

**PERCEIVED PSYCHOSOCIAL WORK ENVIRONMENTAL
FACTORS AND PERCEIVED STRESS OF PSYCHIATRIC
NURSES IN AN IN-PATIENT CARE HOSPITAL**

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DECLARATION

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



Signature

07 July 2021

Signed

DEDICATION

This research study is dedicated to the following:

To my family: Phuluso Mashadzha Rhinah Mashadzha Eddie Mashadzha & Julia Maluleke.

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My appreciation and sincere thanks to the following people who supported me throughout: My family members: Phuluso, Rhinah, Evidence, Julia and Eddie.

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NOMENCLATURE

CSN's	Community service nurses
EAP	Employee Assistant Programme
EN's	Enrolled nurses
ENA's	Enrolled nursing assistants
ICN	International Council of Nurses
ILO	International Labor Organization
OHN	Occupational Health Nurse
OHNP	Occupational Health Nurse Practitioner
OHSA	Occupational Health and Safety Act (Act No 85 1993)
PSS	Perceived stress scale
QPSNORDIC	General Nordic Questionnaire for Psychological and Social factors at work
RN's	Registered Nurses
RSA	Republic of South Africa
SANC	South African Nursing Council
SD	Standard Deviation

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CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

This chapter outlines the overview of the study, with a discussion on the background, the problem statement, purpose, and objectives. The research methods and design, as well as the operational definitions are described.

1.2 BACKGROUND

The scarcity of scientific literature seems to be an indication that the psychosocial work environment of nurses in psychiatric hospitals has received less attention in research studies to date in South Africa. The psychosocial work environment plays a major role in predicting the nurses' well-being and productivity in their workplaces (Abdalahim, 2013). Furthermore, South African Nursing Council (SANC) states that nurses do work under heavy stress in their line of duty, and this can be the contributory factor to increased turnover in government institutions as well as the influx of nurses leaving the country to practice abroad (SANC, 2018).

Psychiatric patients who are admitted in acute units can be aggressive and violent towards nurses, and thus many cases of nurses being assaulted have been reported (Maluleke & Van Wyk, 2017). The same authors are of the opinion that violence and assault cases compromise safety in the work environment, and it may be perceived as unsafe by psychiatric nurses (Maluleke & Van Wyk, 2017). Similarly, Elsayed, Hasan & Musleh (2017) conclude that psychosocial stressors in the psychiatric work environment may include dealing with aggressive patients, taking difficult decisions on behalf of the mentally ill patients, and staff shortages.

A study by Stevensons, Jack-O'Mara and Legris (2015) suggests that violent behaviour in the psychiatric hospitals maybe perceived as normal, hence such behaviours are never

reported to the hospital management. These authors further state that nurses may not seek help but rather try to deal with situations on their own, leading to Post Traumatic Stress Disorder (PTSD) or worse, the nurse might resign from work (Stevenson, Jack-O'Mara & Legris, 2015).

Management in psychiatric hospitals need to do all they can to retain their nurses, because the SANC pointed out that 115 advanced psychiatric nurses, according to their 2017 register (psychiatric nursing specialty), graduate in South Africa per year, and of these only a few choose to work in the psychiatry specialized field (SANC, 2017). Psychiatric nursing has also been reported as unpopular, and not viewed as a favorable career choice because of its unpredictability, emotionally tiring job, fear of psychiatric patients and loss of learned skills from other disciplines in nursing (Jansen & Venter, 2015).

The consequences of occupational stress in psychiatric nursing have also been studied both nationally and internationally. A study conducted by Chou, Li & Hu (2014), in Taiwan (regional hospital), amongst different medical professionals revealed that 66% of nurses presented with higher levels of burnout than any other group of medical professionals (Chou et.al, 2014). The same study further revealed that untreated burnout and stress could lead to psychological problems, such as low self-esteem, frustrations, depression and anxiety, and serious implications for physical health, such as injuries due assault from the patients and a decline in productivity at work and socially because of prolonged psychological problems (Chou et al, 2014).

A study conducted in Greece, revealed that the majority of psychiatric nurses suffered from compassion fatigue due to their work environment (Mangoulia et al, 2015). However, burnout seems to be more prevalent amongst nurses in general in South Africa due to prolonged exposure to stressful environments, which have a negative impact on the wellbeing of the nurses and service delivery (Khamisa et al., 2015). Similarly, a study conducted in Letsholathebe II Memorial Hospital in Maun, Botswana, found that nurses suffered from fatigue, loss of sleep due to stress, anxiety and persistent tiredness (Keorekile, 2011).

In Durban, South Africa, Mudaly and Nkosi (2013) conducted a study to establish the reasons for nurse absenteeism at a general hospital. The research findings indicated

numerous reasons for absenteeism, with poor work environment found as the contributing factor, this included lack of support from management, inadequate remuneration, job strain and unsatisfactory working conditions. The reasons further revealed that when the work environment is not empowering employees (nurses), the consequences might be high absenteeism rates and increased turnover (Mudaly & Nkosi, 2013). In Japan, a study aimed to identify the factors influencing job related stress among Japanese psychiatric nurses concluded that psychosocial challenges at work increases absenteeism due to ill health; this has been attributed to increased work pressure levels, work overload, attention to many patients' needs, and ethical dilemmas (Yada et al., 2015).

In Sweden, a study in 2011 by Tuveesson, Eklund and Wann-Hansson aimed to determine perceived stress among nursing staff in psychiatric inpatient care, the influence of perceptions of the ward atmosphere and the psychosocial work environment (Tuveesson, Eklund & Wann-Hansson, 2011). The study included 93 nurses of different categories practicing the mental health institution. The research findings indicated low perceived stress levels; however, role clarity and ward atmosphere factor (involvement) were directly related to high-perceived stress levels. The same authors recommended that nursing management should find new possible ways of improving the nurses' work environment in the psychiatric settings by explicitly stating what is expected of the nurses to prevent high levels of perceived stress (Tuveesson, Eklund & Wann-Hansson, 2011). While facing work environment challenges such as violence, increased workload and staff shortages, a great deal of coping skills, alertness and vigilance are always required in the psychiatric environment to promote a therapeutic environment (Vierheller & Denton, 2013).

To promote a safe and healthy working environment, the amended Occupational Health and Safety Act (OHS) governs the health and safety of persons at work in South Africa. The OHS Act states that employers are required to take steps in the assessment of risks and hazards in the workplace to take necessary precautions, minimise or eliminate those hazards to protect their workers always. According to Burton (2010), a healthy workplace or environment is the one in which the workers and managers continuously collaborate to improve the process of protecting and promoting health and safety wellbeing of all workers. This process includes identification and modification of the hazards in the physical environment, such as improving cleanliness and availing personal protective equipment to workers. Furthermore, the psychosocial hazards need to be identified and the risks assessed

(Burton, 2010). Health and safety concerning physical, psychosocial environment, work culture and personal health resources are all encompassed in the healthy work environment model (Burton, 2010).

A safe and healthy work environment includes all the three levels of prevention to enhance, always protect employee's health and wellbeing in that work environment (Burton, 2010). The primary prevention eliminates and minimizes the occurrence of incidences. Secondary prevention is where the occurrence of incidences has already taken place, therefore, means and resources are mobilized to reduce more harm through treatment and counselling sessions (Burton, 2010). Tertiary prevention is where the employer refers or offers rehabilitative measures to the affected employees due to occurred incidences; these may be done through debriefing or approving of reasonable sick leave days away from work to allow workers to recover fully (Burton, 2010).

According to the ICN (2007), a positive working environment setting is one that supports excellence and decent work by striving to ensure health, safety, and wellbeing of nurses. A positive working environment supports rendering of quality nursing care by improving productivity and motivation to its staff. Occupational health, safety and wellness policies that address work environment hazards, security, work life balance, effective management/leadership, and decent pay and opportunities for career and professional development are all entailed in the elements of the positive working environment, as specified by the ICN (2010). A positive working environment ensures staff retention, effective teamwork within the multidisciplinary team and reduces absenteeism from work.

Therefore, in this study the researcher aims to identify the perceived stress levels and describe the psychosocial work environment of the psychiatric nurses at a specific psychiatric hospital in Johannesburg. Management in psychiatric hospitals need to do all they can to retain their nurses, because the SANC pointed out that 115 advanced psychiatric nurses, according to their 2017 register (psychiatric nursing specialty), graduate in South Africa per year, and of these only a few choose to work in the psychiatry specialized field (SANC, 2017). Psychiatric nursing has also been reported as unpopular, and not viewed as a favorable career choice because of its unpredictability, emotionally tiring job, fear of psychiatric patients and loss of learned skills from other disciplines in nursing (Jansen & Venter, 2015).

1.3 MOTIVATION AND RATIONALE FOR THE STUDY

The motivation for this study was that the researcher, as a psychiatric nurse practicing in a public psychiatric hospital and an occupational health-nursing student, became aware of the importance of stress as a psychosocial hazard and risk in workplace settings. Psychosocial hazards and risks need to be addressed and managed from an occupational health nursing perspective. Anecdotal evidence reveals a high absenteeism rate and increased nurses' turnover in the psychiatric environment.

1.4 SIGNIFICANCE OF THE STUDY

The findings of this study will potentially contribute to the literature on perceived stress and understanding the psychosocial work environment in psychiatric nursing. The findings will further bring more understanding the occupational challenges that psychiatric nurses are faced with which will assist eliminating potential hazards that are detrimental to their wellness and health at work. The findings will also create a basis for implementation of organizational developments and mediation regarding psychological and social aspects of the nurses in the psychiatric environment.

1.5 PROBLEM STATEMENT

Occupational stress has been recognised and researched among nurses in general and has been found to be more prominent amongst nurses working in psychiatric hospitals (Greenglass & Burke, 2016). However, at the specific psychiatric hospital where the study was conducted, a study had not been done and there was a scarcity of literature for the South African for this topic. The researcher has observed an increased absenteeism rate and high staff turnover among the nurses working at the psychiatric hospital and factors contributing to these problems have not been investigated. Therefore, the problem for this study is that the stress levels of psychiatric nurses and the aspects of the psychosocial work environment are not known.

1.6 RESEARCH QUESTION

The study is guided by the following questions:

- How do nurses in psychiatric hospitals perceive their psychosocial work environment?
- How do nurses perceive their stress in their work environment?
- What are the factors that contribute to perceived stress in their psychosocial environment?

1.7 PURPOSE OF THE STUDY

The purpose of the study was to investigate the psychosocial work environment and the perceived stressors of nurses in a psychiatric hospital to bring awareness to the hospital managers about the psychosocial work environment and perceived stressors as experienced by the nurses.

1.8 RESEARCH OBJECTIVES

The objectives of this study were to:

- Describe how nurses in psychiatric hospitals perceived their psychosocial work environment.
- Describe how the nurses perceived their stressors.
- Identify the factors that are perceived to be contributing to psychosocial work environment and stress.

1.9 RESEARCH DESIGN AND METHOD

This study was a cross-sectional, following a quantitative approach using a survey method. A detailed description of the research design and methods is presented in Chapter 3. Research setting: the study was conducted in one of the academic psychiatric hospitals in

Gauteng, South Africa. The population included all (census sampling) nurses employed at the identified psychiatric hospital for a period of at least six months and above. Both day and night shifts were included in the study. The employee categories were professional and enrolled nurses, as well as enrolled nursing assistants. The study used two self-administered instruments for data collection, namely the QPS Nordic (general Nordic questionnaire for psychosocial and social factors and the perceived stress scale. Data was collected over three months between December 2018 and February 2019.

1.10 OPERATIONAL DEFINITIONS

Nurses: A nurse is a person who has completed a basic programme in generalized nursing and is authorized by the recognised regulatory body or authority to practice nursing in his/her own country (ICN, 1987). The basic nursing programme provides a broad and sound foundation in the behavioral, life and nursing science for the general practice of nursing, for leadership roles and post basic education for specialty. For this study, nurses meant all categories (registered, enrolled, and enrolled-nursing assistant) of nurses who were permanently employed in the identified psychiatric hospital and are registered with SANC.

Psychiatric inpatient hospital: For the purpose of this study, a psychiatric inpatient hospital meant a hospital that caters for admission of patients diagnosed with serious psychiatric illnesses and conditions that requires management in the hospital settings for a short or long term in a specialized or controlled environment.

Perceived stress: It is defined as the extent to which an individual perceives that their demands exceed their ability to cope. For this study, perceived stress meant extent to which nurses perceived their demands to exceed their ability to cope at work (Adams, Meyers & Beidas, 2016). This was a dependent variable in this study.

Psychosocial work environment refers to the organization of work and organizational culture; the beliefs, values, attitudes, and work practices displayed on a day-to-day basis in the institution (hospital) affecting the physical and mental wellbeing of the employees (nurses) (Burton, 2010). This was an independent variable in this study.

1.11 VARIABLES OF THE STUDY

The variables of the study are described in table 1.1

TABLE 1.1 Dependent and independent variables

Dependent variable	Independent variable
Perceived stress	Psychosocial work environment
Psychiatric nurses	Psychiatric in-patient hospital

1.12 OUTLINE OF THE RESEARCH REPORT

The research report is divided in terms of Chapter as outlined below:

Chapter One: gave an overview of the study

Chapter Two: has as focus the literature review

Chapter Three: Research method and design

Chapter Four: Results are presented and discussed

Chapter Five: Summary, limitations, recommendations, and conclusion

1.13 SUMMARY

The psychiatric nurses' experience multiple psychosocial hazards such as violence, aggression, and suicidality as they practice in their environment. These hazards (behaviours) are mainly presented by the mentally ill patients they treat; such behaviours may be aimed at the psychiatric nurses, other professionals, or fellow patients. The researcher who is practicing as a psychiatric nurse and an occupational health-nursing student saw the importance of conducting this study with the aim of describing a psychiatric work environment, and the perception of nurses' stressors. The background, objectives, and operational definitions of this study were discussed.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter contains a review of national and international literature on the psychosocial work environment and perceived stress factors of psychiatric nurses at an in-patient psychiatric hospital. Literature review is a process which includes critical evaluation of what already exist or published regarding a chosen topic by accredited scholars or research (Unisa, 2018). Therefore, an extensive literature review was undertaken to broaden the researchers' knowledge and understanding of the topic. The literature review included an extensive electronic search using CINALH, MEDLINE, Science direct, Google scholar and PubMed that was done using a combination of keywords such as: psychosocial work environment, perceived stressors, psychiatric nursing, in-patient care psychiatric hospital (institution). Therefore, in this chapter the occupational (work related) stress, the psychosocial work environment, in-patient mental health institutions, factors associated with occupational stress, consequences of occupational stress and management are discussed.

2.2 THE PSYCHOSOCIAL WORK ENVIRONMENT

According to the Burton (2010) healthy workplace model, the psychosocial work environment encompasses work organizations, the culture of the organization, beliefs, values and attitudes demonstrated by the organization on a daily basis thus affecting the mental and physical wellbeing of the employees either positively or negatively. The psychosocial work environment can be affected by several hazards and risks factors. These are referred to as workplace stressors and that are found to be detrimental to emotional and mental health of the employees (Burton, 2010). Work-related stress and psychosocial hazards in the workplace, as identified by Burton (2010), are:

- Poor work organization that includes work demands, time pressure, and support from

supervisors, job training and clarity, poor channels of communication, reward and recognition. Organizational culture that entails lack of proper policies and practice related to dignity and respect for all workers, harassment and bullying, stigma related to illness such as HIV, discrimination against sexual.

orientation, lack of support for healthy lifestyles.

- Management style that entails lack of consultation, negotiations, and constructive feedback to its employees.
- Inconsistency with applications of policies and rights of employees, including long and non-negotiated hours of work, unfair hiring practices, and unfair leave practices.
- Shift work issues.
- Lack of support for work life balance.
- Fear of job losses due to re-structuring and re-organization of the company or uncertainty of markets.
- Lack of awareness of and competence in dealing with mental health and illness issues.

The psychosocial work environment entails multiple factors, which focus on the individual's relationship to his/work, and include organizational culture and climate, work demands and control, leadership empowerment and support, core relationship and teamwork (Tuveesson & Eklund, 2014).

2.2.1 Individual's relationship to his or her work

A study conducted in Singapore's largest psychiatric institutions revealed that psychiatric nurses had a higher job satisfaction rate, which was linked to the increase in experience of work in the same field or institution; this was measured by the number of years spent in psychiatry or an institution. The same study further reflected on a greater positive association between job satisfaction and resilience amongst nurses (Zheng et al., 2017). Newly employed nurses may experience challenges that relate to psychiatric inpatient role clarification; therefore, managers are encouraged to create an environment that clearly conveys what psychiatric nursing is all about, including individual's expectation to inexperienced nurses (Tuveesson, Eklund & Eklund, 2014).

Kurjenluom et al., (2017) also revealed that most psychiatric nurses were satisfied with the

work environment, however, more experienced nurses (older) were more satisfied with their workplace culture compared to the less experienced (young). The literature suggests that experience in psychiatry was an important factor in predicting job satisfaction; the psychiatric hospital's management were therefore required to make such environments conducive for nurses to retain them (Kurjenluom et al., 2017). Positive employee's perception regarding his or her own work environment has been reported to be important in improving personnel outcome such as absenteeism, this also include positive perception with the immediate supervisors (Paquet et al., 2013).

2.2.2 Organizational culture and climate

The psychosocial work environment, according to Burton (2010), includes organizational culture, referred to as attitudes, beliefs, values, and practices, demonstrated by an institution daily and thus affects the mentality and wellbeing of its employees. The influence of organizational culture has also been studied. Kurjenliom et., (2017) explored organizational culture relating to workplace culture in psychiatric nursing and discovered that older nurses, the ones who have been in the profession for longer periods, were more likely to be satisfied with the work culture compared to the younger nurses, or the graduates who negatively perceived the work culture. The same study also revealed that experience also played a role in predicting job satisfaction, for example the older the nurses, the more satisfied they were with the work culture, while newly graduated nurses were less satisfied, this posed a threat as to how to attract and support young nurses to psychiatric work culture.

In Finland, a study investigated workplace culture in psychiatric nursing and its findings were that a positive workplace culture is directly associated with quality nursing care, and it predicted that more nurses were likely to be retained if they were satisfied with the workplace culture (Kurjenluoma et al., 2017). A South African study concluded that a person working in a well-managed environment is less likely to be absent from work than a person working in a poorly managed work environment (Muday & Nkosi, 2015). While a study which sought to explore the organizational culture and resilience of nurses in a mental health institution described psychiatric organizations as a rigid, hierarchy dependent and power decentralized, therefore psychiatric nurses are required to have resilience to deal with such culture if daily demands of their work are to be met (Rocha et al., 2016).

Another study done in Sweden among 93 nursing staff working at a general psychiatric in-patient ward with the aim of investigating different aspects of the ward atmosphere that were related to the psychosocial work environment, as perceived by nursing staff; they also discovered that organizational culture, role clarity and empowering leadership were the aspects that influenced nurses' perceptions in the ward atmosphere (Tuveesson, Eklund & Wann-Hansson 2011). Organizational culture should be taken into consideration when dealing with the psychosocial work environment of nurses working in psychiatric hospital, because it does influence how nurses perceive their workspace (Tuveesson, Eklund & Wann-Hansson, 2011).

2.2.3 Work demands and control

Psychiatric work environments have also been labelled as high demanding in terms of workload; nurses felt that the superiors had high expectations of them, or rather were uninformed about decision making, which also had an impact on how they related to their environment (Conradie et al., 2017). A study done in Brazil (2014) cited a wide range of challenges reported by the nurses; this included working conditions relating to the physical structure, human resources (nurse/patient ratio), shift work and lack of psychological support and motivation (Marques de Lima et al., 2014)

The WHO (2012) depicted that certain job factors, which included high demands and low control over decision making, contributed to high levels of mental illness amongst employees that may not reach diagnosable stages. The stressors reported in the psychiatric work environment included inadequate resources in terms of material, lack of human resources and unhealthy working conditions due to work pressures. The nurses also reported conflicts relating to professional recognition, rewards, and the nature of the healthcare system (Marques de Lima et al., 2014). In Japan, the factor that contributed to job-related stress amongst psychiatric nurses who worked in the in-patient's department of mental health institutions were primarily linked to work overload, including complex ethical dilemmas specific to this discipline (Yada et al., 2015).

2.2.4 Leadership, empowerment, and support

A study conducted in Australia reported that the nurses who perceived themselves as competent and felt more supported were likely to engage more therapeutically with psychiatric patients (Roche, Duffield & White, 2011). Environmental factors that were associated with these perceptions mainly focused on the proper foundation of quality nursing care (Roche, Duffield & White, 2011). Roche, Duffield and White (2011) recommended that ongoing education and career development opportunities and clinical supervision were the factors found to have potentials to enhance these perceptions in the institutions. The study also recognised strong relationship between role clarity, role competence and therapeutic commitment (Roche, Duffield & White, 2011). Zheng et al. (2017) study also reported on the correlation between anger, stress, and low job satisfaction rate in an organization and how it affected individuals socially.

A study conducted in Sweden, amongst psychiatric nurses, revealed that job satisfaction was positively related to experience in the same discipline; it further concluded that when one is less satisfied with their job, the more likely they would experience psychological distress relating to their work (Olatunde & Odusanya, 2015). In South Africa, Ngako, Van Rensburg and Mataboge (2012) reported that psychiatric nursing contributes to occupational stress among psychiatric nurses due to nurses describing such environments as unsafe. Nurses reported experiencing negative emotional reactions towards patients they have to care for, as such patients present with unpredictable, violent behaviour, which may be directed towards nurses or other patients who may also be admitted at that time (Ngako, Van Rensburg & Mataboge, 2012).

Tu vesson and Eklund (2014) concluded that clarity of nurses' roles and programmes and encouragement of psychiatric nurses could improve their perception regarding their work atmosphere. The same study further indicated that developing activities and programmes that enhance practical and personal solving skills for both nurses and patients could further improve their work environment (Tu vesson & Eklund 2014). Malloy and Penprase (2010) suggested that implementation of transformational and reward leadership behaviours could the psychosocial work environment. In terms of leadership psychiatric nurses and patients seem to benefit from supportive leadership.

2.2.5 Core relationship and teamwork

Nurses reported they need institutional support and positive relationships with the multidisciplinary teams (Fabri & Loyola, 2014). Coping with stress and job satisfaction is good for the both the individual and the organization (Abdalrahim, 2018). A similar study revealed that psychiatric nurses who were able to manage their anger amongst their patients, colleagues and family members were more likely to show job satisfaction and could deal well with stressful situations in their work environment (Kouchaki, Rezaei & Motagh, 2016). A study that was done in Canada amongst 315 mental health professionals with the aim of investigating variables associated with job satisfaction revealed that, job satisfaction was significantly associated with absence of team conflicts, stronger team supports, team collaboration, greater member involvement in decision making and affective commitment towards the team (Fleury et al., 2018). Weaver et al. (2017) found that frustrations and medical errors are increased in the work environment when there is a breakdown in communication and lack of teamwork. Core relationship and teamwork are critical as revealed by the literature here and it is evident that without teamwork not only the nurses are affected but the patient care as well, when there is absenteeism there is shortage of staff which negatively influence the quality of patient care provided.

2.3 STRESSORS, PSYCHOSOCIAL HAZARDS AND RISKS IN THE PSYCHIATRIC WORK ENVIRONMENT

2.3.1 Stress in the psychiatric work environment

A psychiatric work environment is a specialized working environment that may be perceived as stressful due to the nature of patients the nurses care for daily (Maluleke & Van Wyk, 2017). Psychiatric nursing has been identified as a highly stressful specialty due the unpredictability and instability of patients; this is because most patients have an altered mental state especially those suffering from Schizophrenia and Bipolar Mood Disorder (Greenglass & Burke, 2016). Koukia and Zyga (2013) also revealed that psychiatric nurses were exposed to numerous

critical incidences at their workplace due to the mental state of the psychiatric patients. The critical incidences included agitation, acute anxiety, persistent insomnia, exacerbation of psychotic symptoms, verbal and physical violence towards others, violence to property, provocative attitude, and deliberate self-harmful suicidal behaviour (Koukia & Zyga, 2013). These behaviours have been reported to make the workplace environment unsafe and burdening to psychiatric nurses and found to be the contributory factors of occupational stress among psychiatric nurses (Ngako, Van Rensburg & Mataboge, 2012).

Occupational stress is regarded as a serious threat to the safety of workers and such imbalance may lead to injustice in employees (psychiatric nurses), which may lead to feelings of anger that maybe directed towards supervisors, patients, and co-workers (WHO, 2012). According to the WHO (2018), one person in four globally will be affected by a mental disorder or neurological disorder by the year 2020, exacerbated by issues relating to unwillingness to seek treatment due to stigma, discrimination, and neglect. Psychiatric patients are reported to seek help after their conditions have deteriorated, increasing the burden of admissions of patients, which also revealed an element of frustration from patients to staff caring for them (Brännström, Strand & Sand, 2018).

In Greece, a study conducted among mental health professionals and assistant nurses revealed that psychiatric nursing has shown that psychiatric nurses are exposed to numerous critical incidences at their workplace (Koukia & Zyga, 2013). These incidences included agitation, acute anxiety, persistent insomnia, exacerbation of psychotic symptoms, verbal violence to others, violence to property, physical violence to others, openly disturbed behavior, provocative attitude, and deliberate self-harmful suicidal behavior (Koukia & Zyga, 2013). McMullan (2017) discovered that the psychiatric in-patient care setting was described as challenging by the psychiatric nurses. Often, psychiatric nurses are required to care for the mentally ill with perceptual disturbances (hearing voices), patients that are hard to manage, which becomes distressing to both patients and nurses as they struggle with gaining control over those disturbances, contributing to feelings of powerlessness in nurses, making such a working environment unbearable (McMullan, 2017).

2.3.2 Psychosocial risks and hazards in the psychiatric work environment

A study by Stevensons, Jack O'Mara and Legris (2015) revealed that psychiatric nurses experienced physical, verbal, and emotional violence during their line of duty; this study was conducted in Canada among 12 registered nurses with the aim of describing the nurses' experience of violence on acute care psychiatric in-patient units. Also, Zeng et al. (2013) conducted a study in two mental psychiatric hospitals in China, with the aim of examining the frequency and risk factors of violence in the workplace amongst psychiatric nurses, including their impact of quality life. Their study revealed that 82.4% of the nursing population encountered some type of violence; this was attributed to overcrowding of the psychiatric wards, staff shortages (patient-nurse ratio) and lack of outpatients' departments. In addition, the violent behaviour of patients in the psychiatric work environment may end up being perceived as normal, which may lead to such nurses dealing with such experiences on their own, without reporting or seeking help, because this is perceived as part of their occupation (Stevensons, Jack O'Mara & Legris, 2015).

A study conducted in South Africa revealed that retaining nurses in the mental health institutions remained a challenge, as nurses left their work after violent encounters from patients, as they fear for such occurrences in the future (Nguluwe, Havenga & Sengane, 2014). Moreover, the World Health Organization (WHO) projects there will be a shortage of 12.9 million health workers by the year 2035 (WHO, 2013). A study conducted in South Africa, Gauteng Province, amongst 13 permanently employed nurses working in an acute psychiatric unit in 2014, revealed that most psychiatric nurses experienced violence in acute psychiatric wards despite their age, gender and years of experience (Nguluwe, Havenga & Sengane, 2014). A need to modify the psychiatric treating environments was recommended by Lozzino et al. (2015). A literature review was conducted to assess the prevalence and risk factors of violence in psychiatric inpatients; the results suggested that one out of five patients admitted in an acute unit had the potential of committing an act of violence (Lozzino et al., 2015). The same study described the risk factors as a diagnosis of schizophrenia, history of alcohol abuse, and mostly committed by male patients (Lozzino et al., 2015).

The causative factors to such violence were directly linked to patients' intrinsic factors, which included history of substance abuse, habitual violence and altered mental status (Nguluwe, Havenga & Sengane, 2014). In this environment, the psychiatric nurses experienced physical,

emotional and psychological violence, and expressed the effects of such violence as physical pain and emotional distress, which further suggested that experiences of violence had negative effects on the mental health of nurses and influenced the quality of care provided in psychiatric hospitals (Nguluwe, Havenga & Sengane, 2014). Compared to other nursing disciplines nurses working in the mental health institutions encounter high levels of occupational stress, and complicated ethical dilemmas (Mangoula et al., 2015; Yada & Lu et al., 2015).

Job satisfaction has proved to be positively related to psychological wellbeing of the nurses in the psychiatric inpatient care, i.e., psychiatric nurses who are reported to be satisfied with their jobs reported less psychological distress and this was found mainly in older nurses who had been in the institution for a longer period (Olatunde & Odusanya, 2015). The same study suggests that the more experienced nurses were in psychiatry therefore it was more likely for them to be satisfied with the psychiatric work environment (Olatunde & Odusanya, 2015).

A study that investigated the experience of anxiety amongst the nursing staff in public hospitals in Greece (2014), showed significant higher levels of stress and revealed a higher number of perceived anxieties amongst the female population. The same study further concluded that women were more unlikely to cope with the stress of anxiety compared to men; this therefore is an area of concern, as the nursing profession is dominated by female professionals (Mitrousi et al., 2014). The factors which lead to increased occupational perceived stress in the psychiatric work environment include high workload, lack of participation in decision making, inadequate remuneration, long hours of worked, high work expectations by the superiors, etc., thus all these factors in the long run have an impact on the health and wellbeing of psychiatric nurses (Conradie et al., 2017).

2.4 PSYCHIATRIC NURSING IN SOUTH AFRICA

Psychiatric nursing in South African is perceived as unpopular according to the study, which was conducted in the University of Free State, Bloemfontein, among undergraduate nursing students, who described mental health institutions as emotionally tiring due to violence, notable slow patients' progress, and limited skills (Jansen & Venter, 2015). Uys and Middleton (2014) previously reported the same shortages for advanced psychiatric nurses to date in South Africa. Twelve professional nurses working with dual diagnosis patients in the North West Province,

South Africa, reported feeling unsafe to deliver care to patients who presented with uncooperativeness, physical aggression, and tendency to commit suicide in the wards (Dikobe, Manyedi & Sehluro, 2016). Psychiatric nurses working with intellectually disabled inpatients experienced unique stress that had an impact on their daily living, and these stressors included burnout, job dissatisfaction and understaffing (Conradie, Erwee et al., 2017).

Nurses working in acute psychiatric settings felt unsafe due to fear of being assaulted by the patients and expressed feelings of disappointment towards the hospital's management who did not care for them (Sobekwa & Arunachallam, 2015). However, a positive shift has been reported in the delivery of mental healthcare service delivery in South Africa, which included provision of psychotropic drugs in primary health & tertiary health services (Petersen & Lund, 2011). The establishment of 72 hours' assessment of patients with mental illness in the regional and district hospital revealed that there has been a shortage of specialist human resources as well as infrastructure (Petersen & Lund, 2011). Moreover, bed shortages have been reported in the tertiary psychiatric institutions, which leads to premature discharge of patients, which in the long run leads to numerous re-admissions of the same patients (revolving door) (Petersen & Lund, 2011) There is a huge challenge of understaffing in the acute psychiatric units (Sobekwa & Arunachallam, 2015).

Even though South Africa has challenges, the WHO (2019) reports describe the South African mental health standards as developed compared to that of other African countries. Furthermore, the amendment of the Mental Health Act number 17 of 2002 has positively placed the mental healthcare system of South Africa in compliance with the international standards, as it protects human rights (WHO, 2019). This is further supported by an audit using the Gauteng District Health Information System, which revealed that community mental health services were inadequate as they never met the standards as stipulated by the mental health policy for South Africa (Robertson & Szabo, 2017). Inadequate community mental health services lead to the readmission and overcrowding of psychiatric patients in the psychiatric hospital due to relapse and lack of medication, which in the long run increases the burden of work of the psychiatric nurses (Robertson & Szabo, 2017).

2.5 EFFECTS OF STRESS AMONGST THE PSYCHIATRIC NURSES

The physical and psychosocial effects of stress are discussed interchangeably as they are dependent on one another. The impact of general stress on an individual's performance in his/her functioning areas of life, is predicted to impair job functioning resulting in errors and injuries to the individual or core workers (Burton, 2010). According to the Healthy Workplace Model by Burton (2010), a stressful situation becomes a liability to an individual's performance, which may lead to committing errors when one performs their duties. Such errors may lead to physical and emotional pains due to self-blame or lack of self-esteem on an individual, and when this is left untreated, a permanent physical or mental disability may occur in an employee.

According to Dawood et al. (2017), perceived stress is defined as a level to which an individual assesses the value in which different life situations are perceived as stressors. The psychiatric work environment leads to secondary stress and has been reported to be prevalent amongst the psychiatric nurses due to caring for patients who are mentally ill or have encountered trauma (Mangoulia et al., 2015). Psychiatric nurses also experience compassion fatigue because of secondary stress at their work environment exposes them to extreme stressful situations; this was reported to be more prevalent amongst the females (Mangoulia & Koukia et. al, 2015). It is important to note that occupational stress if not well managed, can lead to emotional and psychological damage whereby psychiatric nurses will present with behaviours such as frustration and low self-esteem, which can have negative consequence on productivity (Chou, Li & Hu, 2014).

A study conducted in South Africa, in the Free State Province by Conradie et al. (2017), revealed that stress factors such as loneliness, marriage conflict, and lack of emotional support also affected the psychiatric nurses' negatively and the level of care to patients. This further confirmed that personal stress factors had an influence on the work performance (Conradie et al, 2017). Another study, which sought to compare the level of work-related stress between female nurses working in psychiatric and general hospitals in China, concluded that psychiatric nurses showed greater levels of occupational stress than those working in the medical units;

these factors related to discrepancies related to psychiatric work environment and recourses. This entailed working in a closed environment with isolation rooms that mainly accommodated acutely mentally ill patients who were potentially violent and aggressive; the study further revealed that workload was less in the psychiatric environment compared to the medical one in terms of work domains (Qi et al., 2014). This is echoed by Abdalrahim, who wrote that psychiatric nurses have been reported to experience occupational and interpersonal stress, which then interferes with how they interact with their patients and colleagues, which in the long-run lead to poor health and daily functioning of nurses. Nurses may therefore report dissatisfaction with their job or mchange careers (Abdalrahim, 2013). Figure 2.1 below is a flow diagram depicting the consequences of unsafe and unhealthy workplace (Burton, 2010)

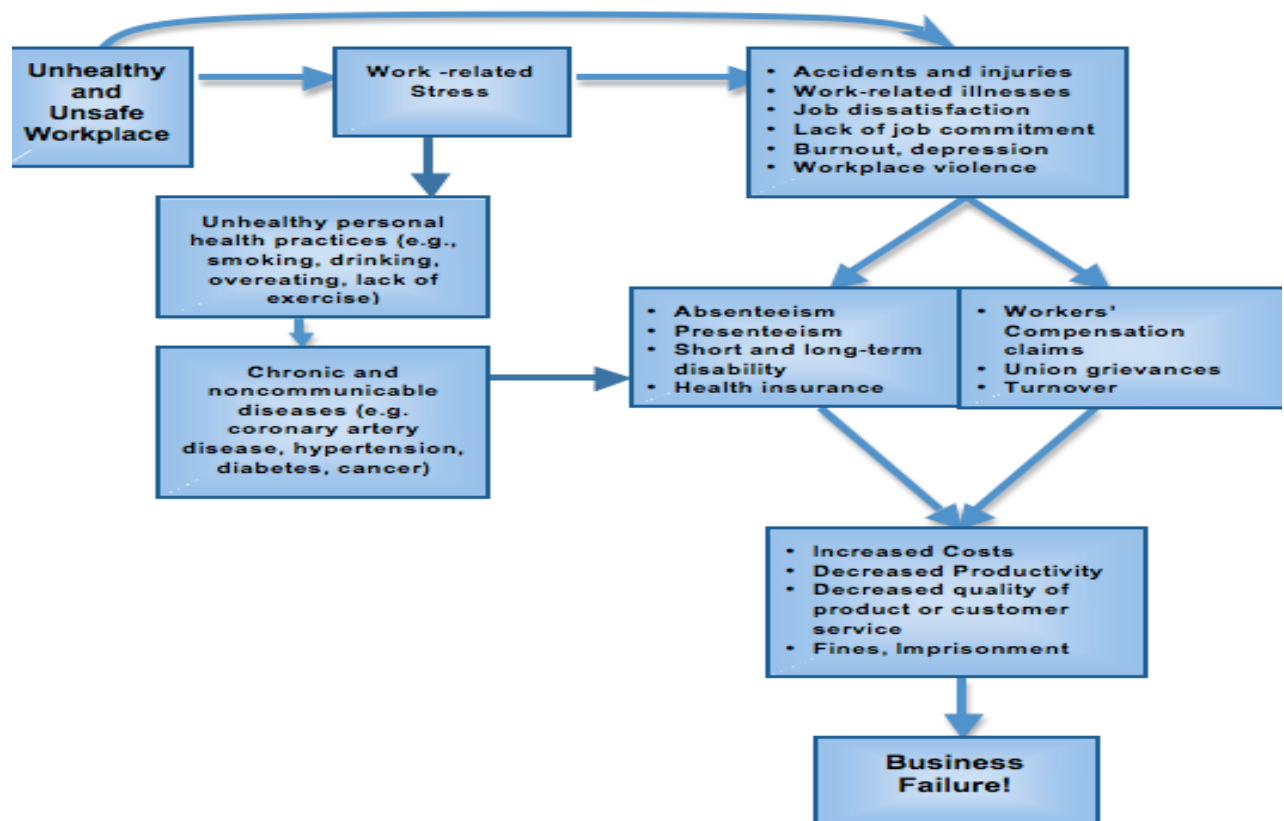


Figure 2.1 A flow diagram of depicting the consequences of unsafe and unhealthy workplace (Burton, 2010, p.6).

2.6 STRESS MANAGEMENT IN PSYCHIATRIC NURSING

A study conducted in Egypt, among psychiatric nurses, with the aim of evaluating the effect

of stress management on job related stress among nurses working with psychiatric patients revealed that stress management has a positive effect in stress reduction amongst psychiatric nurses (Zaki & Barakat, 2018). Interventions such as problem solving, assertiveness, skillful communication and responding appropriately to criticism have shown to benefit nurses in terms of reducing stress and burnout (Sailaxmi & Lalitha, 2015). Ward (2011) concluded that psychiatric nurses' increased job satisfaction was directly influenced by their dedication and fulfilment to their profession; these significantly reduced stress and balanced maintenance. A study conducted in Jordan, amongst psychiatric nurses, with the aim exploring stress and coping among psychiatric nurses to gain more information about psychiatric nursing job stress, coping strategies, and the relationship between job stress and coping strategies, revealed that nurses perceived family support as an important component in coping with workplace related stress (Alsarairah et al., 2014).

2.7 MANAGEMENT OF THE PSYCHOSOCIAL HAZARDS/ RISKS AND STRESS IN THE WORKPLACE

Burton (2010) defines a healthy workplace as one in which both the managers and employees collaborate to continuously enhance the processes that promote and protect the health and wellbeing of the workers through hazard identification and reducing risks that may occur. Implementation of a healthy workplace involves more than just knowing what the issues are, according to the four avenues as presented in Figure 2.2. The implementation process requires an institution to involve continuous improvement of managements systems through research, assessment, and incorporation of evidence-based practices through research (Burton, 2010). The process involves motivation of resources and stakeholders to assess, plan and evaluate for future improvement of the actions taken as depicted in Figure 2.2 (Burton, 2010).

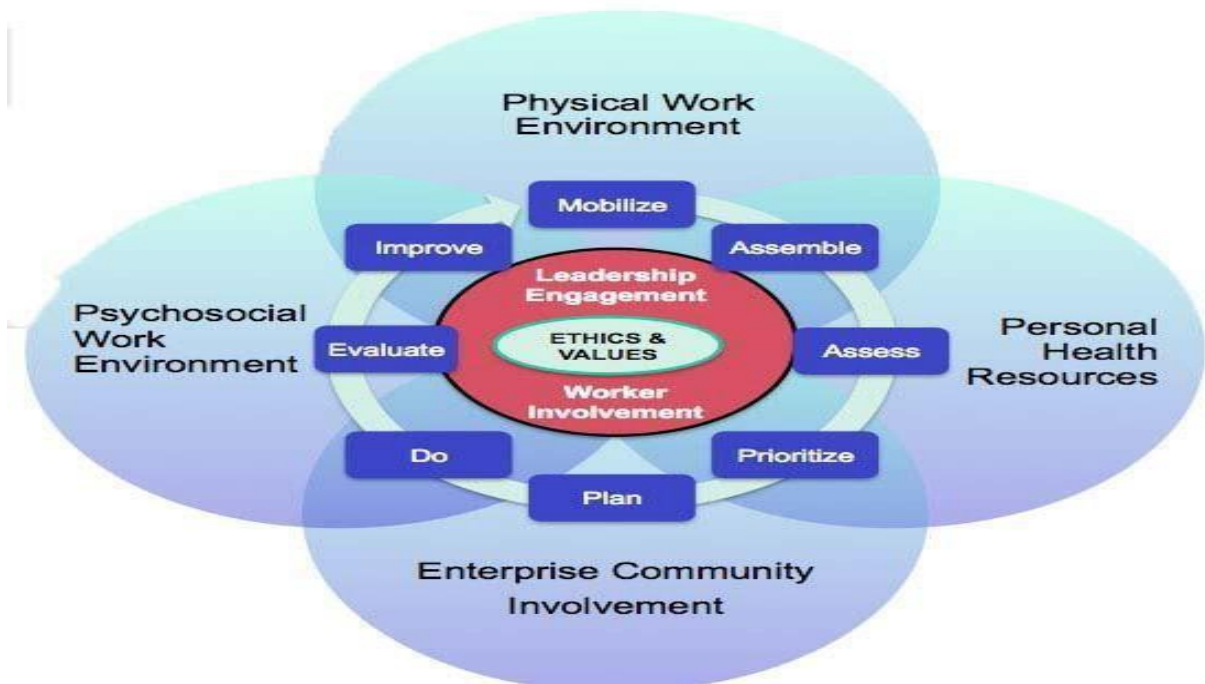


Figure 2.2: WHO Healthy Workplace Model (Burton, 2010:98)

For this study, management and control of the psychosocial work environment hazards will be discussed.

2.8 MANAGEMENT AND CONTROL OF PSYCHOSOCIAL WORK ENVIRONMENT AS DESCRIBED BY BURTON (2010):

- Elimination or modification of the source will include reallocation of work or reduction in workload. Fair policy practices and respect towards nurses' rights, both males and females. Implementation of smoke free policies and zero tolerance to bullying. Clear reporting procedures for bullying and routine workshops to address such issues.
- Lessen the impact on the worker by allowing flexibility when dealing with work life conflict situations. Proper supervision and support to given tasks, flexibility regarding shifts of choice where possible, with respect to location and timing of work. If there are changes in the company, the managers must be honest and consult their employees. Nurses should be informed in time if their shifts have to be changed from day to night duty. Changes of allocation of tasks or wards also need to be communicated in time to allow nurses to prepare themselves emotionally.

- Protection of the worker by training nurses on stress management techniques that include cognitive approaches. Conflict management programmes to be possibly run quarterly with nurses to raise awareness. In the case of a worker who reports to work after being on leave, assessments need to be made including readjustments where possible; for example, if a nurse has had a death in the family, it is important to at least be flexible with his/her shifts and workload, where necessary, to allow the grieving process to continue.

2.9 SUMMARY

This chapter reviewed the existing literature of the psychosocial work environment of psychiatric nurses both internationally and locally. The occupational (work-related) stress, the psychosocial work environment, in-patient mental health institutions, factors associated with occupational stress, consequences of occupational stress and management were discussed. According to Burton (2010), the psychosocial work environment encompasses the work organization, the culture of the organization, beliefs, values and attitudes demonstrated by the organization on a daily basis and thus affects the mental and physical wellbeing of the employees, either positively or negatively. The psychiatric work environment, from the literature, is perceived as a stressful environment for nurses as they encounter violence and aggressive behaviour from the mentally ill users (Koukia & Zyga, 2013; Greenglass & Burke, 2016).

Nurses reported experiencing negative emotional reactions towards patients they have to care for, because the patients present with unpredictable violent behaviour, which may be directed towards nurses or other patients who may also be admitted at that time (Ngako, Van Rensburg & Mataboge, 2012). The factors which lead to increased occupational perceived stress in psychiatric work environment included high workload, lack of participation in decision making, inadequate remuneration, long hours of worked, high work expectations by the superiors etc., therefore all these factors in the long run have an impact on the health and wellbeing of psychiatric nurses (Conradie et al., 2017). Furthermore, the psychosocial hazards need to be identified, minimized or eliminated in a way that minimizes emotional and physical harm to psychiatric nurses.

CHAPTER THREE

RESEARCH DESIGN AND METHOD

3.1 INTRODUCTION

This chapter describes the research design, methods, setting, population, sample, sampling procedure, data collections, instruments, procedure for data collection analysis, and ethical integrity.

3.2 RESEARCH DESIGN AND METHODS

3.2.1 Research design

Research design is a framework of research methods and techniques chosen by a researcher (Brink, van der Walt van Rensburg, 2017). This was a cross-sectional survey. A cross sectional design is a non-recurring study done at a specified time, at the same time and with the same participants (Brink, van der Walt & van Rensburg, 2017). This design was chosen because the researcher intended to describe how nurses in a psychiatric hospital perceived their stressors and psychosocial work environment. The advantages and disadvantages of the survey method, as discussed by Brink, van der Walt & van Rensburg (2017), are as follows:

3.2.2 Advantages of the survey method

Surveys can represent a large population. Surveys offer convenience in data collection as they can be administered to participants through a variety of ways without making direct contact, e.g., fax, online. The method is less costly as it can be administered at any given time and setting. The method limits the chances of bias due to researcher's objectivity (Brink, van der Walt & van Rensburg, 2017).

3.2.3 Disadvantages of the survey method

The questions in the surveys need to be standardized before administering to the participants to accommodate the general population. Superficial or incomplete data, as the participants may only choose what they perceive as comfortable to them (Brink, van der Walt & van Rensburg, 2017).

3.3 RESEARCH SETTING

The study was conducted at a specialized tertiary psychiatric hospital in Gauteng Province, South Africa. This specialized psychiatric academic hospital admits short- and medium-term mental health patients, ranging from two weeks to 6 months of hospital stay. The hospital has six wards that accommodates only 136 inpatients, both male and female; three (3) biochemical units that admit 80 in-patients, the male semi-closed ward accommodates 30 male patients, the female closed ward accommodates 18 mental healthcare users, and the male and female open ward that accommodates 32 patients. There is an eating disorder and adolescent unit with 23 beds. Out of this number, (thirteen)13 beds are reserved for the eating disorders and the adolescent unit accommodates only 10 in-patients (adolescents) with mental health conditions, six beds are reserved for females and four (4) for males between the age of 13 and 18. There is a psychotherapy unit providing 23 beds, for both males and females above 18 years of age. The last ward is the child unit that only admits 10 children, however only six (6) beds are currently in use. The total number of nurses across the hospital was 112, of which 71 are RN's, 18 EN's, 14 ENA'S and nine CSN's who have just completed their undergraduate 4-year degree course. A maximum of two nurses work per ward during night shift as there are booked or expected admissions during their shift. The institution did not have part time nurses and does not subscribe to agency nurses. As an academic hospital, the hospital receives nursing students for work-integrated learning from nursing colleges and universities throughout the year.

3.4 POPULATION

Population is a complete set of people or objects that represent homogenous characteristics of which the researcher is interested (Brink et al, 2017). In this study, the population consisted of all the nurses from all categories permanently employed at the selected hospital for at least 6 months. The total nursing population at the hospital was n=112 nurses of all categories, enrolled nurses, enrolled nursing assistants, professional nurses, and community services nursing, working both day and night shift. The target or accessible population was therefore the total number of n=112 nurses.

3.5 SAMPLING AND SAMPLE SIZE

3.5.1 Sampling method

Sampling method is described as a method applied to select the participants in the study (Brink et al, 2017). A census sampling method was used in this study to select participants, therefore all the nurses (n=112) working day and night shift were selected for participation. Census sampling is described as the sampling method, which include involves everyone in a population who share common interest (Brink et al, 2017).

3.5.2 Sampling size

A sample size is described as the number of people/subjects included in a sample (Brink et al, 2017). Therefore, the sample size in this study was 112 (n=112) based on the total population of nurses currently employed at the identified hospital.

3.6 DATA COLLECTION

Data collection is process of obtaining the actual information by means of a selected relevant instrument that has been developed and tested in a pilot study (Jolley, 2013). The information may be acquired through questionnaires, interviews, or scales. Data collection will be further

discussed in terms of the instruments used, including their validity and reliability. Data collection procedures are also detailed.

3.6.1 Data collection instruments

A questionnaire is a written set of questions, which can be administered electronically or physically (Jolley, 2013), to respond to the objectives of this study, which were:

- Describe how nurses in psychiatric hospital perceive their psychosocial work environment.
- Describe how the nurses perceive their stressors.
- Identify the factors that are perceived to be contributing to psychosocial work environment and stress.

The researcher therefore used two questionnaires that were self-administered. The first instrument used in this study was called the QPS (QPS Nordic) The General Nordic Questionnaire for Psychosocial and Social Factors (Annexure), which measured the psychosocial aspects of the work environment, job, and organization characteristics, as well as individual work-related attitudes. The questionnaire consists of 129 items; each item has five response alternatives, ranging from “very seldom to never” (1) “to often or always” (5). The QPS Nordic Questionnaire for Psychosocial and Social Factors measures factors that pertain to most types of work and workplaces. The instrument consists of multiple-choice questions relating to the following psychological and social factors at work: job demands and control, role expectations, predictability and mastery of work, social interaction with coworkers and clients, leadership, organizational climate, interaction between work and private life, work centrality, organizational commitment, and work motives (Dallner et al, 2000). This is a public instrument, the developer allows free use, without permission, for academic purposes (see Annexure 7).

The second questionnaire, the Perceived Stress Scale (PSS) (Cohen et al., 1983), is a 10-item scale used to measure the degree to which situations in one’s life are appraised as stressful. Items were designed to tap into how unpredictable, uncontrollable, and overloaded respondents find their lives. Each item has five response alternatives ranging from “never” (0) to “very often” (4); higher scores indicate a high amount of perceived

stress. The Perceived Stress Scale is for public use and no permission is required before use (Cohen et al., 1983) (Annexure 2). Please see annexure 8 for the permission to use this instrument. The two instruments were pre-tested on five undergraduate nursing students who were allocated for work-integrated learning at the identified hospital. No changes were made on both questionnaires. QPS Nordic general questionnaire guidelines allow for the items to be analyzed as single or grouped items (please see annexure 9). The single items which were used in this study are presented in table 3.1

TABLE 3.1 Presents the single items of the QPS Nordic questionnaire included in study.

Category	Item number	Details of the item
Job demands	Q31	Have you ever been exposed to threats or violence in the last two years?
Job demands	Q32	Are errors in your associated with a risk of personal injury?
Role expectation	Q44	Does your job entail tasks that conflict with your personal values?
Social interactions	Q81	Have you noticed anyone being subjected to harassment or bullying?
Social interactions	Q83	Have you been subjected to harassment or bullying?
Leadership	Q87	Does your immediate superior tackle the problems as soon as they surface?
Leadership	Q88	Do you trust the ability of the management to look after the future of the organisation in future?
Organizational culture	Q92	Is the climate of your work competitive?
Work motives	Q118	Is good pay and material benefits an important consideration in relation to your ideal job?

Below, the grouped data that were used in this study as per the QPS Nordic general questionnaire guideline are presented in Table 3.2.

TABLE 3.2 Grouped items of the QPS Nordic 34 questionnaire

SCALE	SUBSCALES
JOB DEMANDS	Quantitative demands
	Decision demands
	Learning demands
ROLE EXPECTATIONS	Role clarity
	Role conflict
CONTROL AT WORK	Positive challenge at work
	Control of decision
	Control of work pacing
PREDICTABILITY AT WORK	Predictability during the next month
	Predictability of next two years
	Preference for challenge
MASTERY OF WORK	Perception of mastery
SOCIAL INTERACTION	Support from superiors
	Support from co-workers
	Support from friends and relatives
LEADERSHIP	Empowering leadership
	Fair leadership
ORGANIZATIONAL CULTURE AND CLIMATE	Social climate
	Innovative climate
	Inequality
	Human resource primacy
WORK CENTRALITY	Work centrality
COMMITMENT TO ORGANIZATION	Commitment to organization
PERCEPTION OF THE GROUP	Perception of the group
WORK MOTIVES	Intrinsic motivation to work
	Extrinsic motivation to work

3.6.2 Validity and reliability of the instruments

Validity of a test establishes if the instrument measures what it intends to measure (Polit & Beck, 2012). Reliability of a test is the degree of consistency with which the instrument measures an attribute (Polit & Beck, 2012). The two instruments have been used in a similar study in Sweden, in 2011, at the psychiatric in-patient hospitals (Tuveesson, Eklund & Wann-Hanson, 2011). The QPS Nordic has been reported to be reliable with Cronbach's alpha values ranging from 0.60 to 0.86 (Dallner et al., 2004). The perceived stress scale was found to be valid and reliable in a study conducted by Lee and Jeong (2019); the study reported a Cronbach's alpha of 0.70.

3.6.3 Data collection procedure

The participant's information leaflet (Annexure 3) and ethics clearance letter (Annexure 4) were distributed together with the two questionnaires in one unsealed envelope. The researcher distributed the questionnaires, information leaflets and ethics clearance letters to all the wards during the day shift. The information and envelopes were relayed to the night staff as they reported for their shift. After completion, they had access to ballot boxes. Instruction was given to the participants to put the completed questionnaires into the provided envelopes, seal them and place in the ballot box. For the sake of identification, all completed questionnaires were allocated with numbers for easy analysis purposes. Data collection was undertaken between December 2018 and February 2019.

The questionnaires were distributed across all the wards in the hospital to all 112 (n=112) participants, but only 64 (n=64:57.1%) questionnaires were returned completed in the distributed boxes per ward, therefore, 64 (n=64) questionnaires were included in the analysis. The researcher collected the ballot boxes after every week from each ward from December 2018 to February 2019.

3.7 DATA ANALYSIS

Data analysis in research entails organizing the findings into meaningful terms; this involves summarizing, ordering and categorizing of data (Brink et al., 2017). Raw data (n=64)

participants were entered in an Excel spreadsheet. All statistical analysis was conducted using the STATA Windows programme (version 15). The researcher sought expertise from a statistician of the University of the Witwatersrand's postgraduate research support services, who guided on the statistical analysis. Below is the description of the analysis done in the study specifically as per instrument used.

3.7.1 QPS Nordic general questionnaire data analysis

According to this questionnaire's data analysis guidelines, the main analysis needed were the frequency distributions, means or medians computed on single items or on scales (Dallner et al, 2000). When single-item scores are used, it is common practice to calculate the percentage distributions of the responses of the target group (Dallner et al, 2000). Please refer to table 3.2 for the list of single items used. The questionnaire consists of grouped items for categories and subcategories for analysis which are presented through mean scores and standard deviation, additionally, each category has single items which are analyzed individually by presentation through the frequencies, percentages, and standard deviations. All the grouped items for categories and subcategories as they are analyzed individually, however single items per category were selected based on their significance regarding this study's objectives. The raw data was captured into excel spreadsheet then exported into STATA (version 15) for analysis. In summary, analysis was presented through percentages and frequencies for single items only, and grouped items were analysed by means of standard deviation and mean value (Dallner et al, 2000).

Single items were analysed by means of percentage and frequency distribution. Grouped items were analysed by grouping the scores of the items belonging to the subscales as per the guidelines of the questionnaire (Annexure 9), the overall mean score and standard deviations were used to interpret the results as follows:

- Negative perception scores category 1: these were scales with a mean value of two (2) and below and the researcher perceived them as needing urgent intervention. This category indicates the negative perceptions of the participants regarding the concerned subscale.
- Negative perceptions scores category 2: these scales with a mean value of 3 to 2,

requiring no immediate intervention. This represents a moderately perceived subscale by the participants.

- Positive perception scores category 3: these were scales with a mean value score of 3.5 and above, required no intervention. This category presents positively perceived areas or subscale by the participants.

3.7.2 Perceived stress analysis

The Perceived Stress Scale (PSS) results were obtained as stated by Cohen et al. (1983), which is by reversing responses to the four positively stated items, items 4, 5, 7 and 8 and then summing across all scales (for example 0=4, 1=3, 2=2, 3=1 and 4=0). Scores ranging from 0-13 are considered low perceived stress, 14-26 considered as moderate perceived stress and 27-to 40 as high-perceived stress (Cohen et al., 1983). In order to summarize the findings regarding the perceived stressed scale, data was analyzed using the frequencies, percentages and mean. The scoring guidelines of this questionnaire was not distributed to the participants during data collection to limit biasness.

3.7.3 Statistical analysis

3.7.3.1 Pearson correlation

Pearson correlation measures statistical relationship or association of variables. In this study, this was applied to assess relationships among subscales (see Table 3.2), all the subscales of the QPS Nordic general questionnaire were placed into a rank to assess any correlation i.e., if there was any strong or negative correlation amongst each other in an order of a rank. A value of -1 to 1, where: +1=a positive correlation between the ranks; -1= a negative correlation between the ranks.

3.7.3.1 Mann Whitney U-test

This is a nonparametric statistical test which is used to compare the difference between two independent groups when the dependent variable is either ordinal or continuous (Divineet

al., 2018). In this study, Mann Whitney U-test was used to analyze any differences within the groups of respondents in relation to their perceived stress levels, i.e., gender, and experience in years. The perceived stress scale results were dichotomized as, all the scores between 0 and 26 were recoded as “no stress” and the scores between 27 and 40 were recoded as “stress.

3.8 VALIDITY AND RELIABILITY OF THE STUDY

Validity of an instrument establishes if the instrument measures what it is intended to measure (Polit & Beck, 2012). Reliability of a test is the degree of consistency with which the instrument measures an attribute (Polit & Beck, 2012).

Validity and reliability of the study was ensured as the researcher based the research process on a proposal that was clearly defined after consultation with postgraduate research office of the Faculty of Health Sciences in the University of the Witwatersrand, and peer reviewed by experienced researchers in the department of nursing education. Both the supervisor and co-supervisor of this study are both experienced researchers. The items of the perceived stress scale were not modified, and certain items for the QPS Nordic general questionnaire were selected and used according to the objectives defined for this study.

3.9 ETHICAL INTEGRITY

Ethical consideration in research refers to the preliminary assessments, which need to be applied to protect those who will participate in the study; this is an obligation of a researcher and based on Human Rights (Brink et al, 2017). Therefore, the following ethical requirements were implemented:

- Permission to conduct the study was granted by the hospital’s Ethics and Research Committee (annexure 4).
- Ethical clearance to conduct research was granted by the Human Research Ethics Committee at the University of the Witwatersrand (M180859) (Annexure 5).
- Postgraduate approval of the study (Annexure 6).
- To ensure confidentiality and anonymity of the participants, no names appeared in the questionnaires, only code numbers for the study purpose.

- The information letter requesting participation from potential participants accompanied each set of questionnaires. Participation in the study was voluntary, and participants could withdraw from the study at any point without penalty, as stated in the information leaflets (Annexure 3). Completion of the questionnaires was considered as informed consent to participate in the study. This also allowed anonymity to those who decided to participate, as the researcher was also part of the staff at the selected hospital. In the information leaflet was the contact details of a professional person who was assigned to offer counselling (Ms. Rebecca Coetzee, Telephone: 0114884268) and further referrals, where necessary, were provided to ensure that participants' emotional wellbeing was safeguarded.

3.10 SUMMARY

This was a cross-sectional survey in an identified psychiatric hospital in Gauteng Province. Data was collected by means of self-administered questionnaires, namely The QPS Nordic general and the Perceived Stress Scale (PSS). The study adopted census sampling and yielded a response rate of 57.1%. All statistical analysis was done using the STATA programme (version 15) as per the University of Witwatersrand's recommendations. Descriptive statistics were analyzed by frequencies, means, standard deviations and percentages. The Mann Whitney U-test was performed to assess the differences between the groups, and Pearson correlation was performed to assess any correlation between the subscales of the QPS Nordic. Ethical clearance to conduct research was granted by the Human Research Ethics Committee at the University of the Witwatersrand. Permission to conduct the study was sought from the identified hospital's CEO and participants' confidentiality was maintained throughout, as their identities did not appear on either questionnaire.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 INTRODUCTION

Chapter Four focuses on the presentation and discussion of the results. This study attempted to answer the research question, “How do nurses in psychiatric hospitals describe their psychosocial work environment and perceive their stressors?” The presentation of the results will comprise of tables, graphs and charts illustrating the frequencies, percentages, means and standard deviations correlation coefficients.

4.2 RESULTS OF THE STUDY

The results will be reported in terms of response rate, demographic profile, perceived stress which objective number two of the study, followed by the first objective, the psychosocial work environment of the nurses and lastly, we described the factors that are perceived to be contributing to psychosocial work environmental factors and stressor. These will be followed by the discussion and summary of the results.

4.2.1 The response rate

The sample size was based on a population of 112 (n=112) nurses currently employed in the identified hospital, 64 questionnaires were returned completed: a response rate of 57.1%.

4.2.2 Socio-demographic profile of respondents

The socio-demographical profile of all the respondents (n=64) is illustrated in Table 4.1.

Table 4.1 Socio-graphical profile of nurses (n=64) who completed the questionnaires

Characteristics	Frequency	Percentage (%)
Age(years)		
No response	5	7.81
21-35	31	48.48
36-46	17	26.56
47-57	11	17.19
Gender		
No response	1	1.56
Male	17	26.56
Female	46	71.88
Experience (years)		
No response	1	1.56
0-1	6	9.38
1-5	25	39.06
6-10	19	29.69
11-15	7	10.94
16-20	2	3.13
21-25	3	4.69
25 and above	1	1.59

This entails the respondents' age, gender, educational level, rank, their experience in years, and units where they are working Table 4.1 indicates that 48.48% (n=31) of the respondents were aged between 21-35 years, followed by respondents between the ages of 36-46 (26.56%: n=17), those between 47-57 years (17.19%: n=11), while five (7.81%: n=5) did not indicate their age group when completing the questionnaire; the mean age was 32.5 years. Females (71.88%: n=46) dominated the entire nursing respondents, with males being 26.56% (n=17). Majority of the nurses (70.31%: n=45) were professional/registered nurses and either had a college diploma (46.88%: n=30) or a university degree (35.94%: n=23), whilst enrolled and nursing assistant nurses equaled only 10.94% (n=7). Most of the respondents had work

experience of 1-5 years in the institution, 39.06% (n=25), those between 6-10 years were 29.69% (n=19), 4.69% (n=3) had between 21-25 years of work experience, 56 (87.50%) indicated that they worked 40 hours a week and a few respondents (10.94%: n=7) worked over 40 hours a week. Most of the respondents (37.50%: n=24) of the respondents worked in the biochemical wards.

4.2.3 Psychosocial work environment

This section responded to objective one of the study and will be presented in terms of **job demands** (decision demands, learning demands, repetition of tasks, and exposure to violence at work in past two years, risks/errors related or leading personal injury); **role expectations** (role clarity, role conflict and role expectation); control at work (positive challenge at work, control of decisions and control of work pacing); **predictability at work** (predictability at work during the next month, predictability at work in the next two years and preference for challenge); **mastery of work, social interaction** (social support from superiors, support from co-workers, and social support from friends and relatives); **bullying and harassment** (evidence of bullying, and individual experience of bullying in their workplace);

Also, **leadership** (empowering leadership, fair leadership, and supervisor's problem-solving skills); **organizational culture** (social climate, innovative climate, inequality Human Resource primacy, competitiveness of the climate); **commitment to the organization and group work, work motives** (Intrinsic motivation and work, Extrinsic motivation to work); the Pearson correlation and logistic regression. The presentation of the results will refer to either table 4.2 (single items) and 4.3 (grouped item) of the QPS Nordic questionnaire as referred above.

TABLE 4.2 Results of the single items in frequencies and percentages

JOB DEMANDS			
Q31	Response	Frequency (n)	Percentage (%)
	No response	0	0
	Very seldom/never	23	35.94
	Rather seldom	13	20.31
	Sometimes	18	28.32
	Rather often	6	9.38
	Very often/always	4	6.25
	TOTAL	64	100
Q32	Response	Frequency (n)	Percentage (%)
	No answer	0	0
	Very seldom/never	15	23.44
	Rather seldom	14	21.88
	Sometimes	12	18.75
	Rather often	11	17.19
	Very often/always	12	18.75
	TOTAL	64	100
ROLE EXPECTATIONS			
Q44	Response	Frequency (n)	Percentage
	No response	0	0
	Very seldom/never	18	28.13
	Rather seldom	21	32.81
	Sometimes	17	26.56
	Rather often	8	12.50
	Very often/always	0	0
Total	64	100	
SOCIAL INTERACTION (BULLYING AND HARRASSMENT)			
Q81	Response	Frequency (n)	Percentage (%)
	No response	2	3.13
	No	29	45.31
	Yes	33	51.56
Total	64	100	
Q83	Response	Frequency (n)	Percentage (%)
	No response	3	4.69
	No	44	68.75
	Yes	17	26.56
Total	64	100	

Table 4.2 presents the results of single items in terms of the percentage distributions and frequencies; these results are further presented in terms of figures arranged according to the scales they belong to. Below is table 4.3 which illustrates the results of grouped items.

Table 4.3 The results of the grouped items of the QPS Nordic questionnaire in terms of the standard deviation and the mean score for each category (n=64)

Domain	Subscale	Mean	Standard deviation	Mean score rounding
JOB DEMANDS	Quantitative demands	2,67	0,71	3
	Decision demands	3,82	0,76	4
	Learning demands	3,06	0,73	3
ROLE EXPECTATIONS	Role clarity	4,19	1,07	4
	Role conflict	2,89	0,74	3
CONTROL AT WORK	Positive challenge at work	4,13	0,74	4
	Control of decision	2,78	0,82	3
	Control of work pacing	2,48	0,71	2
PREDICTABILITY AT WORK	Predictability during the next month	3,04	1,09	3
	Predictability of next two years	3,21	1,02	3
	Preference for challenge	3,24	0,97	3
MASTERY OF WORK	Perception of mastery	3,72	0,89	4

Table 4.3 above presented the overall the results of the grouped items in terms of the mean scores and standard deviations, below is a detailed presentation of the above results arranged

according to the scales and subscales they belong to.

4.2.3.1 JOB DEMANDS

As depicted in Table 4.3 in terms of quantitative demands, at a mean score of 2.67 SD=0.71, the nurses' responses revealed that they perceived their workload as neither too big nor too little. Also, in terms of decision demands at a mean score of 3.82 SD=0.76, nurses expressed that their work required them to take complex decisions and at times such decisions had to be taken abruptly. While when exploring learning demands, this study discovered that (mean 3.06 SD=0.73) nurses felt they possessed reasonable skills and training required of them to perform and successfully complete their task and duties for their nursing duties in the mental health institution. The results of perceptions regarding exposure to violence at work are in Figure 4.1 indicating violence/threat exposure at work in the past two years.

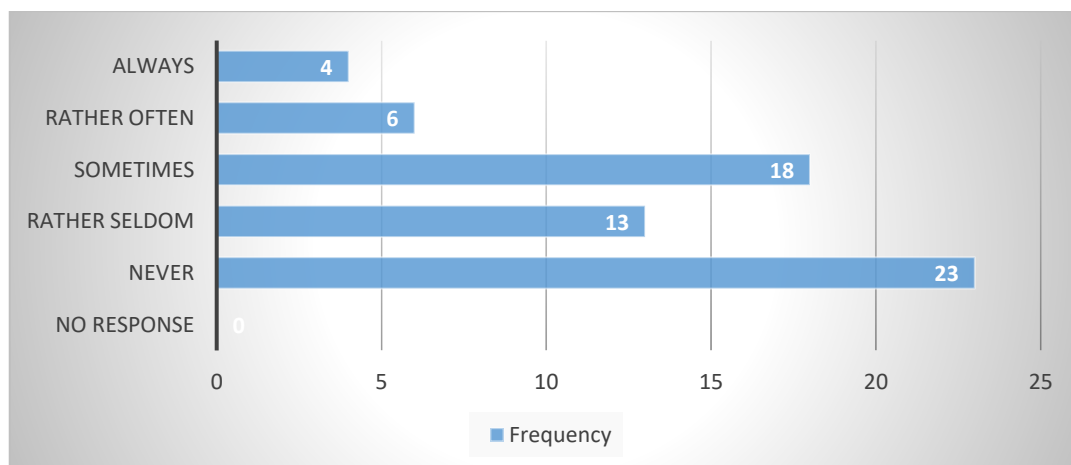


Figure 4.1. Violence/threat exposure at work in the past two years (n=64)

Most of the nurses (56.24%: n=36) reported they never have been exposed to any kind of threat or violence in the last two years at work in this hospital, while 28% (n=18) reported they sometimes had been exposed to threats or violence in the same working environment. Only 15.63% (n=10) of nurses reported they have often encountered violence or threats in the last two years at their workplace. Figure 4.2 presents results of nurses' perceptions regarding the risks/errors related or leading personal injury as displayed below.

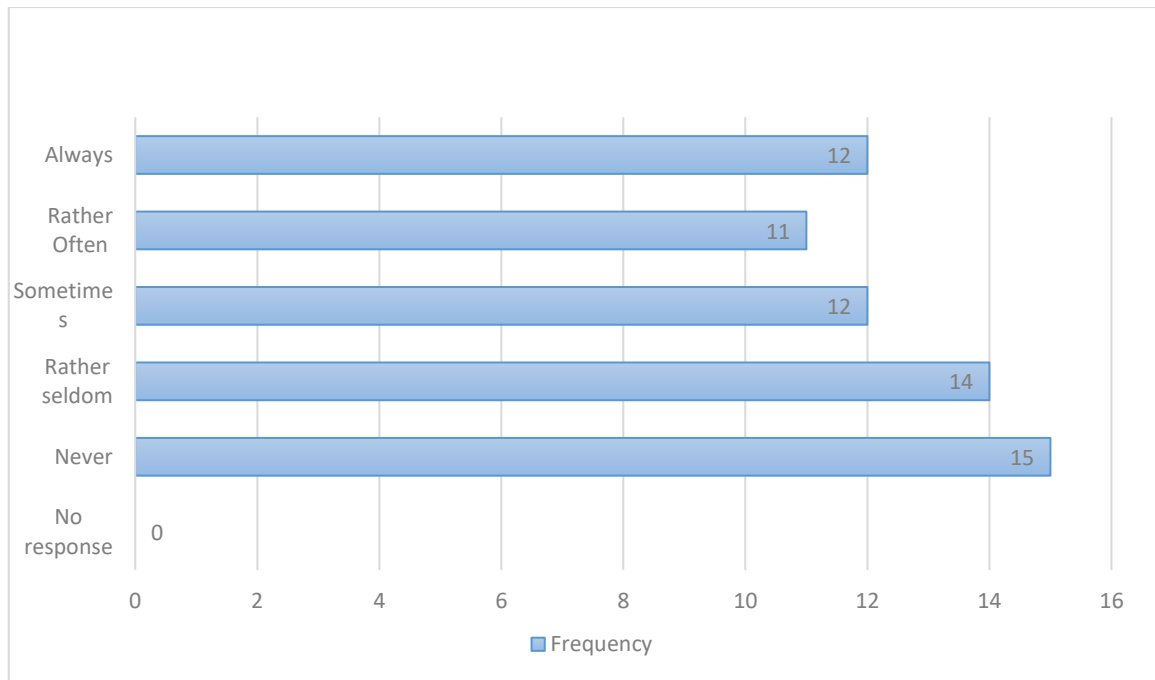


Figure 4.2 Prevalence of errors at work that pose a risk of personal injuries (n=64)

Nurses' responses indicated that almost half of them stated that the errors they commit in their duties never or rather seldom lead to a risk of personal injury (n=29:45.31%). The nurses described their workplace as less risky. A small margin of the difference was also observed in the results, where n=23 (35.94%) felt they were more likely to be injured due the errors.

4.2.3.2 ROLE EXPECTATIONS

When considering role expectation as displayed in Table 4.3, at a mean score of 4.19 and SD of 1.07, the nurses revealed that they perceived their work environment to be clear in terms of their roles when it came to role expectation. The nurses were aware of their expectations in the workplace because they were well-defined objectives and goals. For role conflict, the results revealed that nurses did not entirely understand their roles and perceived their work environment as conflictual in terms of individual roles and tasks. Moreover, nurses' responses revealed that they received incompatible requests from other people or the multidisciplinary teams. Mean was 2.89 SD=0.74.

In this study, 60.93% (n=39) SD=2.2 of nurses did not perceive their work to be a threat to their personal values, which is a positive attribute towards wellbeing during their line of duty, as well as outside the institution they are practicing at. Figure 4.3 presents nurses views regarding

possibility of conflict between their job and personal values.

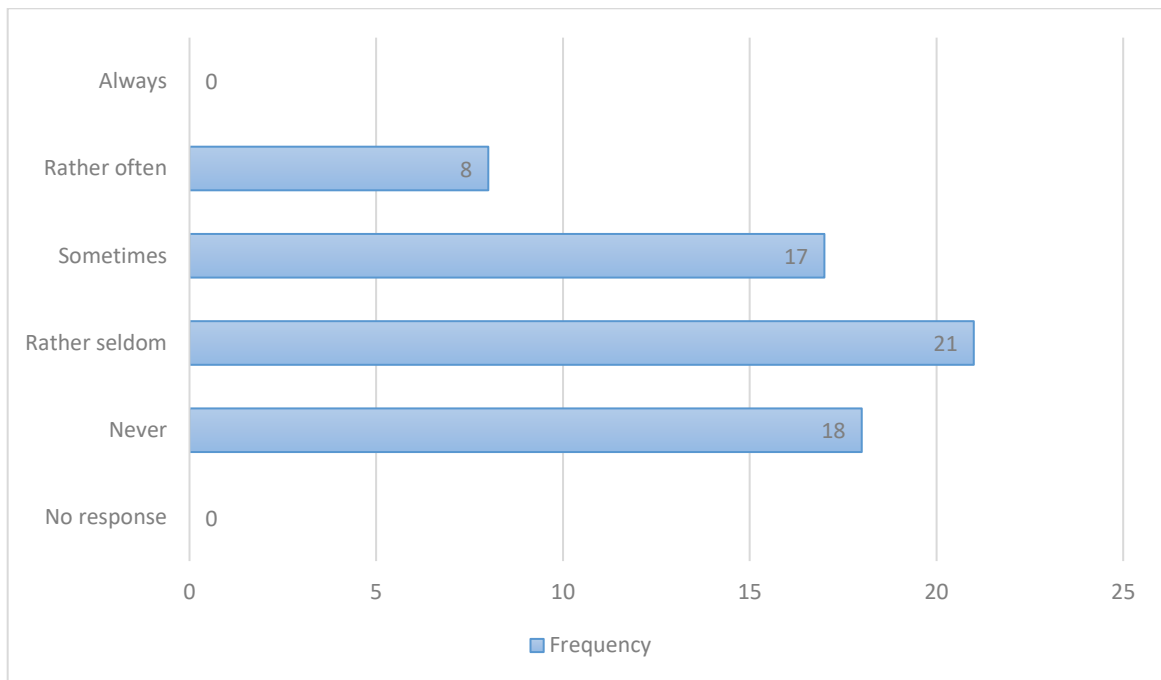


Figure 4.3 Conflict between their job and their personal values (n=64)

Concerning positive challenge at work (mean value of 4.13 and SD=0.74) as indicated in Table 4.3, the results revealed that nurses strongly perceived their work challenging and meaningful. They viewed their knowledge and skills as useful for their work. Concerning decision control, the mean score was 2.79 with SD=0.82, which indicated that nurses perceived themselves as not in full control of decisions regarding the amount of work, who they work with and when to contact their patients. The results also reveal that the nurses had not much control over influencing the pace and the amount of work. Moreover, at a mean score of 2.48 and SD=0.70, the nurse's responses indicated they could not control their work pace, or control the amount of time for mealtimes.

4.2.3.3 PREDICATILITY OF WORK

Referring to Table 4.3, predictability at work in the next month resulted in a mean score of 3.04 and a standard deviation of 1.11; the results revealed that nurses somewhat perceived their work environment as predictable in a two months' interval. The results revealed that they were not entirely aware of whom they would be working with (colleagues) the next month or who

would be their supervisors. The results revealed that the nurses could not predict the circumstances of their work in the next two months.

Predictability at work in the next two years was perceived to be negative, at a mean score of 3.21 and standard deviation of 1.02 as indicated in Table 4.3. The nurses reported feeling unaware of skills that were required to maintain jobs and where they will be working. At a mean score of 3.24 and a SD=0.97, nurse's responses revealed they neither entirely preferred nor never preferred challenges presented to them or undertaking new tasks and working with the new colleagues.

4.2.3.4 MASTERY OF WORK

Concerning mastery of work, Table 4.3 indicated that at a mean score of 3.72 with a SD=0.89; the results revealed that nurses were content and satisfied with their ability to get the work done. The results also indicate that nurses were satisfied with their problem-solving skills including feedbacks they receive about the quality of their work assessments. They perceived the quality of their work as positive including their relationships with their co-workers.

4.2.3.5 SOCIAL INTERACTION

As depicted in Table 4.2 the nurses (mean score of 3.14, SD=1.09) perceived social support from their superiors as neither positive nor negative. Also, at a mean score of 3.45, SD=1.01 reveals that (how many) of nurses perceived their social support they receive from their co-workers as adequate or positive. Most significantly, social support from the friends and relatives were perceived as positive and adequate, mean of 3.57 and SD=1.01. The results revealed that nurses perceived their support from their relatives and friends as adequate. This indicates that they were able to discuss work related issues with the friends and relatives.

The results reveal that more than half (52%: n=33) of the nurses reported having witnessed an incidence of bullying or harassment directed to someone at their workplace in the last 6 months. Figure 4.4 indicates the nurses who witnessed bullying, and Figure 4.5 indicates individuals who witnessed bullying.

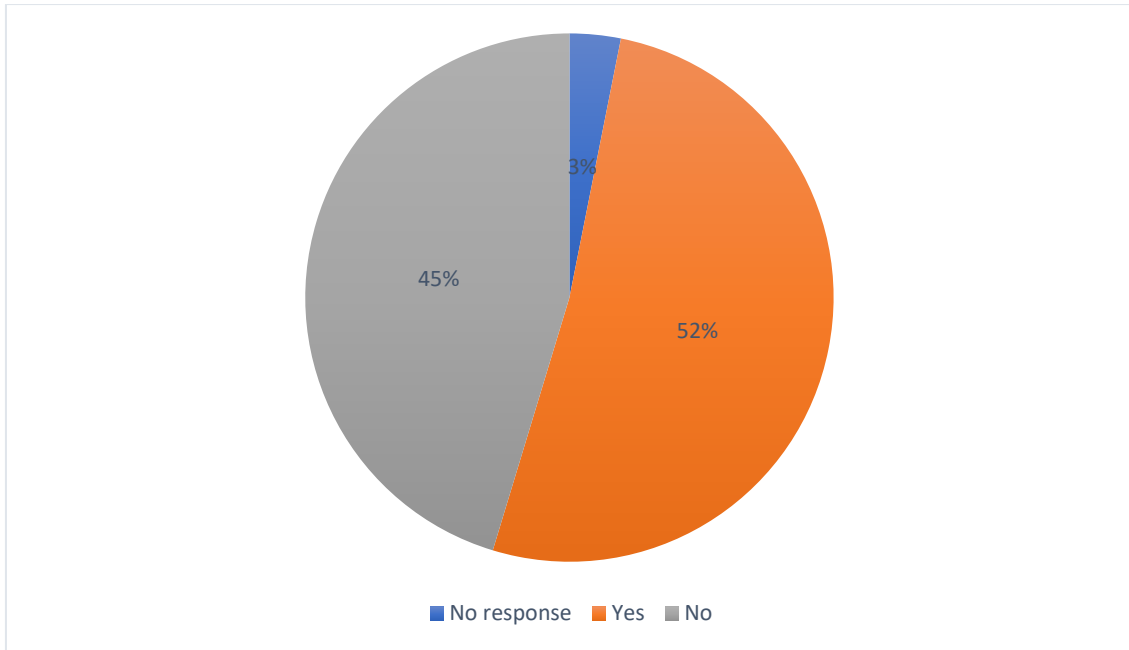


Figure 4.4 Nurses' perceptions of bullying or harassment of nurses (n=62)

Figure 4.5 is the depiction of individuals who experienced bullying

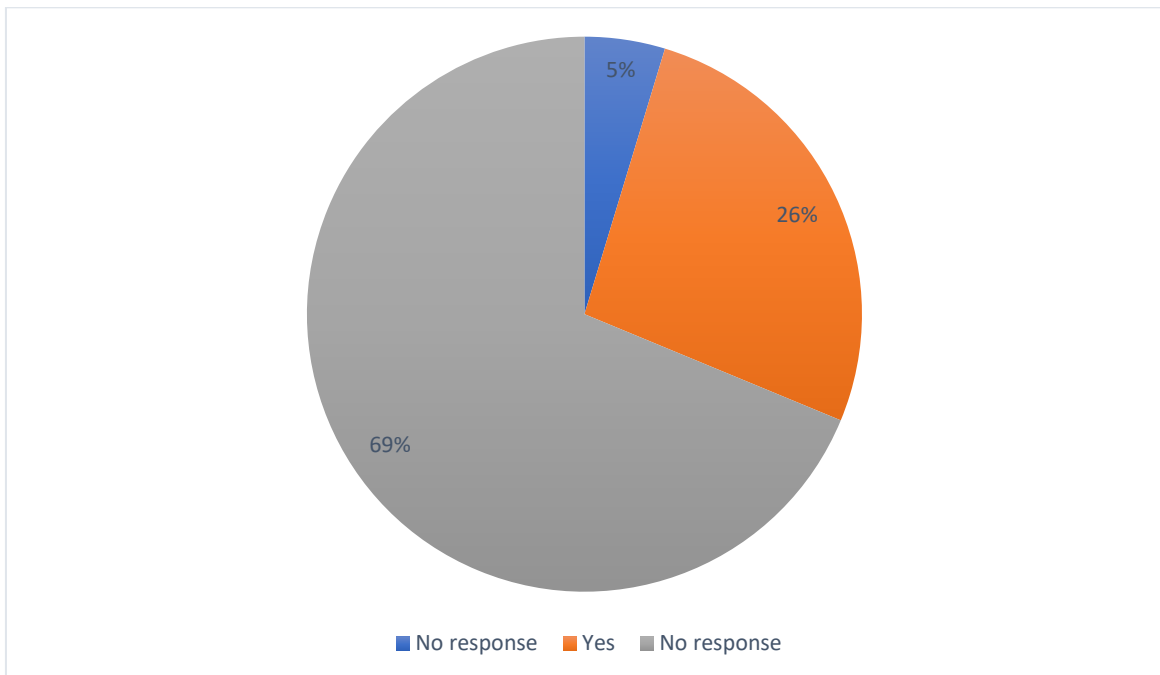


Figure 4.5 Individual's experience of bullying/harassment (n=61)

In Figure 4.5, the results revealed that 69% (n=44) reported having not being personally exposed to incidences of bullying or harassment, however, the results also revealed incidences of bullying in the institution at 26% (n=17).

4.2.3.6 LEADERSHIP

Concerning empowerment leadership, the mean score was 3.15 with SD=1.09. The results revealed that nurses perceived support from their immediate superior as inadequate. This entailed encouragement/support to speak up, and participation in decision-making and skills development. The responses regarding fair leadership, the mean score was 2.85 with SD=0.68. The study reveals that nurses perceived the treatment they received from their leaders as unfair, i.e., unequal, and unfair distribution of work by their superiors. The study also reveals that the relationship between their immediate superiors and nurses was perceived as a source of stress distributed equally amongst them. Figure 4.6 presents nurses perceptions regarding their supervisor's problem-solving skills

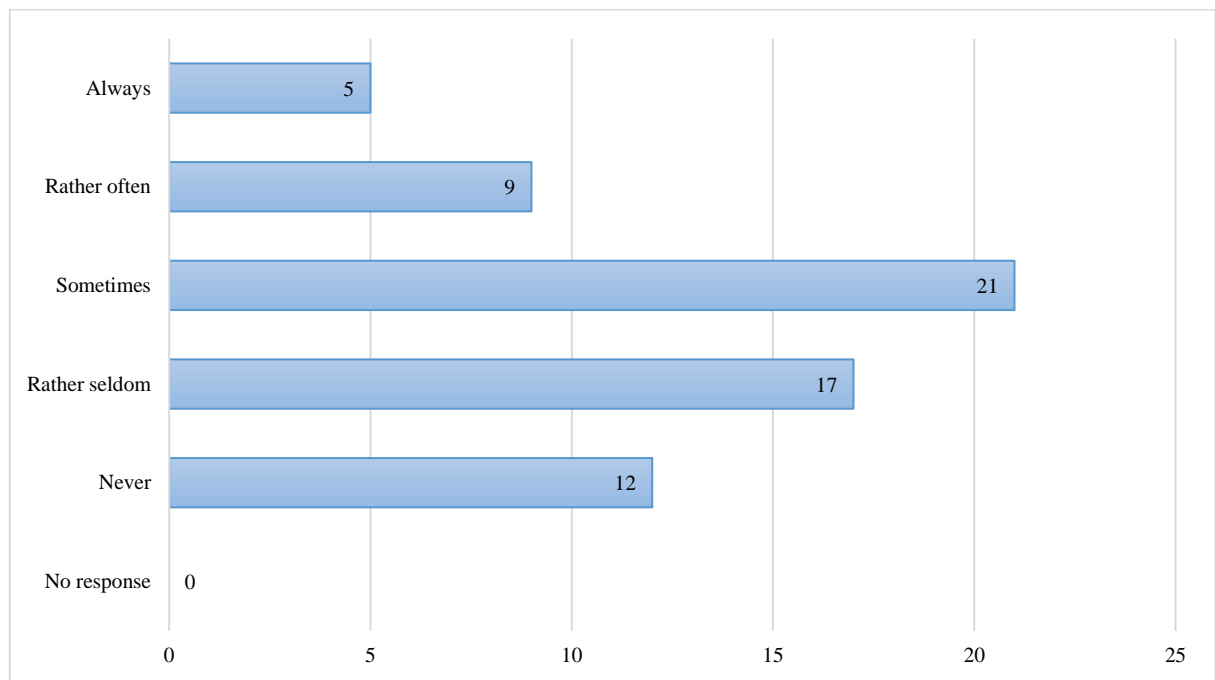


Figure 4.6 Nurses' perceptions of immediate supervisor's capability of problem solving (n=64).

Most (n=29) 45.31% (extreme scores summed) of nurses perceived that their immediate supervisors did not handle problems as they surfaced, or rather did not attempt to solve them at all, for example they felt there was delay or inadequate problem-solving skills. Only 21.89% (n=14) perceived that their immediate supervisors could solve problems as soon as they emerged. The management's ability to look after the future of the organization is presented in figure 4.7

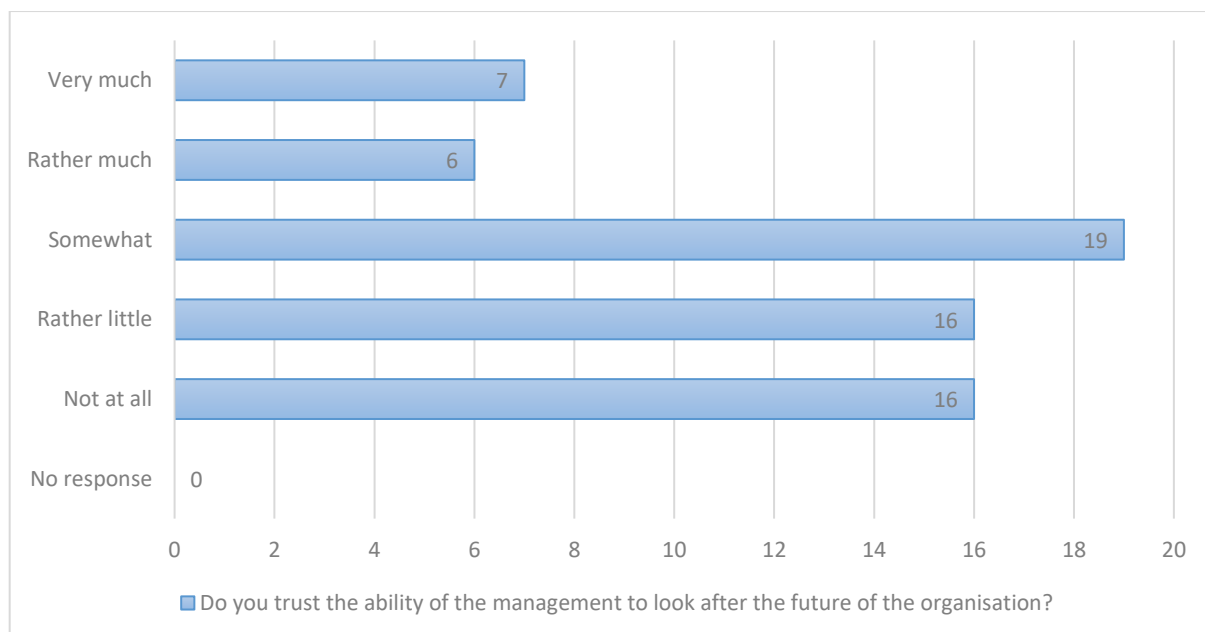


Figure 4.7 Management’s ability to look after the future of the organization (n=64)

The results revealed that half of the nurses felt rather little or not at all trusting to the management to look after the organization 50% (n=32) did not have much confidence in the management’s capability to look after their mental health institution’s future. The least number (20.31) (n=13) of nurses reported having confidence in the current management to look after the future of the institution. The remaining 20.31% (n=19) of the respondents kept their responses neutral, they somewhat perceived the management’s ability to look after the future of the organization.

4.2.3.7 ORGANIZATIONAL CULTURE

At the mean score of 2.89 with SD=0.75, the researcher discovered that the nurses perceived the social climate of their institution as less encouraging or supporting. The results also revealed that nurses perceived their work environment’s social climate as distrustful, suspicious, and uncomfortable. This result highlighted that nurse perceived the institutions innovative climate as moderate, i.e., they felt that there was reasonably sufficient communication within different departments some of the time and were encouraged to take initiatives within the same institution at a mean score of 3.01, and SD=0.99.

Concerning inequality, the results showed a mean score of 2.52 and SD=1.09, which means

that all the nurses perceived their work environment as treating them fairly and equally. At a mean score of 2.57 and SD=1.01 the results highlighted that the nurses perceived their institution as less rewarding (money, encouragement) for their job well done. They felt that their institution inadequately took care of their health and wellbeing. They perceived their work environment was not taking care of them very well. The competitiveness of the organization is depicted in figure 4.8

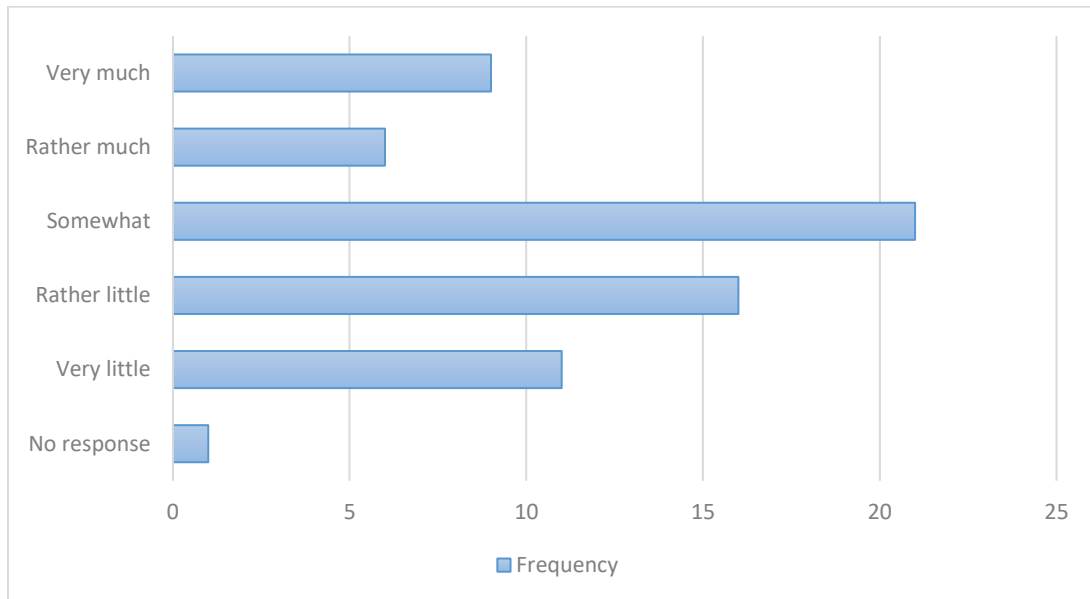


Figure 4.8 Nurses’ perception regarding competitiveness of their work (n=64)

Figure 4.8 highlights that nurses perceived their workplace as less competitive. The results revealed that (n=27) 42.19% of the nurses perceived their workplace competitiveness as not competitive enough. Only 23.44% (n=15) of the respondents perceived their work environment as competitive.

4.2.3.8 COMMITMENT TO THE ORGANIZATION & GROUP WORK

At a mean of 3.17 and SD of 1.03, the nurses’ responses highlighted that they were somehow indifferent with their commitment to institution. The results indicated that nurses perceived their commitment at their workplace as neither positive nor negative. The responses highlighted that nurses felt they were comfortable being part of the group (Mean is 3.25 SD=1.26). They fairly viewed their group as successful in problem solving sometimes.

4.2.3.9 WORK MOTIVES

A mean score of 4.11 and SD= 0.9 revealed the nurses strongly highlighted that the nurses were motivated internally to practice in their institution. They believed the motivation to work was strongly to develop their own personalities and to get a sense of accomplishment. Almost similar to internal motivation (Mean 4.31 SD=0.87). Good remuneration, a healthy and safe working environment, and an orderly job were among the motivating factors that they perceived as most important from their institution.

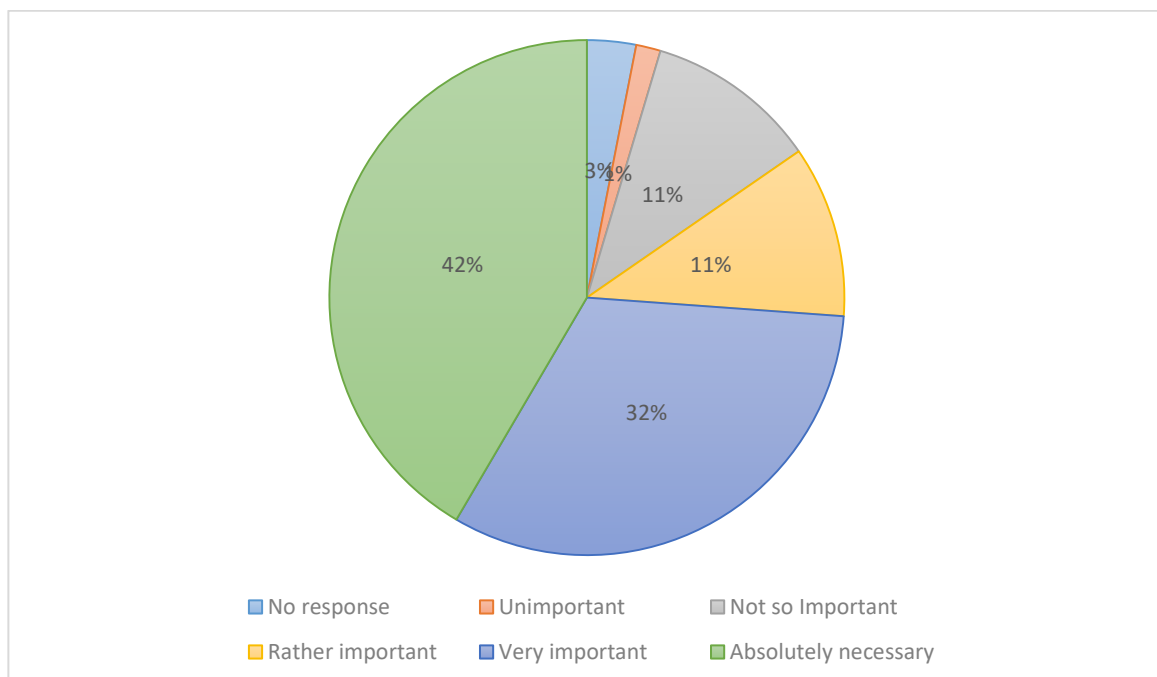


Figure 4.9 Importance of having a good pay (n=62)

Nurses strongly perceived receiving a good pay or remuneration and material benefits as their most important work motives 74% (n=48). From the results, only 10.93% (n =7) of the respondents perceived a good pay as not one of their motives to work, when investigating factors that are important, especially in motivating the nurses.

4.2.4 PERCEIVED STRESS SCALE

To answer to objective two of the study, the Perceived Stress scale was distributed amongst the respondents, and the results are presented in Figure 4.10.

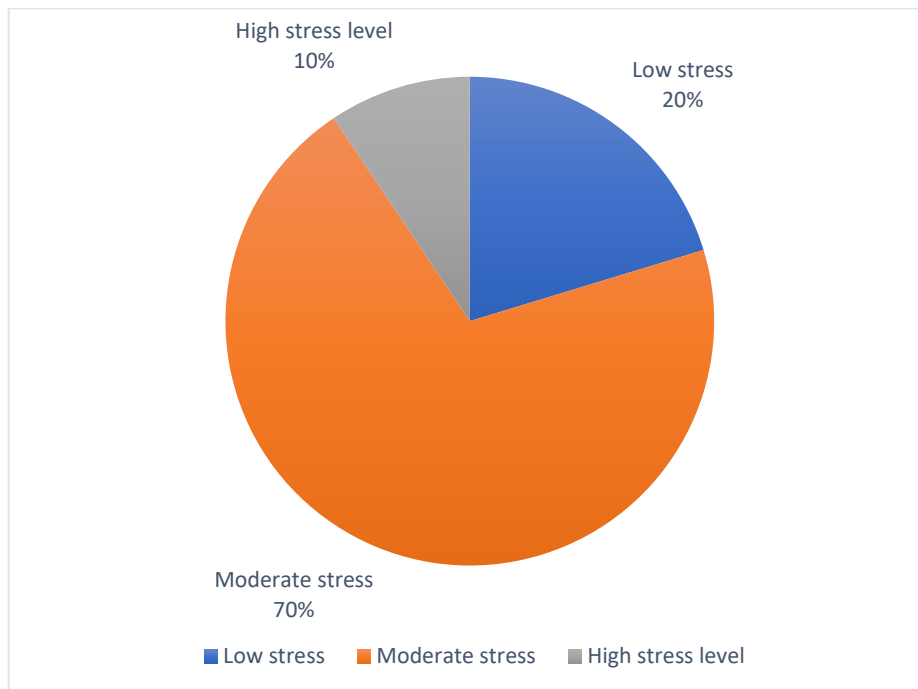


Figure 4.10. Perceived stress scale of nursing staff (n=64)

The study results revealed that the mean score for the respondents' Perceived Stress Scale (PSS) was 18.7 (standard deviation of 6.3). The results revealed that 9.4% (n=6) indicated high perceived stress, 70.3% (n=45) of the nurses indicated moderate perceived stress, while 20.3% (n=13) indicated low perceived stress. Figure 4.10 depicts the stress levels as indicated by the respondents

4.2.5 STATISTICAL CORRELATION ANALYSIS

To answer the study objective number three, the results will be presented in terms of the statistical models applied as follows:

4.2.5.1 Pearson correlation

Figure depicts correlation of the variables for the study

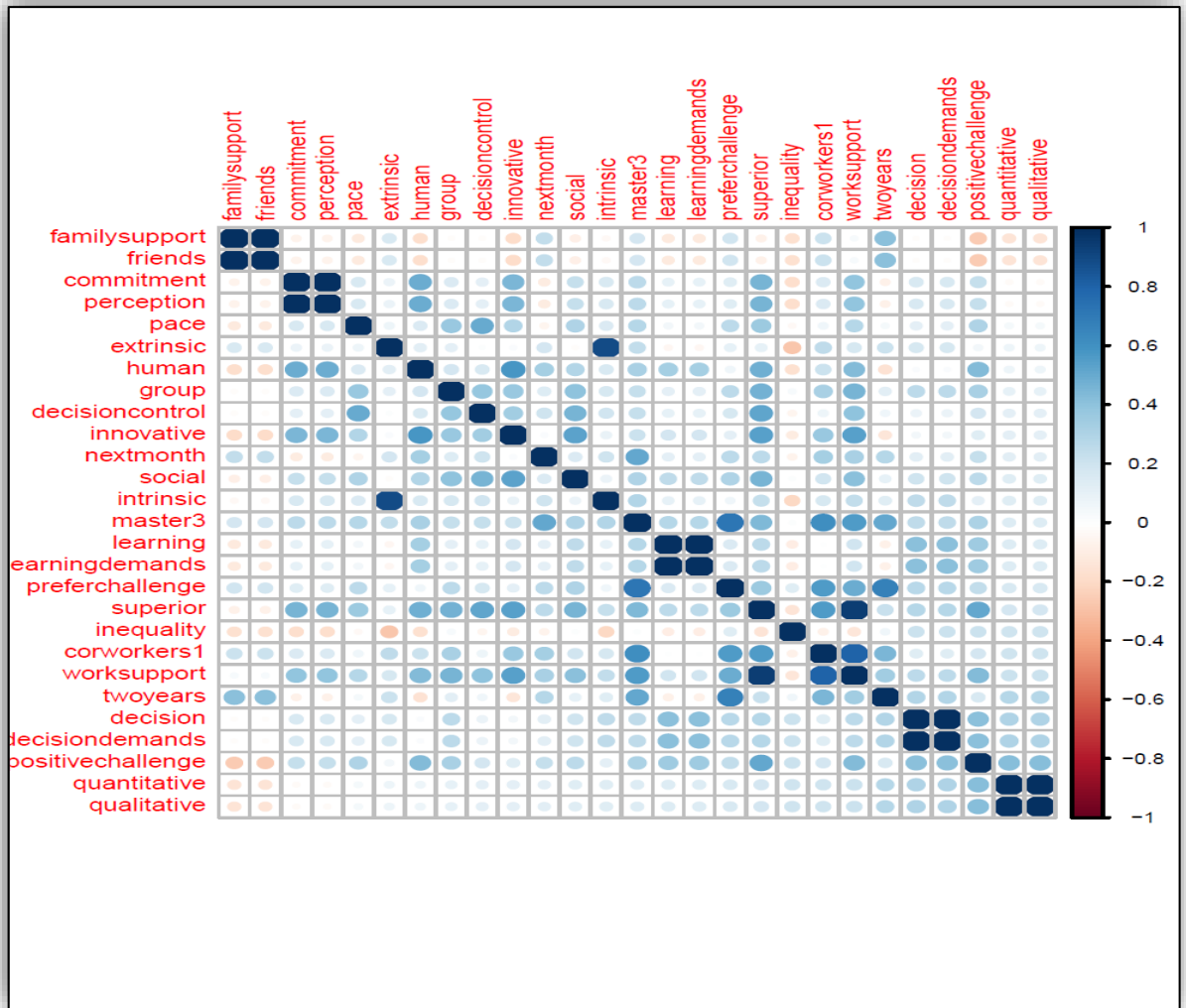


Figure 4.11: Illustration of relationship between variables

The figure above shows the correlation that exist as explained by the tables with the values.

4.2.5.2 Correlation coefficient

Table 4.4 is the Pearson correlation for the variables as outlined

Table 4.4: Pearson correlation

Variable 1	Variable 2	Correlation coefficient
Friends	Family	1
Commitment	Perception	1
Intrinsic	Pace	1
Learning	Learning demands	1
Work support	Superior	0.94
Work support	Co-workers	0.81

Decisions	Decision demands	1
Quantitative	Qualitative	1
Prefer challenge	Master	0.73
Extrinsic	Intrinsic	0.89
Co-worker	Master	0.61
Two-years	Prefer challenge	0.67
Human	Innovation	0.58

From the table there is positive correlation coefficients that are large ranging from 0.58-1. The larger the coefficient the stronger the relationship and the related variables move together in a linear relationship.

4.2.5.2 Mann Whitney U-test

The Mann Whitney U-test revealed no differences between the participants' subgroups, there was no significant differences either between males and female in terms of their perceived stress, and as between highly and less experienced nurse.

4.3 DISCUSSION OF THE MAIN RESULTS

4.3.1 Socio-demographic profile of respondents

The group between the ages of 21-35 years dominated the nursing respondents in the hospital and 71.88% were females; the mean age was 32.5 years. Many of the respondents had of experience between 1-5 years in the hospital, and the dominance of this age group also suggests inexperienced nurses, as most of them were newly qualified meaning that the institution may need to focus mainly on development and training for them (Tuveesson & Eklund, 2014).

Similarly, another study conducted in two district psychiatric hospitals in Finland, by Kurjenluom et al. (2017) among psychiatric nurses, with the aim of describing workplace culture from viewpoints of stress, job satisfaction and practice environment, discovered that experienced nurses were more likely to be comfortable with their work environment's organizational culture compared to the less experienced or the young nurses (Kurjenluom et al., 2017). It has been reported than the nursing profession in South Africa is dominated by females compared to males (Mitrousi et al., 2014), and the retirement age is 60 years. The

finding of this study suggest that the institution may still have more nurses who have potential to remain in the institution before their retirement age if the institution retains them.

4.3.2 Psychosocial work environment

The perceived psychosocial work environment will be discussed in terms of negative perception scores (grouped data) and single items.

4.3.2.1 NEGATIVE PERCEPTION SCORES CATEGORY 1 (GROUPED DATA)

- **Control of work pacing**

The results of this study had a mean score of 2.48 and $SD=0.70$; the nurse's responses indicated that they could not control their work pace or control the amount of time for mealtimes. The results revealed that nurses could not control their work pace, which included planning for emergencies, choice of mealtimes and hours of work at work. The hours of work are prescribed by the national Basic Conditions of Employment Act no 77 of 199; the act prescribes that all nurses should work a maximum of 40 hours per week.

The unpredictable nature of the mental health patients, who are psychotic and aggressive, can somehow make it impossible for their nurses to control their pace of work, as the patients' mental state is impaired (Greenglass & Burke, 2016). The unpredictable behaviours can range from suicidality, violence, and aggression (Mangoula et al., 2015). There is a reported shortage of psychiatric trained nurses in the country, as per the South African Nursing Council register of 2017, which reported that only 115 psychiatric trained nurses were registered in that year. The studies discussed support the results of this study.

4.3.2.2 NEGATIVE PERCEPTION SCORE CATEGORY 2 (GROUP ITEMS)

- **Quantitative demands**

The quantitative demands in this study had a mean score of 2.67 $SD=0.71$; the nurses' responses

revealed that, they perceived their workload as neither too much nor too little. The mental health working environment is perceived to be a less demanding area of work, with less physical work constraints (Qi et al., 2014). Some studies (Mangoula et al., 2015; Yada Lu et al., 2015) argued that the psychiatric work environment could be more emotionally draining as the nurses encounter many ethical dilemmas daily.

The same studies further attributed ethical dilemmas to patients who are admitted against their own rights due to poor insight; nurses are therefore required to make decisions on behalf of such patients (Mangoula et al., 2015; Yada et al., 2015). Another study revealed that increased work demands in psychiatry relates to high expectations from nurses by their superiors or rather poor involvement in decision making, which makes the environment too demanding emotionally (Conradie et al., 2017). Inadequate staffing (nurse to patient ratio) has been reported to be prevalent and has an implication on the workload amongst the mental health nurse (Sobekwa & Arunachallam, 2015).

- **Learning demands**

The results revealed that the nurses perceived their work as complex and required acquiring new knowledge and skills in their field. In order to improve the psychiatric work environment, programmes and training that enhance practical and personal problem-solving skills should be introduced (Tuvesson & Eklund., 2014). Staff and community attitudes need to be shifted through availing programmes and training that will improve their perception and attitude towards the mental healthcare environment (Petersen & Lund, 2011).

- **Role conflict**

Role conflict in this study revealed that nurses did not entirely understand their roles and perceived their work environment as conflictual in terms of individual roles and tasks. The sources of stress in psychiatry were lack of adequate resources in terms of material required to complete tasks, human resources, and infrastructure amongst its nurses, as it threatens their health and safety in their area of work (WHO, 2012). Incompatible demands and high expectations by the superiors or managers with limited resources have also been reported as a main factor in the psychiatric work environment (Conradie et al., 2017). Another study, which

supported the same findings, was done in Brazil (2014) and cited a wide range of challenges as reported by the nurses; this included working conditions relating to the physical structure, human resources (nurse/patient ratio), shift work and lack of psychological support and motivation (Marques de Lima et al., 2014). Clarity of the treatment programmes, encouragement of patients, and nurses to focus on feelings and personal problems amongst the patients were the main ingredients of improving the work environment (Tuveson, Eklund & Wann-Hansson 2011).

- **Control of decisions**

The work environment that excludes employees in decision making processes are reported to pose threats of acquiring mental illness amongst its employees and may not necessarily reach diagnosable stages (WHO, 2012). In this study, nurses perceived themselves as not in full control of decisions regarding the amount of work, who they work with and when to contact their patients. Another study, which was done to determine the factors that enhance therapeutic engagement in the practice environment of nurses working in an in-patient hospital, revealed that involvement of nurses in the governance of the hospital enhanced therapeutic relationships between nurses and patients (Roche, Duffield & White, 2011).

- **Predictability of work**

Predictability of work in this study was reported as negative; the nurses' responses revealed they could not predict the work environment, who they would be working with, or who would be their supervisors in two months' time. A study done to describe workplace culture of nurses in psychiatry in two psychiatric hospitals in Finland, revealed that the psychiatric work environment was predictable, as nurses perceived their work culture to be positive and were more likely remain in the same hospitals for a long time (Kurjenluoma et al., 2017).

The same study further reported that the older nurses were more satisfied with their work culture compared to the newly graduated nurses, which opens a door for management of the hospitals to empower young nurses. Age, nursing experience and satisfaction with salary have been reported to have a significant positive relationship with job satisfaction, and a significant negative relationship with turnover intentions (Alsaraireh, 2014). Female nurses, married

nurses and nurses with an associate nursing degree are reported to have higher job satisfaction than male nurses, single nurses and nurses with bachelor's degrees; this latter group had higher turnover intention ratio (Alsarairh, 2014).

- **Preference for challenge**

Nurses in this study reported that they never preferred the challenges brought by undertaking new tasks in their work environment. A study that was done amongst 27 nursing students in the Free State Province revealed that mental health was perceived as unpopular and unchallenging; student nurses reported they feared that they would not make use of previously acquired skills they had learned in general nursing (Jansen & Venter, 2015). The same study also cited slow prognosis of mental healthcare users as not challenging as they had to look after the same patients for a long period and the same patients being re-admitted over time.

- **Support from superior**

In this study, the nurses felt that the support from their superiors was not adequate; this is further supported by various literature as discussed. The nurses who have worked in psychiatry for many years perceived good support from their superiors compared to those less experienced (Kurjenluoma et al., 2017). Mental health nurses also perceived their relationship with the nursing management as distrustful and unsupportive; the nurses reported feeling criticized when they reported their views on interventions that could be helpful in preventing the issues of violence (Maluleke & van Wyk, 2017). Job satisfaction was reported to strongly correlate with respectful workplaces and supervisory support, and thus predicted nurses' turnover intentions and plans (Yanchus, Periard & Osatuke, 2016).

- **Empowering, fair leadership and problem solving**

This study discovered that nurses perceived the treatment from the leadership as unfair and felt disempowered to speak up and make informed decisions. A study by Jansen and Venter (2015) amongst undergraduate nursing students in the Free State Province, South Africa, with the purpose of identifying factors that prevents undergraduate nursing students from choosing psychiatry as a career, discovered that the psychiatric work environment was dominated by the unprofessional behaviour of nurses.

The same study reported such behaviours to be due to the use of alcohol and high absenteeism (abscondment) during working hours, without adequate disciplinary measures taken against the nurses who committed such acts (Jansen & Venter, 2015). The mental health nurses and nurse managers' behaviour was perceived as disempowering, as they did not act as role models (Jansen & Venter, 2015). As reported in the previous studies (Greenglass and Burke, 2016; Mangoula et al., 2015) the mental health work environment is unpredictable and mostly presenting with violence and aggressive behaviour, and institutional support through routine supportive therapies, debriefing sessions, motivation and a multidisciplinary approach in problem solving should be enforced (Fabri & Loyal, 2014).

- **Social climate**

The results revealed that the nurses perceived the social climate of their institution as less encouraging/supporting. The results also discovered that the majority (how many) of the nurses perceived their work environment's social climate as distrustful, suspicious and uncomfortable. Psychiatric nurses in Sweden reported dissatisfaction with regard to their relationship with management and strongly positively acknowledged work relationships with their peers or colleagues (Holmberg, Sobi & Calstro, 2016).

- **Innovative climate**

This result highlighted that nurses perceived the institutions innovative climate as moderate, i.e., they felt there was reasonable sufficient communication within different departments some of the times and were moderately encouraged to take initiatives within the same hospital. A comparative study done amongst mental health professionals from four health services in Canada revealed that job satisfaction was influenced by involvement in decision making; this was attributed to the fact that psychiatric nurses felt their expertise was acknowledged in their work environment (Fleury, Grenier & Bamvita, 2017). The study seems to suggest that good communication systems and involvement in decision making within the multidisciplinary team can improve the innovative climate in psychiatric nursing (Fleury et al., 2017).

- **Inequality**

Concerning inequality, the results showed a mean score of 2.52 and SD=1.09, which means that nurses perceived their work environment as not treating them fairly and equally most of the times, that is both males and females, older nurses, and younger ones. As already, discussed previously, older, and experienced nurses were reported more likely to be satisfied with their work environment in psychiatry compared to the less experienced young nurses (Kurjenluoma et al., 2017). Another study also described the psychiatric work environment as flexible and that there were no differences between professional nurses and other nursing categories concerning their perceived stress (Tuveesson, Eklund & Wann-Hansson, 2011). However, Holmberg et al. (2016) revealed that registered nurses were more satisfied with their work environment compared to the other nurses.

- **Human resource primacy**

The results in this study highlighted that the nurses perceived their institution as less rewarding (money, encouragement) for a job well done. They perceived their institution inadequately took care of their health and wellbeing and their work environment was not taking care of them well enough. A study done in Sweden amongst psychiatric nurses with the aim of investigating their job satisfaction revealed that nurses were satisfied with their work environment despite their dissatisfaction responses to their monetary compensations (Holmberg et al. 2016). There was a positive relationship in increased job satisfaction, age, salary, and nursing experience; this was attributed to the notion that peoples' accomplishments and goals become more meaningful as people mature (Alsaraireh et al., 2014).

Younger nurses were reported to be less satisfied with their accomplishments, professional support, salary, and prospects of promotion (Torkelson & Seed, 2011). A study done in Lebanon, in a tertiary care centre in 2010, with the aim of investigating the level of job satisfaction among nurses revealed that 50% of nurses who participated in the study were overworked and dissatisfied with their salaries, with limited autonomy and inadequate communications with their superiors (Kaddourah et al., 2013).

4.3.2.2 PSYCHOSOCIAL WORK ENVIRONMENT (SINGLE ITEMS)

- **Exposure to threats, bullying and harassment**

In this study, nurses reported evidence of bullying, threats and harassment in their work environment. A study done in an academic psychiatric hospital in Gauteng Province, South Africa (2018), with the aim of exploring bullying of psychiatric nurses amongst colleagues revealed that psychiatric nurses reported that nurses perceived aggression as subtle but harmful (Roets, Poggenpoel & Myburgh, 2018). The same study reported that psychiatric nurses experienced both verbal and non-verbal aggression from their colleagues, verbal aggression in the form of gossiping, backbiting.

Also, abuse of language barriers, cultural differences and non-verbal in the form of being ignored, being judged and aggressive body posture from their colleagues. The same study also revealed nurses reported no incidences of physical aggression (Roets, Poggenpoel & Myburgh, 2018). Psychiatric nurses reported experiencing doubtful, suspicious, and distrustful teams in their work environment. The effects of aggressive encounters led to nurses feeling demoralized and demotivated; these also led to self-blame and low self-esteem (Roets, Poggenpoel & Myburgh, 2018). The experience of aggression from colleagues resulted in having a negative impact on the patients' care, service provision and teamwork (Roets, Poggenpoel & Myburgh, 2018).

Another source of bullying in the mental health in-patient institutions was the behaviour of psychiatric patients who are violent due to substance use and abnormal mental state; this presents in the form of sexual violence, physical contact (assault, pushing) (Nguluwe et al., 2014). Female and young (less experienced) nurses are reportedly more vulnerable to the incidences of bullying (Maluleke & Van Wyk, 2017).

4.3.3. PERCEIVED STRESS SCALE

In this study, most of the nurses perceived their stress level as moderate whereas only a small number perceived a high stress level. Most of the nurses perceived their stress level as moderate (70.3%: n=45) and 13 nurses (20.3%) perceived high stress level, which was an area of concern

for this study. There was no significant difference between the nurses perceived stress levels of the less experienced (0-5 years) and those who were more experienced (6 years and above), as the majority between the two groups remained high in the moderate perceived stress levels. Many studies have reported that the high stress levels were found mainly between the young and inexperienced nurses (Kurjenluom et al., 2017; Torkelson & Seed, 2011). Another study also made the conclusion that nurses under the age of 35 years were more likely to have an intent to leave the psychiatric settings, and this was attributed to lower job satisfaction scores (Baum & Kagan, 2015). The impact of general stress on an individual's performance in their functioning areas of life has also been studied, and it is predicted that stress may lead to impairment in functioning, which will result in errors and injuries to that individual or core workers (WHO, 2010).

Several authors (Masa'deh, et al., 2017; Qi et al., 2014) have discovered that working in psychiatry has exposed nurses to high levels of stress compared to other nursing disciplines, namely oncology and Intensive Care Units. The factors leading to high levels of stress in the psychiatric work environment were found to be lack of inadequate infrastructure, human resources, and low control in decision-making (Marques de Lima et al., 2014). The unpredictable psychiatric settings, which are dominated by patients who may present with physical and emotional violent behaviours towards themselves or others including nurses, were among the factors of high levels of stress (Mangoula et al., 2015; Nguluwe, Havenga & Sengane, 2014). Complicated ethical dilemmas were also reported to be high in the psychiatric work environment; this included making complicated decisions on behalf of the mentally ill patients who could not consent to any reasonable decision due their mental state (Yada et al., 2015). Personnel stress factors, such as loneliness and marriage conflict, were also found to have an impact on the stress level perception of nurses in the workplace and linked to poor performance in their work-related tasks (Conradie et al., 2017). Effective and healthy anger management in their workplace was directly linked to job satisfaction; these were related to less risks of occupational stress (Kouchaki, Rezaei & Motagh, 2016) (Olatunde & Odusanya, 2015).

4.3.4 LOGISTIC REGRESSION

The study results revealed a strong significant correlation between stress and perceptions regarding the predictability of work especially with the next two years. This reveals that

uncertainty regarding the work environment is more likely to influence increased stress levels amongst nurses. Some studies have reported on job satisfaction and staff turnover in the psychiatric environment, it was revealed that experienced nurses were more likely to have higher job satisfaction scores and more likely to remain within the same institution compared to the less experienced nurses, i.e. if the certainty of the organization is predictable, it is likely that the institution may retain the more nurses (Alsaraireh, 2014; Kurjenluom et al., 2017).

4.4 SUMMARY

This chapter presented the results of the study by means of tables, pie and bar charts and by means of frequencies and percentages. The means and standard deviations were used to present data mainly from the grouped items. The chapter presented and discussed the sociographic revealed that most of the nurses (respondents) were females compared to males. The mean average age of the respondents was 32.5. Most the nurses were registered/professional nurses. Three respondents held a managerial position.

The perceived stress scale scores were presented as follows:

- Perceived Stress Scale (PSS) was mean score was 18.7 (standard deviation of 6.3). Many of the nurses showed moderate perceived stress, and the least of the respondents reported low perceived stress.
- The results of the perceived psychosocial environment were divided into two, the single and grouped items, depending on the responses and analysis. The single items that received negative responses were exposure to bullying, threats and harassment; on discussion, these items were discussed interchangeably.
- The grouped items were discussed after being divided according to the urgency of interventions based on the responses' mean value.
- Negative perception score: Urgent intervention required (Mean value of two and below). Only one group item fell in the category, control of work pacing.
- Negative perception score: No urgent intervention required (Mean score of 3 to 2). The items that fell under this category were quantitative and learning demands, role conflict and control of decisions, preference for challenge, and support from superiors, fair leadership, empowerment leadership and problem solving.

CHAPTER FIVE

SUMMARY, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

The summary, description, limitation of the study will be detailed in this chapter, with the conclusion discussed at the end.

5.2 SUMMARY OF THE STUDY

The purpose of the study was to describe the psychosocial work environment of psychiatric nurses in an in-patient psychiatric hospital, and their perception of their stressors. In order to achieve the purpose, three objectives were:

- 1) Describe how nurses in a psychiatric hospital perceive their psychosocial work environment.
- 2) Describe how the nurses perceive their stressors.
- 3) Identify the factors that are perceived to be contributing to the psychosocial work environment and stress.

Demographic profile of the respondents

The study results also show that the nursing profession is dominated by females as compared to the males, and mean was age of the respondents depicted that their working environment was dominated by young adults who still need more experience in the field. The dominating experience interval is between 1-5 years which may give an indication of high staff turnover or low retention rate of new nurses in the institution.

The psychosocial work environment

The overall perceptions of psychiatric nurses regarding their psychosocial environment as their responses were positive in most of the sections/ categories of the questionnaire. Furthermore, one of the areas of concern or negatively perceived was control of work pacing where nurses' responses emphasized that psychiatric work environment was unpredictable due to the nature of their patients, this emphasis is further supported by previous studies (Greenglass & Burke, 2016; Mangoula et al., 2015). The results also reveal that psychiatric nurses perceived their work environment as complex and needing a vast of knowledge and skills to best equip them to fit in, this emphasized that the institution should continue developing them with learning opportunities which will assist them in growing professionally. The results also further reveal that information regarding clarity of programmes and tasks is not adequately relayed to nurses. The results also reveal that their work environment was unpredictable in terms of what area of work they will be working and whom they will be working with which denotes that the psychiatric environment was dominated by sudden changes and high staff turnovers.

The results of the study also revealed that nurses perceived their roles as conflicting which emphasizes that they never understood their roles or what was entirely expected of them at work. Furthermore, this also includes incompatible work demands from their superiors with little information or skills and resources to undertake such task successfully. The results further reveal the nurses negatively perceived decisions made in their work environment, they felt excluded in decision making processes or rather imposed to them.

Then results also reveals that nurses also perceived their work environment as unfairly treating. The nurses had little trust in their managers or superiors which may indicate an element of favoritism which may be linked to issues of discrimination over the less and more experienced, cultural and gender differences (Maluleke & Van Wyk, 2017). Nurses perceived little trust within their superiors to look after the superiors in swift problem solving and looking after their organization in future.

The results also revealed an element of bullying and harassment in the workplace, this was revealed by positive responses on events of witnessing of colleagues being harassed and themselves reporting such bullying encounters in the last six months. Bullying in psychiatric

environment may be committed by the mentally ill patients and amongst colleagues, these maybe in the form of verbal, physical aggression, use of offensive language, offensive body posture and judgement (Roets, Poggenpoel & Myburgh, 2018). These incidences of bullying are detrimental to the psychological and wellbeing of the nurses as one of the previous studies has reported (Roets, Poggenpoel & Myburgh, 2018).

Perceived stress scale

In terms of the perceived stress, majority of the nurses (70.3%) (n=45) reported a moderate stress and 9.46% (n=6) reporting high or severe stress related to their work environment. This gives indication that psychiatric environment can be a stressful working environment, there study found no significant stress differences between gender and level of experience amongst nurses, this was done by applying a Mann Whitney-U test. It is important to note that previous studies have reported that high stress levels were reported mainly among young nurses and the less experienced as this category was found to have more intent to leave working in psychiatry than any other category (Kurjenluom et al., 2017; Torkelson & Seed, 2011).

In terms of factors of the factors that may be contributing to work environmental stress, logistical regression revealed a significant correlation between stress and predictability of work in the next two years, this suggests that being unaware of the future of their work environment in future contributed significantly to the nurses' stress levels. The Pearson correlation results revealed neither strong positive nor negative correlation between the subscales of the QPS Nordic questionnaire which signifies that there no relationships among those subscales.

5.3 LIMITATIONS

The study was conducted in only one specialized psychiatric hospital in Gauteng Province; therefore, the findings cannot be generalized to all psychiatric nurses within other provinces of South Africa. Data was collected using two questionnaires distributed at the same time. However, the QPS is a long questionnaire and the participants had to complete also the perceived stress scale questionnaire, this might have exhausted them, even though they completed both questionnaire at the comfort of their homes.

5.4 RECOMMENDATIONS

5.4.1 Recommendations for occupational health nursing practice in the inpatient mental health institutions.

The literature and the findings of this study describe the psychiatric work environment as a stressful and emotionally draining environment, as the mentally ill patients present with violent behaviour and aggression towards the nurses and other patients due to their unpredictable mental state (Greenglass & Burke, 2016). In this study, the results revealed that most of the respondents perceived stress level as moderate in their work environment, therefore the following recommendations are made:

- Nurses should utilize the therapeutic stress management programmes available with the hospital or department of health in order limit their occupational stress, i.e. the sources of their stressors need to be thoroughly explored and eliminated or substituted.
- Nurses should always report and keep records of any incidences of violence, bullying and threats of such nature through recommended channels within their hospital.
- Establish a routine support group amongst themselves at least once in a month, facilitated by a psychologist to allow nurses to ventilate and learn from shared experiences.
- Young and less experienced nurses should be supported, and their safety should be a priority in the environment. Experienced nurses should supervise them and encourage them not to work in isolation.

5.4.2 Recommendations for nursing services, hospital management and human resource.

The OHS Act no 85 of 1993, prescribes for employers to provide and maintain the health and safety of employees, protection of those employees from hazards that may arise from activities in connection with them carrying out their work. The nursing management should include nurses when they plan their staff rotation and future changes:

- To maintain proper and adequate staffing. Benchmark with other psychiatric institutions

- on nurse/patient staffing ratios taking into consideration gender and experience mix.
- Review of the working hours, remuneration and empowering nurses through learning, career development and recognition of excellence in the working environment.
 - Commitment to establishment of health and safety committees, that would assess and eliminate physical and psychosocial hazards where necessary.
 - Commitment to apply the WHO's Healthy Workplace model (2010) into practice in order to limit deterioration of the health and wellbeing of the nursing staff.
 - Review of policies that relate to employee bullying and enforce anonymous notifications of such incidences in the workplace.
 - The institution should also establish or assess the effectiveness of the existing Employee Assistant Programme.
 - Encourage empowering of the organizational culture and climate through multidisciplinary problem-solving techniques.
 - Establishment of an occupational health clinic with adequate resources in the institution that would assist and encourage health promotion and work life-balance.

5.4.3 Recommendations for nursing research

- This study was conducted in one specialized psychiatric hospital in the province, therefore similar studies can be adopted in other psychiatric hospitals within the province and across the country.
- There is scarcity of literature relating to nursing practices in the country; institutions should encourage adoption of evidence-based practices in the psychiatric work environment and should invest more on research to improve problem solving in their practice.

5.5 CONCLUSION

The psychiatric nurses described their psychosocial work environment as an unpredictable one, as it is not possible to plan for emergencies and control their work pacing. This is due to the unpredictable behavior of the mentally ill patients that may present as violence, aggression, assault, suicide. Furthermore, the psychiatric nurses described their psychosocial work

environment as less physically draining,

but emotionally draining due to many ethical dilemmas they encounter during their practice. The nurses perceived their environment as lacking in terms of learning and career development opportunities that related to their work and lacking in provision for adequate resources required for them to complete their tasks effectively, they expressed their roles as conflicted. Programme clarity, improvement in the physical structure, improvement in the nurse/patient ratio, provision of psychological support, motivation and accessible learning opportunities have been reported to improve understanding of nurses' roles (Marques de Lima et al., 2014; Tuveesson, Eklund & Wann-Hansson, 2011).

Nurses perceived their work environment as isolative regarding decision-making; the study revealed they were not included in decision-making processes and governance of the hospital. The nurses perceived the future of their work environment as moderately unpredictable; the factors relating to unpredictability in the work environment were identified as high staff turnover and inadequate support given to young graduates and less experienced nurses (Alsarairah, 2014). The nurses felt that the support from their superiors was inadequate. The nurses work environment was perceived as less challenging, which the literature attributed to the slow prognosis of the mentally ill patients and loss of learned skills from general nursing other than mental health (Jansen & Venter, 2015). The organizational climate according to the results was dominated by inequality, inconsideration of human resource primacy, unsupportive and less innovative management.

The nurses perceived their work environment as dominated by incidences of bullying, threats, and harassment; these were related to threats from patients and other colleagues. This gives the institution an opportunity to review its policies relating to bullying, and strict measures to be put in place and be accessible to all the nurses. Most nurses perceived their work environment stress as moderate, with a portion of the participants perceiving their stress levels as high. There was no difference between perceived stress of registered nurses and enrolled nursing assistants, or between the experienced and the less experienced nurses. The unpredictable work environment within two years as a factor was shown to increase perceived stress of the psychiatric nurses.

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LIST OF ANNEXURES

ANNEXURE 1: QPS NORDIC GENERAL QUESTIONNAIRE

QPSNordic

General Questionnaire for Psychological and Social Factors at Work

Nordic Council of Ministers

Project 42.50.01.01

Responding to the Questionnaire

On the following pages you will find questions and statements about your work and the organization where you work. The purpose of this questionnaire form is to collect the information needed to develop the work and the work environment.

Take your time in answering. Answers to most of the questions are given by circling the alternative which best describes your opinion.

For example:

	very seldom or <u>never</u>	rather <u>seldom</u>	some- <u>times</u>	rather <u>often</u>	very often or <u>always</u>
1. Do you have to hurry to get your work done?	1	2	3	4	5

1. PERSONAL BACKGROUND

1. Year of birth

2. Sex

Male

1

Female 2

3. Formal education (approx.length in years) Choose the appropriate alternative

- Comprehensive school (1-9 years) 1
- Secondary school/ vocational school(10-12 years) 2
- College degree (13-16 years) 3
- Higher university degree (more than 16 years) 4

4. Title of occupation

6. How long have you worked at your current position?

_____ years

7. Is your employment contract

- Permanent at the present company 1
- Temporary 2

8 Are you a contract worker?

- Yes 1
- No 2

9. Is your job a supervisory position?

- Yes 1
- No 2

10. How many hours do you usually work per week?

_____ hours

5a. How long have you worked for this organization?

_____ years

5b. In what department / section / unit do you work?

11. Which of the following best describes your workhour arrangements?

- Daytime 1
- Two shift work 2
- Three shift work 3
- Regular evening shift 4
- Regular night shift 5
- Other schedule, 6 what

1

2. JOB DEMANDS

	very seldom or <u>never</u>	rather <u>seldom</u>	some- <u>times</u>	rather <u>often</u>	very often or <u>always</u>
12. Is your work load irregular so that the work piles up?	1	2	3	4	5

13.	Do you have to work overtime?	1	2	3	4	5
14.	Is it necessary to work at a rapid pace?	1	2	3	4	5
15.	Do you have too much to do?	1	2	3	4	5
16.	Does your work require physical endurance?	1	2	3	4	5
17.	Does your work require quick decisions?	1	2	3	4	5
18.	Are your work tasks too difficult for you?	1	2	3	4	5
19.	Does your work require maximum attention?	1	2	3	4	5
20.	Does your work require great precision of movement?	1	2	3	4	5
21.	Are there interruptions that disturb your work?	1	2	3	4	5
22.	Does your work require complex decisions?.....	1	2	3	4	5
23.	Is your work monotonous?	1	2	3	4	5
24.	Do you have to repeat the same work procedure at intervals of a few minutes?	1	2	3	4	5
25.	Do you perform work tasks for which you need more training?	1	2	3	4	5
26.	Are your skills and knowledge useful in your work?	1	2	3	4	5
27.	Is your work challenging in a positive way?	1	2	3	4	5
28.	Do you consider your work meaningful?.....	1	2	3	4	5
29.	Does your job require that you acquire new knowledge and new skills?	1	2	3	4	5



2

30. Is it possible to have social contact with co-workers while you are

very seldom or never

rather seldom

some- times

rather often

very often or always

working? 1 2 3 4 5

31.	Have you been exposed to threats or violence at work during the last two years?	1	2	3	4	5
32.	Are errors in your work associated with a risk of personal injury?	1	2	3	4	5
33.	Are errors in your work associated with the risk of economical losses? ..	1	2	3	4	5

34. Does your job include contact with customers or clients?

- No 1
- Yes, mostly indirect contacts (by mail, telefax, e-mail, etc.) 2
- Yes, mostly direct contacts (face to face contact or by phone)? 3
- Yes, equally both direct and indirect contacts 4

If you answered "yes" (2, 3 or 4) please answer the following questions (35 - 37), otherwise, go to question 38.

-
very seldom or never

rather seldom

some- times

rather often

very often or always

35.	Does your work involve <u>personal</u> contact with customers or clients?	1	2	3	4	5
36.	Do you have to receive and handle complaints from customers or clients?	1	2	3	4	5

37.	Are you content with your ability to maintain a good relationship with your customers or clients?	1	2	3	4	5
-----	---	---	---	---	---	---



3. ROLE EXPECTATIONS

very seldom or never

rather seldom

some- times

rather often



very often or always

38.	Have clear, planned goals and objectives been defined for your job?	1	2	3	4	5
39.	Do you know what your responsibilities are?	1	2	3	4	5
40.	Do you know exactly what is expected of you at work?	1	2	3	4	5

3

very seldom or never

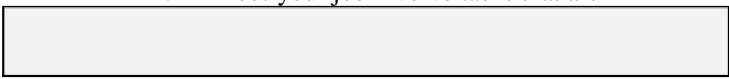
rather seldom

some- times

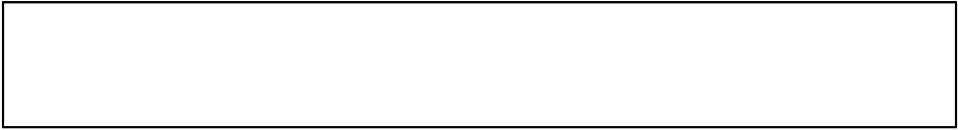
rather often

very often or always

41.	Do you have to do things that you feel should be done differently?	1	2	3	4	5
42.	Are you given assignments without adequate resources to complete them?	1	2	3	4	5
43.	Do you receive incompatible requests from two or more people?	1	2	3	4	5
44.	Does your job involve tasks that are in					



	conflict with your personal values?	1	2	3	4	5
--	--	---	---	---	---	---



4. CONTROL AT WORK

		very seldom or <u>never</u>	rather <u>seldom</u>	some- <u>times</u>	rather <u>often</u>	very often or <u>always</u>
45.	If there are alternative methods for doing your work, can you choose which method to use?	1	2	3	4	5
46.	Can you influence the amount of work assigned to you?	1	2	3	4	5
47.	Can you set your own work pace?	1	2	3	4	5
48.	Can you decide yourself when you are going to take a break?	1	2	3	4	5
49.	Can you decide the length of your break?	1	2	3	4	5
50.	Can you set your own working hours (flexitime)?	1	2	3	4	5
51.	Can you influence decisions concerning the persons you will need to collaborate with?	1	2	3	4	5
52.	Can you decide when to be in contact with clients?	1	2	3	4	5
53.	Can you influence decisions that are important for your work?	1	2	3	4	5

5. PREDICTABILITY AT WORK

very seldom or
never

rather seldom

some- times

rather often



very often or always

54.	Do you know in advance what kind of tasks to expect a month from now?	1	2	3	4	5
55.	Do you know in advance who will be your co-workers a month from now?	1	2	3	4	5
56.	Do you know in advance who will be your superior a month from now? ...	1	2	3	4	5
57.	Is it necessary to demonstrate your ability and competence to others in order to be assigned to attractive tasks or projects?	1	2	3	4	5
58.	Do you feel that you have someone or an organization which looks after your interest?	1	2	3	4	5
59.	Are there rumors concerning changes at your workplace?	1	2	3	4	5
		very little or <u>not at all</u>	rather <u>little</u>	some- <u>what</u>	rather <u>much</u>	very <u>much</u>
60.	Do you know what is required in order for you to get a job that you consider attractive in 2 years?	1	2	3	4	5
61.	Do you know what has to be learned and which new skills have to be acquired in order for you to maintain a job that you consider attractive in 2 years?	1	2	3	4	5
62.	Are you confident that, in 2 years from now, you will have a job that you consider as attractive as your present job?.....	1	2	3	4	5

		very little or <u>not at all</u>	rather <u>little</u>	some- <u>what</u>	rather <u>much</u>	very <u>much</u>
63.	Do you prefer the challenge presented by taking on new work tasks often?	1	2	3	4	5
64.	Do you prefer the challenge presented by working with new co-workers / colleagues?	1	2	3	4	5
65.	Do you prefer the challenge presented by working in different places?	1	2	3	4	5

5

MASTERY OF WORK

very seldom or never

rather seldom

some- times

rather often

very often or always

66.	Are you content with the quality of the work you do?	1	2	3	4	5
67.	Are you content with the amount of work that you get done?	1	2	3	4	5
68.	Are you content with your ability to solve problems at work?	1	2	3	4	5
69.	Are you content with your ability to maintain a good relationship with your co-workers at work?	1	2	3	4	5
70.	Do you get information about the quality of the work you do?	1	2	3	4	5
71.	Can you yourself immediately asses whether you did your work well?	1	2	3	4	5

7. SOCIAL INTERACTIONS

Social support

	very seldom or <u>never</u>	rather <u>seldom</u>	some- <u>times</u>	rather <u>often</u>	very often or <u>always</u>
72. If needed, can you get support and help with your work from your co-workers?	1	2	3	4	5
73. If needed, can you get support and help with your work from your immediate superior?	1	2	3	4	5
74. If needed, are your co-workers willing to listen to your work-related problems?	1	2	3	4	5
75. If needed, is your immediate superior willing to listen to your work-related problems?	1	2	3	4	5
76. If needed, can you talk with your friends about your work-related problems?	1	2	3	4	5

	very seldom or <u>never</u>	rather <u>seldom</u>	some- <u>times</u>	rather <u>often</u>	very often or <u>always</u>
77. If needed, can you talk with your spouse or any other close person about your work-related problems? ..	1	2	3	4	5
78. Are your work achievements appreciated by your immediate superior?	1	2	3	4	5
79. Have you noticed any disturbing conflicts between co-workers?	1	2	3	4	5

	very little or <u>not at all</u>	rather <u>little</u>	some- <u>what</u>	rather <u>much</u>	very <u>much</u>
80. Do you feel that your friends/ family can be relied for support when things get tough at work?	1	2	3	4	5

Bullying and harassment

Bullying (harassment, mental violence, badgering, niggling, offending somebody) is a problem at some work-places and for some workers. To label something bullying the offensive behavior has to occur repeatedly over a period of time, and the person confronted has to experience difficulties defending himself/ herself. The behavior is not bullying if two parties of approximately equal "strength" are



9. ORGANIZATIONAL CULTURE

	<i>What is the climate like in your work unit?</i>	very little or <u>not at all</u>	rather <u>little</u>	some- <u>what</u>	rather <u>much</u>	very <u>much</u>
92.	Competitive	1	2	3	4	5
93.	Encouraging and supportive	1	2	3	4	5
94.	Distrustful and suspicious	1	2	3	4	5
95.	Relaxed and comfortable	1	2	3	4	5
96.	Rigid and rule-based	1	2	3	4	5



		very seldom or <u>never</u>	rather <u>seldom</u>	some- <u>times</u>	rather <u>often</u>	very often or <u>always</u>
97.	Do workers take initiatives at your workplace?	1	2	3	4	5
98.	Are workers encouraged to think of ways to do things better at your workplace?	1	2	3	4	5
99.	Is there sufficient communication in your department?	1	2	3	4	5

		very little or <u>not at all</u>	rather <u>little</u>	some- <u>what</u>	rather <u>much</u>	very <u>much</u>
100.	Have you noticed any inequalities in how men and women are treated at your workplace?	1	2	3	4	5
101.	Have you noticed any inequalities in how older and younger employees are treated at your workplace?	1	2	3	4	5

102.	At your organization are you rewarded (money, encouragement) for a job well done?	1	2	3	4	5
103.	Are workers well taken care of in your organization?	1	2	3	4	5

104.	To what extent is the management of your organization interested in the health and well-being of the personnel?	1	2	3	4	5
------	---	---	---	---	---	---

10. INTERACTION BETWEEN WORK AND PRIVATE LIFE

		very seldom <u>or never</u>	rather <u>seldom</u>	some- <u>times</u>	rather <u>often</u>	very often or <u>always</u>
105.	Do the demands of your work interfere with your home and family life?	1	2	3	4	5
106.	Do the demands of your family or spouse / partner interfere with your work related activities?	1	2	3	4	5

9

11. WORK CENTRALITY

107. Assign a total of 100 points to indicate how important the following areas are in your life at the present time

a. Leisure (such as hobbies, sports, recreation, and contact with friends).....

b. Community (such as voluntary organizations, trade unions and political organization).....

c. Work.....

d. Religious activities and beliefs.....

e. Family.....

100 total

108. How important and significant is working in your life as a whole?

One of the least important things in my life	1	2	3	4	5	6	7	One of the most important things in my life
--	---	---	---	---	---	---	---	---

12. COMMITMENT TO THE ORGANIZATION

The following statements deal with organizational commitment. Please indicate the extent to which you personally agree or disagree with each of these statements.

		<u>disagree totally</u>	<u>disagree to some extent</u>	<u>indif- ferent</u>	<u>agree to some extent</u>	<u>agree totally</u>
109.	To my friends I praise this organization a great place to work.....	1	2	3	4	5
110.	My values are very similar to the organization's values.....	1	2	3	4	5
111.	This organization really inspires me to give my very best job performance.	1	2	3	4	5

10

3. GROUP WORK

no yes

112. Do you belong to a permanent working group or team? 1 2

If you answered "yes" please answer the following questions (113 - 116), otherwise, go to question 117.

		<u>very little or not at all</u>	<u>rather little</u>	<u>some- what</u>	<u>rather much</u>	<u>very much</u>
113.	Do you appreciate belonging to this group or team?	1	2	3	4	5
		<u>very seldom or never</u>	<u>rather seldom</u>	<u>some- times</u>	<u>rather often</u>	<u>very often</u>
114.	Is your group or team work flexible?	1	2	3	4	5
115	Is your group or team successful at problem solving?	1	2	3	4	5

116.	How often does your group or team have group or team meetings?	1	2	3	4	5
------	--	---	---	---	---	---

14. WORK MOTIVES

<i>How important are the following considerations in relation to your ideal job</i>		<u>un- impor- tant</u>	<u>not so impor- tant</u>	<u>rather impor- tant</u>	<u>very impor- tant</u>	<u>abso- lutely neces- sary</u>
117.	To develop my own personality	1	2	3	4	5
118.	To have good pay and material benefits	1	2	3	4	5
119.	To have a peaceful and orderly job .	1	2	3	4	5
120.	To get a sense of accomplishing something worthwhile	1	2	3	4	5
121.	That the work is secure and provides regular income	1	2	3	4	5
122.	To have a safe and healthy physical work environment	1	2	3	4	5
123.	To be able to put my imagination and creativity to good use at work ...	1	2	3	4	5

THANK YOU!

ANNEXURE 2: PERCEICED STRESS SCALE

Perceived Stress Scale

The questions in this scale ask you about your feelings and thoughts **during the last month**. In each case, you will be asked to indicate by circling *how often* you felt or thought a certain way.

Name _____

Date _____

Age _____

Gender (*Circle*): **M** **F** Other _____

0 = Never Often **1 = Almost Never** **2 = Sometimes** **3 = Fairly Often** **4 = Very Often**

1.	In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2.	In the last month, how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
3.	In the last month, how often have you felt nervous and "stressed"?	0	1	2	3	4
4.	In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
5.	In the last month, how often have you felt that things were going your way?	0	1	2	3	4
6.	In the last month, how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
7.	In the last month, how often have you been able to control irritations in your life?	0	1	2	3	4
8.	In the last month, how often have you felt that you were on top of things?	0	1	2	3	4
9.	In the last month, how often have you been angered because of things that were outside of your control?	0	1	2	3	4
10.	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

Please feel free to use the *Perceived Stress Scale* for your research.

ANNEXURE 3: INFORMATION LEAFLET FOR THE STUDY'S PARTICIPANTS AND CONSENT

PSYCHOSOCIAL WORK ENVIRONMENT AND PERCEIVED STRESS FACTORS OF PSYCHIATRIC NURSING STAFF IN AN IN-PATIENT CARE HOSPITAL

Greetings

My name is Takalani Jeffrey Mashadzha, a student at the University of the Witwatersrand enrolled for a master's degree in Occupational Health Nursing. I am conducting a study as part of the requirements for my studies, on **PSYCHOSOCIAL WORK ENVIRONMENT AND PERCEIVED STRESS FACTORS OF PSYCHIATRIC NURSING STAFF IN AN IN-PATIENT CARE HOSPITAL** and will be conducted in South Africa, Gauteng province.

Before you decide, it is important to understand why this study is being conducted and what it involves. Please take time to read the information, it explains briefly what the study seeks to achieve.

The main purpose of the study is to investigate the psychosocial work environment and perceived stressors of nurses in a psychiatric hospital.

The objective is to investigate how nurses in psychiatric hospital perceive their psychosocial work environment and perceive their stressors.

The study focuses on all the nurses permanently Tara Hospital for a minimum of 6 months should you wish to take part in this research.

Participation in the study is purely voluntary and no penalties will be imposed on you should you decide not to participate. If you wish to participate, please sign the consent form and complete the questionnaire. Permission to conduct the study has been sought from the relevant departments and approval is granted. Arrangements have been made with Ms. Rebecca Coetzee to counsel respondents who experience emotional distress although not expected (Telephone; 0114884268).

The study comprises of two questionnaires namely, QPS Nordic general questionnaire (which measures the psychosocial aspects of the work environment) and perceived stress scale (it is a measure of the degree to which situations in one's life are appraised as stressful) which participants will complete individually, this may take an hour to complete. The meeting will be organized with the hospital management to hold a briefing meeting with the entire population of nursing to give details of the study. Completed questionnaires will be placed in a box posted in each ward and will be collected after a week. Both questionnaires will be numbered and no names of participants will therefore appear on each questionnaire to maintain anonymity and confidentiality. Completion of both the questionnaires may take less than 45 minutes.

Please feel free to contact me for further information on my cell phone number; 0769441882 or email; takalani.mashadzha@students.wits.ac.za. My Supervisor: Dr Mafutha on (011) 488 3094 during office hours.

If any doubts exists please contact Ms Zanele Ndlovu, Mr Lebo Moeng or Mr Rhulani Mkansi, Faculty of Health Sciences, Phillip Tobias Building, Offices 301,302 and 3014, 3rd Floor, 29 Princess of Wales Terrace, Parktown, 2193.Email: HREC-Medical.ResearchOffice@wits.ac.za; Zanele.Ndlovu@wits.ac.za; lebo.moeng@wits.ac.za; Rhulani.Mkansi@wits.ac.za, Tel 011 717 1232/1252/2656/2700.

Yours faithfully

List all of you here with your student numbers

MR TJ MASHADZHA

STUDENT NUMBER: 0602271H

ANNEXURE 4: PERMISSION TO CONDUCT RESEARCH STUDY FROM THE HOSPITAL



DEPARTMENT OF HEALTH

TARA the H. Moross Centre

✉ Private Bag X7
RANDBURG 2125

☎ (011) 535-3001

☎ (011) 535-3026

Ronelle.Price-Hughes@Gauteng.gov.za

MEMORANDUM

TO: DR F.A OTIENO – CEO TARA HOSPITAL

CC: DR T. MADIGOE – CLINICAL HEAD

FROM: DR. R. PRICE-HUGHES – CHAIRPERSON TARA RESEARCH COMMITTEE

DATE: 11 OCTOBER 2018

SUBJECT: REQUEST FOR APPROVAL FOR MR TAKALANI MASHADZHA (INVESTIGATOR), MRS AGNESS HUISKAMP(SUPERVISOR) AND DR NOKUTHULA GLORIA MAFUTHA (SUPERVISOR) TO CONDUCT A RESEARCH STUDY AT TARA HOSPITAL
(NHRD PROPOSAL DETAILS: GP_201810_003)

1. Purpose

The purpose of the application is to request permission for Mr Mashadzha to conduct research at Tara Hospital under the supervision of Dr Mafutha and Mrs Huiskamp.

2. Background

The title of the study is **PERCEIVED PSYCHOSOCIAL WORK ENVIRONMENTAL FACTORS AND PERCEIVED STRESS OF PSYCHIATRIC NURSES IN AN IN-PATIENT CARE HOSPITAL** and is part of a MSc degree in Nursing. It is a quantitative cross-sectional survey and data will be collected by two self-administered questionnaires. The study will hopefully make the hospital managers aware of the psychosocial work environment and perceived stressors as experienced by the nurses and enable the management to find methods to improve the psychosocial work environment of these nurses. The study will also investigate the occupational challenges which are experienced by nurses in their work environment and thus assist the management in delivering relevant therapeutic interventions in relation to occupational health.

3. Motivation

As Tara Hospital, it is important that we encourage and support researchers requesting to conduct studies in our hospital to improve the quality of research and ultimately the care of our patients. This particular study will hopefully also assist the management to improve the work environment for our nursing staff.

— Request permission to conduct research: Mr Takalani Mashadzha (NHRD: GP_201810_003)

The request has been discussed at the Tara Research Committee meeting and there were no objections to the research project. Concerns were raised that the investigator might struggle to enroll the planned number of participants and these concerns were forwarded to the investigator. Provisional study approval (pending approval from Tara Hospital) has been obtained from the University of Witwatersrand Human Research Ethics Committee.

4. Financial implications

No costs will be incurred by either the institution or the individual participants.

5. Recommendations

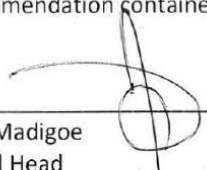
In view of the above it is recommended that permission is granted for Mr Mashadzha to conduct his research study at Tara Hospital.

Proposer


12.10.2018
Dr. R. Price-Hughes
Chairperson Tara Research Committee


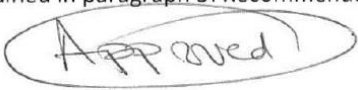
Comments:

Recommendation contained in paragraph 5: Recommended / Not recommended / As amended


Dr. T. Madigoe
Clinical Head
Date: 16/10/18

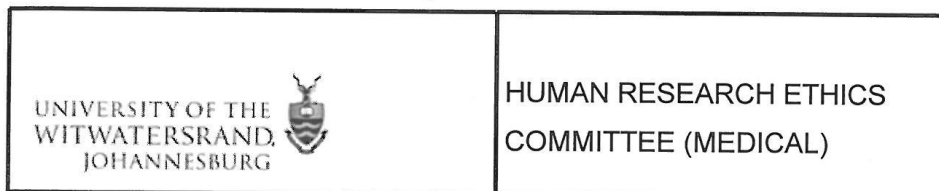
Comments:

Recommendation contained in paragraph 5: Recommended / Not recommended / As amended



Dr. F. A. Otieno
Chief Executive Officer
Date: 16/10/18

— Request permission to conduct research: Mr Takalani Mashadzha (NHRD: GP_201810_003)

**ANNEXURE 5: ETHICAL CLEARANCE CERTIFICATE HUMAN RESEARCH
ETHICS COMMITTEE AT THE UNIVERSITY OF THE WITWATERSRAND**



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

TO: Mr TJ Mashadzha and Ms A Huiskamp
School of Therapeutic Sciences
Department of Nursing Education
Medical School
University

E-mail: 0602271H@students.wits.ac.za

CC: Supervisor: Dr N Mafutha <Nokuthula.Mafutha@wits.ac.za>
and <HREC-Medical.ResearchOffice@wits.ac.za>

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

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

DATE: 04/12/2018

REF: R14/49

PROTOCOL NO: M180859 (*This is your ethics application study reference number. Please quote this reference number in all correspondence relating to this study*)

PROJECT TITLE: *Psychosocial work environment factors and perceived stress of psychiatric nurses in an in-patient care hospital*

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.


MSWorks2000/Iain0007/Clearscan.wps

ANNEXURE 6: POSTGRADUATE APPROVAL OF THE STUDY

UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG



Private Bag 3 Wits, 2050

Tel: 02711 7172076

Reference: Mrs Sandra Benn
E-mail: sandra.benn@wits.ac.za

27 August 2020
Person No: 0602271H
PAG

Mr TJ Mashadzha
50 Saxon Road
Hurlingham
Sandton
2196
South Africa

Dear Mr Takalani Mashadzha

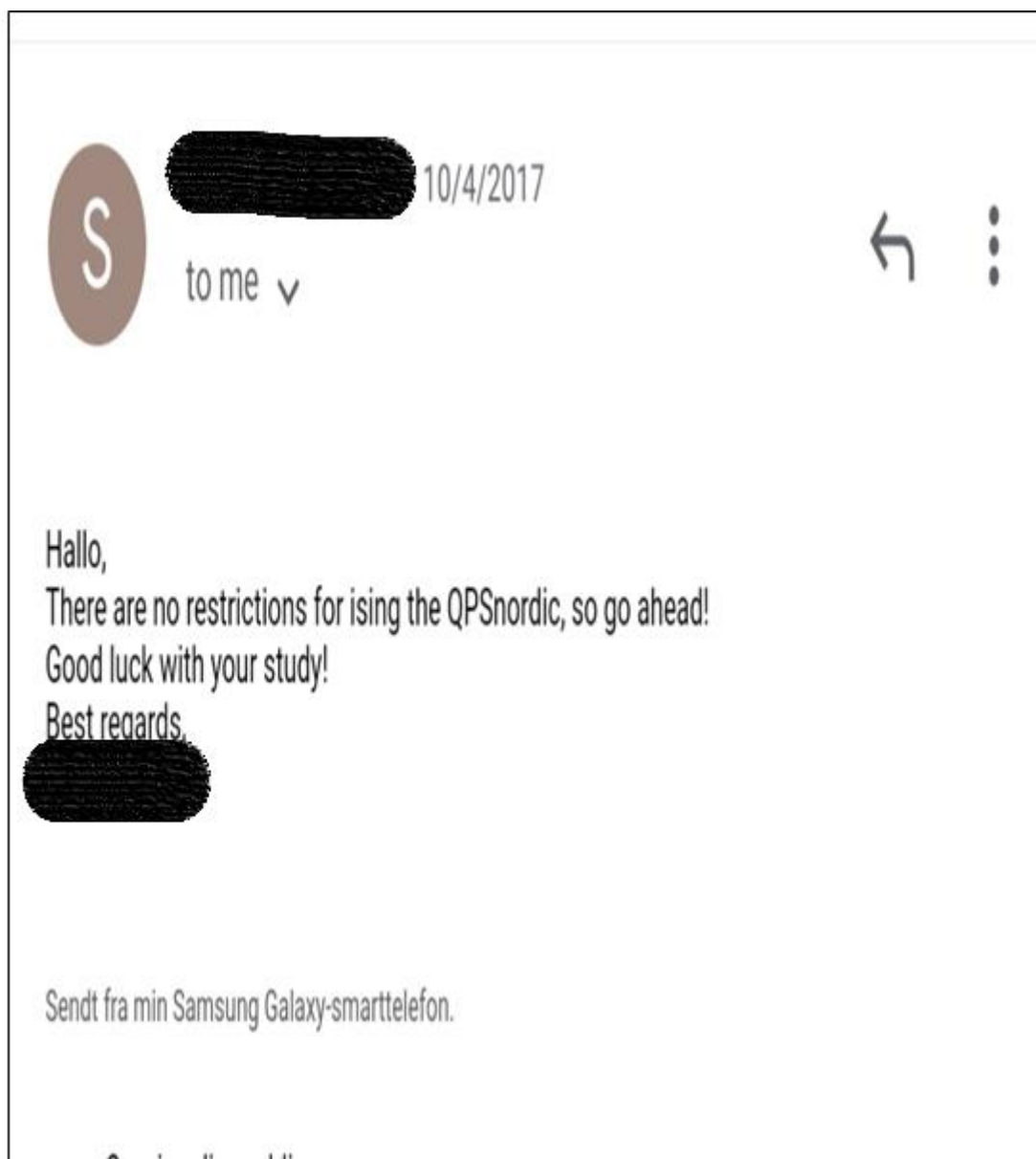
Master of Science in Nursing: Approval of Title

We have pleasure in advising that your proposal entitled *PERCEIVED PSYCHOSOCIAL WORK ENVIRONMENTAL FACTORS AND PERCEIVED STRESS OF PSYCHIATRIC NURSES IN AN IN-PATIENT CARE HOSPITAL* has been approved. Please note that any amendments to this title have to be endorsed by the Faculty's higher degrees committee and formally approved.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Sandra Benn', with a horizontal line underneath.

ANNEXURE 7: PERMISSION TO USE THE QPS NORDIC GENERAL QUESTIONNAIRE



ANNEXURE 8: PERMISSION FOR USE OF THE PERCEIVED STRESS SCALE QUESTION

PERMISSION FOR USE OF THE PERCEIVED STRESS SCALE

I apologize for this automated reply. Thank you for your interest in our work.

PERMISSION FOR USE BY STUDENTS AND NONPROFIT ORGANIZATIONS: If you are a student, a teacher, or are otherwise using the Perceived Stress Scale (PSS) without making a profit on its use, you have my permission to use the PSS in your work. Note that this is the only approval letter you will get. I will not be sending a follow-up letter or email specifically authorizing you (by name) to use the scale.

PERMISSION "FOR PROFIT" USE: If you wish to use the PSS for a purpose other than teaching or not for profit research, or you plan on charging clients for use of the scale, you will need to see the next page: "Instructions for permission for profit related use of the Perceived Stress Scale".

QUESTIONS ABOUT THE SCALE: Information concerning the PSS can be found at <https://www.cmu.edu/dietrich/psychology/stress-immunity-disease-lab/index.html> (click on [coalesc](#) on the front page). Questions about reliability, validity, norms, and other aspects of psychometric properties can be answered there. The website also contains information about administration and scoring procedures for the scales. Please do not ask for a manual. There is no manual. Read the articles on the website for the information that you need.

TRANSLATIONS: The website (see URL above) also includes copies of translations of the PSS into multiple languages. These translations were done by other investigators, not by our lab, and we take no responsibility for their psychometric properties. If you translate the scale and would like to have the translation posted on our website, please send us a copy of the scale with information regarding its validation, and references to relevant publications. If resources are available to us, we will do our best to post it so others may access it.

Good luck with your work.



Sheldon Cohen
Robert E. Doherty University Professor of Psychology
Department of Psychology
Baker Hall 335-D
Carnegie Mellon University
Pittsburgh, PA 15213

INSTRUCTIONS FOR PERMISSION FOR PROFIT RELATED USE OF PERCEIVED STRESS SCALE

Profit related use of the Perceived Stress Scale requires the permission of both the American Sociological Association (ASA) and the author (S. Cohen).

The author (S. Cohen) will grant you permission to use the PSS in printed questionnaire form, for a one-time fee of (USD) \$200. If you plan to use it online or in an app, the fee is \$200 per year. A lifetime permission is \$900. If you are making a bank transfer (notify us and we will provide information) or through a check or money order in foreign currency, the fee is \$230 USD. Our charge supports the documentation of the scale on our website (<https://www.cmu.edu/dietrich/psychology/stress-immunity-disease-lab/index.html>, click on scales on front page) and handling of copyright requests.

The check should be made payable to:

Sheldon Cohen, 155 Lakeside Road, Pittsburgh, PA 15238-1707, USA.

Permission requires your completing a short form for the American Sociological Association (ASA), and paying their required fee (I think \$25 for the page). The ASA form must be signed by me before submission to them.

Requests for copyright permission may use the [online form](#). Please complete the form and send it to us (with appropriate payment as discussed above) for a signature. After receiving the form and payment, we will return the signed form to you for submission to ASA with their payment.

Please let us know if you have any questions about the scale or its interpretation. We wish you the best of luck with your project.

Sheldon Cohen
scohen@cmu.edu

ANNEXURE 9: CONTENT AREAS AND SCALES OF THE QPS NORDIC QUESTIONNAIRE

Table 4. *The organization and content of scales and single items in the question*

Num eo	CONTENT AREA AND SCALE	Level of measurement ¹⁾	ITEMS ²⁾ (see appendix for item list)	N of items
	Quantitative demands	T	q12, q13, q14, q15	4
	Decision demands	T	q17, q19, q22	3
	Learning demands	T	q18, q25, q29	3
--	Single items		q16, q20, q21, q23, q24, q30, q31, q32, q33, q34, q35, q36, q37	13
	Role clarity	T	q38, q39, q40	3
	Role conflict	T	q41, q42, q43	3
--	Single items		q44	1
	Positive challenge at work	T	q26, q27, q28	3
	Control of decision	T	q45, q46, q51, q52, q53	5
	Control of work pacing	T	q47, q48, q49, q50	4
	Predictability during the next month	T	q54, q55, q56	3
	Predictability of next two years	I	q60, q61	2
	Preference for challenge	I	q63, q64, q65	3
--	Single items		q57, q58, q59, q62	4
	Perception of mastery	I	q66, q67, q68, q69	4
--	Single items		q70, q71	2
	Support from superior	SO	q73, q75, q78	3
	Support from coworkers		q72, q74	2
	Support from friends and relatives	SO	q76, q77, q80	3
	Bullying and harassment (single items)	SO	q81, q82a, q82b, q83	4
--	Single item		q79	1
	Empowering leadership	SO	q84, q85, q86	3
	Fair leadership	SO	q89, q90, q91r	3
--	Single items		q87, q88	2
9	Social climate	SO	q93, q94r, q95	3
	Innovative climate	SO	q97, q98, q99	3
	Inequality	SO	q100, q101	2
	Human resource primacy	SO	q102, q103, q104	3
--	Single items		q92, q96	2
1	Single items	I	q105, q106	2
	Single items	I	q107c, q108a, q108b	3
	Single items	I	q107a, q107b, q107d, q107e	4
	Single items	I	q109, q110, q111	3
	Single items	SO	q113, q114, q115	3
--	Single items		q112, q116	2
	Intrinsic motivation to work	I	q117, q120, q123	3
	Extrinsic motivation to work	I	q119, q121, q122	3
--	Single items		q118	1
	Number of items included in scales			80
	Number of single items			38
	Number of background items			11
	Total number of items			129

1) T = task level, SO = social and organizational level, I = individual level

2) q = question