THE FACTORS INFLUENCING JOB SATISFACTION OF NURSES WORKING

IN A PROVINCIAL PSYCHIATRIC HOSPITAL IN THE WESTERN CAPE

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A mini-thesis submitted in partial fulfillment of the requirements for the degree of

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Nursing, University of the Western Cape, Bellville.

UNIVERSITY *of the*
WESTERN CAPE

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KEYWORDS

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Job satisfaction

Job stress

Burnout

Psychiatric nurses

Psychiatric hospital

Hospital stress

Provincial hospital

ABSTRACT

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M.Cur minithesis, in the Department of Nursing, University of the Western Cape.

Much evidence exists that nurses are leaving the public health sector for the private sector, or leaving the country to seek better working conditions and higher salaries. Studies conducted on the job satisfaction of nurses are proof that there is a need to know more about the factors that influence their sense of job satisfaction. Most of these studies focus on the general nursing context. Due to its unique circumstances, many studies abroad have identified the field of psychiatric mental health nursing to investigate job satisfaction of nurses. The minithesis is an attempt to fill the gap that exists in job satisfaction studies in South Africa of nurses in a provincial psychiatric hospital.

The study was a cross sectional, correlational, survey design study. The instrument was a self-administered questionnaire, combining a quantitative questionnaire with one qualitative open-ended question. The study was conducted on nurses of all categories in a provincial psychiatric hospital in the Western Cape. Sixty- eight nurses participated in the study.

The data was analyzed statistically using the SAS v9 statistical software and Statistical Package for Social Sciences (SPSS). The open-ended question was analyzed qualitatively.

The results revealed that the participating nurses were dissatisfied with remuneration, recognition and appreciation, training and development, as well as benefits and incentives. Nurses were most satisfied with supervision and support, interpersonal relationships, and rendering patient care.

The study identified the factors influencing job satisfaction and job dissatisfaction of nurses in a provincial psychiatric hospital. Recommendations were made based on the results of the research.

November 2008

DECLARATION

I, the undersigned, hereby declare that the work contained in *The Factors influencing job satisfaction of nurses working in a Provincial Psychiatric hospital in the Western Cape*, is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have consulted have been indicated and acknowledged by complete references.

Shenaaz Mohadien

Signed:…..

Date: November2008

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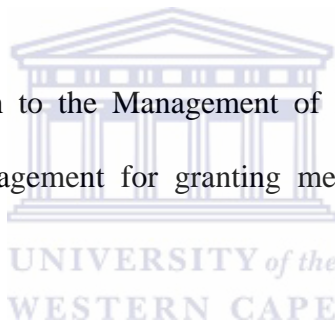
The Department of Health, and the Democratic Nursing Organization of South Africa (DENOSA), for their financial assistance.

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Most of all, all the participants for their valuable contribution, without whom the research would not be possible.

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CHAPTER 1

INTRODUCTION AND BACKGROUND

1.1   Introduction

A shortage of qualified nurses is a problem throughout the world. Opportunities for nurses are broadening globally, and individual nurses are leaving their current positions to seek better opportunities. As turnover increases, there is a constant need to fill vacancies as nurses are leaving. Global changes have a direct influence on politics, government restructuring, and, in turn, on hospital organization and nursing management. According to Gordon (2005), governments in many countries, such as Canada, Western Europe, Australia and New Zealand, have been implementing cost-cutting strategies in health care. Nurses are required to adjust to these changes. They have no control over the changes imposed onto them, and are constantly required to adjust to it without having any say in their own destiny (Ford & Walsh, 1995; Gordon, 2005).   In South Africa, and many parts of the world, nurse shortages are further compounded by population growth and changing health needs, such as the HIV/AIDS pandemic.

The South African Health Care System has undergone drastic changes over the past two decades with the development of new health plans, policies, and legislation. The reforms of the public health sector have, and still are, affecting the human resource aspects of health care in the country. Combined with the changing health status of the country, the health professions were subsequently reorganized and regulated accordingly**,** bringing with it major issues and challenges, from broader external political powers, as well as from within the nursing profession itself. Such reforms put nurses under extreme pressure,

stretching themselves to the limit as they are constantly trying to adjust to reforms (Mabena, 2006; van Rensburg, 2004, pp. 110-113).

1.2 Background

Nurses from different countries, despite the different health care systems, share similar problems and have been engaging in strikes in protest of their working conditions, work overload, and poor pay. In the United States of America, nurses in Nevada went to work in pyjamas to protest against working excessive overtime. In California, nurses lobbied for safer staff/patient ratios. British, Canadian, Polish, Australian, French, and Swiss nurses, all protested for better remuneration, respect, and working conditions (Gordon, 2005). The very recent public service strike of June 2007 illustrates the dissatisfaction of South African nurses, particularly with regard to remuneration. It was the longest public service strike in South African history, and lasted 28 days. The strike was greatly supported by the rest of the South African working class for an increase in salary (Slaughter, 2007).

1.2.1 Nurse shortages

According to Job Opportunities (n.d.) in August 2006, it was estimated that by 2020, there would be a shortage of 800,000 nurses worldwide. With 100,000 vacant posts, the resulting gap left becomes more difficult to fill (Job Opportunities, n.d.). The Democratic Nursing Organization of South Africa (DENOSA), states that there are 52 574 (31%) vacant nursing posts in South Africa, and 2 133 (13,8%) in the Western Cape (More nurses equal better care, n.d.).   Rispel (as cited in van Rensburg, 2004, p. 334),

accordingly states that "It is apparent from the large number of nurses who are leaving nursing that there is widespread dissatisfaction".

Much evidence exists that the nursing workforce is depleting. According to Mangel (2006, p. 1), the Department of Health continues to attempt to fill the gap by advertising vacancies, stating that: "About 25% (2 293) of all government posts advertised in the third quarter of 2006 were for healthcare professionals". Forming the majority of all health professionals, the nursing component appear to be most affected by the shortages.

Nurses often seek better opportunities in wealthier countries. In South Africa, nurses leave to fill the shortage in these wealthier countries. This results in a severe shortage of nurses in the country from which nurses emigrate. In America, South African and Indian nurses are filling the shortage left by American nurses. Many South African nurses also choose to go to the United Kingdom. Zimbabwe is the second biggest provider of nurses to the United Kingdom. More than 300 nurses are leaving the country every month, depleting the South African nursing workforce (Gordon, 2005; Mabena, 2006; Mangel, 2006).

1.2.2 Occupational Specific Dispensation for Nurses

Reforms in the public health sector continued in the form of revised remuneration for nurses. Following a major Public Service strike in June 2007, salary adjustments for nurses were implemented in January of 2008. Known as the Occupation Specific Dispensation (OSD), nurses' salaries were adjusted in two separate phases and were backdated from 1 July 2007. The first phase allowed for a general salary increase and the

second phase allowed for further salary adjustments based on recognition of relevant experience and specialty. This meant a significant salary increase for professional nurses entering the dispensation for the first time, which was meant to compete with the labor market, and hopefully attract back those nurses who left the public sector for better salaries ("Statement by the Minister of Health", 2007).

The influence of the OSD on the satisfaction levels of nurses appears to have evoked negative responses. During the implementation of the OSD, many nurses were angry, disappointed and in tears. They felt betrayed instead of excited. Contrary to what was promised, nurses with experience received as little as 1.7 % increment (Fongqo, 2008; Tota, 2008). After the implementation of the OSD, dissatisfaction about salary increments continued. In April 2008, 600 nurses participated in a march to the Department of Health's office in Bisho to submit a memorandum about their dissatisfaction about the OSD (Marching for resolution, 2008).

1.2.3   Mandatory Community Service

The nursing profession is in the midst of numerous changes. Whilst government is searching for solutions to the nurse shortage problem, nurses are constantly expected to adjust to the solutions imposed by the government. On International Nurses Day in 2006, the South African Nursing Council (SANC) announced a solution to the country's nurse shortage. In recognition of the mismatch between the demands on the health service and the available resources, The Nursing Act (2005), introduced the mandatory community service, of 1 year duration, for newly qualified Professional Nurses. This is expected to

greatly reduce the burden on the public health sector and ensure an equal distribution of nurses to meet the health care needs of communities (Safe staffing in Health Care saves Lives, 2006; About SA Health, n.d.).

Many Professional Nurses who wish to seek higher paid positions may not welcome compulsory community service immediately after qualifying. Although it is a fully paid community service, it may cause dissatisfaction amongst new Professional Nurses, whilst it may cause an elevation of satisfaction levels for already practicing nurses in the public sector. The impact of compulsory community service on the public health sector's nurse job satisfaction is worthwhile exploring.

1.2.4 The Psychiatric Environment

In addition to the existing problems faced by all nurses, nurses in a psychiatric environment in particular, are subjected to unique and different stressors due to the characteristics and nature of their clients. By the very nature and definition of psychiatric illness, the clients display extremes of behaviours, emotions and needs, which nurses find challenging to cope with. The psychiatric environment is an unpredictable, chaotic, and disharmonious one (Frisch & Frisch, 2006).   This instability may predispose nurses to burnout and stress, and may affect their experiences of job satisfaction.

The International Council of Nurses (ICN) provided recent information about the state of education for mental health nurses. This information showed that there are a lack of opportunities, training and education for nurses in mental health care, especially in

developing countries (No health without Mental Health, 2007). Alongside health reforms, mental health in South Africa has undergone changes introduced by The Mental Health Care Act (2002). The Act redesigned and restructured mental health services in alignment of the rights of mental health care users. Whilst these processes and procedures are implemented to address the care, treatment and rehabilitation of mental health users, mental health providers are coping with the additional stressors of honoring these changes (About SA Health, n.d.). Exploring and understanding nurses' experiences in coping with these stressors will help to make future predictions and plan future management.

1.3   Rationale

Nurses are leaving the public sector to seek better opportunities in the private sector and in other countries. Those who remain are also experiencing many changes in the health care system. In the psychiatric environment, nurses experience the additional stressors of caring for a unique group of patients. The reason for the study was to understand the job satisfaction experiences of nurses in a provincial psychiatric hospital. Those who remain may help to clarify the reasons why many nurses leave. Exploring and understanding how job satisfaction of nurses in a provincial psychiatric hospital is affected by the changes and stressors they are experiencing, is the first step to implement sound and appropriate measures to ensure that nurses experience positive working experiences, and to retain this very important human resource component of health care service.

1.4 Problem Statement

There has been an increase in the number of nurses leaving the public health services. Whilst many of these nurses are seeking employment in the private sector, there are many who leave the country seeking better opportunities abroad. This creates a severe shortage of nurses in the public health services, and an increase in workload on those nurses staying behind. The loss of nurses, and the effect it has on those remaining, may affect the job satisfaction experienced by the remaining nurses in the public health sector. Within the Provincial Mental Health context, nurses experience the additional stressors of caring for a unique group of patients. These nurses are subjected to extremes of behaviours and emotions that may further affect their sense of well-being and influence their experiences of job satisfaction. It is thus important to explore how nurses feel about their work in this context, and why they leave, if retention strategies are to be successful. It is therefore worthwhile exploring the factors influencing satisfaction levels of nurses, to gain insight into the problems experienced by the nursing profession in a provincial psychiatric hospital.

1.5 Research Aim

The aim of this study was:

To explore the factors influencing job satisfaction of nurses working in a Provincial Psychiatric Hospital.

1.6   Research questions

1. What are the factors influencing job satisfaction of nurses in a provincial psychiatric hospital?

2. What is the extent of satisfaction experienced by nurses?

3. What is the extent of dissatisfaction experienced by nurses?

4. What are the factors motivating nurses in a provincial psychiatric hospital?

5. What are the factors deterring nurses in a provincial psychiatric hospital?

1.7   Objectives

The objectives of the study were:

1. To identify the factors influencing job satisfaction of nurses in a provincial psychiatric hospital.

2. To investigate the extent of satisfaction experienced by nurses.

3. To ascertain the extent of dissatisfaction experienced by nurses.

4. To determine the factors motivating nurses in a provincial psychiatric hospital.

5. To determine the factors deterring nurses in a provincial psychiatric hospital.

1.8   Significance of the study

Nurses form the majority of the personnel in a health institution, forming a critical component in the efficiency of health care delivery (Workforce Crisis, 2006). They form more than 50% of the human resources in the health services, and are actively engaging in the evolution of health services (van Rensburg, 2004). Changes and instability affecting this group can alter their experiences and sense of well-being, as well as influencing

levels of job satisfaction. Dissatisfaction may cause nurses to leave, threatening the stability of the health institution. The future of an effective health system is largely dependent on a strong workforce. A safe nurse-patient ratio becomes more difficult to obtain as greater productivity is expected from fewer nurses.

Most studies on job satisfaction of nurses focused on the general nursing context. The study focused on job satisfaction of nurses in a provincial psychiatric hospital.

1.9 Key Concepts

This section provides definitions of key concepts referred to in the literature review and the study.

1.9.1 Job Stress

Job stress is a "product of working conditions that produce harmful physical and emotional responses when requirements of the job do not match the capabilities, resources, or needs of the worker" (Gordon, 2005, p. 305). Nurses experience stress even under favorable circumstances. Mortality, suicide, psychiatric in-patient treatment, physical illnesses, and stress related illnesses are more common in the nursing profession than the general population. The causes of stress experienced by nurses are an overload of work, the demands of patients, poor communication and support, and managing the work environment (Frisch & Frisch, 2006; Gordon, 2005). The stress experienced by nurses becomes negative when performance begins to deteriorate, and can easily lead to burnout. The concepts of job stress, job burnout, and job satisfaction are closely related to

each other. According to the St. Paul Fire and Marine Insurance Company (Gordon, 2005), job stress is different from job challenge.

A job challenge is usually a favourable experience, motivating and energizing the worker, whereas job stress causes the opposite, draining the energies of the worker. A study by Flanagan (2006) tested the relationship between job stress and job satisfaction of correctional nurses. The results confirmed results of other studies of job satisfaction for psychiatric nurses, that job stress significantly predicted job satisfaction.

1.9.2 Job Burnout

Burnout combines the negative changes of behaviour, attitude, and physical symptoms, in response to job stress. It leads to a loss of interest in patients, work, and a decline in motivation. Job performance deteriorates as the worker becomes ineffective and unable to complete tasks. The physical symptoms include fatigue, insomnia, illnesses, substance abuse, and low self-esteem (Cherniss, as cited in van den Berg et al., 2006, p. 2; Watkins, 2003). Burnout can be defined as "a psychological process in which chronic job stressors are translated into outward affective and physical symptomatology" or as a "prolonged response to chronic emotional and interpersonal stressors on the job" (Hillhouse & Adler, as cited in Gordon, 2005, p. 304). Burnout can result in changes in behaviour, a high absenteeism rate, and misuse of substances.

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1.9.3   *Job Satisfaction*

The subjective nature of the term satisfaction makes it challenging to measure and define. Several descriptions and definitions exist, attempting to capture the essence of the meaning of job satisfaction. "Job Satisfaction is defined by an individual's perception that employment yields rewards or benefits" (Flanagan, 2006, p. 318), or "as the difference between the amount of rewards workers receive and the amount they believe they should receive" (Chung et al., 2003, p. 294).

1.9.4   *Psychiatric nurses*

According to the American Nurses Association (2000), "Psychiatric mental health nursing is a specialized area of nursing practice …" (as cited in Frisch & Frisch, 2006 p. 18). A "Psychiatric Mental Health Nurse" is a "person who has passed a certification exam and is thereby certified within the specialty" (Frisch & Frisch, 2006 p. 19). According to Uys & Middleton (2004, p. 59), mental health nursing in South Africa "is seen as part of the basic education of professional nurses in order to equip them to work as generalist nurses in the comprehensive health services of the country." Psychiatric nursing is further defined as "A speciality within the nursing profession in which the nurse directs efforts towards the promotion of mental health, the prevention of mental disturbances, early identification of and intervention in emotional problems and follow-up care to minimize long-term effects of mental disturbance." (Uys & Middleton, 2004, p. 755). For the purposes of the study, it is important to note that in South Africa, all enrolled nurses (Staff nurses), enrolled nursing assistants (Nursing Auxiliaries), and certain Professional nurses

do not receive any formal psychiatric training. They are, however, employed in psychiatric hospitals.

1.9.5   Staff Nurse

The Nursing Act (2005, p. 34) states that a "staff nurse is a person educated to practice basic nursing in the manner and to the level prescribed."

The duration of the course for staff nurses is two academic years.

1.9.6   Auxiliary Nurse

The Nursing Act (2005, p. 35) states that an "auxiliary nurse "…"is a person educated to provide elementary nursing care in the manner and to the level prescribed."

The duration of the course for auxiliary nurses is one academic year.
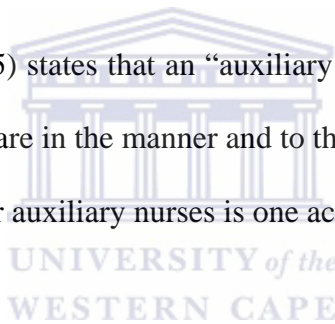
1.9.7   Psychiatric Hospital

According to the Mental Health Care Act (2002, p. 12), ""psychiatric hospital" means a health establishment that provides care, treatment and rehabilitation services only for users with mental illness".

1.9.8   Hospital stress

Chambliss (as cited in Gordon, 2005, p. 235), explains that workers in hospitals are constantly exposed to pain and death. This characteristic distinguishes a nurse from most other workers. Gordon (2005, p. 234) further explains that nurses' work are not only physically demanding, eg., lifting heavy patients, but also emotionally draining, as they

are taking care of sick, vulnerable, "depressed, sullen, irritable, anxious, angry, even violent" patients. Even when conditions are good, the nature of the work remains stressful.

1.9.9 Provincial Hospital

In the public sector, public hospitals are classified according to the type of service provided. Boulle et al., (as cited in van Rensburg, 2004, p. 475) classifies five levels, types, and referrals for public hospitals. The levels are: District, Regional, Provincial Tertiary, National Central, and Specialized/Chronic care. The target hospital in the study is a Provincial Tertiary hospital, providing "Super-specialist services, mostly Level 111 care", with referrals from "Regional hospitals additionally" (Boulle et. al., as cited in van Rensburg, 2004, p. 475). According to The Mental Health Care Act (2002, p. 12), a ""provincial department" means the department responsible for rendering heath services within the provincial sphere of government".

1.9.10 Professional Nurse

The Nursing Act (2005, p. 34) states that a "professional nurse is a person who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice."

The duration of the course for professional nurses is four academic years.

1.10   Research design and methodology

The study was a cross sectional, correlational, quantitative survey design study. The research instrument was a self-administered questionnaire, combining a quantitative questionnaire with one qualitative-type open-ended question. The study was conducted on nurses of all categories in a provincial psychiatric hospital in the Western Cape. Sixty-eight nurses participated in the study.

1.11   Scope and Limitations

The study was limited to one provincial psychiatric hospital in the Western Cape, which fairly represented a typical psychiatric hospital. The study focused on nurses working in a provincial psychiatric hospital, and excluded other health care professionals, such as social workers, psychologists, and doctors. Nurses working in a private setting were excluded from the study. The study sample was limited to day nurses. The reason for this is that night nurses are subjected to different working circumstances and conditions, and therefore constitute a unique group. All categories of nurses on day duty were included in the sample.

1.12   Ethical Considerations

The study was presented to, and approved by the Faculty of Community and Health Sciences' Ethical Committee of the University of the Western Cape. Consent was obtained from Hospital Management for access to sources of information.[1] A brief research presentation was conducted to the Hospital's Research Committee. Informed

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[1] Appendices C (p.141), E (p.143), & F (p.144).

individual consent from all participants was obtained prior to data collection. A cover letter, consent page, and a verbal explanation was provided as to the purpose of the study. No names or personal information were required in the questionnaires. To safeguard anonymity, demographic details such as address, or the ward where participants worked, was not requested. The information was treated as confidential. Participation was completely voluntarily at all times. Participants were informed that they could withdraw from the study at any time without consequences. If participants became distressed, the researcher was available to provide support, or refer them, with their consent, to their supervisor, or the hospital's Employee Assistance Programme,

The results will be made available and accessible to all participants by presenting a copy of the final thesis to the hospital library. Dissemination of the research will also be presented to the other Associated Psychiatric Hospitals, the research journal, Curationis, for publication, and to the Democratic Nursing Association of South Africa (DENOSA).

1.13   Outline of the study

This chapter provided an introduction and background of the study. Chapter 2 provides a literature review of the relevant studies undertaken and provides a backdrop and premise of the study. Chapter 3 outlines the research methodology undertaken for the research, discussing the study design, research instrument, sampling, and data collection in more detail. Chapter 4 presents an analysis and in-depth discussion of the research findings. Chapter 5 provides recommendations and conclusions drawn from the research findings.

1.14   Conclusion

Job satisfaction of nurses is important to understand in order to retain nurses and attract new nurses. The study is an attempt to gain insight into an important problem the health system is experiencing. The study selected the particular group of nurses working in a Provincial Psychiatric Hospital in order to understand the particular stressors they experience in a provincial psychiatric setting that may influence their perceptions of job satisfaction.

Chapter 2 will discuss an overview of the literature pertaining to the study.

CHAPTER 2

LITERATURE REVIEW

2.1   Introduction

Various studies conducted on Nurses' Job Satisfaction demonstrate the need to identify and understand the problems faced by nurses. Job stress and burnout are related to the work environment. These are the most common health problems faced by nurses (Gordon, 2005). This concern has important implications for job satisfaction experiences of nurses. The dissatisfaction of nurses is recorded by several studies conducted on this important issue, as illustrated below. Efforts to retain nurses in many countries, illustrates the problem that nurses may experience dissatisfaction in various forms. A Canadian study by Tourangean, Hall, Doran & Petch, (2006), specifically developed the McClosky/Mueller Satisfaction Scale (MMSS) to measure Nurse Job Satisfaction as a retention strategy. In a study conducted by Westaway, Wessie, Viljoen, Booysen & Wolmarans, (1996), results revealed that South African nurses were less satisfied than American nurses. This suggests that in South Africa, job satisfaction for nurses may be lower than job satisfaction of nurses in more affluent countries, as more nurses are leaving South Africa. As political and organizational changes are imposed on the health care sector as a whole, most research can be generalized to nurses in a psychiatric mental health setting. Of the most recent research conducted on this subject, Pillay (2008), studied nurse job satisfaction on a much larger scale than previous studies in South Africa, by comparing levels of satisfaction of nurses in private and public sectors on a

national scale. The results highlighted the general dissatisfaction experienced by nurses in the public sector, and provided concrete reasons for their dissatisfaction.

2.2   Hospital Nurses

Hospitalized patients generally require more intensive care than community or primary care patients do. Therefore, hospital nurses may experience greater stress, and less satisfaction. Research conducted on Job Dissatisfaction by Aiken (n.d.), amongst hospital nurses found that job dissatisfaction amongst nurses were four times greater than the average for all USA worker. The Democratic Nursing Organization of South Africa (DENOSA) predicts that for South Africa, this is much worse (More nurses equal Better Care, 2006). The importance of a stable hospital environment to help nurses cope with sick, unpredictable patients cannot be overemphasized. Hospitals are uniquely different from most other organizations, because pain, suffering, and death are the order of the day in this kind of institution. A hospital environment is by its very nature unpredictable, with sick patients being irritable, depressed, anxious, and in pain. Any additional threats or instability may become too much for hospital workers to cope with. The physical and emotional hardships experienced by nurses, should be rewarded by earning enough money, enjoying good relationships with their colleagues and supervisors, feeling valued and respected, and knowing they are making a difference. When nurses do not feel rewarded for their work, they become less satisfied, and nursing as a profession becomes less fulfilling (Gordon, 2005). Aiken's (as cited in Gordon, 2005, p. 255), data indicate that in addition to their nursing duties, nurses spend much of their time doing non-nursing duties, such as housekeeping, clerical, and secretarial duties, e.g. picking up trays,

transporting specimens and patients, and answering phones. The incomplete work left by a shortage of staff of other disciplines, such as domestic workers, clerks, social workers, doctors, etc., unfairly falls into the nurses' sphere of work, leaving them with even less time to perform their fundamental nursing duties timeously.

Losses and nurse shortages in other countries motivates further research to understand how this impacts on the satisfaction of nurses, as higher workloads put greater demands on productivity. In a study following shortages and losses of nurses, Shover and Lacy (2003) reported that in-patient hospital nurses were less satisfied than other setting nurses, due to greater shortages, greater patient load, and its different circumstances. The same was found by Roberts, Jones & Lynn, (2004), and Chung, Samuels & Alexander, (2003). Chung et al. (2003) added that nurses working in other settings experienced flexible work hours, higher pay and less stress. In psychiatric hospitals, nurses are subjected to unique conditions and increased stress, and experience even less satisfaction, as revealed by research.

2.2.1   *Psychiatric Hospital Stress*

Nurses in a psychiatric hospital environment experience higher job stress. Nurses in correctional facilities experience similar stressors as psychiatric nurses, as they function in similar stressful environments due to the characteristics of the unpredictable behaviour of their clients and the security of the work environment. Literature supports that a difference exist between general nurses and mental health nurses. Research in Netherlands by Trummers, Janssen, Landeweerd & Houkes (2001) confirmed that

psychiatric nurses experience higher emotional exhaustion, primarily caused by heavier workloads and lack of social support. Relevant to psychiatric hospital nurses, research by Flanagan (2006) revealed that a very high number of offenders in prisons were found to be mentally ill, and that job stress significantly predicted job satisfaction. This research was consistent with results from an Australian study, which also confirmed that job stress was a significant predictor of job satisfaction, and dissatisfaction was an indicator of intent to leave (Flanagan, 2006).

A psychiatric setting comprises of forensic nursing as a speciality in psychiatric nursing. In the proposed study, forensic units form part of the different units in the target hospital. A study conducted by Happell, Martin & Pinikahana (2003) confirmed that psychiatric nurses experience greater stress, but differentiated forensic mental health nurses and mainstream psychiatric nurses. Forensic mental health nurses experienced lower levels of burnout, and greater satisfaction than mainstream psychiatric nurses did. This study referred to the work of Clinton & Hazelton (2000), who also indicated that mental health nurses in Australia reported higher levels of stress than other nurses. Also, in Italy, satisfaction was much lower in mental health hospital nurses than others (Gigantesco, Picardi, Chiaia, Balbi & Moronsini, 2003). These studies did not identify the causes of stress and burnout, and exposed the gap in job satisfaction studies in psychiatry. The characteristics of mentally ill patients, such as sudden changes in behaviour, from quiet to aggressive, violent, and life threatening behaviours, and the psychiatric environment, may be the causative factors of stress in psychiatric nursing. In a study of stress in mental health nursing, frequency of placements, aspects of patient care, such as aggressive

patients, violence, death of patients, long placements, suicidal patients, demanding patients, and physical restraint of patients are some of the stressors identified by Kipping (2000). In addition, Fagin et al. (1996) reported that shortage of staff, changes in the health service, and experiencing a poor morale were the main stressors for ward based mental health nurses. A lack of support from supervisors, problems with resources, a lack of time to complete tasks, and a shortage of staff when dealing with these stressors increased nurses' stress experiences. Another study in Japan indicated that psychiatric nurses who feel threatened by the psychiatric environment experience lower job satisfaction. A fear of being attacked by patients, combined with a lack of support, and younger age nurses, were significantly more likely to leave in a Japanese psychiatric hospital (Ito, Eisen, Sederer, Yannada & Tachimori, 2001). Nurses in mental health are prone to experiencing feelings of helplessness when they have little control over their work environment. Feelings of low morale and disempowerment improve when nurses are involved in decision-making and change (Armitage et al., as cited in Ford & Walsh, 1995, p. 78). Mental health professionals are particularly prone to sickness, burnout, and a high absenteeism rate, reflecting that they are not doing well. Patients are often in distress, and may show little, slow, or no improvement, leaving the nurse feeling worthless, whilst depleting her strengths. Added to this, they are subjected to the possibility of being verbally or physically assaulted by mentally ill patients. When nurses are burnt-out, they are less able to demonstrate empathy towards their patients and become less attentive (Deloughery, 1991; Gordon, 2005; Watkins, 2003). Patients' unique needs in a psychiatric environment require nurses to approach and manage them in a manner most suited to them. Caring for this special group in relation to their special

needs and demands causes an ethical dilemma as how best to care for them, based on the nurses' own beliefs and values. These factors were identified as contributing to nurses' sense of satisfaction or dissatisfaction (Severinsson & Hummelvoll, 2001). In contrast with previous studies, Richards et al. (2006) concluded that staff burnout, stress, and poor morale in in-patient psychiatric units are generally not well researched, and therefore its prevalence is not clear. Further research is suggested in this area. As a mainstream provincial psychiatric hospital, the setting contains all the elements of a typical provincial psychiatric hospital. Results of previous mental health studies can therefore be generalized to the proposed setting.

2.3   Decreased Satisfaction

The literature revealed that various factors are related to dissatisfaction. The main factors identified were lack of support, stress, routine, and education, which had a negative effect on satisfaction by Shover & Lacey (2003), whilst Chung et al. (2003) stated that a lack of recognition was the most identified indicator of dissatisfaction. Inadequate training and human resource practices and a lack of training were factors of dissatisfaction identified in a study by van den Berg et al. (2006). These findings are consistent with international research, which identifies workloads, autonomy, development and recognition, and interpersonal relationships as the key indicators of job satisfaction. Of the latest research in South Africa, Pillay (2008) added that public sector nurses were particularly dissatisfied with remuneration, and workload, inadequate resources, career development, and their relationship with management.

2.3.1 Remuneration

Despite the heavy workload, many nurses choose to work overtime to compensate for inadequate salaries (Gordon, 2005). Remuneration is a common predictor of job satisfaction. This is evident in the choice of nurses to migrate to richer, higher paying countries. In the primary health setting, pay was also associated with dissatisfaction by van den Berg et al. (2006), and in the general public sector, poor pay was an important indicator of job dissatisfaction (Pillay, 2008). Likewise, Westaway et al. (1996) reported that South African nurses were least satisfied with promotion and pay.

2.3.2 Workload

Dissatisfaction amongst nurses is widespread, and it is closely related to increase in workload and inadequate staffing. Increased workload and staff losses are bound to have effects on the exhaustion levels of nurses, as nurses are constantly expected to do more with less. Nurses may like their work, but dissatisfaction is still widespread due to heavy workload (Secombe & Bull, as cited in Ford & Walsh, 1995, pp. 26-27). Workload is also directly affected by staffing, as concluded by Shover & Lacey (2003). Fewer nurses mean more work, and increased dissatisfaction. Research on American nurses concluded that a close association exists between patient loads, and burnout and job satisfaction (Aiken, as cited in Gordon, 2005, p. 287). Psychiatric nurses in Canada, similarly, experience high levels of burnout and emotional exhaustion (Robinson, Clements & Land, 2003), as well as nurses in the Netherlands (Trummers et al., 2001). Recent research in South Africa by van den Berg et al. (2006) studied burnout and compassion fatigue among professional nurses, and discovered high levels of burnout, emotional

exhaustion, workload, and poor working conditions, consistent with the findings of Pillay (2008), as well as other South African studies. Workload was reported to be the main causative factor of job stress, which, in turn, was an important indicator of job satisfaction (Flanagan, 2006). An increased workload is directly related to time constraints. More work results in less time to complete tasks, and may cause neglect of duties and patients. Workload and time constraints are further exacerbated by other work constraints, such as poor infrastructure and lack of resources. This causes increased exhaustion, fatigue, and job stress, causing a higher sense of dissatisfaction. (van den Berg et al., 2006; Pillay, 2008). Mental health hospital nurses experience a high level of burnout, caused by high levels of stress, which is the result of a higher caseload size and staff shortages (Happell et al., 2003; Fagin et al., 1996).
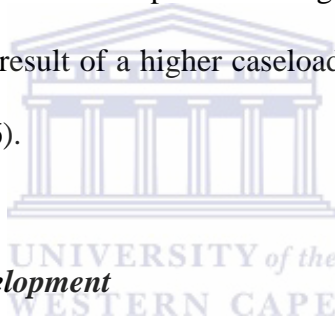
2.3.3 *Training and Development*

To ensure competent and skilled staff, ongoing orientation and training of nurses is necessary to maintain an optimal level of nursing care. It is vital for nurses to stay abreast of new knowledge and technological development. Inadequately educated nurses pose a threat to patients, and leave nurses feeling incompetent, insecure, and frightened. Malpractice is reduced when nurses update their education and maintain a high standard of competency, particularly in specialized areas of nursing. Nurses experience more work stress when they receive inadequate training. Work stress also increased when nurses felt stagnated in their current positions because of a lack of opportunity for promotion and development. (Deloughery, 1991; Gordon, 2005; van den Berg et al., 2006; Pillay, 2008).

2.3.4 *Interpersonal Relationships*

In stressful working conditions, it becomes more important that support from colleagues and supervisors are available to cope with the increased stress due to heavy workloads. Feelings of being unappreciated and disrespected results when nurses experience a lack of recognition and consultation regarding work procedures and schedules from supervisors. Interpersonal conflicts can also result from an increased workload where one person may not be putting in as much as the other does (Trummers et al., 2001; van den Berg et al., 2006). Heavy workloads and understaffing may strain the collegial relationship between nurses and their supervisors and managers. Many nurses feel that their supervisors are not available for them, or do not listen to their problems. This can leave nurses feeling alone, insecure and alienated in a hostile environment (Gordon, 2005).
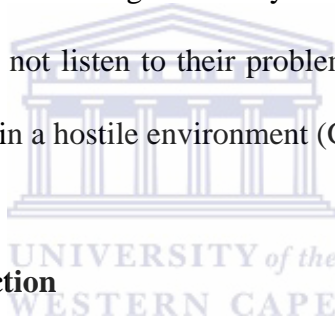
2. 4 Increased Satisfaction

Some of the reasons nurses feel motivated, and remain in the profession, can be attributed to the factors that are positively related to job satisfaction. These include patient care, adequate supervision, making a difference, feeling valued, and interpersonal relationships. Nurses' sense of pride, enjoyment of their work, and dedication is evident in the literature, as reported by Shover & Lacey (2003). They identified that autonomy, commitment, recognition, communication, age, and years of experience, increased levels of job satisfaction. The data of van den Berg et al. (2006) indicated that factors such as recognition, pride, the completion of tasks, personal growth and development, enjoyment of the nursing profession, and good relationships with patients, colleagues and supervisors, positively contributed to job satisfaction. Individual, work, and geographic

factors were other important indicators of nurse job satisfaction reported by Chung et al. (2003). In addition, Larrabee et al. (2003) replicated a previous study, which found that Registered nurses who perceived themselves as empowered were more satisfied and pleased with patient care, work challenges, serving others, and had an impact on their department. Westaway et al. (1996) concluded that South African nurses were most satisfied with supervision and co-workers.

2. 4.1 Quality of Care

Job satisfaction is directly related to quality of care, and vice versa (van den Berg et al., 2006). Nurses feel more satisfied when they are pleased with the quality of care they provide. Various interviews were conducted by Gordon (2005), who concluded that nurses feel more satisfied when they know they make a difference to their patients and provide good patient care. This is supported by Larrabee et al. (2003), who also reported that nurses were more satisfied when they were pleased with patient care, and van den Berg et al. (2006), who's data revealed that as much as 40% of participants obtained job satisfaction by helping patients with their suffering. These nurses' belief that they were relieving the suffering of their patients and witnessing improved health were the most frequently identified factor, contributing to job satisfaction. The findings of Pillay (2008) consistently revealed that South African nurses obtain most satisfaction when they render patient care. Likewise, Shover & Lacey (2003) stated that nurses are more likely to stay in the profession when they know they are able to meet patients' needs, and feel more satisfied. However, short staffing affects levels of patient care, and conversely, levels of

job satisfaction. "Nurses feel despondent because they know the care they are giving falls below their own standards" (Ford & Walsh, 1995, p. 34).

2.4.2   Interpersonal Relationships, Support, and Supervision

A positive climate in a work environment is important for a sense of job satisfaction. Good interpersonal relationships with management and colleagues are important. A non-judgmental attitude and support can be a source of motivation. Adequate supervision and support groups can strengthen nurses' self-esteem. Supervision is an important form of support, as it allows nurses to share challenges, responsibilities, and successes, whilst providing an opportunity for the nurse to learn on a continuous basis, allowing for personal and educational growth. Good supervision is helpful to reduce stress and burnout, and can contribute positively to job satisfaction (Watkins, 2003). Feeling respected and enjoying a good working relationship with team members such as doctors, social workers, etc., were important factors revealed in the study by van den Berg et al. (2006) and Pillay (2008). For psychiatric nurses, Berg & Hallberg (1999) stated that clinical supervision were linked to increased creativity, improvement of trust relationships, and helped with conflict reduction. Hyrkas's study (2005) indicated that efficient clinical supervision for psychiatric nurses were beneficial in reducing job stress and burnout, and improved job satisfaction.

2.4.3   Professional Development

With regard to their professional development, nurses welcome the opportunity for personal growth and development by developing new skills and knowledge, and in turn,

teaching others the same (van den Berg et al., 2006). However, according to Pillay's (2008) data, they were least satisfied with the available opportunities for career advancement.

2.5 Psychological Well-being of Nurses

The effects of stress, workload, long hours, and poor patient care causes decreased satisfaction (van den Berg et al., 2006). Nurses reported a lack of humanness when working with their patients, and felt that they were doing their patients more harm than good, causing feelings of self-dislike, poor self-image, and burnout. These working conditions causing dissatisfaction can leave nurses feeling disempowered. It becomes increasingly challenging for mental health nurses to engage in close relationships with clients, and nurture the self-esteem of others when their own self-image and confidence are sabotaged by negative experiences (Deloughery, 1991; Gordon, 2005; Watkins, 2003; Pillay, 2008). Larrabee et al. (2003) replicated a previous study, which found that job satisfaction was significantly related to psychological empowerment. In contrast with most studies, however, are the results of Ruggiero's (2005) research. Ruggiero identified factors significantly related to job satisfaction, which were sleep quality, depression, emotional stress, and frequency of weekends off per month. Another surprising finding was that 41% of the sample of nurses met the criteria for clinical depression. The causes of depression were not identified, but may possibly be related to job dissatisfaction, needing further investigation. Feelings of disempowerment and dissatisfaction can cause nurses to devalue themselves. Studies in the United Kingdom revealed that nurses could

not live up to their ideal level of work performance, have a low self-esteem and tend to underestimate themselves (Morrison, as cited in Ford & Walsh, 1995, p. 35).

2.6   Conclusion

Various researches on the subject of nurse job satisfaction throughout many countries illustrate the need and importance to understand what makes nurses happy, and what makes them unhappy. As pointed out, the literature reveals a large amount of evidence that dissatisfaction among nurses exist on an international level. South Africa is no exception, sharing this plight with the rest of the world. South African nurses, particularly those employed by the state, are most dissatisfied with remuneration and workload, as revealed consistently by research evidence. On a narrower scale, hospital nurses are even more dissatisfied than other setting nurses are, both internationally, and in South Africa. Scrutiny provides more and more evidence that psychiatric hospital nurses' satisfaction is further compromised by the very nature of the psychiatric environment. Given the various factors of dissatisfaction experienced by nurses, a psychiatric setting comprising of a special needs group, pre-disposes nurses to higher levels of stress, burnout, and dissatisfaction. Most recent research focused on job satisfaction in a general setting, creating a gap to conduct studies in the particular field of psychiatric mental health nursing practice.

Chapter 3 will discuss the research design and methodology in more detail.

CHAPTER 3

RESEARCH METHODOLOGY

3.1   Introduction

Quantitative survey approaches are useful to obtain data regarding the prevalence, distribution, and interrelationships of variables within a population. It obtains information about how people act, think, feel, and what they know. (Polit, Beck & Hungler, 2001). An exploratory study is more appropriate to obtain objective knowledge, by looking at specific factors influencing job satisfaction. A quantitative survey approach is therefore better suited for a relatively large hospital sub-population. Surveys, however, provide only superficial information.

3.2   Design

The study employed a cross-sectional, correlational survey design. A self-administered questionnaire was handed-delivered to nurses employed in a provincial psychiatric hospital. To avoid the limitations of a quantitative approach, an integrated approach is useful to offer insights otherwise omitted in a quantitative approach. Qualitative data is useful to understand the meaning of quantitative data, generate more research questions, and enhance validity (Polit et al., 2001). Because job satisfaction is a fairly subjective and abstract concept, the relatively large sample size posed challenges to obtain information about the very personal nature of job satisfaction. One method to draw the strength from a qualitative approach is to combine the two approaches. The researcher attempted to

address the limitations of the quantitative design by embedding an open-ended self-report question in the survey design. This helped to complement and enrich the quantitative data.

3.2.1 Study Population

The study was limited to one provincial psychiatric hospital, with 740 employees from all departments and 940 usable beds. The whole population of nurses on day duty employed at the identified provincial psychiatric hospital was eligible key informants. The various ranks of the nursing hierarchy, ranging from Administrative Professional Nurses to Nursing Assistants, represented the nursing population of the hospital. Polit et al. (2001) suggest that the largest sample possible be used for quantitative research. Sample size was unrestricted, to enhance response rate from a total population of 146 nurses, some of which were on night duty, off-duty, on leave, or absent. A total of 93 nurses (63.6%) from a total population of 146 nurses were available as possible key informants. The absence of the remaining nurses were attributed to leave, sick leave, study leave, training courses, or out-of-hospital duties, such as escorting patients to other venues for treatment. A convenience sample of eligible key informants from a typical provincial psychiatric hospital setting, represented the target population, and could be generalized to other provincial psychiatric settings. A total sample of 68 nurses (73%), from the available 93 nurses, representing all categories of nurses, participated in the study. The 68 participants represented 46.5% of the total sample of 146 nurses.

3.2.2   Selection Criteria

Only day nurses were selected for the study. Night nurses were excluded due to their different work circumstances. Only nurses employed at the selected provincial psychiatric hospital participated in the study. Nurses employed by a private agency were excluded.

3.3   Data Gathering

3.3.1   Pilot Study

The questionnaire was tested on five participants, each one representing the various nursing hierarchical structure. With the implementation of the Occupations Specific Dispensation (OSD), the traditional nursing hierarchy was flattened. Professional nurses are no longer categorized into Chief Professional nurses, Senior Professional Nurses, and Professional Nurses. All professional nurses are categorized into a single category of Professional Nurses. The participants of the pilot study identified this, and the relevant changes were made on the questionnaires' demographic details section. The five participants of the pilot study were excluded from the main study.

3.3.2   Sampling Method

To ensure a fair and equal chance of selection, recruitment occurred over two weeks to accommodate all nurses working on different days on day duty, by visiting the wards and offices of Administrative nurses at the hospital.

3.3.3   Data Collection Procedure

The researcher visited the offices at least twice, and each participating ward personally four times. The first visit was conducted to introduce and explain the purpose of the study, to address any concerns, and to answer possible questions. During the first visit, questionnaires were left in the wards in a cover, marked for nurses to take one. The amount of questionnaires was calculated at one questionnaire per nurse per ward. Ninety-three questionnaires were handed out during the first visit to account for each possible recruit. The second visit to the ward was conducted 3 working days later to collect completed questionnaires and to repeat the introduction and explanation of the study. The second visit was planned on a day when opposite shift workers could be met. A second hand-out of an additional nineteen questionnaires was conducted during the second visit to replace lost and misplaced questionnaires. The third and fourth visits to the wards were conducted to collect additional completed questionnaires on both shifts. These were preceded by a telephone call to minimize the intrusion of entering the workspace of nurses without adequate preparation, and to serve as a reminder for willing participants. Participants completed questionnaires at their own convenience to avoid feeling pressurized and obligated if the researcher had waited for them to complete it, and to prevent imposing on nurses' work time. The absence of the researcher during completion of questionnaires also provided space and privacy to participants. It also served the purpose of reducing researcher bias, which may have been present because the researcher was known to many participants. Completed questionnaires were immediately deposited into a single box, in which all questionnaires were stored together, further helping to ensure anonymity. Participants were reminded that participation was voluntary, and that

their confidentiality and anonymity were protected. Data collection terminated after two weeks. Sixty-eight questionnaires were returned. A structured self-report data collection method was utilized which participants completed themselves by ticking responses off on a 5-point Likert Scale. As this is a controlled method, an open-ended question on the questionnaire enabled participants to provide more meaningful, richer data.

3.3.4   Research Instrument

For the study a specifically designed self-administered questionnaire was used. The instrument was divided into various sections. The first part of the questionnaire contained a participant information page, which provided a brief explanation of the study. The second page was a verbal consent form. The researcher refrained from using a signed consent form to protect the privacy and anonymity of participants. The first section requested participants' demographic details. This was followed by six sections, each containing several items which were ticked off on a 5-point Likert Scale, ranging from strongly agree, agree, unsure, disagree, strongly disagree to measure participants' perceptions regarding job satisfaction. The last seventh section contained one open-ended question. The sections and items of job satisfaction were derived from literature and supported by organizational psychologists to measure extrinsic factors of job satisfaction. Richards, O'Brien & Akroyd, (1994) reported that the Mottaz and Potts reward model of extrinsic factors was the most appropriate procedure for the prediction of job satisfaction for teachers and health education teachers. The extrinsic rewards identified by this model are: supervisors, co-workers, working conditions, salary, and promotional opportunities. The general working conditions refer to the extent that there were adequate resources, such as physical facilities,

equipment, workload, and work hours. For the reward of supervision, the model looked at the extent of helpfulness and support from supervisors as well as friendliness, competence, and fairness. Co-workers referred to the extent colleagues were regarded as supportive and helpful.   The area of promotion considered the degree to which the job provided opportunity for career advancement.   The reward of salary was defined in terms of comparing the payment, equality of payment, and sufficient payment. The three intrinsic rewards of task autonomy, task significance, and task involvement were not included in this study. The extrinsic factors and it's descriptions of the reward model further support the criteria used in the self-designed questionnaire. The seven sections of the questionnaire were: (A) - workload, (B) - rewards, (C) - support and supervision, (D) -interpersonal relationships, (E) - professional development, (F) - patient care, and (G) - a self-report, open-ended question, which participants could answer if they felt that the questionnaire did not address aspects of job satisfaction they may have considered important and relevant.

3.4   Academic Rigor

3.4.1   Reliability

An instrument's reliability is affected by it's stability, internal consistency, and equivalence (Polit et al., 2001). The questionnaire is based on previous investigations measuring job satisfaction. An instrument is reliable when scores are likely to remain the same when measured on a separate occasion and when different researchers will obtain the same scores. All the items on the questionnaire measure job satisfaction, ensuring it has internal consistency.

3.4.2   *Reliability Statistics*

The reliability of the questionnaire was tested using the Cronbach's alpha reliability index for computing the internal consistency of the questionnaire. For this purpose, the positively worded statements were recoded by reversing the initial codes to obtain a high internal consistency. The reversal of codes to ensure that internal consistency is achieved is recommended by Polit et al. (2001). The statistics of the Cronbach alpha test for sections A- F produced measures between 0.44 and 0.88, rendering the study of moderate internal consistency. Table 4.1 provides the Raw values of the alphas. For subscale C, the alpha is relatively high (0.88). This is indicative that all the questions on that scale is consistent in what it is intended to test. However, the alphas on subscales E and F is lower, indicating that the items on that scale may be less consistent.
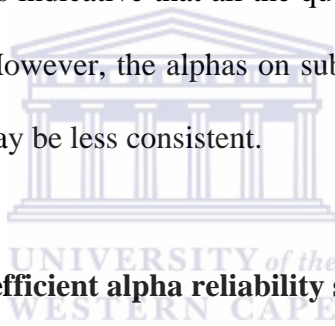
Table 3.1   Cronbach's Co-efficient alpha reliability statistics

Section (Subscale)	Cronbach's alpha tests
Section A - Workload	0.67
Section B - Rewards	0.76
Section C - Support and Supervision	0.88
Section D - Interpersonal Relationships	0.69
Section E - Professional Development	0.48
Section F - Patient Care	0.44

3.4.3   Validity

The questionnaire appears to be measuring the appropriate factors of job satisfaction. The area and the extent it measures job satisfaction, was developed with reference to the study's objectives, and supported by the literature, to ensure appropriate content validity, concept validity, and face validity. The questionnaire was pre-tested on five participants, representative of all categories initially identified. This helped to identify and rectify potential flaws on the questionnaire. The job title question of the demographic section of the questionnaire was changed after the participants and researcher recognized that the nursing hierarchy was changed with the implementation of the OSD system, and therefore no longer applicable. Because job satisfaction is an abstract concept, the evidence of literature also supports the degree of the questionnaire's construct validity. The inclusion of an open-ended question in the questionnaire allowed for qualitative responses from participants, further enhancing the validity of the study results.

3.5   Ethics

To ensure that the study adhered to stringent ethical standards of the research process, a letter of consent and a copy of the research proposal were addressed to the Hospital's Management team. This was forwarded to the Hospital's Research Committee, who requested a brief presentation of the proposed study. A second brief explanation of the study was also presented to the Hospital's Nursing Management, chaired by the Assistant Director of Nursing. Written permission was obtained from the Hospital's Research Committee and Nursing Management. Data collection proceeded after permission was granted. To ensure anonymity and privacy, no names, ward identification, or personal

details were required on the questionnaires. A cover letter explaining the purpose and nature of the study, and a verbal consent form, accompanied the questionnaire. The researcher personally delivered, explained, and collected completed questionnaires. To reduce researcher bias, the researcher allowed participants to complete questionnaires in their own time. To ensure confidentiality, completed questionnaires were deposited into a single covered box, which was stored in a locked private room, to which only the researcher had the key. Participants were reminded that participation was voluntary and that they could withdraw from the study at any time. The researcher covered the funding of the questionnaires.

3.6   Conclusion

The chapter discussed the research design and methodology. It described the sampling, data collection instrument, and data collection procedure. In summary, the data obtained from the quantitative questionnaire was enhanced by the inclusion of an open-ended question. Sixty-eight participants returned completed questionnaires. Data collection occurred over two weeks, to allow all shift workers a fair chance of selection. Because all nurses are affected by various factors influencing job satisfaction, all nursing hierarchical ranks were included in the study. This ensured that all groups were fairly represented within the nursing hierarchical structure.

Chapter 4 will discuss data analysis and results.

CHAPTER 4

DATA ANALYSIS AND RESULTS

4.1   Introduction

The study employed a cross-sectional, correlational quantitative survey approach, and combined it with a qualitative approach by embedding one self-report question in the questionnaire. The structured instrument contained several sections, A-F. Each section provided several closed-ended rating statements, which participants ticked off on a five-point Likert scale. Section G comprised of an open-ended question, which participants could answer if they felt they needed to add more information pertaining to their unique experiences of job satisfaction. The in-depth information obtained from a qualitative design is not possible with a survey, and thus the restrictions of a survey approach were addressed in this way. The information obtained from the open-ended question complemented and added meaning to the findings of the superficial data obtained from the closed-ended questions. In this way, information not dealt with in the survey part of the questionnaire could be uncovered, and explored. This was especially useful given the dynamic changing environment of health service and the hospital. The data was analyzed statistically using the SAS v9 statistical software and Statistical Package for Social Sciences (SPSS). The open-ended question was analyzed qualitatively.

The first part of the results will be a description, the second part will present the correlations, and the third part will present the qualitative data.

4.2 Quantitative Analysis

The analysis of the quantitative data was computed using statistical software SAS v9 and SPSS. For Question 2:, *What is your age?*, and Question 4:, *How long have you been practicing as a qualified nurse?*, variables were renamed into age groups and grouped into years of practice respectively.

4.2.1 Frequencies Distribution

Descriptive statistics were used for data analysis. Sixty-eight questionnaires were completed by four strata. The stratified samples consisted of Professional nurses working in the wards (Professional nurses-ward), Professional nurses working in an administration capacity (Professional nurses-admin), Staff nurses, and Nursing Auxiliaries. The majority of responses were from Professional nurses in wards comprising of 56.45% (35/68), followed by 32.26% (20/68) of Nursing Auxiliaries. These two groups formed the majority of all nursing staff employed at the target hospital. Staff nurses made up 6.45% (4/68) of the sample, and Professional nurses employed in an Administration capacity formed the minority of 4.84% (3/68) of the sample. These two groups were, however, adequately represented in the sample due to the small numbers of them employed in the total population. Professional nurses-admin form a subgroup of Professional nurses, hence their relatively low numbers. Only nine Professional nurses-admin level are employed at the hospital, of which only four met the selection criteria for the sample. One of them participated in the pilot test study.

The variations in the frequencies per strata appeared to reflect the demographical statistics

provided by the South African Nursing Council (SANC). In the Western Cape, Registered nurses (Professional nurses-ward and Professional nurses-admin), comprised of 13 741 nurses, Enrolled nurses (Staff nurses), 4 696 in total, and Auxiliary nurses, comprised of 7 961 nurses (SANC Geographical Distribution, 2007).
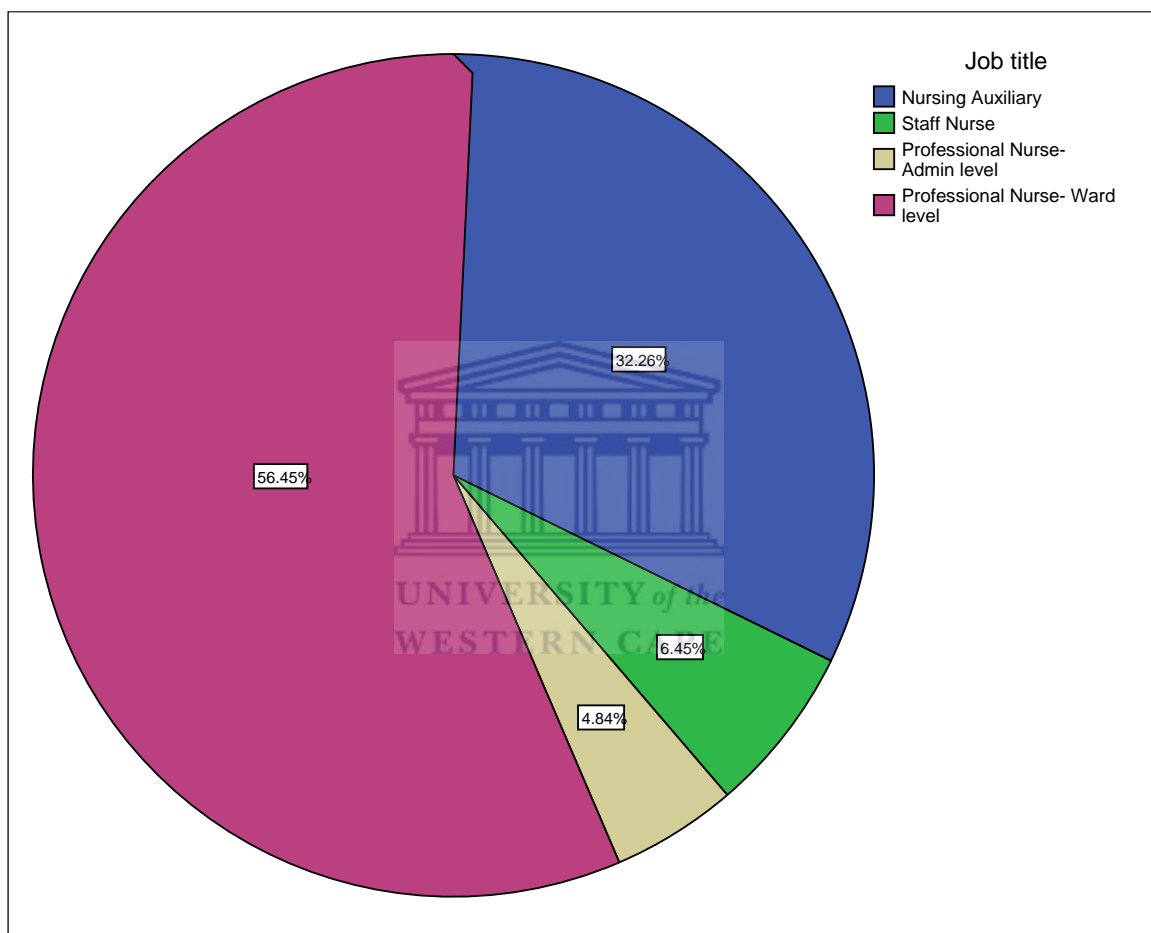
Figure 4.1 Classification of nurses according to job title

4.2.2   *Age Group Distribution*

Thirteen participants omitted this question. Fifty-five participants completed this item. The majority (42% participants in the study) was in the age group 30-39 years (23/55). The age group 50-59 years was the minority (8/55). The age groups 20-29 years and 40-49 years were equally distributed (12/55).

The statistics provided by SANC indicated the age group 45-49 years to be the highest in number for all nurses in South Africa. This is followed by the age group 40-44 years, 50-54 years, and then 35-39 years respectively (SANC Geographical Distribution, 2007). Thus, the study's finding is inconsistent with SANC. A possible reason for this may be that the age group 30-39 years may the group most likely to accept job opportunities in other countries, and may therefore not be registered with SANC.
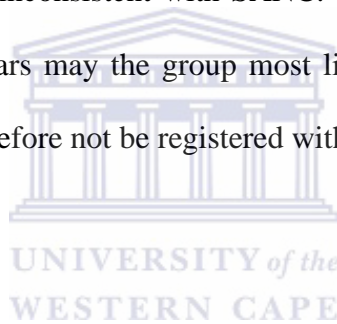
Figure 4.2 Participants' age distribution (n=55)

4.2.3   *Gender Distribution*

Five participants omitted this question. The majority of the sample was female, comprising

of 71.4% (45/63). The male gender represented 28.6% (18/63) of the sample.

In the Western Cape, the total distribution of the population of females was 2 431 400, and

males 2 408 400. The distribution of the female nursing workforce, in contrast, represented

25 111 of the total nursing workforce in the province, as apposed the 1 287 of male nurses

(SANC Geographical Distribution, 2007). These figures are reflective of the majority of females who participated in the study, and indicate that nursing is predominantly a female profession. This is possibly due to nursing being seen as a nurturing and caring profession, therefore more suited to women's societal roles. Frisch & Frisch (2006, pp. 15-16) supports this by quoting Maudley, a physician who wrote about the care for the mentally ill. He wrote that women are "of a kind and sensible disposition, could not fail to be of great comfort to those patients who require gentle and sympathetic attention".
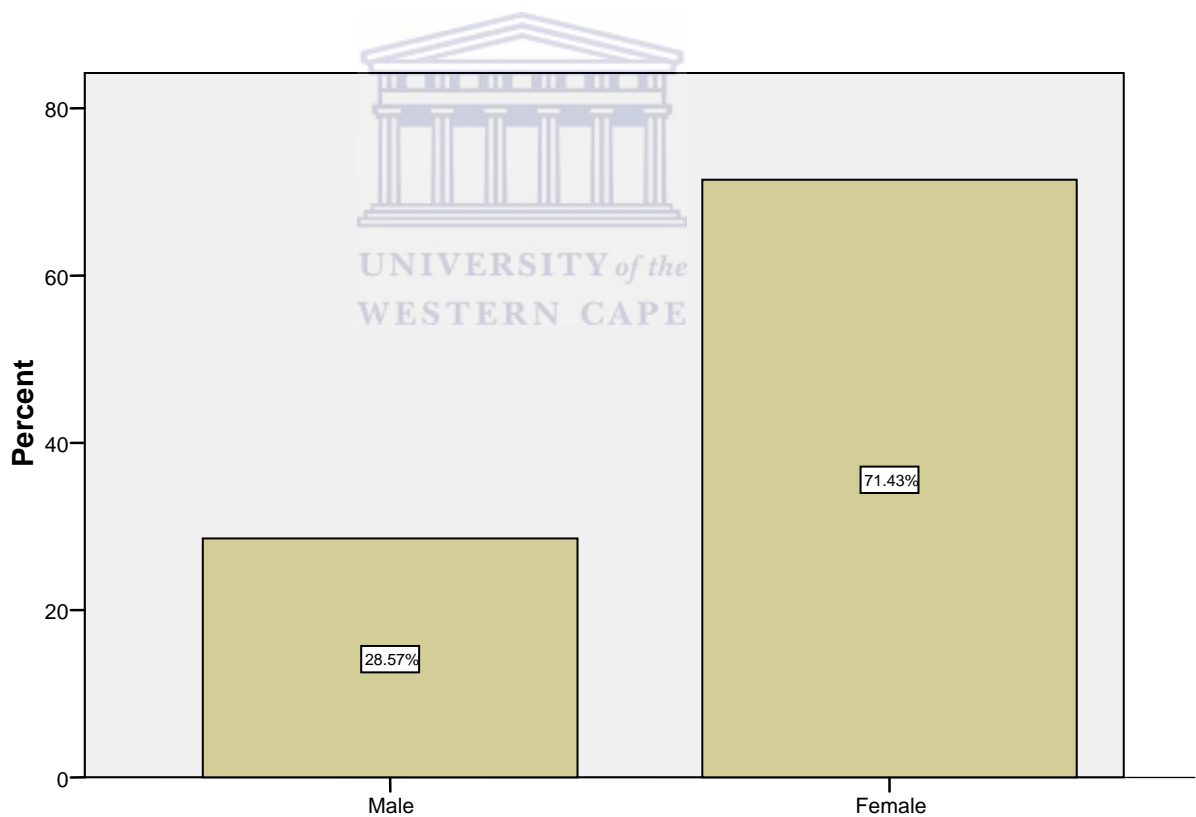
Figure 4.3 Participants' gender distribution (n=63)

4.2.4   Length of Practicing Distribution

Thirteen participants omitted this question. Out of fifty-five participants, the length of practice group (experience), 1-9 years was most prominently distributed, with 33.8% (23/55). The groups 20-29 years (11/55), 10-19 years (10/55) and 30-39 (7/55) years followed this. Less than one year of length of practice was the least frequently distributed with 5.9% (4/55). It appears that numbers begin to decline after 1-9 years of experience. This may imply that nurses are most likely to leave after at least 9 years of experience.
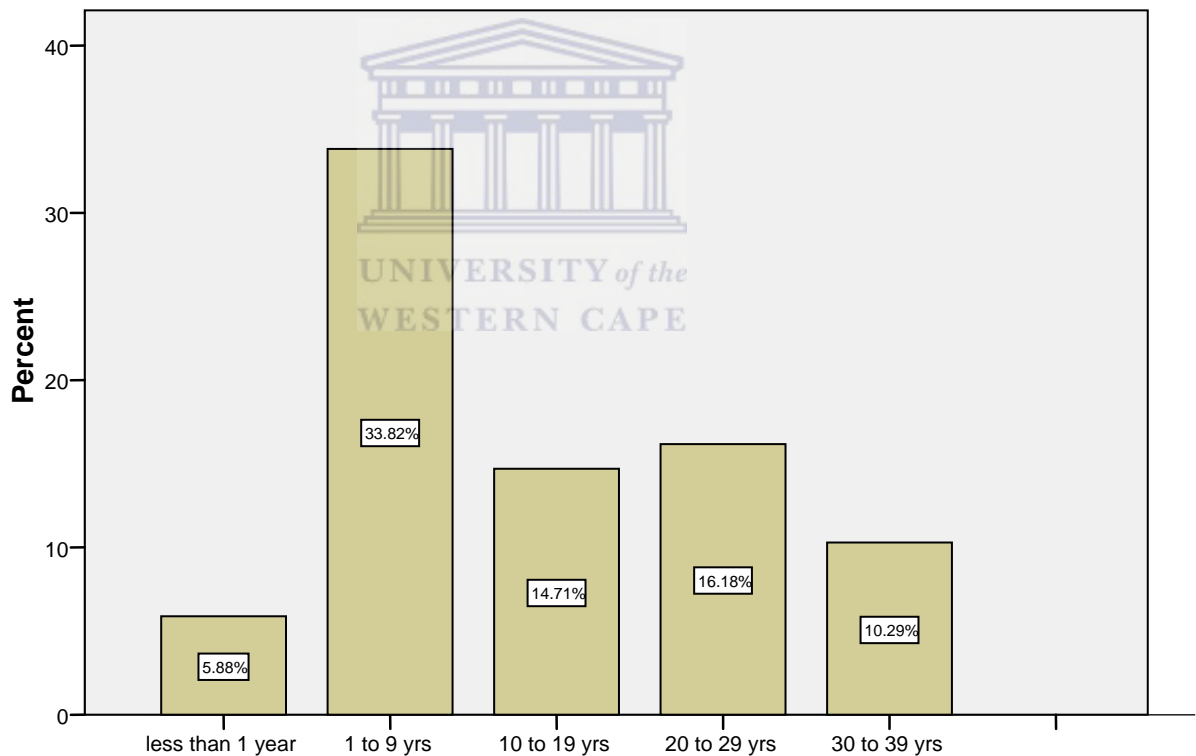
Figure 4.4 Participants' nursing experience (n=55)

4.3   Kruskal Wallis Test

To compare subscale scores relative to the categorical variables of Job Title, the Kruskal-Wallis test was used to compare the four categories of nurses. The p-values for these tests indicate no significant differences between the four groups of nursing categories.

Table 4.1   Kruskal Wallis test matrix for Job Title (4 categories)

Subscale Variable	Job Satisfaction
Workload	0.2496
Rewards	0.9370
Support and Supervision	0.6134
Interpersonal Relationships	0.2060
Professional Development	0.8315
Patient Care	0.5245

4.4   Wilcoxon Rank Sum Test

Because two of the groups were so small, the four categories were combined to form two categories. This means that Staff nurses were combined with Nursing Auxiliaries and Professional nurses-admin were combined with Professional nurses-ward. For the two categories, the Wilcoxon Rank Sum test was used to compare subscales. As expected, the merging of the groups produced insignificant differences, due to the low numbers.

Table 4.2   Wilcoxon Rank Sum test matrix for Job Title (2categories)

Subscale Variable	Job Satisfaction
Workload	0.6726
Rewards	0.6465
Support and Supervision	0.9565
Interpersonal Relationships	0.2993
Professional Development	0.5362
Patient Care	0.3389

4.5   Wilcoxon Rank Sum test for Gender

In order to compare subscale scores relative to the variable of Gender the Wilcoxon Rank Sum test was used. No significant differences between the groups were indicated by the p-values for this test. The table below compares the mean scores for males and females. Since the mean scores are quite close, the difference in the means is not significant for the variable of gender.

Table 4.3   Wilcoxon Rank Sum test for Gender

Variable	Mean: Males	Mean: Females	p-value
Workload	3.196 (18)	3.051 (38)	0.4530
Rewards	3.617 (18)	3.491 (39)	0.6080
Support and Supervision	2.522 (18)	2.685 (44)	0.5144
Interpersonal Relationships	1.995 (18)	2.032 (44)	0.9690
Professional Development	3.504 (18)	3.314 (45)	0.5193
Patient Care	2.400 (17)	2.440 (40)	0.8751

4.6   Spearman's Rank Correlation

Using the demographic variables of Age and Experience (length of practice), the Spearman's Rank Correlation was used to ascertain whether a statistically significant relationship between the subscale scores and the demographic variables exists. None of the correlations were significantly different than zero. With the smallest p-value of 0.0810, none of the subscale scores are related to the variables of Age or Experience. The table below compares the subscales with Age and Experience.

Table 4.4 Spearman's Correlation Co-efficient for Age and Experience.

Variable	Age	Experience
Workload	r=0.1669 (p=0.2516)	r=0.12110 (p=0.4072)
Rewards	r=0.10158 (p=4782)	r=0.17646 (p=0.2155)
Support and Supervision	r=0.23959 (p=0.0810)	r=0.16645 (p=0.2290)
Interpersonal Relationships	r=-0.04274 (p=0.7589)	r=0.00888 (p=0.9492)
Professional Development	r=-0.11952 (p=0.3848)	r=0.06263 (p=0.6497)
Patient Care	r=0.04708 (p=0.7481)	r=-0.02567 (p=0.8610)

4.7 Descriptive Results

Each section (subscale) is presented in a summary table, illustrating the frequencies, means and median responses of each question (item) on the questionnaire. Because some of the items on the questionnaire is worded positively and others negatively, the positively worded items were reverse scored to ensure that the scores were all in the same direction. Hence on each subscale the possible scores can range from 1 (the 'best' outcome) to 5 (the 'worst outcome). This means that for each item a higher score (4 or 5) would indicate a worse outcome for that subscale and a lower score (1 or 2) would indicate a better outcome for that subscale, and hence for job satisfaction.

 The first section to be discussed is Section A – Workload.

4.8 Section A – Workload

This section presents the results on the subscale of Workload.

Table 4.5 Workload responses

Workload		Responses by number and percentage.					
Item number							Total
		1	2	3	4	5	
A 1: Tired and overworked.	n	3	17	6	22	13	61
	%	4.92	27.87	9.84	36.07	21.31	
A 2 Find time to do all duties.	n	5	27	6	18	10	66
	%	7.58	40.91	9.09	27.27	15.15	
A 3 Cannot cope with all duties.	n	6	28	7	14	9	64
	%	9.38	43.75	10.94	21.88	14.06	
***A 4** Time for additional duties.	n	1	11	7	26	17	62
	%	1.61	17.74	11.29	41.94	27.42	
***A 5** Sufficient staff to render	n	4	6	0	16	38	64
good quality service.	%	6.25	9.38	0	25	59.38	
***A 6** Can deliver better service	n	34	24	5	1	1	65
with improved resources.	%	52.31	36.92	7.69	1.54	1.54	
A 7 Pressured and anxious	n	4	20	11	23	6	64
about finishing work.	%	6.25	31.25	17.19	35.94	9.38	
A 8 Worry about what still to do.	n	7	18	5	26	10	66
	%	10.61	27.27	7.58	39.39	15.15	

* Indicates that item was reverse scored.

Table 4.6 Mean and Median Scores – Workload

Variable	N	Mean	Median	SD	Minimum	Maximum
A 1	61	3.410	4.000	1.243	1.000	5.000
A 2	66	3.015	3.000	1.271	1.000	5.000
A 3	64	2.875	2.000	1.266	1.000	5.000
A 4	62	3.758	4.000	1.097	1.000	5.000
A 5	64	4.219	5.000	1.228	1.000	5.000
A 6	65	1.631	1.000	0.821	1.000	5.000
A 7	64	3.109	3.000	1.143	1.000	5.000
A 8	66	3.212	4.000	1.295	1.000	5.000

4.8 Workload

Seven participants omitted the first item. Overall, most nurses were tired and overworked most of the time for the variable of workload with 57.38% or 35/61 participants scoring 4 or 5 (mean=3.410).

4.8 *(A1) Tired and overworked*
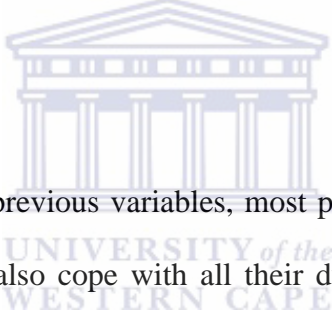
Slightly less than half (46.7% or 14/30) of the Professional nurses working in the wards, denied that they felt tired and overworked, whilst 43.4% (13/30) reported that they did. Staff nurses (100% or 4/4) and Nursing Auxiliaries (66.6% or 12/18) were more tired and overworked, as well as Professional nurses in administrative positions (66.6% or 2/3). The reason for this may be that Nursing Auxiliaries' duties differ from that of Professional nurses pertaining to patient care. Staff nurses are better qualified than Nursing Auxiliaries, whereas Professional nurses are the most qualified of these three groups. Staff nurses therefore have more responsibilities than Nursing Auxiliaries. Professional nurses are in a direct supervisory role to Staff nurses and in a position to delegate. The low numbers of Staff nurses remaining in the hospital could mean that they may be absorbing the work delegated to them because they are subordinate to Professional nurses. Administrative Professional nurses were also low in numbers, overseeing many different wards. These responsibilities could affect exhaustion levels of these groups. Consistent with previous studies, nurses experience burnout and exhaustion due to heavy workloads (Aiken, as cited in Gordon, 2005; Robinson, et al., 2003; van den Berg, et al., 2006; Pillay, 2008).

4.8 *(A2) Find time to do duties*

However, for item A2, slightly more participants (48.49% or 32/66) scored below 3 and 42.42% (n28/66) scored above 3, indicating that somewhat more participants did not struggle to find time to do their duties. Two participants omitted this item.

4.8 *(A3) Cannot cope with duties*

In addition, the majority of the sample (43.8% or 28/64) felt that they could cope with all their duties. Four participants omitted this item. With a mean score of 2.875, this variable has a stronger correlation to Workload than most of the variables on this subscale.

Following the results of the previous variables, most participants, having sufficient time to do all their duties, could also cope with all their duties. Heavy caseloads and high exhaustion levels is expected to make it more difficult to cope, and have a negative impact on job satisfaction. However, it appears that participants could cope well, despite feeling tired and overworked, suggesting that they may be working under pressure, causing them to feel tired and overworked. One hundred percent (3/3) of Professional nurses-admin, however, struggled to find time to do all their duties. This was possibly because of their administrative and management duties towards many wards. The results contrast with most other studies, which indicate that nurses find it difficult to cope with duties due to staff shortages and heavy workloads (Secombe & Bull, as cited in Ford & Walsh, 1995, pp. 26-27; Shover & Lacey, 2003; van den Berg et al., 2006; Pillay, 2008). The same is indicated for psychiatric nurses, who experience greater stress because of

caseload and nurse shortages, suggesting that they find it difficult to cope (Happell et al., 2003; Fagin et al., 1996).

Although most participants of all categories were able to find time to do all their duties, and could cope with all their duties, they were tired and overworked. Noteworthy of the results is that general hospital setting nurses find it more difficult to cope with time constraints and completion of duties (Chung et al., 2003; Roberts et al., 2004; Gordon, 2005). In contrast, psychiatric hospital nurses experience higher emotional exhaustion (Trummers et al., 2001), and higher job stress (Clinton & Hazelton, 2000; Gigantesco et al., 2003; Happell et al., 2003; Flanagan, 2006). The research conducted by Fagin et al. (1996), and Happell et al. (2003) indicate that mental health hospital nurses experience a high level of burnout and stress caused by a high patient caseload. Their work provide a possible explanation for the reason the sample felt tired and overworked, yet, could cope with their duties.

4.8 *(A4) Time for additional duties*

In contrast with the previous items, most participants (69.36% or 43/62), despite having sufficient time to do their duties, and being able to cope, denied that they had any free time to do any additional duties (mean=3.758, median=4.000). Six participants omitted this item. The responses of Professional nurses-admin and Staff nurses were consistent with their previous responses, which indicated that they had heavy workloads, which they struggled to cope with. The results imply that Staff nurses experience heavier workloads. One hundred percent of Professional nurses-admin (3/3) and Staff nurses (2/2) denied that

they had extra time for additional duties. This implies that their available time is sufficient only to manage a heavy workload, and not any extra work, hence, they feel tired and overworked.

Most nurses disagreed that they had extra time left for any other duties. Professional nurses-ward are responsible for direct patient care, and well as ward management, but may delegate certain tasks to Staff nurses and Nursing Auxiliaries. For the latter groups, this may mean more work, and less time left at the end of the day, as indicated by their responses. According to their responses, the management and administrative duties of Professional nurses-admin also indicate a heavy workload.

4.8 *(A5) Sufficient staff to render quality care*

A majority of the total sample of all categories of nurses (84.38% or 54/64) responded with a score above 3, that they have sufficient nursing staff to render a good quality service. A much smaller percentage was below 3 (15.63% or 10/64). Four participants omitted this item. The variable of sufficient nursing staff contributes negatively to Workload with the highest mean score in this section (mean=4.219). It is evident that there is a nursing shortage to deliver an optimal service. This may provide an explanation why participants feel tired and overworked. The nurse shortage and the implications it holds for the quality of care nurses are able to render is clearly evident and shared by all groups of nurses. Inadequate staff leaves a greater workload for available nurses of all categories, and means a compromised standard of care, and more dissatisfaction. The results are recorded prevalently in other job satisfaction studies for both psychiatric and other setting hospitals

(Fagin et al., 1996; Chung et al., 2003; Shover & Lacey, 2003; Roberts et al., 2004). Staff shortages cause an increase in workload, affecting exhaustion levels, and lead to job dissatisfaction (Secombe & Bull, as cited in Ford & Walsh, 1995; Shover & Lacey, 2003; Aiken, as cited in Gordon, 2005). The study, like others, consistently reveals that there is a shortage of nurses, and that it affects their exhaustion levels.
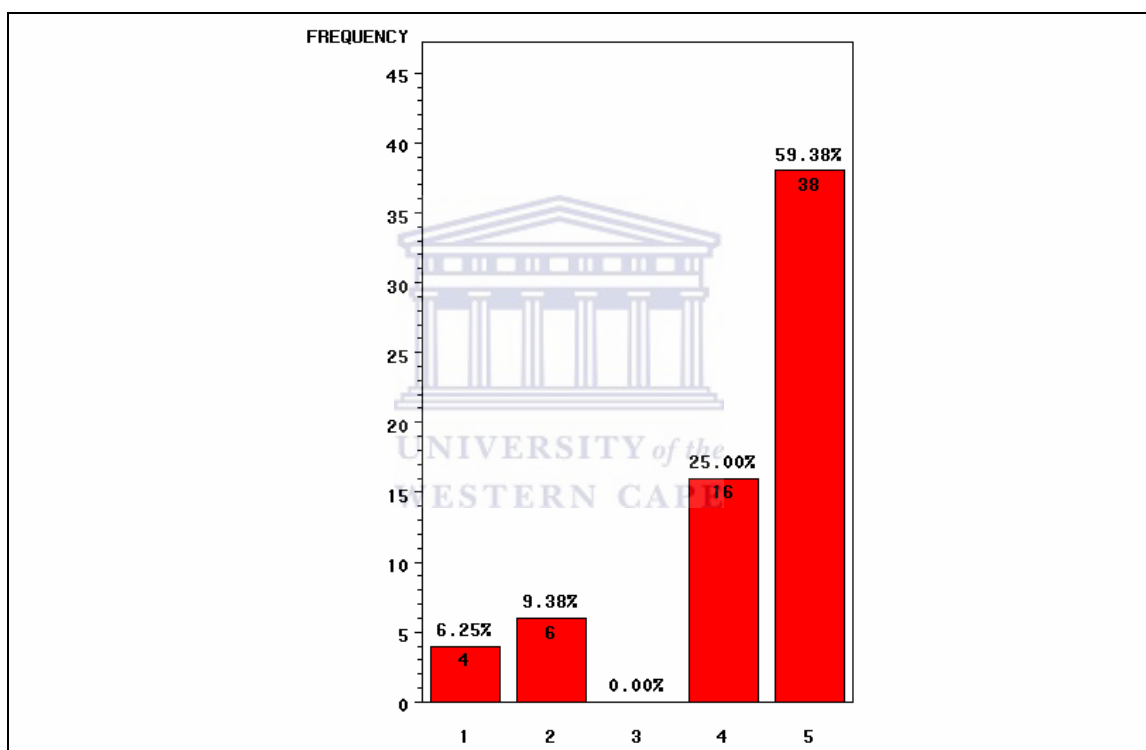
Figure 4.5   Sufficient nursing staff

4.8   *(A6) Can deliver better service with improved resources*

A significant majority of the sample of all categories thought they could deliver a better service with improved resources at a response of 89.23% (58/65) that scored 1 or 2. Three participants did not complete this variable. With a mean score of 1.631, this variable

carries the strongest correlation to the subscale of Workload. Inadequate resources have a negative effect on service delivery. It was evident that most nurses recognized this problem. Therefore, poor service delivery has a negative effect on job satisfaction for nurses of all categories. Adequate resources are therefore significantly related to Workload, and hence job satisfaction. The results conclude that the psychiatric setting shares this problem with other health settings, as reported by Fagin et al. (1996), van den Berg et al. (2006), and Pillay (2008). Their data revealed that a lack of resources, combined with time constraints and nurse shortages, caused a higher sense of dissatisfaction.

4.8   *(A7) Pressured and anxious about finishing work*

With a mean score of 3.107 and a median score of 3.000, more participants of all categories (45.32% or 29/64), felt pressured and anxious about finishing their work than those who did not (37.50% or 24/64). Professional nurses-admin (100% or 3/3) felt pressured and anxious about finishing their work. Feeling tired and overworked, a shortage of staff, exhaustion, and a lack of resources, may all contribute to anxiety about work completion. Although previously indicated that most nurses had sufficient time to complete their work, it is evident that they function under pressure to complete their work. Gordon (2005) reports that nurses often have to rush in order to complete their work. Research confirms that workload is often linked to staff shortages and time constraints, which, in turn, cause nurses to work under pressure (Secombe & Bull, as cited in Ford & Walsh, 1995; Fagin et al., 1996; Shover & Lacey, 2003; van den Berg et al., 2006; Pillay, 2008).

4.8 *(A8) Worry about what still to do*

Whilst feeling pressured and anxious to complete their duties, most nurses (54.54% or 36/66) indicated that they also worry about their remaining duties (mean=3.212, median=4.000). Two participants omitted this item. Professional nurses-admin (100% or 3/3) was the group most worried about what they still had to do. As with the previous variable, this group of nurses appeared to have difficulty coping with their responsibilities and duties as administrative nurses and managers, as also stated by Gordon (2005). This variable appears to reiterate the results of the previous one, emphasizing the effects of heavy workloads, short staffing, inadequate resources, and exhaustion. This item confirmed that workload and staffing issues caused nurses to worry, and decreased their levels of job satisfaction. The results emphasize results of previous research, which link staff shortages to increased workload, time constraints, and exhaustion levels (Secombe & Bull, as cited in Ford & Walsh, 1995; Fagin et al., 1996; Shover & Lacey, 2003; van den Berg et al., 2006; Pillay, 2008).

The following section to be discussed is Section B – Rewards.

4.9   Section B – Rewards.

This section presents the results on the subscale of Rewards.

Table 4.7   Rewards responses

Rewards		Responses by number and percentage.					
Item number							Total
		1	2	3	4	5	
*B 1 Happy and fulfilled.	n	8	19	5	14	18	64
	%	12.5	29.69	7.81	21.88	28.13	
B 2 Unappreciated and unrecognized.	n	14	10	10	15	17	66
	%	21.21	15.15	15.15	22.73	25.76	
*B 3 Pleased with salary.	n	6	12	6	15	26	65
	%	9.23	18.46	9.23	23.08	40	
B 4 Struggle to make ends meet.		7	18	8	17	13	63
	%	11.11	28.57	12.7	26.98	20.63	
*B 5 Many benefits and incentives.	n	5	11	10	11	27	64
	%	7.81	17.19	15.63	17.19	42.19	
*B 6 Fulfilled and appreciated by service rendered to patients.	n	17	20	9	12	7	65
	%	26.15	30.77	13.85	18.46	10.77	
B 7 Deserve more than receiving for work.	n	0	4	2	25	35	66
	%	0	6.06	3.03	37.88	53.03	
B 8 Would leave job for another for a higher salary.	n	2	8	5	12	38	65
	%	3.08	12.31	7.69	18.46	58.46	
B 9 Staff morale is low.	n	0	3	2	17	43	65
	%	0	4.62	3.08	26.15	66.15	
B10 Grateful for what I receive.	n	2	15	9	18	21	65
	%	3.08	23.08	13.85	27.69	32.31	

*Indicates that item was reverse scored.

Table 4.8 Mean and Median Scores - Rewards

Variable	N	Mean	Median	SD	Minimum	Maximum
B 1	64	3.234	3.500	1.456	1.000	5.000
B 2	66	3.167	3.000	1.505	1.000	5.000
B 3	65	3.662	4.000	1.406	1.000	5.000
B 4	63	3.175	3.000	1.351	1.000	5.000
B 5	64	3.688	4.000	1.379	1.000	5.000
B 6	65	2.569	2.000	1.346	1.000	5.000
B 7	66	4.379	5.000	0.818	2.000	5.000
B 8	65	4.169	5.000	1.193	1.000	5.000
B 9	65	4.538	5.000	0.772	2.000	5.000
B 10	65	3.631	4.000	1.245	1.000	5.000

4.9   Rewards

For the Rewards section, most mean and median scores of items 1-10 were above 3, except for one item, B6. This indicated that participants did not obtain job satisfaction from the rewards they receive.

4.9   *(B1) Happy and fulfilled in work*

Results of the first item, B1, shows that half of the participants did not feel happy and fulfilled in their work (mean=3.234, median=3.500). Four participants did not answer this item, and 50.01% (32/64), did not feel happy and fulfilled, whilst 42.19% (27/64) did feel this way. Five participants were unsure. Nursing Auxiliaries were most happy and fulfilled (55.5% or 10/18). This was also the group that were least pressured and anxious, indicating that working under less pressure may leave them feeling more happy and

fulfilled. Professional nurses-ward were equally divided about their responses, 44.9% or 15/34 agreeing to this, and the same percentage disagreeing to this. Most Professional nurses-admin did not feel happy and fulfilled in their work (66.7% or 2/3). This implies that Professional nurses could be less satisfied with administrative duties, and those who worked clinically with patients are more fulfilled. It also implies that Professional nurses-admin are less satisfied because they have more work, as revealed in Section A, and stated by Gordon (2005). Participants may feel happy and fulfilled for various reasons, or not feel fulfilled for other reasons. Previous research strengthens the implication that satisfaction is obtained from patient care, and enjoying the nursing profession (van den Berg et al., 2006; Pillay, 2008). The many different factors related to job satisfaction, and the unique, individual experiences of job satisfaction may be the reason for this, as well as the recent introduction of the OSD system.
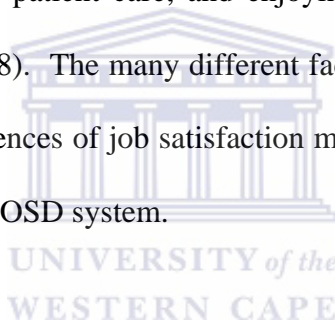
4.9 *(B2) Unappreciated and unrecognized*

Slightly more than half of the participants felt unappreciated and unrecognized (mean=3.167, median 3.000). This may be linked to the results of Section A. With most nurses feeling tired and overworked due to staff shortages, they may feel unappreciated and unrecognized for putting in extra work, and not feeling appreciated for it. This may contribute to job dissatisfaction when nurses feel their contributions are overlooked. Not feeling appreciated and recognized may also be the reason as many as half of the sample do no feel happy and fulfilled. According to Chung et al. (2003), lack of recognition is the most identified factor of dissatisfaction. Shover & Lacey (2003) and van den Berg et al. (2006) support this factor of dissatisfaction.

4.9 *(B3) Pleased with salary*

For item B3, the majority of nurses (63.08% or 41/65), scored 4 or 5 for this item, indicating that nurses were dissatisfied with their salaries (mean=3.662, median=4.000). Three participants omitted this item. Although the majority of Professional nurses-ward were not pleased (51.3% or 17/33), an important observation was that a higher percentage of Nursing Auxiliaries were not pleased (68.4% or13/19). None of the Staff nurses were pleased with their salaries. The very recent implementation of the Occupational Specific Dispensation (OSD) is a possible explanation for this. The different salaries for different categories of nurses appear not to be well researched, and may require further investigation. Confirming previous studies, inadequate remuneration in the form of poor salaries has very often been identified as a major contributor to job dissatisfaction. Research by Westaway et al. (1996), van den Berg et al. (2006), and Pillay (2008), revealed that pay was associated with dissatisfaction by most South African nurses.
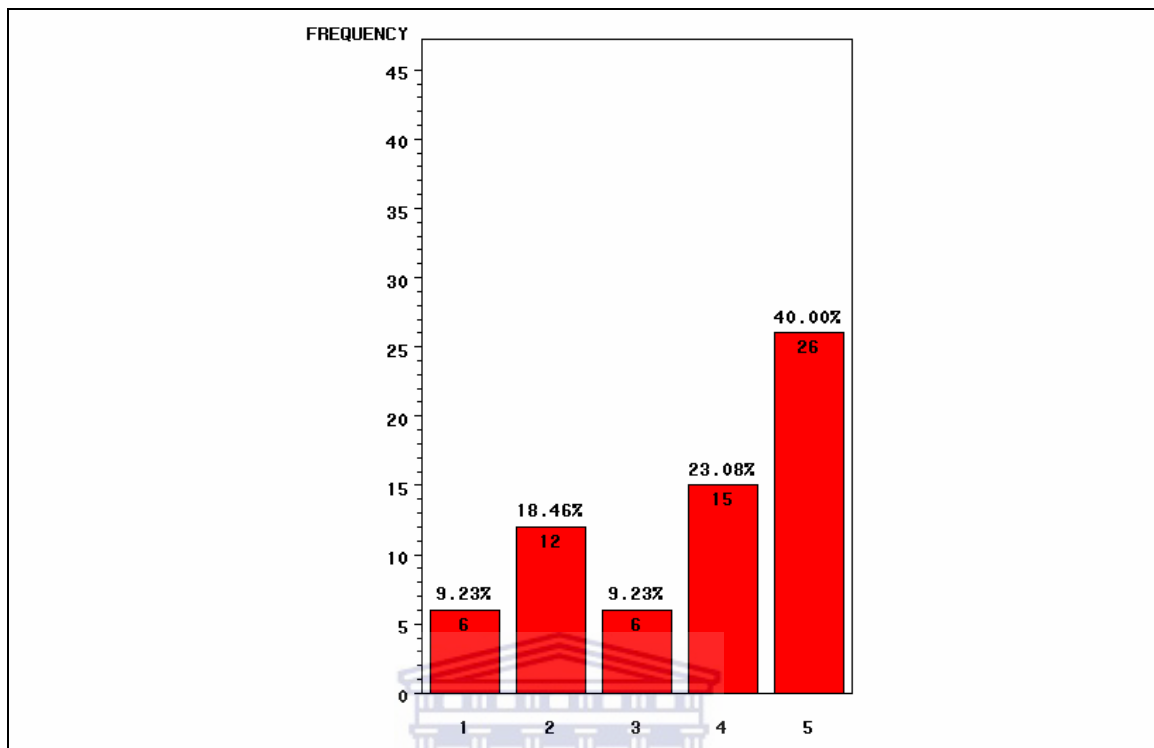
Figure 4.6   Pleased with salary

4.9 *(B4) Struggle to make ends meet*

The same was found for item B4 (mean= 3.175, median 3.000). More than half of the participants did not cope financially. There could be several reasons for this. The results of the previous responses mimic the responses of this variable.   Once again, the implementation of the OSD may be relevant to this variable. In addition, external factors, not covered in the study, may be relevant to this factor.

4.9 *(B5) Many benefits and incentives*

The majority of responses for B5 were scored 4 or 5 (59.38% or 38/64). Four participants omitted this item.   It is evident that most nurses experienced a lack of benefits and

incentives. Professional nurses-admin, in contrast with the other groups of nurses, felt that they enjoyed many benefits and incentives at their institution. One of them scored 3, and the remaining 2 had a score of 1 (66.7% or 2/3). It may be that their higher rank and the differing duties of Professional nurses-admin expose them to greater benefits and incentives. Not feeling happy and fulfilled, a lack of recognition, and poor pay, may all contribute to a lack of benefits and incentives, and leave nurses feeling unrewarded and dissatisfied. Increased job satisfaction is obtained from autonomy (Shover & Lacey, 2003) and personal growth and development (van den Berg et al., 2006). A lack of autonomy and growth and development may be caused by a lack of benefits and incentives.

4.9 *(B6) Fulfilled and appreciated by service rendered to patients*

Item B6 is the only item in this subscale with a mean lower than 3, (mean=2.569, median=2.000), indicating that this variable is significantly related to Rewards, as opposed to the other variables of this subscale. It is evident that job satisfaction is obtained from rendering a service to patients. Most participants (56.92% or 37/65) reported that they feel fulfilled and appreciated by this. Three participants omitted this item. The high percentages of nurses who feel happy and appreciated by the services they render to patients confirm the findings of job satisfaction research. Nurses feel more satisfied when they know they make a difference to their patients (Gordon, 2005). This is further supported by Larrabee et al. (2003), Shover & Lacey (2003), van den Berg et al. (2006), and Pillay (2008). Their research revealed that nurses obtained job satisfaction from their good relationships with patients, and by providing good patient care. Participants appeared to feel appreciated and happy by their knowledge that they were rendering a service to their

patients. This was an important indicator for job satisfaction in the study. Professional nurses-admin, do not render direct patient care, hence, the high unsure responses from this group (66.7% or 2/3). Several studies by various researchers, such as Larrabee et al. (2003), Shover & Lacey (2003), Van den Berg et al. (2006), and Pillay (2008), report patient care as a major contributor to job satisfaction. Gordon (2005) also concluded, from various interviews with nurses, that they feel more satisfied when they are able to provide good patient care.

4.9   *(B7) Deserve more than receiving for work*

A very high response rate above 3 were revealed for item B7 (90.91% or 60/66). The mean score was 4.379 and median was 5.000. Two participants omitted this item. As indicated previously, most participants were displeased with their salaries, benefits and incentives, and recognition and appreciation, and therefore, feel they deserve more than they are receiving. The lack of these indicators may make them feel that they are not receiving adequate rewards for their contribution. In recognition of those factors lacking, most nurses are left feeling dissatisfied for not receiving what they believe they deserve. They do not feel that they are fairly and adequately rewarded because they do not receive what they deserve. The lack of benefits and incentives is an example of the inadequate rewards they feel they deserve. This implies that the less nurses receive, the more dissatisfaction they experience. Strengthening the results of Westaway et al. (1996), van den Berg et al. (2006), and Pillay (2008), found that pay was associated with dissatisfaction by most South African nurses. Chung et al. (2003), van den Berg et al. (2006), and Shover & Lacey (2003) have identified appreciation and recognition as important factors influencing job

satisfaction. Likewise, inadequate salaries and a lack of appreciation and rewards, as revealed above, were some of the factors identified, causing dissatisfaction

4.9 *(B8) Would leave job for another for a higher salary*

Previous results revealed that most nurses were unhappy about their salaries. Because of inadequate remuneration, most nurses of all categories responded with a score of 4 or 5 (76.92% or 50/65), and were willing to leave for a higher salary (mean=4.169, median=5.000). Three participants omitted this item. Inadequate remuneration is a common indicator for nurses to leave (Gordon, 2005), and poor pay is an important indicator of job dissatisfaction (Westaway et al., 1996; van den Berg et al., 2006; Pillay, 2008). The results of this variable emphasize the reality of nurses who are willing to leave. The sharp incline to leave their job for another with a higher salary pointed to a high sense of dissatisfaction regarding their salaries. The dissatisfaction with salaries, as revealed previously, was an important factor of dissatisfaction. This illustrates that, despite other factors, which may have a positive influence on job satisfaction, participants are still dissatisfied to the extent that they would be willing to leave. The importance of adequate remuneration was evident in the results of this variable. Inadequate salaries have often been identified as an important reason nurses leave (Gordon, 2005). For this variable, the majority of nurses of all categories indicated a willingness to leave for a higher salary.

4.9 *(B9) Staff morale is low*

The variable, B9, carries the highest mean score for the subscale of Rewards (mean=4.538, median=5.000). A significant majority of participants felt that staff morale is low (92.30%

or 60/65). The results of the previous variables may explain the reason for nurses' low morale. Feeling tired and overworked, inadequate remuneration, staff shortages, inadequate resources, feeling unappreciated and unrecognized, and a lack of benefits and incentives, leave nurses with a low morale. Armitage et al. (as cited in Ford & Walsh, 1995, p. 78) and Fagin et al. (1996) reported a low morale for mental health nurses. In a psychiatric ward, a poor morale is a major stressor for nurses, as illustrated in the study.
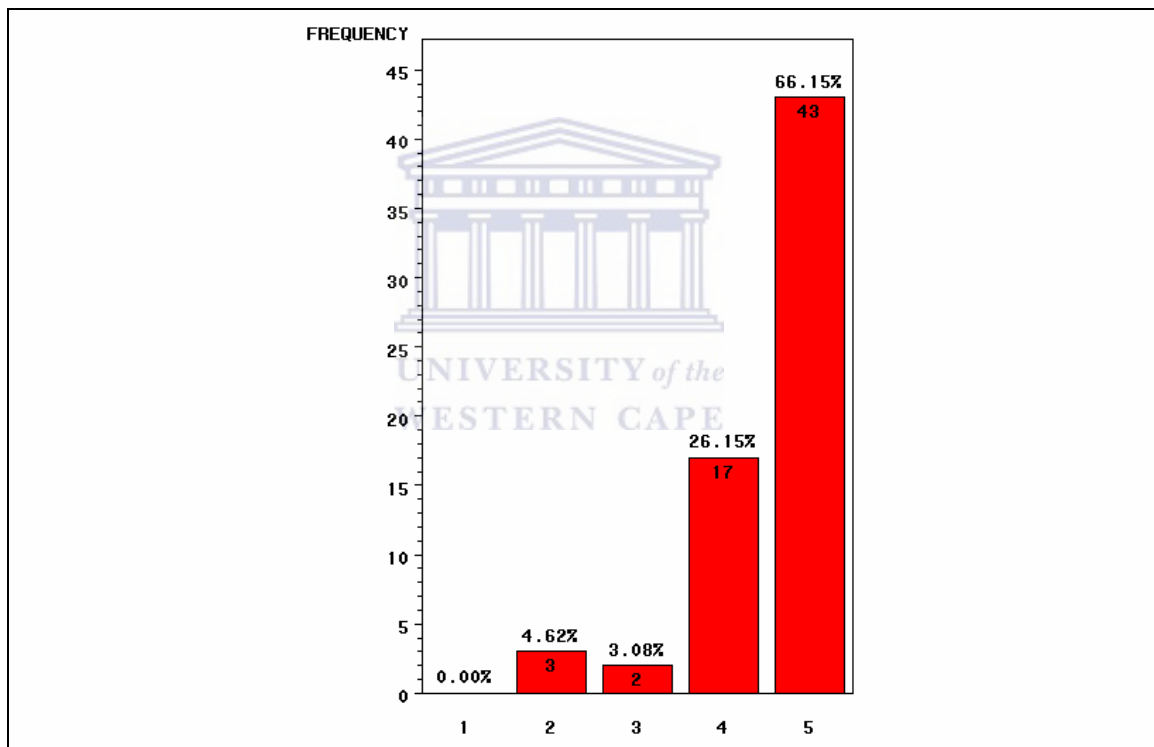
Figure 4.7   Staff morale is low

4.9   *(B10) Grateful for what I receive*

Sixty percent (39/65) of participants did not feel grateful for what they receive (mean=3.631, median=4.000). This flows from a previous variable, which indicated that

participants believed that they deserve more than what they receive for their work. Inadequate remuneration, staff shortages, exhaustion, a lack of benefits and incentives, and a low morale, leave nurses feeling unappreciated and unlikely to feel grateful. For mental health nurses, shortage of staff, changes, and a lack of resources were the main stressors for ward based mental health nurses, and similarly, caused a poor morale for mental health nurses (Fagin et al., 1996).

The following section to be discussed is Section C – Support and Supervision

4.10   Section C – Support and Supervision

This section presents the results on the subscale of Support and Supervision.
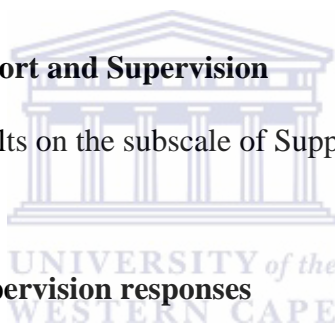
Table 4.9   Support and Supervision responses

Support and Supervision		Responses by number and percentage.					
							Total
Item number		1	2	3	4	5	
*C 1 Supervisor is supportive.	n	12	27	12	6	10	67
	%	17.91	40.3	17.91	8.96	14.93	
C 2 Uncertain to approach supervisor.	n	10	26	9	13	9	67
	%	14.93	38.81	13.43	19.4	13.43	
*C 3 Supervisor easily available.	n	10	30	6	14	7	67
	%	14.93	44.78	8.96	20.9	10.45	
*C 4 Receive guidance and teachings from supervisor.	n	8	30	11	9	9	67
	%	11.94	44.78	16.42	13.43	13.43	
C 5 Often angry and disappointed with supervisor.	n	12	27	9	12	7	67
	%	17.91	40.3	13.43	17.91	10.45	

* Indicates that item was reverse scored.

Table 4.10   Mean and Median Scores – Support and Supervision

Variable	N	Mean	Median	SD	Minimum	Maximum
C 1	67	2.627	2.000	1.301	1.000	5.000
C 2	67	2.776	2.000	1.301	1.000	5.000
C 3	67	2.672	2.000	1.260	1.000	5.000
C 4	67	2.716	2.000	1.241	1.000	5.000
C 5	67	2.627	2.000	1.265	1.000	5.000

4.10   Support and Supervision

The analysis of Support and Supervision revealed that there is a strong correlation between Support and Supervision and job satisfaction. The mean scores of items C1-C5 are all below 3.000, and most of the responses in all the variables are 1 or 2, indicating that the variables in this section is significantly related to Support and Supervision. There was one omitted response from each of the variables.
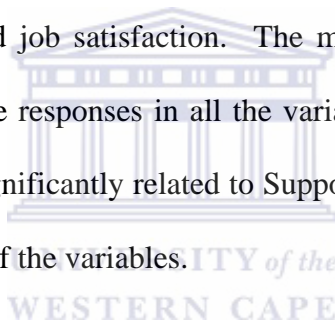
4.10 *(C1) Supervisor is supportive*

For the variable of C1, most participants (58.21% or 39/67) answered that their supervisor is supportive. Professional nurses-admin, however, felt mostly unsure (66.7% or 2/3) or disagreed (33.3% or 1/3). For the remaining groups, the majority of positive responses is encouraging for job satisfaction, as adequate supervision is identified as a factor positively related to job satisfaction by Trummers et al. (2001), Shover & Lacey (2003), Watkins (2003), and van den Berg et al. (2006). The study revealed that most nurses enjoy adequate support from their supervisors, and therefore experience job satisfaction in this regard.

4.10 *(C2) Uncertain to approach supervisor*

Likewise, most participants indicated that they feel comfortable to approach their supervisors when they have a problem (53.74% or 36/67). This is probably because most participants enjoy a supportive relationship with their supervisors, and therefore feel free to discuss problems with them. Professional nurses-admin felt less comfortable to approach their supervisors compared to the other categories of nurses, with a score of 3 (33.3% or 1/3), or a score of 4 (66.7% or 2/3). For this group of nurses, problems may not be resolved, hence, job dissatisfaction may increase. Watkins (2003) emphasizes the importance of good supervision to reduce stress and burnout.

4.10 *(C3) Supervisor easily available*

Similarly, the majority of participants felt that their supervisors were easily available (59.71% or 40/67). As stated earlier, supervisors are supportive and approachable for most nurses. The results of this variable strengthen the results of the previous two variables, indicating that most nurses enjoy positive relationships with supervisors, contributing positively to job satisfaction.

4.10 *(C4) Receive guidance and teachings from supervisor*

Consistent results are revealed by C4 confirming that most nurses enjoy a favourable relationship with their supervisors, also receiving adequate guidance and teachings along with support from them (56.72% or 38/67). No positive responses were indicated from Professional nurses-admin. This group of nurses felt that their supervisors did not provide them with guidance and teachings, with a score of 3 (50.0% or 1/2) and 4 (50.0% or 1/2),

and one missing response. For them, job satisfaction is likely to be experienced negatively in this regard. According to Watkins (2003), good supervision allows the nurse to learn on a continuous basis, allowing for personal and educational growth. In a mental health setting, Hyrkas (2005) adds that clinical supervision is an effective way to reduce job stress and burnout for psychiatric nurses, and improve job satisfaction. For mental health nurses, Berg & Hallberg (1999) reported that clinical supervision of psychiatric nurses were linked to increased creativity, improved relationships, and reduced conflict.

4.10 *(C5) Often angry and disappointed with supervisor*

Results from the above responses reveal that nurses enjoy a favourable relationship with their supervisors. It is therefore not surprising that most of the participants denied feeling angry and disappointed with their supervisors, as these feelings are not allowed the opportunity to grow, but rather resolved, due to supervisors being available and approachable.

The following section to be discussed is Section D – Interpersonal Relationships

4.11   Section D – Interpersonal Relationships

This section presents the results on the subscale of Interpersonal Relationships

Table 4.11 Interpersonal Relationships responses

Interpersonal Relationships		Responses by number and percentage.					
							Total
Item number		1	2	3	4	5	
*D 1 Good relationship with nursing colleagues.	n	30	33	2	3	0	68
	%	44.12	48.53	2.94	4.41	0	
D 2 In conflict with nursing colleagues.	n	29	30	2	3	2	66
	%	43.94	45.45	3.03	4.55	3.03	
*D 3 Work well in team with non-nursing colleagues.	n	17	31	6	12	2	68
	%	25	45.59	8.82	17.65	2.94	
D 4 Feel disrespected by non-nursing colleagues.	n	15	31	10	8	1	65
	%	23.08	47.69	15.38	12.31	1.54	
*D 5 Valued and respected by non-nursing colleagues.	n	15	29	12	8	4	68
	%	22.06	42.65	17.65	11.76	5.88	

* Indicates that item was reverse scored.

Table 4.12 Mean and Median Scores – Interpersonal Relationships

Variable	N	Mean	Median	SD	Minimum	Maximum
D 1	68	1.676	2.000	0.742	1.000	4.000
D 2	66	1.773	2.000	0.941	1.000	5.000
D 3	68	2.279	2.000	1.118	1.000	5.000
D 4	65	2.215	2.000	0.992	1.000	5.000
D 5	68	2.368	2.000	1.132	1.000	5.000

4.11   Interpersonal Relationships

The results of this section revealed a strong correlation between Interpersonal Relationships and job satisfaction. With the highest mean score of 2.368, and a median score of 2.000 for all the variables, the majority of participants enjoy good interpersonal relationships that contribute to their sense of job satisfaction.

4.11 *(D1) Good relationship with nursing colleagues*

Item D1 indicate that a significant majority of participants enjoy a good relationship with their fellow nursing colleagues. This variable has the lowest mean of 1.676, and scores of 1 or 2 at 92.65% or 63/68. Noteworthy is the high positive response rate from Professional nurses-admin, with a score of 2 (100% or 3/3). This group previously indicated a negative relationship with their supervisor, but enjoys good interpersonal relationships with their nursing colleagues, compensating for the lack of support from their supervisors. For them, job satisfaction regarding interpersonal relationships is derived from their nursing colleagues. Watkins (2003) emphasizes the importance of good interpersonal relationships with colleagues as a source of motivation. Shover & Lacey (2003) and van den Berg et al. (2006) identified good interpersonal relationships as important indicators of job satisfaction. The study indicates that nurses' good interpersonal relationships with nursing colleagues are a positive contributor to job satisfaction.
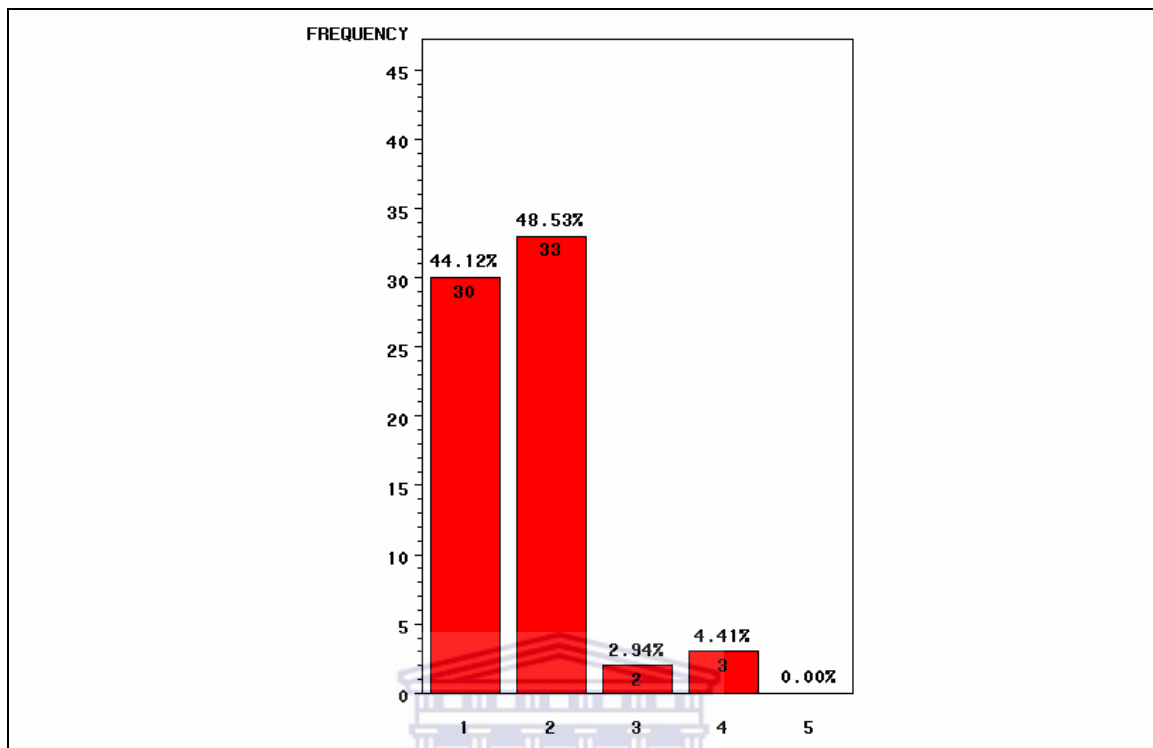
Figure 4.8 Good working relationship with nursing colleagues

4.11 *(D2) In conflict with nursing colleagues*

Following the previous response, nurses enjoy good interpersonal relationships with nursing colleagues, and therefore, seldom engage in conflict with each other (mean=1.773). Most responses scored 1 or 2 (89.39% or 59/66). Their good interpersonal relationships with each other appear to be a strong indicator for job satisfaction. Research revealed that interpersonal conflicts could result from increased workload and understaffing, which can cause tension and strain between colleagues.   (Trummers et al., 2001; van den Berg et al., 2006).   Despite being vulnerable to interpersonal conflict due to workload and understaffing, nurses were able to maintain collegial relationships with each other.

4.11 *(D3) Work well in team with non-nursing colleagues*

As with nursing colleagues, the variable D3 indicates that participants enjoy good working relationships with non-nursing colleagues as well (70.59% or 48/68). Also revealed in previous research, enjoying good interpersonal relationships with team members, such as doctors and social workers, were important factors contributing to job satisfaction in studies conducted by van den Berg et al. (2006) and Pillay (2008).

4.11 *(D4) Disrespected by non-nursing colleagues; (D5) Valued and respected by non-nursing colleagues*

Their good interpersonal relationships, as revealed in the previous variable, are further enhanced by the respect they receive from their colleagues in variables D4 and D5, scoring mostly 1 or 2 (64.71% or 44/68) in D5. Van den Berg et al. (2006) and Pillay (2008), identified feeling respected and valued by their team members as an important contributor to job satisfaction. According to Watkins (2003), feeling respected is important for a healthy self-esteem and morale, and is therefore an important contributor to job satisfaction. Despite most nurses feeling respected, they still, however, experienced low morale, as revealed previously. Feeling disrespected can therefore safely be ruled out as a major cause for low morale.

The following section to be discussed is Section E – Professional Development.

4.12   Section E – Professional Development.

This section presents the results on the subscale of Professional Development.

Table 4.13   Professional Development responses

Professional Development		Responses by number and percentage.					
							Total
Item number		1	2	3	4	5	
*E 1 Pleased with staff performance appraisal system.	n	7	10	10	10	30	67
	%	10.45	14.93	14.93	14.93	44.78	
*E 2 Happy about training and development courses.	n	3	14	11	16	24	68
	%	4.41	20.59	16.18	23.53	35.29	
E 3 Need more training and education for development.	n	3	1	8	28	28	68
	%	4.41	1.47	11.76	41.18	41.18	
*E 4 Many opportunities for promotion and advancement.	n	8	15	9	15	20	67
	%	11.94	22.39	13.43	22.39	29.85	
E 5 Feel stagnated in current position.	n	6	13	14	20	14	67
	%	8.96	19.4	20.9	29.85	20.9	
*E 6 Would encourage new graduates to apply for post at this institution.	n	11	25	15	8	8	67
	%	16.42	37.31	22.39	11.94	11.94	
*E 7 Not like to leave for at least two years.	n	11	15	22	9	10	67
	%	16.42	22.39	32.84	13.43	14.93	

* Indicates that item was reverse scored.

Table 4.14   Mean and Median Scores – Professional Development

Variable	N	Mean	Median	SD	Minimum	Maximum
E 1	67	3.687	4.000	1.438	1.000	5.000
E 2	68	3.647	4.000	1.279	1.000	5.000
E 3	68	4.132	4.000	0.991	1.000	5.000
E 4	67	3.358	4.000	1.442	1.000	5.000
E 5	67	3.343	4.000	1.262	1.000	5.000
E 6	67	2.657	2.000	1.238	1.000	5.000
E 7	67	2.881	3.000	1.274	1.000	5.000

4.12   Professional Development

Most of the variables in the Professional Development subscale produced a mean score of more that 3.000.

4.12 *(E1) Pleased with staff performance appraisal system*

For the first item, most participants illustrated their disapproval of the staff performance appraisal system with a mean score of 3.689 and a median score of 4.000. The SPMS forms part of professional development. Oliver (2008) explains that the Staff Performance Management System (SPMS) is a system introduced in 2003 for the evaluation, recognition and rewarding of public servant employees. The majority of participants scored 4 or 5 (59.71% or 40/67) for the appraisal system. Professional nurses-admin appeared more accepting of it with a positive response of 66.7% (2/3), scoring 2 for this item. The discrepancy with the rest of the sample is noteworthy. Van den Berg et al. (2006) identified professional development as an important indicator of job satisfaction. The negative responses of this variable reveal that the SPMS is not strongly correlated with Professional Development, and nurses may experience dissatisfaction in this sphere.

4.12 *(E2) Happy about training and development courses*

Most nurses were unhappy about the training and development courses they are sent to (mean =3.647, median=4.000). More than half of responses were scored at 4 or 5 (58.82% or 40/68).   Professional nurses-admin were more pleased with their training and development courses they were sent to, scoring 3 (33.3% or 1/3) or 2 (66.7% or 2/3). This may suggest that they attend more courses, or more appropriate and relevant courses. In

addition, their different training needs due to their different job description may be a possible reason for this. Training and education allows for personal growth, the development of skills and knowledge, and advancement (van den Berg et al., 2006; Pillay, 2008). A lack of these opportunities therefore prevents and stunts the professional growth and development of nurses, and causes a decline in job satisfaction.

4.12 *(E3) Need more training and education for development*

Most nurses of all categories reported a need for more training and development, consistent with the preceding variable. The lack of training, as revealed in the results, has a negative impact on Professional Development, and has the highest mean score of 4.132 and a median score of 4.000. The majority of participants scored 4 or 5, both at 41.18% (28/68) each, or a combined score of 82.36 (56/68). It is evident from the results that a lack of training and education prevents professional growth and development, and may cause stagnation on nurses. The importance of ongoing training is vital to reduce job stress due to incompetent nurses (Deloughery, 1991; Gordon, 2005). Previous research stresses the importance of training for job satisfaction. Inadequate training was one of the factors of dissatisfaction found in a study by van den van den Berg et al. (2006). Of the latest research in South Africa, Pillay (2008) adds that public sector nurses were particularly dissatisfied with, amongst others, career development.
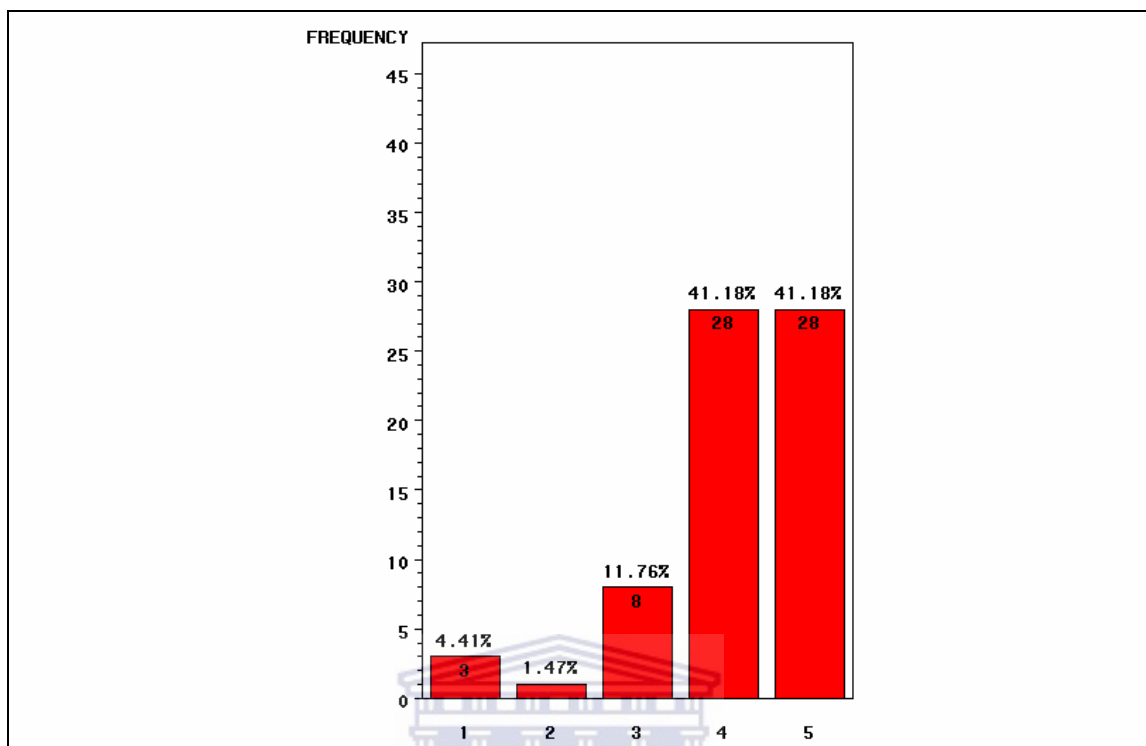
Figure 4.9   Need more training and education

4.12 *(E4) Many opportunities for promotion and advancement*

Most nurses also felt that there was a lack of opportunities for promotion and advancement (52.24% or 35/67). One participant omitted this item. A lack of opportunities for career advancement hold negative implications for job satisfaction, as reported by Deloughery (1991), Shover & Lacey (2003), Gordon (2005), van den Berg et al. (2006), and Pillay (2008).

4.12 *(E5) Feel stagnated in current position*

The majority of the sample felt stagnated in their current position (mean=3.343, median=4.000). A combined response rate of 4 and 5 produces a total of 50.04% or 34/67.

One participant omitted this item, and many participants (20.9% or 14/67) responded with a score of 3, depicting their uncertainty regarding this variable. It can be concluded that the lack of opportunities and advancement, inadequate training and development, and the failing SPMS, as indicated in the preceding responses, resulted in nurses feeling stagnated. Professional nurses-admin agreed at 100.0% (3/3). Staff nurses (75.0% or 3/4) followed Professional nurses-admin in feeling stagnated in their current positions. The future opportunities for theses two groups appear precarious from this finding. Deloughery (1991), Gordon (2005), van den Berg et al. (2006), and Pillay (2008) describe the importance of adequate training and development to prevent incompetence, work stress and stagnation.

4.12 *(E6) Would encourage new graduates to apply for a post*

The variable E6 has the lowest mean score of 2.657 and a median score of 2.000. Despite the preceding variables' higher mean scores, and negative indications for Professional Development, many participants indicated that they would encourage new graduates to apply for a post. However, many participants (22.39% or 15/67) felt unsure, scoring 3 for this variable. This may suggest an uncertain future vision. This variable is strongly correlated with Professional Development. This can be interpreted in various ways. Participants may recognize the advantages of being employed at the institution. They may experience adequate job satisfaction, or they may feel positive about the future prospects of the institution. They may also recognize the need to fill staff shortages and relieve their current burden.

4.12 *(E7) Would not like to leave for at least two years*

Despite the negative factors identified for Professional Development thus far, many participants indicated that they would not like to leave for at least two years, scoring a positive 1 or 2 (38.81 or 26/67). However, a high percentage participants felt unsure with a score of 3 (32.84% or 20/61). The high unsure responses for this variable point to an uncertain future vision of the hospital. Professional nurses-admin (100% or 3/3) felt strongest that they would leave their position in the near future. Previous responses revealed that this group felt stagnated in their current position. Staff nurses (50.0% or 2/4), too, were willing to leave their jobs. It appeared that these groups were open to better opportunities, which would relieve their sense of stagnation, and dissatisfaction. The two remaining groups of Professional nurses-ward and Nursing Auxiliaries felt less stagnated, and less likely to leave within the next two years. The effects of stagnation on job dissatisfaction were evident in this finding. This item has a mean score of 2.881 and median score of 3.000, indicating a stronger correlation for Professional Development than most of the preceding variables for this subscale. Job satisfaction may be experienced positively for this group of participants.

The following section to be discussed is Section F – Patient Care.

4.13 Section F – Patient Care.

This section presents the results on the subscale of Patient Care.

Table 4.15 Patient Care responses

Patient Care		Responses by number and percentage.					
							Total
Item number		1	2	3	4	5	
F 1 Feel threatened when caring for aggressive patients.	n	4	22	8	16	11	61
	%	6.56	36.07	13.11	26.23	18.03	
F 2 Worry that patients will commit suicide or harm themselves.	n	5	12	10	26	8	61
	%	8.2	19.67	16.39	42.62	13.11	
F 3 Not comfortable caring for psychotic patients.	n	23	27	5	2	3	60
	%	38.33	45	8.33	3.33	5	
F 4 Uncertain, confused, or incompetent managing difficult patients.	n	21	29	5	4	2	61
	%	34.43	47.54	8.2	6.56	3.28	
***F 5** Possess skills and competence managing patients optimally.	n	21	30	3	5	3	62
	%	33.87	48.39	4.84	8.06	4.84	
***F 6** Find satisfaction in caring for and helping patients.	n	33	22	4	1	0	60
	%	55	36.67	6.67	1.67	0	

* Indicates that item was reverse scored.

Table 4.16 Mean and Median Scores – Patient Care

Variable	N	Mean	Median	SD	Minimum	Maximum
F 1	61	3.131	3.000	1.271	1.000	5.000
F 2	61	3.328	4.000	1.179	1.000	5.000
F 3	60	1.917	2.000	1.030	1.000	5.000
F 4	61	1.967	2.000	0.999	1.000	5.000
F 5	62	2.016	2.000	1.079	1.000	5.000
F 6	60	1.550	1.000	0.699	1.000	4.000

4.13   Patient Care

For Patient Care, most of the variables obtained a mean score below 3. Professional nurses-admin did not complete this section, as it is non-applicable to them.

4.13 *(F1) Feel threatened when caring for aggressive patients*

For item F1, a small difference in responses for scores 1 and 2 (42.63 or 26/61), and 4 and 5 (44.26% or 27/61), were obtained (mean=3.131, median=3.000). According to Frisch & Frisch (2006), psychiatric nurses are exposed to extremes of behaviours, which may be difficult for them to cope with. Aggressive, violent, and suicidal patients, were some of the stressors identified by Kipping (2000) and Ito et al. (2001). They reported that psychiatric nurses are subjected to the fear of being attacked, linking it to job dissatisfaction, and intent to leave. The results of this variable indicate that slightly more nurses feel threatened by aggressive patients, as pointed out by the literature.

4.13 *(F2) Worry that patient will commit suicide or harm themselves*

The majority of nurses (55.73% or 34/61) worried about their patients' safety, that they may commit suicide or harm themselves (mean=3.328, median 4.000). Kipping (2000) identified suicidal patients, death of patients, violence, and physical restraint as stressors experienced by psychiatric nurses. The majority of participants felt worried about the safety of self-injurious and suicidal patients. All categories of nurses experienced this concern. This finding supports literature and previous research that the psychiatric hospital environment holds unique stressors regarding patients' conditions and behaviours, causing raised stress levels for nurses, and decreasing satisfaction levels (Happell, Martin, &

Pinikahana, 2003; Gigantesco, Picardi, Chiaia, Balbi, & Moronsini, 2003). The results of this variable emphasize the stressors experienced by nurses in a psychiatric mental health setting.

4.13 *(F3) Not comfortable caring for psychotic patients*

Despite the stressors of caring for psychiatric patients, most participants' scored a low 1 or 2, (83.33% or 50/60), and felt comfortable caring for psychotic patients, as opposed to caring for suicidal or self-injurious patients. It appears that nurses are well able to cope with the behaviours of psychotic patients, as indicated by the responses of this variable (mean=1.917, median=2.000). This finding is in contrast with the previous finding, which revealed that they were often worried about patient safety. This revealed the difference in the stress experienced in managing self-injurious and suicidal patients, which may reflect negatively on nursing care, as opposed to management of psychotic patients, which nurses felt comfortable and competent to deal with.

4.13 *(F4) Uncertain, confused, or incompetent managing difficult patients*

The result of variable F4 is consistent with the results of the preceding variable, indicating that most nurses felt competent and comfortable to manage difficult patients. A low mean score of 1.967 and a median score of 2.000, indicate that competence in managing difficult patients is a positive contributor to job satisfaction pertaining to Patient Care. Research reveals that psychiatric nurses experience greater stress than other setting nurses (Clinton & Hazelton, 2000; Kipping, 2000; Happell et al., 2003; Gigantesco et al., 2003). However, the results of the study indicate that nurses cope well in managing difficult patients.

4.13 *(F5) Possess skills and competence in managing patients optimally*

Most nurses felt skillful and competent to manage patients, consistent with the preceding responses (mean=2.016, median=2.000). The majority of participants scored a low 1 or 2 (82.26% or 51/62), revealing that skills and competence is significantly related to Patient Care. The stressors of the psychiatric environment as, pointed out by various researchers (Clinton & Hazelton, 2000; Kipping, 2000; Happell et al., 2003; Gigantesco et al., 2003), do not appear to affect the competence and skills of nurses in the study. This demonstrated the importance of adequate training and development. This finding pointed to a high level of competence, experience, and skills. However, short staffing may affect the quality of patient care, and may lead to lowered job satisfaction. The nurses' enjoyment of patient care was evident in these results, as competence enhanced patient care and improved job satisfaction.
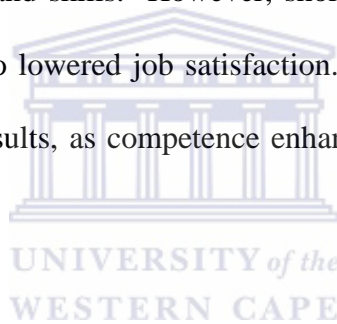
4.13 *(F6) Find satisfaction in caring for and helping patients*

It was evident that most nurses obtained satisfaction in caring for patients and helping them. This variable (F6) obtained the lowest mean score for this subscale, as well as other subscales (mean=1.550, median=1.000). This indicates that caring for patients is the strongest single factor correlated to Patient Care, and hence, job satisfaction. The highest combined scores of 1 and 2 is obtained in this variable (91.67% or 55/60), clearly revealing that contact made by caring for patients are experienced positively by the participants. Enjoying the nursing profession, and caring for patients, are often identified as factors contributing to job satisfaction (Shover & Lacey, 2003; van den Berg et al., 2006; Pillay, 2008). It was evident from the high percentages of nurses who enjoy caring and helping

their patients, that job satisfaction is strongly linked to caring for patients. Job satisfaction is enhanced when nurses felt they possessed the necessary skills and competency, or experience in doing so. As patient care is often the primary duty of most nurses, particularly in hospitals, job satisfaction pertaining to the factor of patient care is very significant. In support of previous job satisfaction studies, the enjoyment of caring for patients has been found to be a significant indicator of job satisfaction. Nurses were more likely to stay in the profession when they knew they were able to meet patients' needs, and felt more satisfied (Pillay, 2008; Shover & Lacey, 2003; van den Berg et al., 2006). The results of the study strongly support findings of previous research.
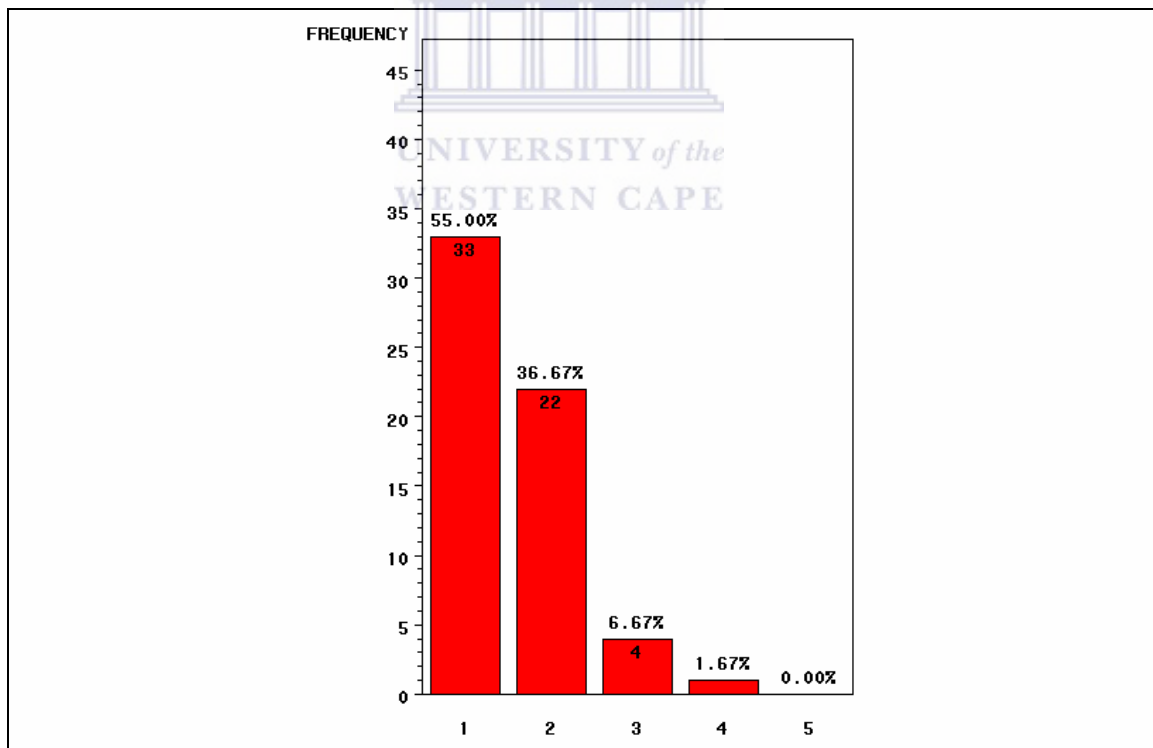
Figure 4.10   Find satisfaction in caring for and helping patients

4.14   Comparison of subscales

The mean scores of the subscales were done by SAS v9 software. Table 4.18 compares the difference in the mean scores on each subscale.

Table 4.17   Subscale mean scores

Subscale	Title	N	Mean	Median	SD
Section A	Workload	61	3.143	3.250	0.657
Section B	Rewards	62	3.599	3.633	0.728
Section C	Support and Supervision	67	2.692	2.600	1.050
Section D	Interpersonal Relationships	67	1.986	2.000	0.674
Section E	Professional Development	68	3.385	3.310	0.634
Section F	Patient Care	61	2.475	2.400	0.610

For the subscale of Workload, the mean is 3.143. Because it is somewhat higher than 3, the point at which responses would be neutral, this indicates that Workload is not correlated to job satisfaction. Because a score higher than 3 is directed to a worse outcome for job satisfaction for that scale, it can be concluded that the mean for Workload does not contribute to job satisfaction, but more to job dissatisfaction. The variables explored for Workload revealed that a shortage of nurses and a lack of resources affect Workload. Participants felt strongly that improved resources would improve Workload, and that a shortage of staff has negative implications for Workload.

The correlation between Rewards and job satisfaction is not significantly related. A mean score of 3.599 indicates that Rewards are experienced as negatively correlated to job

satisfaction. The variables for Rewards explored happiness and fulfillment, appreciation and recognition, remuneration, benefits and incentives, and staff morale. Low salary and low staff morale were the factors that contributed the most to dissatisfaction, whereas participants felt most rewarded by the care they render to patients.

Support and Supervision are significantly related to job satisfaction with a lower mean score of 2.692. This section contains the highest standard deviation of 1.050, and therefore has a higher degree of error than the other subscales. The strong correlation between Support and Supervision and job satisfaction is obtained from supervision, relationships with supervisors, and availability and guidance from supervisors. These factors contributed positively to this subscale, rendering Support and Supervision an important indicator of job satisfaction.
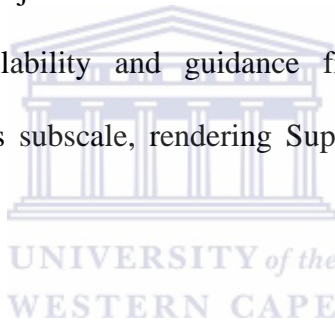
Interpersonal Relationships have the lowest mean score of 1.986. This subscale therefore has the strongest correlation to job satisfaction. The variables studied in this section are therefore significantly related to job satisfaction. Participants derive the most job satisfaction from the positive, good relationships they experience with their nursing colleagues in particular, but also from their non-nursing team members. Feeling respected and valued is a strong indicator for job satisfaction.

The correlation between Professional Development and job satisfaction is not strongly correlated due to a higher mean score of 3.385. The variables explored in this section looked at staff performance appraisal, training and development, promotion and career

advancement, stagnation, and future perceptions. The mean scores for this subscale were mostly above 3, with a higher mean scores for training and education. The lowest mean score for this subscale was obtained in the variable of new graduates applying for a position at the institution.

Patient Care is one of the three subscales strongly correlated to job satisfaction. It has the second lowest mean score of 2.475. The variables studied for Patient Care looked at patient care pertaining to a psychiatric hospital. Patient safety, threats, patient behaviours, and nurses' competence and skills were explored. The most significant contributor correlated to Patient Care was caring and helping patients, which has the lowest mean score in the study.

4.15   Comparison of subscale pairs

This section analyses the subscales A-F, by comparing the mean responses across the scales. To test whether there was a significant difference in the mean scores on each subscale, a one-way analysis of variance with repeated measures on the factor of Scale was used. Significant overall differences were found (*p<0.0001). There were 15 different pairs of scales. A significance level of 0.01 was used for the pairwise comparisons. All pairs were significantly different, except A-E, B-E, and C-F. The means for these pairs were relatively close: (3.14, 3.39), (3.60, 3.39), and (2.69, 2.48).

Table 4.18   Differences of pairwise means

Pairs	Estimate	t value	p-value	Pairs	Estimate	t value	p-value
A-B	-0.45	-3.79	*.0002	B-F	1.10	9.24	*.0001
A-C	0.45	3.86	*.0001	C-D	0.70	6.20	*.0001
A-D	1.15	9.90	*<.0001	C-E	-0.69	-6.12	*.0001
A-E	-0.24	-2.09	0.0372	C-F	0.20	1.72	0.0861
A-F	0.65	5.43	*.0001	D-E	-1.39	-12.34	*.0001
B-C	0.90	7.75	*.0001	D-F	-0.50	-4.32	*.0001
B-D	1.60	13.82	*.0001	E-F	0.89	7.69	*.0001
B-E	0.20	1.79	0.0751				

*p<0.01

Figure 4.11 compares the mean scores across scales.
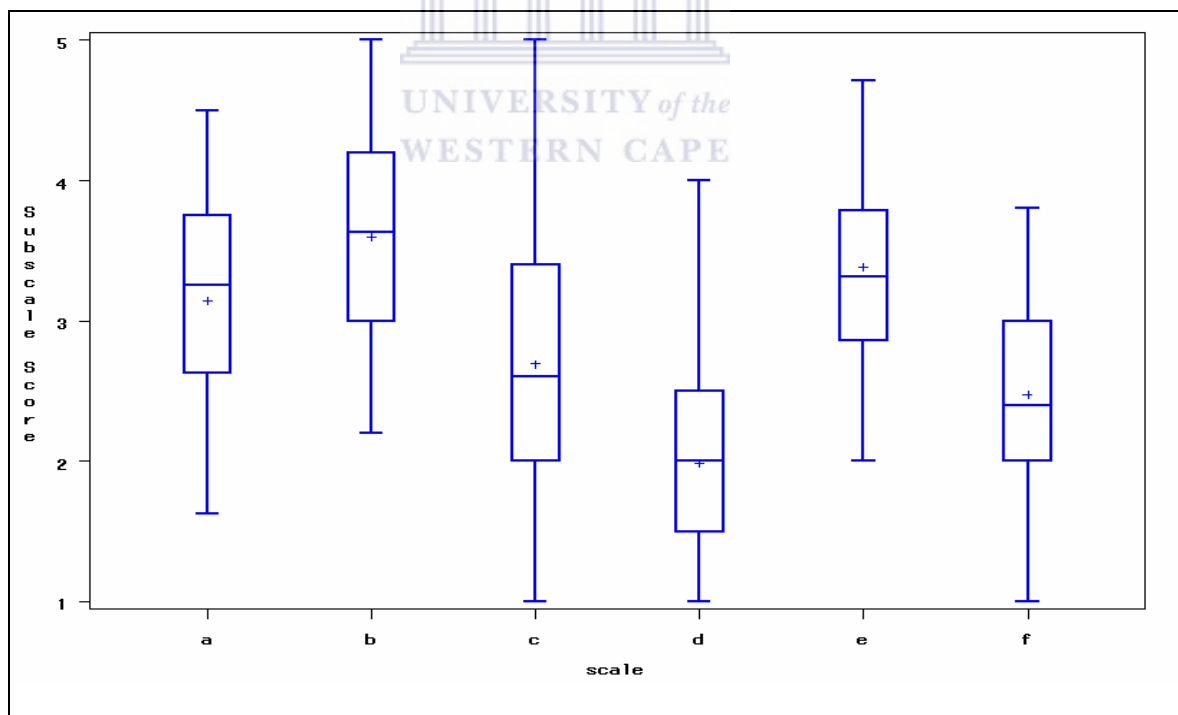
Figure 4.11 Comparison of mean scores across scales

The biggest difference in the various pairs is between B and D. These sections dealt with Rewards and Interpersonal Relationships. The significant difference is not surprising because Section B (Rewards) had the highest mean score, and the weakest correlation to job satisfaction, whilst Section D (Interpersonal Relationships) had the lowest mean score and the highest correlation to job satisfaction.

The second most significant difference between the means is between D and E. Section D (Professional Development) had the second highest score after Section B, and Section D (Interpersonal Relationships) had the lowest mean score. Therefore, the difference is significant because D is highly correlated to job satisfaction, as opposed to E, which is not significantly contributed to job satisfaction.

Also significantly different in mean responses is between the pair A-D. The mean score of A (Workload) is relatively high in comparison to the low mean score of D (Interpersonal Relationships). This means that these two scales are different in the way they are correlated to job satisfaction. Workload is not significantly related to job satisfaction, whereas Interpersonal Relationships is highly correlated to job satisfaction.

The scales B-F also indicate a big difference in mean responses. Section B (Rewards) has the highest mean score, and therefore the least significant correlation to job satisfaction, and Section F (Patient Care) has the second lowest mean score, and is therefore highly correlated to job satisfaction.

Following B-F is the pair B-C. Section C (Support and Supervision), follows Patient Care as highly correlated to job satisfaction. Subscale C has a lower mean score, as opposed to Section B (Rewards) with the highest mean score, hence the pair is significantly different.

Following closely is the difference in mean scores for pair E-F. Subscale E (Professional Development) has the second highest mean, and not closely related to job satisfaction. This is in contrast with subscale F, which has a low score, and is highly correlated to job satisfaction.

Also significantly different is pair C-D. Although both of these scales are strongly correlated to job satisfaction with mean scores below 3, the are significantly different in the mean responses. Subscale D (Interpersonal Relationships) has the lowest mean response, which is significantly lower than subscale C, and therefore significantly higher correlated to job satisfaction than D.

Similarly, pair C-D are both significantly related to job satisfaction, where D has a significantly lower mean score than D, and therefore, a higher correlation.

Pair C-E is significantly different because subscale E (Professional Development) has a much higher mean response and low correlation, in comparison to subscale C (Support and Supervision), which has a low mean response, and a strong correlation.

Pair A-F compares the difference between Section A (Workload), with a relatively high mean score, and low correlation to job satisfaction, to section F (Patient Care), with a relatively low score, and high correlation.

Section D (Interpersonal Relationships) and Section F (Patient Care), are both highly correlated to job satisfaction, with mean responses below 3. The difference in the mean scores, however, are significantly different because D has a much lower score.

Pair A-C indicates a significant difference, as subscale A has a high mean score, compared to subscale C, with a low mean score. Likewise, the difference between pair A-B is significantly different, both with high means scores, but B is significantly higher.

The mean responses between pairs A-E is very close, due to the high mean scores of both, with an insignificant difference between them. The same is found between subscales B and E, both with high mean scores, and therefore a small difference. Pair C-F are both low in mean scores, and have means which are relatively close, hence, these three pairs are not significantly different.

The following section to be discussed is Section G – Open-ended question.

Section G

4.16   Section G – Open-ended Question

This section presents the results of the open-ended question.

4.16.1   Introduction

The data collection instrument comprised of one open-ended, self-report question, which was strategically placed as the last item, Section G, on the questionnaire. The question posed in this section read: *Please share any ideas about your sense of job satisfaction which was not covered in this questionnaire.* Eighteen participants (26.4%), from 68 who completed questionnaires, chose to write their responses in this space. One response did not reveal any new themes. Seventeen questionnaires were used for analysis. The content of the responses was reviewed and analyzed statistically for occurrence of themes that emerged. No new themes, however, could be identified. The responses echoed the aspects of job satisfaction covered in Sections A to F. Four participants commented on the research instrument. One of them wrote, *"Everything was covered".* This questionnaire was not included in the thematic analysis, as no themes were present. Another participant wrote, *"You compiled this form very well",* whilst one participant felt that the instrument was inadequate, and did not allow for clarification. One participant felt that they complete the same questionnaires every year, but there were still no improvement in job satisfaction. The participant did not specify which questionnaire was referred to. The response that everything was covered appeared to be a very probable reason most of the participants chose not to complete this section. Another possibility is lack of time, or feeling despondent, as indicated by the last response above.

4.16.2   *Analysis*

The data was analyzed thematically.   The following themes were identified from the various responses:

Table 4.19 Thematic analysis

Themes	Included	Excluded
G1. Unhappy about staff performance and OSD System.	35.3% (6/17)	64.7% (11/17)
G2. Would like improved relationships with supervisor.	5.9% (1/17)	94.1% (16/17)
G3. Problematic working relationship with other departments.	11.8% (2/17)	88.2% (15/17)
G4. Wants to be recognized and appreciated.	41.2% (7/17)	58.8% (10/17)
G5. Skills training and post-basic education.	11.8% (2/17)	88.2% (15/17)
G6. Morale boosters.	11.8% (2/17)	88.2% (15/17)
G7. Being able to help patients.	5.9% (1/17)	94.1% (16/17)
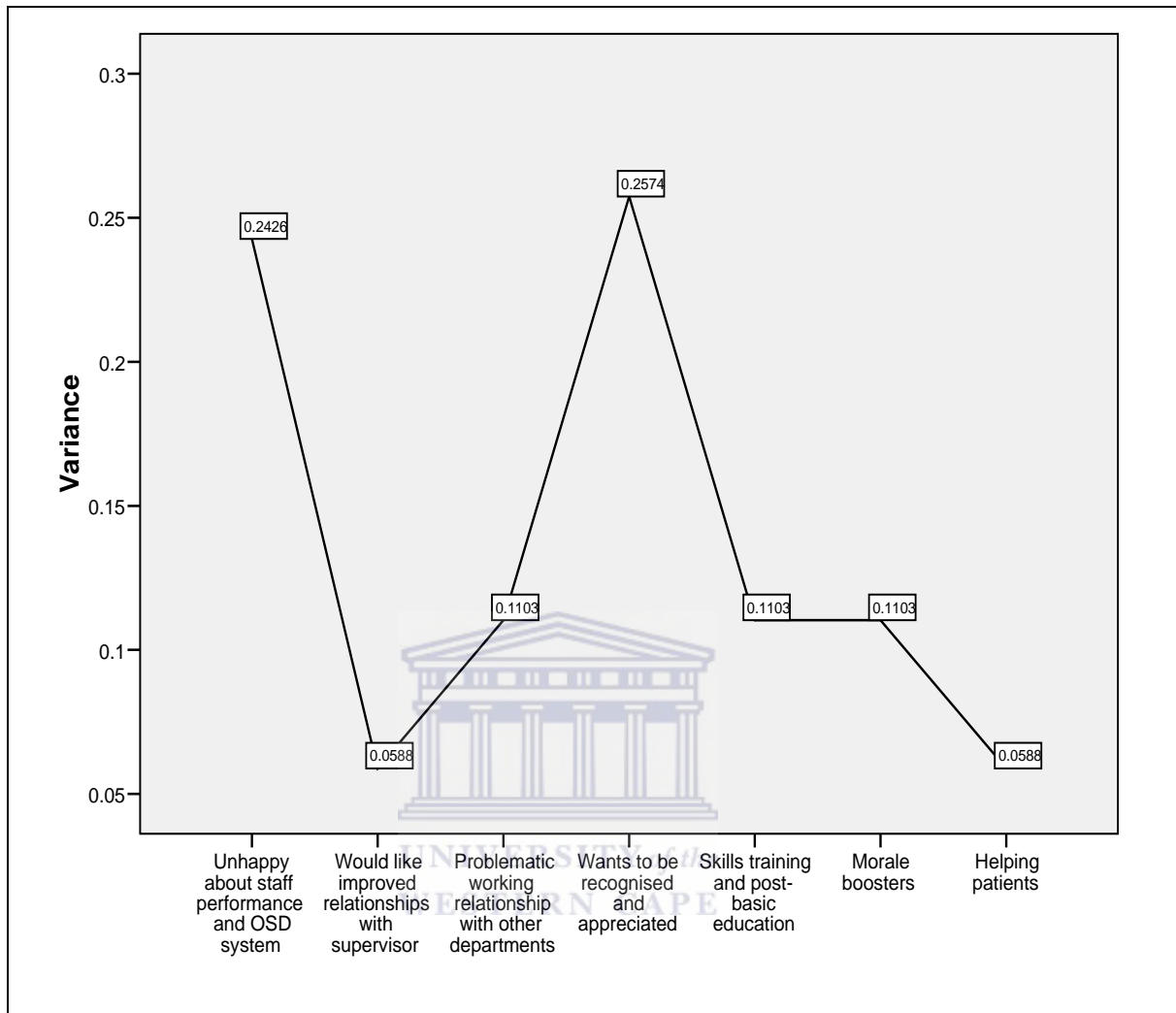
Figure 4.12 Graphical thematic representation of data

4.16.3   *Thematic Analysis*

Seven main themes from the underlying sub-themes were identified.

4.16.3.1   *G1: Unhappy about Staff Performance Management (SPMS) and Occupation Specific Dispensation (OSD) System.*

G1.1 Insecurity

G1.2 Dissatisfaction

G1.2.1 Disappointment, frustration, anger, conflict

G1.3 Length of service

G1.4 Failing system

G1.5 Unfair, not beneficial to all

G1.6 Not paid for hard work

4.16.3.2   G2: Improved relationships with supervisor.

G.1   Relationship between nursing staff and supervisors

G2.2 Communication

4.16.3.3   G3: Problematic working relationship with other departments.

G3.1 Interference from other disciplines

G3.2 Communication

G3.3 Incompetence of other disciplines

G3.4 Importance of teamwork

4.16.3.4   G4: Recognition and appreciation.

G4.1 Role of nurses

G4.2 Not looked after

G4.3 Hard work not recognized

G4.4 Backbone of hospital not recognized

G4.5 No understanding from Health Department

G4.6 Not paid for hard work

G4.7 No recognition for length of service

4.16.3.5   G5: Skills training and post-basic education.

G5.1 More bursaries

G5.2 Skills advancement

G5.3 Long waits to further education

G5.4 Good career pathing

4.16.3.6   G6: Morale boosters.

G6.1 Institution not doing enough for nurses

G6.2 Lowered morale

G6.3 No improvement of job satisfaction

4.16.3.7   G7: Being able to help patients.

G7.1 Job satisfaction

G7.2 Patients living life to the fullest

4.17   Factors contributing to job satisfaction

The theme that emerged as a factor contributing to job satisfaction reflected some of the variables in Section F. This theme is discussed below.

4.17.1   *Being able to help patients*

This was the only theme that emerged as a contributory factor to job satisfaction. One participant recorded that job satisfaction is obtained when one knows you can help someone live life to the fullest after a person felt there was no hope. This theme identified an important factor influencing job satisfaction. Knowing that one is making a difference to patients have often been identified by nurses as a contributor of job satisfaction. The human contact, hope, and improving the quality of their patients' lives are commonly cited reasons (Edelwich & Brodsky, 1980; Gordon, 2005; van den Berg et al., 2006). In this regard, one participant wrote: *"The most important thing about job satisfaction is when you see someone in the streets whom there was no hope for him doing his normal job or living his life to the fullest"*.
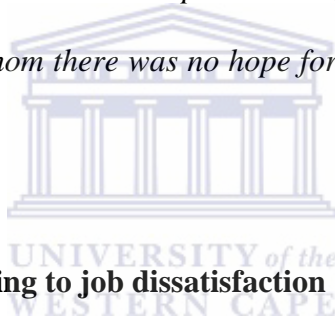
4.18   Factors contributing to job dissatisfaction

The themes that emerged as factors contributing to job dissatisfaction mirrored the items in sections A-F. The majority of responses reiterated the items on the scales. This appeared significant in itself as it could indicate the significance of the particular item as contributing to job dissatisfaction. These findings are discussed in more detail.

4.18.1   *Staff Performance Management System (SPMS) and Occupation Specific Dispensation (OSD)*

The second most frequently cited responses from participants (35.0%), wrote about their unhappiness about the monetary rewards, particularly the SPMS and the OSD system. The participants indicated feeling insecure, greatly disappointed and angry at the OSD system.

Some of the reasons provided for this were that it was unfair, and benefited only those whom were favoured by managers. Those with long service did not benefit from the OSD, creating a source of conflict between nurses, and affected nursing care negatively. New graduates, however, felt that it was difficult for them to work with those who did not benefit from the system. One response captures this unhappiness: *"...there seems to be a great sense of disappointment between nurses especially nurses who did long services that really didn't benefit out of this system. This is causes a lot of frustration/conflict between nurses which normally will have a negative impact on nursing care at the end of the day"*. One participant wrote: *"They are eating the meat for just sitting at parliament and we get bones for our hard work"*. The many problems identified by the participants regarding the payment system caused dissatisfaction. This theme is consistent with the dissatisfaction written about the OSD (Tota, 2008; Fongqo, 2008). Another participant wrote: *"The new OSD system must be revised again, because we as newly graduates find it difficult to work with staff that did not benefit from the system"*.

4.18.2   *Recognition and Appreciation*

This was the most frequently occurring theme (41.0%). A general sense of not enjoying the recognition and appreciation they seek, was present in the responses. Many participants reiterated their desire to be recognized and appreciated for their role, importance, and contribution to health care, as the backbone of the health system. This factor overlapped from those who felt unhappy about the SPMS and OSD system, who conveyed a sense of being ignored and not cared for. One participant responded: *"Staff who all worked hard is not all looked after. The SPMS system is failing us"*. *"No recognition for 20 years of*

experience!" Another participant responded: *"The nursing profession needs to be recognized for their role in health care to the level that is deserves. I am of the opinion that the important role of nursing is not recognized and appreciated as it should be"*.

4.18.3   Training and Development

Training and career development was considered important factors contributing to job satisfaction. Career pathing, further post-basic education, funding for bursaries, skills advancement, and staff development were factors identified by participants for their training and development needs. One participant felt that they have to wait too long before advancing their education, or for bursaries to be made available. *"More bursaries for post graduate Courses, so that the nurses can advance their skills, not to wait for 10 years or 20 years in order to get educational funds"*.
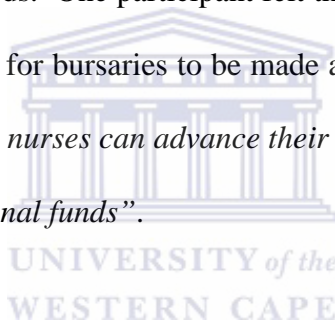
4.18.4   Staff Morale

Some participants indicated that not being recognized and appreciated for their contribution caused low staff morale. Not being rewarded by the system of payment (SPMS and OSD) further caused low staff morale. Participants felt that morale need to be boosted. It was felt that the institution did not take the responsibility to raise the morale of its staff members. *"Moraal boosters, Staff Development can be attended too! The Staff Performance Management System is a damper on the Nursing services"*. Whilst poor staff morale caused dissatisfaction, dissatisfaction conversely caused low staff morale.

4.18.5   Support and Supervision

In respect of supervision and support, some participants felt that it was important to have a good relationship with supervisors. One participant felt that managers treated some nurses unfairly. Communication needed to be improved. Responses in this regard were: *"The relationship between the nursing staff and supervisors..."*, and *"The OSD was given to those who are being liked by managers. It was an unfair deed"*.

4.18.6   Relationships with other departments

A few participants expressed difficulties in working in a team with other disciplines. The security officers in the ward, and social workers were identified for not fulfilling their duties. The importance of teamwork was pointed out. Good communication with other disciplines helped to combat difficulties with other disciplines. Poor working relationships with other departments caused dissatisfaction amongst nursing staff. One participant wrote: *"...and that other disciplines should stop interfering in nursing issues, for example, social worker, cleaners, security"*.

4.19   Discussion of Results

The extrinsic factors of job satisfaction explored in the research instrument are illustrated in Figure 4.13.
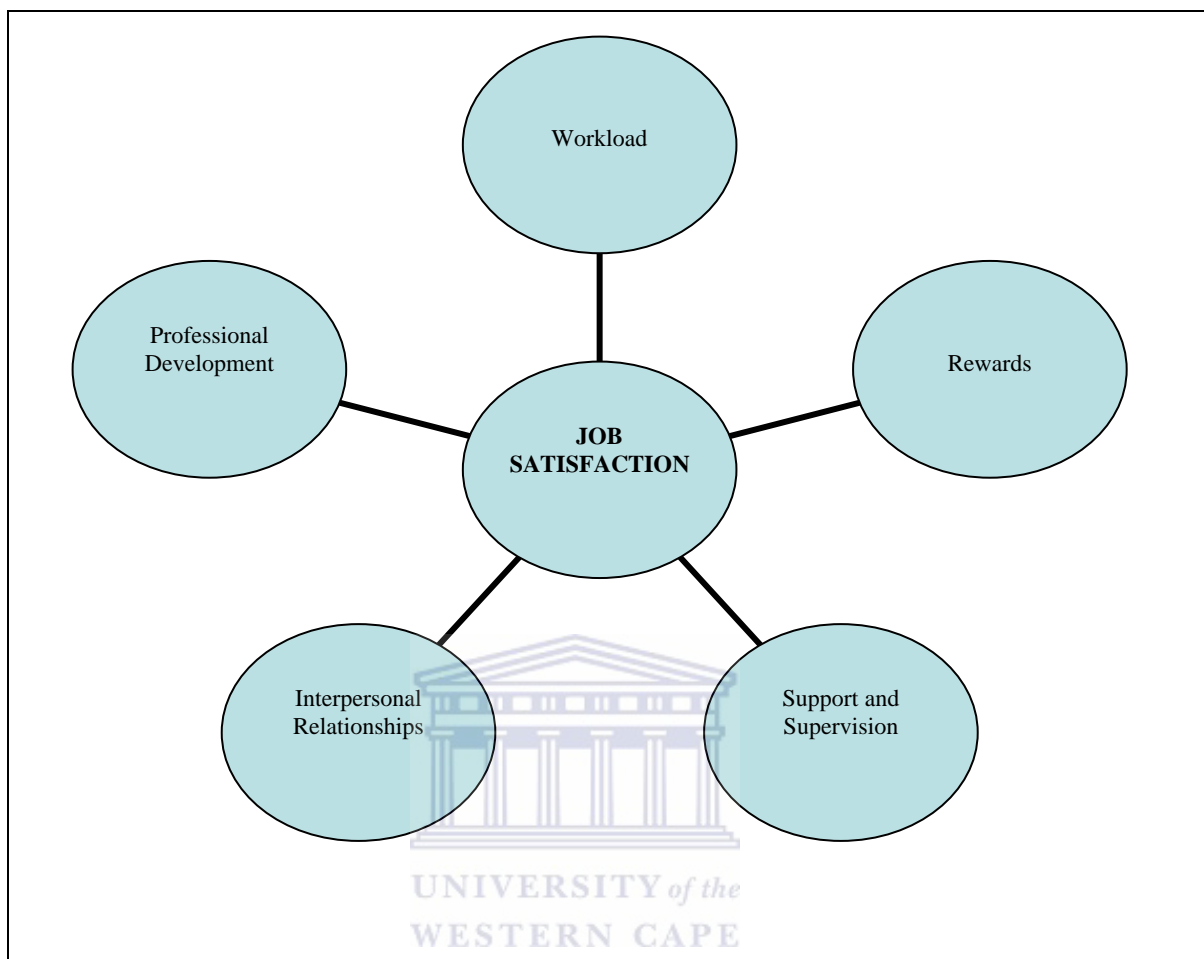
Figure 4.13 The extrinsic factors influencing job satisfaction

The research results of each of these extrinsic aspects are summarized below.

4.19.1   Section A - Workload

The mean score for Workload was 3.143, indicating a tendency to lower job satisfaction. The section on workload investigated how nurses were able to cope with their workload and the extent it influenced job satisfaction. The literature largely refers to the extremes of workload, inadequate staffing, and nursing output and performance. The result of the study confirmed the results of previous studies that nurses are generally overworked and tired. The Professional nurses working in the wards, however, mostly disagreed that they felt

tired and overworked, although they felt worried about what they still have to do and felt anxious and pressured about finishing their work. Nursing auxiliaries felt less pressured and anxious, but more tired and overworked. The reason for this may be the different job expectations of these groups. Professional nurses working in an administrative capacity do not have the same clinical duties of ward-based nurses, but may be pressured to complete administrative tasks and management duties. Professional nurses working in wards are ultimately responsible and accountable for the management of the ward and patient care, causing them to feel pressured and anxious and worry about what needs to be done. Most participants disagreed that they cannot find time to do all their duties, yet they feel tired and overworked. A hospital environment is by definition of its nature a stressful place. In addition, the psychiatric environment, as often cited in literature (Happell et al., 2003; Flanagan, 2006), holds its own stressors. Most nurses felt that they could cope with their duties and that they had sufficient time to do their duties, but also felt that their days were not relaxed. They felt strongly that they needed additional staff to render a good quality service, and that they required better resources to fulfill this. Overall, most nurses were overworked and tired, except ward-based Professional nurses. All nurses had sufficient time and were able to cope with their duties, but worked under pressure due to inadequate staff and resources.

4.19.2   Section B - Rewards

The mean score for Rewards (3.599), indicated that job satisfaction for this section was the lowest of the subscales. The Rewards section explored the factors which nurses found rewarding pertaining to their remuneration, recognition, appreciation, and

acknowledgement. Although most nurses felt happy and fulfilled in their work, a large percentage also did not feel this way.   Most nurses did not feel appreciated and recognized for their contribution. A large percentage of the sample was unhappy with their salaries. Ward-based Professional nurses, however, were divided about this. Many of them were pleased about their salaries. The open-ended question in Section G may shed some light on this, which revealed that the Occupational Specific Dispensation (OSD), have become a source of unhappiness for many nurses, many of whom benefited from its implementation, and many who did not. In addition to unhappiness about salary levels, most participants felt that benefits and incentives were lacking, as opposed to admin-based Professional nurses who mostly felt that they enjoyed many benefits and incentives. A high association was found between job title and the enjoyment of benefits and incentives. Most nurses were willing to leave their position for another for a higher salary. The majority of nurses thought they deserved more and did not feel grateful for what they receive. Professional nurses-admin, however, felt grateful for what they receive, but all (100.0%) agreed to leave their position with a higher salary. This strongly indicated unhappiness about salary levels, despite other benefits and rewards this group may have enjoyed, which were clearly not enough for them to want to stay. Most nurses felt happy and fulfilled by the services they rendered to their patients, although they felt unappreciated, unrecognized, and felt that they deserved more. This is supported by previous studies, which reported that nurses obtained job satisfaction and felt rewarded by caring for their patients. This was also identified in the qualitative section of this study. The majority of participants felt that staff morale was low. The other responses of this section provided the explanation for low staff morale. It

appeared that higher salaries, increased benefits and incentives, recognition and appreciation boosted staff morale.

4.19.3   Section C - Support and Supervision

With a mean score of 2.692, job satisfaction improved for Support and Supervision. This section investigated the support and supervision enjoyed by nurses. Supervision and support have been identified as important for the development, coping, and well-being of nurses. The results of this section revealed that the participants enjoyed a favorable, supportive relationship with their supervisors. Most participants felt adequately supported by their supervisors. Supervisors appeared approachable and available when needed by nurses, and nurses felt comfortable to seek assistance from them. Nurses also felt their supervisors provided them with the necessary guidance and teachings. Professional nurses who were admin-based did not enjoy the same relationship with their supervisors as the rest of the sample. This group was equally divided about whether their supervisors were available for them. Fifty percent of Professional nurses-admin felt that they did not receive the necessary guidance and teachings from their supervisors, and 50.0% were unsure whether they did. This group was also equally divided about their feelings towards their supervisors, many of them felt angry and disappointed, unsure, or did not feel angry and disappointed. The rest of the sample mostly disagreed that they felt angry and disappointed with their supervisors. Overall, most nurses enjoyed a positive and supportive relationship with their supervisors. The study identified that support and supervision were important factors influencing job satisfaction.

4.19.4   Section D - Interpersonal Relationships

Regarding Interpersonal Relationships, participants enjoyed the highest job satisfaction for this, with a mean score of 1.986. Enjoying healthy interpersonal relationships in the workplace is vital for the optimal functioning and well-being of workers. Nurses work closely with their colleagues. Their relationships in the workplace are an important determinant of job satisfaction. This section explored the nature of the interpersonal relationships nurses experienced with their fellow nursing colleagues as well as other disciplines of the health team. The findings revealed that nurses enjoyed favourable relationships with their colleagues, were able to work well with fellow nurses, and seldom experienced conflict with them. The same findings were present with non-nursing colleagues. Most nurses felt respected and valued by other team members, and functioned well with them in a team context. Conflictual relationships with colleagues, particularly non-nursing members could be a cause of poor job satisfaction. The qualitative section of this study identified this problem. The study revealed that interpersonal relationships contributed to job satisfaction of nurses in the target hospital.

4.19.5   Section E - Professional Development

With a mean score of 3.385, participants experienced lower job satisfaction for Professional Development. In this section, the development, training, and opportunities for nurses was explored as a determinant of job satisfaction. The staff performance appraisal system was met with a strong negative response. Most participants strongly disagreed with the utilization of this system, feeling displeased with it.   The Staff Performance Management System (SPMS) was also identified as a source of unhappiness in the last,

qualitative section of the study. Most nurses were unhappy about the training they received. Participants felt they needed more training and development and needed to be sent for courses for their professional development. A high association exists between job title and nurses' wanting to leave their current job for at least two years. The majority of Professional nurses-admin also agreed that they needed more training and development. However, the majority of this group felt pleased with the staff performance appraisal system and about the training and development courses they received. The majority of this group also felt that there were not enough opportunities for promotion and advancement. One hundred percent of them felt stagnated in their current position. Although the rest of the sample mostly felt that there was a lack of opportunities, many felt there were opportunities for promotion and advancement. The rest of the sample mostly agreed that they felt stagnated. In contrast, most of the participants indicated that they would encourage new graduates to accept a post at the institution. It appeared that despite the lack of professional development nurses experienced, they recognized some positive aspects about working at the institution. Alternatively, they may have responded in this way simply because they needed more staff. A large percentage of participants felt unsure whether they would have liked to leave their current position for at least two years, and more nurses would not have liked to leave for at least two years than those who would. The large unsure responses appeared to be reflective of an uncertain future vision. With a lack of training and development, and inadequate opportunities for advancement and promotion, participants may have felt uncertain about their future professional plans, hence the high unsure responses. Many nurses, however, would not like to leave, and appeared to be motivated by other factors identified in the study.

4.19.6   Section F - Patient Care

Participants experienced higher job satisfaction for Patient Care, with a mean score of 2.475.   Nursing mentally ill patients requires specialized competence, skills and knowledge.   The unique environment of a psychiatric hospital presents challenges and difficulties for nurses working with this group of patients.   This section explored the aspects of patient care, which may affect nurses' perceptions of their work.   The results revealed that many nurses felt threatened when caring for aggressive patients, and also that many did not feel threatened.   The fear of being injured in caring for aggressive patients appeared to be perceived as a threat to the safety of nurses working in a psychiatric hospital.   Most nurses also felt anxious about patient safety.   They were often worried that patients would harm themselves or commit suicide.   However, the majority of nurses felt comfortable caring for psychotic patients and felt that they possessed the necessary competence, skills and knowledge in caring for their patients.   They also felt comfortable, competent, and skillful in managing difficult patients.   In addition, most of the participants enjoyed being able to help their patients, and found satisfaction in caring for them.   Overall, a great majority of nurses felt competent and skillful and enjoyed patient care. All items in this section indicated a high significant association between job title and the variables tested. Professional nurses-admin do not deliver direct patient care.   This group was asked to omit this section because it did not apply to them.   The job descriptions of the various categories of nurses varied from each other.   In addition, the different hierarchical and educational levels of nurses, equip them with varying degrees of knowledge and competence.   Although nursing auxiliaries are not psychiatrically trained, they work very closely, and hands-on with patients.   Professional nurses are psychiatrically trained, and

also work closely with patients. Varying insights into patients' illnesses and management differs between the different groups of nursing ranks. This section of the study revealed that nurses obtained high job satisfaction from caring for their patients.

4.19.7   Section G – Open-ended question

In support of Section B, many nurses identified the lack of recognition and appreciation they experienced, expressed or reiterated that they wished to be recognized for their contribution. This theme was an important indicator for job dissatisfaction, as it caused poor staff morale. A lack of recognition and appreciation were also likely reasons for nurses to leave.

Many participants expressed their unhappiness with the OSD system. It was identified as unfair, only benefiting some. It has also been identified as the source of much unhappiness, and even caused discomfort and disharmony with fellow nurses. The many negative responses about the OSD were reflective of the negative impact it had on job satisfaction for those who have not benefited from it. On the other hand, those who have benefited felt an increased sense of job satisfaction. As opposed to this, those who benefited lost some sense of job satisfaction as their interpersonal relationships with nursing colleagues suffered, as indicated by one participant. The varying responses about salary levels appeared to reflect the division.

The relationship between nurses and supervisors, and the importance of communication were identified in this section. The quantitative section revealed that most nurses had a favourable relationship with their supervisors. In contrast with Section D, participants expressed unhappiness about their relationship with other departments. Many participants

also expressed their desire to further their professional development. The need for the opportunity to engage in further training and education was reiterated in this section. Patient care, finding satisfaction in caring for them, was also reiterated as a factor improving job satisfaction.

4.20   Conclusion

The study's findings largely support results of previous studies. Factors causing dissatisfaction are workload, exhaustion, work stress, inadequate resources, and poor rewards. Nurses feel unappreciated and unrecognized by their low salaries, lack of benefits and incentives, and the OSD and appraisal system. All this causes low morale. In addition, nurses feel stagnated by the lack of training and professional development. The lack of opportunities and advancement causes further dissatisfaction. On a positive note, most nurses experience good supervision and support. Although some nurses experience intrusive and interfering attitudes from other disciplines, most feel valued and respected by their nursing peers as well as their non-nursing colleagues. A large majority of nurses obtain much satisfaction by caring for their patients.

Chapter 5 will discuss the recommendations drawn from the study's results.

CHAPTER 5

RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

The research on job satisfaction focused on the extrinsic factors influencing job satisfaction. The extrinsic rewards contributing to job satisfaction refer to those aspects that are externally controlled, such as the level of support received from supervisors, payment for work, and training and development. The results of the study identified the problem areas that need to be addressed in order for job satisfaction to improve, and to manage and resolve the issues pertaining to job dissatisfaction.

5.2 Summary of Results

With reference to the study's objectives, the factors that influence job satisfaction of nurses in a provincial psychiatric hospital are summarized according to the objectives.

5.2.1 The factors influencing job satisfaction of nurses in a provincial psychiatric hospital.

The workload experienced by nurses, directly influenced by a lack of staff and a lack of resources, influence job satisfaction. This affects nurses' ability to render a good quality service.

The rewards experienced by nurses influence their sense of job satisfaction. Rewards are experienced in the form of remuneration, appreciation, recognition, benefits, incentives

and salary. Staff morale is affected negatively when nurses do not feel rewarded. Rewards are also experienced by the care rendered to patients.

Adequate support and supervision from supervisors contribute to job satisfaction. An open, communicative relationship between nurses and supervisors provides an opportunity to share problems, seek help with a problem and discuss important issues. Supervisors who are approachable and available, help to prevent and resolve anger and disappointment. Support and supervision provides an opportunity for nurses to learn and supervisors to teach, guide and assist.

Healthy interpersonal relationships with nursing colleagues are a big source of support for each other. Ensuring a good working relationship and being able to work well in a team helps prevent conflict. Being respected and valued are important for good interpersonal relationships.

Providing opportunities for training and development ensures professional development. Opportunities for advancements and promotion can help prevent feelings of stagnation. Having a clearer vision of the future of the hospital and the opportunities available may influence intent to stay or leave the hospital.

Feeling competent, skillful and knowledgeable in caring for patients, alleviate stress and fear of caring for aggressive, psychotic or difficult patients. Adequate staffing alleviates the anxiety of caring for self-injurious, suicidal, and aggressive patients. Being able to

make a difference and helping patients to relieve their suffering contributes to job satisfaction.

5.2.2 *The extent of satisfaction experienced by nurses.*

The extent of job satisfaction is determined by the availability of adequate nursing staff and resources so that a good quality service can be rendered. Adequate staff and resources reduce burnout.

Feeling rewarded increases satisfaction. Those who are pleased with salary levels are more likely to be satisfied.

Most nurses experience good supervision and support from supervisors, contributing to their sense of satisfaction.

Good interpersonal relationships with nursing staff and other disciplines are further positively experienced and contributes to job satisfaction.

The extent to which nurses are adequately equipped, competent, and skilled influences the satisfaction they derive from caring for their patients. Nurses feel pleased when caring for patients because they feel competent and skilled in doing this. This is important for enhancing their sense of job satisfaction.

When caring for patients, nurses help to alleviate their suffering. This knowledge is important to nurses and contributes to the extent of job satisfaction.

5.2.3   *The extent of dissatisfaction experienced by nurses.*

Fewer staff and resources increase workload, and contribute to feeling tired and overworked, causing dissatisfaction. Inadequate staff increases anxiety levels of those who have to do the work. Inadequate staff to care for aggressive patients further aggravates the stress in caring for them, and raises the fear and threat of harm to patient and/or nurse. An increase in patient numbers increases the threat of being injured by aggressive patients. Higher patient numbers leaves more work for fewer nurses, causing job stress, burnout and dissatisfaction.

Not being recognized and appreciated depletes satisfaction. Poor salary levels further exacerbates dissatisfaction. A lack of benefits and incentives added to this leaves little for nurses to feel rewarded for. This results in poor staff morale.

Dissatisfaction increases when supervision and support is inadequate. This appears to be a source of dissatisfaction for Professional nurses-admin.

The lack of training and development is a source of dissatisfaction. Opportunities for promotion and advancement appear very inadequate, affecting the extent of dissatisfaction, and perpetuating feelings of stagnation. Professional nurses-admin and

Staff nurses are most likely to feel stagnated. As opportunities for training, promotion, and advancement weakens, it causes greater discontentment and dissatisfaction.

5.2.4   The factors motivating nurses in a provincial psychiatric hospital.

Although most feel overworked and tired, nurses have sufficient time to complete their duties.

Salary levels have improved for many nurses with the implementation of the OSD system.

Nurses recognize that they enjoy sound and adequate supervision and support.

Most nurses receive guidance and teaching from supervisors, which is a powerful source of motivation.

The enjoyment of good interpersonal relationships with fellow nursing colleagues fosters sharing, understanding, and is a good source of support and motivation.

The favourable interpersonal relationships with other non-nursing disciplines contribute to making nurses feel valued and respected.
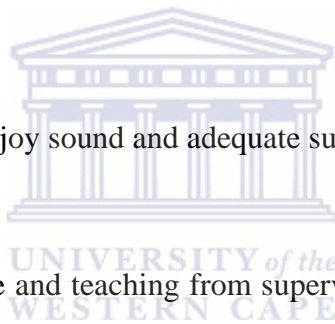
Competent and skilled nurses improve patient care, leads to good nursing care practices, which contributes to satisfaction. Being able to help and care for patients is a strong motivational factor in the psychiatric environment.

5.2.5   *The factors deterring nurses in a provincial psychiatric hospital.*

Nurses feel deterred and dissatisfied when they are feeling tired and overworked.

Inadequate nursing staff causes exhaustion and burnout.

Inadequate resources required to render a good quality service further exacerbate exhaustion, burnout and work stress.
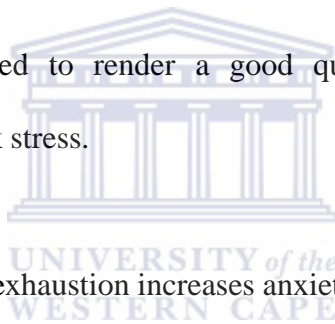
Lack of resources, staff, and exhaustion increases anxiety about finishing work.

Feeling unappreciated and unrecognized for their contribution deters nurses sense of satisfaction.

Not being rewarded for their contribution by poor salary levels is a strong deterrent and cause nurses to want to leave.

Lack of appreciation, recognition, and being overworked leads to poor staff morale.

Inadequate supervision and support depletes motivation levels of nurses.

The vast majority of nurses regard the staff performance appraisal system, the Staff Performance Management System (SPMS) in a negative light. An appraisal system, which fails to appraise workers constructively and does not serve the purpose it is intended to, can cause much unhappiness and discouragement.

Training and development ensures that nurses are up-to-date with knowledge and skills. When this necessity and need is not met, nurses lose their interest, and motivation, and become dissatisfied.

A lack of advancement and opportunities makes it difficult to construct plans for the future. Nurses may want to explore other opportunities elsewhere.

A lack of training, development, and promotion leaves nurses feeling stagnated.

Feeling unsafe by aggressive patients is aggravated by inadequate staffing, inadequate training, and feeling overworked and tired.

Worrying and feeling pressured about patient safety is worsened by lack of staff and resources.

Unhappiness about Occupational Specific Dispensation (OSD) system has led to many happy nurses, as well as many aggrieved ones. For those who did not benefit, the OSD is

a significant deterrent. For those who did benefit, possible guilt feelings, discomfort, disharmony and conflict also serve as a deterrent.

5.3 Recommendations

The following recommendations are presented according to the study's results.

5.3.1 Remuneration

Inadequate remuneration has most often been identified in research studies as an important predictor of job dissatisfaction for nurses, which was largely confirmed in this study. It is therefore recommended that salaries for nurses be raised to improve job satisfaction. At the commencement of the research, pay was lower than it is currently. During data collection, the Occupational Specific Dispensation (OSD) allowance was implemented in an effort to address the issue of nurses' grievances regarding remuneration.

5.3.2 Occupational Specific Dispensation allowance (OSD)

The implementation of the OSD system is still extremely recent. Nurses at the participating hospital received the implementation of the first phase in December 2007. During data collection, the second phase has been implemented only one month prior to data collection. The system was therefore still in its early phase. Flaws and inequities needs to be investigated further. The success and/or failure of the system is still under scrutiny. The responses of the participants, however, clearly indicated unhappiness about the system. It is therefore recommended that the OSD system be reviewed to ensure that it fulfills the purpose it was intended for. Results of the study revealed that only certain

groups of nurses benefited from the system. The excluded group of nurses need to be looked at to avoid more losses of nurses. The qualitative responses from participants revealed that those with longer years of service did not benefit. This could mean that the skilled, experienced, and expert nurses are more likely to leave due to dissatisfaction. In addition, the novelty of a very new implementation, especially to new recruits, may wear off, and job satisfaction research results may reveal different results after some months, or years.

5.3.3   *Staff Performance Management System (SPMS)*

The Staff Performance Management System (SPMS) is an appraisal system for work performance that was met with negative responses by participants. Its effectiveness for motivating, appraising, and rewarding nurses must be reviewed. The dissatisfaction of nurses regarding this system is of great concern. Identifying, and rectifying the causes of this dissatisfaction is important for improved job satisfaction.

5.3.4   *Recruitment and Retention Strategies*

Nurses must be recruited to replace those who are leaving, and to fill the existing vacancies. To prevent a high turnover of nurses, which is both costly and time consuming, recruitment must be accompanied with more attractive career opportunities. New recruits need to be mentored by a suitable mentor, to assist with a healthy adjustment and positive learning experiences. Retention strategies begins with addressing the issues of job dissatisfaction, and offering solutions for it. Some of the strategies implemented, such as the OSD, has revealed major shortcomings. The OSD must be reviewed in order to address

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problems. Additional retention strategies need to be initiated and implemented to retain staff and to encourage the return of those who have left. Experienced and skilled staff must be compensated fairly and adequately. The utilization of skills must be distributed to optimal advantage to both the service provider and service user.

5.3.5   Training and Development

Improved career opportunities, career pathing, and the opportunity to engage in post-graduate studies, are extremely important to prevent nurses from feeling stagnated and frustrated in their current positions, as revealed by the study. Sending nurses on courses to keep them updated with current and latest trends, technologies, and advancement, as well as having refresher courses and workshops will keep nurses abreast of important developments in the field of psychiatric nursing. Nurses may feel an increased sense of loyalty and may be less likely to leave if they feel that the institution and the Department of Health consider their needs and interests. The availability of funds and bursaries to develop skills and education could serve as a valuable incentive.

5.3.6   Workload

Increased workload directly contributes to work stress and burnout. Most of the participants experienced tiredness and felt overworked. They also functioned under stressful and anxiety provoking conditions, often worrying about their patients' safety. The institution needs to focus on the placement of nurses in wards to maintain a safe nurse/patient ratio. An adequately staffed ward is very important to combat work stress, burnout, and low productivity. Ensuring that staff who resign is replaced with new staff

will help to prevent shortages. The very recent mandatory community service for new graduate nurses is one way that this has been addressed. The extent to which this is helpful still needs to be investigated.

5.3.7 Improved Resources

In order to render a good quality service, nurses require adequate resources. Most nurses felt that their services could improve if resources allocated to them improved for patient care. A lack of resources compromises patient safety, increases workload, stress levels, and exhaustion levels of nurses. Identifying the resources that are required and initiating a process to ensure it is implemented will address the shortcomings in this regard. The institution needs to ensure that funds are available to improve resources. Adequate resources will ensure effective, efficient, and safe practices, reduce anxiety and stress of nurses, and improve job satisfaction.

5.3.8 Nurses' Morale

The research indicate that morale for nurses are perceived as low, and that the institution should initiate staff morale boosters to uplift a decreasing morale. Morale booster activities can include support groups, workshops, and team building activities for nurses. By addressing the determinants of job dissatisfaction, e.g., low salary, workload, fair OSD and SPMS distribution, staff morale may be boosted. In addition, the institution's demonstration of appreciation and recognition of nurses' contribution should further motivate them. Creating benefits and incentives that will retain, attract, and keep nurses motivated and interested, will further boost low morale.

In order for nurses to feel valued, appreciated, and acknowledged, they need to be involved and consulted in decisions affecting them. The South African Nursing Council (SANC) is the governing body of the nursing profession. Any changes imposed by the Council should be communicated to relevant authorities, labour unions and nurses timeously. The implementation of compulsory community care work for nurses is an example of this. It is important that nurses be consulted before major changes are introduced. This will identify problems regarding future implications. For example, it is not certain whether the implementation of compulsory community work will deter new applicants into the nursing profession. Collective bargaining, if fairly and properly conducted, can help to improve working conditions of nurses.
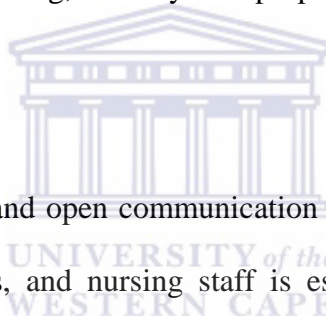
Close working relationship and open communication between the hospital's management structures, the labour unions, and nursing staff is essential if this is to succeed. The implementation of formalized structured meetings between these groups, as well as an open-door system within reasonable boundaries, can help to achieve this. This includes team communication and a collegial relationship between supervisors and nurses.

To enhance the public image of nursing, nurses must be adequately educated, adequately paid, and receive recognition and respectability associated with a profession. The South African Nursing Council (SANC) regulates the ethical standards and professionalism of nursing. The institution needs to foster this image, and instill a sense of pride in the nursing component of the hospital. This is especially important, as a low morale can cause nurses to lose pride and respectability towards themselves and the nursing profession. The

institution's Image Building Committee regularly holds forum meetings during which hospital staff receives recognition for performance. Additional image building efforts can further boost the image of nurses.

5.3.9   *Staff Shortage*

Staff shortage causes an increase in workload, job stress and burnout, and increased nurse turnover. Addressing staff shortages will address the many problems that occur because of it. Recruitment and retention strategies must be upgraded. The use of private agency nurses and requesting nurses to work voluntary paid overtime will help to address the problem of nurse shortage in the wards. This, however, must be utilized discreetly to ensure that private nurses are competent to work in a psychiatric setting. The use of voluntary paid overtime must be done with integrity to ensure that staff is not burnt-out by the extra workload.
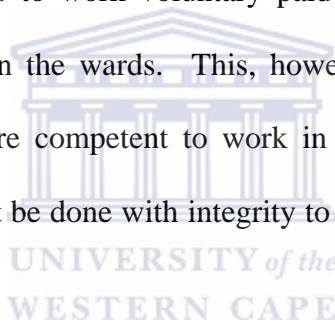
5.3.10   *Community Care Nurses*

The introduction of mandatory community care nurses was expected to lift the burden and heavy workload in public health settings. This was an attempt from the government to address shortages and health care inequities. However, this may possibly deter new applicants from entering the nursing profession. The impact of compulsory community service on the public health sector's nurse job satisfaction is worthwhile exploring.

5.3.11   Supervision and Support

When job satisfaction is low, it is even more important for nurses to receive adequate supervision and support from management. The majority of nurses, with the exception of Professional nurses in an administrative capacity, enjoy the benefits of adequate supervision and support. Supervisors need to work out a formal supervision schedule with ward nurses to ensure that both parties have an opportunity to communicate openly, raise issues and concerns, lodge complaints, and receive support when necessary. Availability and accessibility of managers, supervisors, and ward staff is essential if this is to be effective. The gap between Professional nurses-admin and their supervisors need to be investigated and addressed, and concerted efforts to rectify this problem in the recommended manner must begin.
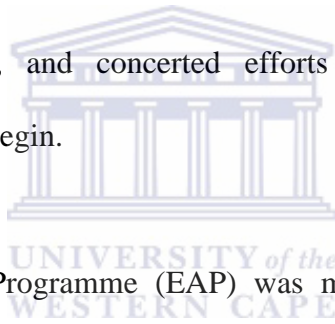
The Employee Assistance Programme (EAP) was made available to staff to provide counseling, support, and therapy to staff members employed by the state, at no charge. The many factors contributing to job dissatisfaction can cause stress, burnout, and low morale. Poor support and supervision can exacerbate this. Nurses may feel insecure to confide in hospital personnel. The EAP provides an external counselor to assist employees with their problems, including personal problems. This appears to be a valuable endeavor to care for the caregiver. It is important that nurses be made aware and reminded of these services so that it can be utilized optimally. Supervisors may also refer nurses to the EAP for mandatory counseling, if indicated. Professional nurses in an administrative capacity may benefit form this.

5.3.12   *Nurses doing non-nursing Duties*

Participants referred to other departments not doing their work properly, of interference, and incompetence. They pointed out that when this happened, nurses ended up doing the work of other departments. Nurses spend most or all of their working hours in the units. This means they are the central point of the patient's treatment, around which all other team members' input revolve. They also have to ensure that the environment is conducive to the patient's well-being. If any of these facets function less than optimally, the nurses inevitably bears the negative consequences thereof, and often end up doing the duties of others so that patient care is not compromised. It is extremely important that an open communication system and good teamwork between departments exist, so that issues within departments are addressed and resolved. Nurses, and all other team members, must be conscious of their own job descriptions, and adhere to it. A system of reporting non-compliance must be in place to ensure smooth running of the service. It is important for supervisors and managers to be involved in this. Nurses need to adhere to boundaries of their own job descriptions. Nurses need to be free from non-nursing duties to obtain greater job satisfaction, as they will have more time caring for their patients.

5.3.13   *Patient Care*

The positive aspects of nursing are probably the reasons so many enter the profession, and despite its difficulties and challenges, why many choose to remain. Nurses need to be equipped with the necessary resources and human resources to deliver patient care, so that they can enjoy their work much more. When someone enjoys what he or she is doing, they feel satisfied. A very important finding was that nurses obtain much satisfaction by being

able to help their patients. It is important that the factors causing job dissatisfaction not affect and infect the way nurses feel about patient care. Whilst every attempt should be made to address the factors causing dissatisfaction, attention should not be turned from those causing satisfaction. Nurses should be encouraged and motivated so that they do not lose sight of this amidst the less favorable concerns they experience.

5.4 Replication of the Study

For the following reasons, a replication of the study is recommended.

5.4.1 Qualitative Analysis

This was a quantitative self-report survey research project. Nurse job satisfaction is about the feelings and attitudes of nurses. It is challenging to capture feelings in a survey design. An open-ended question was an attempt to address this difficulty, but may be inadequate to address the many complex issues nurses may be experiencing. A qualitative study is ideal to get to the core of the problem, as it provides the opportunity to probe, and gain an in-depth understanding of the very abstract concept of job satisfaction. This, granted, holds many challenges too. Nurses may not be able to leave their point of duty due to shortages and heavy workload, and may not be prepared to sacrifice their private time to conduct in-depth interviews. In addition, the large number of nurses at the institution renders this an impractical and unlikely possibility. The use of focus groups is therefore better suited to reach more nurses in less time to obtain rich, in-depth information on their experiences of job satisfaction, as opposed to the rather superficial data obtained form quantitative questionnaires.

Particularly for smaller groups of nurses, such as Administrative Professional nurses and Staff nurses, individual interviews or focus group discussion would be very useful and more appropriate to obtain in-depth data and clarification.

5.4.2 Comparing Different Units

The study was conducted in a psychiatric hospital comprising of various wards. Each ward functions somewhat differently from each other due to it's different and unique patient population. Nurses may have different experiences unique to the ward in which they work. A replication of the study comparing the satisfaction levels of nurses in the various wards will provide information that is more specific.

5.4.3 Administrative Professional Nurses

The research revealed that one hundred percent Professional nurses working in an administrative capacity were willing to leave for a higher salary. One hundred percent also felt stagnated in their current positions and felt that there was a lack of opportunity for promotion and advancement. The same percentage disagreed that they would not like to leave for at least two years. The strong responses from Professional nurses-admin are most likely to have changed due to the restructuring of the nursing hierarchical alignment and promotion of Administrative Professional nurses to Area Managers, following implementation of the OSD system. This process was not in progress during data collection, and it is therefore recommended that a replication of the study be useful to reveal the responses of Professional nurses-admin after the implementation of promotion and salary adjustments.

5.5   Problems and Limitations of the Study

Studying job satisfaction levels holds many methodological difficulties due to it's very subjective and abstract nature. Satisfaction is influenced by many factors. Since this is very different for each individual, it is very difficult to obtain an overall rating. Because of its subjective nature, satisfaction may change rapidly, which can affect its reliability. Its validity may be influenced by whether the participants answered the item which it was intended to test.

This research had some limitations, which could be addressed in a replication of the study. The study did not include night nurses. The reason for this is that night nurses are subjected to different working circumstances and conditions, and therefore constitute a unique group. The limited scope of the study made this difficult.

It is highly probable that dissatisfied nurses were more likely to complete the questionnaire than satisfied nurses, or vice versa. Dissatisfied nurses may want to raise and express their grievances, and may have regarded completing the questionnaire as a welcome opportunity to do this. On the other hand, dissatisfied nurses were more likely to have a low morale, feel despondent, uninterested, mistrusting, or cynical, and therefore may have felt negative towards the study. The researcher encountered this concern in one particular unit. In this unit, possible participants responded by saying that they were too tired, angry and disappointed in the OSD system to participate. It appears that these nurses may have provided important input regarding factors influencing job satisfaction, if they had volunteered to participate in the study. Their evident dissatisfaction is of great concern,

and implies that very valuable information may be more difficult to reach. On the other hand, satisfied nurses may be more likely to participate in the study due to their general feeling of well-being, or, conversely, may be less likely to participate because they may not have a need to share their state of being okay.

The population that participated in the study was representative of the general hospital population. However, two groups of nurses, administrative professional nurses and staff nurses, reflected the relatively low number of them employed by the hospital. These groups, however, were not under represented. The very low numbers of Administrative Professional nurses and Staff nurses, although adequately represented, would be better suited to conduct a different data collection method, such as interviews and focus groups. The researcher did not anticipate the low numbers of these groups.
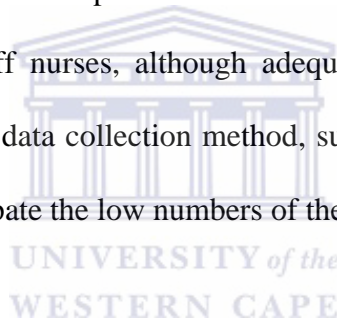
The study was conducted during an exceptionally dynamic time, during which nurses were experiencing major changes. The Occupational Specific Dispensation (OSD) allowance and the commencement of mandatory community care nurses were bound to have an effect on job satisfaction. It appeared to be too soon to measure the effect this had, and still has, on job satisfaction.

5.6   Conclusion

The institution's standards are largely determined by the quality of nursing care. Nurses form the strength of the health institution. They represent the institution when they interact with their patients and the public. When nurses are unhappy and dissatisfied, the standard

of the institution inevitably drops. When, however, they are happy and satisfied, the institution is more likely to function efficiently and successfully. Nursing is a profession of caring. Caring for the caregiver is vital if the caregiver is to deliver a good service. The factors influencing dissatisfaction must be afforded the necessary attention it requires. Nurses need to feel rewarded for the work they do. Job satisfaction can improve when nurses earn enough money, enjoy sufficient benefits, enjoy good relationships with their colleagues, feel respected, experience good working conditions, and know that they make a difference to the patient.

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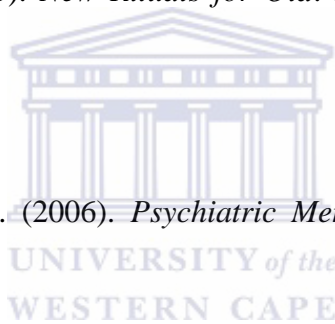
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Letter for Consent

From: Shenaaz Mohadien
School of Nursing
Faculty of Community and Health Sciences
University of the Western Cape

Hospital Management
 Nursing Administration
To: Mr. C. Barnardo/Mrs. B. Swartz

Dear Sir/Madam

Re: Permission to conduct research project.

Herewith, I wish to request your consent to undertake a research project at the hospital as a requirement for the completion of the M.Cur degree course I am undertaking.

The title of my study is " The factors influencing job satisfaction of nurses working in a provincial psychiatric hospital in the Western Cape".

The nurses employed at the hospital at the psychiatric side will be eligible key informants. Data will be collected on a questionnaire which nurses will voluntarily complete. Please be assured that anonymity and confidentiality will be safeguarded at all times.

The study is expected to provide valuable information on the experiences of job satisfaction of our nurses, to help manage the valuable component of nursing at the hospital. It will also assist to put appropriate retention strategies in place to ensure an adequate nursing complement.

Enclosed please find a copy of the information form, consent form, and the questionnaire for your scrutiny.

I am anxiously awaiting your favourable response.
Thanking You.

Your's faithfully
S. Mohadien (Miss)

Appendix B

Request for University Clearance

Enqu iries : Prof Denise White

Reference :

Telephone : 021-3701180 Date ' : 19 November 2007

Provincial Administration : Western Cape
Department of Health

ProvinsiaSe AdrninEstrasie : Wes-Kaap
Departementvan Gesondheid

Ulawulo Lwephondo : Intshona Koloni
IsebeLezempb

Dear Ms Mohadien

RE: Research Project

Thank you for your proposal and request to conduct a research project at Lentegeur Hospital.

Before taking the process further please will you provide the Lentegeur Research and Ethics Committee with information as to whether the study has the approval of the UWC ethics committee. Following the information about the university process the committee will meet you to discuss the implementation of your project.

Yours sincerely

Prof Denise White   **Lentegeur Hospitaal Lentegeur Hospital**

P.K. MITCHELLS PLAIN   P.O.
MITCHELLS PLAIN
7785
7785
Tel. (021) 370 1111
Fax (021) 31 7359
Address all correspondence to the Senior Medical Superintendent.

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Appendix C

University Ethical Clearance

FACULTY OF COMMUNITY
AND HEALTH SCIENCES

Private Bag X17, Belville, 7535
South Africa
Tel: +27 (0) 21 959 2163
Fax: +27 (0) 21 959 2755
E-mail: csjohnson@uwc.ac.za

HIGHER DEGREES COMMITTEE

29 November 2007

TO WHOM IT MAY CONCERN

Dear Sir/Madam
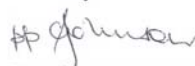
Research Project of MS SHENAAZ MOHADIEN (Student Number: 8940333)

This letter confirms that Ms Mohadien is a registered student in the Faculty of Community and Health Sciences at the University of the Western Cape.

Her research proposal entitled *"The factors influencing job satisfaction of nurses working in a Provincial Psychiatric Hospital in the Western Cape"* submitted in fulfilment of the requirements for Magister Curationis (M Cur) has been examined by the Higher Degrees Committee and found to be of high scientific value, methodologically sound and ethical.

We fully support the research and kindly request that you allow her access to your organization.

Sincerely

DR GAVIN REAGON
Chairperson: Higher Degrees Committee

UNIVERSITY *of the*
WESTERN CAPE

Appendix D

Invitation to Research Presentation

Enquiries   : Prof Denise White

Reference :

Telephone : 021- 3701180

Date   : 7 January 2008

Provincial Administration : Western Cape
Department of Health

Provinsiale Administrasie : Wes-Kaap
Departement van Gesondheid

Ulawulo Lwephondo : Intshona Koloni
Isebe Lezempilo

Dear Ms Mohadien

* RE: Research Project

Thank you for the letter from the UWC Higher Degrees and Committee and for a copy of your research protocol.

I would like to invite you to a meeting with the Lentegeur Research and Ethics Committee on Tuesday 22nd January at 10h00 in the Board Room at Lentegeur to discuss the implementation of the project. Please let us know if this date is convenient for you. I suggest you call the hospital secretary, Nolene Bruyns, on 021 3701455 to confirm.

Yours sincerely

Prof Denise White

Lentegeur Hospitaal   Lentegeur Hospital
P.K. MITCHELLS PLAIN   P.O. MITCHELLS PLAIN
7785   7785
Tel. (021) 370 1111   Fax (021) 31 7359
Address all correspondence to the Senior Medical Superintendent.
Rig alle korrespondensie aan die Senior Mediese Superintendent.

Appendix E

Consent for Research Project

Hospital Committee

Enquiries : Prof Denise White

Provincial Administration : Western Cape
Department of Health

Reference :

Provinsiale Administrasie : Wes-Kaap
Departement van Gesondheid

Telephone : 021- 3701180

Ulawulo Lwephondo : Intshona Koloni
Isebe Lezempilo

Date : 22 January 2008

Dear Ms Mohadien

Re: Research Project

Thank you for presenting the details of your research project to the Lentegeur Research and Ethics Committee which aims to investigate ' **job satisfaction of nurses working in a psychiatric hospital in the Western Cape'**.

It was agreed in principle that the project could go ahead but it will be necessary for you to establish a formal procedure, with the guidance of nursing management, for conducting the survey irt briefing nurses about the protocol, and the distribution and collection of the questionnaire.

It would be appreciated if you would inform us of the outcomes of your study.

On behalf of the committee, thank you for undertaking this research project at Lentegeur and we wish you every success in your endeavour.

Yours sincerely

Prof Denise White
Chairperson Research and Ethics Committee
Lentegeur Hospital

Lentegeur Hospitaal   Lentegeur Hospital
P.K. MITCHELLS PLAIN   P.O. MITCHELLS PLAIN
7785   7785
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Address all correspondence to the Senior Medical Superintendent.
Rig alle korrespondensie aan die Senior Mediese Superintendent.

Appendix F

Consent for Research

Nursing Management

LENTEGEUR HOSPITAL/HOSPITAAL/ISIBHEDLELE
NURSING DEPARTMENT/VERPLEGING DEPARTEMENT/ICANDELO LEZENTLALA-KAHLE

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Highlands Drive/Rylaan
Lentegeur
MITCHELLS PLAIN
7785

DATE: 09 February 2008

To: Ms S Mohadien.

Re: MCur/ Survey request

You are hereby granted permission to do the empirical part of your research course with the willing nurse participants.

You are reminded once again that you remain responsible for the costs of the survey and that it is to be conducted in your own time.

Mrs BL Swartz
Head of Nursing

Appendix G

Participant Information

Dear Participant

The satisfaction of nurses has a strong influence on health care delivery. Identifying the causes and reasons related to nurse job satisfaction provide important information to understand, retain, and manage the nursing component of the health care system.

I, Shenaaz Mohadien, am conducting a study, for the research component of the M.Cur. Course I am undertaking. The study is entitled *"The Factors influencing job satisfaction of nurses working in a Provincial Psychiatric hospital in the Western Cape".* My study will be confined to nurses working at Lentegeur Hospital, on the Psychiatric section.

I hereby kindly request your valued participation in this research project. Enclosed is a questionnaire which will take approximately 5-10minutes to complete. Should you wish to participate, please read each question carefully, and then choose the answer which is most truthful to you most of the time, by making a cross 'x" in the space provided for that answer. There are no right or wrong answers.

Please note that participation is voluntarily. You have the right to withdraw from the study without any consequences. To ensure anonymity, please do not write your name or personal details on the questionnaire. Your questionnaire will be treated as confidential. Thank you for participating.

VERBAL CONSENT FORM

Please read carefully before completing the questionnaire.

This form requests your consent to participate in this study. Should you wish to participate, your verbal consent will be sufficient. Your signed consent will not be required. In this way, your anonymity is protected.

If you agree to this, and provide your consent, you may proceed with completion of your questionnaire.
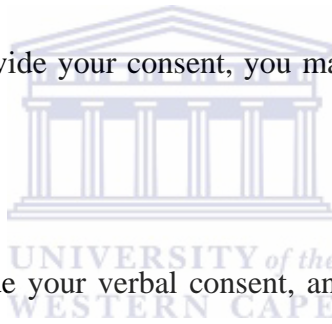
If you do not wish to provide your verbal consent, and do not wish to participate in this research project, please return the questionnaire unanswered.

Thank you for your cooperation.

S.Mohadien

Appendix I-Questionaire

DEMOGRAPHIC DETAILS

Please kindly complete your demographic details before answering the questionnaire.

Answer these questions by making a cross "x" in the relevant box.

1. **What is your job title?**

1	Nursing Auxilliary	
2	Staff Nurse	
3	Professional Nurse – Admin level	
4	Professional Nurse – Ward level	

2. **What is your age?**

	years

3. **Your gender**

Male	
Female	

4.**How long have you been practicing as a qualified nurse** ?

Years	
Months	

NURSES' JOB SATISFACTION QUESTIONNAIRE

Strongly disagree	Disagree	Unsure	Agree	Strongly agree
1	2	3	4	5

Please make a cross in the block most suited to your answer, eg. , if you are unsure, make a cross in that space.

Example.   **3 = unsure**

1	2	3	4	5
		x		

SECTION A- WORKLOAD

	1	2	3	4	5
1. I feel tired and overworked most of the time.					
2. I struggle to find time to do all my duties.					
3. I often feel that I cannot cope with all my duties.					
4. My day is fairly relaxed. I still have extra time for additional duties amidst my usual work.					
5. We have sufficient nursing staff to render a good quality service.					
6. I think I can deliver a better service with improved resources.					
7. I often feel pressured and anxious about finishing my work.					
8. I often worry about what I still have to do.					

SECTION B- REWARDS

	1	2	3	4	5
1. I feel happy and fulfilled in my work.					
2. I feel unappreciated and unrecognized for my contribution.					
3. I am pleased with the salary that I earn.					
4. I struggle to make ends meet.					
5. I enjoy many benefits and incentives working here.					
6. I feel fulfilled and appreciated by the services I render to my patients.					
7. I think I deserve more than what I am receiving for the work I do.					
8. If I could leave my present job for another for a higher salary, I would do so.					
9. I generally feel that staff morale is low and needs to be boosted.					
10. I feel grateful for what I receive for my work.					

Strongly disagree	Disagree	Unsure	Agree	Strongly agree
1	2	3	4	5

SECTION C – **SUPPORT AND SUPERVISION**

	1	2	3	4	5
1. My supervisor is supportive towards me.					
2. I feel uncertain to approach my supervisor when I have a problem.					
3. My supervisor is easily available when I need him\her.					
4. I receive the necessary guidance and teachings from my supervisor.					
5. I often feel angry and disappointed with my supervisor.					

SECTION D - INTERPERSONAL **RELATIONSHIPS**

	1	2	3	4	5
1. I have a good working relationship with my fellow nursing colleagues.					
2. I seem to be in conflict with my nursing colleagues much of the time.					
3. I work well in a team with non-nursing colleagues.					
4. My non-nursing colleagues often make me feel disrespected.					
5. I feel respected and valued by my non-nursing colleagues.					

SECTION E – **PROFESSIONAL DEVELOPMENT**

	1	2	3	4	5
1. I am pleased with the staff performance appraisal system.					
2. I am happy about the training and development courses I get sent to.					
3. I think I need more training and education for my development.					
4. There are many opportunities for promotion and advancement.					
5. I feel stagnated in my current position.					
6. I would encourage new graduates to apply for a post at this institution.					
7. I would not like to leave my current job for at least two years.					

Strongly disagree	Disagree	Unsure	Agree	Strongly agree
1	2	3	4	5

SECTION F – **PATIENT CARE-** (*professional nurses – admin - omit this section.*)

	1	2	3	4	5
1. I often feel threatened when I have to care for aggressive patients.					
2. I often worry that my patients will commit suicide or harm themselves.					
3. I do not feel comfortable caring for psychotic patients.					
4. I feel uncertain, confused, or incompetent in managing difficult patients.					
5. I think I possess the necessary skills and competence to manage my patients optimally.					
6. I find satisfaction in caring for my patients, and being able to help them.					
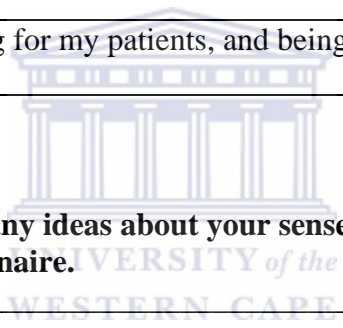
SECTION G- **Please share any ideas about your sense of job satisfaction which was not covered in this questionnaire.**
_____
_____
_____
_____
_____

Thank you very much for your valued time and participation.

Appendix J

Editor's Letter

P O Box 781
Stellenbosch
7599

30 October 2008

To Whom It May Concern

University of the Western Cape
Nursing Department
Bellville
Cape Town

RE: Thesis editing

This hereby confirms that I assisted Ms. Mohadien with the editing and formatting of the thesis. The final draft for correcting was given to her on Thursday, 30 October 2008. It is Ms. Mohadien responsibility to do the final proof reading. No technical editing pertaining to the subject matter was done. This is the responsibility of the thesis supervisor as well as the final approval for submission.

Regards

Liezl Anthony

Appendix K

Mean scores

The MEANS Procedure

Variable	Label	N	Mean	Median	Minimum	Maximum
QA_1		61	3.410	4.000	1.000	5.000
QA_2		66	3.015	3.000	1.000	5.000
QA_3		64	2.875	2.000	1.000	5.000
QA_4		62	3.758	4.000	1.000	5.000
QA_5		64	4.219	5.000	1.000	5.000
QA_6		65	1.631	1.000	1.000	5.000
QA_7		64	3.109	3.000	1.000	5.000
QA_8		66	3.212	4.000	1.000	5.000
QB_1		64	3.234	3.500	1.000	5.000
QB_2		66	3.167	3.000	1.000	5.000
QB_3		65	3.662	4.000	1.000	5.000
QB_4		63	3.175	3.000	1.000	5.000
QB_5		64	3.688	4.000	1.000	5.000
QB_6		65	2.569	2.000	1.000	5.000
QB_7		66	4.379	5.000	2.000	5.000
QB_8		65	4.169	5.000	1.000	5.000
QB_9		65	4.538	5.000	2.000	5.000
QB_10		65	3.631	4.000	1.000	5.000
QC_1		67	2.627	2.000	1.000	5.000
QC_2		67	2.776	2.000	1.000	5.000
QC_3		67	2.672	2.000	1.000	5.000
QC_4		67	2.716	2.000	1.000	5.000
QC_5		67	2.627	2.000	1.000	5.000
QD_1		68	1.676	2.000	1.000	4.000
QD_2		66	1.773	2.000	1.000	5.000
QD_3		68	2.279	2.000	1.000	5.000
QD_4		65	2.215	2.000	1.000	5.000
QD_5		68	2.368	2.000	1.000	5.000
QE_1		67	3.687	4.000	1.000	5.000
QE_2		68	3.647	4.000	1.000	5.000
QE_3		68	4.132	4.000	1.000	5.000
QE_4		67	3.358	4.000	1.000	5.000
QE_5		67	3.343	4.000	1.000	5.000
QE_6		67	2.657	2.000	1.000	5.000
QE_7		67	2.881	3.000	1.000	5.000
QF_1		61	3.131	3.000	1.000	5.000
QF_2		61	3.328	4.000	1.000	5.000
QF_3		60	1.917	2.000	1.000	5.000
QF_4		61	1.967	2.000	1.000	5.000
QF_5		62	2.016	2.000	1.000	5.000
QF_6		60	1.550	1.000	1.000	4.000
sec_a	Workload	61	3.143	3.250	1.625	4.500
sec_b	Rewards	62	3.599	3.633	2.200	5.000
sec_c	Support	67	2.692	2.600	1.000	5.000
sec_d	Relationships	67	1.986	2.000	1.000	4.000
sec_e	Prof.Development	68	3.385	3.310	2.000	4.714
sec_f	Pt Care	61	2.475	2.400	1.000	3.800

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