or equally, and that as long as precautionary measures were in place there was not a problem. However, as the other questions addressing the HIV/AIDS issue were examined it could be seen that there were issues surrounding HIV/AIDS which did impact on their work and ultimately their job satisfaction.

4.5.3 The Effects of nursing HIV positive patients (Item 45)

An 87% response rate of the 31% of returned questionnaires was received for this item with 217 respondents of the 248 questionnaires returned filling in this item. The strongest category emerging from both groups of nurses was one of feeling emotionally affected (147 or 68%) with words such as sad, heartbreaking and depressed used to convey those feelings. Some (85 or 39%) were sad for the patient and the family and were clearly emotionally affected. Recurring reference was made to the fact that large numbers of people are infected and affected by HIV and AIDS and with that came feelings of negativity, words such as discouraged, bleak future and de-motivated being used by respondents.

Although nurses said repeatedly that patients "…must be treated normally","….do not discriminate" and "….just take precautions," there were equally feelings of sadness and fear "So emotional because in our families there are so many relatives dying with HIV/AIDS".

The next category which emerged was from those who saw HIV/AIDS patients as no different from other patients, and spoke about not discriminating and taking precautions "HIV patients are like other sick patients – I don't see a problem" and "As long as I take precautions, it's fine" (64 or 29%). The ambivalence felt by many nurses is perhaps best summed up in this quote "…sometimes it makes me feel good that I'm

helping someone but at the same time the large number of people infected and affected by HIV and AIDS makes me feel negative about the future".

4.5.4 Feelings of nurses nursing HIV positive patients (Item 46)

A response rate of 87% was achieved for this item with 216 of the 248 returned questionnaires having filled in this section. Despite how the nurses described the effect on them of nursing HIV positive patients, with this question the nurses predominantly felt that they would do their job without judging a patient, and again the issue of all patients being equal came across. Such patients were seen as needing to be treated holistically and seen as other patients who have a chronic disease. Some (31 or 14%) respondents said they felt nothing in particular, others (46 or 21%) felt as long as universal precautions were used by everyone it was fine while (54 or 25%) of the respondents commented that these HIV positive patients should be treated like other patients, "It is like nursing any other patient who has a chronic disease". In addition there were respondents who felt that nursing HIV/AIDS patients was a challenge and commented that they felt good as long as the requirements were in place "I feel its good if we have all the required equipment, medications, supportive groups and continuous education," and some even felt good and found more fulfilment and satisfaction with nursing these patients and saw it as an opportunity to deliver quality nursing care (39 of 216 or 18%).

4.5.5 Are Nurses equipped to care for HIV positive patients?(Item 47)

A response rate of 87% or 217 or the 248 returned questionnaires was received for this question. The groups were divided in their response to this question. Professional nurses, however, felt strongly that they needed more training to deal with the pandemic. Comments such as "I need to be more equipped to deal with the emotional part of what they experience" reflected what 45% (53 professional nurses) thought, and 14% (17 professional nurses) requested more information on HIV and specifically mentioned a wish to attend the management course for the HIV patient.

The sub professional group were split between those who felt they were equipped to deal with HIV/AIDs patients and those who did not, (54%) of the sub professional group referred to the fact that precautions were in place and that sufficient supplies of gloves, masks, etc were provided. However, there were those (44%) who said they were short of supplies and staff and that more in-service training was required.

4.5.6 Are Patients dying of HIV and AIDS? (Item 48)

Overwhelmingly, the response was yes from both groups of nurses; however some (23%) respondents did say that they were not directly involved with nursing HIV/AIDS patients and that patients were dying from opportunistic infections, not HIV/AIDS as

such. A number of nurses commented on the extra workload (7%) that was brought about by nursing these patients and many found it stressful (24%) "….they are usually very young" and demanding: "they need more care/time," showing frustration and guilt: "I feel that I'm somehow not doing my job well". Added to that was the frustration some nurses felt (2%) because society does not seem to be taking responsibility to manage this epidemic "It is affecting my work because patients re-infect themselves by not using condoms, keeping it a secret, not disclosing, not complying with the treatment." "Patient denial sometimes makes it difficult," say some, and some commented on the negative influence of cultural beliefs, such as going to traditional healers rather than getting orthodox medical care for treatment.

4.5.7 Moonlighting (Item 49)

Moonlighting can be described as working at another job, often at night, in addition to working at one's own fulltime job. A total of 224 responses were received from the 248 completed questionnaires representing a 90% response rate. Amongst both groups of nurses almost half of the respondents were moonlighting (109 of 224 or 48%), with the primary reason being financial, and a few respondents doing it to gain broader experience. Many of the respondents made it clear they were moonlighting at their own institution and not at other institutions. Comments regarding reasons for moonlighting included "So I can pay my daily bills with less stress and worry," "The salary I receive

month end is not sufficient to cater for my family," and several commented on needing money to provide education for their children.

4.5.8. Happiness (Item 50)

Professional nurses wished for more staff in order to be able to give patients what they want: quality patient care. The second wish for the professional nurses was a management style which listened, supported and was fair. In addition, the professional nurses wished for appreciation from their seniors "….staff should be acknowledged for work well done instead of just the negative being recognized." The desire for appreciation for having made a difference was also evident. The third aspect which would make the professional nurses happier was improvement in salaries, and the fourth was the opportunity to study and upgrade oneself by attending workshops and in-service training to "….develop the old staff so as to move to other levels". The fifth wish was the desire for sufficient working equipment and supplies to deliver good patient care.

Sub professional nurses had as their number one wish an opportunity to further studies without having to wait a long time, "…..not have to wait 10 to 15 years to study" - this was requested for a variety of reasons, but predominantly "….so I can earn better". The second wish was similar to the professional nurses in that they desired a more caring management which showed appreciation, support and gave fair and equal management

and more guidance. The third wish for the sub professional nurse was for more staff, the fourth for improved salaries and the fifth wish, like the professional nurses, was for equipment and supplies to render services.

4.6 Conclusion

In this chapter the findings of the study were presented, which included demographic data in Section A. In Section B the top five areas of least satisfaction for professional nurses were: being unfairly paid for what they contribute to the organization (2% satisfaction), salary (5.33% satisfaction), low satisfaction with staffing levels (10.67% satisfaction), the opportunity to get funding for courses (12% satisfaction) and prospects for promotion (14% satisfaction).

In Section B Sub Professional Nurses were least satisfied with salary (6.74% satisfaction), they felt they were not fairly paid for what they contribute to the organization (13.79% satisfaction) and they showed unhappiness with their promotion prospects (21.18% satisfaction). In addition, they were not satisfied regarding funding to attend courses (24.42% satisfaction) or with time to attend courses (25.88% satisfaction).

The major themes identified from the survey were being overwhelmed by staff shortages and workload and frustrations with management. Some satisfaction from the nature of caring and giving that nursing requires was described. Other themes identified were unhappiness regarding the salary, frustrations with lack of opportunities to study and having to work with inadequate resources and equipment.

Lastly, the results of the open–ended HIV/AIDS questions, showed an impact on job satisfaction in terms of ambivalence, negativity and being emotionally affected by nursing HIV/AIDS patients.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The aim of this chapter is to discuss the findings of the study as set out in chapter four regarding the job satisfaction of nurses in a public hospital with a high number of HIV and AIDS patients. This is done bearing in mind the objectives of the research, which were to measure the satisfaction of nurses regarding professional job satisfaction, workload, level of support from supervisors, pay, prospects and opportunities to develop further as well as looking into those aspects which dissatisfy nurses most.

Furthermore, the study wanted to describe and explore the experiences and thoughts of nurses regarding their job satisfaction in the presence of large numbers of HIV and AIDS patients. The study wanted to measure the difference between the professional and the sub professional nurses regarding job satisfaction, as well as testing the suitability of the questionnaire in the chosen setting.

The biographical data showed that 67.37% of the respondents came from the professional nurse group and their ages were predominantly 41 to 50 years (38.4%). The largest group of the sample fell into the 11 – 15 years of experience category (27.12%).

5.2 Discussions

Nurses' job satisfaction was researched under five categories: personal job satisfaction, satisfaction with workload, with professional issues, regarding pay and prospects and with training and development issues. Understanding job satisfaction of nurses is important for nursing management because it has been linked inversely to staff turnover. (Kovner, Brewer, Wu, Cheng, Suzuki 2006:78). The main findings as displayed in the bar diagrams in chapter four showed that nurses are only satisfied with the personal job issues in their own contribution to nursing care. This means that in all other aspects nurses are extremely dissatisfied with pay, training opportunities, workload, supervision and prospects.

5.2.1 Personal Job Satisfaction of Nurses

Personal job satisfaction looked at what the nurses said regarding the contribution they felt they made to nursing care, their skills and what they felt they had accomplished at the end of their day. It also sought to clarify how nurses assessed the quality of the care they gave, how much challenge was present for them in their work and how much

independent thought and action they exercised. All of these factors are important in retaining nursing staff. According to Larrabee, Janney, Ostrow, Witbrow, Hobbs & Burant (2003:272) nurses are more likely to stay in their work setting when they view themselves as having control of their practice, when they have adequate autonomy over their job, good collaboration with physicians, adequate staffing in the units and when they experience their chief nursing officer as powerful in the organization. Professional nurses showed an overall moderate level of satisfaction at 69.73%, and the sub professional nurses also a moderate satisfaction level of 73.52%, which indicates that both groups are moderately satisfied with their delivery of patient care, particularly in the area of the quality of their patient care and the use of their skills. This reflects that they are happy with their own input to patient care as regards their existing skills and abilities and they see the causes of dissatisfaction as lying outside their control. The results regarding the amount of independent thought and action which could be exercised by sub professional nurses were 72.09% compared to professional nurses at 63.33%. This indicated that the sub professional nurses perceived themselves as having a lot of latitude in terms of their scope of practice under the supervision of the professional nurse. In research conducted in the United Kingdom by Hallin and Danielson (2006:7) it was found that experience of autonomy and team work with doctors and qualified health care staff was important, and a strong predictor of stimulation and thus job satisfaction.

However, despite seeing themselves in a positive light, nurses do not have a sense of worthwhile accomplishment, nor do they see themselves as growing personally or developing through their work. This possibly reflects the frustrations felt by not completing their work for the day or a lack of stimulation in the work environment; simply functioning and completing as many of the allocated tasks as possible. This ties in strongly with the workload issues which nurses are dissatisfied with, as you cannot experience feelings of accomplishment at the end of the day if you are unable to complete your work for the day. In a study by Rambur, McIntosh, Palumbo, Reinier (2005:186), professional identification and broader knowledge was found to result in higher levels of job satisfaction, which in itself, was a reward and a return on investment for the individual. In addition, investment in education contributes not only quantity but also quality to the workforce, which is a societal gain.

5.2.2 Workload Issues and Job Satisfaction

Measuring the workload satisfaction of nurses was done by analysing the responses to questions which ascertained whether they considered they had sufficient time to accomplish their work, they were able to finish their work and had time to care for patients while, completing the workload. It also looked into the question of satisfaction with staffing levels and the amount of administration work they did. Both groups of nurses had low satisfaction levels with workload. This was a major problem, especially for the professional nurses who had a 34% satisfaction level with workload issues. Sub professional nurses had a higher satisfaction level at 50.48%, which was still low. This

is possibly because the professional nurse has the ultimate responsibility for the unit, so her concern regarding the impact of workload on patient and unit outcomes is greater.

Professional nurses were dissatisfied with staffing levels, workload and the amount of time spent on ward administration. On some wards there was one professional nurse and one staff nurse per shift which meant that the professional nurse could not leave the area even for a lunch break because there was only one registered nurse on the ward. In Strachota, Normandin, O'Brien, Clary, Krukow's (2006:114) study, nurses were frustrated with the quality of care they could deliver because of low staffing and increased demands. Many related incidents of unsafe patient care practices. Shortages of staff is a contributory factor to adverse events such as administration of incorrect dosages of medication, incorrect identification of patients and not following correct procedures and protocols.

Nurses were not able to spend time with patients resulting in deterioration of nurse/patient relations, as everything was done in a rush, using largely functional nursing. The functional method implements classic scientific management, which emphasizes efficiency, division of labor and rigid controls. It is an efficient system that is the least costly and requires few registered nurses (Marriner Tomey 2004:380). However, this type of nursing care is depersonalized and fragmented with the registered nurse doing most of the managerial work for the unit and the enrolled and assistant

nurses delivering most of the patient care. Both nursing groups were dissatisfied with the amount of work and having to do non-nursing tasks including portering, cleaning and administration. Nurses across the board resented the time spent on administrative tasks. There was little time for more than just getting through the required tasks at the cost of caring, which impacts on quality nursing care. According to Wilson (2006:28), perceptions of overwork and an inability to deliver quality patient care leads to frustrations amongst nurses. These results indicate that sense of frustration, and might be a reason why so many nurses leave for other careers or better opportunities overseas. In Wilson's study (2006:29) nurses suggested that issues of workload, quality of patient care and staff morale are interrelated and can be addressed collectively by improving staffing levels. The boost to morale that may result from improved staffing is an important consideration; nurses who are part of a cohesive workforce will usually develop strong relationships with their colleagues despite work pressures, which reinforce their desire to stay in their jobs.

5.2.3 Professional Issues and Job Satisfaction

This part of the study explored nurses' satisfaction with the quality of support they receive, the guidance and supervision as well as perceptions of fairness and respect. Neuhauser (2002:475) found that respectful treatment of hospital staff is a key element in retaining good employees. This section informs us about caring within the institution and whether nurses felt valued by their supervisors and their colleagues in terms of teamwork and relationships with their colleagues.

The professional nurses experienced low level satisfaction at 51.48%. The opportunity to discuss their concerns, the support and quality of guidance from supervisors as well as perceptions of being respected and treated fairly were all areas of concern for the professional nurse. The causes for this were varied, and management was seen as being inconsistent, with elements of favouritism. In addition, supervisors were seen as largely uncaring, unappreciative and generally unsupportive. The nurses felt they were regarded only in terms of a workforce and anything that interfered with the workforce function such as illness or family issues was an inconvenience.

The sub professional nurses scored overall a moderate satisfaction level for this aspect of the study at 64.18%. As a group they seem to enjoy higher levels of satisfaction as regards support and guidance, showing a statistically significant difference between their scores and the professional nurses'. This is not surprising in that they have an additional level of supervision in the professional nurses. Wilson (2006:29) found that although decisions to stay in nursing rest with individuals, nurses can be influenced by the ability of ward managers in particular to foster cohesive and supportive ward cultures. Both groups measured moderate to high levels of satisfaction as regards feeling part of a team and talking with colleagues.

Professional issues are described in Figure 5.1 with suggested interventions, amongst them the establishment of supervisors' skills training. Supervisors have a difficult task,

as highlighted in an article by Nehauser (2002:473-474): managers are in a difficult position that demands an incredible set of interpersonal skills. Mentoring and training to help them develop these skills is the most important thing one can do to build a high-retention culture.

5.2.4 Pay and Prospects and Job Satisfaction

This aspect of the study was the leading cause of dissatisfaction for both professional and sub professional nurses. It provided information on nurses' responses to questions regarding pay, position, possibilities for promotion, perceptions of fair payment, job security and the match between nurses' job descriptions and their actual work. The professional nurses had an overall very low 22.33% satisfaction level with this aspect, while the sub professional nurses had an overall low 24.77% satisfaction level. This indicated that this aspect caused major dissatisfaction in the public hospital and needed urgent revision if the Department of Health wants nurses to stay in their posts. However, one has to bear in mind the timing of this research which was just after the strike action taken by nurses in June 2007 and before the salary increases as a result of the Occupation Specific Dispensation (OSD) of 2008. Despite that, these results showed that this is the main problem area and there is still a lot of dissatisfaction amongst nurses about the implementation of the OSD. The Occupation Specific Dispensation was a national strategy plan to meet the salary and career pathing sought by nurses. However, the manner in which the document was implemented was not uniform in institutions and has been perceived especially by the sub professional nurses

as being unfair, and the criteria not understood by many. According to Neuhauser (2002:471), the manner in which money issues are handled is one the first places people look to see if actions match words. In this regard there are still unresolved issues and unhappiness with the results which have led to low morale and negativity on the part of those affected nurses.

Both groups felt that they were not fairly paid for their contribution to the organization. They believe that they are not receiving sufficient pay, with professional nurses only experiencing 5.33% satisfaction with their pay and sub professional nurses 6.74% satisfaction. In Wilson's (2006:31) study, nurses suggest that after taking into consideration their responsibilities and the unsocial hours they work, their pay frequently lags behind that of comparable professionals.

The questions on future security in the organisation resulted in a high percentage of uncertain responses by professional nurses 52.00% and sub professional nurses 35.63%, which indicates a large groundswell of nursing staff insecurity as to their future in the organization. This possibly is the result of the timing of this research, which was post a national nurses' strike for improved working conditions, and the result reflected the intention of many nurses to leave the government health services if their demands were not met in the settlement and subsequent Occupation Specific Dispensation. Figure 5.1 suggests some interventions in response to the issues about pay and prospects,

including market related salaries and linking training to career pathing, as well as investing in staff development. In a study by Fochsen, Sjogen, Josephson, Lagerstrom (2005:343) the importance of salary in the decision to leave nursing was highlighted. In addition, relatively low salaries may influence the image of nursing which will influence attracting the right candidates to nursing.

5.2.5 Training, Development and Job Satisfaction

This was the second major area of dissatisfaction after pay and prospects. Four questions looked at opportunities to attend courses, time to attend, funding and whether nurses perceived themselves as having adequate training for their posts. Professional nurses scored overall a very low 24.83% satisfaction (Table 4.3), and sub professional nurses 35.03% satisfaction (Table 4.4). The professional nurses felt very strongly that they were not afforded the time to attend courses and experienced only 16% satisfaction with time to attended courses and only 12% satisfaction with opportunities for funding (Table 4.7). These were the most dissatisfying aspects for both groups. The cause of the dissatisfaction regarding time and opportunities to attend courses comes back to the issue of staff shortages. According to Hensinger, Minerath, Parry, Robertson (2004:269) all employees crave a sense of meaning, competence, self determination and impact. This can be achieved and deepened with education and training opportunities. The Department of Health needs to take cognizance of the lack of training opportunities, lack of time for training and lack of funding. Nursing and health services are dynamic and changes happen all the time. If nurses do not stay up to date, patient

care will deteriorate even further with more patients dying and not receiving the nursing care they need. Furthermore, it is and will be difficult to recruit students into nursing if opportunities for further training and development do not exist. Some interventions are suggested in Figure 5.1 in response to the training issues, including providing the opportunity and time for training. Neuhauser (2002:473) describes creating an internal education programme that helps employees to move between specialities within professions as a means of attracting and retaining staff. To build a long term career in a healthcare organization, people must be able to move around within the system, which usually requires substantial additional training.

5.2.6 The views and experiences of nurses regarding their job satisfaction

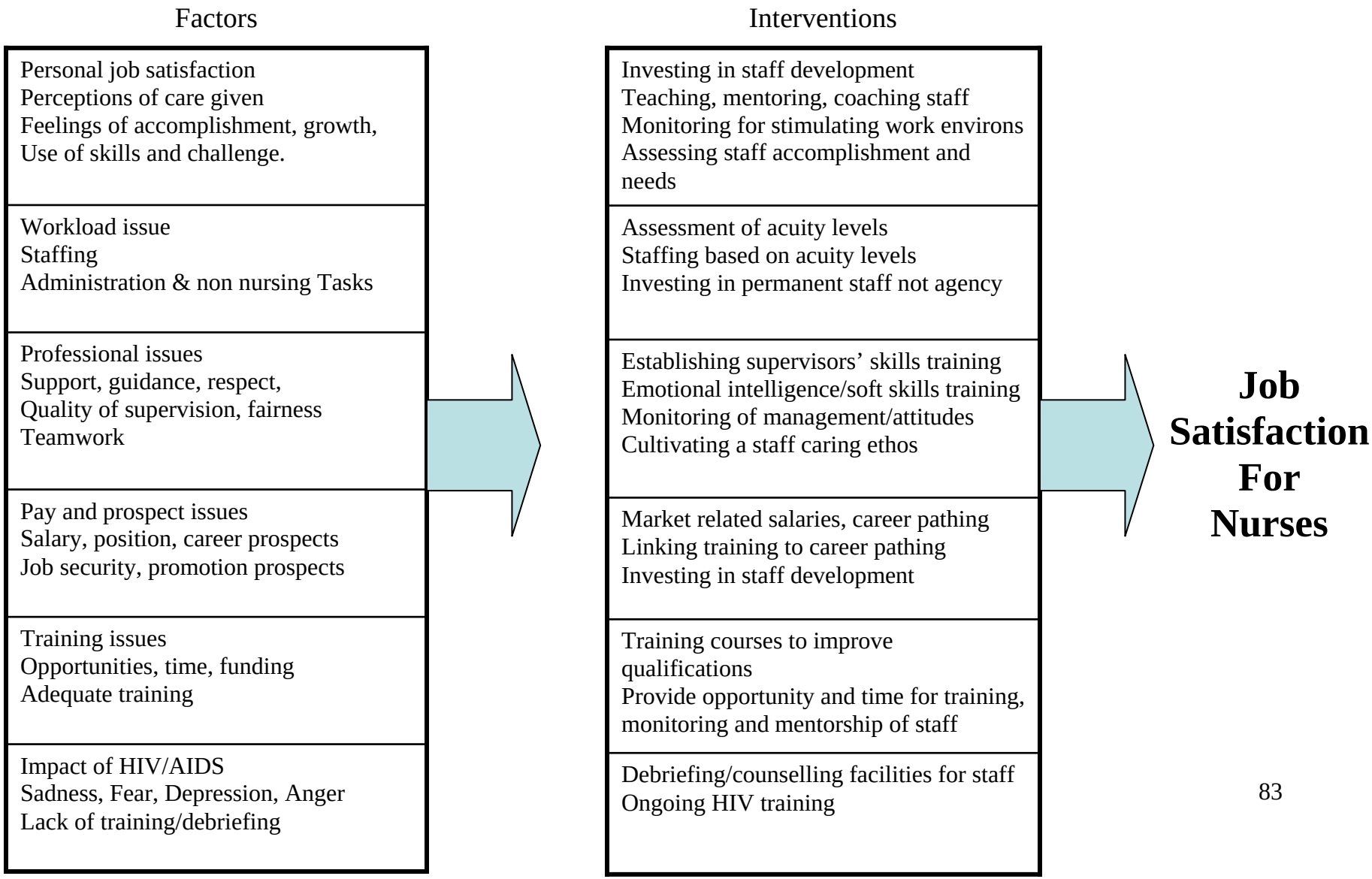
The main theme identified as in Table 4.8 was that the nurses felt overwhelmed by staff shortages; this could be described as a workforce crisis. The nursing staff crisis is well known in South Africa: in a study by Ackerman and Bezuidenhout (2007:68), they reported that the discontent evidenced in their study was due to several factors including low staff levels, insufficient experienced staff and the continuous quest for cost effectiveness in terms of staffing numbers. Deep unhappiness was evident with the use of agency staff members to augment staff shortages on a casual basis. The second theme expressed by the nurses in this aspect was feeling overwhelmed by workload. There is a close relationship between workload and staff shortages and these two aspects lead to work related stress. The third theme identified was the nurses' frustration with management styles, especially if an autocratic leadership style was

used. Nurses described their experiences as unappreciated, unsupported and perceived their supervisors and nurse managers as criticizing rather than supporting and uplifting. Management structures were perceived as being uncaring, inconsistent and unfair. Management referred to was from operational manager/unit manager upwards. According to Neuhauser (2002:471), a perception of fairness is a basic ingredient for the credibility of leaders. The Larrabee et al (2003:279) study findings emphasized the importance of creating and maintaining a work milieu in which participative management thrives. Registered nurses need further encouragement to take on a leading position with the power to solve conflicts, to delegate and to pinpoint and prioritise time-saving strategies (Hallin, Danielson 2006:7)

The fourth theme established overall satisfaction, but with some aspects causing dissatisfaction. Being able to help others, opportunities to educate others and making a difference in people's lives were all aspects of nursing which brought satisfaction. The fifth theme identified was unhappiness regarding salary. To an extent some of the salary issues have been improved by the increased salaries as a result of the Occupation Specific Dispensation which was implemented in March 2008. However, there is still dissatisfaction voiced by nurses who were not eligible for speciality categorization. The sixth theme identified was dissatisfaction regarding opportunities to improve their knowledge or upgrade it; nurses felt unable to avail themselves of in-service training opportunities because of staff shortages, and the sub professional group felt that the professional nurses were afforded more opportunities to extend their knowledge. In

addition it was felt that there was no sharing of knowledge gained by those who were able to attend in-service training with those who remained behind to ensure patient care. Neuhauser (2002:472-473) noted that there is an increased demand for knowledgeable workers in all industries, especially the technically or scientifically gifted, and suggested that an internal education programme be created and that learning should be driven by helping employees set education goals, providing resources, hosting special issue forums and rewarding top learners. The final theme causing dissatisfaction was the lack of equipment and resources which hampered the nurse's ability to render patient care. This problem extends from accessing suitable suture material to cleaning materials to medical equipment, and has been reported both within the institution not just in this research but in accreditation reports which are submitted monthly as well as in print media and on television. (Carte Blanche 28.9.2008 19h00).

FIGURE 5.1: Factors Influencing Job Satisfaction and Intervention Strategies for Improvement of Job Satisfaction



5.2.7 Reflections on HIV and AIDS

It was clear from the responses from the nurses that there was an ambivalence felt towards the subject of nursing HIV/AIDS patients. On the one hand it gave nurses an opportunity to fulfil their caring role which many nurses found a satisfying aspect of their profession as long as precautions were taken and equipment in place. On the other hand it evoked feelings of sadness, negativity and being discouraged in the face of the pandemic, especially when they related it to the disease outside the hospital. Nurses reflected on the emotions evoked by family members, friends and society at large succumbing to the disease and the feeling that society was not taking enough steps to protect itself. Similar results were found in a study by Smit (2005:26), where participants expressed a notion of melancholy or pity associated with observing the pain and suffering of persons living with HIV and AIDS. This sense of compassion was not limited to patients alone, but sometimes included family members of the patients. Underlying these feelings were angry voices, causing more ambiguity, that saw nurses having to pick up the pieces in this fight against a disease which, if individuals took more personal responsibility for their own health care, could perhaps be avoided. These elements are referred to in Figure 5.1. Minnaar (2005:37) observed that staff turnover increased by 9% as a result of HIV/AIDS among workers in South Africa. Although few respondents reflected on colleagues affected by HIV, it is obviously a factor: nurses are not immune to HIV. It was also evident that there is a knowledge gap as regards HIV, AIDS and nursing HIV and AIDS patients. Zama (2008:52) in Nursing Update, a popular nursing magazine reflects that the issue of staff shortages has been fundamental in poor health

service delivery and in staff being unable to attend skills development training aimed at improving their knowledge and competency in the area of HIV and AIDS.

5.3 Conclusions

Job satisfaction is a complex phenomenon with many affecting components (Coomber, Barriball 2006:3). From this study it is clear that professional nurses are dissatisfied with all issues regarding their jobs. The only positive aspect for them is their caring role and providing patient care. The results indicate a problem in the management of nursing in the hospital. These problems could be addressed by firstly a work and motion study into the staffing levels at the hospital. Experts from the nursing fraternity need to be consulted to establish nurse/patient ratios in this hospital. This hospital is a tertiary level hospital which implies that patients are sicker and care more complicated, and thus acuity levels must first be established at each unit and then staffing must be worked out according to the acuity levels of the patients. In addition, the use of agency nursing staff to complement wards with nursing shortages has been shown to be problematic in terms of quality nursing care and repeated orientation of agency staff. Hensinger et al (2004:268) found in her study of asset protection that retaining staff increases institutional identity and pride that is built with a stable staff. The use of agency staff to cover staff shortages creates additional administrative work in terms of tracking overtime, issuing and supervising the use of vouchers and is time consuming for management and supervisors.

Secondly, the issue of dissatisfaction with supervision in the public hospital raised the question to why professional nurses are so dissatisfied with the supervision they receive. Professional nurses were dissatisfied by 51.48% on this issue, and should be probed on it. The issue here is also what training the supervisors in this hospital received on their promotion to supervisors. The supervision in this hospital is provided by the assistant managers for each department with the assistance of clinical assistant managers, clinical facilitators and unit managers or charge sisters now called operational managers. Appendix G shows in organogram form the management structures that provide supervision. The real reasons for the unhappiness regarding supervision must be established and the Department of Health needs to plan and possibly invest in a practical nurse managers' course.

In exploring the job satisfaction of nurses in a public hospital affected by high numbers of HIV and AIDS patients, it is clear that nursing HIV and AIDS patients at work and having family members, friends and the community at large either ill or dying does have a negative emotional impact on the nursing staff. The feelings of ambivalence put a further strain on their emotions with conflicting feelings of being the caregiver while needing emotional support oneself to cope. If one adds to this that nurses as a reflection of greater society are also infected and affected, one can see the stress which can result in signs of job dissatisfaction, absenteeism and low morale.

5.3 Recommendations

The findings of this research should be disseminated within the organization and to the Department of Health, who should be made aware of the nurses' dissatisfaction and what aspects have been identified as problems by them as regards job satisfaction and the impact of HIV and AIDS on their job satisfaction. Intervention strategies for the improvement of nursing job satisfaction are outlined in Figure 5.1

Although the issue of salaries has to some extent been met by the Occupation Specific Dispensation there are still areas of confusion and unhappiness with the outcome. The Occupation Specific Dispensation has been perceived by some nurses to be unfair and there is not a clear understanding of it. The recommendations for this study are described in terms of nursing education, nursing management, patient care and nursing research.

5.4.1 Nursing Education

There is a strong desire by all categories of nurses to improve their qualifications; this will motivate and energize nurses and should be considered. This aspect goes hand in hand with staffing; many opportunities are lost for in-service education due to staff shortages. Facilitating the nursing staff to upgrade and up-skill despite the nursing shortage needs to be assessed and a solution found so nurses may avail themselves of

opportunities. Programmes need to be extended within the organization to meet this demand. A pre-bridging course could be considered for the enrolled nursing assistants and enrolled nurses to assist them in preparing for application to the bridging courses and to up-skill them; this would improve the morale of the sub professional nurses.

Investing in staff development remains crucial to creating an environment which motivates nurses, and strong orientation programmes and allocation of preceptors to new staff will show them that they are valued and supported within the organization.

There seems to be a lack of knowledge regarding accessing bursaries for further studies. I would recommend that nurses be more proactive in acquiring that information, as it is advertised in the print media and appears on the organizations notice boards. However, perhaps the organization's internal computer system could be used to disseminate the information at the time of the applications.

In addition, nursing management courses should deal with emotional intelligence or the soft skills of nurse management such as caring, listening and showing appreciation, and could be geared to junior management as they make the transition to unit manager.

Regarding the HIV and AIDS knowledge deficit amongst nurses, nursing training education facilities must ensure that student nurses receive clinical skills and knowledge in order to address the nursing of HIV and AIDS patients effectively. A short course on HIV and AIDS nursing care should be available for all categories of nurses to meet the challenges of the disease and to keep updated with the latest developments in treating the disease. Figure 5.1 refers to the need for ongoing HIV training in order to remain updated.

5.4.2 Nursing Management

There is a need for sustained managerial support and appreciation from ward managers upwards towards junior sub and professional nurses. There is a desire for a less autocratic leadership style but one which incorporates as far as possible all nurses in the decision making processes. Consistency and fairness were seen by respondents as the hallmarks of good management. In addition, the quality of caring was seen as lacking in the organization as a whole. All of these aspects could be addressed through an ongoing series of in-service education sessions on different aspects of caring as mentioned in Figure 5.1. The promotion of a caring ethos within the organization towards its own staff as well as a course which examines emotional intelligence aimed at supervisors is recommended.

Nursing staff should be engaged in discussion regularly by management, and action taken on what they say. Particular attention should be paid to the top performers in various nursing disciplines; these are staff who usually care a great deal about their work, produce best clinical practice, meet quality assurance standards and patient satisfaction requirements. This group can provide insight into what is possible and its application throughout the organization.

There are indications that a dedicated service needs to be established for the counseling of nurses or debriefing sessions for nursing staff in issues arising from HIV. The emotional strain of caring for HIV infected patients while perhaps being infected oneself or having close family members and friends infected is enormous. This will also show that the nurses' concerns are taken seriously and that their welfare is critical to the success of the organization. Many nurses have mixed feelings on the subject of HIV and AIDS, and counselling may enable them to clarify some issues for themselves.

There should be attention paid to retention planning. Retention of employees is a major challenge for healthcare, according to Neuhauser (2002:470) and its success requires an organizational culture that inspires loyalty and commitment. Key to successful retention planning would be maintaining teaching, mentoring and coaching for all levels of staff as mentioned in Figure 5.1 under investing in staff development.

5.4.3 Patient Care

Although both professional and sub professional nurses showed moderate satisfaction in terms of their view of their nursing care it is clear that there are many patients who are not satisfied with their nursing care. This we know from Client Surveys and complaints received by the Quality Assurance Department and anecdotal reporting in various media. Until the issues of insufficient staffing levels and its consequent effect on workload are addressed there cannot be quality patient care given. The nursing care given will be robotic in terms of simply getting through the tasks as well as recording and reporting. The actual business, the art and science of nursing as in caring and listening to patients and making nursing diagnoses will not be possible except on occasions when the staff complement is extended by the presence of student nurses. There are nursing staff that as individuals are capable of achieving higher levels of patient care and greater work productivity however these “stars” are not the norm. There is a need for the Department of Health to consider the employment of more nurses so that there is less reliance on agency staff which causes problems in terms of their lack of orientation to individual units and lack of commitment. Acquiring more permanent staff instead would decrease the workload of permanent staff and decrease their stress levels as suggested in Figure 5.1

There is a need for a dedicated counseling service for the nurses who are nursing HIV and AIDS patients as part of the development of a caring ethos within the organization.

It is difficult for nurses to give quality nursing care to HIV and AIDS patients if they have issues and concerns about the disease arising beyond the workplace as in themselves, their families or communities. Not only counseling/debriefing is needed for nurses, there is a knowledge deficit in terms of the disease which requires ongoing in-service and updates on new developments and treatments for HIV and AIDS.

5.4.4 Nursing Research

Research should be done into the problems which arise from the use of agency nursing staff rather than hiring permanent nursing staff. In addition, the practice of "moonlighting" which has arisen as a result of a demand for agency staff could be researched as regards its impacts on the nature of nursing, as well as the level of commitment obtained from agency nursing staff compared to permanent staff. Many nurses are moonlighting to supplement their monthly income to meet family obligations. Moonlighting has a negative impact on service delivery and is a possible area of future research.

We now know that nurses are very dissatisfied with supervision in the hospital. More research into the dissatisfaction of nurses with supervision, guidance and support would be worthwhile. A qualitative enquiry into the real issues of experienced professional nurses regarding supervision must be done. We need a deeper understanding of

supervision and how it affects the professional nurses in the hospital; also mid- and senior level nursing management need to be probed on their needs and what they want in order to improve their supervision capabilities.

There are several possible research projects arising from the HIV and AIDS results, such as what services are currently available to the nursing staff in terms of debriefing, counseling and training. A deeper qualitative study could be done on the effects of giving terminal care or the causes of the helplessness that nurses feel in the face of the disease.

5.5 Conclusion

It is clear that nurses experience very low levels of satisfaction in almost every area of their working lives. Although these are not new results, there is information produced which can be used to guide the organization in the way forward, especially as to nursing satisfaction in terms of management style, as well as education requirements in the area of HIV training and counseling.

The results show that the nursing body has mixed feelings on the subject of HIV and AIDS; on the one hand some satisfaction is achieved by delivering nursing care and often terminal care. On the other hand the nurses feel overwhelmed by the size of the problem, helpless in the face of it and fearful for the future. These concerns need to be addressed

in order to maintain good management structures and systems, as well as showing compassion towards nursing staff in the frontline of the HIV/AIDS epidemic.

Lastly, the main and most important issue of pay and prospects of nurses needs to be addressed by the Department of Health. Adequate salaries for nurses will together with other aspects ensure that nurses stay in nursing. Market related salaries for nurses will enable colleges and universities to recruit new students into nursing in South Africa so that adequate numbers of nurses will be available to care for patients in our hospitals and health services.

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APPENDIX A

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Hennessy

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER M070207**
PROJECT	The Impact of HIV/AIDS on Job Satisfaction of Nurses in a Public Hospital
INVESTIGATORS	Mrs E Hennessy
DEPARTMENT	Dept of Nursing Education
DATE CONSIDERED	07.03.02
DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 07.03.14 **CHAIRPERSON** .....
(Professors PE Cleaton-Jones, A Dhai, M Vorster, C Feldman, A Woodiwiss)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Dr A Minaar

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX B

Faculty of Health Sciences
Medical School, 7 York Road, Parktown, 2193
Fax: (011) 717-2119
Tel: (011) 717-2075/6

Reference: Mrs Alison Mclean
E-mail: mcleanam@health.wits.ac.za
16 April 2007
Person No: 0507492X
PAG

Mrs E Hennessy
48 8th Street
Linden
2195
South Africa

Dear Mrs Hennessy

Master of Science in Nursing: Approval of Title

We have pleasure in advising that your proposal entitled "*Job satisfaction of nurses in a public hospital with a high number of HIV and AIDS patients*" has been approved. Please note that any amendments to this title have to be endorsed by the Faculty's higher degrees committee and formally approved.

Yours sincerely

Mrs Sandra Benn
Faculty Registrar
Faculty of Health Sciences

Private bag X39, Johannesburg 2000, South Africa
Tel: +27 (0) 11 488 4911, Fax: +27 (0) 11 643 1612
www.johannesburghospital.org

Gauteng Department of Health
Enquiries: Ms. M Motjelele
(011): 488-3785
(011) 488-3753
09 January 2005

Department of Nursing Education
Faculty of Health Science
7 York Road
Parktown
2193

For attention: Dr A Minnaar
Prof J Bruce
Dr G Langley

RE: PERMISSION TO CONDUCT RESEARCH: STRATEGIES FOR THE MANAGEMENT OF HIV/AIDS IN THE WORKPLACE OF NURSES

Permission is granted to conduct research as described in your request dated 16 March 2005, provided:-

1. The Gauteng Department of health will not in anyway incur or inherit costs as a result of the said study.
2. Your study shall not disrupt services at the study sites.
3. Strict confidentiality shall be observed at all times.
4. Informed consent shall be solicited from patients participating in your study.

Please liaise with the Head of Department and Unit Manager or Sister in Charge to agree on the dates and time that would suit all parties.

Kindly forward this office with the results of your study on completion of the research.

I wish you success in your studies.

Yours sincerely

DR. M. MAZIZI
Acting Chief Executive Officer

Only for office use

Date: June-August 2007

Dear Colleague,

COMPLETION OF QUESTIONNAIRE:

JOB SATISFACTION OF NURSES IN A PUBLIC HOSPITAL WITH A HIGH NUMBER OF HIV AND AIDS PATIENTS

I would appreciate it if you could be so kind as to complete the questionnaire. The questionnaire is divided into three sections,

1. **Section A** comprises demographic information
2. **Section B** comprises **38** items with one (**1**) open-ended question
3. **Section C** comprises seven (7) open-ended questions on job satisfaction and HIV and AIDS issues.

The questionnaire is designed to gather information on the following:

1. *Personal satisfaction* includes perceptions of the merit of the job along with a feeling of having delivered skilled and quality care to the patient.
2. *Satisfaction with workload* deals with aspects such as enough time to do the job; staffing levels and time spent on non-nursing tasks.
3. *Satisfaction with professional support* deals with support and respect from either the manager/supervisor or colleagues together with social aspects of the work.
4. *Satisfaction with training* deals with time off, funding and the opportunity to attend courses, and the aspect of whether the training is adequate for the job.
5. *Satisfaction with pay and prospects* relates to aspects such as job security.
6. *HIV and AIDS issues in the workplace of nurses.*

All information will be treated in confidence.

Thank you for your participation in this study.

Yours sincerely,

E Hennessy

Elaine Hennessy

After you have completed the questionnaire, please seal it in the envelope provided and hand it over to the ward clerk where I shall collect it personally. Thank You

You could also phone me on 011 488 4115 or 0829514568 if you have any questions regarding the research.

Only for office use

QUESTIONNAIRE ON JOB SATISFACTION OF NURSES IN A PUBLIC HOSPITAL WITH A HIGH NUMBER OF HIV AND AIDS PATIENTS

The Questionnaire is developed by Traynor and Wade (1993) in the UK.

By filling in the questionnaire, you will be helping to identify job satisfaction levels and HIV and AIDS issues for nurses in the health services in selected hospitals in Gauteng. The results of the study can then be distributed to highlight and address issues concerning nurses.

The researchers developed and piloted the scale for the Measure of Job Satisfaction (MJS) with the objectives of user-friendliness, simplicity and to establish the reliability and validity of the instrument.

The open-ended questions were added to this questionnaire.

UNDERTAKING

All information provided will be treated in confidence. You are not required to provide your name or any personal information in the questionnaire.

INSTRUCTIONS

1. Please answer all questions
2. Kindly fill in the information, using a "√" where appropriate.
3. Please complete the questions as honestly, frankly and objectively as possible.
4. Please answer the questions as you experience job satisfaction in your health service (hospital) where you are working at present.
5. Use the opportunity at the end of the questionnaire to describe your own job satisfaction and issues around HIV and AIDS presently in your hospital.

Thank you for taking the time to complete the questionnaire.

Yours sincerely,

E. Hennessy

Elaine Hennessy

NB

After you have completed the questionnaire, please seal it in the envelope provided and hand it over to the ward clerk where I shall collect it personally. Thank You.

You could also phone me on 011 488 4115 or 0829514568 if you have any questions regarding the research.

SECTION A DEMOGRAPHIC INFORMATION

Kindly fill in the information, using a "√" where appropriate.

1. *Please* ***indicate your present position in the hospital***

Nurse Manager	☐
Nurse Educator	☐
Professional nurse	☐
Enrolled nurse	☐
Auxiliary nurse	☐

2. ***Indicate your age category***

20-30 years	☐	31-40 years	☐
41-50 years	☐	51 years or older	☐

3. ***How many years have you been in nursing (exclude basic training)***

1-5 years	☐	6-10 years	☐
11-15 years	☐	16-20 years	☐
21-25 years	☐	26-30 years	☐
Over 30 years	☐		

4. ***Please specify the unit where you are currently placed***

Medical unit	☐
Surgical unit	☐
Paediatric unit	☐
High Care unit	☐
Intensive care/ trauma unit	☐
Emergency care unit	☐
Operation/ Theatre	☐
Maternity Unit	☐

Other, please explain

_____

_____

SECTION B

Instructions: *For each statement, mark " √ " the column that most closely represents the extent that the following are reflecting your response regarding your job satisfaction in this hospital*

ITEM	1= *Very dissatisfied*	2= *Dissatisfied*	3= *Uncertain*	4= *Satisfied*	5= *Very satisfied*
5. The feeling of worthwhile accomplishment I get from my work					
6.The extent to which I can use my skills					
7. The contribution I make to patient care.					
8. The amount of challenge in my job.					
9.The extent to which my job is varied and interesting.					
10. What I have accomplished when I go home at the end of the day.					
11. The standard of care that I am giving to patients.					
12.The amount of personal growth and development I get from my work.					
13. The quality of my work with patients.					
14. The amount of independent thought and action I can exercise in my work.					
15. The time available to get through my work.					
16. The amount of time available to finish everything I have to do.					
17. Time I have available to care for my patients.					
18. My workload.					
19. I am satisfied with the overall staffing levels.					
20. The way that I am able to care for my patients.					
21. The amount of time I spend on administration.					
22. The amount of support and guidance I receive from my supervisor.					
23. The opportunity I have to discuss my concerns.					
24. The support available to me in my job.					
25.The overall quality of the supervision I receive in my work.					
26. The degree of respect and fair treatment I receive from my superiors.					
27. The degree to which I feel part of a team.					
28. The people I talk to and work with.					
29. The contact I have with colleagues.					
30. The value placed on my work by my colleagues.					
31. The amount of pay I receive.					
32. The level of my position at the hospital (post grading).					

ITEM	1= *Very dissatisfied*	2= *Dissatisfied*	3= *Uncertain*	4= *Satisfied*	5= *Very satisfied*
33. The degree to which I am fairly paid for what I contribute to this organization.					
34. My prospects for promotion.					
35. The opportunity I have to advance my career.					
36. The match between my job description and what I do.					
37. How secure things look for me in the future of this organization.					
38. The amount of job security I have.					
39. The opportunity/ies available to me to attend courses.					
40 The time available for me to attend courses.					
41. The opportunity is available to me for funding for courses.					
42 The extent to which I have adequate training for what I do.					

43 Please describe your feelings or an experience regarding your job satisfaction in this hospital.

SECTION C

Please answer the following questions **(Questions 44-50)**

44. Do you think nursing HIV/AIDS patients is affecting your job satisfaction?.

45. Describe the effect on you, when you are nursing HIV positive patients.

46. How do you feel about nursing HIV positive patients?

47. Do you feel you are equipped to give nursing care to HIV positive patients?

48. Are patients dying of HIV/AIDS in this hospital? Please circle YES or NO

If YES, please tell me how it is affecting your work e.g. terminal care giving as opposed to healing care.

49. Are you moonlighting at other institutions? Please circle YES or NO

If YES, please give reasons for your moonlighting?

50. What would make you happy in this hospital?

END

Thank you for your kind co-operation

After you have completed the questionnaire, please seal it in the envelope provided and hand it over to the ward clerk where I shall collect it personally. Thank You.
You could also phone me on 011 488 4115 or 0829514568 if you have any questions regarding the research.

Organogram Nursing

APPENDIX G

