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An exploratory case study on the wellbeing of nurses working in a casualty unit at a state hospital in Windhoek

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AN EXPLORATORY CASE STUDY ON THE WELLBEING OF NURSES WORKING IN A CASUALTY UNIT AT A STATE HOSPITAL IN WINDHOEK

A report on a research study presented to

The Department of Social Work

School of Human and Community Development

Faculty of Humanities

University of the Witwatersrand

In partial fulfilment of the requirements for the degree

Master of Arts in Social Work in the field of Occupational Social Work

By

Namukolo Nyambe

September 2020

DECLARATION

I hereby declare that this research report is my own original and unaided work and that all references to other sources and other author's work have been properly cited and referenced. Furthermore, this research report has not been submitted previously for any other degree or examination.



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Namukolo Nyambe

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Creating a research study is a complicated challenge, and a small army of people have contributed to the evolution of this research report. First and foremost, I want to offer this endeavour to our God Almighty for the wisdom he bestowed upon me, the strength, peace of my mind and good health in order to finish this research. I wish to extend profound gratitude to the following people:

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DEDICATION

I dedicate this research report to my parents, Richard and Rosemary Nyambe, who have raised me to be the person I am today. You have been with me every step of the way, through good times and bad. Thank you for all the unconditional love, guidance and support that you have given me, helping me to succeed and instilling in me the confidence to achieve anything I put my mind to. Thank you for everything, without you I could never have reached this current level of success.

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ABSTRACT

Nursing is a profession within the health care sector focused on the care of individuals, families and communities so they may attain and maintain optimal health and quality of life. Psychological wellbeing is an essential aspect for nurses, as the psychological wellbeing of nursing staff may affect patient care in one way or another. Namibia is faced with a human resource crisis in the public health sector. In this research study the researcher focused on exploring the wellbeing of nursing staff in a local public hospital in Windhoek, Namibia. Hertzberg's motivational theory was the theoretical framework which guided this study. A qualitative exploratory multiple case study research design was employed and data were collected with a semi-structured interview schedule using face-to-face interviews. A total of ten nurses were selected to participate in the study using purposive sampling. Qualitative data gathered were analysed using thematic analysis. The study found that a shortage of staff at Casualty Unity was the main challenge experienced by the nurses working at the unit under review and that this in turn negatively affects their wellbeing. A shortage of registered nurses at a local public hospital in Windhoek impacts on their psychological wellbeing which consequently negatively affects patient care and service delivery. Findings showed that nurses felt stressed and burned out as a result of their work. Therefore, it is recommended that the hospital management should establish effective stress management strategies to mitigate the challenges faced by the nurses and hence improve the overall wellbeing of nurses.

Key Words: Wellbeing, Burnout, Nurses, Knowledge, Psychosocial, Workplace experience

LIST OF ABBREVIATIONS

CMO	Chief Medical Officer
CRP	Cardiopulmonary Resuscitation
CU	Casualty Unit
EAP	Employee Assistance Programs
ED	Emergency Department
ED	Executive Director
HPCNA	Health Profession Council of Namibia
KSH	Katutura State Hospital
MOHSS	Ministry of Health and Social Services
MVA	Motor Vehicle Accident Fund
OSW	Occupational Social Work
PVA	Patient and Visitor Aggression
RN	Registered Nurse
TBU	Tuberculosis Unit
UNAM	University of Namibia
WCH	Windhoek Central Hospital
WHO	World Health Organisation

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CHAPTER ONE:
INTRODUCTION

1.1 Introduction

This ‘study explored the welfare of nurses employed in a casualty unit at a state hospital in Windhoek. The research investigated nurses’ circumstances, challenges, as well as the opportunities of working in casualty units in state hospitals. Employees’ wellbeing plays a critical role in any organisation. The study’s background was significant as it outlined origin of the topic. The background of the study, statement of the problem, objectives of the study, justification of the study, limitations of the study, as well as definitions of terms, are discussed and described in detail in this chapter.

1.2 Statement of the Problem and Rationale for the Study

There is a strong relationship between the wellbeing of health professionals, such as nurses, and the quality of care experiences reported by patients (Adams, Cimino, Arnold, & Anderson, 2012). Tumusiime (2017) mentions that in 2015 the African region had an average of 1.30 health workers per 1000 population, which was far below the 4.5 per 1000 population as per Sustainable Development Goals (SDGs) requirements. The World Health Organisation (2018) reports that out of the estimated global health workforce shortage of 14.5 million required for universal health coverage, the African region had the most severe health workforce shortage - estimated to reach 6.1 million by 2030. According to the Ministry of Health and Social Services (MOHSS) (2015) in an audit report on the Health Service Provision of 2014, there are three medical professionals per 1000 persons in Namibia, which is above the recommendation of the World Health Organisation of 2.5 medical professionals per 1000 population. In 2015 the MOHSS further reported that the specific health worker population ratio included 1: 2,952 for doctors, 1: 904 for registered nurses, and 1: 10,039 for pharmacists and 1: 13,519 for social workers among others (MOHSS, 2015).

As the population of Namibia grows, work-related demand on nurses escalates. Namibia has an acute shortage of nurses within the MOHSS. The Namibian (2015) reported that the Robert Mugabe clinic in Windhoek had only one doctor and four nurses attending to about 248 people every day. Beaukes (2017) adds that in 2017 the Namibian government froze jobs for nurses in the MOHSS due to financial constraints. The sight of queuing patients expecting to be attended by a doctor or nurse at a hospital or health facility is a familiar spectacle, indicating

that the shortage of medical personnel is a problem that needs immediate attention. This clearly shows that hospitals and health facilities are certainly busy places. The shortage of skilled health workers means that a limited number of doctors and nurses have to attend to hundreds of patients daily, thereby compromising the quality of health care, as highlighted by WHO (2018).

WHO (2018) stated that Namibia is faced with a human resource crisis in the public health sector, which is characterised by a shortage of health professionals, high vacancy rates for all categories of staff, high attrition rates (mostly due to resignations), lack of a human resources retention strategy, staff burnout and inadequate capacity at local health academic institutions to produce the required number of needed health workers. As a result of increased workload due to staff shortages, the Namibian government has to cater for negative effects that include: nurses' burnout, psychological stress, and depression (Davhana-Maselesele & Igumbor, 2008). Nurses employed in the casualty unit at state hospitals experience occupational challenges as they carry out their everyday routine activities. Challenges experienced by nurses may have a negative bearing on how they execute their daily duties, hence leading to poor service delivery. It is believed that many nurses are exposed to both mental and physical psychological challenges which affect their wellbeing and their work (Jones, Hocine, Salomon, Dab & Temime, 2015).

The hospital where the study was conducted is a local public hospital in Windhoek which admits patients from all fourteen regions of the country. Kamanda (2018) reports that the local public hospital is always overwhelmed with limited material and human resources capacity. In particular, the casualty unit is faced with myriad of challenges, including inadequate health personnel, a high influx of patients, limited patient capacity and lack of appropriate record management technology. Working jointly with professional nurses at a public hospital in Windhoek, the researcher discovered that nurses frequently appeared drained and distressed. Excessive workloads might make nurses experience psychological illnesses that may eventually affect the standard of nursing care given to patients. Many studies have been conducted on nurses, generalising their working conditions. Some have been restricted to mental health, maternal health, paediatric and intensive care units (ICU) however, no study in Namibia has assessed the wellbeing of nurses at a casualty unit. Also, given the challenges and criticalness of the casualty unit, it was of paramount importance to examine the wellbeing of nurses working in the casualty unit at a state hospital in Windhoek.

1.3 Purpose of the Study

The purpose of this study was to investigate the wellbeing of nurses working in the casualty unit at a state hospital, specifically from an occupational social work perspective.

1.4 Primary Aim

The primary aim of this research was to describe and explore the wellbeing of nurses working in a casualty unit at a local public hospital in Windhoek, Namibia.

1.5 Secondary Objectives

The secondary objectives of the research included:

1) To explore the wellbeing challenges encountered by nurses working at a local public hospital in Windhoek;
2) To determine nurses' perceptions of motivational factors influencing their wellbeing at work;
3) To explore the coping techniques that nurses adopt to address their wellbeing challenges;
4) To make recommendations to the hospital management about organisational support systems they can employ to assist nurses at this hospital.

1.6 Research Questions

The following research questions were developed:

1) What are the work-related challenges encountered by the nurses at a public hospital in Windhoek?
2) What are the factors influencing quality service delivery by the nurses at a public hospital in Windhoek?
3) How can the wellbeing of nurses be improved?

1.7 Pre – Understandings

Addressing occupational challenges related to stress among nurses would positively assist nurses to improve service delivery in the health care sector.

1.8 Significance of the Study

This study aimed at yielding practical appropriate results to improve the wellbeing of registered nurses. The researcher anticipates that the findings of this study will assist policy makers in developing programmes and strategies that will help nurses by addressing their wellbeing. Improving the wellbeing of nurses enhances their performance in the provision of quality care to patients".

1.9 Theoretical Framework Underpinning the Study

Due to the challenge's that nurse's face in hospitals, various interrelated theories formed the theoretical lens for the study. Underpinning this study are theories relating to the wellbeing of nurses. Herzberg's Theory of Motivation was the theoretical framework used to guide and inform the study. Herzberg's Theory of Motivation highlights that intrinsic and extrinsic factors motivate the individual to satisfy their own needs (Kahiga, 2018). This theory was established following a study of 200 engineers and accountants from nine different companies. It established that satisfaction and motivational factors were different from those causing job dissatisfaction.

As a comprehensive framework for conceptualising wellness is needed, Maslow's Hierarchy of Needs was adopted to form another important theoretical framework for the study. This theoretical approach was adopted in order to address the wellbeing of nurses working with patients in hospitals. Hale, Ricotta, Freed, Smith and Huang (2019) state that the most effective framework for addressing the welfare of any human being is the Maslow hierarchy of human needs. Neubauer and Martskvishvili (2018) highlight that the Maslow hierarchy of needs is a theory of motivation used to address the needs of humans. The core assumption of Maslow's Hierarchy of Needs is that the fulfilment of each higher motivation can only be accomplished if lower motivations are satisfied.

1.10 Brief Overview of the Research Design and Methodology

The study employed a qualitative research paradigm, using the case studies. The sample of the study consisted of 10 registered nurses working in the hospital casualty unit. Interviews were conducted using a semi-structured interview schedule which was designed in order to explore the challenges and experiences nurses face working in the casualty unit. Face-to-face

interviews was the method of data collection employed in this study. The gathered data were presented and analysed by means of transcribing recorded interviews and thematic analysis.

1.11 Limitations

The study was conducted in only one state hospital, which is a local public hospital in Windhoek, Namibia. Due to the small sample size selected for the study and due to the fact that only one state hospital was chosen for the study, results cannot be reducible to the entire population of professional registered nurses working for the MOHSS in Namibia.

Human minds perceive and interpret things differently (Patton, 2002). In this qualitative exploratory case study, the findings were subject to other interpretations, depending on the researcher. To ensure impartiality in the study the researcher ensured that the results of the research were accurately recorded in literature to avoid reporting bias and the findings were sent to the supervisor.

Case studies cannot be scientifically generalised, even if the participants were randomly selected due to the small size of the sample population (Gay, Mills & Airasian, 2006; Yin, 2003). It is therefore important that further research be conducted in other regions to confirm the findings of this study. Exploratory strategies have a major benefit of generating insights and clarifying research problems. However, it has limitations, such as; limited ability to generalise results, the interpretation of the findings is based on judgement, samples are not representative of the population, and exploratory techniques rarely provide precise quantitative measurement (Zikmund, 2003). As a qualitative work, this study helps to provide insights and rich descriptions into the subject studied.

1.12 Definitions of Terms

Wellbeing is the individual exercise of psychological or behavioural attributes which contribute to living well, such as maintaining positive attitudes or having an ability to overcome challenges (Dodge, Daly, Huyton, & Sanders, 2012).

Registered Nurse: A professional nurse who works independently and is accountable for his/her acts of omissions and that of subordinates" (Government Republic of Namibia, 2004)

Patient: A person who is waiting for, is receiving, or has already received health care services at a hospital or at a clinic (Health Profession Council of Namibia, 2014).

Staff Shortage: The imbalance between the supply and demand for nurses to deliver health care (Aiken & Buchan, 2008).

Casualty Unit: An area of a hospital especially equipped and staffed for emergency care. Popularly called an emergency room or casualty department (HPCNA, 2014).

Hospital: An institution maintained for the reception, care and treatment of those in need of medical, surgical or dental attention, being an institution, which is not carried on for private gain (Huber, 2010).

Trauma: Is a psychological, emotional response to an event or an experience that is deeply distressing or disturbing. Trauma can refer to something upsetting to nurses at work (Takami, 2018).

Staff turnover: The number of employees leaving the organisation and need to be replaced in a set amount of time, typically one year (Aiken & Buchan, 2008).

Burnout: Is a work-related stress state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. Occurs when an individual feels overwhelmed, emotionally drained and unable to meet constant demands (Villar, 2017).

Stress: A strain on living organisms, the body's non-specific response to any demand. Stress can be classified into two categories, namely eustress, which is a beneficial stress and distress, the harmful or disease-producing stress (Villar, 2017).

Occupational stress: Is the adverse reaction people have to excess pressures or other types of demand placed on them at the workplace. Thus, a discrepancy between the demands of the environment or workplace and an individual's ability to fulfil these demands (Dodge, Daly, Huyton, & Sanders, 2012).

1.13 Organisation of the Research Report

Chapter One: This chapter of the study focuses on the background of the research. The topic is contextualised in the introduction chapter with a description of the research problem and the rationale for the research, as well as the study objectives. Key definitions are expanded upon and the overall limitations inherent in the study presented. It presents a brief overview of the research report, laying the foundation for the whole study.

Chapter Two: This chapter introduces a review of the literature related to the study; it also highlights the conceptual, as well as theoretical frameworks of the study. Much of the literature validated the study's overall research premise, as nurses – both locally and internationally - face similar challenges. The challenges include: long working hours, communication issues, patient and visitors' aggression, lack of satisfaction and motivation, workplace trauma and occupational stress and burnout, all of which are discussed.

Chapter Three – This chapter discusses the procedures which were carried out during the course of the research. It is the blueprint of the research methodology. The chapter includes the description and explanations on how a qualitative research method was applied in this study. A total number of ten participants were interviewed using a semi-structured interview technique.

Chapter Four – This chapter of the study focuses on data presentation, interpretation and analysis. Data collected is categorised, presented, interpreted and analysed into different thematic sections. It discusses the results and findings that emerged from the interviews in relation to existing literature. Results are presented in the form of tables, figures and quotations in order to answer the research questions underpinning the study.

Chapter Five – This final chapter of the study dwells on the project report conclusion, summary and recommendations for future research, practice and theories are proposed.

1.14 Summary

In this study the researcher made use of a qualitative research paradigm which allowed for an investigation into, as well as comprehension of, the topic under study. A set of research questions and objectives allowed for the exploration of the study situation (the welfare of nurses offering health care services to the casualty unit at a state hospital in Windhoek). Data

was collected through face-to-face interviews, making use of semi-structured interview questions.

CHAPTER TWO:
LITERATURE REVIEW

2.1 Introduction

This chapter presents a synthesis of literature related to the study. When compiling the literature review a researcher can identify what is relevant to the current study from existing knowledge. Different research studies, books, articles, as well as journals were viewed in regard to the wellbeing of nurses working with patients in hospitals. The chapter provides an overview of related literature relevant to the topic: work-related risks nurses encounter when working with patients, and their employer's response to supporting them in the workplace, among other thematic areas. The concepts explored in this chapter represent the foundation on which this study is based.

2.2 Overview of the Topic

Literature related to the topic under study suggests that the wellbeing of nurses working with patients in hospitals is of paramount importance and should be taken into consideration by management. Van der Heijden, Mulder, Konig and Anselmann (2017) noted that considering the wellbeing of nurses is vital because if they are not supported service delivery can be compromised. Jones et al., (2015) extends that the welfare of nurses should be considered because they are always exposed to occupational risks and stressors. Pieters and Matheus (2019) highlight that the nursing profession is an emotionally complex occupation which needs serious attention to ensure the wellness of nurses. A Togolese study in West Africa conducted by Kpassagou and Soedje (2017) found that nurses explained their emotional challenges to patients because the hospital lacked appropriate medical equipment and supplies that would enable them to provide quality care. Vicente, Shadvar, Lepage and Rennick (2016) also mention in their literature that the wellbeing of nurses in hospitals should be a priority. These arguments underscore the need to acknowledge that the wellbeing of nurses is crucial in order for them to effectively discharge their duties.

If the wellbeing of the nurses is not considered the majority of the nurses working in public or state hospitals will end up joining the private sector, resulting in a high staff turnover in the public sector. (Masum, 2016; Roelen et al., 2013). Andersson, Salickiene and Rosengren (2016) believe that not much has been done for the wellbeing of nurses, whereas more attention is given to nurses neglecting patients. In some cases, nurses are traumatised by working with

patients who are seriously ill while there are inadequate support systems to address the emotional needs of nurses. This can be because it is perceived that it is their duty to look after patients (Andersson et al., 2016) and therefore they don't need support. Such perspectives undermine the occupational social work tenet which advocates for the wellbeing of workers or employees in the workplace.

It is therefore vital to address the wellbeing of nurses working with patients in hospitals, to ensure high quality service delivery. Adriaenssens, De Gucht and Maes (2015) mention that a shortage of nurses and the poor performance of nurses is attributed to job satisfaction and working conditions. In many cases, if the wellbeing of the workforce is not taken as a priority, absenteeism, increased turnover and reduced quality of service becomes the order of the day (Nantsupawat, Nantsupawat, Kunaviktikul, Turale & Poghosyan, 2016). The obligation of the nursing profession, just like any other profession, is to contribute to community development. This obligation is however changing due to various issues, ranging from workers wellbeing to working conditions (Böckerman, Bryson, Kauhanen, & Kangasniemi, 2017). According to Pieters and Matheus (2019) the heavy workload that nurse's face has a negative impact on their health, often including burnout, which results in high levels of job stress and, in the long run, negatively affects how the public view nurses. These challenges range from long working hours, inadequate patient to nurse ratio and limited access to appropriate medical equipment.

2.3 Wellbeing Challenges Experienced by at Casualty Unit Nurses

Wellbeing challenges are ongoing problems in most public hospital casualty units. They range from long working hours to discrimination and harassment. The nursing profession, by the nature of the work, is an emotional complex occupation in which nurses constantly experience work-related challenges which automatically impacts their performance and service delivery. Further challenges may include harassment from patients' relatives, harassment from patients themselves and bullying, among others. For example, a study by Pieters and Matheus (2019) reported that Namibian nurses compose 80 per cent of the health workers, and there is a high demand for nurses in Namibia. Until staff shortages are addressed, nurses will continue to experience burnout. An in-depth understanding of wellbeing workplace challenges is vital through this study as it exposes discrepancies in the nurse's occupational health from a social work perspective.

2.3.1 Long Working Hours

Normally workers should work for an average of six to eight hours a day (forty hours a week). Working longer than that can lead to workers being strained. According to Adriaenssens et al., (2015), long working hours are commonly experienced by nurses working in public hospitals at casualty units. This affects the worker's psychological wellbeing. Due to shortage of staff and increased workload, most nurses in public hospital casualty units work for more than 12 hours per shift. Reports by Pieters and Matheus (2019) confirm that some nurses work up to 14 or 15 hours a day as they are motivated by money incentives, such as overtime compensation. Lower back pain and neck pain can occur as a result of working for long hours while standing. Takami (2018) notes that addressing the issue of long working hours continues to be an important labour issue and reducing working hours is an important task in terms of labour policy as well.

Despite monetary incentives, working long hours has an adverse effect on one's physical and social life. Long working hours impact their happiness, health and wellbeing. Working overtime or for long working hours can lead to workers experiencing a wide range of physical, mental and social problems (Strauss, 2016). Nurses in hospitals spend most of their time attending to patients while standing. According to Villar (2017), long working hours, while standing can lead to musculoskeletal disorders. Long and irregular working hours' influence workers' behaviour and leads to other problems such as non-standard working schedules. Strauss (2016) adds that stress, physical health problems, lack of free time and work-life imbalance are some of the significant effects of these long working hours.

Takami (2018) further points out that due to long working hours an individual has no time for family and friends as they spend more time at the workplace. Conway, Pompeii, Roberts, Follis and Gimeno (2016) explain that long working hours influences worker's performance as the worker becomes tired and performance levels are lowered. Normally a worker is supposed to work for forty hours a week but due to workplace pressure and the desire to meet deadlines, nurses are often required to work for longer which impacts their wellbeing, as well as their performance at the workplace (Conway, et al., 2016).

2.3.2 Fatigue and Lack of Attentiveness

As a result of long working hours, workers suffer from fatigue and lack of attentiveness. Fatigue is best understood as a weariness resulting from exertion. According to the National

Safety Council (2017), decision making at the workplace is impaired by fatigue and so is reaction time. Fatigue has a negative effect on workplace safety and performance. Lack of attentiveness is a common workplace challenge faced by employees which affects performance due to loss of attentiveness (National Safety Council, 2017). A nurse's job requires extra attentiveness and prompt response, which is all premised in attentiveness. Lack of attentiveness can lead to nurses making grave mistakes which can exacerbate patient fatality. Jones et al., (2015) acknowledge that besides long working hours, fatigue and lack of attentiveness is also influenced by being exposed to high mental and physical demands. According to the Legal Assistance Centre (2007), there is a chronic shortage of health personnel in all Namibian public hospitals and clinics, and the few who are there show clear signs of fatigue.

2.3.3 Workplace Bullying

Bullying is one of the wellbeing challenges nurses face in public hospitals. Bullying is unreasonable repeated actions directed towards the workforce with an intimidating effect that leads to health and safety risks among employees (Einarsen, Mykletun, Einarsen, Skogstad & Salin, 2017). Workplace bullying is illegal and unethical and has become a prevalent contemporary workplace problem (Woodrow & Guest, 2014; Einarsen et al., 2017). Woodrow and Guest (2014) state that workplace bullying involves offending, harassing and socially excluding an employee. In most cases the affected employees are unable to defend themselves. Subordinates are usually bullied by their superiors at the workplace, as unscrupulous bosses wield power to bully subordinates. Workplace bullying often leads to increased rates of depression among the victims of bullying (Allison & Bastiampillai, 2016). Employees are often left vulnerable from many forms of abuse at the workplace which contributes to the loss of self-esteem as well as confidence. Woodrow and Guest (2014) discovered that workplace bullying usually occurs in an organisation that has a weaker management and organisational policies.

Pieters and Matheus (2019) report that nurses usually encounter double-sided bullying - from the management or supervisor and from the patient or patient family. As casualty is a sensitive unit where people face life-threating conditions, patients or their accomplices tend to bully nurses if they do not act in their favour. At the casualty unit nurses providing patient care often experience aggression by the patients and visitors, which is commonly known in the health sector as patient and visitor's aggression (PVA). Heckemann, Zeller, Hahn, Dassen, Schols and

Halfens (2015) explain that patient and visitor's aggression is among one of the challenges faced by nurses at the casualty unit. Patients being taken care of sometimes can become aggressive towards the nurses; unnecessarily being hostile. Patient's visitors can also pose a threat to the nurses at the casualty unit. Patients and visitor's aggression is a long-standing challenge in general hospitals, threatening the wellbeing of nurses providing health care to the patients. Hence there is a need by authorities to consider protecting the welfare of the nurses (Hahn, Müller, Hantikainen, Kok, Dassen & Halfens, 2013).

Workplace aggression ranges from nurses being abused, assaulted and threatened in the casualty unit. Heckemann et al., (2015) highlight that patients' aggression is as a result of an interplay of multiple factors such as fatigue, the magnitude of their pain and mental illness, among others. According to Deery, Walsh and Guest (2011) and as cited in Heckemann et al., (2015), due to workplace aggression some nurses experience post-traumatic stress disorder and burnout, triggering them to change profession. There is therefore a need for stakeholders in the health sector to safeguard the welfare of nurses at hospitals.

Nurses can be bullied by their superiors in connection to work issues, which can also be personalised. Thus, bullying tends to create a feeling of defencelessness to the nurse, as well as undermining their dignity at the workplace (Couillard, 2015). Woodrow and Guest (2014) view bullying as a source of considerable individual suffering that weakens organisational performance. Escartin (2016) adds that bullying is an insult to human dignity that needed to be dealt with effectively to create an environment conducive for human sustainability. Mitigating workplace bullying leads to healthier staff results, such as improved employee commitment, reduced absence and turnover, which in turn lead to an improved organisational performance.

2.3.4 Discrimination and Harassment

Plickert and Sterling (2017) highlight that workplace discrimination has negative effects on workers' performance, as well as their wellbeing. Ginsburg (2018) reveals that in most cases women are the victims of workplace discrimination. Barsh and Yee (2015) contend that although women are being given equal opportunities at the workplace, gender-based discrimination exists in some hospital among female nurses. Similar to discrimination, harassment has become part and parcel of workplace challenges, an extension of everyday violence faced by employees. Cheung, Baum and Hsueh (2018) mention that sexual harassment

is a prominent issue and is in fact the most common form of harassment found in the workplace and women are mostly affected. The Equality Act (2010), Section 26, describes sexual harassment as unwanted conduct of a sexual nature which has the purpose or effect of violating dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment.

Harassment and discrimination have a negative effect on the welfare of the nurses as the victims of such acts will suffer from psychological problems, as well as live in fear and struggle with low self-esteem. The issue of gender-based discrimination and sexual harassment in hospitals has been reported mostly among female nurses. With the majority of the nurses being female, as reported by Pieters and Matheus (2019), these nurses face psychological problems. Discrimination among nurses has also come along tribal grounds as Namibia has more than 12 tribes. Heckemann et al., (2015) reports that certain tribes at work are bound to get favours or preferences over others, which results in those discriminated against feeling inferior and threatened, which negatively impacts their mental and social wellbeing. This kind of tribal discrimination is also found within state hospitals.

Barsh and Yee (2015) mention that workplace diversity is a contributing factor towards gender-based discrimination, with women being the major victims of such discrimination. Diversity exists at the workplace as a result of people from different backgrounds, cultures, race and gender coming together to work towards the attainment of organisational objectives and goals. Misra (2018) reiterates that in as much as there is diversity at the workplace, equality will always be a challenge. Green et al., (2015) highlight that although diversity is important, management should be well equipped and ready to deal with diversity-related workplace challenges. Workplace discrimination and harassment have an emotional bearing on the nurses as the victims of such acts will feel socially detached at the workplace and may find it difficult to then blend with other employees and colleagues (Ramjee, 2019).

2.3.5 Increased Workload

Employees in many organisations are faced with the challenge of balancing work and personal life, and nurses are not an exception. There is a correlation between time management and workload, thus when an individual is assigned a task, he or she should be able to complete it within a certain given timeframe using available resources. If too much work exists, and there is not enough time to complete it, or the resources are limited, the task at hand becomes a challenge. Workload has also been found to be a concern among Namibian nurses, as a study

by Wesson et al., (2018) reported, stating that half of Namibian nurses provide care above or beneath their scope of work. William (2019) notes that a large workload is a challenge at the workplace as workers are often given many different important tasks with limited resources. A large workload and varying levels of clarity around daily tasks presents an ongoing challenge for Namibian nurses.

Namibian public hospitals have been experiencing a shortage of nurses unable to cater for the growing population. The Namibian newspaper published a report in 2019 which indicated that the MOHSS has acknowledged staff shortages in all its health facilities countrywide. Due to staff shortages nurses are bound to perform more duties in order to cover for missing staff, thus putting more pressure on existing staff due to increased work load.

2.3.6 Lack of Resources

Resource mobilisation is a challenge at the workplace as limited resources affect service delivery, as well as the fulfilment of the set goals and objectives. Most nurses in Namibia face the challenge of limited resources in the execution of their duties. This can compromise patient outcomes, thereby exerting psychological stress in the nurses (Moffitt, Bostock, & Cave, 2014). William (2019) recommends hospitals provide the necessary and adequate resources to the nurses so that they can effectively achieve set goals and objectives. Nembwaya (2019) reports that if an individual fails to achieve their set goals and objectives, this leads to feelings of failure and therefore additional stress.

According to Pieters and Matheus (2019), a lack of resources in the casualty unit can lead to serious consequences regarding the quality of patient care and the professional work environment for nurses. Nembwaya (2019) acknowledges the shortage of essential drugs which forces poor patients to resort to expensive private pharmacies, as well as a lack of medical supplies such as sterile gloves, syringes/needles, dressing aids, table covers, towels, cleaning supplies and medical equipment. The unavailability of emergency drugs, malfunctioning tools and lack of equipment can lead to a negative impact on the wellbeing of casualty unit nurses (Abdullah, Atefi, Mazlon, & Wong, 2014). In some instances, nurse get stressed as they do not have drugs or useful equipment to assist the patients for the betterment of their health.

2.3.7 Human Resources Management Challenges

The Namibian (2018) published a report in which the Minister of Health, Dr Bernard Haufiku highlighted that Namibia's health care crisis was due to poor communication, staff shortages amid growing patient numbers and poor leadership. The sentiments shared by Dr Bernard Haufiku acknowledge human resources management challenges faced by MOHSS, which in turn negatively impact hospital administration and ultimately harms the nurses on the ground. Hospital management is unable to make sound decisions and proper implementation of policies, which results in nurses suffering at operational level.

Poor communication is a key management challenge which has proved to adversely affect the nurses. Ellis and McClintock (1990) describe communication as a linear, two-way process in which a sender intentionally transmits a massage to a receiver, which should be guided by the intent to ensure comprehension. During the communication process, feedback is important, as it shows whether the communicated massage has been understood or not. McFarlin (2019) points out that engagement in regular communication with management and their workforce fosters an environment of openness at the workplace to such an extent that employees are free to air out their perspectives to the management. Ladegaard and Jenks (2015) contend that not all communication creates a good environment as some of the language and intercultural communication used to nurses is unclear and defeats the openness. Some hospital management have failed in some instances to effectively communicate with nurses, thereby bringing confusion and creating a bad environment which can cause stress. For examples, changes in clinical procedures are sometimes not well communicated and nurses end up practising outdated procedures, for which they can be charged (Ladegaard & Jenks, 2015).

2.3.8 Lack of Satisfaction and Motivation

According to the United States of America Department of Health and Human Resources (2015), management should be caring and ready to listen to their subordinates. They should also take time to develop relations with them, in addition to motivating and inspiring them. McFarlin (2019) notes that motivating the workforce directly impacts on company productivity in the sense that the workers will put more effort into their work and feel appreciated. Lack of motivation and inspiration is another workplace challenge. According to Inyang (2008), non-financial incentives and human resources management tools play an important role with respect to increasing motivation in health professionals. Such incentives are meant to recognise nurses'

professionalism and address their professional goals of providing health care services to the nation. Human resource tools, when properly implemented can strengthen and motivate nurses.

Weaver (2016) mentions that if employees are recognised for a good job, it boosts employee satisfaction. In casualty units the nurses may not be satisfied with their job due to lack of motivation and recognition (Olsen, Bjaalid & Mikkelsen, 2017). Lack of satisfaction is attributed to lack of motivation in terms of incentives and attractive allowances to cater for their wellbeing (Olsen et al., 2017). To enhance job satisfaction, hospitals should make sure that staff remuneration and bonuses are competitive and similar to other hospitals (Weaver, 2016). Lu, Zhao and While (2005) point out that job satisfaction has a positive correlation with service provision by nurses providing health care to patients in hospitals. Roelen et al., (2013) suggest that job satisfaction should be considered a policy as it affects efficiency and the quality of nursing care. Job satisfaction is significant in the nursing profession as it influences the provision of health care services to the patients (Alotaibi, Paliadelis & Valenzuela, 2016).

2.3.9 Workplace Trauma

A trauma can be a serious injury to the body, or a psychological injury caused by an emotional wound (Aiken, Kelly & Mchugh, 2015). In some cases, it is an occurrence or an event that causes great distress. Nurses often suffer from the after effects of working with a seriously ill or dying patient as the thoughts of such experiences keep recurring in their mind. Anderson et al. (2016) articulate that nurses at the casualty unit experience emotional difficulties in handling issues of life and death, mostly in cases of failing to resuscitate patients at the emergency area. It is traumatising for nurses to work with dying patients at the unit. This trauma requires special attention from a specialist as this has a huge bearing on their wellbeing at the workplace (Anderson et al., 2016). The work-related challenge faced by nursing in providing health care to patients is that they are sometimes unprepared to face, and deal with, dying patients. Fortin and Bouchard (2009) cited in Anderson et al., (2016), revealed that anxiety and stress occurs as a result of the workload, which are the main work-related challenges nurses face when providing care to patients.

2.3.10 Occupational Stress and Burnout

Villar (2017) describe stress as a condition wherein job-related factors interact with the worker to change (disrupt or enhance) his/her psychological or physiological condition, such that the

person (mind and/or body) is forced to deviate from normal functioning". Occupational burnout is long-term experience of exhaustion and diminishing interest (Van der Elst et al., 2016). Nurses experience occupational stress and burnout as they provide care to patients at a casualty unit. Nantsupawat et al., (2016) argue that occupational stress is common among the work-related challenges nurses experience. Stimpfel, Sloane and Aiken (2012) report that the longer the working hours at the casualty unit and higher the workload, the higher the burnout level. Nie (2015) highlights that long working hours and increased workload means that nurses at casualty units are exposed to burnout, hence undermining their welfare and leading to high job turnover. Van der Elstet al., (2016) is of the view that long working hours are an occupational hazard for nurses as it leads to exhaustion. Jones et al., (2015) perceives that stress and fatigue are also work-related challenges experienced by nurses providing health care services. Nurses are exposed to mental and physical demands which affect their wellbeing and lead to repercussions on their work effectiveness (Jones et al., 2015).

2.3.11 Staff Turnover

Booyens and Bezuidenhoudt (2014) define staff turnover as the number of workers leaving the job of an institution due to retirement, quitting, discharge or passing on. Furthermore, nurse staff turnover leads to understaffing and patient dissatisfaction (Matlala & van der Westhuizen, 2012). According to Booyens and Bezuidenhoudt (2014), casualty unit nurses who experience job dissatisfaction tend to leave for a better position, which leads to high staff turnover rates. In addition, when nurses leave the hospital, they take their skills with them, which affects not just the institutional work environment, but also the relationship the nurse had with co-workers and patients (Stroth, 2010). The effect of staff turnover at casualty units disrupts the nursing team and the availability of skills.

2.4 Workplace Culture

Culture is defined as a set of attitudes, values, beliefs and behaviours shared by a group of people, but different for each individual, communicated from one generation to the next. (Matsumoto, 1996). Workplace culture is the environment created by the employer for their employees. Workplace culture plays a pivotal role in determining workers' relationships, work satisfaction and progress. Workplace culture is the personality and character of the organisation or company which makes a business unique (O'Riordan, 2015). Workplace culture, since the

1980s, has been used to describe the development of a climate and practices by organisations around their workforces in line with organisational values.

The workplace culture can be defined by three key trends, namely a fair workplace for the workforce, increased focus on staff development and a sense of purpose for the workforce. Workplace culture, also known as organisational culture, is the personality of the organisation, institution or company. (Haworth, 2015). Workplace culture encompasses the shared values and beliefs guiding the workplace code of conduct in relation to the organisational goals and objectives, as well as employee relations. According to Haworth (2015), providing employees with outstanding workplace experience is more important now than ever before. Workplace culture is manifested and expressed through the collective workforce display of customs, practices and behaviour (Haworth, 2015).

Workplace culture ensures that there is order, continuity and commitment with regards to the day- to-day business of the organisation. Workplace culture is more than just company corporate perks; its focus is on organisational values, as well as how employees relate to the vision, goals and objectives of the company (O'Riordan, 2015). According to Ramamoorti and Siegfried (2016), workplace culture influences the achievement of the long-term objectives and success of any organisation. Workplace culture varies from one organisation to the other, hence at times influencing the effectiveness of organisational service delivery.

2.5 Stressors Experienced by Casualty Nurses

According to Martins, Chaves and Campos (2014), nurses are often faced with strenuous and emotionally charged circumstances, such as the prolonged suffering and death of a patient, which generates feelings of sorrow, worry, anger, defencelessness and even guilt. Stress is "necessary for nurses and any other human being to enhance the job performance and resolve the issues efficiently, but too much stress has usually negative effects and reduces the job performance, while increasing the chances of becoming ill at the same time. Ramezanli, Koshkaki, Talebizadeh, Jahromi and Jahromi (2015) contend that nurses' occupational environments are filled with different forms of stress, which can have negative results, not only for their physical and mental health, but their performance and their institutions productivity. Zakerian et al., (2014) pronounces that high workload, time pressure, needle stick injuries and the need to respond quickly and promptly to urgent circumstances, as well as the heavy responsibility caused by patient care, are the most vital stressors amongst the nurses working in a casualty unit and as a result it increases stress level and decreases productivity of nurses.

According to Shila-Latifzadeh (2015), casualty unit stressors include poor working relations with other nurses and health professionals, poor communication and conversations with the patient, high level of knowledge and skills needed to work in the unit, low team work, conflict and lack of control over the work environment. Nurses work in a unique environment that is full of sound pollution and susceptibility of infection. It is a job that needs patience, mental and physical capabilities (Ugur, Acuner, Göktaş, & Senoğlu, 2007).

The reduction of stressors, as well as improving the working environment at the health care institutions, is key and vital if service delivery is to improve (Ham, 2003). It is worth noting that poor roster, shift work and too much workload are among factors contributing to stress among the casualty unit nurses (Healy & Tyrell, 2011). Hoffman and Scott (2003) postulate that long working hours, as well as work overload, is among the most common stressors casualty nurses experience at the workplace. Stress is a perpetual problem for nurses in most public hospitals due to excessive workloads that require their urgent attention, piled on by hospital managers in view of widespread retention difficulties (Hoffman and Scott, 2003).

2.6 Employers' Response to Support Nurses in the Workplace

Employers in the health sector have policies to support the wellbeing of nurses in the workplace (Beech & Leather, 2006), however they must be purposively implemented. Nurses face multiple work-related challenges. Therefore, there exists a need for responsible authorities to work collaboratively with other stakeholder in the health sector to ensure that the welfare of nurses is well taken care of. Therefore, it can be argued that once trained and equipped with the necessary tools to deal with patients and visitors' aggression, nurses will be better equipped to address such challenges at the workplace. Beech and Leather (2006) cited in Heckemann et al., (2015), argue that awareness on aggression addresses a wide range of problems such as skills and attitudes. It also addresses breakaway techniques, self-defence and physical restraint techniques. Providing aggression management training is beneficial to nurses as it addresses work-related issues affecting the wellbeing of the nurses at the organisation.

Job satisfaction is a cause of concern at the workplace which has drawn the attention of the employers (Roelen et al., 2013). Roelen et al., (2015) contends that in order to make sure that the employees are satisfied with their job, employers have to offer an enabling environment coupled with incentives. Increased workload and long working hours have proved to be stressful, leading to occupational stress and burnout. The employers in this context are

mandated to respond to their employees needs as occupational welfare of the workforce is of paramount importance. Nie (2015) mentions that a policy should be put in place to address the issue of burnout, as well as workloads. Nurses are constantly exposed to work-related risks which directly impact on their wellbeing. Van der Heijden et al., (2017) believe that psychologists play a pivotal role in providing rehabilitation and counselling services and therefore called on hospital administration to engage them in assisting nurses through counselling and rehabilitation. Such an initiative will minimise work-related challenges experienced by nurses, hence addressing the issue of occupational social welfare.

2.7 Response to Approaches of Support

The efforts by employers in the health sector to create a conducive working environment at hospitals proved to be useful, although sometimes nurses and stakeholder are of a different perspective (Jones et al., 2015). Their argument being that the responsible authorities should not wait for challenges to befall their employees, but rather there should be mechanisms in place to address the welfare of the employees. Stimpfel et al., (2012) contends that the response by nurses over the interventions used by their employer to address their plight was overwhelming. The workforce has continued to work together to address issues affecting them at the workplace in order to improve service delivery and nurse-patient relationships. Nurses have responded positively to the measures, such as the provision of financial incentives, refresher courses, and shift days as well as off days, put in place by the hospital authorities to ensure that their welfare improves (USADHHR, 2015). There was a group of nurses who were of a different perspective with regards to the efforts made by their employers in addressing issues. Alotaibi et al., (2016) argues that workforces at some hospitals seemed not to be convinced about the efforts made by the hospital authorities to address issues affecting them. The argument further stresses that many employers take their employees for granted as they do not understand the trauma that they go through in providing health care to patients.

2.8 Theoretical Framework

The theoretical framework of the study is centred on two approaches namely, the Herzberg two factor theory and Maslow's hierarchy of needs, which are both classified as content theories. Content theory or need theory outlines the reasons for motivating an individual by explaining the necessities and requirements that are essential to motivate a person. Hanaysha (2016) explains that content theories hunt for internal factors that cause an individual to sustain or stop

certain behaviours. It would be useful for managers to understand the sources of motivation for each employee. Mayhew (2016) contends that content theory is grounded on the belief that an unsatisfied need creates tension and brings a state of imbalance. This means that without motivating factors tensions arise, thereby triggering a negative behavioural performance. According to Dessler (2016), content theories propose that when people do not get what they believe they need they seek to satisfy these needs. Thus, the identification of these needs will result in the required behaviour.

2.8.1 Herzberg Theory of Motivation

The Herzberg theory of motivation states that the intrinsic and extrinsic factors motivate the individual to satisfy their own needs (Kahiga, 2018). The theory developed following a study of 200 engineers and accountants from nine different companies. It established that the factors that cause satisfaction, and presumably motivation factors, were different from those causing job dissatisfaction (Kahiga, 2018). The theoretical framework is proposed as depicted in Figure 2.1.

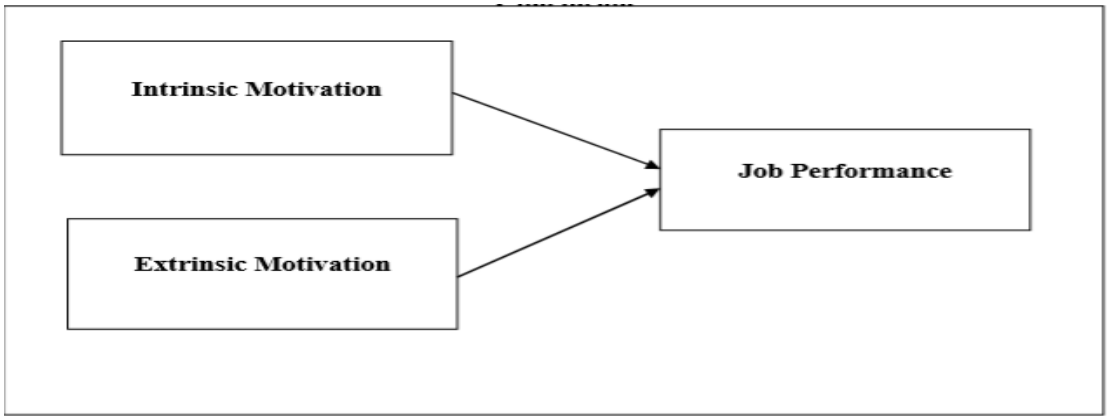

Figure 2. 1: Proposed theoretical framework

Adopted from: Ong & Noor (2016).

Ong and Noor (2016) assert that in the Herzberg theory there two factors that affect motivation of a person in an organisation, which are hygiene factor and motivator. Hygiene factor relates to the job context or extrinsic aspects of the employees where it surrounds the execution of the work. Among the elements of hygiene factor (extrinsic motivation) are work conditions, co-worker relations, policies and rules, supervisor quality and base wage (Ong & Noor, 2016). Motivator refers to the employees' job quality or intrinsic aspects. The motivator (intrinsic motivation) motivates a person to strive for internal stimulation for gratification and improved

results. Motivator components include success, appreciation, work itself, accountability, personal growth and development.

Sheskin and Baumard (2016) point out that motivation includes a drive towards maximising overall welfare, minimising harm and maximising benefits. The wellbeing of nurses is of paramount importance in minimising harm and maximising benefits. In such an environment, nurses will be able to perform their duty to their full potential when their welfare is well taken care of. The Herzberg theory is premised from the understanding that work has to be planned in such a way that hygiene factors (extrinsic motivation) and motivator (intrinsic motivation) of an employee are fulfilled (Ong & Noor, 2016).

In order to maintain an organisation in good health, more attention must be paid in meeting the needs of individuals in the organisation. The role of occupational social worker (OSW) seeks to create a change in an organisation with an aim of impacting on performance and improving the quality of life of employees. According to Moffitt, Bostock and Cave (2014), an OSW helps individuals to solve personal, professional and inter-relationship problems.

2.8.2 Maslow's Hierarchy of Needs

Maslow's hierarchy of needs theory is adopted as an initiative to address the wellbeing of nurses working with patients in hospitals. In addressing the welfare of nurses providing care to patients in hospitals, a comprehensive framework for conceptualising wellness is needed. Hale et al., (2019) articulates that the potential framework for addressing the welfare of any human being is the Maslow hierarchy of needs. Neubauer and Martskvishvili (2018) highlights that the Maslow theory of motivation is used to address the needs of humans. The core assumption of Maslow's theory is that the fulfilment of each higher motive can only be accomplished if lower motives are satisfied first.

Abraham Maslow, in his seminal works of 1943, propounded a theory of human motivation in which he depicted that every human being is in dire needs of safety, physiological needs, love, esteem, belonging and self-actualisation. Maslow stated that the most fundamental human needs are physiological needs, namely, food, shelter, water, air and rest. Neubauer et al., (2018) notes that Maslow's hierarchy of human needs distinguished five human needs ordered in a pyramid from basic needs, upwards.

On the safety aspect, Maslow's hierarchy of needs emphasised personal and financial safety, while love should come from the family, community as well as reflection. Furthermore, respect, fairness and control are at the core of esteems. Adopting the Maslow hierarchy of needs theory is ideal as its tenet outlines, or gives an overview of, how to address issues affecting employees' wellbeing (Hale et al., 2019). WHO (2019) concludes that nurses are the backbone of health services, however this results in them being overworked, demoralised, showing signs of burnout and without recognition for their contributions.

The Maslow hierarchy of needs theory can be used as a mitigation strategy that hospital administration can use to address the welfare of workers. Maslow hierarchy of needs is an organised model for welfare initiatives. Maslow's argument is that human needs influences human performance and hence to get the best out of the employees, the administration should address their plight (Bouzenita & Boulanouar, 2016). To this end, hospital administration can draw on best practices to mitigate job stress in order to improve nurses' work performance. The workforce does experience concomitant discomfort, ranging from physical to mental aspects and as such their wellbeing is affected. Maslow hierarchy of needs is an important tool that can be adopted to address the welfare of nurses (Shih et al., 2019). A holistic approach in adopting Maslow's hierarchy of human needs is by addressing the wellbeing of the nurses working with patients in hospitals as they are always exposed to workplace risks and challenges.

2.9 Summary

In this chapter the researcher introduced aspects that this study explored. Such themes included: the overview of the topic, understanding workplace challenges, impacts on co-worker relations, workplace culture, type of stressors that nurses at casualty experience, challenges nurse's experience at casualty unit, employers' response to support nurses in the workplace and response to approaches of support, among other sub-themes. Related literature was reviewed in this chapter as supporting evidence to the sub-themes of the research study. The two theoretical framework approaches were recognised, namely: Herzberg theory of motivation and Maslow's hierarchy of needs, which were explored in detail. Chapter three will focus on the research methodology that was used, outlining the research design, research instruments, sampling procedures and ethical considerations.

CHAPTER THREE:
RESEARCH METHODOLOGY

3.1 Introduction

The research methodology section of this research report explores the study procedures, plan and processes which were followed in carrying out this study. The methodology section provides the blueprint of procedures which were used in carrying out this study. The research methodology, designs, methods of sampling and analysis of data, as well as ethical considerations, are indicated in full.

The primary aim of this research was to describe and explore the wellbeing of nurses working in the casualty unit at a local public hospital in Windhoek, Namibia.

The objectives of the research were:

1) To explore the wellbeing challenges encountered by nurses working at a local public hospital in Windhoek;
2) To determine nurses' perceptions of motivational factors influencing their wellbeing at work and their ability to provide effective patient care;
3) To explore the coping techniques that nurses adopt to address their work wellbeing challenges.

3.2 Research Design

Akhtar (2016) describes a research design as the conceptual blueprint influencing the conduct of the research, a plan of a proposed research, or the glue holding loosely packed elements of research together. A research design is vital as it shapes guidance for a study procedure. Marshall and Rossman (2014) advises that the choice made in selecting a research design is determined by the study philosophy, as well as appropriateness of the design to the research objectives. The research design is a layout for a research procedure focussed at attaining the research objectives (Cohen et al., 2015).

This study employed the case study design which is used to generate an in-depth, multi-faceted understanding of a complex issue in real-life context. The suitability of the case study design is premised in its ability to explore an event or phenomenon in depth and in its natural context, which is similar to the inquiry of the wellbeing of nurses working in the casualty unit in Windhoek (Baker, 2007). The case study elicits the in-depth insight, viewpoints, opinions, opinions and experiences on real-life context of nurses. Indeed, the case study was important

for this research because the study provides new ways of understanding the research problems of nurses in the casualty unit in Windhoek, Namibia. Although the case study design was appropriate to this study, it has its limitations. Given (2016) argues that using the case study design can be time consuming to collect data and difficult to generalise the results in the conventional sense. Leedy and Nimrod (2016) reiterate that the case study design lacks scientific rigour and proffers little basis for generalisation of results to the wider population, which makes it difficult to replicate.

The study adopted an interpretivism paradigm which included a qualitative approach. According to Neuman (2013), interpretive describes knowledge as being created through interactions of individuals with the world. The ultimate goal is to describe the context in which events occur through unpacking the content and nature of a particular phenomenon or theme. This entails that the interpretivism world perspective includes individuals' perspectives. The adoption of the interpretivism world perspective empowered the study with an organised plan through the observation and encounter of members' perspective, as well as foundation (Yanow & Schwartz-Shea, 2015). According to Wessels and Visagie (2017), the interpretivist is characterised by concrete descriptions of real live situations, mostly first-person accounts, which are ingrained in daily etymological details - this avoids intangible intellectual generalisations. Thus, through the interpretivist, the researcher carry's out a reflective analysis of descriptions through synthesizing and identifying general themes about the essence of the phenomenon (Baker, 2007). Interpretivism follows qualitative methodology and illustrative strategies which try to clarify, decipher and interpret the importance of social circumstances (Leedy & Nimrod, 2016).

The researcher made use of the qualitative research approach which allows for an investigation as well as comprehension of the subject under study. A set of research questions and objectives allowed for the investigation of the study situation, the wellbeing of nurses offering health care services to the casualty unit at a local public hospital in Windhoek. The qualitative approach portrays the ability to measure the social phenomena on subjective parts of human action, such as the ones embedded in the perceptions of expecting mothers and postnatal mothers under study (Ader, 2015). This elucidated proper descriptions of the thoughts and feelings of the casualty nurse. Importantly, the qualitative approach refers to persons' lives, lived experiences, behaviours, emotions and feelings, as well as about organisational functioning, social movements and cultural phenomena (Ader, 2015). Employing a qualitative approach allowed

the researcher to concentrate on understanding social and psychological phenomena from the study participant's perspectives. Additionally, this study is concerned with the lived experiences of the casualty nurse. Adopting the qualitative approach perfectly mirrored the experiences of the nurses to allow better comprehension.

3.3 Population, Sample and Sampling Procedures

3.3.1 Population

Population refers to entire set of elements, or cases, in which a researcher is interested in (Polit & Beck, 2010). The population of the study comprised of all the registered nurses at the local public hospital in Windhoek who had worked in the casualty unit. The total number of registered nurses who had worked at the casualty unit at the local public hospital was 23.

3.3.2 Sample and Sampling Procedures

According to Burns, Gray and Grove (2013), the sample size is the number of participants drawn from the study population determined by the scope of the study, nature of topic, quality of data and study design. De Vos, Strydom, Fouche and Delport (2011) suggest that qualitative sample sizes of 10 participants may be adequate for sampling however, a sample size of 15 can lead to data saturation. Thus, a small sample size allows in-depth exploration and understanding of phenomena under investigation, while a very large sample of more than 30 does not permit the deep, case-oriented analysis of qualitative inquiry (Saunders, Lewis, & Thornhill, 2010). The study sample consists of 10 registered nurses. Initially the study had targeted 15 participants however, data saturation was encountered, therefore the sample size of 10 ensured adequacy.

Sampling is the use of a subset of the population to represent the whole population or to inform about (social) processes that are meaningful beyond the particular cases, individuals or sites studied (Given, 2016). A sampling process is facilitated by using a sampling plan in order to select participants that are a true representative of the whole group so as to avoid sampling bias (Polit & Beck, 2010). The study employed expert purposive sampling in drawing the participants from the study population. According to Marlow (2005), purposive sampling is used in qualitative research and should purposefully inform an understanding of the research problem. Given (2016) mentions that expert sampling encompasses the gathering of a sample of individuals with known or proven experience and expertise in some area. In this study registered nurses were the group bearing known or proven experience as alluded to by De Vos,

Strydom, Fouche and Delport (2011) who view expert sampling as the best way to elicit participant's views with specific expertise. The employment of expert purposive sampling was done in consideration to both its cost and time effective nature.

In order to collect legitimate data, it was important to set criteria for the targeted participant and their eligibility. Therefore, the researcher used the following as inclusion criteria for selection of the study participants. The participants were to be:

1. Professional nurse registered with the Health Professions Councils of Namibia. This ensures a proven competent nurse.
2. Registered nurse working for MOHSS at a local public hospital in Windhoek for at least two years. Experience in working in a public hospital is crucial.
3. Currently working or previously worked at casualty unit for at least one year. These nurses have been well exposed to casualty unit working conditions; hence they are in a position to yield the required information.

3.4 Research Instrument

These instruments can be in the form of questionnaire, interview guides or survey test, which are capable of measuring different characteristics, variables, phenomena of interest - which can be emotional or behavioural (De Vos et al., (2011). In order to obtain in-depth responses, a semi-structured schedule was designed to keep the interview session centred on the research objectives. The interview schedule consisted of open-ended questions. The open-ended nature of the questions allowed for probing, thereby giving the study participants opportunity to respond in their own words, rather than forcing them to choose from fixed responses, as quantitative methods do (Saunders, Lewis, & Thornhill, 2010). Employing open-ended questions qualitatively assisted in evoking the participants' responses that are meaningful, unanticipated and culturally salient responses. The interview schedule was developed through literature exploration and alignment of the questions to research objectives (Polit & Beck, 2010). Thus, the interview schedule had two sections, the first section contained demographic information and the second section had questions that evoked the wellbeing of nurses.

The inclusion of ended-open questions allowed the researcher to get the participants views about the issue being investigated. Furthermore, a semi-structured interview schedule was used

as it enabled the researcher to be flexible on the sequencing of follow-up questions while remaining open to the responses of the participants (Burns et al., 2013).

3.5 Pre – Testing of the Research Instrument

An important part of the research was to conduct a pre-testing study. According to De Vos et al., (2011), a pre-test interview is usually conducted informally with a few participants who meet the same characteristics as those of the main investigation. It assists a researcher to make modifications to the design or data collecting instrument. Bless, Higson–Smith and Kagee (2007) explain that a pre-testing study is a small study carried out prior to the large piece of study to ascertain whether the methodology, sampling, instruments and analysis are adequate and appropriate.

Baker (2013) also emphasises the importance of a pre-testing study as it allows the researcher to (1) ascertain the appropriateness of the duration of the interview, (2) ensure that the questions are clear and understood by the participants, (3) identify if there are areas or interests that have emerged and not included. The pre-test study was conducted to registered nurses working at a casualty unit at different public hospital situated in Windhoek. Three participants pre-tested. These participants only took part in the pre-testing of the study and were not included as participants in the final research study. The pre-testing interview assisted in evaluating the reliability and validity of the interview guide and suitability of the interview schedule (Burns et al., 2013). The pre-testing was generally positive, as participants confirmed that the questions were clear. A few questions were adjusted in order to be more specific and to ensure that these questions would appropriately address the aims of this study.

3.6 Methods of Data Collection

Prior to data collection, the researcher attained ethical clearance and permission to conduct the study from the University of the Witwatersrand, and also from the MOHSS. Data were collected using focus group discussions through semi-structured interviews. In-depth interviews are an effective way of data collection which uses open-ended questions to attain information regarding to people's perception, attitudes, opinions and views on detailed phenomenon under study (Leedy & Nimrod, 2016). Interviews are intended to generate emotions and feelings about the wellbeing of nurses.

The participants were invited and appointments were made telephonically and reminders were sent through emails. The invited participants were asked to choose a setting/ venue they wanted. Thus, all the interviews were conducted at the respondents' place of choice. The venue was checked before each interview session for privacy and to ascertain the absence of disturbances and distractions, such as background noise. Baum (2016) advises that it is easier to conduct interviews with participants in a comfortable environment where the participants do not feel restricted or uncomfortable to share information. The researcher also set up an audio recorder to save as a reference during data analysis. Baker (2007) maintains that setting of audio recording equipment before the commencement of interviews is a key aspect which must not be ignored.

The researcher introduced herself to the participants. An informed consent form, reinforced verbally, was used to seek permission from the participants. Participants who agreed to partake signed the consent form and were interviewed, while those who declined, were not interviewed. At this point, a summative description of the study which includes the study aims and objectives was given. Baker (2007) emphasises the need for the researcher to introduce the general topic of the discussion, and to stimulate the conversation and improve the interaction between researcher and participant.

The interviewer asked questions that elicited information pertaining to the wellbeing of nurses. Ader (2015) establishes that an interview is a status quo in which the researcher asks the participants questions which yield unrestricted responses, which are line with the research objectivities. In this was a conversation created between the researcher and participant with a prime aim of gathering information through probing, encouraging and not limiting the participant to unleash all information possible. Follow-up questions (some not on the interview guide) were used to elicit participants' complete knowledge and experience related to the research topic. Additionally, probing was key in elaborating the participant's responses, to learn all they can share about the research topic. Given (2016) adds that interviews permit the researcher to seek for clarity and more detailed explanation from the participants on issues that pose misunderstandings. Based on this, the researcher had an opportunity to request the participants for clarity and full explanation on grey or unclear areas related to the required information. The explanations ensure that the participant's thoughts and feelings were measured.

Since all the participants were highly literate, all the deliberations were done in English with each interview session taking approximately 30 minutes. Data were recorded in English which enabled for easy coding and transcription. Non-verbal gestures were also noted as they placed emphasis on some areas which the participants explained and this aided understanding to the researcher. According to Leedy and Nimrod (2016), during interviews the interviewer must take note of non-verbal communication as it strengthens verbal communication.

3.7 Analysis of Data

The transformation of raw primary data into something meaningful and valuable is referred to as data analysis. The information was interpreted and was at the end of the day used to address the research objectives, as well as related arising problems (Miles, Huberman & Saldana, 2014). Gathered "data were presented and analysed by means of transcribing recorded interviews and thematic analysis. Thematic analysis is the most common form of analysis in qualitative research as it emphasises pinpointing, examining and recording patterns (or "themes") within data (Guest, 2012). Themes are patterns across data sets that are important to the description of a phenomenon; hence the themes become the categories for analysis. The following steps were followed in thematic analysis:

Steps 1: Data familiarisation

The researcher carefully listened to the interview audio content and read through all the interview transcripts and field notes and made comments. The objective was to become immersed and intimately familiarise herself with the content of the data. Audible data was written through an interpretive process. Immersion in the data to comprehend its meaning in its entirety is an important first step in the analysis (Poilt, Dave, & Huggent, 2013). Guest (2012) mentions that researchers need to familiarise with all the data that they collect, through listening to the recorded content, thus enabling them to determine if a piece of data has value or meaning.

Step 2: Code generation

Coding involves identifying and summarising the central themes and patterns in data. It helps you give meaning to all the data you have collected out in the field (Saunders, Lewis, & Thornhill, 2010). Keywords/ phrases with corresponding ideas, behaviours and relevant to research objectives and questions were coded with the same colour. To establish the credibility of the coding process, the researcher noted the similarities and differences in the sets of codes.

This simple act resulted in code revisions, thereby helping to clarify and confirm the research findings (Guest, 2012).

Step 3: Theme searching

Upon coding, the researcher examined a diverse range of the participant-coded views, then collated them into analogous categories, thus forming a theme(s). Themes are general propositions that emerge from diverse and detail-rich experiences of participants and provide recurrent and unifying ideas regarding the subject of inquiry (Poilt, Dave, & Huggent, 2013). Themes typically evolve from the abstract codes and sub-codes, as well as from the association-linked concepts of codes.

Step 4: Theme reviewing

To ensure that the data was collected without bias and according to the pre-set standards, validating is key. A thorough validation includes checking responses to a certain set of questions. At this point the researcher made a comparison of the results with research question and objectives, ascribing significance to the data and making sense of the findings. This process encompassed scrutinising the themes against the dataset, determined if the data results are resounding and if the results convincingly answer the research question. In this step, the themes were typically refined, which sometimes involved them being split, combined, or discarded (Guest, 2012).

Step 5: Theme defining and naming

This step involved developing a detailed analysis of each theme, working out the scope and focus of each theme and deciding on the appropriate name.

Step 6: Final write up

This vital phase involved weaving together the analytic narrative and data extracts and contextualising the analysis concerning existing literature.

Direct quotes were used when according the data to further clarify and illustrate the categories and themes which are linked to past research in the report's literature review. A discussion was presented, comparing past research to this research and giving the researcher's critical opinions. Data were classified into themes shaped by the research objectives, participant's prospect on the thesis topic as per the research questions."

3.8 Rigour and Trustworthiness of the Research Study

The qualitative research approach is at times criticised for lacking transparency, trustworthiness and rigour. Rigour is methodologically understood as a determination highlighting whether the selected research methodology is in line with set standards, such as trustworthiness and appropriateness. According to Given (2008), rigour is best thought of in terms of the quality of the research process - a more rigorous research process will result in more trustworthy findings. Trustworthiness is the degree to which a methodology, as well as its outcomes, are trusted and depended upon. Rigour and trustworthiness are essential and a necessity in qualitative research for the research findings to have integrity (Baker, 2007). Hence being able to positively impact national, as well as international policies in the related field.

To ensure trustworthiness, Creswell (2015) asserts that there are several strategies through which researchers may ensure the trustworthiness of their research in accordance with credibility, transferability, dependability, conformability and triangulation.

3.8.1 Credibility

Trustworthiness is intertwined with credibility. Credibility is confidence in the 'truth' of the research findings (Baker, 2007). In line with this, Baum (2016) argues that credibility refers to the assurance that a researcher's conclusions emanate from the data, which should be presented and discussed in an accurate manner as obtained from the participants. To ensure credibility in this study, the following was employed:

- **Upholding honesty**.

Ader (2015) mentions that credibility is realised though strategies that uphold honesty from the participants. Only willing and genuine respondents participated in the study. Individuals were given the opportunity to offer informed consent or to refuse to participate. This ensured that the data collection sessions involved only those who were genuinely willing to take part and prepared to offer data freely. Guest (2012) supports that willing participants are likely to be frank during data collecting, compared to unwilling or forced participants. Also, respondents were motivated to be truthful and authentic in all discussions from the onset of each interview session, thus to uphold integrity.

- **Iterative questioning**

These are ploys incorporated to uncover deliberate lies (Baum, 2016). The researcher used probes to elicit detailed data through iterative questioning. Related questions were rephrased; thus falsehoods and contradictions could be detected and suspect data could be discarded.

- **Negative case analysis**

This entails the researcher looking for any deviant data that does not support the explanation for any behaviour, situation, or event (Baum, 2016). The researcher traced for any outcome patterns that completely strayed from the rest of the study.

- **Member-checking**

Member-checking involves sharing the summary of the findings with the participants to warrant precision data is collected (Leedy & Nimrod, 2016). Data gathered, interpretation and conclusions were shared with the participants so they could clarify any issues, correct errors and provide additional information where appropriate.

3.8.2 Transferability

Transferability means showing that the research findings have applicability in other contexts (Baum, 2016). To ensure further transferability in this study, the researcher used thick descriptions, describing not just the behaviour and experiences, but the context as well, so that the behaviour and experiences become meaningful to an outsider. A thick description was ensured through proffering information that exhibited the study population, number of the study participants, the data collection techniques used and all procedures.

3.8.3 Dependability

Dependability shows that the research findings are consistent and could be repeated (Baker, 2007). Dependability was ensured by an in-depth chronology of research activities and processes; influences on the data collection and analysis; emerging themes, classifications, or models; and analytic memos. Additionally, through elucidating and implementing a robust methodological portrayal, which fully narrated the operational features of data collection and minuting all field proceedings, was carried out. This permits the study to be repeated.

3.8.4 Conformability

Conformability measures the degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest. Given (2016) warns researchers to be conscious of their own biases and to design ways to deal with them since bias distorts how we process information. To ensure conformability, the researcher recognised and acknowledged shortcomings and limitations in study's methods and their potential effects.

In this research, the findings and interpretations were confirmed by the supervisor through transcripts to establish conformability. The researcher elaborated on the processes used in data collection, data analysis and interpretation of the data. Thoughts related to coding, explanations on what the themes mean, and the rationale behind codes that are merged, was explained.

3.9 Ethical Considerations

It "is important for any research to be based on mutual trust, acceptance, cooperation, promises, accepted conventions and expectations between all parties involved in the particular research (Strydom, in De Vos, et al., 2011). It is for these reasons that the following ethical considerations were taken into considerations during this research."

3.9.1 Avoidance of Harm

According to Creswell and Clark (2017), "the researcher had an ethical obligation to protect participants from any form of physical discomfort that may arise from the research project." The researcher therefore took into consideration the importance of the avoidance of harm by noting that the nature of the topic is distressing. Individual counselling for the participants was to be organised and offered by a professional social worker, Ms Helena Mwafongwe, if participants became distressed through participating in this research. Ms Mwafongwe has an Honours degree in Social Work and is employed as a social worker by the MOHSS, Windhoek, Namibia. Furthermore, the study was carried out in a secure and convenient environment to ensure that there were no interruptions and that participants would feel comfortable sharing their experiences. However, no participant indicated that they felt the need to use the counselling referral services.

3.9.2 Voluntary Participation

Participation should always be voluntary and no one should be forced to participate in a research study (Rubin & Babbie, 2008). Participants were approached to participate in this research and were provided with the participant information sheet. Participation remained voluntary during the period of the study. The willingness of the nurses to participate in the study was further illustrated by their overall level of forthrightness in sharing information and contributing their professional experiences to add breadth to research. Participants had the right to withdraw at any stage that they wanted to and there would be no negative consequences. This aspect was explained to participants in the participant information sheet.

3.9.3 Adhering to the Code of Ethics

It is a general requirement that every study adhere and abide to the university research ethics. This study, therefore, adhered to the University's Research Ethics Committee (Medical) for subject research (see Appendix F).

3.9.4 Informed Consent

According to Royse (2004), gaining informed consent requires that all possible or sufficient information on the objective of study, such as: the anticipated time of the participants' participation, the procedures that will be followed, possible pros and cons to the participant, and the credibility of the researcher, will be communicated to the participants. The researcher informed the participants on all the information regarding their participation in the study prior to the study being conducted and an informed consent form was signed by the research participant and the researcher.

3.9.5 Violation of Privacy/Anonymity/Confidentiality

Maintaining confidentiality was of outmost importance in the research study. According to Strydom (2011), privacy is every human being's right; hence one has the choice to open, or not to open, up to others and it is his or her right to decide when, where, to whom and to what extent his or her attitudes, beliefs and behaviour will be revealed. The "researcher kept confidentiality and used anonymity to mask the participants' real names. There was no data relating to the respondent. Researchers usually use techniques such as participant pseudonyms and location of the study. Furthermore, other activities, such as adjusting participants' recorded characteristics (such as gender or occupation) are also used by some researchers to conceal identities and thereby maintain the confidentiality of the data provided by participants to preserve anonymity of research participants" (Crow & Wiles, 2008).

In order to ensure further privacy and confidentiality, the collected primary research data of this study will be kept for a minimum of two years following any publications, or for six years if no publications emanate from the study. Furthermore, all data files of the research data are stored securely in a safe with locked file cabinets in a secure building.

3.10 Summary

The research methodology part clarifies and describes the procedures which were used in carrying out this research. A research "design is significant as it provides guidance for a study

procedure. Data were collected through the face-to-face interviews, making use of semi-structured interview questions. Face-to-face semi-structured interviews were the method of data collection that was used in this research study. The method of data analysis was explained, as well as the ethical principles which were incorporated into this research".

CHAPTER FOUR:
RESULTS AND DISCUSSION

4.1 Introduction

This chapter focuses on the results and discussion of research findings acquired during the study. The purpose of the research was to describe and discuss the wellbeing of nurses working in the casualty unit. All the participants were referred to as (P) and they all range from P1 to P10. The findings are reported in two parts: Part A refers to the demographic information of participants and Part B presents findings of the results as per the theme and sub-themes that emanated from the collected data.

4.2 Part A: Demographic Information of Participants

The researcher successfully completed ten (10) interviews with the participants of the study. The findings from the data collection instruments used under this study are presented and discussed below.

4.2.1 Age Group of Participants

As depicted by Figure 4. 1, the majority of the participants, 40% (4) were aged between 21-25 years of age. This was followed by 30% (3), whose age group was 26-35 years and lastly 10% (1) being above 55 years of age.

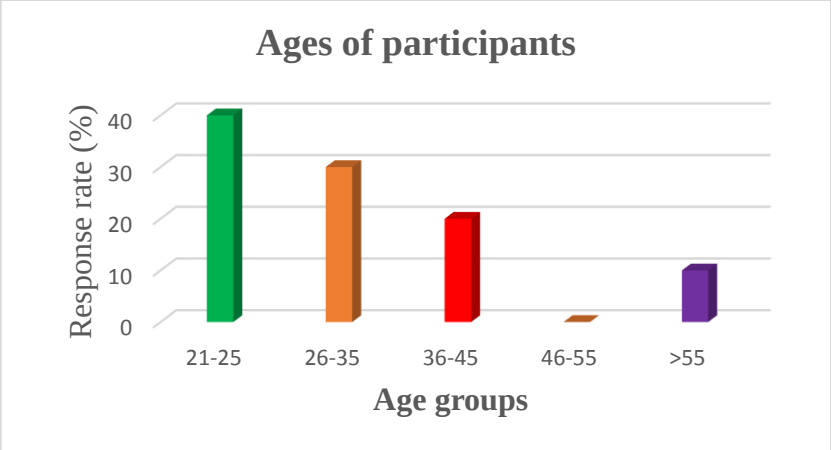

Figure 4. 1: Ages group of participants (N=10)

4.2.2 Gender

The participants were requested to stipulate their gender as part of the data collection procedure. The results on this perspective have been abridged as below in Figure 4.2.

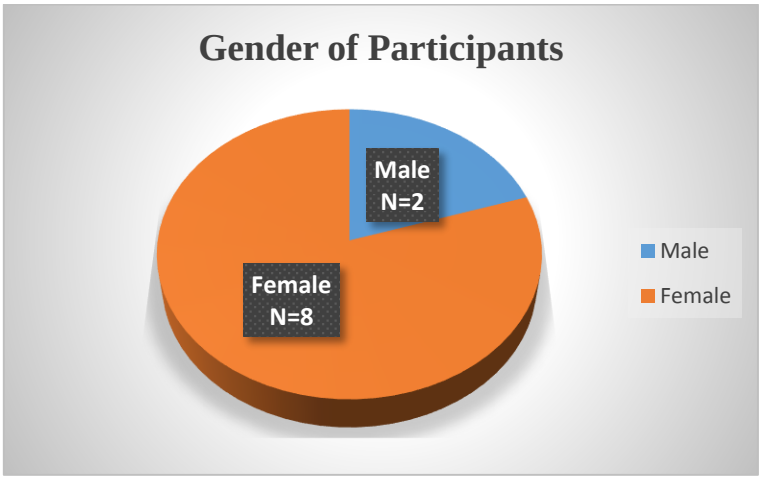

Figure 4. 2: Gender of participants (N=10)

The findings revealed that in a total of ten participants, selected from a team of fifteen professional registered nurses working at the casualty unit under the MOHSS in Namibia, two were male, while eight were female. The gender demographic is highly dominated by the female gender in the casualty unit, because the majority of the participants were female.

4.2.3 Level of Education

Figure 4.3 depicts the educational level of the participants. The majority of the nurses, seven of the participants, stipulated that they were holders of Honours Degrees in Nursing. One of the participants in this category also had an Honours Degree in Psychiatric Nursing. Three of the participants specified that there were holders of Diplomas in Midwifery and Nursing. These findings reveal that the casualty unit employs professionally qualified individuals.

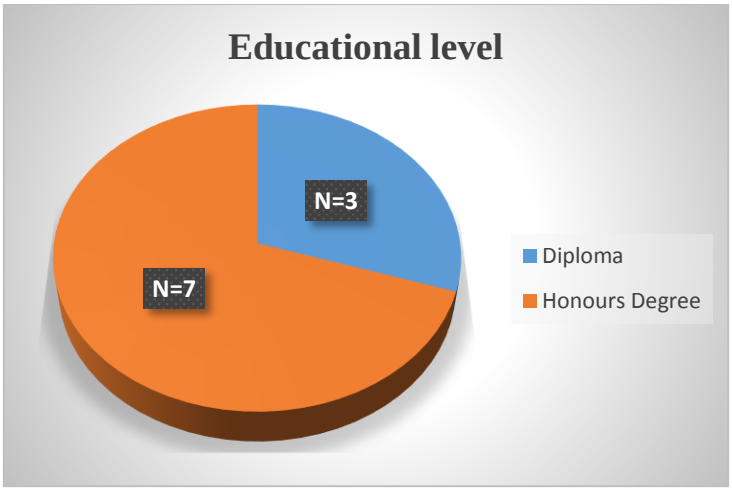

Figure 4. 3: Educational level (N=10)

4.2.4 Years worked at the Casualty Unit

Figure 4.4 indicates the years that each participant had worked at the casualty unit under study. A total of five participants stipulated that they had been working at this unit for one (1) year. A total of four participants indicated that they had been working at the casualty unit for a period of between 1-3 years and only one of the participants indicated that they had worked there for the past 6 years.

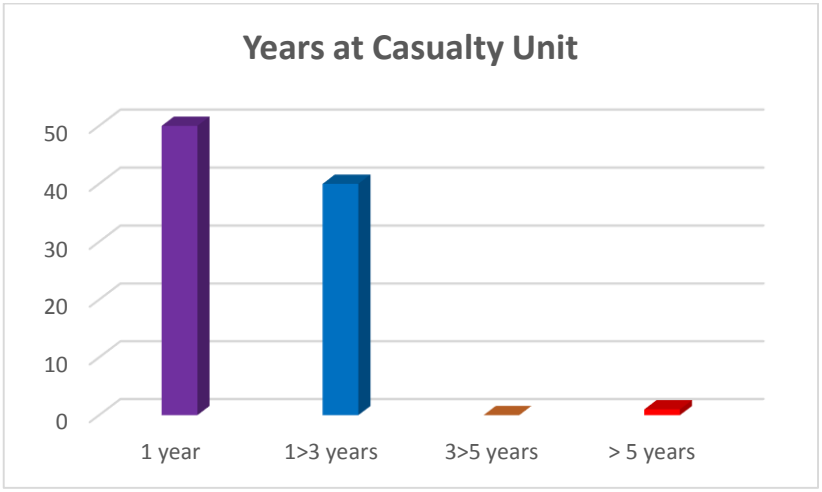

Figure 4. 4: Years at casualty unit (N=10)

These findings indicate that the participants of this study had reasonable experience with the casualty unit and hospital. The findings show a positive impact to the results of this study, as nurses in the casualty unit meet the minimum requirements to participate in this study and to work in the casualty unit.

4.3 Part B: Themes and Sub-themes

Table 4.1 shows that there are three main themes and eighteen sub-themes that emerged from the data collection. The main themes include: challenges encountered by nurses; nurses' perceptions of motivation factors; and coping strategies that nurses adopt. These are discussed below.

Table 4. 1: Themes and sub-themes that emerged

Themes	Subthemes
Challenges encountered by nurses	• Shortage of staff members • Lack of resources • Aggressiveness of patients • Long working hours • Exposure to contagious infection • Lack of motivation by management • Bullying by clients • Lack of security procedures
Nurses perceptions of motivation factors	• Improved management • Changes in policies • Staff development programmes • Wellness programs • Improved security
Coping strategies that nurses adopt	• Promotion of health and safety environment by employer • Teamwork and information sharing • Exercising activities • Socialising with family and friends • Professional counselling

4.3.1 Challenges Encountered by Nurses

Numerous challenges were identified by the nurses. The challenges included, shortage of staff, lack of resources, aggressiveness of patients, long working hours, exposure to contagious infection, lack of motivation by management, bullying by clients and lack of security

procedures as discussed below. The following sub-themes delineate challenges encountered by casualty nurses.

- **Shortage of staff members**

The shortage of staff is a very serious challenge that nurses experience at the casualty unit and all 10 participants mentioned that they were affected by staff shortages. Staff shortage denotes an imbalance between the supply and demand for nurses to deliver health care (Aiken & Buchan, 2008). The participant's major challenges are outlined in the Table 4.2.

Table 4. 2: Challenges encountered by participants due to shortage of staff members

Challenges Encountered	**Participant**
"I will talk about staff shortage; we are always not enough. Most of the time you find that you are on duty but you have to do on extra duty because we are not up to standard of the nurse's ratio to patients"	P3
"Currently we are facing the challenge of shortage of nurses at casualty unit. So staffing is a very big issue or concern at the unit, we are a few on a shift and this is burning us a lot"	P6
"The challenge is only the shortage of nurses which is in casualty. You find yourself even working at two departments while everyone is supposed to be working at one department and if something happens to the other department while you were maybe helping there, you will be answerable for what happened there also. So, shortage is the problem in casualty"	P4
"I will say the problem right now is more on the shortage because I think we are supposed to be ten on duty at the time but then now the off-duty roster just allows us to have 5 and mostly we have to book someone to be 6. And even when we are 6, the shortage is still showing because now we have to deal with more patients than we should be, but you could not have if you were more on duty"	P5

These findings imply that nurses at the casualty unit experience critical shortage of staff and this can reduce motivation at work and affect patient care. Shortage of staff as per ratio is a problem. Thus, due to limited staff, the few available nurses tend to bear an additional workload, which then compromises the quality of service rendered to the patients. Armstrong

(2009) concurs that staff shortage affects patient care as it becomes compromised due to the increased workload. These findings acknowledge the presence of excess workload on nurses which is detrimental to their wellbeing. These findings corroborate with Nembwaya (2019), who discovered that MOHSS public hospital had been hit by staff shortages countrywide, which witnessed most nurses over working and getting stressed.

- **Lack of Resources**

Data from the interviews showed that nurses were faced with a problem of inadequate resources. The public hospital lacked enough cleaning materials, medication, syringes, face masks and gloves. Seven participants mentioned that they experienced a lack of resources at the casualty unit.

Participant 10 indicated that:

> *"Another thing we have a challenge of is suppliers, most of the time you find that you need 1, 2, and 3 which is out of stock. So, you have to run around looking for materials to use"*

Furthermore, two other participants referred to the unavailability of supplies and lack of stock. This normally delays patient healthcare services.

Participant 5 said that:

> "*I experienced a situation where a patient was bleeding and losing blood and the time when I was looking for gloves, I did not find any, when I come back to check on my patient, he was getting worse and I forced myself to stop the bleeding wound without gloves at my own risk*"

Participant 7 illustrated the following:

> *"Equipment's and medical supplies are always out of stock and this hinders service delivery"*

The participants find themselves in situations where they run out of stock while attending to patients, thus they end up being stuck and helpless. Pieters and Matheus (2019) discovered that a lack of resources in a casualty unit has serious consequences for the quality of patient care and the professional work environment for nurses as they become unprotected and vulnerable to infection. Nembwaya (2019) adds that the shortage of medical supplies such as sterile

gloves, syringes/needles, dressing aids, table covers, towels, cleaning supplies and medical equipment exposes the nurses to infection as they will not have access to sufficient PPE to protect themselves. In line with the study findings is Abdullah et al., (2014) who found that without enough supplies such as PPE, nurses get infected with the Human Immunodeficiency Virus (HIV) and other infections. The fact that nurses work without being protected and worry about their safety compromises their wellbeing.

- **Aggressiveness of Patients**

Outcomes from the interviews showed that nurses are faced with the problem of aggression from both patients and visitors. The following quotes from the participants delineate this outcome.

Participant 3 illustrated that:

> *"Our patients are very aggressive patients. Sometimes they come in intoxicated, they come in aggressive from the injuries that they sustained, probably they had a fight out there. So, when they come in that aggression is still in them. So, we are very much at risk, sometimes they come in with the weapons that they were using to fight that side. So we have patients who come in aggressive, they don't want to be touched, they don't want to be attended to, we have patients who come in with physical weapons, we have patients sometimes they come in two groups and find themselves in there, that they had a fight outside there then they continue with the fight while in the department"*

Participant 4 mentioned that:

> *"There are people who are coming from home carrying knives. Sometimes they are accompanied by relatives and you don't know what they are talking about outside, they carry weapons and while you are busy with the patient, they might harm you, so it's a risk"*

Participant 1 indicated that:

> *"When patients come, some they have fought where they came from, so the other group which they fought together, follow the patients here then they start fighting at casualty unit. They come with knives and with guns. Sometimes we are also included when they want to fight because we can't leave the patient to be attacked. Some they don't*

appreciate what we are doing, they are saying we are slow, they have to go back home and bring knives to attach us. They are insulting us with their family members, they are taking pictures of us to take to the media. It's really hectic"

Participant 10 said that:

"Another major challenge is violent behaviour from patients, they are very aggressive"

Participant mentioned that:

"The violence from patients and their families who always carry weapons to attack us"

The above findings demonstrate the amount and intensity of threat in form of aggression in which nurses at the casualty unit are faced with. It is evident that when clients or visitors are not happy with the nurses, they unleash it on the nurses. This study outcome relates to Heckemann et al., (2015) who discovered patient and visitor's aggression among the top the challenges faced by nurses at the casualty unit. Patients being taken care of sometimes can become aggressive towards the nurses; unnecessarily being hostile. Patients' visitors as well have posed a threat to the nurses at the casualty unit. Patients and visitor's aggression is a long-standing challenge in general hospitals, threatening the wellbeing of nurses providing healthcare to the patients. Hahn et al. (2013) mentions that if patients and visitors continuously portray their aggressiveness to nurses this could stress nurses, which negatively impacts their work life and social wellbeing. The situation could trigger some nurses to retaliate, which creates a chaotic working environment.

- **Long Working Hours**

Long working hours is among the workplace challenges that nurse's encounter at the casualty unit. Eight participants mentioned long working hours as a challenge that has led to stress and burnout at the unit.

Participant 1 said that:

"*I work for long hours and I hardly rest; I am supposed to have two days off but I hardly get them, I only get one day due to short staff. So, I get exhausted and burnout and that can be a risk to my health"*

Participant 6 mentioned that:

> *"My work stresses me particularly during long shifts and when I am called to work on my off days which make me not attend to my personal issues but rather just being at work always"*

The "above-mentioned quotation can result in nurses' incapacity to balance work and family life and dissatisfaction in relation with life partner and an incapacity to satisfy needs. Long working hours lead to higher work-family conflict and lower social support". Long working hours can compromise the nurses' affective bond with their employer, leading to lower affective commitment.

Furthermore, two participants also expressed that long working hours are an occupational hazard and leads to exhaustion. On the other hand, another participant mentioned that due to staff shortages they work for long hours while standing, this can result in low back pain and neck pain. In this sub-theme the link between long working hours leading to exhaustion, stress and burnout is clear. This support is highlighted in the following quotes below:

Participant 2 indicated that:

> *"I work for long hours standing during the day and when I get home, I will be very exhausted"*

Participant 3 illustrated that:

> *"I work for long working hours due to staff shortage and I stand for long all the time"*

These findings depict that nurses are exposed to long working hours beyond their shifts. Therefore, nurses at the casualty unit spend most of their time attending to patients while standing and work for long hours. Low back pain and neck pain can occur as a result of working for long hours while standing (Takami, 2018). These findings corroborate with Van der Elst et al., (2016) who found out working for long hours has the potential to negatively impact nurses' happiness, health and wellbeing. Long and irregular working hours' influence workers' behaviour and leads to other problems such as non-standard working schedules. Stimpfel et al., (2012) further agree that the longer the working hours and workload, the higher the burnout level. Long working hours are an occupational hazard for nurses as it can contribute to the exhaustion of the nurse.

- **Exposure to Contagious Infection**

Data obtained through the interviews revealed that nurses at the casualty unit are exposed to contagious diseases. As a result of their interaction with patients and the hospital environment, there are high chances of nurses being infected at work. The participants shared the following sentiments:

Participant 6 stipulated that:

> *"We can confront potential exposure to infectious diseases, toxic substances, pricking ourselves with needles and accidents of cuts with some equipment"*

Participant 5 mentioned that:

> *"I work with sharp objects and due to the urgent requirements at my department sometimes I am subjected to the risk of pricking myself with sharp objects"*

Participant 9 illustrated that:

> "*As nurses we suffer from severe skin damages due to hand washing liquids and we can contract medical conditions patients come with or through cross infection"*

Participant 3 indicated that:

> *"We are dealing with patients and we are the first people who contact patients. So, as you are aware that most of the patients come in with communicable diseases, diseases that can be transferred, that can move and be infected from one person to the other one. So as a nurse I am the first person to contact the patient, so before even that patient is diagnosed, that he needs to be isolated, I have already contacted that person. We also deal with patients who are bleeding, patients who are coughing, patients with bodily fluids. So, if you are not protected properly, we have a lot of risks of contacting these illnesses. So, our work is basically a very high-risk area where by you can easily contact other infections"*

These findings clearly indicate that casualty nurses are exposed to the risk of hospital-related infections. Hospital-related infections can be due to mishandling of contaminated equipment, objects or accidental contact with infected body fluids and secretions such as blood, excreta, and vomitus. These findings are emphasised by WHO (2017) as they discovered that nurses

are at risk of contracting contagious diseases which can spread rapidly from person through direct contact (touching a person who has the infection), indirect contact (touching a contaminated object), or droplet contact (inhaling droplets and when a person who has the infection coughs, sneezes, or talks).

Like 'everyone else in the general populace, health care workers may become infected as a result of their personal behaviour and work environment' (Kol, Ilaslan & Turkay, 2017). Nophale (2009) found that in a span of two years, of 100 injuries that were reported by medical staff on duty, 41% occurred among nurses, 38% among cleaners and 6% among administrators. Of particular interest, according to Nophale (2009), was that 50% of the reported injuries were needle-stick related. Contrary to these findings is the provisions of the Maslow's hierarchy of needs which asserts that an individual should be entitled to safety needs. The exposure of casualty nurses to infection compromises their fulfilment of safety needs, thus adversely impacting their social wellbeing.

- **Lack of Motivation by Management**

As depicted by the outcome of the interviews, nurses at the casualty unit face the challenge of not being motivated by their management and this can lead to job dissatisfaction. Thus, the nurses lack a driving force motivating them to achieve their goals and fulfil a need or uphold a value (Mullins, 2002). Seven participants experienced lack of motivation from their management. '

Table 4.3: Challenges encountered by participants on lack of motivation by management

Challenges Encountered	**Participants**
"I feel dissatisfied with the management, it's like I am doing nothing"	P2
"Efforts not recognised by management"	P8
"I'm not appreciated by management; motivation is lacking"	P10
"Poor communication from management"	P5
"Even if I put extra effort the management does not care at all, they never recognise my efforts and this later demotivates me and I get stressed"	P8

The lack of motivation among the participants is signalled mostly by words like 'needs', 'values' and 'goals', as they are the building blocks of motivation that lead to actions. The "findings are in line with the Herzberg theory of motivation which articulates that intrinsic and

extrinsic factors influence individuals to fulfil their own needs" (Kahiga, 2018). There are two factors that affect motivation of a person in an organisation (Ong & Noor, 2016). Hygiene factor relates to the job context or extrinsic aspects of the employees where it surrounds the execution of the work. Elements of the hygiene factor (extrinsic motivation) include working conditions, co-worker relationships, policies and laws, professionalism in mangers and reasonable salaries. The motivator is associated with employees' job quality or intrinsic aspects. Motivator (intrinsic motivation) motivates a person to strive with internal stimulation for contentment and better results. Elements of motivator are accomplishment, recognition, accountability, work itself, progress and personal development. The findings also show that participants are not recognised by management. According to Maslow's hierarchy of needs, sense of esteem is one of the needs that need to be fulfilled and consists of respect, self-esteem, recognition, status, strength and freedom (Neubauer et al., 2018). Therefore, nurses' sense of self-esteem is affected, due to the fact that there is a lack of recognition by the management in the workplace.

- **Bullying by Clients**

The findings from the interviews demonstrate that the participants were bullied by patients while on duty. The following participants had this to say:

Participant 2 indicated,

> *"Due to freedom of speech and expression many patients and their relatives come here and mention a lot of insulting words indirectly that negatively impact our motive towards working. Most patients and their relatives freely express themselves at the expense of us nurses not once but many times".*

This is testimony of participant 7, who mentioned that:

> *"Just look at how she walks, as if she is beautiful, can't she just assist us quickly. Then they laughed loudly. This has happened to me many times where patients just bullied me hoping I would respond"*

Some bullying goes beyond into sexual harassment, sometimes without some nurses knowing they are being sexually harassed. The above quotes portray evidence that the nurses were bullied by patients and their relatives. As much as patients were entitled to their rights, they seem to have over-extended their right to bullying and harassing the nurses, which

detrimentally affected the nurses. This study outcome is in line with Allison and Bastiampillai (2016) who found that bullying often leads to increased rates of stress and contributes to a loss of self-esteem among the victims of bullying. Sexual harassment is inappropriate sexual conduct whose intent or impact is to violate dignity or establish a threatening, hostile, demeaning, humiliating or offensive atmosphere (Equality Act, 2010).

- **Lack of Security Procedures**

Data collected through interviews showed that the participants were faced with a problem of lack of security procedures. In support of this are the sentiments shared by the following participants:

Participant 6 indicated that:

> *"Most of the time due to emergency requirements at the casualty unit, sometimes relatives of the patients will be around when we are attending to their family members. This normally turns to be disturbing to our operations. These relatives become aggressive to the procedures we are conducting and our security can't control them"*

Participant 10 indicated that:

> *"I have seen some nurses being beaten just because the family members of a patient feel that their relative is sicker than another patient that is being attended to. And our security guards have no weapons and really sometimes they try but can't do anything"*

Another participant has expressed disappointment in the security system at the casualty unit. The participant was pleading to the hospital management to put in place adequate strategies to protect them while on duty. The participant also questioned the kind of working environment they are working in where their safety is at risk. To support this statement participant 2 indicated that:

> "*We need the hospital to give our security guards guns or ask their employers to train them more because they are always overpowered by our patients when a fight starts. Our security system is weak and effective procedures must be put in place, we can't be attending to patients while their families are guarding them and busy threatening us. What kind of a working environment is that?"*

These findings show that the nurses' physical security at work is threatened, thus the nurses are working in fear of being victimised by patients and their accomplices. Thus, nurses work in a hectic environment and their welfare is regularly in danger. These findings are contrary to Maslow's hierarchy of needs, the first step which stipulates that an individual needs physical security to protect them from any possible harm (Anderson & Bushman (2016). The lack of protection from physical harm by nurses compromises their wellbeing as they become stressed from their working environment.

4.3.2 Nurses' Perceptions of Motivation Factors

The participants of this study were asked to comment on motivation factors that can influence their abilities to provide effective patient care. Various responses were given by the participants of this study. The following sub-themes outline various perceptions of nurses on motivation factors.

- **Improved Management**

Support from management is one of the motivating factors that can influence the nurses to provide effective patient care. Seven participants mentioned that they felt demoralised at work and their complaints were not taken seriously.

Participant 10 indicated that:

> *"I just want recognition and appreciation from the management sometimes for the work that I do, it will really promote motivation. I do a lot but sometimes I feel not appreciated"*

Participant 4 said that:

> *"I want our management to improve on our working conditions – providing adequate staffing and flexibility in working hours. Currently we are burnt out and exhausted."*

Three participants shared the same sentiments and were dissatisfied with management of the casualty unit and hospital at large. The participants felt that financial incentives were one of the motivating factors that improves nurses' work motivation and management must look into it. These findings coincide with Hellriegel et al., (2017) who reported that it is the duty of the management to ensure that employees are motivated through various ways and methods, such as giving them incentives. Another motivating factor mentioned was effective communication

and this was linked to an increase in work motivation. Baljoon et al., (2018) further agrees that the existence of respectful relationship was associated with an increase of nurses' work motivation and financial rewards, such as better pay, are important motivators. This support is highlighted in the quotes below:

Participant 8 illustrated that:

> *"It's not easy to work at casualty unit or hospital they must think of salary increment, we are experiencing a lot of risks on a daily basis. Management must do something and fight for us"*

Participant 2 indicated that:

> *"I want motivation from management as we work in difficult conditions and need effective communication. Building a good working relationship with them is also very important for communication purposes"*

The other participants did not oppose the views of the others but indicated they have accepted the situation with their management and it will not change. This statement is supported by Herzberg theoretical framework depicted in Figure 4.5, as adopted from Ong & Noor (2016), and further supported the following quote:

Participant 6 said that:

> *"I have accepted the situation, so I just do my job that's all, they won't change"*

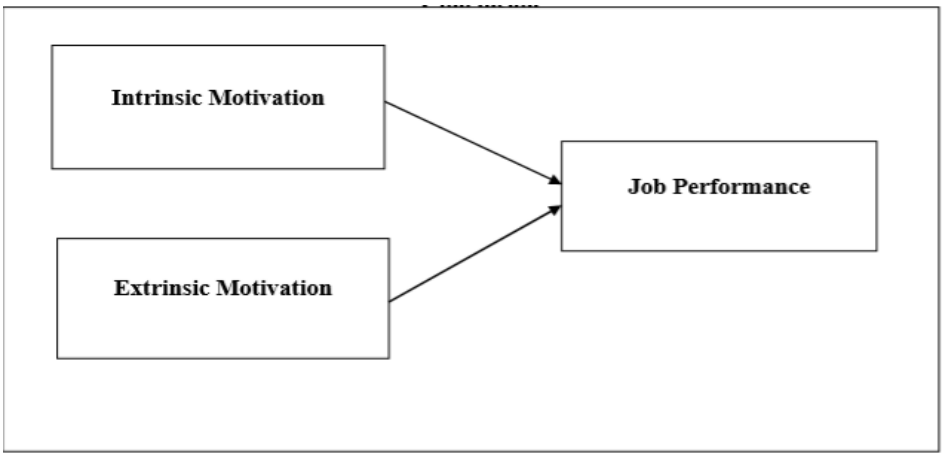

Figure 4. 5: Herzberg theoretical framework

Adopted from: Ong and Noor (2016)

The "findings are in line with the Herzberg theory of motivation theoretical framework which articulates that the intrinsic and extrinsic factors motivate the individual to satisfy their own needs" (Kahiga, 2018). Among the elements of hygiene factor (extrinsic motivation) are work conditions, co-worker relations, policies and rules, supervisor quality and base wage. Motivator is related to the job content or intrinsic aspects of the employees. Motivator (intrinsic motivation) motivates a person to strive for satisfaction and better performance with internal stimuli. Elements of motivator are achievement, recognition, responsibility, work itself, advancement and personal growth. Management need to increase employees' job satisfaction, they should be concerned with the nature of the work itself – the opportunities it presents employees for gaining status, assuming responsibility, and achieving self-actualisation. On the other hand, for management to reduce dissatisfaction, it must focus on the job environment - policies, procedures, supervisors and working conditions. To ensure a satisfied and productive workforce, management must pay attention to both sets for job factors.

In line with the study findings is the USA Department of Health and Human Resources (2015), which echoes that the management should be motivating, caring and ready to listen to their subordinates, they should also take time to develop relations with employees, in addition to motivating and inspiring employees. McFarlin (2019) adds that motivating the workforce directly impacts company productivity in the sense that the workers will put more effort to their work and feel appreciated. Lack of motivation and inspiration in this context to employees becomes another workplace challenge, because employees will not be so keen to do their work.

- **Changes in Policies**

Changing sketchy policies is another motivation factor that can influence nurses to provide effective patient care. Ten participants indicated that they will be motivated and satisfied if the policy makers in the MOHSS were to involve them in the formulation of the policies implemented by nurses.

Participant 9 illustrated that:

> *"The best way is for policy makers to involve us people on the ground to contribute as well. We do have great ideas on how things should be done"*

Participant 6 said that:

> *"I think it will be best if we are involved and asked to contribute on what we think is best since we are the ones who are doing the work on the ground and we know better of what is happening and what is changing"*

These findings are in line with the views of McFarlin (2019), who postulated that engagement in regular communication with management and their workforce fosters an environment of openness at the workplace. The level of engagement should be to such an extent that employees are free to air their perspectives to the management.

Participant 3 indicated the following:

> *"I think it is important that they have to involve us because we are the people on the ground. And most of these policies are very easy when you sit in the office and you are working with papers but you are not on the ground. For example, if it's a challenge about security, I am the person who is actually facing it, so I thought it was important that we are part of this. It will be really helpful for us if they involve us in this policy making and if they are any changes that we are part of it"*

Participant 5 illustrated that:

> *"I think we should be more aggressive with things, so when certain people are complaining of the same complaints, they should be taken up quicker and policies should be put in place quicker so it helps with resolving problems. Now we keep using the old policies while things have changed and moved forward, things like technology, equipment and we don't have some things but policies are still the same like when we had a lot of it. It does not really make sense sometimes, but quicker intervention and quicker policies and then communication between the people who are up there and people who are down here doing the work, just to improve a little bit"*

To motivate and inspire employees, management should effectively communicate with the workforce with the objective of getting the best out of them. Similar to these findings, Ladegaard and Jenks (2015) found that communication at the workplace is a vital tool, hence communication should be effective from the top management down to the lower levels of the organisation.

Participant 7 said the following:

> *"Like we nurse we are the ones dealing with the patients, so I think we must get involved in these policy changes, even towards our matrons and supervisors, as we don't get informed of these things"*

The other participants were in agreement with participant 7 and of the opinion that when it comes to policy change, there is great need for policy review in a period of even six months. The participant indicated that this was to ensure that what is on paper goes in line with what is actually happening in the casualty unit so as to improve the services.

- **Staff Development Programme**

Five participants mentioned that staff development was another motivational factor for nurses in order for them to provide effective patient care. According to Kouzes and Posner (2007), professional development is the organised maintenance and expansion of information and the development of personal behaviour essential for the person to maintain their significance and efficiency at work throughout their working life. The following quotes supports this outcome:

Participant 5 indicated that,

> *"I would say like for people who are coming here from other wards should get like an orientation thing, not just for the ward but for the whole unit and hospital for some days. Let's say like you are in Orthopaedic, you rarely do CPR and the last time you did it was at school like 3 years ago, then you come to the casualty unit and just in the middle of it, you have to do it that time. So, your knowledge base is not really up to date. So, they must just update us on those emergency things like CPR, just those urgent things that someone needs to be equipped in and things that require faster attention. Just to keep the knowledge base high and always updating it constantly so we learn and keep up with all the new things that are happening for us to provide quality patient care"*

In addition, the other participants also noted that staff orientations for new nurses should be put in place to increase job satisfaction when they start working at the casualty unit. Furthermore, it has to be compulsory for colleagues who attend workshops to give feedback. Self-development programs are motivating factors as they improve self-confidence, self-

esteem and increase opportunities for promotion. The provision of staff development programmes are supported by the following quotes from participants:

Participant 4 said that:

> *"I would want our colleagues to give us feedback when they come back from workshops or trainings. It's very important because sometimes some of us we don't get a chance to attend the same trainings and we need the information to be updated"*

Participant 1 mentioned that:

> *"I would like our employer to give us refresher trainings to things we did back at University as sometimes we forget, it's a good motivator to keep up the knowledge base".*

These findings underscore the importance of staff development programmes, as mentioned by the participants. Aiken et al., (2015) adds that when nurses are trained with knowledge, patient care and results are also enhanced. Furthermore, it is of paramount importance to value and empower nurses in order to enhance the quality of patient care.

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- **Wellness Programs**

Stress and burnout are one of the challenges that nurses experience at the casualty unit. Eight participants mentioned that wellness programs are another motivation factor that could influence nurses to provide effective patient care and reduce stress and burnout in the workplace. Wellness programs generally include any health promotion intervention, policy, or activity in the workplace designed to improve health outcomes of employees (Lee, Blake, & Lloyd, 2010).

To support this participant 2 mentioned that:

> *"Our employer must introduce a baby corner whereby staff can come with their babies, especially when they are young, as less than a year. They can bring them as long as they are breastfeeding. Bring them along, feed them whatever time maybe at tea break, that little time is better than leaving the baby at home with a stranger who is going to be mistreating the baby without you knowing. If something like that can be done it will really benefit them a lot and I am sure psychologically it will help them and they will be able to give better care to others because they know that their babies are just around*

the corner. This will reduce employees who are breastfeeding being absent from work all the time"

Participant 9 mentioned the following:

"As employees in the workplace we need programs like stress reduction programs, health risk assessments, exercise programs and activities, vaccination clinic for employees, and health screenings. These programs will really benefit the employees and the employer by lowering health care costs which will increase productivity and employee morale".

According to Canady and Allen (2015), the reduction of stressors, as well as improving the working environment at the health care institutions is key and vital if service delivery is to improve. It is the belief of the researcher that wellness education programs can provide employees with information and knowledge pertaining to a healthy lifestyle, fitness and stress reduction. The benefits presented were collected from the data with the participants during the interviews. The benefits of wellness programs in the workplace are further mentioned in Figure 4.6 as adopted from Berry, Mirabito and Braun (2010) and Mattke et al., (2013).



Figure 4. 6: Benefits of wellness programs in the workplace

Adopted from: Berry, Mirabito and Braun (2010) and Mattke et al., (2013)

Participant 6 indicated the following:

> *"I would like our employer to put in place programs like yoga classes twice a week for those who are off duty to attend such a program. And also, EAP for issues like stress management, substance abuse, depression and also anxiety. Such programs will improve the image of the hospital and turnover will reduce. Not forgetting financial assistance for all the nurses or all the employees in the Ministry. Fitness challenges to promote a healthy life styles are also very important"*

Another participant also acknowledged the need for exercise activities and proposed to the employer to introduce a wellness clinic whereby the employees in the workplace can seek counselling. This outcome is supported by the quote below by participant 3:

> *"I would suggest that we have after work extracurricular activities, not just work-related activities. One day the employer should organise for a team building that we go out there and probably exercise, run, sit together, have fun, enjoy then come and refresh and feel that we are starting afresh. I will personally propose if we have a staff wellness clinic, whereby we have a qualified counsellor probably. Someone who is a professional, who when I feel that I am down, I am stressed, I can go talk to. But in our situation, we have our own personal issues but I have no one to talk to, there is no staff wellness clinic. So, I will propose if they can consider doing such"*

The motivation for exercise programmes was emphasised by the participants as it key to their wellbeing. Similarly, Lee and Lee (2017) realised that exercise programs focus on getting employees active by allowing employees to exercise and stretch within a convenient location. In return, wellness programs increase employee morale and improved commitment to the organisation as employees will develop a stronger commitment to hospital. Improved productivity is likely as they will be able to work efficiently through their shift (O'Reilly, 2006; Dyck & Neubert, 2008).

- **Improved Security**

As shown by data collected through interviews, security is another motivating factor that can influence effective patient care. Five participants mentioned that the hospital management must improve on their security since the current guards have no weapons. Some patients and visitors are at times armed and this is a risk to them. This support demonstrated by participant 3 indicated that:

> *"In terms of security, it has been a complaint that was even forwarded to the ED and we have seen some improvements because now we have security guards that usually guard the entrance, but unfortunately the security guards do not have a proper weapon to control. They are also human beings, so they are trying to control these situations physically and most of the times they get challenged because some of these people are stronger than they are, but the improvement is that we have security that is in place guarding both entrances"*

Participant 6 said that:

> *"Another major challenge is violent behaviour from patients, they are very aggressive. Management must think of improving bringing the police or army since patients and visitors are not afraid of security guards who are not armed"*

The above findings show how the nurses' security is undermined and their urgent motivation for the hospital management to consider enhancing their protection at the casualty unit reflects a serious issue. Lu, Zhao and While (2005), in support of this request, found that the safety of nurses was a key issue which enhanced job satisfaction, a key indication of their wellbeing. Nurses need to work in an environment where they are not threatened in order for them to provide health services without fear. Additionally, Jordan (2015) expressed that human beings strive to preserve, protect and build resources and that the potential or real loss of these valued resources is what threatens them. Resources constitute an extensive range of objects, personal characteristics, circumstances or resources that an individual appreciates, including fitness, stamina, feelings of competence and engagement, motivation, encouragement and relationships with others. "These resources are generally positive job attitudes and overall positive health" (Mattke et al., 2013). Therefore, when these resources of nurses are threatened and nurses are mistreated by patients at work, this then compromises nurses' job performance. In addition, these resources represent important components of satisfaction with one's job, their loss will contribute to the deterioration of the nurses' job satisfaction and the nurses may blame the hospital for allowing the aggression to occur, compromising the nurses' affective bond with the hospital and leading to lower affective commitment.

4.3.3 Coping Strategies that Nurses Adopt

The researcher requested that the participants of this study specify the coping strategies that they adopt in order to address their work challenges and the results in this perspective are as

presented below. The following sub-themes delineate different coping strategies which can be adopted by the nurses:

- **Promotion of Health and Safety Environment by Employer**

Three of the participants indicated that their employer stimulates a health and safe atmosphere at work. The promotion of a health and safe environment at the workplace is illustrated by participant 1 who indicated that:

> "*When it comes to waste management, they provide the materials where we can throw the waste especially the sharps and dirty linens because they can be a risk to us. We have our safety wear to protect ourselves. Our matron makes sure that is always in place".*

Furthermore, two participants mentioned that the supervisor at the casualty unit is very supportive and always making sure that the nurses have their safety clothing on them, although they work under difficult circumstances. Another key issue that emerged was the point of security guards who were arranged to provide security at the casualty unit, although they are not provided with weapons, this is seen as better than nothing. The promotion of a healthy and safe environment at the workplace is further supported by the quotes below:

Participant 4 indicated that:

> "*Whenever our matron sees us working with someone and we don't have gloves on, she always tells us to put on gloves and put on protective clothes for us not to be infected and be able to work in a safe place"*

Participant 7 indicated that:

> "*If I have patients that are coming and abusing us, shouting at us and all those things, we have our security guards that are there to safeguard us even though they don't have weapons. And I think it was the matron that arranged that, and we feel safe and safer"*

This study outcome underscores the need by nurses for their employer to improve the health and safety environment in which they operate. These findings are corroborated by Roelen et al., (2013), who argues that in order to make sure that the employees are satisfied with their job, employers have to offer an enabling environment. Moreover, these participants indicated that the employer, through their matron, always encourages them to put on protective clothes

such as gloves and face mask to reduce exposure to infection and this was found to be a coping strategy to some of the challenges faced by the nurses. Ong and Noor (2016) further support these findings through the Herzberg theory - namely, the understanding that work has to be strategic so that hygiene factors (extrinsic motivation) and motivator (intrinsic motivation) of an employee is achieved. In this regard, the recognition of extrinsic motivation factors by the matron helps them to cope with some of the challenges faced in the casualty unit.

- **Teamwork and information sharing**

Four participants indicated that they utilise teamwork and sharing information as a coping strategy to address their work challenges and sometimes they try to remain calm and focused to reduce the impact of the stress. The following quotes support this outcome:

To illustrate this point participant 4 indicated that:

> "*If I am stressed, I am not that person that likes to keep things. If I am stressed, I always try to seek advice from my colleagues since we work as a team at work and I trust them. I would rather go to my colleague than stay with my stress alone and see what advice my colleague will give me. So, I don't really find myself more stressed to the extent that maybe I don't even want to do anything or so"*

The above quote depicts that nurses can leverage on teamwork as a coping mechanism to their wellbeing. Teamwork relies on individuals working together in a cooperative environment to achieve mutual goals through sharing information and skills. These findings coincide with Harris and Harris (1996) who found that through teamwork individual employees have a common goal or tenacity through which other team members can develop operative mutual relationships to attain team objectives. This relates to the Maslow hierarchy of needs, which suggests that the reliability of the team members towards one another is recognised when they feel a sense of belongingness to the team and if the team's mission and values resonate with the individuals (Mattke et al., 2013). The data collected from participants revealed most teamwork competencies in Figure 4.7 which can help in promoting improvement in specific teamwork skills, which is then linked to team performance.

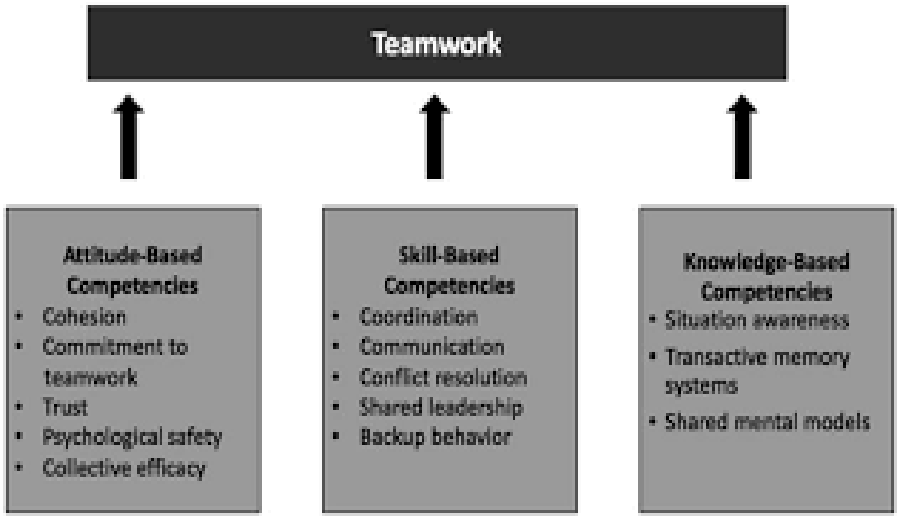

Figure 4. 7: Teamwork competencies in a workplace.

Adopted from: Lacerenza, Marlow, Tannenbaun and Salas (2008).

Participant 1 indicated that:

> "*I cope with stress at work, when things get too tough, I can at least talk, and there is teamwork and coordination among us. I can ask for someone to help me out even for a few hours if I want to do something or take a rest. Then they can fill in for me if they are not busy. I also try to remain calm and just focus and not to over think because the day will end. I just try to remain calm and focus to what I am doing and also prioritise"*

Furthermore, the above sentiments were in agreement with the other participants utilising teamwork and problem sharing at the workplace. Teamwork is one of the competitive strategies that managers employ in the workplace to conduct operational duties effectively. In support of these findings Hogh, Hoel and Carneiro (2011) found that teamwork is an important coping strategy in combating challenges nurses experience at work. It has been noted that nurses do not really have a place where they can quickly go for psycho-social support in the workplace, hence they resort to using their peers in their teams.

- **Exercising Activities**

Four participants indicated they engage themselves in exercises after work as a coping strategy to reduce stress. To support this participant 4 mentioned that:

> "*When I reach home, I meditate to reduce psychological stress and anxiety. I also exercise when I am off duty, taking a walk or mountain climbing"*

In addition, other participants also expressed that they take good care of themselves by exercising, which has proven to be good for them and had helped to reduce their stress and improved brainpower. In support, participant 6 explained that:

> "*I deal with stress by taking care of myself, I like to eat healthy, exercise on a regular basis by running or cycling on my off days. I also try to get more sleep on my off days. So that's is how I deal with stress, personally and on a professional level"*

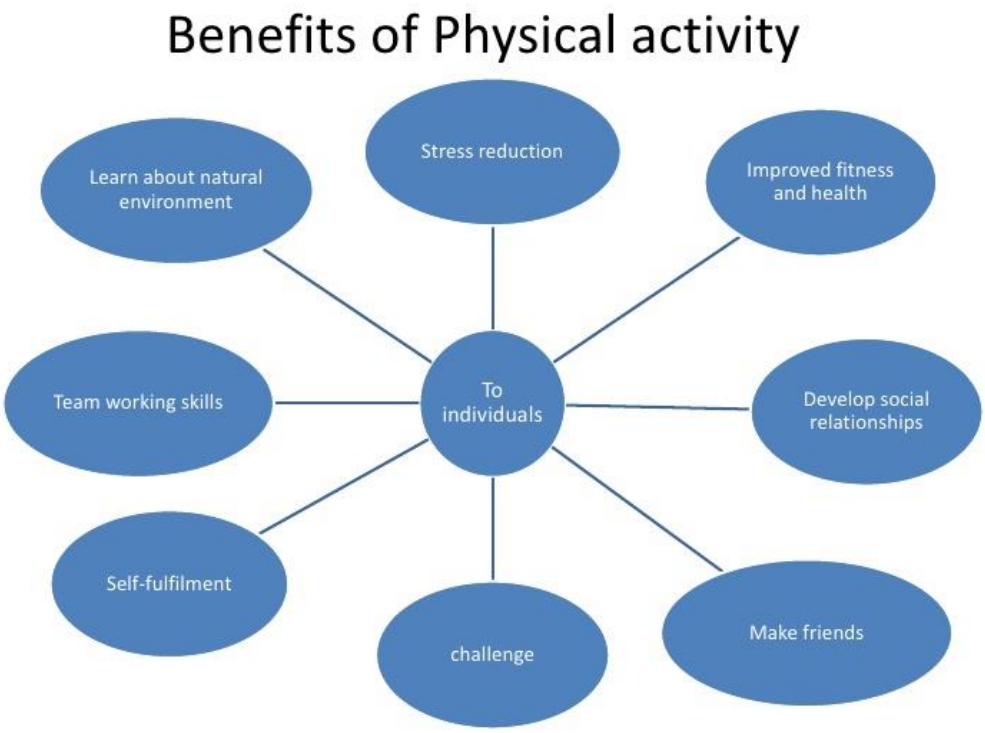

Figure 4. 8: Benefits of exercising activities.
Adopted from: Anderson and Bushman (2016)

Thus, the above quotations indicate that exercises played an important role in the health of the participants to reduce stress. Exercise involves engaging in physical activities - it can be taking a walk, going for boot camp, cycling and stretching, they have huge benefits. In support, Anderson and Bushman (2016) in Figure 4.8 outlined the benefits of the exercising. Kumar (2017) corroborates with the findings that show that regular physical activity and exercise reduces the risk of pre-mature death. Additionally, it was found that physical activity lowered risk factors of various chronic diseases, such as cardiovascular disease, diabetes, cancer, hypertension, obesity, depression and osteoporosis. Lastly the emphasis was on the importance

of exercises as they were seen to contribute to a healthy lifestyle with a wide range of physical and mental health benefits. Anderson and Bushman (2016) further concur that regular exercise can have an extremely positive impact on depression, anxiety, stress, Attention Deficit Hyperactivity Disorder (ADHD), and Post-traumatic Stress Disorder (PTSD) and trauma. In the same analysis by Anderson and Bushman (2016), physical activities were viewed to be an effective way of improving concentration, motivation, memory, mood, and focusing on your body and how it feels during exercise, actually helping the nervous system to become "unstuck" and begin to move out of the immobilisation stress response that characterises PTSD or trauma.

- **Socialising with Family and Friends**

The findings obtained through the interviews revealed that socialising with their family and friends could be an effective coping strategy for stress when the nurses are off duty. Participants indicated their sentiments as follows:

To illustrate this point, participant 3 indicated that:

> *"Basically, on a personal level, when I get home after work, I try to forget about issues related to work and I concentrate on my family, play with my kids, we watch cartoons together. I take them out and we go have fun out there. That's how I do it"*

Participant 7 said the following:

> *"For me personally I would say I thank the people I live with because when I get home, they are always full of jokes. I kind of just forget of the day I had. I share my problems with friends who are close to me and family. And on the days that I am off I try to just live life separately from work, like nothing work-related and I go out or just home enjoying something nice".*

Basing on the above quotes, it is evident that having solid friendships in the nurse's life helps them to deal with stress, and allows them to recover from health issues. These findings correlate with the provisions of Maslow's hierarchy of needs, with special reference to the first step of love, affection, relationship and family. Premised on Maslow's hierarchy of needs, for an individual to progress to the second step, they need love which is attained through relationship (Kumar, 2017). It is evident from the study outcome that family and friends provide a relationship in which is nurses can attain love, thereby dealing with occupational stress.

- **Professional Counselling**

Counselling is one of the coping strategies some nurses at the casualty unit had adopted in dealing with their stress and this service have been provided outside their workplace. Professional counselling is a psycho-social educational activity and it is generally made by professionals, who aim to assist the person in an appropriate way in solving the problem (Eslamian, Moeini & Soleimani, 2015). Three participants mentioned they seek professional help from private psychologists since their employer does not provide such a service in the hospital.

Participant 6 indicated that:

> *"I also talk to a private psychologist if my stress continues, it always helps me cope"*

Participant 1 mentioned that:

> *"Whenever I feel I cannot cope anymore with work pressure I always make an appointment with a private psychologist for individual counselling. This helps with self-determination"*

Two participants sought professional counselling from private psychologists to successfully handle occupational stress-related problems by emphasising the positive free-will aspects of the individual. The above findings show that professional counselling could be an effective coping strategy for casualty nurses to enhance their wellbeing. Nurses are constantly exposed to work-related risks which directly impact on their wellbeing. In line with these findings, Van der Heijden et al., (2017) discovered the need of a psychologist among nurses to render them with rehabilitation and counselling services. The presence of counselling services among the nurses was key in addressing the wellbeing of nurses, which ultimately improved their quality of life.

4.4 Summary

In this chapter the findings of the study were presented and discussed. The researcher has screened some of the data gathered in the interviews and selected the aforementioned findings and discussions that answer the research objectives. The findings of this particular study revealed that the nurses at the casualty unit encounter numerous challenges that negatively impact their wellbeing. The participants explored some of the coping strategies the nurses adopt

to combat the impact of the challenges they experience at work and also proposed some strategies which they would like to see put in place to improve their wellbeing, alongside patient care. It has been established within the discussions that it is important for nurses to have best practice measures introduced to them in order to improve employee wellbeing.

The next chapter highlights the main findings, summarises the study findings and presents the conclusion and recommendations.

CHAPTER FIVE:
SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

In this final segment of the research report, the researcher summed up the important findings of the research in the conclusion and made some recommendations to the findings. This study described and explored the welfare of nurses employed in the casualty unit at a public hospital in Windhoek, with the intent to contribute to better perceptions of the strategies that can improve nurses' wellbeing and ultimately improve the level of patient care. Several discussions, recommendations and conclusion were made by the researcher, as provided in this chapter.

5.2 Summary of Findings

This section is organised according to the objectives of the study and based on the data analysis presented in chapter four. The findings are discussed below:

5.2.1 Objective One: To explore the challenges encountered by nurses at a Windhoek public hospital

Findings from related literature shows that nurses working at casualty are faced with several challenges which impede their wellbeing. Findings from participants revealed that nurses encountered long working hours, harassment and discrimination, lack of resources, poor management skills, staff turnover and lock of motivation (Adriaenssens et al., 2015; Jones et al., 2015; Woodrow & Guest 2014). These challenges greatly affect the wellbeing of the nurses.

In this study, casualty nurses experienced several challenges which affected their wellbeing. All ten participants revealed that the casualty unit is understaffed. The shortage of nurses at the casualty unit resulted in nurses over-working, which could result in burnout and reduced levels of patient care. The majority of participants (seven) reported that the casualty unit has a lack of resources which significantly impacted on the ability to provide quality patient care. The participants indicated that the casualty unit at times ran out of medical supplies, also in the pharmacy. Lack of resources could hamper the smooth operation of nursing duties, thus putting stress on nurses to formulate alternatives.

Participants indicated that patients and visitors' aggression is a long-standing challenge at the casualty unit, threatening the wellbeing of nurses providing health care to the patients. Patients

being taken care of sometimes can become aggressive towards the nurses; unnecessarily being hostile, some of them even carry weapons to threaten the nurses.

The findings of the study indicate that participants often confront potential exposure to infectious diseases, toxic substances, pricking themselves with needles and accidents of cuts with some equipment and this significantly has an impact on their wellbeing. The findings of the study also show that participants are not motivated by their management and this can lead to job dissatisfaction. Seven participants indicated that they were demotivated and attributed their demotivation to a lack of support from management. Lack of support from management demotivates the participants from performing well and can significantly affect the level of patient care.

Two participants reported experiences of being bullied by patients, not once, but many times and this can often lead to increased rates of stress and can contribute to a loss of self-esteem among the victims of bullying. Lastly, participants have reported a lack of security procedures as the level of security at the unit is very weak. They recommend that effective procedures be put in place to protect them. Their narratives indicated high levels of feeling vulnerable and defenceless.

5.2.2 Objective Two: To determine nurses' perceptions of motivational factors influencing their abilities to provide effective patient care.

The majority of participants (six) expressed a need for management to show support, encourage motivation, appreciate and recognise staff. Management support should be characterised by effective communication, true collaboration and meaningful recognition. The findings of the study demonstrated that for management to increase employees' job satisfaction and reduce dissatisfaction they must pay attention to both the extrinsic and intrinsic motivation factors. Participants indicated that they do not feel motivated enough to go the extra mile in caring for patients both internally and externally.

Several participants indicated that in order to improve patient care, there is a need to start changing outdated policies in the MOHSS and to involve people working on the ground in the implementation of policies. To motivate and inspire employees, management should effectively communicate with the workforce with the objective of getting the best out of them.

Communication at the workplace is a vital tool, hence should be effective from the top management to the lower levels within the organisation.

The study reported that eight participants recognised the need for empowerment, training and continuous professional development to promote job satisfaction. By so doing management would value and empower nurses in order to enhance the quality of patient care. In order to improve the quality of patient care, participants indicated the need for management to develop wellness programs in the workplace, such as stress management trainings, health screenings, and fitness activities. The findings study revealed that these wellness education programs can provide employees with information and knowledge pertaining to a healthy lifestyle, fitness and stress reduction.

Finally, improved security would motivate nurses to provide quality patient care as participants would feel much safer in their working environment and this would promote higher levels of job engagement and commitment.

5.2.3 **Objective Three: To explore the coping strategies that nurses adopt in order to address their work challenges**

The study established that some nurses utilise team work as a coping strategy in dealing with the challenges they experience at work. Maslow's hierarchy of needs suggests that the reliability of the team members towards one another is recognised when they feel a sense of belongingness to the team and if the team's mission and values resonate with the individuals. The study also discovered that some nurses utilise exercise as a way of managing stress, while others laugh often as a strategy to cope with the challenges they encounter at work. Their narratives indicated this has proven to be good for them and has helped to reduce their stress and improve their brainpower and focus.

A few (four) of the participants mentioned that they cope with stress by socialising with their family and friends when they are off duty. The study revealed that having solid friendships in one's life helps the participants to deal with stress and that family is important in their everyday life.

Finally, the study found that three nurses sought professional help from private psychologists as this service is not available at their workplace. This service has helped the participants

navigate difficult life situations, such as stress, that they face at the workplace and indicates high levels of engagement and confidence.

5.3 Conclusions of the Study

From the findings, it was clear that the main challenge the participants experienced was shortage of staff, which lead to work overload and long working hours. Nursing shortages led to mental and physical complaints from participants; complaints of stress, burnout and worry leading to reduced job performance. In closing, a composition of physical factors, organisational malfunction and psychological factors are the crucial causes of stress for nurses at the casualty unit. The predominant psychological factors for many participants was the high level of stress. The effect of stress on the participants is dependent on the participants' separate traits and other environmental factors. The composition of personal coping techniques, effective institutional plans and social support is the best and most effective way of managing or coping with stress in nurses.

5.4 Recommendations to the Study

The researcher made recommendations to the hospital supporting the study to shed light on the best strategies to enhance the wellbeing of casualty nurses, in light of the identified challenges in this study.

5.4.1 Conducive Work Environment

A safe environment is one of the most vital aspects that must be created by all health care providers. It is thus recommended that both the local public hospital should provide casualty nurses with a safe conducive work environment, which is free from occupational stress, to continue to work together to increase nursing satisfaction and improve patient outcomes.

Staffing - The study identified the hospital under study as understaffed. Therefore, the researcher recommends the local public hospital should develop a strategy on how to make the casualty unit more resourceful, with regards to human resources.

Enhance Staff Motivation – It is vital to put in place support systems that motivate the casualty nurses. The support systems could be achieved by empowering and involving nurses in decision-making. Participants highlighted that hospital managers should be considerate and

supportive towards the employees. The local public hospital should conduct annual surveys regarding nurses' satisfaction which helps to identify major causes of job dissatisfaction in order for them to be addressed as shortcomings.

The findings offer greater understanding of the influence of a failure to recognise efforts by individual nurses. Therefore, it is recommended that the casualty unit management should recognise and reward any effort put by the nurses. Recognition of work done has a positive effect on job performance. Therefore, the casualty unit can satisfy its nurses, especially those with high performance, if it compensates them for their hard work. Recognition for high performance also improves nurses' overall wellbeing.

It is imperative to review remuneration in order for it to be in line with, and correspond to, the type of work executed. Apart from competitive compensation, nurses can be encouraged by other financial incentives. Nurses prefer internal aspects such as recognition, success, work, and progress. Therefore, management should be aware of the nurse's support and commitment to hospitals, despite a lack of resources. Recognition can be conveyed through performance appraisals, enabling nurses to have flexible working arrangements and creating a positive work environment.

Implementation of Transformational Leadership - It is suggested that the hospital management should adopt the transformational leadership style to nurture autonomy, communication, and commitment in the nurses.

5.4.2 Staff Development

The study recommends that the local public hospital should enhance its promotion of professional and personal development. To add on, training and development comprises of formal training, in-service training, workshops, seminars, appropriate orientation and mentorship (Huber, 2010). Furthermore, it is of paramount importance to value and empower nurses in order to enhance the quality of patient care.

In-service training – Casualty nurses are responsible for keeping themselves updated with the latest information to enhance their skills. Subsequently, it is necessary to team up with training institutions to establish formal refresher courses regularly for all nurses in the casualty unit". To spearhead the process, an in-service training committee should be established and develop

an in-service training needs assessment form. Training should be based on the priority needs of the casualty nurses.

Professional counselling and wellness programs – Occupational social workers play a vital role in an organisation rendering services to the employees. It is recommended that the local public hospital should recruit OSW at the hospital to provide services both at micro, meso and macro-level in the workplace. At micro-level OSW will focus on solving personal problems such as family, marriage, finances and substance abuse. At meso, OSW will focus on implementing training on stress management, substance abuse prevention, fitness activities and health screenings. Finally, at macro, OSW will focus on helping the hospital to adapt to the needs of the nurses.

Workshops -. Workshops should be strategically organised to accommodate every casualty nurse. Participants expressed feelings of fulfilment when they are equipped with relevant information and skills which distinguish them from their counterparts. It has been disclosed that the main challenge that affects the nurses' wellbeing comes from stress, burnout and humiliation. Therefore, it is important for the hospital to establish efficient stress management techniques training targeting nurses in order to enhance their wellbeing.

Orientation – An orientation programme will facilitate the growth of newly graduated nurses to competent nurses and therefore increase job satisfaction. Furthermore, frequent exposure to a casualty unit department from the beginning, by increasing the number of nursing hours at the commencement of students' training programmes, arouses an interest in working in the casualty unit.

Mentoring – It is crucial to have an orientation programme for staff retention in the casualty unit in response to the limited number of casualty nurses. In addition, the program should be designed so that experienced nurses look after junior nurses with no experience. An effective coaching programme should be put in place as a guide to casualty nurses, and enhance their potential for personal and professional growth. Coaching improves interpersonal relationships, nurses' careers and the quality of care rendered, which therefore contributes to job satisfaction.

5.4.3 Policies

Hospital managers are recommended to set up a committee which include the OSW, based on risk management standards, to improve the physical and mental health of all nurses. The

inclusion of OSW on this committee is important as their presence will safely guide the interest of occupational health and safety mechanisms at the hospital. The existing policies related to occupational health and safety are recommended for implementation to prevent medico-legal hazards.

The study revealed that some of the patients and their relatives are aggressive towards nurses. Therefore, it is recommended that the management ensure that the internal security is improved for the safety of casualty unit staff and its patients. They need to adopt measures to increase security, for an example, the installation and monitoring of CCTV camera.

5.4.5 Quality Assurance

Management is responsible for ensuring good care of patients in the casualty unit. Therefore, it is recommended that management set patient care standards according to quality control principles. By applying the quality guidelines, patients enjoy protection against frequently reported side effects, such as drug errors, unwanted withdrawal symptoms, pneumothorax, and accidental removal of intravenous lines Furthermore, all nurses should familiarise themselves with the aforementioned standards. The study revealed that the unit sometimes faces a shortage of the necessary resources to effectively perform their work e.g. detergents and protective clothes, therefore it is recommended that the hospital should always ensure that there are no shortages of resources to avoid abnormalities which can negatively affect patient care and the nurses.

5.5 Recommendations for Further Study

The "researcher made subsequent endorsements for further investigation. Firstly, the study only covered one hospital in Namibia, therefore, a similar study should be conducted in other hospitals across Namibia in casualty units, as these findings cannot be generalised for the whole nation. The researcher suggested that future research should be carried out under this topic using a larger sample. Mixed methods measuring job satisfaction for casualty nurses may be useful in providing more information about employee shortages and job satisfaction. Furthermore, both quantitative and qualitative methods can provide more information about good care, changing metrics, or good care components. Both quantitative and qualitative methods will have the potential to harness the strengths and counterbalance the weaknesses of both research methods. Lastly, the researcher suggests for a similar study to be carried out in a Private hospital, so that if differences are found they can be used to improve the State hospitals.

5.6 Summary

The research revealed that nurses are subjected to various challenges that negatively impact their wellbeing at the hospital under review. In this regard, the researcher adopted two theories: Herzberg theory of motivation and Maslow hierarchy of needs. Therefore, the researcher assumed that the understanding of the Herzberg theory of motivation, based on the intrinsic and extrinsic factors that motivate individual nurses to satisfy their own needs, can improve their wellbeing. The researcher also encourages the management in a casualty unit to be guided by Maslow's theory. The core assumption of the Maslow theory is that the fulfilment of each higher motive can only be accomplished if lower motives are satisfied and doing so will improve nurses' wellbeing. These findings shall therefore help management of the hospital and all stakeholders to work on addressing the identified challenges facing nurses. In addition, a number of approaches that can be used to progress nurses' welfare have been identified. Therefore, the casualty unit under study has a mandate to put such deliberations in place, together with the proposed recommendations. Application of the results of this study into practice can be gradual but its fruits are expected to yield better results that can improve the wellbeing of nurses and patient care in general. Motivated nurses with an improved sense of wellbeing are more efficient, which benefits the unit under study. This also benefits the nurses in terms of their career progression, thus improving their general performance at work.

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APPENDICES

Appendix A: Participation information sheet

TITLE OF THE STUDY: AN EXPLORATORY CASE STUDY ON THE WELLBEING OF NURSES WORKING IN A CASUALTY UNIT AT A STATE HOSPITAL, WINDHOEK.

Good day,

My name is Namukolo Nyambe and I am a postgraduate student registered for the degree MA in Occupational Social work at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting research to Investigate the Wellbeing of Nurses working with patients in the Ministry of Health and Social Services, Namibia. It is expected that the results obtained from this study will be beneficial for the wellbeing of the nurses. The outcomes of this study will help in developing strategies to mitigate and develop programmes that improve the nurses' working environment and awareness. It is hoped that the outcome of this study will inform the policy makers of the challenges that are being faced by nurses and particularly those who are in charge or tender care to patients.

As a nurse working in the Casulty Unit at the Hospital, you are ideally positioned to contribute to this research. Therefore I would like to invite you to participate in my study. If you accept to take part, everything you share with me in the discussion will be kept completely private and confidential. Maintaining confidentiality will be of utmost importance in the research study. Results will only be reported at group level, as it otherwise might be possible to identify responses from individual participants, given the limited number of employees in the Casualty Unit. Subject to participant consent, the interviews will also be audio recorded to ensure that all data are properly captured; in order to maintain confidentiality, the participants' names will not be linked to data. When the data analysis and write-up of the research study is complete, the audio-recording of the interview will be kept for two years following any publications or for six years if no publications emanate from the study. It is entirely up to you whether you want to take part in this study or not. If you agree, you would have the right to refuse to answer any questions or to change your mind at any point and stop the interview altogether. Information will be given to the hospital, although only group data will be reported upon. Your participation in this study is greatly appreciated. Please note that data collected will be confidential and your identity will remain anonymous. If you feel distressed by the content

which I am talking about, we can stop the interview and I shall arrange a counselling session for you with a qualified Social Worker Ms Helena Mwafongwe if you would like.

If you agree to participate in this research, I will arrange time that is suitable in order for you to answer a set of questions. It will take roughly an hour for you to answer the questions. You will not be paid or compensated for taking part in the study. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report. The results of the research may be used for academic purposes (including books, journals and conference proceedings) and a summary of the findings will be made available to participants on request. If you agree to take part in the study, you will be asked to sign the consent forms. You will be given a copy of both the participant information sheet and the consent forms to keep.

Please contact me on 081 23 08 488 or email me at namukolon@gmail.com, or my supervisor Dr Francine Masson on +27 11 7174 480 or email at Francine.Masson@wits.ac.za if you have any questions regarding my study. We shall answer them to the best of your ability.

This study has been approved by the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg ("Committee"). A principal function of this Committee is to safeguard the rights and dignity of all human subjects who agree to participate in a research project and the integrity of the research.

If you have any concern over the way the study is being conducted, please contact the Chairperson of this Committee who is Dr Clement Penny, who may be contacted on telephone number 011 717 2301, or by e-mail on Clement.Penny@wits.ac.za. The telephone numbers for the Committee secretariat are 011 717 2700/1234 and the e-mail addresses are Zanele.Ndlovu@wits.ac.za and Rhulani.Mukansi@wits.ac.za

Thank you for reading this Study Information Sheet.

December 2019

Appendix B: Consent form for participation in the study

TITLE OF THE STUDY: AN EXPLORATORY CASE STUDY ON THE WELLBEING OF NURSES WORKING IN A CASUALTY UNIT AT A STATE HOSPITAL, WINDHOEK.

I hereby consent to participant in the research study conducted by Namukolo Nyambe I have read and understand the participant information sheet and the purpose and procedures of the study have been explained to me.

I understand that:

- My participation in the study is voluntary and I can withdraw at any time without giving reasons and that I will not be penalized for withdrawing nor will I be questioned on why I have withdrawn.
- My participation is confidential and any information that may identify me, will not be written anywhere.
- I have been given the opportunity to ask questions about the project and I may choose not to answer any specific questions asked if I do not wish to do so.
- There are no foreseeable benefits (paid or compensated) or particular risks associated with participation in the study.
- The use of data in research, publications, sharing and archiving has been explained.
- I know who to contact if I have any questions about the study in general.
- I have been given a copy of this consent form and agree to sign and date this consent form.

Name of participant: _____

Signature: _____

Date: _____

Appendix C: Consent form for audio-recording the interview

TITLE OF THE STUDY: AN EXPLORATORY CASE STUDY ON THE WELLBEING OF NURSES WORKING IN A CASUALTY UNIT AT A STATE HOSPITAL, WINDHOEK

I hereby consent to tape-recording of the interview.

I understand that:

- The recording will be stored in a secure location (a locked cupboard or password – protected computer) with restricted access to the researcher and the research supervisor.
- The recording will be transcribed and any information that could identify me will be removed.
- When the data analysis and write-up of the research study is complete, the audio-recording of the interview will be kept for two years following any publications or for six years if no publications emanate from the study.
- The transcript with all identifying information directly linked to me removed, will be stored permanently and may be used for future research.
- Direct quotes from my interview, without any information that could identify me may be cited in the research report or other write-ups of the research.

Name: _____

Date: _____

Signature: _____

Appendix D: Interview guide

An Exploratory Case Study on the Wellbeing of Nurses Working in a Casualty Unit at a State Hospital, Windhoek.

SECTION A: DEMOGRAPHICS

(a) Age?

(b) Educational qualifications?

(c) Date qualifications obtained?

(d) Gender?

(e) Duration (years) worked in Casualty Unit as a nurse?

(f) Which other Units or Hospitals have you worked at and for how long?

SECTION B: WORKPLACE ENVIRONMENT

1. Kindly share a brief background of the type of work that you do?

Probing question: Describe a typical day for you?

2. Would you say there are risks associated with the type of work that you do, Yes or No?

3. If your answer in question 2 is yes, what are the risks associated with your work?

4. Mention any work-related challenges you currently experience in your workplace?

Probing questing: How is your employer handling such challenges so far?

5. Does the Casualty Unit allow you to exercise clinical knowledge to full potential?

6. How often do policies change and do you in any way contribute towards them?

Probing question: What would you like to have happened when it comes to policy change?

7. Does your employer promote a healthy and safe work environment at the workplace, yes or no?
   Please explain?
8. Are there wellness support programs in place and how have you benefited from them?

Probing question: What programs would you like your employer to put in place in your workplace?

9. Does your work make you feel stressed, If Yes please explain your answer?

Probing question: How does that make you feel as an employee?

10. How do you cope with stress?

Probing question: Have your coping techniques helped you manage your stress?

11. What changes or improvements would you like to see in place at the Casualty Unit?

12. Any other comment/suggestion you would like to make?

Appendix E: The work plan

Activities	Time in Month(s) February 2019 - February 2020												
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Proposal preparation and Approval	x	x	x	x	x	x	x	x	x	x			
Literature Review					x	x	x	x					
Major Instrument of Data Collections											x	x	
Data analysis											x	x	
Discussion/ Dissertation Write-up											x	x	
Submission													x

Appendix F: Ethics clearance certificate from Wits

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

Office of the Deputy Vice-Chancellor (Research & Post Graduate Affairs)

TO: Ms N Nyambe
The School of Human and Community Development
Department of Social Work
University

E-mail: namukolon@gmail.com

CC: Supervisor: Dr F Masson <Francine.Masson@wits.ac.za>
and <HREC-MedicalResearchOffice@wits.ac.za>

FROM: Iain Burns
Human Research Ethics Committee (Medical)
Tel: 011 717 1252

E-mail: Iain.Burns@wits.ac.za

DATE: 2019/11/28

REF: *R14/49*

PROTOCOL NO: **M190905** *(This is your ethics application study reference number. Please quote this reference number in all correspondence relating to this study)*

PROJECT TITLE: *An explanatory case study on the wellbeing of nurses working in the Casualty Unit at Katutura State Hospital, Windhoek*

Please find attached the Clearance Certificate for the above project. I hope it goes well and that an article in a recognized publication comes out of it. This will reflect well on your professional standing and contribute to the Government funding of the University.

M:\Word\2020\Iain\0007\Clearcert.wpd

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

R14/49 Ms N Nyambe

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
CLEARANCE CERTIFICATE NO. M190905

NAME: (Principal Investigator)	Ms N Nyambe
DEPARTMENT:	The School of Human and Community Development Department of Social Work University
PROJECT TITLE:	An explanatory case study on the wellbeing of nurses working in the Casualty Unit at Katutura State Hospital, Windhoek
DATE CONSIDERED:	2019/09/27
DECISION:	Approved unconditionally
CONDITIONS:	
SUPERVISOR:	Dr F Masson
APPROVED BY:	Dr CB Penny, Chairperson, HREC (Medical)
DATE OF APPROVAL:	2019/11/28

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

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Research Office Secretary on the 3rd Floor, Philip 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 **September** and will therefore reports and re-certification will be due early in the month of **September** each year. Unreported changes to the application may invalidate the clearance given by the HREC (Medical).

T.N. Nyambe
Principal Investigator Signature

29.11.2019
Date

PLEASE QUOTE THE CLEARANCE CERTIFICATE NUMBER IN ALL ENQUIRIES

Appendix G: Ethics clearance certificate from UNAM

UNAM
UNIVERSITY OF NAMIBIA

ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: EX/512/2019 **Date: 5 November, 2019**

This Ethical Clearance Certificate is issued by the University of Namibia Research Ethics Committee (UREC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the Faculty/Centre/Campus Research & Publications Committee sitting with the Postgraduate Studies Committee.

Title of Project: An Exploratory Case Study On The Wellbeing Of Nurses Working In Casualty Unit At Katutura State Hospital, Windhoek

EXTERNAL Student: NAMUKOLO NYAMBE

Student Number: 1422844

Supervisor(s) : *Dr Francine Masson*

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG, SOUTH AFRICA

Take note of the following:

(a) Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the HREC. An application to make amendments may be necessary.

(b) Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the HREC.

(c) The Principal Researcher must report issues of ethical compliance to the HREC (through the Chairperson of the Faculty/Centre/Campus Research & Publications Committee) at the end of the Project or as may be requested by HREC.

(d) The HREC retains the right to:

(i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,

(ii) Request for an ethical compliance report at any point during the course of the research.

HREC wishes you the best in your research.

Dr. E de Villiers: HREC Chairperson

Ms. P. Claassen: HREC Secretary

UNIVERSITY OF NAMIBIA
P/BAG 13301, WINDHOEK, NAMIBIA
RECEIVED
2019 -11- 05
CENTRE FOR RESEARCH & PUBLICATIONS
OFFICE OF THE PVC:
RESEARCH, INNOVATION & DEVELOPMENT

Appendix H: Permission letter from MOHSS

REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198 | Ministerial Building | Tel: 061 – 203 2562
Windhoek | Harvey Street | Fax: 061 – 222558
Namibia | Windhoek | E-mail: itashipu87@gmail.com

OFFICE OF THE EXECUTIVE DIRECTOR

Ref: 17/3/3 NN
Enquiries: Mr. A. Shipanga

Date: 29 July 2019

Ms. Namukolo Nyambe
PO Box 25431
Windhoek
Namibia

Dear Ms. Nyambe

Re: An exploratory case study on the wellbeing of nurses working in the casualty unit at Katutura State Hospital, Windhoek.

1. Reference is made to your application to conduct the above-mentioned study.

2. The proposal has been evaluated and found to have merit. .

3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**

3.1 The data to be collected must only be used for academic purpose;

3.2 No other data should be collected other than the data stated in the proposal;

3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects should be observed and adhered to, any violation thereof will lead to termination of the study at any stage;

3.4 A quarterly report to be submitted to the Ministry's Research Unit;

3.5 Preliminary findings to be submitted upon completion of the study;

3.6 Final report to be submitted upon completion of the study;

3.7 Separate permission should be sought from the Ministry for the publication of the findings.

4. All the cost implications that will result from this study will be the responsibility of the applicant and **not** of the MoHSS.

Yours sincerely,

MR. BEN NANGOMBE
EXECUTIVE DIRECTOR

Appendix I: Permission letter from KSH

Republic of Namibia

Ministry of Health and Social Services

Private Bag 13215
WINDHOEK
Namibia

Intermediate Hospital Katutura
Independence Avenue
WINDHOEK

Telephone (061) 203 4004/5
Telefax (061) 222706

Enquiries: Dr. F. M. Shiweda

Date: 05 November 2019

OFFICE OF THE CHIEF MEDICAL OFFICER

Ms. Namukolo Nyambe
P.O. Box 25431
Windhoek
Namibia

Dear Ms. N Nyambe

RE: AN EXPLORATORY CASE STUDY ON THE WELLBEING OF NURSES WORKING IN THE CASUALTY UNIT AT KATUTURA STATE HOSPITAL, WINDHOEK

The above mentioned subject refers:

This office hereby grants you permission to do an exploratory case study on the wellbeing of nurses working in the casualty unit at Katutura State Hospital, Khomas Region, MoHSS.

Thank you

Yours in health,

MINISTRY OF HEALTH
AND SOCIAL SERVICES
P/BAG 13215
WINDHOEK NAMIBIA
05 -11- 2019
INTERMEDIATE HOSPITAL KATUTURA

DR. F. M. SHIWEDA
CHIEF MEDICAL OFFICER

Appendix J: Turn it in report

1422844:Nyambe_(Research_Report)_8_April2020.docx

ORIGINALITY REPORT

11%	6%	2%	9%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	hdl.handle.net Internet Source	2%
2	Submitted to Durban University of Technology Student Paper	2%
3	Submitted to Mancosa Student Paper	1%
4	Submitted to University of Stellenbosch, South Africa Student Paper	<1%
5	Salma Johan, Hajra Sarwar, Iram Majeed. "To Identify the Causes of Stress among Nurses Working in Intensive Care Unit of Ittefaq Hospital Lahore", International Journal of Social Sciences and Management, 2017 Publication	<1%
6	Submitted to Eiffel Corporation Student Paper	<1%
7	uir.unisa.ac.za Internet Source	<1%