A QUALITATIVE STUDY OF THE NURSES' PERCEPTIONS OF THEIR PRACTICE ENVIRONMENTS IN TWO SELECTED HOSPITALS IN GAUTENG PROVINCE

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TABLE OF CONTENT

TABLE OF TABLES

TABLE OF FIGURES

DECLARATION

I, Promise Moyo, declare that this research report is my original work. It is being submitted for the degree of Master of Public Health in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other University. I am aware that plagiarism (the use of someone else's work without their permission and/or without acknowledging the original source) is wrong. I confirm that the work submitted for assessment for the above degree is my own unaided work, except where I have explicitly indicated otherwise.

I have read the sections on referencing and plagiarism in the Wits Plagiarism Policy, and I have followed the required conventions in referencing the thoughts and ideas of others. I understand that the University of the Witwatersrand may take disciplinary action against me, including suspension or permanent expulsion, if there is a belief that this is not my own unaided work or that I have failed to acknowledge the source of the ideas or words in my writing.

Signature: 

Date: **15 September 2024**

DEDICATION

I dedicate this work to my father, Paul, and my two children Princess and Unathi who have always been my strongest pillars and always believed in me. My children I thank them wholeheartedly for supporting me and encouraging me throughout this journey. Above all would not have done this work without God, who is always my anchor and pillar of light. Glory be to God Almighty.

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ABBREVIATIONS

EN	Enrolled Nurse
ENA	Enrolled Nurse Auxiliary
DoH	Department of Health
HICs	High Income Countries
HR	Human Resources
HRH	Human Resources for Health
IDI	In-depth Interviews
LMICs	Low- and Middle-Income Countries
MPH	Master of Public Health
NDoH	National Department of Health
NPE	Nurse Practice Environment
NWE	Nurse Work Environment
NWI	Nursing Work Index
NWI-R	Revised Nursing Work Index
PES-NWI	Practice Environment Scale of the Nursing Work Index
PHC	Primary Health Care
PPE	Positive Practice Environments
RNs	Registered Nurses
SANC	South African Nursing Council
WES	Work Environmental Scale
WHO	World Health Organisation
WQI	Work Quality Index

DEFINITION OF CONCEPTS

Human resources for health (HRH)	Also known as health workforce, is defined as "all people engaged in actions whose primary intent is to enhance health" (1).
Magnet hospital concept	Health care institutions with workplace characteristics that support professional nursing practice and thus positive nurse and patient outcomes (2).
Nursing practice environment	"The organisational characteristics of a work setting that facilitate or constrain professional nursing practice" (3).
Positive practice environment	An environment that supports excellence and has the power to attract and retain nurses (4). Work settings in which a nurse can be productive and provide good quality care" (5). "A work setting in which policies, procedures and systems are designed so that employees are able to meet the organisational objectives and achieve personal satisfaction in their work" (6).

ABSTRACT

BACKGROUND

South Africa, similar to many low- and middle-income countries (LMICs), faces significant human resources for health (HRH) challenges, including an aging workforce, heavy workloads, inadequate staffing, insufficient equipment, and unequal distribution of health professionals between the public and private sectors, as well as between urban and rural areas. While the causes of this crisis are complex, unhealthy work environments are a significant contributing factor. Improving nursing practice environments is essential for addressing these challenges, as healthy environments correlate with increased job satisfaction, retention, and patient care quality. However, research on nurses' practice environments in LMICs, particularly South Africa, is limited, especially qualitative studies utilising the domains of the Practice Environment Scale of the Nursing Work Index (PES-NWI) to gauge nurses' perceptions.

METHODOLOGY

Therefore, this study explored nurses' perceptions of their practice environments in both public and private hospitals in Gauteng province. An exploratory qualitative study design was used, and data was collected from April to June 2023. A multi-stage sampling strategy was used to select all categories of nurses from the two selected hospitals in Gauteng to participate in the study. Face-to-face in-depth interviews were conducted with eighteen participants using a semi-structured interview guide. Thematic analysis was done using MAXQDA Plus 2022 software.

RESULTS

Eighteen nurses were interviewed, exploring eight domains related to their practice environments: participation in hospital affairs, managerial support, foundations for quality care, staffing adequacy, resource availability, team collaboration, staff development, and safety. Contradictory views emerged, with some nurses expressing positive perceptions while others reported negative experiences, particularly regarding involvement in decision-making and managerial support. Participants identified a lack of adequate staffing and resources, with differing views on team collaboration and communication. Facilitators for a positive practice

environment included in-service training opportunities, resource provision, and supportive management. Barriers included limited professional growth opportunities, excessive workloads, and inadequate resources. To enhance practice environments, participants suggested strategies such as adequate staffing, resource provision, professional development opportunities, recognition, and improved managerial support.

CONCLUSION

This study highlights the critical need for addressing barriers to create healthier work environments for nurses, ultimately improving patient care quality and workforce stability. Moreover, nurses had solutions for the improvement of their work environments which could be detrimental to the nurse managers and policy makers to improve the nurse work environments as perceived by the people on the ground. Therefore, nurse managers and policy makers should adopt and implement fair and transparent policies for workload distribution and scheduling, ensuring that nurses have a manageable workload and a healthy work-life balance. This could include the involvement of nurses in decision-making pertaining to hospital affairs. Nurses could be given opportunities to be part of the policy formulation where surveys can be distributed to have their views as their involvement would improve the work environment.

CHAPTER 1 INTRODUCTION

1.1 Background

Over few decades ago, the concept of nursing practice environment (NPE) received scholarly attention in discourses on the human resources for health (HRH) shortages, with arguments being made that improving the nursing practice environment is essential for addressing nurse shortages (7).

Interest in practice environment research was ignited by the magnet hospital initiative in the 1980s for having exemplary environments that supports professional nursing practice and for their ability to attract and retain nurses despite shortages (3,7,8). Practice environments in these institutions were characterised by adequate staffing levels, richer nursing skill mix, flexible scheduling, supportive and visible nurse leaders, good relationship between nurses and doctors, and career advancement opportunities (3,8). Subsequently, several terminologies have been used to refer to the practice environment including working conditions, work environments, positive practice environments (PPE), healthy environments, organisational climate, job characteristics, and organisational culture (7,9). In this report, some of these terms will be used interchangeably.

According to Lake (3), the nursing practice environment can be defined as *"the organisational characteristics of a work setting that facilitate or constrain professional nursing practice" (p2).* These environments are characterised by varied factors including the physical features, the organisational policies, and the behaviour of people at work (10). The scholarly debates around NPE were that healthy or positive practice environments (PPEs) have the potential to attract and retain nurses more easily, thus increasing the quantity of staff and their stability in work settings (7), this in turn leads to improved quality of care (8). Since then, international literature has extensively described the characteristics or domains of a healthy or positive practice environment which encompasses quality of nursing leadership and management; collegial nurse-physician relationships; provision of quality care; nurse autonomy; active involvement of nurses in decision-making related to hospital affairs; and adequate staffing and resources amongst others (3,7–14).

A positive practice environment has been linked to favourable nurse outcomes such as their job satisfaction and retention (10,11,15) . Other international studies found that lower levels of nurse burnout are significantly associated with healthy practice environments characterised by effective managers, strong nurse-physician relationships, and higher nurse-to-patient ratios (10,16). In addition, positive practice environments support nurses' ability to work effectively in interdisciplinary teams with other health professionals as well as to swiftly mobilise resources (8,17) .

Available evidence has also shown an association between positive work environments and patient outcomes (8,10). This is because nurses' function at their highest scope of clinical practice when working in favourable practice environments, which contributes to improved quality of care (8,17). As Kieft et al (18) notes, patients' experiences of high-quality care can be influenced positively by mutual understanding between professionals as they are more likely to give unified information to the patients.

Consistent with international literature, research in low- and middle-income countries (LMICs) has shown an association between nursing practice environment and nurses' outcomes. For example, a cross-sectional study in Kenya, Tanzania and Uganda found that nurses in public hospitals had reduced job satisfaction than private hospital nurses and this was in part due to unfavourable working conditions (19). The same study concluded that increased levels of burnout and somatic complaints may be reduced by improving the working conditions of nurses in these countries (19). In Kenya, Chebor et al (2014) found that due to negative practice environments, there was low morale among nursing staff at the referral hospital that participated in the study. A negative practice environment was also reported in a study investigating the quality of nursing care and nurses' practice environment in Ethiopia (20)

In South Africa, studies investigating the work environment of critical care nurses in a private hospital reported that there was an association between the quality of the nursing practice work environment and patient safety outcomes (10,21) . Another study done in both private and public Gauteng hospitals revealed that poor management, resources inadequacy, security risks, had negative nurse outcomes like burnout and stress (22). This was further eluded by a study done in a mental hospital in Limpopo which showed the elements of negative work environments such as work overload due to shortage of staff, poor physical environments, and

shortage of resources like medication were reported to be contributing factors to job dissatisfaction and mental disorders (anxiety and insomnia) (22,23).

Although evidence presented above have demonstrated the criticality of improving the nursing practice environment to have better nurse and patient outcomes, there is still a dearth of research investigating nurses' practice environments in LMICs, including South Africa. More specifically, there is a scarcity of qualitative studies that draws from Lake's (2002) domains to explore how nurses perceive their practice environment. Therefore, this Master of Public Health (MPH) research study will explore nurses' perceptions of their practice environments in both a public and a private hospital in Gauteng province.

1.2 Literature review

1.2.1 Overview of studies on nurse practice environments

The notion of NPE has been studied on its own or in conjunction with studies attempting to show its association to nurse outcomes (e.g., job satisfaction, turnover rates, stress, burnout, and quality of care (2,3,7,10,12,24). A study conducted in the United States, showed that nurses working in positive practice environments had higher retention rates than those working in environments that needed improvements (25). Some of the elements of the positive practice environment (PPE) and has been found to be crucial for nurses' job satisfaction include quality of leadership whereby a manager at unit level is supportive; collegial nurse-physician relationship; nurse autonomy; active participation in decision making; adequate staffing and resources; use of clinical care and information systems; and decentralisation of decision making to the nursing unit level (7).

Interest in the impact of favourable nursing practice environments on patient outcomes has also grown since the 1990s (15,26,27). Considering that nurses spend most of their time with patients, their work practice environment has an impact on patients' experiences of the quality of care (18). Evidence from a systematic review linking nursing practice environment to patient mortality deduced that there was an association between in-patient mortality and variables such as support for nurse autonomy, improved nurse and physician relationships, reasonable workloads, care based on nursing standards, and professional development opportunities (27).

Additional elements of the NPE perceived to be fostering positive patients' experiences are clinically competent nurses, adequate nurse staffing, and control over nursing practice (2,18,21,24).

The nurse practice environment (NPE) has been measured in many countries using several validated quantitative research tools including the Nurse Work Index (NWI) (3,9), the Revised Nurse Work Index (NWI-R) (8), the Practice Environment Scale of the Nursing Work Index (PES-NWI) (3), Work Environment Scale (WES) (9) and Work Quality Index (WQI) (9) amongst others. The quantitative version of the PES – NWI tool has been widely considered as comprehensive for assessing various dimensions of the NPE (13). However, the applicability of these domains has not been examined qualitatively in the South African context; hence the present study. In the subsequent sections, the elements of the NPE in these quantitative research tools will be reviewed in detail for high-income countries (HICs), LMICs and in South Africa.

1.2.1.1 Participation in hospital affairs

Several studies have shown the domain of the nurse practice environment that is participation of nurses in hospital affairs as a key factor to optimal work environment. This includes participation in policy decision-making, consultation of nurses in daily problems and procedures and active involvement of nurses in hospital and nursing departmental committees (3,7). The magnetic hospitals in the United States tested this domain and it reflected a wider hospital environment for nurses. In the study hospitals (magnetic), nurses were found to be participative in the hospital affairs (3). Furthermore, in a systemic review study done in the United States, it showed that staff empowerment for active decision-making through involvement of nurses, support by organisation, valuing of employee strengths and contributions creates an optimal work environment (25).

Studies which were conducted in the LMICs, in a psychiatric hospital in China, it showed that failure to engage nurses in hospital affairs created dissatisfaction among nurses mostly leading to disengagement at work (28). In Kenya at a referral hospital, it revealed that nurses mostly had low morale due to management failure to involve nurses in hospital affairs (17). There has not been any study which was conducted in South relating to the nurse participation in hospital affairs, though many studies conducted on NWE have mentioned the importance of nurses'

involvement as of paramount importance to have positive patient outcomes and enables the nurses to have autonomy (10,21,29).

1.2.1.2 Nurse managers' ability, leadership, and support for nurses

The domain nurse manager ability, leadership and support for nurses, according to the PES-NWI reflects on the ability of the manager to support nurses in terms of decision-making, supervising and offering praise and recognition to nurses (3,7). According to some scholars, strong and visible nursing leadership was a prime factor in generating positive work environments and a culture of patients' safety, which could ultimately lead to increased nurse retention, job satisfaction and high quality of care (15)**.** Blake et at (5), revealed in their study that nursing leadership was important to nurses influencing their decision to stay in their current job. In a study conducted in a western hospital in Sweden (HIC) strong leadership and management provided security for nurses and is a precondition for the team to function satisfactorily (30). It further revealed that nurses found meaningfulness when managers made efforts to reduce the workload for nurses, considered varied tasks and individual schedules with clear leadership and cooperation (30).

In LMICs, studies conducted in Kenya and Ethiopia reported negative practice environments for nurses, with only the domain on nurse managers' ability, leadership and support scoring higher in Kenya (17).

In South Africa studies have shown the importance of nurse leadership for nurses for conducive work environments that are free from stress, burnout, increasing job satisfaction for nurses (10,21–23,29). In a study done by Khamisa (2017) (31), among South African nurses, there was revelations that poor staff management leads to stress and burnout. The study further revealed that managerial support was found to be lacking as nurses reported bullying by the managers (32). Therefore, nurse managers need to create strategies to produce work environments that allow nurses to practice according to professional nursing standards, hence increase job satisfaction and retention, and preventing burnout (21).

1.2.1.3 Foundations for quality nursing care

A further study examining the association of nursing work environments to patient satisfaction concluded that patients reported greater satisfaction and perceived increased quality of care in settings with a positive practice environment (33). The NWI associated the foundations for quality of care with preceptor programmes for new nurses, active in-service/continuous educational programs for nurses, working nurses who are clinically competent as well as patient allocation that fosters continuity of care (3). When nurses' job satisfaction is high, this is likely to result in reduced turnover and absenteeism, higher staff morale and productivity, the retention of nurses, and improved general performance of nurses (21).

A study done in the Netherlands (18), revealed that clinical competence, expertise, and experience through continuous investment in learning provided nurses with opportunities to offer evidenced-based interventions which are in alignment with policies thereby improving the quality of care to patients. Furthermore, prolonged hospital stays for patients and re-admissions have been associated with poor nurse work environments (34).

Time restraints were associated with medication errors and non-compliance with hygiene routines for infection control which are contributing factors to increased hospital stay for patients (35). Chebor 2014 (17), further showed that in Kenya, there was reduced quality of care to patients with decreased patient satisfaction and patient safety.

In another study done in mental health hospitals in Limpopo, poor physical conditions hindered the recovery process for the mental health care users as there was no provision of calmness prolonging the recovery process (23).

1.2.1.4 Appropriate and adequate staff, and resource adequacy

Other authors have found that hospitals with more positive environments in the form of highly educated nurses and good staffing gives satisfaction to the nurses and provides more favourable nurse outcomes (12). These authors further reported an association between positive practice environments and lower turnover and higher retention rates of nurses (12).

A study done in Chile in both private and public hospitals revealed that the nurse work environment (NWE), whereby there was high patient-nurse ratios increased workloads contributing to delayed discharge of patients and patients' risk of in-hospital deaths (36). A study done in South Korea, a HIC, showed that work environmental factors like insufficient staffing and resource inadequacy were strongly associated with nurses' outcomes like transitional shock of newly licensed nurses and nurses' stress (37). This was further eluded in a quasi-experiment done in a Dutch hospital which showed adequacy in staff provided safe care for patients in the hospital though it was not adequate to provide high quality care (38) .

In LMICs, a study conducted in Ethiopia reported that human and material resource adequacy scored slightly higher (20). Furthermore, in a study done in a Kenyan hospital identified staff inadequacy which defined to inappropriate nurse patient ratios increasing the workload for nurses. This did not affect only nurses but patient outcomes as there was delayed treatment of patient and medication errors associated to the heavy workloads. High workloads were identified in these hospitals which were related to staff shortages and this in turn caused medical errors which strongly impacted on patient safety and health (34,35) . Patient neglect was identified and associated with high workload (35).

In South Africa, Klopper et al (2012) reported favourable NPE except for elements on staffing and resource adequacy. A study done in South Africa revealed that NPE elements such as adequate staffing, reasonable workloads impacted positively on the quality of patient care delivered, and ultimately improved patient outcomes (21)**.**

1.2.1.5 Resource adequacy

Studies have indicated the importance of availability of material resources that usually is associated with the improved quality of care and job satisfaction (12). Furthermore, a study conducted in one of the municipalities in Ghana revealed the association of burnout in nurses and high turnover or the intent to leave the hospital setting was strongly associated with resource inadequacy, which resulted in staff burnout (19,39).Consistent with other findings, studies conducted in South Africa have shown resource inadequacy causes stress to nurses which impact negatively to the NPE contributing to the highest cause of burnout in nurses leading to job dissatisfaction and increasing the intention to leave the job (22,23,32).

1.2.1.6 Team collaboration and communication

A Swedish study further eludes this finding, showing that nurses get job satisfaction when they are acknowledged directly or indirectly by patients and peers, and when there is meaningful teamwork in their work environment (30). When nurses are involved and are part of a team, they experience togetherness which gives them the sense of responsibility for provision of care (30). A study conducted in Jordanian hospitals illustrated the strong association between team collaboration and communication with patient outcomes where there is increased patient safety enhancing quality of care (34).

LMICs like Ethiopia face similar challenges where unfavourable work environment such as poor communication and collaboration with physicians and lack of participation in hospital affairs demotivates nurses leading to failure in giving patient health education. This results in patients showing dissatisfaction through complaints on the quality of care rendered (20). In a study conducted in Kenya at a referral hospital, it further revealed that poor nurse work environments whereby there was poor relationships with physicians reduces staff morale (17).

In a study conducted by Pillay (32), across South Africa in both public and private hospitals, nurses were reported to be satisfied with relations with doctors and colleagues which is positive for NPE as team collaboration is a domain in the NWI. In a study done by Klopper, 2012, it was reported that positive practice environments increased the job satisfaction and reduced levels of burnout among critical care nurses (10).

1.2.1.7 Staff development

In a quasi- experiment done in a Dutch hospital revealed that training of nurses was imperative as it improved clinical competence translating to clinical autonomy for nurses(38). It has been further shown that advancement of knowledge gives nurses a sense of accomplishment and is considered as an indirect incentive to nurses(24,36). Furthermore, it has been noted that skills development gives nurses an opportunity to develop experience-based knowledge translating to person-centred care and patient safety(30).

Chebor revealed in a study done in a Kenyan hospital that nurses were denied professional development with training needs not met leading to low staff moral which in turn impacts

negatively on the patient outcomes (17). Furthermore, nurses in South African hospitals were reported to be dissatisfied with career opportunities both in the public and private sector as this reduced self-development and career advancement (32). Therefore, it has been shown that opportunities for staff growth are essential for staff retention(29).

1.2.1.8 Physical and psychological safety

Ose et al (40), in a study done in Norway illustrated the association of nurses' safety and health outcomes with work environments. Nurses tended to use sick leave due to illnesses which they acquired in the workplace. This is shown in the physical problems they tend to have like musculoskeletal problems, headaches due to stress and sleep deprivation due to night duty, with some having reduced immunity and acquiring infections due to exposure to some bacteria in the hospital settings (40). Another study further revealed that these health outcomes were mostly associated with the workplace environment stressors (41).

An interesting finding by Khamisa et al (22), in a study conducted in the Gauteng province revealed that personal stress in nurses is a predator of burnout thereby leading to job dissatisfaction. The negative NPE not only affects the nurses mentally and physically but also contributes to their social dysfunction (22). In another study in Limpopo province, conducted in psychiatric units, shortages of drugs in these facilities exposed nurses and other health care workers to violence by the mental healthcare users (23). In South Africa nurses are reported to be afraid due to security risks in the country (violence and crime) which extends to the workplace therefore physical safety is an issue (22,23).

1.2.2 Facilitators and barriers to nurse practice environment

In a systematic review done in the United States showed that nurse manager leadership is a facilitator to better patient satisfactory scores as it establishes health work environments hence maintains nurse workforce, determines the process of achieving nursing care excellence and promote quality patient care (25). Twigg, 2014 (12), identified the strategies that enhanced positive practice environments for nurses, and these were the five subscales of the PES-NWI (nurse participation in hospital affairs, nurse foundations of quality of care, nurse manager ability, leadership and support of nurses' staffing and resource adequacy and collegial nurse-

physician relationships). These were described as imperative to facilitate a PPE for nurses and were consistent with the findings in Dutch (18). A Swedish study further described that having reduced workload, varied tasks clear leadership and cooperation between nurses and other professionals enables a good work environment (30). These findings are consistent in the studies done both in HIC and LMIC as this was also reflective in a study in Kenya where availability of resource and nurse physician relationships were identified as key to positive nurse work environment (17) .

Like many other studies done globally, In South Africa it was identified that having nursing human resources, experienced and competent nurses and structural elements (physical layout of the hospital) and nurse manager leadership were reported to be contributors to a positive work environment for nurses (21). While in the same study, it was identified that use of agency to reduce staff shortages had a negative impact on the nurse practice environment with high risk of adverse events hence appropriate staffing was ideal for patient safety (21).

Kief, 2014 (18) (HIC), in their study identified nurse workload associated with administrative work as an inhibitor to positive environment as it affected the patient experiences negatively and it reduced the time nurses spent with the patient hence reduced quality of care. In another study done in a (LMIC) a hospital in Kenya, findings were that there were staff shortages, lack of workspace (due to high patient numbers) increasing the workloads for nurses this was a barrier to PPE as it affected the nurses and patient satisfaction outcomes (17). Another study done in an Emergency department in a Philippine government hospital further illustrated that nurses' obstacles like high workload due to staff shortages resulted in reduction in nurse-to-patient relationship related to time constraints (42). For instance, the link between negative practising conditions and employee stress is well established in existing literature, with burnout and stress negatively associated with poor attitudes towards work and poor performance (15).

1.2.3 Strategies to improve nurse practice environment

There are several strategies which have been adopted by some countries to improve the nurse practice environment. For instance, the Dutch health department initiated some strategies which incorporated the electronic health record to the nursing process to improve the patient outcomes and administrative work (38). This showed some improvement in communication between health professionals (38). Another strategy used was the development of multiple

career paths for nurses which was implemented to increase professional growth amongst nurses (38). This involved creation of positions for academically trained nurses hence salaries were aligned to the job profiles and responsibilities especially for Bachelor trained nurses (38). This strategy adopted by the Dutch teaching hospital attempted to close the remuneration gap by adequately paying nurses according to their level of training (38). Other studies further showed that enhancing professional development through better access to nurse specialised education strengthened collaboration thereby improving nurse work environment (38,43). Furthermore, studies done in hospitals in the Dutch and Florida also revealed that placing of nurse managers in the units improved their visibility to the staff and enabled them to provide clinical, professional, and organisational leadership as well as to assist with policies implemented to improve managerial support to nurses (38,44). Brunges & Foley-Brinza(44), further showed that the visibility of managers during the daily rounds did not only address the nursing problems promptly, but it also encouraged an open-door policy where nurses were able to open-up during their staff meetings, thereby improving nurses' involvement in hospital affairs. It has been noted that collaboration between frontline and nurse supervisors increases better system performance and outcomes through supervision (43,45).

The quasi experiment in the Dutch hospital, further introduced research and innovation through centralising research topics for MSc and PhD nursing students and staff personnel to encourage evidenced-based practice and learning to develop skills and clinical reasoning (38). This was done to promote role development and pride within nurses as well as skill and clinical reasoning (38). These strategies which showed some improvement with the nurses' perceptions of working with clinically competent colleagues (38). After the introduction of these strategies in this Dutch hospital, it was shown that there were improved collaborative nurse physician relationships, improved clinical autonomy within nurses, improved nurse manager support (38). The nurse manager support included provision of resources, facilitation of teamwork, and improved adequate staff and skill mix(38) . Improving staffing in terms of numbers was also shown to improve the nurse work environments (38,45). Another quasi experiment was reported by McGills in 2008, where a strategy was put in place to improve the resource availability on patient care in the units (42). Some other strategies employed and were reported to have had a positive effect on the nurse work environment were, where nurses were given opportunities to have control over nursing practice which entailed opportunities to have input on policy development and practice issues and this participatory role has some positive effects on the nurse work environments (38,43,45).

Schalk et al in their study systematically reviewed interventions that had been done to improve the NWE, and the data was collected from the studies that were done in (United states, Netherlands, Sweden, and Norway) (46) . In this study, improvements on nurse participation in hospital affairs led to improvements in their decision authority, teamwork clarity, workload, and professional development opportunities (46). The other implemented a strategy called nurse practice quality circles which consisted of a group of nurses who met weekly to identify problems, analysed causes and came up with solutions to be implemented (46). These group of nurses received training on data analysis and this intervention showed an improvement in the nurse work environment taxonomy characteristics (workload and innovation) (46). Furthermore, it was shown that introduction of an educational toolbox and clinical supervision improved nurses' autonomy, leadership as well as teamwork, professional development and participation in decision making (38,46).

In their study, Hall et al (42), depicts that having adequate number of experienced registered nurses (RNs) in the staff skill-mix increased the patients' experiences of the quality of care. Therefore, the strategy implemented drew a conclusion that when planning for human resources, nurses' work experience, education, work status (casual or permanent), and age should be considered as these are often reflected on their leadership roles which impacts on the nurse work environment. One study described a multidimensional policy approach to improve the nurse work environment in Europe, which includes four levels that is international, national, sectoral, and organisational (43). It describes the national policies which improves the work environment through the supply of the nurses. The policy was implemented in European countries where a system of nurse grading was done, with the profession gaining recognition, which graded the nurses higher and gave them a better status and improving benefits in public health facilities (43). In Belgium, a national policy approach was used through increasing staff and offering support to nurses as well as having improved information technology to reduce their administrative work (43). There was also introduction of bonuses for work done during after-hours and increased salaries for specialities (43). In the early 80s the United Kingdom developed the issue of magnet hospitals as a way of improving nurse work environments (43). The basic issues were improving the front-line supervisory ability, good relationships with physicians, staff development and quality management and hence these hospitals adopted these domains to retain staff and alleviate shortages (43). De Pietro et al (43), concludes that it is imperative to enforce policies as a strategy which will improve the nurse work environments.

One study identified bullying and unprofessional behaviour in the university of Florida hospital as an issue in the work environment, which was negatively affecting team collaborations, thus culture change was implemented to eradicate bullying where one-on-one conversations were done with staff who showed the elements of bullying (44). Furthermore, new staff member candidates were interviewed on positive attitudes and staff were also encouraged to speak up on bullying and educational programmes were implemented to bring awareness on workplace bullying (44). To eradicate the issues on training and education, the Florida hospital initiated a solution where the managers recruited nurses who were interested in education and were skilled enough to help with staff development (44).

There is limited literature on the strategies implemented in LMICs to improve the NPE. Likewise, South Africa has limited literature on the improvements of NPE that has been implemented thus far though the government has put some policies in place to try and improve the work environments. One of the strategies the government has tried to put in place was having the strategies drawn to improve the HRH shortages through continued education to improve nursing skills which is a contributing factor to the negative nurse work environments (1). The occupation specific dispensation program was implemented in 2008 to improve salaries as well as the bonus incentives which was linked to performance and quality care as well as to retain nurses and increase career development (1,32). This has been done through paying of overtime and rural allowances to try and retain the nurses and other healthcare professionals. In a systematic review done by Mabona et al (29), open and honest communication and support from managers to nurses and facilitation of teamwork to create improved healthy work environments for nurses.

1.3 Problem statement

In South Africa, like many LMICs, nurses are the largest proportion of health workers contributing 50% of all health care providers in the public health sector (1). The HRH is a challenge with nursing having a large workforce and its shortages is critical as it impacts negatively on the health work environment. It further has an impact on the nurses' work environment especially with the shortages at hand increasing workloads to the remaining staff and influencing the patient outcomes as well negatively. Other human resources for health (HRH) challenges includes an aging workforce, heavy workloads, inadequate staff, as well as

lack of equipment and medical supplies (47). These challenges further increase the strain on the already challenged workforce affecting the work environments where staff shortage has been noted as negative in NPE.

While acknowledging that the reasons for the human resource crisis are varied and complex, unhealthy work environments appear to be one of the key factors contributing to these challenges (4). Rispel and Bruce (48), noted that in South Africa, some of the elements that negatively affected the nursing practice environment includes nurses' engagement in agency work and moonlighting, which in turn contributes to sub-optimal nursing care, abuse of leave, and erosion of professionalism. Like many countries, the South African health system is nurse driven, suggesting that the human resource crisis in the health sector is most felt at the nursing level (21).

Considering the pivotal role that nurses play in ensuring patients' safety, quality of care and sustainability of health-care services, it is important to understand the extent to which the practice environment allows them to function more effectively and efficiently. Although the nurse work environment has long been established as an important, and modifiable, organisational trait that impacts on nurses' and patients' outcomes (33,49,50), the literature review presented above have clearly demonstrated that a large group of studies examining NPE have been done in HICs and have predominantly used quantitative methods. Most of these studies have also focused on professional nurses (9), neglecting the lower category of nurses. In South Africa, studies in this area have also been done in the private sector. Therefore, a qualitative study is required to explore nurses' perceptions of their practice environment in hospitals in the public and private sectors, hence the current study. This study will contribute to guiding efforts to improve the nurse practice environment in these settings, consequently improving nurses' job satisfaction, retention, and patients' quality of care.

1.4 Justification

While the importance of improvements in nursing practice environment is widely recognised as essential in international literature, there is still a dearth of research investigating nurses' practice environments in LMICs. The majority of existing studies have been done in high-income countries (HICs) and they are mostly quantitative (13). In South Africa, existing

research has exclusively focused on a single category of nurses and only done in the private sector (10,21). In respect of the country's goal towards health systems reform through the National Health Insurance (NHI), which aims to integrate the public and the private sectors to improve the health outcomes through universal health coverage, this qualitative study will therefore explore the practice environments of all categories of nurses in both public and private hospitals in Gauteng province. The study will provide policymakers and nurse managers with information that will inform the development of strategies to create healthy or positive work environments that may attract and retain nurses in their positions; thereby assuring provision of safe and high-quality patients' care. The study also aligns with the broader objectives of the South African HRH 2030 strategy which seeks to build a productive, motivated, and empowered health workforce with the focus on positive environment (1).

1.5 Study aims and objectives

The overall aim of the study is to explore and describe the nurses' perceptions of specific domains of their practice environment in a public and a private hospital in Gauteng province. The specific objectives are:

1. To explore and describe similarities and differences in the nurses' perceptions of specific domains of their practice environment in a public and a private hospital.

2. To explore and describe nurses' perceptions about the facilitators and barriers to positive practice environment in a public and a private hospital.

3. To identify strategies to improve nurses' practice environment in a public and a private hospital.

CHAPTER 2 METHODOLOGY

2.1 Introduction

In this chapter, the specific research methods which were used to achieve the aim and objectives are discussed. The chapter begins with the discussion of the study design used, followed by the description of the study setting. Thereafter, the study population, the sampling methods used to select the participants, and the data collection procedures are discussed. The chapter will conclude with the discussion of the data management, data analysis and ethical considerations.

2.2 Study design

An exploratory qualitative study design was used. This approach allowed for an in-depth understanding of the institutional and relational nuances that affect nurses practice environment. This qualitative design also provided insights into why certain elements of the NPE are considered critical than others.

2.3 Study setting

This study was conducted in one public and one private hospital in Gauteng province that were purposively selected based on the budgetary constraints and the geographical proximity to the researcher. The private hospital selected for this study was in the South-West region of Gauteng province, with a bed capacity of 263 and 34 specialities offered. In the public sector, a teaching hospital with almost similar characteristics as the private sector one was purposively selected in the same region. The public hospital selected had a bed capacity of 700 and 41 specialities offered.

The rationale for the selection of hospitals in a public and a private sector is that South Africa has a challenge of the dual health system, with the public sector serving approximately 80% of the population while it accounts for only 40% of the total health expenditure (32). On the contrary, the private sector, which is responsible for an estimated 20% of the population, consumes 60% of the health expenditure (32). As opposed to the public sector, the private sector is hardly burdened by deficiencies in infrastructure, and adequacy of staff and resources.

Therefore, this provides a good platform for investigating the nurse practice environment in both sectors.

2.4 Study population

All the categories of nurses at the selected public hospital (n= 927) and private hospital (n=205) were included in the study in Gauteng province. The statistics was obtained from the two hospitals through the human resources department on their current filled posts data base.

Table 1 Summary of the study population

Category of Nurses	Number of nurses (Private hospital)	Number of nurses (Public hospital)
Registered Nurses	106	349
Enrolled Nurses	43	323
Enrolled Nurse Auxilliary	56	255
Total	205	927

2.5 Study participants

To maximise variations within the sample, a multi-stage sampling strategy was used to select all cadres of nurses from a weekly duty roster. The strategy firstly involved a random selection of the different departments (Medical, Surgical, Intensive Care Unit (ICU) and Emergency, Theatre, Orthopaedic Unit, Gynaecology Unit and Maternity Unit). To allow for similarities and differences to be made between the sectors, similar departments were selected to participate in both hospitals. The three departments that were ultimately randomly selected to participate in the study in the two hospitals included the Medical, Surgical, and ICU.

Once departments were selected, a random selection of the different categories of nurses was done from each department (Table 2). Three nurses representing all cadres were selected per department, comprising of 18 nurses in total, 9 in the public and another 9 in the private sector.

Table 2 Summary of study participants

Category of Nurses	Number in Public	Number in Private
Professional Nurse	3	3
Enrolled Nurse/ Staff Nurse	3	3
Enrolled Nurse Auxiliary/ Assistant Nurse	3	3
Total	**9**	**9**

The eighteen nurses that were selected had worked permanently in the selected hospitals for at least 1 year and more. This allowed for in-depth information to be captured as they had experienced their work environments for a reasonable period, and thus had more understanding of their needs.

2.6 Data collection

Prior to data collection, the researcher made appointments with the chief executive officers (CEOs) and nurse managers from the selected hospitals to explain the purpose of the study. Data collection occurred from April to June 2023. Following the random selection of participants using the duty rooster, the researcher offered the participants the information sheet (Appendix 5) to read which provided more information about the objectives of the research. Using a semi-structured interview guide (Appendix 6), face-to-face in-depth interviews (IDIs) were conducted with the potential participants at their convenience and time and venue. The face-to-face interviews technique was chosen as it provided privacy and confidentiality, and it also gave room for the participants to express themselves freely. The IDIs explored the nurses' perceptions of the elements on the practice environment namely nurses' participation in hospital affairs, Nurse manager's ability, leadership, and support of nurses, foundations of quality of care, appropriate and adequate staff, resource adequacy, team collaboration and communication, staff development and physical and psychological safety measures. The questions from the guide were informed by the elements or domains in the Practice Environment Scale of the Nursing Work Index (PES-NWI) (13), to qualitatively explore these issues. The interviews were audio recorded after seeking permission from the participants which was obtained in writing (Appendix 7 & 8). The interviews were conducted in English and took ±1hour to complete. Because this study aimed to explore similarities and differences in the nurse practice environment between a public and a private hospital, data saturation was

not considered for this study. Instead, I determined to interview an equal number of nurses from the two hospitals.

2.7 Piloting

The interview guide was piloted with three nurses of all categories at a private hospital which was not part of the study to assess its feasibility and applicability. Pre-testing the guide allowed to refine the questions where necessary to elicit quality and rich responses from the participants. Only minor changes were made to increase clarity of questions.

2.8 Data management and quality assurance

Data recordings were stored electronically on the researcher's laptop and were secured with an encrypted password and saved on Google cloud as backup. For all IDIs transcripts, pseudo names were used to ensure privacy and confidentiality. Data will be stored for 2 years after publication and 6 years if not published before it is destroyed. Only the researcher and her supervisor had access to the transcripts. The signed consent forms were kept in a locked file and scanned and saved on the laptop for backup. To ensure quality assurance of transcripts, post transcription checks were conducted in which each transcript was read while listening to the audio-recording.

2.9 Ensuring rigor

Rigor was ensured by coding the 3 transcripts of each nurse category with my supervisor. followed by meetings to address coding discrepancies to enhance the consistency of the findings.

2.10 Data analysis

All interviews were transcribed verbatim onto Microsoft Word. Field notes were also taken to make first impressions of data through journaling. In doing so, the researcher was able to discover the unanticipated but consistent or contradictory findings. Transcripts were then uploaded to MAXQDA 2022 software for analysis. Thematic content analysis was used to

analyse the data, and to identify emerging themes and patterns in the data within and across different interviews by reading the transcripts line by line. Both inductive and deductive approaches were used. As themes emerged, a comprehensive codebook was compiled. Deductive codes were drawn from previous studies which have explored the nurses' practice environments and have come up with themes describing the environments. Deductive coding assisted the researcher to efficiently organise and categorise data according to the NPE domains explored in this study. The PES-NWI scale was also used as guide. Themes and definitions were shared with the supervisor to ensure reliability and consistency of codes.

2.11 Reflexibility and positionality

Due to the position the researcher held in the hospital as an educator and in a management position, the study was done in another private hospital to avoid bias and socially desirable responses from the participants. To maintain positionality, the researcher withheld all perceptions they have on the nurse work environment which they could have experienced prior to the position. The researcher explained to the participants that the information will only be used for its intended purposes and that it and will not be shared with other managers for any other purposes than that of improving the nurses' practice environments.

2.12. Ethical considerations

Permission to conduct the study was sought from the Wits Human Research Ethics Committee (HREC) (Medical) (#M220727) and the relevant hospital ethics committees. In the public sector, permission was sought from the relevant department representing the public hospital. In the private sector, ethical approval was sought from the relevant private hospital group.

Further permission was sought from the CEOs, nursing managers and ward managers at the selected hospitals. Prior to conducting the research, an information sheet with a brief explanation of the study was given to the participants to read. Informed consent to participate in the study and to be audio recorded was sought from the study participant prior to conducting the interviews. The study participants were made aware that participation in the study was voluntary and that their decision to refuse to partake in the study will be respected should they wish to do so. Those who chose to participate in the study were made aware that they had the

right to withdraw at any given time without any obligation to provide reasons why they no longer wanted to. To ensure anonymity and confidentiality, each recorded interview was allocated a unique code. Privacy was ensured through safe and confidential storage of data on the researcher's password protected laptop. Data was made accessible only to the researcher and supervisor.

CHAPTER 3 RESULTS

3.1 Introduction

In this chapter, the findings of the study are discussed starting with describing the characteristics of the participants. This is followed by the findings related to the aim and objectives of this study which are organised into four broad themes as follows: *Nurses' description of the characteristics of a positive and a negative practice environment; Nurses' perceptions of their current practice environment; Nurses' perceptions about facilitators and barriers to positive practice environment; and Nurses' recommendations on the strategies to improve their practice environment.*

The theme on nurses' perceptions of their current practice environment is further discussed according to eight sub-themes which includes: *Nurses' participation in hospital affairs; Managers' ability, leadership, and support for nurses; Foundations for quality nursing care; Appropriate and adequate staffing, resource adequacy; Team collaboration and Communication; staff development; physical and psychological safety.*

Table 3 Summary of study themes and sub-themes

Broad themes	Sub-themes

1. Nurses' description of the characteristics of a positive and negative practice environment	• Positive practice environment
	  ○ Mutual understanding amongst colleagues
	  ○ Supportive of each other
	  ○ Healthy teamwork spirit
	  ○ Common goal oriented
	  ○ Good communication
	  ○ Managerial support
	  ○ Provision of resources
	  ○ Availability of adequate staff
	  ○ Environmental cleanliness
	• Negative practice environment
	  ○ Lack of teamwork spirit
	  ▪ Resentment by colleagues
	  ▪ Bullying each other
	  ▪ Having people bad mouth others
	  ▪ Conflict amongst colleagues
	  ▪ Lack of communication

Broad themes	Sub-themes
	▪ Job dissatisfaction o Lack of resources o Limited rest times o Lack of managerial support o Favouritism by unit manager o Limited opportunities for staff growth o Lack of appreciation
2. Nurses' perceptions of their current practice environment	
Participation in hospital Affairs	• Nurses' involvement in decision making. o Nurses' involvement in staffing o Nurses' involvement in patients' feedback o Nurses' involvement in departmental rotation • Nurses' involvement in clinical policy development o Availability of champions • Nurses' representation in hospital committees o Infection prevention committee o Health and safety committees o Quality committee o Ambivalent views on nurses' involvement in quality assurance committees' • Lack of nurses' involvement in hospital affairs
Managers' ability and support for nurses	• Visibility of hospital management • Representation of nurses' concerns o Unsure of concerns representation o Provision of feedback o Nurses' inputs considered • Consultation of nurses on daily problems o Lack of nurse's consultation o Nurses' inputs disregarded • Nurse manager leadership style o Democratic leader o Manager disrespectful o Favouritism by unit manager • Reporting structures for nurses • Recognition and appreciation of nurses • Unit manager respectful towards staff
Foundations of quality nursing care	• Ensuring quality of care o Availability of dedicated staff o Ensuring induction and orientation of new staff o Availability of in-service training • Availability of emergency preparedness measures • Availability of resources

Broad themes	Sub-themes
	• Availability of continuity of patient care measures

Appropriate and adequate staff	• Human resource adequacy
	• Insufficient staff
	  ○ Managing workload
	  ○ Unreasonable workload

Resource Adequacy	• Availability of material resources
	• Resource inadequacy
	  ○ Poor maintenance of resources/ equipment
	  ○ Dealing with resource shortages
	  ▪ Borrowing
	  ▪ Improvising

Team collaboration and communication	• Healthy collegial relationships
	  ○ Mutual respect
	  ○ Healthy teamwork spirit
	• Unhealthy collegial relationships
	  ○ Poor communication
	  ○ Lack of support from doctors
	  ○ Insubordination amongst nurses

Staff development	• Opportunities for staff professional growth • Availability of opportunities for challenging situations • Lack of opportunities for professional growth

Physical and psychological safety	• Availability of physical safety measures
	• Availability of psychological safety measures
	• Unsafe environment
	  ○ Lack of physical safety
	  ○ Emotional and stressful environment
	  ○ Inability of nurses to raise concerns

3. Nurses' perceptions about the facilitators and barriers to positive practice environment	Facilitators • Opportunities for in-service training • Provision of resources • Provision of appropriate and adequate staff • Healthy collegial relationships • Supportive unit manager Barriers: • Lack of opportunities for professional growth • Heavy workloads due to insufficient staff • Lack of resources
4. Recommendations on the strategies to improve nurse practice environment	• Provision of adequate staffing • Provision of opportunities for professional growth • Provision of adequate resources • Improve manager skills • Managerial support

Broad themes	Sub-themes
	• Provision of more rest days • Good renumeration for nurses • Recognition of nurses

3.2 Characteristics of the study participants

In this study, 18 nurses of different categories comprising of six professional nurses, six enrolled nurses and six enrolled nurse auxiliary, from both private and public hospital were interviewed between April and June 2023 (Table 4). Five reported to have been employed for at least five years and thirteen had been employed for more than five years in the same hospital, of these all nine participants from the private hospital had worked for more than five years while in the public hospital only five nurses had worked for longer than five years in the hospital. Of the eighteen participants, eleven reported to have worked in the current departments for more than five years, with the longest having stayed for 15 years in the department. Of these the range in the private hospital was from 2 to 15 years while in the public hospital the range was from 1 year to 13 years in the same department. Of the length of service in the current position the public hospital had more nurses who had stayed the longest in the current position with six nurses having stayed for more than 10 years while in the private hospital only three nurses had been in the current position for more than 10 years. The range in the private hospital; was from 2 to 12 years while in the public hospital it was 5 to 27 years in current position. This information was obtained when participants were asked to state at the beginning of the interview how long they had worked at the hospital and at the current position and department.

Table 4 Characteristics of study participants

Study Participant	Department working in	Length of service in hospital	Length of service in department	Length of service in current position
Enrolled Nurse Auxiliary1 - private	Medical Ward	9years	9years	10years
Professional Nurse 2 - private	Medical Ward	5years	15years	9years
Professional Nurse 3 - private	Surgical Ward	5years	2years	2years
Enrolled Nurse Auxiliary 4 - private	Surgical Ward	14years	10years	10years
Enrolled Nurse 5- private	Surgical Ward	7years	5years	8years

Professional Nurse 6 - private	ICU Ward	7years	7years	7 years
Enrolled Nurse 7 - private	ICU Ward	7years	3 years	7 years
Enrolled Nurse 8 - private	Medical Ward	11years	3years	3years
Enrolled Nurse Auxiliary 9 - public	Surgical Ward	13years	13years	13years
Professional Nurse10 - public	ICU Ward	11years	4years	13years
Professional Nurse11 - public	Surgical Ward	2years	2years	5years
Enrolled Nurse12 - public	Surgical Ward	2years	2years	27years
Enrolled Nurse Auxiliary13 - public	Medical Ward	11years	11years	16years
Enrolled Nurse14 - public	Medical Ward	6years	7years	16years
Enrolled Nurse Auxiliary15 - private	ICU Ward	11years	9years	12years
Enrolled Nurse 17 - public	ICU Ward	8years	2years	13years
Professional Nurse 19 - public	Medical Ward	1year	1year	6years
Enrolled Nurse Auxiliary 15 - private	ICU Ward	6years	7years	12years

3.3 Nurses' description of the characteristics of a positive and a negative practice environment

When nurses were asked to describe what they perceived to be a positive practice environment, six subthemes emerged to explain these characteristics. These are discussed in more detail below.

3.3.1 Positive practice environment

Nurses believed that a positive practice environment is a conducive environment that is characterised by mutual understanding amongst colleagues who are supportive of each other and portray a healthy teamwork spirit. These views were mostly expressed by nurses from the private hospital. The nurses from both public and private hospitals in this study also indicated that a positive practice environment is one where nurses have a common goal. One nurse from the public sector added that a positive practice environment enables a multidisciplinary team to work well together and to share ideas regarding patient care. The following quotations illustrate these views:

> *Positive work environment is one where you work well with your colleagues and have mutual understanding and have one goal of the betterment of the patient.* (Enrolled nurse 8-private hospital).

It is positive when you can work together with the multidisciplinary [team], where you are able to share ideas about the patient care. (Enrolled nurse 12-public hospital).

Positive work environment is an environment that is conducive, that has people who are aiming for the same goal, who are looking at supporting each other to reach the same goal of providing complete health care to the patients. (Professional nurse 6-private-hospital).

I think it's where you can come to work and be free around the people you work with. [An environment where you] should be able to ask for help if you find that you need some assistance, you should be able to work with the patient, you shouldn't drag coming to work, you should be looking forward to it because you spend almost half our time at work so we should like coming here. (Professional nurse 16- private hospital).

Nurses from both the public and the private hospitals also expressed the importance of good communication as an aspect of a positive practice environment.

*When we are working because we are dealing with a couple of patients, then there must be communication between nurses, family, and doctors so that we can be able to help our patients properly. If there is no communication, I would say we won't do proper things because I wouldn't know where you ended and the way forward. (*Enrolled Nurse Auxiliary 13-public hospital).

[The] environment is good if there is good communication and teamwork. (Enrolled nurse 5- private hospital).

Some nurses further added that a positive practice environment is one where there is respect amongst nurses and their managers. Respect was described as the way nurses value each other and when the managers also show appreciation to nurses and listen to their concerns.

….A positive work environment is the place where there is respect among the staff members and amongst our bosses. (Professional nurse 2- private hospital).

It is when the nurses respect each other and communicate well to each other, and when managers respect us as nurses and listen to our problems. (Professional nurse 11- public hospital).

Managerial support was also mentioned by nurses from both public and private hospitals as an important characteristic of a positive practice environment.

A positive environment is whereby there is support from management to offer safe environment to work in and equipment to do my job. (Professional nurse 3- private hospital).

It is whereby there is teamwork and then where there is support from the management... (Professional nurse 19- public hospital).

Provision of resources in the form of human resources and equipment was echoed by most nurses as a characteristic of a positive practice environment. The equipment was not delineated to adequacy only but to its functionality within the workspace.

It is also when there is good/enough staff… (Enrolled nurse 12- public hospital).

When there is good suppliers, [by] suppliers I mean good working equipment and consumables like syringes that we use every day. It [the environment] should be conducive, it should have equipment that works, it should have enough staff to balance. (Professional nurse 10- public hospital)

You should be able to work with the patient, there must be equipment available, you should not drag coming to work because of unavailable resources. (Professional nurse 16- private hospital).

Although not a commonly mentioned theme, one nurse from the public hospital mentioned the physical aspect of the environment like cleanliness as a detrimental characteristic of a positive practice environment:

The environment should be clean, well humidified and there's good oxygenation and well ventilated. (Professional nurse 10- public hospital).

3.3.2 Negative practice environment

Similarly, when nurses were asked to describe what they perceived to be negative aspects of a practice environment, several subthemes emerged to explain these. Lack of team spirit came as one of the dominant themes that emerged, with participants expressing this as conflict, disagreements, lack of collegiality, bullying, gossiping, and poor communication amongst team members. However, this was reflected mostly by nurses working at the private hospital. The following responses reflect these views:

> *…negative work environment is when there is no teamwork, it's like you are on your own.* (Enrolled Nurse Auxuliary1-private hospital)

> *A negative work environment is where you find that colleagues' have conflict with each other, they are fighting with each other, gossiping. I think that [a negative practice] environment is always pushing someone to look for another job because why would I want to work with people that show me that they don't want me there.* (Professional nurse6-private hospital).

> *Where there is conflict, where there is no teamwork, where there is no support in what you are doing, when you do right things, and nobody recognises that.* (Professional nurse19-public hospital).

> *It is when we are not agreeing in the department, when people do things different, others doing that and others that. It's also about communication, when there is poor communication, and someone does not listen to you. (*Enrolled Nurse5-private hospital).

The lack of resources in the form of equipment was described by participants as another element of a negative work environment.

And then when there is no good equipment to use in the ward, it is a kind of a turn off [demotivating] because there is not enough equipment to use, so it's not a good environment to work in. (Enrolled Nurse Auxuliary1-private hospital).

A negative work environment is where there is never anything that you can really work with? Everything is always missing, staffing is bad. (Enrolled Nurse Auxuliary15-private hospital).

A negative environment is whereby you find that you don't have resources to use... (Professional nurse 18- public hospital).

In addition, nurses from both private and public described being deprived of rest times and heavy workload as negative factors in their practice environment and this included having no tea and lunch breaks. Participants found it demotivating to work long hours especially with lack of equipment.

It is when you are working the whole day none stop, being busy all day with sending patients to theatre and having to do a lot of work with no breaks, you find you take ten minutes to eat, and most of the times no tea times and lunch breaks because there is a lot of work to be done and it is very busy. (Enrolled Nurse Auxuliary9-public hospital).

Something like where there is toxicity and then you are over working and working long hours, and you don't have enough equipment and where you are not motivated. (Enrolled Nurse Auxuliary7-private hospital).

This MPH study also found that lack of managerial support, lack of appreciation and recognition, and favouritism by managers were additional elements of a negative practice environment. Nurses also noted that managers were often disrespectful and reprimanded them in front of the patients, which led to patients losing trust in the nurses' capabilities. The following quotations express these views from both public and private:

Our management is not treating us equal and fair, even the way they talk to us, if you have made a mistake, they just shout at us even in front of the patients without calling us in private, so the patients end up not trusting us. So, a negative environment is where you are not really being treated fairly by the management. (Enrolled Nurse14-public hospital).

…there is favouritism from the unit manager towards others and others are treated differently. (Professional nurse 6- private hospital)

Where there is no support in what you are doing, when you do right things, and nobody recognises that. You know they only look at the negative things you have done, but they don't look at the good things, sometimes I feel like the other things, the superior staff they don't listen to what the staff needs, and they are not supportive when it comes to the job that we do because the job that we do is not easy. (Professional nurse 19- public hospital).

*She [unit manager] looks down on some people and that make those people that she looks down on difficult to work with. (*Enrolled Nurse 8- private hospital).

Limited opportunities for staff growth were described by the participants as another characteristic of a negative work environment:

*It would be an environment where there is no growth where we are not willing to help each other to grow. (*Professional nurse 11- public hospital).

*You see I have been working for thirteen years like I have just said, I have a lot of experience but in one position. (*Enrolled Nurse Auxiliary 9-public hospital).

3.4 Nurses' perceptions of their current workplace environment

To understand nurses' perceptions of their current practice environment, eight domains were explored based on the literature. These includes *nurses' participation in hospital affairs*; *manager's ability, leadership, and support for nurses*; *foundations for quality nursing care*; *appropriate and adequate staffing*; *resource adequacy*; *team collaboration and communication*; *staff development*; and *physical and psychological safety*. Within these domains, dominant themes and sub-themes were identified and the findings in the subsequent sections will be discussed according to these broad domains.

3.4.1 Participation in hospital affairs

When asked about participation in hospital affairs, nurses had conflicting views on their involvement in decision making, clinical policy development, and their representation in hospital committees. Most nurses both in the private and public hospitals felt that they were

not involved in hospital affairs with a few who felt that they were involved. The subthemes that emerged will be discussed below.

3.4.1.1 Nurses' involvement in decision making, clinical policy development and participation in hospital committees

The respondents who felt that they were involved in decision making were mostly professional nurses in the private sector and their involvement was mostly on staffing issues whereby they were able to give their views when they were shift leading [supervising] on that day.

> *…They do give us opportunities in a way like right now I am shift leading and I see there is shortage of staff, I do have a say, to say may I please have more staff, and if the situation allows, I do get more staff and that in a sense shows that I have a say in what happens in the ward which also affects the hospital*. (Professional nurse 3- private hospital).

One junior nurse from the private hospital also felt that she was involved in decisions pertaining to departmental rotation. This was evident in the below statement:

> *…… if they want me to change the units, they won't just let me change the unit without consulting me.* (Enrolled Nurse Auxuliary1-private hospital).

There were also mixed perceptions amongst nurses of all categories in both the public and the private hospitals with regards to their involvement in clinical policy development in their hospitals. While some indicated that there was lack of involvement, others expressed that they were involved by virtue of being committee members in their hospitals. The hospital committees that nurses were mostly involved in include Infection Prevention and Control, Health and Safety, and Quality Assurance.

*They do involve us especially on the infection policy and the equipment champion, so you as a group of infection champion, are the ones who sometimes do those policies, and the infection controls champions have a say on how things should go like but on others if you attend the meetings or whatever it's where you come and tell others about the policy. (*Enrolled Nurse17-public hospital).

*Currently the infection control does involve nurses, because from each ward they get to have representatives and if there is anything that arises in the ward, they would always communicate it and then communicate it back to us. So, the infection control does involve nurses. (*Professional nurse 11- public hospital*).*

*Let's say in Infection [Control Committee] we do have one nurse who represent the whole ward, they do involve nurses, and that nurse will come and give us handover from whatever meeting they attended. (*Enrolled Nurse Auxuliary1-private hospital).

*We don't participate in committees, it's only the management that participate that is nurses in management position not the nurses on the floor. (*Enrolled Nurse8- private hospital).

3.4.1.2 Consultation with nurses on their daily challenges

When asked if they were consulted by the management regarding their daily challenges, most of the nurses from both the public and private hospitals indicated that their managers mostly consulted them on issues related to the duty rosters and absence from work due to leave. The following quotes reflect these views:

*Yes, we have a request book where we write and tell her [nurse manager] in advance like now if I want to go on leave next week, you tell her and she does take it, and if I have a problem and have to go on emergency leave, she will call us, ask someone maybe to work for you that week when you are not available. (*Enrolled Nurse Auxuliary9-public hospital).

*Everything she [nurse manager] does, she consults us, she is really an open book, she does meetings with us, she is really an approachable person. (*Enrolled Nurse5- private hospital).

However, one nurse felt that although nurses were consulted, this was futile because the unit manager always had the final words:

*She does consult us, but I feel it is always useless as she always has the final say, like you are asked about the off duties you want but mostly when they come out, you find that you have not been granted what you requested. (*Professional nurse 19-private hospital).

3.4.1.3 Lack of nurses' involvement in hospital affairs

The majority of the respondents from both public and private hospitals expressed that there was lack of nurses' involvement in the decisions affecting the running of the hospital. They felt that in most instances, decisions were imposed on them. In addition, some nurses indicated that even when they voice their concerns, no action was taken by the management to address their concerns. This was illustrated by the quotes below:

> *We are not involved at all, the management is mostly worried about cost effectiveness and saving so they don't involve us at all, only what they do is to give us what they have decided themselves*. (Enrolled Nurse7-private hospital).

> *They never get to ask nurses on anything, there is very minimal meetings that they call the nurses to give input on whatever they decide to do in the hospital.* (Enrolled Nurse Auxiliary15-private hospital).

> *I wouldn't say we have that much opportunity here to say or voice our things because even if you do so, nothing changes, it's like we are running in circles doing the same thing. You raise your voice and say this is not right but at the end of the day nothing changes so the management are the ones that takes decisions and then it ends there so I wouldn't say we are given much. (*Enrolled Nurse Auxiliary 13-public hospital).

> *I think it is always for the higher authority to make decisions but there is always some meetings and grievance meetings where we are asked if we have any problems, but you find its just talk, and they will spot you and Nurses will never speak because of that. (*Enrolled Nurse 12-public hospital).

Furthermore, nurses of all categories were of the view that the nurse managers were the ones involved in the decisions of the hospital instead of frontline nurses. These views were expressed by nurses both from the private and public hospitals:

> *With decisions that affect the running of the hospital, it's unfortunate because it's very rare that top managers call nurses when they want to make changes, they don't but I think they do involve the nurse managers who I think are our spokesperson.*

*Unfortunately, we are not called as individuals to sit in those meetings and say what we like and what we don't like. (*Professional nurse 6- private hospital).

In most cases with us in public hospitals, decisions are made by the heads of the department managers, and they just give us solutions with what they have decided, most of the time they don't discuss with us even sometimes maybe ignoring it can be once or twice in a year where we have general meeting but most of our inputs, they don't consider them. (Professional nurse 10- public hospital).

They just write a policy and say this is how you should work. Okay fine, I know our managers are there but sometimes you feel like if they called you as the juniors to know what is really happening so most of the times its managers that are deciding on what things *to work on and it's rare for them to say they want your input, they just tell you that there is a policy that you should follow.* (Professional nurse 18- public hospital).

Additionally, some nurses from both public and private hospitals reported that nurses were also neither involved in clinical policy development nor offered opportunities to participate in existing hospital committees. According to one nurse, nurses were included on paper in certain committees, yet they were hardly actively involved. This nurse further mentioned that it is challenging for nurses to participate in hospital committees due to staff shortages:

*We have members mostly on paper for the committees but mostly not involved. Mostly there is a shortage of staff then we don't get to be involved as staff in most of those meetings. (*Professional nurse 10- public hospital).

*I don't think nurses are involved in clinical policies because when you look at how things are being improved in the unit, things just improve, you just see a new policy and you don't know who sat in that meeting, the standards and procedures change so often but we just get a document which says that this procedure has changed but we don't know who sat in that meeting, and we don't know how they came up with that decision and why they discontinued some of the things but I assume because of the researches going around same as you are doing research other people in other hospitals do research but we don't get involved, but I guess if it's a positive thing it's good to be changed even if not involved. (*Professional Nurse 6-private hospital).

3.4.2 Manager's ability, leadership, and support for nurses

When the respondents were asked about the managerial support, they expressed their views under the following subthemes: *visibility of hospital management*; *representation of nurses' concerns*; *nurse manager leadership style*; *recognition and appreciation of nurses* by *managers.*

3.4.2.1 Visibility of hospital management

Respondents were asked about the visibility of the hospital management in the hospital departments. In this study, management was inclusive of the hospital chief executive officers (CEOs)/ Hospital managers, nurse managers, matrons, and ward managers. Nurses at the public as demonstrated by the quote below, reflected that the CEO was not visible in the departments while a nurse in private expressed that the hospital manager was more visible than the matrons in the departments.

> *As for the CEO we rarely see them, and I don't even know him myself.* (Professional nurse 19-public hospital).

> *Honestly speaking we see our hospital manager he comes to check up on us, but our matrons they don't come to check on us, they just come if there is a complaint or a problem in the ward. So, we always know if you see the Matrons there's a problem, they don't come to say guys thank you for yesterday you were understaffed but worked*. (Professional nurse 2-private hospital).

The majority of nurses of all categories from both the public and private hospitals were of the notion that their matrons were visible in the departments since they mostly did rounds on daily basis. In addition, the matrons were considered to be accessible to staff. In the private sector however, one professional nurse was of the view that the matrons were only visible to day-shift staff and not necessarily to night-duty staff:

> *They are always visible especially the matrons and they are always in the ward to see if things are running smoothly and to assist where they can if there are challenges, they are always visible. (*Enrolled Nurse Auxiliary 13-public hospital).

*They are visible, our matron comes and does random rounds, and she has got an open-door policy if you need to speak to her, you can just make an appointment or call her. (*Professional nurse 11-public hospital*).*

*They are not the same, but then the management here in the hospital are visible and they are always there every day, especially our matron she does her rounds. When I'm saying every day I mean it, in the morning she is always there. (*Enrolled Nurse 17-public hospital).

We do see them (matron) walking around and we do go to their offices if there is something you need to talk to them about. (Enrolled Nurse Auxuliary4-private hospital).

Yes, they are visible, they do come sometimes but unfortunately for people who are working night duty it's not always, but on people who are on day duty, they do rounds and do come, greet nurses, and go and we really do see them. (Professional nurse 6-private hospital*).*

While it is encouraging that the matrons were considered to be visible in the wards, some nurses from both public and private hospitals were of the view that their visibility was not necessarily to support the nursing staff, but rather they were more concerned with the patients:

Matron, yes, we see her almost on daily basis as she does the patients' rounds but to say they are coming for us as nurses would be lying, they are coming for the patients. (Professional nurse19-public hospital).

I feel like they are more available to the client than the nurses. (Professional nurse 16-private hospital*).*

Other nurses in the private hospital further mentioned that the matrons were not consistently visible in the wards, instead they were only available as and when they were needed such as when there were problems in the wards, when they were supposed to give feedback to the nurses, or when they were preparing for the audits and inspections.

What can I say about that you know if there is something like a complaint or something that is important, they do come and address it or if there is a compliment that is raised about our Unit. (Enrolled Nurse Auxiliary 1-private hospital).

*The only time that you see them, is when there's a problem and when they have to be in the wards to come and check some stuff, you know, to check if the place is up to date when there are inspections and things like that especially towards audits, otherwise they're not visible. (*Enrolled Nurse Auxiliary 15-private hospital)

Encouragingly, almost all the nurses in both public and private hospitals concurred that they had clear reporting structures which was evidenced through the availability of the organogram and was mostly hierarchal. This was illustrated in the quotes below:

*We have an organogram, like in the ward the junior staff which are ENs and ENAs report to the RN who is shift leading that day who will then report any challenges to the operational manager. The operational manager then reports to the matron. That is quite clear on our communication lines and like I said mostly that will be to deal with patient issues. (*Professional nurse18-public hospital).

Yes, we have, if you have a problem with a patient or colleague, you start with the shift leader, and during the week, you can also go to the unit manager and she will try and solve and if they can't, they then escalate to the management. (Enrolled Nurse8- private hospital).

3.4.2.2 Representation of nurses' concerns

When asked if the unit manager represented nurses' concerns to the management, respondents had contradictory views, with some believing that their concerns were discussed with management while others were of the view that they were not. For those that believed that their concerns were discussed with management, they indicated that they got feedback from their managers, and this view was echoed by the majority of the participants both in the private and public hospitals. However, those that felt that their concerns were not escalated to the management indicated that the issues that they raised kept on surfacing:

*We have daily staffing (where departments are allocated staff daily) here, which is done by the management for the whole hospital so when we complain that they took our staff to other wards, our manager will take our concerns up (to the matrons), and they give us our staff back. (*Enrolled Nurse Auxuliary15-private hospital).

She [unit manage] always comes back and tell us that this is what I did, and we are waiting for feedback from this person and if the relevant [person] gives feedback, she always comes back [to give us the feedback] (Professional nurse11-public hospital*).*

*Sometimes if you complain about something, that problem will always be coming up, so you wonder if she escalates the problem because if the problem is always there then it means that the problem is not being looked at. (*Professional nurse 2 -private hospital).

3.4.2.3 Operational nurse manager leadership style

Nurses in this study had divergent views regarding the leadership style of their operational managers. For instance, while some described their managers as autocratic, others felt that their managers exercised a more democratic leadership style. The nurses also acknowledged that just like any relationship, there are times when they would agree with their managers and times when there is a disagreement. According to the nurses, in these circumstances, autocratic managers appear to be less open to others' views while the democratic managers seemed to have the ability to deal with these circumstances. These views came across from nurses working in both the public and private sector regarding their operational managers (unit managers):

*Okay I would say she is a democratic leader like I said she involves us in anything she does and if we have a suggestion, she puts it into consideration and then we sit and vote and get an agreement on how that will be done. (*Professional nurse 6 -private hospital*).*

I can say she is democratic; I don't have a problem with her it's just that not everything she will say we will agree with it but not to say she is on the wrong side so there are some things that she says we might not agree to it but when you check it you will see that's it's what is supposed to be done. (Professional nurse18-public hospital).

*She is basically a leader who tells you that it's either my way or the highway, she is an autocratic leader because basically she tells us what to do. (*Professional nurse16-private hospital*).*

One nurse from the public hospital added that she considers her manager as a role model because she admires the manner in which she manages staff.

For myself I can say she is also my role model, I like the way she is managing things, I don't want to lie to you I feel like she is a role model to me, so I don't know about others since I am answering for my side, because I feel like she has been fair to most of my things. (Professional nurse18-public hospital).

Similarly, the participants expressed opposing views with regards to the fairness of their managers. While few respondents expressed that their managers were treating them fairly, the majority of them viewed their managers as unfair by treating the nurses' unequal. For those that perceived their managers to be fair, they noted that this was displayed by their lack of favouritism when dealing with leave days, staff, and patients' allocation.

*I think she is a good person; she is not oppressive if I may say, she is not biased, she tries to treat us all fairly. (*Professional nurse 19-public hospital).

Okay like when you request leave on the off duties, she does not say I will grant this one because she is a senior and even on the patient allocation, she does it fairly and rotates everyone, she does not give preferences to anyone. She treats everyone the same because we have different people here, Vendas, foreigners etc. but she does not look at that. (Enrolled Nurse 7-private hospital).

*She does treat us the same because we all get two weekends a month and for the leave like I said she looks at the calendar, so it must balance you can't expect both the RNs to go on leave on the same day because she favours this one, it all depends, but she is honestly fair. (*Professional nurse 11-public hospital).

The majority of those who viewed the managers as unfair were nurses of all categories from the public hospital. However, few nurses from the private hospital expressed this view and one

nurse added that the way the manager treats staff was depended on whether they were afraid of such staff members or not.

> *There will always be number one, there is no fairness about that. There are always people who are closer to her, so we are not equal. I feel that she has favouritism, I would say if you requested something she might come and tell you that you can't request now but if somebody comes and request there is no questions asked, those people can just get whatever they want. But when you go there, there are a lot of questions. (*Enrolled Nurse Auxiliary 13- public hospital*).*

> *I feel like when the delegation* [*daily allocation of duties*] *has been done by one of their favourites and you go to her to complain on something that has not been done right, she will not do anything but just say let's just work but if it concerns her favorites, she will try something towards that.* (Professional nurse 10-public hospital).

> *There is a situation like someone will call sick and get it and [the manager would] just say you will tell me when you are better. But when another person calls in sick, then it becomes a big thing. They will be asked questions like how you are sick and who is going to work, there are those people who will ask and get it and those who will be questioned. (*Professional nurse 3 private hospital).

> *I have a perception that she's afraid of some people, some people can do things, and nothing will happen about it and when you do the same thing, then it will be a whole big story. So, I think maybe she can improve on that. She's afraid of some people. (*Enrolled Nurse Auxiliary 15- private hospital).

In addition, several nurses also expressed that their managers were disrespectful, unprofessional, and would reprimand them in front of the patients; consequently, this may lead to patients not trusting the nurses. These views were expressed mostly by nurses from the public hospital:

> *Her tone is not good…. The voice is loud even in front of the patients, she just says anything even if patients are there, when we take the report, her manner of approach is not good. (*Enrolled Nurse 12- public hospital*).*

She gives us hard time in the unit, I am enjoying working as a nurse but when it comes to management (Unit manager), it's not good. We are always shouted at, and they always want to make us feel that they are on top. If you have made a mistake, they just shout at us even in front of the patients without calling us in private, so the patients end up not trusting us. Sometimes even the patients get to ask us why your manager is talking like that. She is unprofessional. (Enrolled Nurse 14- public hospital).

*Respect depends on an individual; it depends on the situation and the person she is dealing with. Some people she can talk to without changing or raising her voice but to some, it's because of the attitude for those people. (*Professional nurse 19-public hospital).

In contrast, junior nurses from the private hospital expressed that they felt respected by their managers who were polite, professional, and had good communication skills.

*He does really respect the staff because like let's say someone did something wrong in the ward, you will never hear him shouting so that everyone can hear that, whatever that happened about me it will obviously remain confidential between me and him. He will call me politely and say okay there is one, two about you, but then it won't be like all over the hospital or all over the ward whereby people will be looking at you because of what happened just because you were just shouted at. (*Enrolled Nurse Auxiliary 1-private hospital).

*It's the way she addresses and speaks to us, you can see that she respects us, even from the cleaners to nursing staff and even to the patients, she is humble and treat everyone the same way. (*Enrolled Nurse 7-private hospital).

3.4.2.4 Recognition and appreciation of nurses by managers

When nurses were asked whether they felt recognised and appreciated by management, they expressed differing views. Some nurses felt that they were recognised, and this was mostly evident among nurses working in the private hospital, while others, especially those working in the public hospital felt that there was lack of appreciation of nurses. For those nurses in the private sector who felt appreciated, they indicated that this was demonstrated through

recognition of long service, receiving a small gift or an award, and getting praise for a job well done as illustrated by the quotations below:

> *That is real. I know that mostly happens when they do like the 5 or the 10 years acknowledgement for the long service in the hospital…* (Enrolled Nurse8- private).

> *She does recognise what we do, not only her, in the unit when you have done an outstanding work, you get a gift, a lunch bar, a voucher and the hospital do the same. We have comments cards that the patients sign on discharge and if patients have commented about you, anything outstanding, if management gets to hear about it, you get an award during the award day so there is really recognition. (*Professional nurse 6 private hospital*).*

With regards to those nurses who felt that they were not appreciated by their management, they expressed that this was displayed mostly by lack of praise for a job well done. Some nurses mentioned that management mostly focused on mistakes made by the nurses while ignoring some of the challenging circumstances that the nurses work under such as staff shortages:

> *We don't get much praise as we should, sometimes you will get the praise because you have mentioned it but wow, we don't get much of praise at all both from our manager and the hospital manager just a thank you, we really don't get much of a simple thank you. (*Professional nurse 3- private hospital*).*

> *They only talk about the complaints, they dig for the mistakes, they don't appreciate. Even when they see that maybe over the weekend, we were short staffed, just four nurses with a full ward, they will not appreciate instead will dig for something. (*Enrolled Nurse14- public hospital).

> *I have never seen it, even though they see that we are working hard, but for them to say good work no, I think sometimes when she is about to knock off and does her rounds, she will just check on what has not been done, is the equipment well and the environment of the patient, and everything is done. If she sees that everything is done then it's okay, but I have never heard her say that I did a good job. (*Enrolled Nurs17- public hospital).

3.4.3 Foundations for quality nursing care

The participants were asked about how quality of care was ensured in their hospitals and their responses have been grouped into different sub-themes namely: *availability of induction and orientation programmes*; *opportunities for in-service training*; *adherence to clinical guidelines*; *availability of emergency preparedness measures*; *availability of continuity of patient care measures*, and *supervision rounds*. These will be discussed in detail below.

3.4.3.1 Availability of induction and orientation programmes

According to most respondents from both sectors, quality of care was ensured by having induction and orientation programmes in place at the hospitals that participated in the study.

> *It is a micro and macro-orientation that is done during the first week, the whole week you are shown around and explained to you what happens in the hospital and also what is happening in the ward, because when you go to the new place you don't know what's happening, but you know what you are supposed to do in terms of your job. You are shown what is specifically done in that unit. The last three days you work while still on orientation so that you get used to the things around. (*Professional nurse10- public hospital).

> *We do have the hospital one (orientation), it is quite long and takes a week. You come in and meet the HR people and they will take you to meet the management and show you the hospital and how things should be done, it is mostly the policies and the procedures discussed. (*Professional nurse 2- private hospital).

3.4.3.2 Opportunities for in-service training

In addition, most participants both from private and public mentioned that there were opportunities for in-service training within the units and in the hospital in general though nurses felt that it is sometimes compromised by the shortage of staff hence they do not always attend.

> *She organises in-service training for the equipment so that we follow the nursing care guidelines of the country as nursing care is dynamic and changes all the time, she sends*

people for short courses and does in-services [training]. (Enrolled Nurse8- private hospital).

*Yes, we do in-service training there are always in-service training in room 2 where they teach different things. The only challenge is that sometimes in the unit there won't be anybody who will be able to go for training due to shortage of staff, but the trainings are there. (*Enrolled Nurse Auxiliary13- public hospital*).*

3.4.3.3 Adherence to clinical guidelines

Participants, when asked about how the managers ensured that they follow clinical guidelines for priority diseases, they mentioned that this was done through supervision of nurses, conducting of daily patient care round, ensuring availability of PPE, ensuring cleanliness of equipment, adherence to waste management, availability of protocols, and availability of dedicated staff to conduct IPC. Participants were quoted as below:

*During the rounds, she [nurse manager] checks that we are doing the right thing, then she makes sure that the infection champions do the round, in this case it's me, and I check if there are gloves, aprons in the cubicles, if there are precaution measures to be taken. And make sure that the equipment is clean and that doctors are throwing the gloves in the right places. (*Enrolled Nurse12- public hospital).

We place posters for whatever we have isolated for example we have posters for contact, airborne, droplet infections, which tells us what we should do and what PPE to put on. She [nurse manager] makes sure that we also teach the relatives coming to visit. (Enrolled Nurse14- public hospital).

Like now we found that there is a patient who is covid positive in the ward so he made sure that the patient gets another bed in another ward where they can be isolated, so he does help us with that. Even when we have a patient who has got a wound and gets septic, we don't mix septic wounds with fresh ones, so he helps to move the patient for isolation. *(*Professional nurse 3-private hospital).

There's a person that does that, that is selected to check IPCs stuff. She [IPC champion] does rounds, like, every day, go around to the patients and she will check all those things that need to be in place next to an isolated patient, like the isolation boards. (Enrolled Nurse Auxiliary15- private hospital).

3.4.3.4 Availability of emergency preparedness measures

Another element that the respondents from both sectors mentioned as contributing towards ensuring quality included the availability of emergency preparedness measures such as conducting daily environment checks and daily delegation of disaster management teams. The participants had the following to say:

We usually prepare for the patient before they come. They usually call before we admit the patient from the emergency department and then we prepare for that patient in the high care cubicle, and the manager also ensures that every day we check the oxygen points and the suction points whether they are functioning and that they are connected and ready. We communicate those things that are not functioning in the communication book so that they are attended to. We also check the emergency trolley every day. (Enrolled Nurse12- public).

It is usually by delegation. During delegation we do disaster management and during delegation you know what is supposed to happen and know that we are covered in case of an emergency. In case of fire or resuscitation, we do delegation for that. (Professional nurse10-public).

We start with emergency checks that is our emergency trolley then continue with routine, also allocates people for emergency. (Enrolled Nurse5- private hospital).

3.4.3.5 Implementation of continuity of patient care measures

Participants when asked on continuity of patient care measures expressed how the *availability of patient allocation, availability of staff scheduling*, and *availability of skill mix* assisted in the units. The patients' daily allocation was such that patients had a nurse looking after them, hence there was rotation of nurses nearly on daily basis so that each patient was well looked after

without others experiencing better care than the other. The duty allocation seemed to differ as nurses in private seemed to complete a shift of three to four days without changing the patients which gave them a chance to bond with patients and give them total patient care. While in public they had no chance to bond with one patient as the allocation was on a daily rotational basis. Majority of nurses from both sectors viewed duty scheduling as a good measure as the off duties allowed them time to rest and this was done in a way that patients always were cared for as there will be other nurses on duty. When nurses described the skill mix, they viewed it as a measure that ensured that they had shared responsibilities according to their scope of practice, as each nurse working according to their rank/category. This was evidenced in these quotes:

> *With patient allocation we are changed daily here, let's say I am on shift for three or four consecutive days, I nurse the patients maybe from room one to the middle of the ward and the other RN will be on the other side, then we rotate the following day… As for the skill mix, we always have all categories on shift, and we work according to your scope of practice so there is always continuity of care as we are always balanced.* (Professional Nurse19-public hospital).

…. The shift scheduling is fine. It gives you time to relax to rest, it gives you time to rest because you work like two days, you get two days off, then you work three days so it's ample time for you to rest, …..If you are rested, you can give the patient more attention and when you are resting the off duties allow that there are some nurses on duty. (Enrolled Nurse Auxuliary15-private hospital).

*It does allow for continuity of care if we have got enough staff for the allocated patients. The daily allocation we do on the first day of shift and that person will continue with those patients for the remainder of the shift so that you know the patient and create a bond with them and that also allows for the patient to bond with that person and continuation of care happens. It allows for the continuity of care as I know the patients and their needs. (*Professional nurse 2 private hospital).

We have got assistance nurses, they have things that they do, they do feed, turnings, and care like bathing of patients and we have staff nurse that do Dr's rounds and wound care dressings, like staff nurses and RNs almost do the same things, it's like we share those responsibilities among each other, we have got that various skill mix. (Professional nurse 3 private hospital).

3.4.4 Appropriate and adequate staffing

When the participants were asked about the appropriateness and adequacy of staff in managing their workload, three subthemes emerged. These are discussed in more detail below.

3.4.4.1 Inadequate human resources

The majority of the nurses both in the private and public hospitals expressed that they had insufficient staff. One nurse from the private hospital was of the view that the COVID-19 pandemic exacerbated these shortages. Other nurses noted that staff shortages contributed to work overload and thus nurses working overtime and failing to offer appropriate nursing care to patients.

> *The shortage is too much even now, we have people who are doing overtimes, we no longer have the contracts, they were stopped. We are really short now. (*Enrolled Nurse Auxuliary9-public hospital).

> *Critical, after covid there was a huge difference of the covid routine and all those things made nurses leave and really caused a shortage of nurses in the hospital, actually makes nurses to overwork when you are on duty. (*Enrolled Nurse8- private hospital).

> *The shortage in this unit is a bit much as it is a big department. We have very few staff, and this always leads to people always here doing overtime. They always beg people to come and work and it's a daily thing just because of shortage. (*Enrolled Nurse7- private hospital).

> *We are a surgical ward, so patients are bedridden because of wounds so we are short staffed because sometimes we fail to turn the patient because we are few and medications are not given on time. (*Enrolled Nurse8- private hospital).

The nurses in the private sector also mentioned that they had adequate support staff. However, in the public sector, some nurses stated that there was inadequate support staff in their hospital; resulting in nurses' being obliged to perform non-nursing duties.

*We have those one [support staff] in place, like we have porters, hostesses and cleaners but when the patient is critical you find you must take the patient to Xray. (*Enrolled Nurse8- private).

*We have shortages as we transport patients to X-ray as they tell us that the porters are not available. This is always too much for us nurses as when you come back maybe from X-ray or theatre, you still need to perform your duties as no one has done it. (*Enrolled Nurse14- public hospital).

3.4.4.2 Heavy workload

Regarding the workload, some nurses mostly from the public were of the view that they had unreasonable workload as they did the responsibilities which were not in their scope of practice and extra duties for the support staff due to unavailability of support staff. Some professional nurses perceived putting the IVI drips as being beyond their scope of practice even though they are expected to do it in the absence of a medical doctor or in the event of an emergency. These were expressed by all categories of nurses in the public hospital:

Work responsibilities are not quite okay as we get to do the doctors' work like putting of IVI drips which is not in our scope of practice, but we do that daily. As you become everything and get overloaded with work, as an RN you run the shift at the same time you do patient care, and you find that you are not always coping because of the work pressure. (Professional nurse19-public).

My duties as a staff nurse here is too much, as I work as an auxiliary nurse, staff nurse and RN as well as like a doctor again as the doctor will come in the morning and prescribe the IVI medications and don't put up the drip, you call them, and they don't come, and you end up dripping the patient (inserting an IVI line). If the ENA is not available, you find you must do the vital signs and change the patient. (Enrolled Nurse14-public hospital).

As nurses, we end up doing almost everything because you find that we don't have potters and the patient has to go somewhere and we Nurses have to see to it that the patient goes for x-ray or to the clinic for appointment they are supposed to go to and

*then sometimes you find that the cleaning department is short staffed and you can see that something is not right and you can't just sit and wait for whoever to come. Some of the things we do them by ourselves, I don't think we have enough support. (*Enrolled Nurse Auxiliary13- public hospital).

*Workload. I work according to the scope of practice, so it makes the workload easier. (*Enrolled Nurse8- private).

One nurse from the public hospital was of the view that failure of the manager to pre-plan and do off duties according to the nurses' request caused absenteeism leading to staff insufficiency and workload to the remaining nurses on duty:

*But absenteeism I think she is not managing well; I think they need to fix the off duties. Like I said earlier that if I want my shift, they do not give me, so obviously I will end up not coming to work, so I think they still need to manage on absenteeism. (*Enrolled Nurse17- public hospital).

3.4.4.3 Managing workload

In this section, the respondents from both sectors expressed that they found their workload to be reasonable when there was the following in place: *adequate staffing; when they were working under their scope of practice, when there is preplanning and availability of support staff (cleaners, porters and hostess)*. Nurses also expressed that the fact that they can escalate patient issues made their workload reasonable. This is how the nurses expressed themselves with how they were managing their workload:

I would say the workload is reasonable the day we have adequate staff on duty but becomes unbearable the day we are short staffed. As for the responsibilities [as a nurse], I would say they are okay as you work according to the scope of practice. (Professional nurse18-public hospital).

*There are reasonable (responsibilities) because I can always escalate to the doctor, I don't have to make the final decision; the doctor can make the final decision, or we can always check with the matron if we are doing the right thing. (*Professional nurse 2 - private).

Participants from both sectors expressed that preplanning with off duties done prior by the manager taking into consideration the staff requests reduced staff absenteeism hence reducing shortages of staff on daily basis therefore the manager was able to manage rest days and overtime. The following quotes reflect these views:

> *We do get shortage but it's very rare as planning is done prior unless if you get admissions that you did not plan for on that day. But other than that, we always have enough staff. (*Professional nurse 6- private).

> *She is managing that very well, that's her administrative work, she gives you your off duties according to the number of hours that you are supposed to work in a month so even the rest days will fall in between.* (Professional nurse19- public hospital).
>
> *She (Unit manager) is managing very well since she started making off duties for the staff you find even when people come and make some request on the planner as she does the off duties for the whole month, she will listen and consider it. (*Enrolled Nurse8- private).

> *She (Unit manager) can manage those as our off duties are always well balanced with the available skill mix, we always have all categories of nurses on shift and as for the overtime, we work certain hours here and you can't exceed those hours in a week.* (Professional nurse18- public).

3.4.5 Resource adequacy

Resource adequacy was expressed in two subthemes, *availability of material resources* and *resource inadequacy*. This section will therefore discuss these in detail as expressed by the participants.

3.4.5.1 Availability of material resources

Respondents were asked to describe the resource adequacy in their departments. Some nurses from the private hospital expressed that they had adequate resources which were well maintained through availability of technicians who are responsible and fix the broken

equipment timeously. One nurse further mentioned that ordering of equipment is also timely, thus ensuring that there is sufficient stock. The following quotations reflects this:

> *We have adequate resources in the department, and they are in good use, as we also have technicians always and when we have problems they come and frequently do servicing of the equipment, and we have ordering days for the different resources, so we usually have enough stock… Let's say we have a broken a machine, it gets fixed on time. We always have enough, the unit manager and the ward PA (Administrator) deal with stock. (*Enrolled Nurse8- private hospital).

> *We do have enough resources in our ward because we are a private hospital; its very rare to find that we don't have, we always have things that we need and if the equipment is not working, we call maintenance and they come and fix*. (Professional nurse2- private hospital)

3.4.5.2 Resource inadequacy

Regarding resource inadequacy, nurses from the public hospital mostly expressed that they lacked equipment like machinery for patient care, including basic items like BP machines Although the nurses from the private sector reported having sufficient equipment most of the time, nurses from both sectors expressed that in instances when the resources are inadequate, they always had to improvise and borrow from other departments and this was time-consuming and affected the quality of care rendered to the patients. These views were quoted below:

> *In this hospital there is always shortage, last we had no gloves, no degerm to spray hands and soap to wash hands, sometimes even the medications you find they are not available in the pharmacy. (*Enrolled Nurse14- public hospital).

> *With resources, as it is, we nurse palliative patients, but we only have one bed for them, yes, we don't admit them often, but we don't have equipment. We had a big patient and didn't have the correct bed and equipment like the monkey chain to lift the patient and move the patient around.* (Enrolled Nurse Auxuliary9-public hospital).

It is always a challenge because sometimes you find yourself running around the hospital looking for equipment to use which is time wasting and it takes you away from the patient. Then there are times when we must improvise which is always not easy, for example how do you improvise linen, we had some weeks where we didn't have linen and the patient can't just lie on the mattress and had to ask relatives which is not right especially this medical ward with different conditions like TB, it means we spread infection home. (Professional nurse19- public hospital).

We do not have enough and on equipment, because there are so many people it is always broken and find that we don't have enough equipment, and some of the things that we need for the patient use, we have enough of those like the medical equipment and medication and consumables. Some of the things like BP cuffs sometimes are not enough and we end up improvising and sometimes when equipment is broken, we end up having to borrow. (Enrolled Nurse7- private hospital).

3.4.6 Team collaboration and communication

When asked about team collaboration, nurses expressed their views on the relationships with the multidisciplinary team which is inclusive of managers, doctors and other health personnel. The relationships between nurses and colleagues will be described under the subthemes, *healthy collegial relationships and unhealthy working relationships*.

3.4.6.1 Healthy collegial relationships

Healthy relationships were described by the respondents as having mutual respect and healthy teamwork spirit with other health professionals. They further expressed the relationships where they were able to assist each other on patient care with respect and had mutual trust, valuing each other's inputs for effective patient care. These views were expressed by nurses from both the public and private hospitals. Similarly with relationships with doctors, nurses expressed their views as healthy since they were able to communicate patient care with nurses by giving clear instructions. The quotes below demonstrates the healthy relationships across the teams:

We work mostly with physiotherapists and dieticians every day, I can say there are good relationships and there is never a time when you can find that nurses and physiotherapist were shouting at each other, but we always help each other like when they want to walk the patient, we do assist them. (Enrolled Nurse Auxiliary15- private hospital).

*They [other health professionals] are willing to listen to what I say, and they do value my input on patients care, it's like there is a mutual trust. (*Professional nurse 3- private hospital).

*We work together, we have no problems here, we have dieticians, physiotherapists and social workers. There is always good communication as we rely on one another for the patient care. (*Professional nurse19-public hospital).

*When they (doctors) give you an order, they make sure that it's clear and even when they are speaking to you, they speak to you in a professional manner. (*Professional nurse11-public hospital).

Participants from both sectors further expressed healthy teamwork spirit with other nurses in the entire hospital as they expressed relying on one another for the care of patients within the departments. Those views are reflected below:

We relate with everyone here, remember this is Emergency Department (ED) and we send patients to different wards, so we have good relationships with them as we send patients every now and then when we admit patients. In ED you can't ignore nurses from other departments, you rely on them for admission beds. (Professional nurse18-public hospital*).*

*It is perfect, nurses help each other as I told you if I am not coping, I ask for help with no doubt someone will help me. As we walk along the corridors, we greet each other as we spend most of the time here and this is like our home. (*Enrolled Nurse Auxuliary1-private hospital).

3.4.6.2 Unhealthy working relationships

Participants from both private and public hospitals expressed their views on unhealthy working relationships which were found between nurses and doctors as well amongst nurses. The nurses expressed that there was poor patient care communication between nurses and doctors, with the doctors failing to give explanations on patient care to the nurses. One nurse further mentioned that if one professional is not doing their job, this affects the functioning and efficiency of the entire team. The following quotations reflect these views:

> *They (doctors) don't give information and you find that we have to use the protocols which are standing orders on managing that patient, because some of them when you call them to clarify they become so angry which is challenging for the nurses. (*Enrolled Nurse8- private hospital).

> *Doctors don't give enough [information] like we have different doctors, who see patients for different things you find some will come early in the morning and by the time we come in the morning that doctor is already gone. Here it's like we don't do a round with the doctor, so you come and find the doctor has written in the file and gone, so there are no explanations, and you will find that we always must call the doctor and clarify things. (*Enrolled Nurse14- public hospital).

> *We are always on each other's throats so you will see a nurse that is not doing her job and it obviously affects the whole team. It comes across as this team does not do their work only because of one person obviously when you do you try and address that person and tell them they are failing you as a team, and sometimes they become defensive and then that's when the fight starts then we exchange words and we don't talk to each other, that kind of a thing.* (Professional nurse 2-private hospital).

One professional nurse in the public hospital had a contrasting view, expressing that the nurses were uncooperative especially to new doctors in the department.

> *Somehow, I feel like the doctors are not treated that well by the nurses, reason being the doctor will come, maybe it's a new doctor, the doctor will come asking for something then the nurses will just look at the doctor you know they don't get up and help the doctor to make things easy for them, to show them okay if you need this, this is where you get it. I*

*feel like sometimes you know we don't give them that much attention and help they need when they are new (*Professional nurse19-public hospital).

Although not common, one participant mentioned that at times, professional nurses experience insubordination from junior nurses, especially from those that has been working in the system for a longer period.

*Most people working here, especially the juniors, have worked here for the longest time and they tend to undermine the seniors. They think they know better, even if they make a mistake and you try to correct them, they will be telling you, we have been doing this all along, you can't tell us anything. I feel there is more of insubordination. (*Professional nurse10-public hospital).

3.4.7 Staff development

Respondents when asked about staff development, nurses had conflicting views with some expressing they had opportunities for professional growth, while others expressed lack of opportunities for professional growth in both health sectors. The subthemes that emerged will be discussed below.

3.4.7.1 Availability of opportunities for professional growth

The majority of the respondents from both sectors described the availability of opportunities for professional growth where nurses were provided with training opportunities to further their careers which had seen nurses growing within the nursing ranks. They further expressed the nurses' involvement in in-service trainings which happened within the departments and also at hospital level with support from the nurse preceptors though some nurses expressed they could not always attend due to shortage of staff therefore missed those opportunities. Nurses had the following to say:

Yes, there is professional growth in this hospital as some nurses came as ENAs now they are registered nurses, some came as ENs and are now RNs even others were care workers but now grown to be either ENs or RNs. Others have even grown from here and studied

*to be doctors and others have done speciality like ICU, you can see there is growth. (*Professional nurse 6-private hospital).

*Yes, we do in-service training there are always in-service training in room 2 where they teach different things. The only challenge is that sometimes in the unit there won't be anybody who will be able to go for training due to shortage of staff, but the trainings are there. (*Enrolled Nurse Auxiliary13- public hospital*).*

*Training opportunities are there daily like I said we have a Clinical Nurse Specialist (CNS) and clinical facilitators who are there to train, and our unit manager who is our contact person and trains on the spot. We also have ICU trained RNs, and they train us. Even those who come and train us on the equipment and machines, there is always a moment of learning. (*Enrolled Nurse7- private hospital*).*

Nurses further expressed how the challenging situations and variable work during patient care improved their nursing care and made them grow with these experiences. This was echoed by some nurses from both sectors:

*Like when the patient comes in with already an arm which is amputated, open abdomen and can literally see everything inside, when you care for those patients and they survive, you find it makes you grow, and it improves your care with the next patient who comes in a similar condition. (*Enrolled Nurse8- private hospital).

*Personally, as a staff nurse there are so many things that I have learnt here in ICU because a staff nurse in the ward they don't know how to nurse a ventilated patient, they don't know how to prick the patient and do blood gases because normally we do it, there is growth. (*Enrolled Nurse17- public hospital).

Participants further expressed that they had opportunities to grow as they had supervisory meetings where the unit manager gives feedback on the areas of improvement which made nurses to improve their nursing care.

On those meetings, obviously, she gives us feedback. There is a feedback system in the hospital where patients give feedback on the care they got in the hospital and that is

*broken down into things like how your pain was managed, the cleanliness of the department things like that so every second week she does have a meeting and gives us the feedback and gives us the scores so that we know what we should focus on as the department. (*Professional nurse 2-private hospital).

*They do organise meetings, maybe in a month we do have two or three. If they want to inform us on maybe any changes or anything that regards to the unit, they call those meetings and they tell us things and if there is anyone who has a complaint, they must write it down then it will be discussed during the meeting with everyone from the unit around. (*Enrolled Nurse17-public hospital*).*

3.4.7.2 Lack of opportunities for professional growth

Some nurses expressed that there was lack of professional growth as they remained in one place without opportunities for furthering their studies and this was found to be common in both sectors. Other nurses indicated that they lacked exposure to other disciplines as they were not awarded the opportunity to rotate departments, which limited their experiences as nurses on patient care. These were the views that the respondents expressed:

I am not growing, I am stuck as an ENA for thirteen years and now will be fourteen years, I am still waiting to go to school, and I am even getting old. I have one year course with too much experience. (Enrolled Nurse Auxuliary9-public hospital).

*I have been here for a year but there are people who have been here for a long time, okay let's say the person is an EN she wants to be a RN but is not given that opportunity to do what she wants, some are in this surgical ward for a long time, I mean if you are a nurse you want to be exposed to other units and to other disciplines so if they want to keep you here like forever you cannot work in a surgical ward whereas there are other disciplines, unless if you want to be in a surgical ward, but if people feel like they want to go out and experience and learn more and new things they should be given that opportunity but I think from what I have seen it's not the case here. (*Professional nurse19- public hospital).

*Okay they used to send people to school every year to upgrade to be registered nurses but now since the new curriculum started, they have not sent anyone. There is also a learnership programme like ENA and EN being sent to school. (*Enrolled Nurse5-private).

A junior nurse working in ICU expressed how she felt that she was not growing in the profession as in ICU, she is not directly involved with patient care and therefore lacked growth in the profession*:*

For me I don't think it does, in ICU it is the RNs and ENs who are directly involved with the patient even if the patient is ventilated, I don't learn anything as it is not in my scope of practice so even when they are seeing something challenging you find its no use to be in the discussion, it's not like I even do the vitals for the patient here. (Enrolled Nurse Auxuliary13-public).

3.4.8 Physical and psychological safety

To ensure safety, the respondents described availability of measures under the physical safety and psychological safety. However, there are some nurses who expressed that their work environment lacked safety measures. Therefore, the emerging themes will be described below.

3.4.8.1 Availability of physical safety measures

According to the respondents, the following measures were being implemented to ensure physical safety within their work environment: *availability of standard operating procedures (SOP)/ policies: availability of PPE; availability of health and safety in-service training; availability of emergency plans; availability of staff clinic.* These were expressed by nurses from both the public and private sector, where emergency plans in case of emergencies were found to be in place. Nurses were of the notion that they were safe as they had PPE and were regularly trained by the occupational health nurse to remain safe in the work environment with guidelines available to be followed to protect nurses and patients within the environment.

*We have emergency exit points and fire extinguishers in case of emergency, they are all in place for the safety of nurses and patients. (*Enrolled Nurse8- private hospital).

*Somehow it does as this is a medical ward and we always have lots of patients with TB but as nurses we don't get to contract the TB in the unit which means our environment is somehow safe and provides some equipment to protect us like the PPE. (*Professional nurse19-public hospital).

*It is a very safe working environment like they give us in-service by the occupational health and safety team on how we must remain safe, and the infection control also come and give us a clue[guidelines] on how to nurse these infectious diseases. (*Enrolled Nurse Auxuliary9-public hospital).

*We have policies in place like when you get injured like a needle prick that you follow to be assisted, even if it's after hours you go to the manager on call and there is a procedure to be followed. (*Enrolled Nurse5- private hospital).

In addition, nurses from the public hospital described the availability of staff clinic where nurses got vaccines to protect them from contracting infections in the hospital was a safe measure which they embraced.

*We have a staff clinic where we are free to go at any time and we also get vaccinations for free to protect us from contracting infections in the ward like the hepatitis vaccine when you get employed in the hospital and during covid we were given covid vaccine first to protect us. (*Professional nurse19-public hospital).

*We have the staff clinic, if I feel like I'm not feeling well physically, you do go to the staff clinic. (*Enrolled Nurse17-public hospital).

3.4.8.2 Availability of psychological safety measures

According to the participants from both public and private hospitals, counselling and debriefing sessions were available for nurses when they had personal problems and need assistance and when they had encountered traumatic situations during resuscitations. Most nurses from both public and private expressed that tea breaks and rest periods on their off days allowed them to relieve stress hence they were of the view that they were psychologically safe. Nurses further

mentioned that they engaged in prayer, and they had team building outings which also assisted them to distress:

> *We have psychologists and counsellors in place for debriefing sessions especially after a difficult resuscitation. We also have rest periods provided in between like our tea breaks and lunch hours so that we can rest. Our off duties also allow us to rest so that we are physically fit. (*Professional nurse18-public hospital).

> *Psychologically, it depends on the individual on how you take things closer to you, we have trauma counsellors and psychologist who are always present, and the unit manager is also there for support. We also have tea and lunch breaks when you feel stressed, you also take those breaks and you become psychologically stable. (*Enrolled Nurse7- private hospital).

> *In the morning, we pray, think that's where we get our strength from worshipping, it helps the nurses and the patients not just nurses. There is counselling for those who need counselling. There are some outings also where we go out as a team, usually twice a year to relieve stress. (*Enrolled Nurse12- public hospital).

3.4.8.3 Unsafe environment

Respondents described the unsafe environment where they had no appropriate physical safety measures, like resources (equipment) to use in the work environment and improper facilities for differing patients, this was mainly expressed by nurses working in the public. While nurses from the private sector described the abuse from the visitors which was stressful to them and they brought the notion of long working hours and, with limited rest periods where the nurses were constantly at work for overtime which drained nurses emotionally. The quotes below capture the nurses' expressions on the unsafe environments:

> *I can't say it is safe, last year I had to bring my own heater for the patients since here we are a neonatal ICU, and the environment was not safe for the neonates as it was too cold. We have cold winter presently and its already winter, how do you work in a cold environment and how do you bathe patients in that environment.* (Professional nurse10-public hospital).

*I wouldn't say we are hundred percent safe here, all patients come through Emergency department (ED), that include psychiatric patients. One of our colleagues was stabbed here by a patient while on duty. (*Professional nurse18-public hospital*).*

*Patient is allowed two visitors and sometimes relatives are aggressive on us and shouting at us and in that, I really don't find myself safe, the relatives kind of make life difficult for us. (*Professional 3-private hospital).

Sometimes we are overworked like I said we have critically ill patients and hard patients, and money is always not enough, and we are always here for overtime, and we work long hours those things really drain emotionally. (Enrolled Nurse7- private hospital).

3.5 Perceived facilitators to positive practice environment

When nurses were asked about what they perceived to be facilitators to a positive practice environment, several themes emerged and these were: *opportunities for in-service training and supervisory meetings, provision of resources, provision of appropriate and adequate staff, healthy collegial relationships,* and *supportive unit manager.* These themes will be discussed in more detail below.

3.5.1 Opportunities for in-service training

Most of the participants mentioned that there were opportunities for in-service training within the units and in the hospital in general. In the private sector in particular, some nurses mentioned that having a dedicated staff responsible for in-service training was one of the enablers to positive practice environment. Supervisory meetings were also described as enablers as they gave nurses a chance to discuss different conditions and improve their work environment.

We have a CNS that is clinical nurse training specialist in the unit who is allocated to do trainings. So, on every shift, we have someone who is there to teach the nursing staff, if you need to ask you go to the shift leader or the CNS as they specialise in that. We

*also have people who come from outside who come to teach us about the equipment and then people from the clinical department also come and update our knowledge and revisit what we already know. (*Enrolled Nurse7- private hospital).

*She organises in- service trainings for the equipment so that we follow the nursing care guidelines of the country as nursing care is dynamic and changes all the time, she sends people for short courses and does in-services. (*Enrolled Nurse8- private hospital*).*

We do meetings every month and we discuss the findings from the patient, what is not right in the ward, and this helps on improving patient care and correct where we are not doing well. Enrolled Nurse (Auxuliary9-public hospital).

One professional nurse from the public hospital associated the in-service training with monetary incentive hence motivated nurses to engage in clinical development programmes for the gain enabling them to always be updated on new knowledge. This view was captured below:

*We have performance development programmes, so due to that every month we are expected to do in-service training, so we do that because we know at the end of the day there is money which is involved there, so we end up doing it because when people get performance development money we are supposed to get the money every year, though sometimes there are other things but due to that expectations which include the in-service education is part of those expectations so you are expected to do that. (*Professional nurse18-public hospital).

3.5.2 Provision of resources

Most nurses expressed that provision of resources in the form of equipment and the consumables that they use on daily basis were facilitators to positive practice environment. This notion was echoed by nurses working in both the private and public hospitals, suggesting that the provision of adequate resources was of paramount importance to enabling positive nurse work environments.

The other thing they are helping us as management is by providing us with equipment and good stock and staffing as well … I think it is a positive unit. (Professional nurse 3- private hospital).

*A positive work environment is the place where there is equipment to function with. (*Professional nurse 2- private hospital).

3.5.3 Provision of appropriate and adequate staff

The majority of nurses in both sectors described the provision of appropriate staff in the departments with the right skill mix enabled them to share responsibilities, making the workload lighter hence quality care provided to the patients.

*It's because everyone's got their own task so it's a system where you know what you are supposed to do according to your responsibilities like the administration of medication among other task like the ordering and follow up stock done by the staff nurse and the lower categories will be doing the vital signs and bath the patients which is done by the enrolled auxiliary nurses and as a sister you are responsible for the supervision of everything to ensure that all quality care was rendered to the patients, before you go off when we hand over to the next staff coming on duty and ensure that everything is up to date and there will be taking over from there and continue with their duties. (*Professional nurse10-public hospital).

Because of the job description of each category, it makes it easy to give best care and you know what to do at a specific time due to the job description and that makes the workload lighter for the betterment of the patient. (Enrolled Nurse8- private hospital*).*

3.5.4 Healthy collegial relationships

Teamwork, which was established among nurses was expressed as a facilitator for a positive work environment. Nurses working both in the private and public hospitals had the same sentiments and described how they were dependant on one another, suggesting that healthy relationships within and across the departments made it easier to function as a team. Teamwork also enabled nurses to cope with their workload, thus motivating them to come to work with the knowledge that they have support from other colleagues. Good communication within teams was also reflected as conducive to positive work environment.

It is perfect, nurses help each other as I told you if I am not coping, I ask for help with no doubt someone will help me. As we walk along the corridors, we greet each other as we spend most of the time here and this is like our home. (Enrolled Nurse Auxuliary1-private hospital).

*In our department we do communicate with each other, we might have differences you know but we come to work, and we always find ways to deal with our differences while at work. We might not be best of friends but working relationships are always okay. In terms of other nurses from other Units we rarely get to build relationships unless you know the individual but wouldn't say it is bad as we are able to transfer patients to one another. (*Professional nurse19-public hospital).

*There is positive environment because the teamwork is there, communication is very good with each othe*r. (Enrolled Nurse Auxilliary4-private hospital).

3.5.5 Supportive unit manager

Managerial support was mentioned by some nurses as one of the facilitators to positive practice environments. Support was expressed as managers' ability to offer psychological support in the form of counselling sessions, dealing with a death of a patient, being there for the nurses when needed, and solving conflicts. The daily rounds by the unit manager were also viewed by nurses in the private hospital as supportive measures as they can assist with challenges they pick up from the patients and the environment such that the environment is conducive to work in. The managers always ensured that there is a shift leader who supervisors others and assist when there are problems. These quotes reflect these views:

The support we get from them (managers), that is the one-on-one sessions we have with the Unit manager every month, we get a chance to raise your concerns or anything that makes you unhappy so that it can be resolved, lucky enough we have a unit manager that is so fair, who gets to sit us even if there is a slightest conflict and it gets resolved. (Professional nurse 6- private hospital).

In the morning our Unit manager (UM) will do rounds to check if everything is fine and that all patients are fine, if there's any complaints so just by her doing those rounds, she will pick up a whole lot of gaps and she will give us feedback or maybe if it's the night staff, she will meet with them in the morning and try to address whatever problem that she encountered while she was doing her rounds. (Professional nurse 2 private hospital).

She does rounds and make sure that there is always a shift leader to supervise when patients change condition. (Enrolled Nurse7- private hospital).

Nurses expressed the importance of provision of feedback to nurses by unit manager as they described that it assisted them to improve their care considering the patient views on nursing care hence enabling them to improve their environments for better care. The view below capture that:

*On those meetings, obviously, she gives us feedback. There is a feedback system in the hospital where patients give feedback on the care they got in the hospital and that is broken down into things like how your pain was managed, the cleanliness of the department things like that so every second week she does have a meeting and gives us the feedback and gives us the scores so that we know what we should focus on as the department. (*Professional nurse 2-private hospital).

*She always gives feedback, especially almost every day when we are done doing rounds, she will comment on whatever she found when we are doing the rounds. And how we must do something if it was not done right and how to resolve something if maybe it's about us. (*Enrolled Nurse Auxuliary13-public).

3.6. Perceived barriers to positive practice environment

Participants described the barriers to a positive practice environment, and the dominant themes which emerged included: *lack of opportunities for professional growth, heavy workloads due to insufficient staff,* and *lack of resources.*

3.6.1 Lack of opportunities for professional growth

The majority of the nurses from the public hospital, especially the junior ones, expressed that lack of opportunities for professional growth was one of the main barriers contributing to negative practice environments. Nurses expressed being demotivated by holding same positions for many years without being considered for professional growth. Interestingly, this view was expressed mostly by the nurses working in the public hospital than those in the private hospital. These views demonstrate that:

> *You see I have been working for thirteen years like I have just said, I have a lot of experience but in one position".* (Enrolled Nurse Auxuliary9-public hospital).

> *I have been here for a year but there are people who have been here for a long time, okay let's say the person is an EN she wants to be a RN but is not given that opportunity to do what she wants, some are in this surgical ward for a long time, I mean if you are a nurse you want to be exposed to other units and to other disciplines so if they want to keep you here like forever you cannot work in a surgical ward whereas there are other disciplines, unless if you want to be in a surgical ward, but if people feel like they want to go out and experience and learn more and new things they should be given that opportunity but I think from what I have seen it's not the case here. (*Professional nurse19- public hospital).

> *I can see this thing of not taking us to school by the management is the main cause, because we are not growing and sometimes feel demotivated*. Enrolled Nurse Auxuliary20-public hospital.

3.6.2 Heavy workloads due to insufficient staff

The findings from this study indicated that heavy workloads were perceived to be another barrier to nurse positive practice environments. They believed that shortage of staff caused these heavy workloads because nurses are often forced to work beyond their scope of practice including doing other non-nursing work. One nurse further mentioned that in the event that agency nurses are called to assist, this was not always helpful since it took more time for the

permanent nurses to familiarise the agency ones with the work, thus contributing to further work overload. This view was expressed by most nurses from both the private and the public sector.

> *… due to the extra duties outside my scope of practice the workload is always not reasonable, I am always overworked, and you do non-nursing duties to avoid complaints as patients always feel everything is the nurses' responsibility*. (Professional nurse19-public hospital).

> *Workload is workload, you cannot change it. You find you are always overloaded when we don't have enough staff. With agency [nurses], you sometimes just get anyone who is not familiar with the ward routine, and it becomes your responsibility to show them what to do.* (Enrolled Nurse12- public hospital).

One nurse further indicated that due to heavy workload and insufficient senior nurses, nurses undergo a lot of frustration and stress which they sometimes take out on others, resulting in negative practice environments.

> *Okay, we are very short of nursing staff, there are less seniors than juniors because like we have like three seniors on a shift during the day at night there's like two or one on each and then there's a struggle to get agency staff. There is always a shortage, and some people get frustrated because now they don't know how handle that stress of work overload, then they now take it on the next person.* (Enrolled Nurse Auxiliary15- private hospital).

One nurse from the public mentioned that issues of staff shortages are complex since they are beyond the hospital management to solve mainly due to budget constraints where they have to follow the government process to replace a nurse. This nurse mentioned that there are several processes to follow to fill a vacant post and if the motivation is not approved, this may not happen.

> *It's too much and that one we cannot do anything as here it is up to the government. It's not like in a private institution where they can get anyone anytime, here we need to make a request to the department and specify what are the needs and write a motivation*

and if they don't approve it, then it means we must work like that. They have a specific time frame when we can request and that not at any time of the year. (Professional nurse 10-public hospital).

3.6.3 Lack of resources

Lack of resources, in the form of water, clean linen, and medicine was expressed by some nurses from the public hospital as a barrier to positive working environment as nurses often have to improvise in order to provide quality care.

These days we have had no water, and we couldn't bath the patients, sometimes we have no linen, so you find that the patient did not bath for two days because there has been no water, I think that's the challenge because we can't change the patient because there is no linen. (Enrolled Nurse17-public hospital).

The hospital is always short of equipment and supplies such that when you want to use, it is out of stock. we always have shortage of medicine which makes it impossible for us to provide quality of care. (Professional nurse 10- public hospital).

3.7 Strategies to improve nurses' practice environment

Respondents when asked on the strategies to improve practice environments, the following themes emerged: *provision of adequate staffing*; *provision of adequate resources/ equipment*; *provision of opportunities for professional growth; recognition of nurses; provision of more rest days; good renumeration for nurses. managerial support*; *improvement of management skills*. These will be further elaborated below.

3.7.1 Provision of adequate staffing

Most nurses from both settings in the private and public hospitals believed that if they had sufficient staff, including the support staff, their workload would be much less therefore improvement on staffing by hiring more people would have a positive influence on their work environments.

They must hire more nurses because there is shortages of nurses and more cleaners that is support staff. (Enrolled Nurse Auxuliary9-public hospital).

*Having enough staff, or the workload to be reduced but mostly enough staff because the workload would be less. (*Enrolled Nurse Auxiliary15- private hospital).

*We can also recommend that we need more staff and not only nurses but the support as well. (*Enrolled Nurse Auxiliary13- public hospital).

3.7.2 Provide adequate resources/ equipment

Most nurses who were interviewed both in the private and public hospitals expressed that for their environments to be positive, there was need to improve on providing adequate resources for daily use and this was inclusive of functional equipment. This was echoed by all categories of nurses as reflected below.

*…. To also improve and provide resources and equipment like ripple mattress. (*Enrolled Nurse12- public hospital).

To have good working equipment as we always struggle with cables for the monitor machines and the oxygen points. (Professional nurse3-private hospital).

*By giving us a well-balanced equipment in the ward, like blood pressure machine we have one for the whole ward, I mean to provide enough equipment to work. (*Enrolled Nurse Auxiliary4- private hospital).

To ensure that there is enough equipment and stock to use all the time. (Professional nurse2-private hospital).

3.7.3 Provide opportunities for professional growth

Nurses expressed the need for opportunities to be provided to upskill them, especially in the specialty that they are working on. They expressed that these opportunities may be provided

through consistent in-service training and that these opportunities must be given to both junior and professional nurses. Nurses also expressed the need to be financially supported by management towards individual development. These views were expressed by nurses in both the private and public hospitals. This is reflected in the following quotes.

> *We need to stay updated as nurses because things change and ask management if there is training that is offered like you see now with junior staff, I don't think there's anyone training from within the hospital everyone training now are people coming from outside and we have got ENAs who want to upskill themselves and train to be RN*. (Professional nurse 2-private hospital).

> *Maybe if they can provide those trainings for us which they know we can go and do if you work in an environment like ICU and emergency department (ED) they make sure most of us we do the trauma course and ICU training. It will be better for us not to be paying for ourselves cause you find somebody cannot pay for themselves so if the department was to provide us all those courses and trainings it can make a good change*. (Professional nurse18-public hospital).

> *They need to improve on education of nurses that is to teach. (*Professional nurse 10-public hospital).

As part of continuous in-service training, some participants expressed a need to be exposed to and trained in new policies and procedures instead of just making staff sign them without understanding them to improve their implementation. Other nurses expressed a need to be properly trained in the use of new equipment. Participants from both the private and public hospitals had similar views regarding in-service training:

> *…. We need to have policies and procedures on what needs to be done in the wards towards patient care. Policies need to be taught and not asked to only read and sign as nurses are always busy reading those things, we need proper in-service training on all new policies so that we are able to apply them.* (Professional nurse 10- public hospital).

Clinical facilitators to come so often and train the staff or teach on procedures like putting up drips and NGT (nasogastric tube) not everyone is able even if they are qualified. (Professional nurse2-private hospital).

I would recommend that other units could also improve their staffing and upskill their staff through in-service training. (Professional nurse2-private hospital).

3.7.4 Recognition of nurses

Participants expressed that there was a need for fair recognition of nurses through performance bonuses as failure to recognize them was demotivating and was the reason why nurses were resigning.

*…They should work on their performance bonus, as people are resigning because they are tired and they are not being acknowledged for the work they do, so I think that is what is demotivating the nurses. I think if they just talk to the HR and improve on that sector and the painful thing is we work hard but the problem is they want proof and therefore they do not provide increment if there isn't much proof that you performed well in your nursing activities, and they do not acknowledge you and its very demotivating. (*Enrolled Nurse17- public hospital).

3.7.5 Provision of more rest days

Some nurses recommended that there should be more rest days for nurses and the nurses from the private sector echoed this more as they complained of exhaustion due to overworking with less rest times. This is reflected in the below quotes.

*…The solution is that we get more days because we still need to go home and rest and be in the outside world. (*Professional nurse16-private hospital).

Increase the nursing staff and to cut the working hours so that we don't get tired. (Enrolled Nurse7- private hospital).

3.7.6 Managerial support

Participants are of the opinion that managers should support the nurses in their work environment through allowing them to voice their concerns and be able to listen to staff without always blaming them and mistreating staff. Nurses also expressed the need for team building activities which are supported by management to engage as team and distress. This strategy was raised by nurses from both the public and private.

> *From my side to get the support from management, and if there is something in the ward, they should not quickly blame the nurses but first listen.* (Professional nurse3-private hospital).

> *And we also should engage more with workmates, have outings that are supported by the hospital cause obviously if you do it on your own that's obviously an arm and a leg, so if they support us in that we can go and distress a bit, support also in our outside world in overall. They should also conduct a meeting maybe once in a month to voice our concerns in our unit. (*Professional nurse16-private hospital).

> *I would say it must start from the management, the matrons, the OM's they mustn't mistreat the staff and the nurses, if we come together and work as a team and maybe they allow us to voice ourselves we will have a good quality working relationship in the hospital. And the patient quality care will improve as well because everyone will be happy. (*Enrolled Nurse Auxiliary13- public hospital).

3.7.7 Improve management skills

Some participants from both sector felts that there was need to improve the management skills especially the soft skills which would discourage favouritism and the communication patterns and hence improve the work environments to be positive.

> *... the unit managers to improve their management and be open minded and not take sides, to also ensure that policies are followed, and nurses work within their scope of practice. (*Enrolled Nurse8- private hospital).

The management should also learn how to communicate with staff, like I said the tone of our unit manager is not good, she is harsh. They should train our operational managers on how to deal with staff. (Enrolled Nurse14- public hospital).

I think our unit manager needs someone who will build them, she still needs building as she is still young. (Enrolled Nurse5- private hospital).

3.7.8 Good remuneration for nurses

Only one staff nurse from the private recommended an increase in salaries as motivation for their increased workloads.

*I think they need to improve on staffing and money. We are not getting paid enough and staffing is not helping as we look after too many patients like ten patients because of the acuity. (*Enrolled Nurse5- private hospital).

Having enough staff, giving people enough money or the workload to be reduced but mostly enough staff because the workload would be less. (Enrolled Nurse Auxiliary15- private hospital).

One nurse displayed satisfaction with current work environment which was interesting as most nurses did not feel comfortable in their practice environments.

*There is nothing to improve we are doing well. (*Enrolled Nurse Auxiliary1-private).

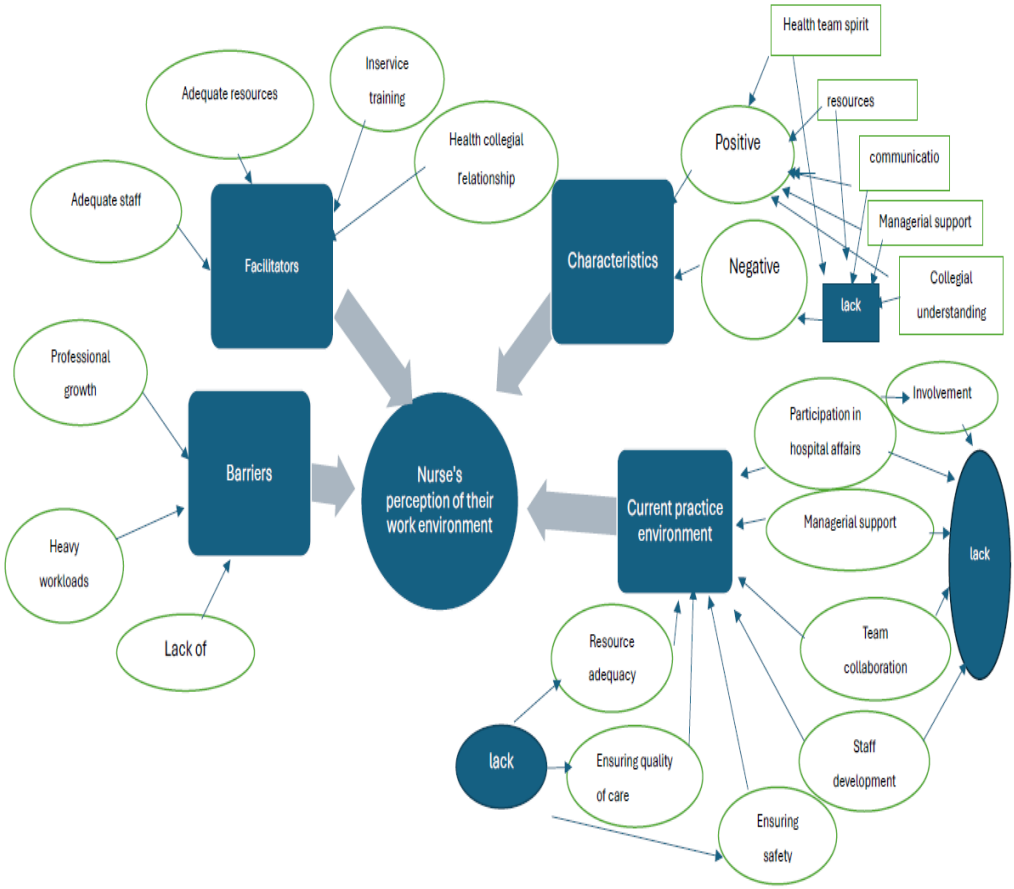

Figure 1: Summary flow Chart of the relationship among emerging

Figure 1 Summary flow chart of the relationship among emerging themes

CHAPTER 4 DISCUSSION

4.1 Introduction

In this chapter the key findings of the study are discussed in relation to literature. This will then be followed by a discussion of the strengths and limitations of the study and then in chapter 5 recommendations and conclusions will follow.

This study was designed to explore and describe the nurses' perceptions of specific domains of their practice environment in a public and a private hospital in Gauteng province. It was specifically done using an exploratory qualitative study design to obtain the facilitators and barriers to positive practice environment in the participating hospitals. It sought to find the similarities and differences in these two practice environments and thereby identifying the strategies to improve the nurses' practice environments. There have been studies of this nature mostly quantitatively in high-income countries with limited studies done qualitatively in the LMICs. To the researchers' knowledge this will be the first study in South Africa in the Gauteng province that is done qualitatively and simultaneously in the public and private sector.

Furthermore, most available studies on nurse work environments have focused on professional nurses and not on the other cadres of nurses which is the lower category of nurses that might be equally affected by the practicing environments. Hence this study included all cadres of nurses, and the study identified the strategies which could be employed by managers in these participating hospitals to improve the nurse practice environments and these could be replicated in other similar settings.

4.2 Nurses' perceptions of their current practice environment

Nurses' perceptions on their current practice environment were explored in several domains**:** *participation in hospital affairs: managers' ability, leadership and support for nurses: foundations of quality of care: appropriate and adequate staff: resource adequacy: team collaboration and communication; staff development and physical and psychological safety*. This study found that, from these domains, team collaboration and communication appeared to

be more present in the nurses' environment however they were complaining of increased workload which was associated with staff inadequacy.

Participation in hospital affairs

The results of this study showed that nurses were not involved in the hospital affairs which includes involvement in decision making, clinical policy development and hospital committees this was consistent with many other studies. Wei et al (22), has described an optimal environment to be where employees' strengths, contributions are valued and empowers staff for active decision making. The lack of nurses' involvement in policy development and decision making was found to be concerning to the nurses as they expressed hinderance to the provision of quality patient care. Studies have shown that nurses need to be autonomous where they can make independent decisions on patient care hence achieving the goals of the hospital and provision of high-quality patient care (15,41). However, the findings from the study are contrary to this revelation as nurses felt that they were not involved in decision making which reduces the quality of care to patients as hierarchical decisions do not always reflect what is on the ground. Similarly in a study done in a Kenyan hospital, nurses indicated lack of autonomy (17). The practice of hierarchical reporting in both study settings when dealing with patient care was quite evident, revelation from some previous studies is that hospitals that practice hierarchical in structure have reported limited opportunities for nurses in decision making to influence patient care (14,49).

Managers' ability, leadership and support for nurses

A nurse manager's leadership ability has been significantly associated with nurses' positive perception of their work environment (22) . In this study visibility of hospital management was found to be more common in the public sector where they had daily rounds being done by the nurse managers (matron), the interesting findings were that nurses from both private and public believed the matrons were not there to support them as nurses, but they came for the patient, and they were only in-contact with nurses to deal with a problem. A study by Huddleston & Gray, revealed that authentic leadership is whereby the nurse leaders are visible for the staff, transparent and are responsive to requests of the staff (50). The current study further revealed that representation of nurses' concern by unit manager was lacking in both settings as the nurses experienced reoccurring reported problems in their work environments. Nevertheless, the study

displayed nurses were consulted, and their inputs considered by the unit managers especially regarding duty scheduling through use of a request book which was evident in the public and private hospitals. Managers' openness to staff was also reflected as a positive factor in the work environment. Similarly, many studies have shown that offering managerial support through open communications has a counteract effect on nurses' emotional exhaustion which is often lacking in the nurse environments (49,50).

The leadership style of the manager has shown to be of great importance with the leader being approachable, open minded, confident, and trustworthy creating a healthy work environment for nurses (50). In this regard, this study identified an interesting finding that most nurses from the public were of the strong opinion that their managers were not fair, had some favoritism towards some staff and were mostly disrespectful and autocratic which is not really a positive environment for nurses to work in, where they felt discriminated. Nurse manager support, good communication and collaboration has been found from many studies to have a strong association with job satisfaction (21,50).

Furthermore, nurses had differing views on recognition and praise in their environments though all nurses expressed the need to be appreciated whether by their operational manager or hospital management as imperative, consistent with previous studies, it has been shown that nurses found meaningfulness when they are acknowledged directly or indirectly by patients, relatives, and colleagues as well as managers (23,50).

Foundations for the quality of care

This study associated quality of care with the availability of induction and orientation programs for new staff to guide nurses in their work environment, this was reflected to be positive in both environments. It further showed that participants believed that there was availability of in-service training and dedicated staff members to do the training to upskill the nurses, improving the quality of care given to patients. Though this was found to be compromised in both settings related to staff shortages, attendance by nurses was minimal. Related to this, finding a previous study by Kieft et al, showed that it was important for nurses to invest in nursing knowledge to offer improved interventions for effective and safe care (13). Other studies have shown that it is imperative to have team training and educational programs as this has been shown to improve patient outcomes(31).

The current study further revealed that nurses believed that quality of care was being enhanced in the two sectors through the availability of clinical guidelines which consisted of policies and protocols that were in place. Kieft et al (13), study identified that nurses ought to follow nursing interventions that are in alignment with clinical policies. These have been found to be effective as nurses are supervised and supported by managers to follow the correct clinical guidelines. Incorporating different knowledge and expertise of nurses in patient care through polices and protocols and leadership support increases autonomy improving patient quality of care (37).

Additionally, the study findings were that emergency preparedness enhances quality of care given to patients. This was done through environmental checks to ensure that there was provision of working equipment in cases of emergencies like working oxygen points and the emergency trolley that has ready working equipment. There was an effective delegated disaster management team to ensure quality of care is provided through understanding of each individual expectation during an emergency. Similarly, Olds et al, has identified safety climate as having a positive impact on the work environment (31).

Most nurses both from private and public described the availability of staff scheduling patient allocation as well as staff skill mix as present in their work environment. The use of a request book is common and found by this study to be more effective on staff scheduling. This was found to be consistent with other findings (39), where scheduling of shifts as per staff preferences was initiated to improve the nurse work environments. Staff scheduling has shown that it gives flexibility and increases the chances of coping with workload hence improves the quality of care(23).

Appropriate and adequate staff

Staff shortages which nurses face are associated with obstacles like high workload which has a negative impact on patient safety (36). This was delineated as a stressful and demanding working environment by the same study. In the current study nurses were of the same sentiments that they had insufficient staff; this was evidenced by the frequent use of agency staff, which some did not welcome especially in the private as they felt it added strain to them as they had an increased workload of having to teach these agency nurses more often. Shortage of nurses is an occupational hazard (36), this was also a finding in this study as nurses were forced to do overtime due to severe shortages which created an environment where nurses are

always exhausted. Understaffing has been found to be consistent in many studies involving nurses' environments (40), similarly studies in the LMIC support that human resource is a challenge in most health sectors always scoring low when accessed (17, ,20 ,21).

The current study findings were that nurses dealt with workload caused by staff inadequacy in several ways. This was done through proper preplanning of staffing. Nurses found that following the work guidelines where they were working under scope of practice assisted them to lessen the pressure of the workload. While some nurses expressed that they had that privilege of escalating decisions making the workload lighter. Some nurses acknowledged the availability of support staff being helpful to reduce the workload on their shoulders. This is in alignment with other studies that, pre-planning tends to reduce workload by replacement of staff prior (13).

Resource adequacy

This study had contrasting findings on resource adequacy between the two health sectors, where nurses from the private sector seemingly were satisfied with the provisions of the resources in the hospital. These resources were in the form of equipment, consumables, and medications. Similarly, a Mexican study done in the same settings showed that shortage of resources was quite evident in the public hospitals where they also complained of lack of daily resources like linen, which was found to be opposite in the private hospitals where they had adequate supply of equipment and consumables (51). While the nurses from the public hospital expressed that they really had challenges with equipment and with things which they were using daily to the extent that patients had no linen to sleep on. This was found to be related to the study which was done in East Africa which also showed that the environments were not conducive to work in as nurses lacked equipment and much of the resources (14).

Overall, this study found that nurses ensured resource adequacy through various mechanisms, namely sharing of equipment between departments (borrowing) and improvisation while the private additionally revealed that the billing system (charging patients per item use), was effective such that they had their stocks replenished timely. Nurses from the public described that often they had to bring resources from home for them to function. This was also evident in the Horn et al study, where nurses found themselves having to buy materials out of pocket (36). Nurses have been forced to deal with resource shortages in this study to the extent of

asking relatives to bring supplies from home and this is not new as other studies also show that this has been consistent in many hospital settings which is a frustration to nurses, and it compromises the quality of care to patients (51).

Team collaboration and communication

Regarding team collaboration, the study participants expressed that there were healthy collegial relationships in the two settings though there were some who identified some elements of an unhealthy collegial relationship. Team collaborations were the relationships amongst nurses, multidisciplinary team, and doctors. Studies have identified attributes of team collaboration as mutual respect, trust, knowledge, good communication, shared responsibility and cooperation (15,21,41). Consistent with many studies, this study identified that there was mutual respect within the team members and healthy teamwork spirit. Mutual respect was expressed mostly by the participants between nurses and other health professionals. The participants felt that they all had a common goal orientated that was patient care therefore helped each other to ensure that it was achieved. This is a good thing as found by other studies that good team collaboration is associated with productivity and increased job satisfaction among the staff (15,49).

Unhealthy team collaboration was expressed by the participants as poor communication, which mostly was found to be common between nurses and doctors. This was mostly evident where doctors failed to give adequate explanations on patient care hence nurses resorted to using standing protocols. Lack of communication between disciplines affects patient safety hence the need to improve these relationships which brings understanding of each other' s role leading to high quality of care (21,36). The importance of timeously and accurate communication of patient care between nurses is emphasized on, as this usually leads to poor patient outcomes as well as job dissatisfaction (21,36). Interesting finding in the study, a professional nurse in the public hospital expressed that doctors were not treated well by the nurses; it showed that nurses did not cooperate with doctors especially junior doctors who were left to find their way with patient care. This is contrary to most studies where nurses have been found to be the ones being oppressed by the doctors, failing to question any doctors' orders (51). Overall, the relationship between doctors and nurses was quite unclear as some nurses expressed that there were good relationships while other nurses felt that there was poor communication between nurses and doctors regarding patient care. These findings clearly show that relationships between colleagues are more individually perceived.

Further findings from the study were that there was insubordination amongst nurses which was found to be common with junior nurses who mostly undermined the senior nurses related to the fact that they had been in the organization long enough. Quite an amusing finding was that nurses from both the private and public sectors were of the same opinion that nurses had unhealthy relationships where they worked in groups with some dishonest within teams with no team collaboration. This has been found to be common within nurses as shown in the Mexican study where nurses expressed dissatisfaction in their relationships with nurses discriminating each other related to their educational background (51).

Staff development

There were contrasting views in the study on staff development from both sectors with some nurses expressing the availability of opportunities for professional growth whilst others expressed that they were not supported to grow in the profession within the hospitals. Professional growth opportunities were described in the form of in-service training and training opportunities to upskill nurses which were supported by the organisation. The study identified that availability of training opportunities was not consistent within these two study settings as mentioned by other participants especially in the public sector, where they expressed not being supported at all to do specialisation programs like ICU. This was shown with the number of staff which were taken yearly to further their studies, which was barely minimal considering the size of the hospital, with only two nurses chosen to upgrade themselves. A study in Kenya also had concurring findings that nurses are not supported for professional development (17). Mabona et al 2022 study, identified that opportunities for growth and development are essential for nurses to enhance autonomy and job satisfaction and therefore promoting staff retention (29). In-service training was identified as present and assisted in the upskilling of nurses though both settings felt more could be done to improve the opportunities for training services.

The study further identified that opportunities for variable work gave nurses a sense of growth in the profession as they saw differing conditions giving a sense of fulfillment in the work environment. This was consistent with other findings which identified that nurses need a sense of accomplishment through advancing knowledge and through professional incentives like opportunities to fulfil individual potential (23,49).

Participants mentioned that when they are given feedback by the manager as they work, it improves their skill therefore have a sense of growth in the profession. Contrary to this finding, giving positive feedback by supervisors has shown that it has no significant effects on teamwork and leadership (42).

Physical and psychological safety

Huddleston & Gray (50) identified a safe work environment as, where nurses are free to voice their concerns, free from accidents (physical safety), where there is safe staffing and has safety mechanisms to keep everyone safe. The findings from this study were that hospitals had standard operating procedures (SOPs)/policies in place which were being followed to keep the staff and patients safe. Moreover, there were emergency plans which were functional which consisted of equipment and clear exit points in case of an emergency. Within the departments, there was preparation of emergency equipment which was checked daily hence staff dealing with emergencies were planned for during delegation to be aware of the responsibilities if they are faced with an emergency whether involving staff, patients, or environment. The participants further expressed that they were provided with PPE so that the nurses are protected from health hazards. The study further identified the presence of specific in-service training related to staff safety which was provided so that nurses did not incur work injuries through ignorance, this was further strengthened through availability of policies to reign force the measures.

Additionally, the study showed that the availability of counselling and debriefing sessions in the workspace promotes psychological safety, which has been found to be a stress-relieving mechanism within the workplace environment. This is in alignment with previous research study which associated the nurse work environment and safe work climate with patient mortality therefore identified that debriefing sessions improve safety for the nurses (31).

Studies have shown that social interactions outside the workplace and caring behavior towards one another promote healthy work environments by decreasing job related burnout and stress thereby increasing job satisfaction (22). Like other findings, as mentioned by the study participants, this study showed that team building activities like going out as teams relieved stress, where a psychological factor has been interestingly found to be a positive practice environment.

Contrary some nurses felt that the environment was not safe at all, especially nurses working in the public hospitals due to mix of patients where the mentally disturbed were found to be looked after in a normal ward with other patients therefore putting staff and other patients in danger. They elaborated by providing examples where nurses have been stabbed in the emergency departments by patients. Lack of resources was a contributing factor as well, where one professional nurse expressed that they had to bring their own heater in a neonatal ICU from home which could be risky to staff and unsafe for the patient as well. Physical safety is of paramount importance to a healthy work environment (50). This finding is not new in South African nursing work environments where nurses always feel their safety is diminished at workplace (23,).

Nurses identified work overload as a contributing factor to their emotional stress. This is consistent with other findings where work overload has been associated with stress, job dissatisfaction and burnout (22,49,51).

4.3 Nurses' perceptions about the facilitators to positive practice environment

4.3.1 Facilitators

In-service training

The results of this study demonstrated that opportunities for in-service training was a facilitator to a positive practice environment. Nurses had mentors and preceptors to assist with training in the areas where they had challenges as they worked. This has been found to be assistive in different environments and Mabona et al in their "*best practice recommendation for health environments for nurses' study",* suggested that opportunities for growth to be identified to enhance autonomy and satisfaction (29). In-service training focused on daily procedures to upskill nurses and to teaching on use of new equipment which was making the nurses jobs easier. The occupational health and safety and IPC committees were welcomed by nurses as they have shown to play a major role to keep the nurse environments safe through continuous trainings. Similarly, to findings from other studies, where fulfilling individual opportunities and advancing of knowledge has been identified as enabling (23,49). South Africa through

HRH policy document has identified that training and upskilling nurses as a facilitator to positive work environments (45).

Resource adequacy

A significant facilitator to the positive practice environment was availability of resources in the form of working equipment and consumables for daily use, with PPE being more emphasized. The study yielded the results that the nurses could not have coped if they did not resort to improvisation and borrowing from other departments to continuously function on daily basis. A Mexican study also showed that nurses associated provision of material resources as an enabler to positive work environments (51).

Provision of appropriate adequate staff

The provision of adequate staff was found to be welcomed by all nurses with appropriate skill mix. The skill mix was found to be an enabling to positive work environment, which allowed the nurses to work under their scope of practice hence there were shared responsibilities reducing the workload to nurses. The use of agency nurses to supplement the shortage was welcomed as a temporary measure though nurses hoped for a permanent measure where they did not have to deal with teaching agency staff on their busy schedule. These findings are consistent with PES NWI by Lake and other studies which identified staff adequacy as imperative (2,14,49,51).

Healthy Collegial relationship

The study identified that healthy teamwork spirit contributed to a positive practice environment. Teamwork spirit was identified as the relationships between nurses and other health professionals which included the multidisciplinary team and the doctors. The healthy teamwork spirit was expressed by the participants as, where there is absence of bullying, gossip, bad mouthing and being able to assist each other. Huddleston et al (50), had similar findings that health work environments are whereby there is teamwork, where everyone works together and is not bullied to do something. Consistent with previous studies, teamwork has shown to bring meaningfulness in nurses' work environment leading to job satisfaction (23,52).

In addition, good communication between staff, doctors and family was identified as detrimental and enabling to a positive work environment as it facilitated good continuous patient care. This finding was in alignment with previous research where other studies identified that nurse leadership, teamwork professional autonomy and communication were very important in creating healthy work environments (41).

Supportive unit manager

To improve the nursing environments, studies have identified strong managerial support to be effective and enabling to heath work environment (23,49). Operational managers were found to be supportive through engagement with patients and staff during daily ward rounds hence were able to identify and deal with problems promptly before they were escalated, this was through meetings and giving feedback. Additionally, supervisory meetings were identified as enabling a positive environment, with managers taking an active role to lead and identify areas to be improved through engagement of nurses, to ensure nurses are comfortable in their work environment. Support was further given through counselling and debriefing sessions to ensure psychological safety measures where nurses are stress free.

4.3.2 Barriers

Lack of opportunities for professional growth

The study yielded the results that limited opportunities for staff growth were a contributing factor in a negative work environment. This has been found to be common ground with other studies where they identified that lack of opportunities for staff growth makes nurses to be less autonomous and enhances job resentment and dissatisfaction (23,49).

Heavy workloads due to insufficient staff

The biggest barrier to positive practice environment was identified by nurses from both public and private sectors as the heavy workloads which was mainly due to staff shortages. The study found that nurses appreciated their workload mostly when there was adequate staffing, which in this case was found not to be consistent daily. Choi et al (49), described insufficient staffing

as a destabilizing force in the nurse work environment. Staff inadequacy was described as a negative environment as it often led to absence of rest times as nurses tended to become too busy and were often stressed and tired.

Lack of resources

Consistent with other studies, this study found that lack of resources was described by nurses as a barrier to a positive practice environment. The nurses from the public strongly felt that their current work environment was not conducive to work in, as they lacked proper working equipment to use daily. The shortages were identified as the equipment, consumables and medicine which was a hindrance to provision of quality patient care and the environment was demotivating to nurses. Lack of resources has been shown by previous studies to cause stress for the nurses, making the environment to be dissatisfactory (14,49,51).

4.4 Nurses' recommendations on the strategies to improve nurse practice environment.

The study found the following strategies to improve the nurse's practice environment:
Nurses from both sectors believed that with sufficient staff, including the support staff, their workload would be much less, reducing stress and promoting a healthy work environment which is a finding from previous studies (36). Therefore, nurses recommended that the hospitals could improve staffing by hiring more people.

Additionally, nurses believed if they were provided with enough working equipment, it would improve their working environments and make them healthy. Previous research has shown that resource inadequacy causes frustration to the nurses and reduces the quality of care therefore the need to provide adequate resources for nurses (14,36,51).

Nurses further recommended that the hospitals should make provision for professional growth for nurses, this was emphasized to be through consistent in-service training of nurses promoted by continuous visibility of preceptors. Nurses expressed and recommended to be awarded opportunities both to the junior and professional nurses to upskill nurses especially in the specialty they were working in. Professional incentives such as advancing knowledge have

been identified and recommended as important for the development of staff (49). Another recommendation was the need to be taught about new policies and procedures instead of just making staff sign them without understanding for easy application and be properly trained in new equipment. Studies have identified that with new advanced technologies, work practice changes therefore new guidelines need to reflect and accommodate new trends in creating health work environments for nurses (41). Recurrent training has shown to improve clinical competence and knowledge (29, 38).

Recognition of nurses

Furthermore, nurses from the public hospital expressed the need for recognition of nurses through fair rewarding of performance bonuses as failure to recognize them was demotivating and was the reason why nurses were resigning. Bloemhof et al study (38), revealed that many researchers found that for improvement of nurses' job satisfaction there was need for managers to build a fair and attractive reward system.

Provision of more rest days

Findings from this study were consistent with other research findings where nurses recommended the need for more time to rest, which was strongly associated with staff shortages. Brunges & Brinza (44), identified the following initiative in their study setting which was commenced to reduce stress and burnout for staff that is provision of rest areas during meal breaks where resources were provided to ensure relaxation during the break like massage chairs for staff to take a moment from the busy unit.

Managerial support

Additionally, nurses recommended that there should be improved support for nurses by the managers, with suggestions that they are given platforms to voice their concerns. Nurses further suggested that they need to be supported by managers in team building activities. Staff support by management should be regularly whereby managers provide consistent moral support and verbally acknowledge staff and promote communication and collaboration for health work environments (21,39,50).

There was further recommendation that the operational managers needed to be trained to improve the management skills where managers needed to practice fairness, to avoid bulling nurses and be open-minded as leaders. Like other study findings where it has been shown that leaders need to be able to be open, honest and communicate effectively to achieve the support for healthy work environments (41).

Good remuneration for nurses

There was a recommendation by some nurses which was not commonly mentioned by most participants, where some nurses suggested that they are given better salaries to motivate them for the increased workloads they had to cope with. Bloemhof et al in their study revealed that nurses appreciated financial rewards in form of bonuses, monetary rewards, and performance related pay systems (37).

4.5 Strengths and Limitations

4.5.1 Strengths

The strengths of this study were that the views of the different cadres of nurses were explored providing an overview of the nurses' practice environments in the two different settings of a health sector. This differs from other studies which did not focus on all categories of nurses, especially the lower category of nurses. In addition, the qualitative methodology was used which allowed the researcher to get a deeper understanding of the nurse practice environments which could not have been possible if the study was done quantitively.

4.5.2 Limitations

The study size was limited by the fact that this is a master's thesis and there was no funding to hire another experienced researcher which could have assisted to increase the sample size for more broader insight. The study was only conducted in two hospitals which could be a misrepresentation of the nurses in the province therefore the findings cannot be generalized to a broader context. Findings might not be transferable to other settings subject to the variations in economic systems, political and cultural nevertheless the study contributed to the

understanding of the views of nurses working in local public and private hospitals on their work environments providing important implications to the policy makers and nurse managers.

CHAPTER 5 CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

In this chapter recommendations on the improvement of the NPE will be discussed followed by a conclusion. The recommendations are based on the study findings and therefore will assist managers and policy makers to improve the NPE in public and private hospital settings.

5.2 Recommendations

Creating a positive nursing practice environment involves implementing strategies that prioritise the well-being and satisfaction of nurses. In line with the study findings, the following recommendations are made to improve or continue creating positive nursing practise environments which will foster job satisfaction, staff retention and high quality of care patient care. Recommendations are made at four levels within the healthcare system, namely individual, hospital policy level, and research level.

5.2.1 Individual Level

Provide opportunities for Individual professional growth

It is recommended that management offer individual professional growth to nurses through providing opportunities for professional development, continuing education, and skills enhancement to support career growth and advancement. Preceptors can be identified or employed so that nurses have more support, especially with advancing knowledge and technology and nurses should be supported when they want to further their studies. Not only should formal education be considered as a way of staff development but even the use of daily ward rounds could be utilized as a learning experience. Mabona Study has identified that empowering environments through provision of resources support and information which is evidence based should be consistently practiced. This has shown to encourage mutual learning with an increase in accountability and responsibility amongst nurses (29).

5.2.2 Hospital Level

Provide opportunities to improve communication

It is recommended that there is promotion of open communication channels between nurses and management to ensure that concerns and suggestions are heard and addressed effectively. This could include availing platforms where nurses are able to communicate with management freely without fear of victimization. Meetings could be regularized with staff to allow for open communication. Practice of effective communication (openness, respect and honest), between nurses, nurse leaders and managers are a foundation of a health work environment (29). Another strategy that can be employed is development of effective communication processes and feedback channels that will foster nurses' interest and engagement (29).

Promote interprofessional collaboration

Promotion of open communications could be used as a culture within the hospital setting and extended to the multidisciplinary team, especially doctors so that there is effective communication within teams. Therefore, a Standard Operating Procedure should be developed and implemented with all health care workers having access to it. A committee could be put into place including nurses to encourage and oversee communication systems in the hospitals which will in turn promote teamwork and therefore improve patient care. Collaborative teamwork has been identified in an integrative literature review by Mabona 2022 (29), whereby leadership is tasked with development of procedures and structures which enhance collaborative teamwork which is nurse participative. Teamwork which is a relationship focused approach entails involvement of sharing power within team members, employees and unions as well as the patients/ clients irrespective of educational background (29).

Address staff shortages

The hospitals should review the staff establishment to ensure that all categories of nurses are sufficient to manage the patient numbers, and this could be done by timely reviewing of vacant positions. Furthermore, implementation of policies that encourage flexible staff adjustments

that meet changing patients' needs could be helpful to address shortage of staff. Similarly with other studies, flexible scheduling has been found to be helpful to prevent nurses being stressed, allowing for meal breaks during shifts as well as for vacations to de-stress (13,44).

Creating safety measures

Create a safe and healthy work environment by prioritizing workplace safety measures and providing resources for the physical and mental well-being of nurses.

Improving reward systems for nurses

Recognize and appreciate the contributions of nurses through incentives, rewards, and acknowledgment programs that celebrate their dedication and hard work. This will promote satisfaction, creating a positive workplace environment. Platforms could be created within hospitals where nurses are openly acknowledged to motivate them. Building of fair and attractive reward system to improve job satisfaction (38).

Improve staff involvement in decision makings

Hospital management create monthly staff surveys on their work environments to get feedback and improvement related to the staff views. Nurses can be allowed to be autonomous where they make independent decisions to solve patient issues and issues affecting their work environment establishing trust between the management and nurses hence teamwork and collaboration is enhanced (29). Health worker inclusion in policy development and strategies is an important aspect that positively influence a positive work environment (38,43,45).

Nurse manager leadership development

Improving managerial support for staff could be done by frequently sending managers on leadership courses, which will enable them to be more supportive of staff. A south African study identified that empowerment of leaders is of paramount importance to enable them to be to be more supportive to staff (51).

Develop research forums in the hospitals

Hospitals to develop a research committee which includes nurses that will conduct research within the hospital and identify recommendations on NPE which will best suit the hospital. Studies have shown that continued research is important especially with changing trends and new diseases profiles hence nurses to be encouraged to do evidence-based practice through research (29,38,46).

Monitor and evaluate nurse practice environments

Hospitals create monthly surveys and focus groups to evaluate nurse practice environments to identify and improve health environments for nurses. A neutral person from outside the management could be used to coordinate the focus group meetings (38).

5.2.2 Policy level

Develop and implement nurse friendly policies

Implement fair and transparent policies for workload distribution and scheduling, ensuring that nurses have a manageable workload and a healthy work-life balance. This could include the involvement of nurses in decision-making pertaining to hospital affairs. Nurses could be given opportunities to be part of the policy formulation where surveys can be distributed to obtain their views as their involvement would improve the work environment (38,43,45).

Implement policies that reinforce working within scope of practice according to the South African nursing Act 33 of 2005 to reduce workload to nurses.

Address staff shortages through review of policies which are discouraging the nursing profession growth. This could be done by increasing number of nurse training schools and increased nurse number intakes by the South African nursing Council in the accreditation policies. Hence the nursing curriculum could be improved to allow for specializations in the nursing field. This was identified in a South Africa study on the need to review the existing policies to identify how the nurse practice environments could be enhanced (51).
Implement policies that encourage staff retention such as tuition reimbursement and mentorship opportunities.

5.2.3 Research Level

A community-based research approach can be done by researchers whereby there is involvement of nurses in identifying solutions tailored to their specific needs (51), enhancing the effectiveness and relevance of the interventions. Prior studies have shown that continued research is important with the changing trends for improved environments (29,38,46).

5.3 Conclusion

This study brought to light the nurses' perceptions of their work environment whereby the facilitators and barriers to nurse's positive environments were established in these two health facilities. Barriers that were identified included resource shortages, staff shortages, and lack of opportunities for staff growth. Taken into consideration, these barriers allow for better planning to reduce the heavy workload that often occurs, making nurses demotivated and often lead to burnout, less productivity and therefore the quality of care to patients is diminished.

Healthy work environments have been found to be advantageous in maintaining a stable and sufficient nursing workforce, encouraging nurse performance and productivity, and supporting health organizations hence the need to improve them. The study further revealed the similarities between the two health environments except for the resource adequacy which was perceived to be positive in the private health facility compared to the public health facility. Moreover, nurses had solutions for the improvement of their work environments which could be beneficial to the nurse managers and policy makers to improve the nurse work environments as perceived by the people on the ground.

5.4 Areas for Future Research

Opportunities to expand and do the study in more hospitals and provinces outside Gauteng. It would be interesting to further examine the perception of the nurses' environments at a larger scale and to involve more nurses and hospitals to clarify and target the areas that need to be improved in the healthcare setting to ensure good patient outcomes and create positive practice environments.

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APPENDIX 1 PLAGIARISM AND DECLARATION

PLAGIARISM DECLARATION TO BE SIGNED BY ALL HIGHER DEGREE STUDENTS

SENATE PLAGIARISM POLICY: APPENDIX ONE

I ___Promise Moyo_____ (Student number: _2352724___) am a student registered for the degree of

MCA17 Master in Public Health_____ in the academic year _2024_____.

I hereby declare the following:

- I am aware that plagiarism (the use of someone else's work without their permission and/or without acknowledging the original source) is wrong.
- I confirm that the work submitted for assessment for the above degree is my own unaided work except where I have explicitly indicated otherwise.
- I have followed the required conventions in referencing the thoughts and ideas of others.
- I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work or that I have failed to acknowledge the source of the ideas or words in my writing.
- I have included as an appendix a report from "Turnitin" (or other approved plagiarism detection) software indicating the level of plagiarism in my research document.

Signature: _____ Date: ___15 September 2024_____

APPENDIX 2 ETHICS CLEARANCE CERTIFICATE

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

R49 Ms P Moyo

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
CLEARANCE CERTIFICATE NO. M220727

NAME: (Principal Investigator)	Ms P Moyo
DEPARTMENT:	School of Public Health Medical School University
PROJECT TITLE:	*A qualitative study of the nurses' perceptions of their practice environments in two selected hospitals in Gauteng Province*
DATE CONSIDERED:	2022/07/29
DECISION:	Approved unconditionally
CONDITIONS:	
NOTE:	If contact information regarding student study participants is required, please contact the Registrar's office - <Nicoleen.Potgieter@wits.ac.za>
SUPERVISOR:	Dr P Ditlopo
APPROVED BY:	Dr CB Penny, Chairperson, HREC (Medical)
DATE OF APPROVAL:	2022/09/27

This Clearance Certificate is valid for 5 years from the date of approval. An extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Research Office secretariat on the 3rd floor, Phillip Tobias Building, Parktown, University of the Witwatersrand, Johannesburg.

I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated from the research protocol as approved, I/we undertake to submit details to the Committee. **I agree to submit a yearly progress report**. When a funder requires annual re-certification, the application date will be one year after the date when the study was initially reviewed. In this case, the study was initially reviewed in **July** and therefore reports and re-certification will be due in the month of **July** each year. Unreported changes to the study may invalidate the clearance given by the HREC (Medical).

Signature of Principal Investigator

28/09/2022
Date

APPENDIX 3 APPROVAL LETTERS (PUBLIC)

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Gauteng Department of Health
Helen Joseph Hospital
Enquiries: Dr. M. Mukansi
Research Committee: Chairperson
Tel :(011) 489-0306/1087
Fax :(011) 489 1038
E mail:Murimisi.mukansi@wits.ac.za

1 August 2022

To whom it may concern

Subject: HELEN JOSEPH HOSPITAL RESEARCH COMMITTEE APPLICATION

PROTOCOL TITLE: A Qualitative Study of the Nurses' Perceptions of their Practice Environments in two Selected Hospitals in Gauteng Province

Principal Investigator: Promise Moyo

Ethics Clearance: Pending

Co- investigator: Promise Moyo

Department: Helen Joseph Hospital

Committee Recommendations
The Committee is giving you Conditional access while awaiting the final ethical clearance certificate from the University of Witwatersrand.

It is the duty of the researcher to collect the data to the relevant department after the Research Committee approved the study.

Dr. M. Mukansi
Chairperson of HJH Ethic and Research Committee

APPENDIX 4 APPROVAL LETTERS (PRIVATE)

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

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

Dear Promise Moyo (Student No 2352724)

Re: A Qualitative Study of the nurse`s perceptions of their Practice Environments in two Selected Hospitals in Gauteng

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

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

We wish you success in your research.

Yours faithfully

24/11/27

Signed by Hospital/Site/Division Management **Date**

Nurse Manager

(Specify designation)

APPENDIX 5 INFORMATION SHEET

Research title: A Qualitative Study of the Nurses' Perceptions of their Practice Environments in two Selected Hospitals in Gauteng Province.

Dear Sir/ Madam,

My name is Promise Moyo and I am a registered student for a master's in public health at the University of the Witwatersrand. As part of the degree requirements, I am conducting a research study on "Nurses' perceptions of their practice environments in two selected Hospitals in Gauteng province". Nurses practice environment is the organisational characteristics of a work setting that could facilitate or inhibit professional practice. A conducive healthy nurses' work environment is a workplace that is safe, supportive, satisfying and enables good nursing practice.

Aim and description of the research.

The aim of the research is to explore and describe the nurses' perceptions of their practice environment in order to examine the elements that promote and inhibit positive environments in both the public and private hospital in Gauteng province. It is hoped that the findings of the study will provide policy makers and nurse managers with information that will inform the development of strategies to create healthy work environments that may attract and retain nurses in their positions, thereby assuring provision of safe high quality of patients care. During the visit at the hospital, the researcher will request the potential participants to participate in face-to-face interviews where they will be asked questions using a guide. During the interviews, the researcher will be taking down notes as well as audio recording them with the participant's consent in order to capture their views as accurate as possible.

Potential benefits

There will be no direct benefits to participants.

Information on participation in the research

You have been selected for the study based on your being a nurse at the chosen hospital and having worked there for more than one year. Your participation is voluntary, and you are entitled to withdraw at any stage without any negative consequences. Interviews will be

conducted at the Hospital, at a venue and time most suitable to you. The interview will take approximately 1 hour, and it will be audio recorded and transcribed. Audio recordings and transcripts will be labelled using unique identifier numbers. Each participant's unique identifier code will be used throughout the data analysis, to ensure confidentiality. Data will be stored on the researcher's password protected laptop. MS Word files will be created with each participant's unique identifier number. A daily backup of files will be done on Google Drive. Google Drive will be accessible to the researcher and supervisor only. Data will be stored on the researcher's laptop and the Google Drive for 2 years after publication, or 6 years if not published. It will be destroyed thereafter. No personal information will be used in the research analysis or report. Feedback on the results of the study will be provided. There will be no cost to you as a participant.

Contact details

If you have further questions, please do not hesitate to contact the researcher or researcher's supervisor:

Promise Moyo (researcher):
0733449193
Promy95@gmail.com

Dr Prudence Ditlopo (supervisor): School of Public Health, University of the Witwatersrand
011 717 3433
Prudence.Ditlopo1@wits.ac.za

Please also find the contact details of the Human Research Ethics Committee (Medical) (HREC) Chair and Administrative Officers below. You are welcome to direct any research queries or complaints regarding research participation:

Professor Clement Penny
HREC (Medical) Chair
011 717 2301
Clement.Penny@wits.ac.za
Ms Zanele Ndlovu/ Mr Rhulani Mkasi/ Ms Lebo Moeng
Administrative Officers
011 717 2700/ 2656/ 1234/ 1252

Thank you for your time and participation.

APPENDIX 6 INTERVIEW GUIDE

Characteristics of the participants

1. How long have you been working in this hospital? _____years _____months
2. In which unit/ department do you currently work at this hospital? _____name of department
3. How long have you been working in this unit/ department? _____years _____months
4. What is your job title? (e.g., professional /registered nurse; staff/enrolled nurse; auxiliary/enrolled nurse assistant) _____
5. How long you have been in the current position? _____years _____months

General

6. How would you describe a positive work environment?
7. To what extent would you say your current workplace provides a positive work environment?
8. How would you describe a negative work environment?
9. To what extent would you say your current workplace provides a negative work environment?

Nurses' participation in hospital affairs

10. To what extent would you say nurses are given opportunities to participate in decisions that affect the running of the hospital?

Probe:

a. e.g., the development of clinical policies such as infection prevention policies.
b. To what extent would you say nurses participate in hospital committees (e.g., quality assurance committees, infection prevention committees, etc.)
c. To what extent would you say hospital management (CEO/HM& Matrons/ unit manager) is visible and accessible to nursing staff (e.g., being able to do daily ward rounds, assist during emergencies).
d. To what extent would you say the unit manager represent the Nurses' concerns to hospital management? e.g., staffing for the department, equipment shortages etc.
e. To what extent would you say the Unit manager consults with nursing staff on daily problems and procedures? Please explain (e.g., listening to their inputs regarding scheduling of duty rosters, involvement in patient allocation, finding a reasonable frequency of night shifts etc).

Nurse Manager's ability, leadership, and support of nurses

11. How would you describe the management and leadership style of your unit manager?
Probe:

a. To what extent would you say there is a clear reporting structure for nurses? Please explain (e.g., availability of organogram)
b. To what extent would you say your Unit manager gives due recognition and praise to nurses for a job well done? Please give examples.
c. To what extent would you say the unit manager is respectful towards the nursing staff? Please give examples e.g., not reprimanding nurses in front of patients.
d. To what extent does the Unit manager treat all nurses fairly? Please explain (e.g., playing a neutral role when dealing with nurses' issues and requests such as granting of emergency leave, refraining from showing favouritism towards some nurses over others)

Foundations for quality of care

12 In your opinion, how does the unit manager ensure that high quality care is provided to the patients?

Probe:

a. Do you have active quality assurance programme? Explain
b. Do you have induction and orientation programmes for new nurses. Please explain (e.g. what is covered in those programmes).
c. To what extent would you say your unit manager does random spot checks to ensure nurses respect patients' privacy during consultations? Please explain.
d. To what extent would you say your unit manager ensures that nurses follow clinical guidelines for priority diseases? Please explain (e.g., following of infection control procedures).
e. To what extent would you say your unit managers ensures that nurses prioritise emergency cases? Please explain.
f. To what extent would you say the daily patient allocation allows for continuity of care? Please explain (e.g., nurses being allocated the same patients for consecutive days, staff skill mix in the unit allows for continuity of care, nursing shift scheduling is conducive to continuing nursing care of patients).

Appropriate and adequate staff

13. How do you view your work responsibilities and workload?

a. To what extent do you find them reasonable and why? Please explain (e.g., the number of nurses in each unit meets the needs of nursing workload, nursing vs non-nursing duties)

14. How serious would you consider the nursing shortage in your unit/ department? Please explain (e.g., current skill-mix, availability of sufficient support staff to allow nurses to spend more time with patients)
15. To what extent would you say your unit manager is able to manage the workload in your department? Please explain (e.g., unit manager ability to manages deprived rest days, overtime, long working hours, absenteeism, reducing night shift nurses' workload).

Resource adequacy

16 How would you describe the adequacy of resources? Please explain (e.g., stock/ medicine/equipment/ PPE/ isolation rooms/ wash basins/ medicine preparation area) in your unit/ department?

17 How do you deal with resource shortages in your unit/ department? Please explain.

Team collaboration and communication

18 To what extent would you say there is a collegial working relationship between nurses and other health professionals?

a. How would you describe the relationship between nurses and doctors in this hospital?
b. Probe: (e.g., doctors providing necessary explanations about patient care, nurses and doctors working together to coordinate their jobs).
c. Professional communication – tone, verbal, and non-verbal body language; respect between nurses and doctors; collegiality vs fault-finding and blaming culture.
d. How would you describe the relationship amongst nurses in this hospital?
e. How would you describe the relationship between nurses and the unit manager in this hospital?

Staff development

19 To what extent would you say your work environment provides opportunities for the continued professional growth of the nurses?

a. To what extent would you say your unit/ department offers opportunities for variable work and challenging situations? Please explain (e.g., in case of emergency).
b. How would you describe the availability of training opportunities to improve quality of care provided to patients? Please explain (e.g., opportunities for in-service training).
c. To what extent would you say your unit manager organises formal supervision meetings with nurses reporting to them, (how often and what is discussed)?
d. To what extent would you say your unit manager gives nurses specific feedback to enable them to perform their duties optimally? Please explain.

Physical and psychological safety

20 To what extent would you say your unit/department provides a safe working environment for nurses?

Probe for:

a. How would you describe the availability of measures to prevent physical injury or harm sustained at work? Please explain (e.g., harm/ injury due to lifting heavy patients without mechanical lifting devices, risk of infection, needle prick accidents, fatigue, and other demanding working conditions)
b. To what extent do you feel you can voice your concerns without being victimised (e.g., being bullied, abused, and devalued at work).
c. To what extent would you say your current job causes emotional distress for you (e.g., legal liabilities for any clinical errors that happens in daily practice; sudden changes in patients' conditions)?
d. What safety mechanisms are put in place in your unit/department to ensure that nurses are physically and psychologically safe? Please explain.

Conclusion

21 What would you say are the facilitators and barriers to positive practice environment?
22 What recommendations would you make to improve the practice environments for nurses in this hospital?

APPENDIX 7 INTERVIEW CONSENT FORM

I (name and surname) _____ hereby confirm that I have been satisfactorily briefed by the researcher (interviewer) on the study and interview process. I understand how my responses will be captured, stored, and analysed for the purpose of the research study. The researcher has explained the study objectives in detail and answered all the questions and concerns about participating the study. I know that the researcher may contact me to do a follow up study interview. I fully understand that I can stop my involvement in the study at any given time and to also decline any additional interviews with no repercussions. I understand that my identity will remain anonymous, and that no personal identifiers will be used in any reporting of the study.

I agree to participate in the study and grant permission for use of my personal information and interview responses.

Participant's signature: _____Place _____Date _____

Researcher's name _____

Researcher's signature _____ Place _____ Date _____

APPENDIX 8 CONSENT FOR AUDIO RECORDING

The researcher has asked my permission to record the audio of my interview and clearly explained the reasons for the process. I have been assured that I can stop the interview process at my time and ask that the recorded file be deleted at my request.

I understand that the recording and the transcription will be always kept confidential and stored in a password protected computer until such time that it is permanently deleted.

I consent to having the interview audio recorded.

Participant's name _____

Participant's signature _____ Place_____ Date_____

Researcher's name _____

Researcher's signature _____ Place _____ Date _____

APPENDIX 9 TURNITIN REPORT

Submission date: 30-Mar-2024 10:43PM (UTC+0200)
Submission ID: 2335442411
File name: Research_report-_29_March_24__Final_Turnitin.docx (1,016.37K)
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A Qualitative Study of the Nurses' Perceptions of their Practice Environments in two Selected Hospitals in Gauteng Province

Research report- 29 March 24_ Final Turnitin.docx

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APPENDIX 10 LANGUAGE EDITING CERTIFICATE

APPLANGUAGE EDITING CERTIFICATE

MRS S.J.E. KATZKE

sariek70@yahoo.com

083 287 2166

This is to certify that I, Mrs. SJE Katzke confirm that I have completed the language editing for the qualitative study of Promise Moyo

Research Topic

A QUALITATIVE STUDY OF THE NURSES' PERCEPTIONS OF THEIR PRACTICE ENVIRONMENTS IN TWO SELECTED HOSPITALS IN GAUTENG PROVINCE

June 2024