IDENTIFICATION OF FACTORS LEADING TO
JOB DISSATISFACTION
AMONG NURSES WORKING IN CRITICAL CARE UNITS
PUBLIC AND PRIVATE HOSPITALS IN
BLOEMFONTEIN

By

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DEDICATION

I WOULD LIKE TO DEDICATE THIS DISSERTATION TO MY HUSBAND, MICHAEL AND MY CHILDREN FOR ENDLESS PATIENCE, UNDERSTANDING, LOVE, SUPPORT AND CONFIDENCE THEY GAVE ME DURING THE DIFFICULT TIMES OF MY STUDY AND TO THE REST OF MY FAMILY OF WHOM THEY ARE TOO MANY TO MENTION.

"I, Faith Mpho Mammope Tlaba, declare that the dissertation hereby submitted by me for the Masters Social Science (Nursing) degree at the University of the Orange Free State is my own independent work and has not previously been submitted by me at another university/faculty. I furthermore cede copyright of the dissertation in favour of the University of the Orange Free State".

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CHAPTER I

INTRODUCTION AND PROBLEM STATEMENT

1.1 INTRODUCTION

Both employee and employer have experienced job satisfaction and job dissatisfaction since the beginning of mankind (Davidson, 1984:302). Job dissatisfaction is "a negative attitude that people manifest towards their jobs, as arising from the recognition that the job fails to meet their personal and organisational needs" (Wandelt, Pierce and Windowson, 1981:72). On the other hand, job satisfaction is according to Locke (1976:1300), "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences". Job satisfaction has been researched intensively over the years because the consequences for both the person(s) (employees and managers) and the organisation are so far reaching and beneficial to both parties (Williams, 1990:104). Job dissatisfaction as a human experience has only recently been identified as a phenomenon that is neither the opposite or a subdivision of job satisfaction, but a real life situation and human experience worthy of research (Wandelt *et.al*, 1981:72-77).

1.2 PROBLEM STATEMENT

According to Clochesy, Brei, Cardin, Whitaker and Rudy (1996: 49), critical care nurses are highly motivated people who have the ability to handle high levels of stress. They are responsible for the environment in which the patient is cared for as well as identifying and mitigating unsafe and harmful stimuli. They further implement plan of care and handle rapidly changing situations that need their attention as well as alerting doctors to life threatening emergencies (Booyens, 1998:473).

In a study conducted by Lochoff and Barnard (1977: 28-29), they have discovered that critical care unit staff are subjected to many stressful stimuli, such as caring for dying patients, working against time, nursing people who are involved in disasters, exposure to infection, Xrays as well as faulty apparatus. Critical care nurses are also, expected to cope with distressed relatives, expected to react to the sounding of alarms at any given time as well as looking after one or more restless patients who sometimes extubate themselves. Factors such as these result in absenteeism, tardiness, frustration, aggression as well as suppressed anger. In the end, critical care nurses experience such high levels of job stress and dissatisfaction that they eventually resign from their posts. This leads to a high human resource turnover ratio in critical care units or if the nurses do stay in their posts, they tend to resort to substance abuse in an attempt to minimise the pressure when on duty. Williams (1990: 104), found that dissatisfaction with work is reaching critical levels among nurses during the past two decades resulting in a high turnover ratio, high absenteeism rate, low productivity and concomitantly poor care being delivered to patients. Critical care nurses, as employees, are no exception to this rule because the absenteeism rate and high turnover ratio in units are reaching sky high proportions.

As early as the nineteen eighties, Vlok (1983: 37) stated that nurses working in critical care units do experience high levels of stress and job dissatisfaction because of the long hours they have to work especially during night duty, and when they have to nurse two or more critically ill patients at the same time, while having unreasonable and extra - ordinary demands placed on them by the patients' families. All these factors lead eventually to feelings of guilt and depression, feelings of which critical care nurses cannot always cope with effectively.

According to a study done by Beach (1985: 304), the researcher showed that the poor supervisory behaviour of the manager resulted in job dissatisfaction. If the supervisory practices of the manager are not employee oriented, the supervisor cannot guide / help inexperienced workers to reach task maturity in the unit. When the supervisor practises close supervision of workers who are task mature, this usually leads to resentment and loss of confidence from the mature staff members. Managers who are constantly preoccupied with their own tasks, and could not find time to help and direct new employees, also provoke

mistrust from their subordinates. New nurses tend to resign shortly after been employed because there is a conflict of interest between them (nurses) and managers which is caused by nurses not initially being correctly orientated or shown the correct way of doing things. Beach (1985: 304) further states that nurses who are task mature experience job dissatisfaction when managers practise the autocratic style of leadership, which often leads to unproductivity as well as when managers do not involve them in the decision making process about matters which involve them directly.

In another study done by Smith-McNeese (1997: 51-58) regarding job dissatisfaction experienced by nurses in general, the researcher identified several factors that lead to job dissatisfaction among nurses and underwrites Beach's statement regarding supervisory practices: As subordinates, nurses experienced a lack of support from their managers especially if they (the nurses) were verbally abused by patients and their relatives. In some instances, managers failed to support nurses when nurses treated them unfairly from other departments; received less pay compared to other nurses. As subordinates, the nurses felt extremely dissatisfied when their managers did not follow up on their work place problems reported to the managers. Some respondents described the manager as "too nice" and looking the other way to avoid solving problems. In many cases, the managers did nothing to solve communication problems which cropped up amongst the personnel or at times showed lack of interest after a few attempts had been made to solve it, most of them forgot everything that had been said. In many circumstances, nurses experienced high levels of dissatisfaction when they were overloaded with nursing tasks by managers without getting any help from anybody (especially the managers themselves). The nurses felt severely dissatisfied when they were working hard under extreme conditions of shortage of staff but the manager showed no concern, instead he / she would pass nasty remarks that lowered the morale of nurses (Smith – McNeese, 1997: 51-58).

The "spill over" or "generalisation" model was developed by Cooper, (1983:102). The model postulates that individuals do not or cannot compartmentalise their lives with the result that the negative characteristics of jobs that create untoward emotional, mental and physical states within the worker can extend beyond the work situations into the individuals non-work life practices. The model also states that if a person is dissatisfied with his/her job

and does not leave that particular job, the global or generalised distress a person experiences can lead to the development of drug and alcohol problems.

Roman and Martin (1996:414) stated that the model is a way to understand the relation between psychological distress and various negative outcomes such as job dissatisfaction, high turnover rate of personnel, absenteeism from work, accidents occuring in the work place, the development of psychiatric disorders among workers, substance abuse and suicide among workers.

Grunberg, Moore and Greenberg (1998: 487) stated further that there exists a positive correlation between psychological distress and dissatisfaction and this plays an important role in the development of negative individual and organisational outcomes. According to Cooper, Russel and Frone (1990:146), Trice and Sonnestuhl (1988:24) Trice (1992:58) any distress spills over into the non-work setting and the worker tries to reduce the stress by resorting to substance abuse. According to Stell (1994:214) self-reported job satisfaction or dissatisfaction indicators provide a powerful parsimonous measure of workers' overall emotional response to various job conditions and are thus a good indicator of job distress. Based on recent studies, the conclusion can be drawn that there exists substantiated correlation between job dissatisfaction and substance abuse (Roman and Martin, 1996:414)

So far, it is only the "Spill Over model" that shows correlation between psychological distress and various negative outcomes as there exist no distinct theories on job dissatisfaction but only theories regarding job satisfaction. The corporate world as well as researchers have thus far only identified job dissatisfaction as the opposite or a subdivision of job satisfaction, hence there is a paucity of literature and research concerning job dissatisfaction.

In summary, the problems underlying the study are:

1. Very little research has been done regarding job dissatisfaction (not as a human experience) no theories regarding job dissatisfaction have yet been developed,

2. There is a paucity of literature concerning job dissatisfaction as most of the literature dwells on job satisfaction as well as stress in the work place, and

3. The corporate world and researchers disagree on the existence of the phenomenon of job dissatisfaction.

1.3 THE AIM OF THE STUDY

Based on the above-mentioned problems, the aim of the study is to identify factors leading to job dissatisfaction among nurses in the critical care units working in two public and two private hospitals in Bloemfontein.

1.4 OBJECTIVES OF THE STUDY

In accordance with the aim of the study, the objectives are:

1.4.1 To identify factors leading to job dissatisfaction as stated by critical care nurses who are registered nurses.

1.4.2 To identify the factors resulting in job dissatisfaction as stated by managers overseeing the nurses.

1.4.3 To compare factors regarding job dissatisfaction as stated by critical care nurses and nurse managers in order to establish whether discrepancies exist.

1.4.4 To make recommendations on how to minimise job dissatisfaction and enhance job satisfaction.

1.5 CONCEPT DESCRIPTIONS

1.5.1 JOB SATISFACTION

"A pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences" (Locke, 1976: 1300).

1.5.2 JOB DISSATISFACTION

"A negative attitude that people manifest towards their jobs, as arising from the recognition that it fails to meet personal and organisational needs (Wandelt, Pierce and Windowson, 1981: 72).

1.5.3 CRITICAL CARE UNITS

"The departments or sections that care for critically ill patients which place a demand of the highest standards of nursing care and skill" (Davidson, 1984: 302).

1.5.4 NURSE MANAGER

"She is the person who can plan, organise, implement and control the entire project from start to finish and has responsibility to ensure the safe and effective care for a group of patients through delegation of subordinates", (Gilles, 1994:336).

1.5.5 CRITICAL CARE NURSE

"He/She is a person who cares for critically ill patients who demand the highest standards of care and skill", (Davidson, 1984:303).

1.6   RESEARCH METHODOLOGY

A non-experimental design which is descriptive and exploratory in nature, is used. This design is used because it is aimed at gaining more information about phenomena within a particular field as well as to obtain information about real life situations (Burns & Grove, 1993: 766).

The phenomenon of job dissatisfaction is to be studied, as it is unique and relatively new in nursing, this study is of a non-experimental descriptive and exploratory nature (Mouton & Marais, 1989: 45).

According to Burns and Grove (1993: 766) the population of the study devotes all elements that meet the inclusion criteria of the study. Therefore, all critical care nurses who are registered nurses who are unit managers in critical care units (in the two public and two private hospitals) will be included in the study. This is because the number of personnel working in these units is very small in comparison with the rest of the institution.

A structured questionnaire will be used as the data-collecting instrument. This will consist of both open and closed-ended questions included in order to give critical care nurses and nurse managers a chance to express their experiences and knowledge on factors leading to job dissatisfaction in the units.

The data collection process will be as follows:

i)   Gaining entrance to the field

The Ethical Committee of the Faculty of Health sciences of the University of the Orange Free State will first approve the research protocol. The granting of permission from the Superintendents and Nursing Service Managers will then be obtained. The voluntary consent of all respondents will be ensured.

ii)   <u>Collection of data</u>

The two public and two private hospitals are the only hospitals where critical care units are available and they provide services for all critical care patients in the Free State, Lesotho,Nothern Cape and part of the Northern areas of the Eastern Cape. The researcher will explain the nature and the purpose of the research study to the nursing service managers of different hospitals after the written permission to carry out the study has been granted following explaining the nature and purpose of the research study to the respondents (critical care nurses and unit managers). Questionnaires will be distributed to all the critical care nurses and nurse managers working in the critical care units to be completed by them.

iii)   <u>Exit from the field</u>

A period of one week will be set for the distribution and collection of the questionnaires. Enough time will be given to respondents to allow them to receive and complete questionnaires. This procedure will be followed in all the participating hospitals.

iv)   <u>Data analysis</u>

The data analysis will only be done on a nominal descriptive level as no inferential data analysis will be done. Based on the results, the necessary recommendations will be given.

1.7   VALIDITY AND RELABILITY OF THE WHOLE STUDY

Denzin in Polit and Hungler (1991: 383) recommends triangulation as a strategy to ensure the validity and reliability of the research project. According to Burns and Grove (1991:241) there are different types of triangulation such as using the different levels of experience in the units, the same time of one week allocated to collect data and also by use of the same data collecting instrument such as the structured questionnaire. The literature study and a pilot study will also be used to validate the questionnaire. The content validity of the questionnaire will be assessed by five domain experts in the field of nursing research, two of whom are

experts in the field of nursing management and as a result corrections and additions were made.

1.8   ETHICAL CONSIDERATIONS TAKEN IN ACCOUNT

The following ethical code will be followed:

- Informed consent will be obtained from the respondents in order to participate in the study.

- Confidentiality and anonymity will be ensured for all the respondents.

- Permission from the authorities of the hospitals will also be obtained.

- Approval will also be obtained from the Ethics Committee, Faculty of Health,Sciences of the University of the Orange Free State.

- Participation will be voluntary and respondents will be given freedom to withdraw from the study at anytime they felt the need or desire.

1.9   VALUE OF THE STUDY

The value of the study lies in the fact that factors leading to job dissatisfaction in one work division are to an extent the same in other work divisions (Beach, 1985: 306). Thus the recommendations can be applied in other work divisions or the hospital as a whole in order to minimize job dissatisfaction.

1.10   OUTLINE OF THE STUDY

The study consists the following chapters set out as follows:

- Chapter one consists of the introduction and problem formulation.

- Chapter two reviews the literature of the factors which lead to dissatisfaction among critical care nurses.

- Chapter three outlines the methodology (design and method) used.

- Chapter four reports the research findings.

- Chapter five constitutes the discussion of the data obtained during the study, conclusions reached and the recommendations made pertaining to the findings.

- Chapter six consists of the conclusion of the study.

1.11 CONCLUSION

In this chapter the introduction, problem statement, aim, objectives, concept descriptions and methodology which will be followed by the researcher are discussed. In the next chapter, the focus will be on a review of the literature regarding the construct of job dissatisfaction as well as sources of dissatisfies and the effects of these factors on nurses as persons. This extensive exploration of the literature underlies the reliability of the study and the questionnaire.

CHAPTER TWO

LITERATURE REVIEW REGARDING JOB DISSATISFACTION

2.1. INTRODUCTION

Historically, cultural values about work have shifted greatly over the years (Beach, 1985: 320). In ancient times, work was done mostly by slaves. The Renaissance and the Reformation brought great changes in prevailing attitudes towards work itself. Work has acquired a moral dignity of its own. Hard work and frugality was a way of pleasing God and the road to salvation (Cambridge, Mass, 1973:3). According to Marx Werber (1973:72), the rise of capitalism in the eighteenth century is related to the earlier clarification of the values of hard work as well as the saving of money and the accumulation of material wealth. Contrary to the situation in the ancient times, according to (Thomas and Velthouse, 1990: 666), work in an individualized society requires employees at all organizational levels to be compliant and obedient. Employees are subjected to strict work pace and time control. These factors usually pressurize employees to work against the pressures of time, resulting in psychological distress and job dissatisfaction

2.2. THE CONSTRUCT JOB DISSATISFACTION

2.2.1. DEFINITIONS OF JOB DISSATISFACTION

Job dissatisfaction is "a feeling of discontent which a person experiences in the work situation" (Oxford Advanced Learners Dictionary : 412). Wandelt, Pierce and Windowson (1981:72) cited job dissatisfaction as "a negative attitude that people manifest towards their jobs as arising from the recognition that the job fails to meet their personal and organizational needs". According to Thomas and Velthouse (1990:666), job dissatisfaction is "the degree to which a person reports negative feelings towards intrinsic and extrinsic features of the job".

2.2.2. SOURCES OF DISSATISFIERS LEADING TO JOB DISSATISFACTION

2.2.2. SOURCES OF DISSATISFIERS LEADING TO JOB DISSATISFACTION

Wandelt *et al* (1981:72-77) conducted a survey to identify factors associated with job dissatisfaction among nurses as well as to attract non-working nurses back into the work place. Quantitative and qualitative data was collected from a sample of three thousand, five hundred (3500) nurses. The data revealed that dissatisfaction stemmed from the work setting rather than from the nursing practice itself. Poor salary was cited as the most important factor leading to job dissatisfaction by the majority of nurses. Orpen (1981:38) posited that employees found it easier and more acceptable to express dissatisfaction regarding salaries than to express other kinds of dissatisfaction. This would explain why salaries were often cited as an imperial source of dissatisfaction. While salaries are still listed on the top of the list of dissatisfiers, lack of childcare facilities also constitutes another source of dissatisfaction (Huey and Hartley 1988:60). Other sources of dissatisfaction include lack of support from nurse administrators, lack of in-service education both for working and returning nurses as well as lack of fringe benefits. In addition, non-availability of work schedules and no sense of worth provided by the environment were also cited (Orpen, 1981:38). Interviews conducted by Manning (1986:35) revealed that nurses were concerned about the quality of care they rendered, because they were not satisfied with their jobs when the working conditions prevented them from administering safe and adequate care to patients.

Huey and Hartley (1988:60) replicated the Wandelt *et al* (1981) study, using a simplified version of questionnaires, which revealed that the nurses remained dissatisfied with the same sources. Salaries remained at the top of the list of dissatisfiers together with lack of childcare facilities. This study also revealed a high correlation between dissatisfaction with salaries and a high turnover rate of nursing personnel. The researchers concluded that more leavers than stayers in the nursing setting were dissatisfied with the work circumstances. A similar investigation was conducted by Price and Mueller (1981:543) among registered nurses employed in seven general hospitals. They used a sample of one thousand, one hundred and one non-supervising nurses to test a theoretical model of turnover. Factors such as routinisation, poor communication, lack of participation by nurses in decision making and low salaries were identified among others as key dissatisfiers leading to job dissatisfactions. The researchers concluded that salaries appeared to be the strongest sources of dissatisfaction.

Stress is often also cited in literature as a source of dissatisfaction (Gowell, 1992:18 McGrath.
Reid and Boore, 1989: 52 ; Matonwildo, Packard and Manning, 1986: 35). McGrath *et al*
(1989: 52) in their study of nurses, social workers and teachers reported that most of the
respondents indicated that a change of location would be a solution to relieve stress. Sixty percent
of the respondents had thought of leaving the nursing profession at some point in time. Lack of
autonomy was also indicated as a key factor to occupational stress by eighty percent of the
respondents.

In another study, Matonwildo *et al* (1986: 35) identified lack of support from supervisors as an
important source of dissatisfaction. Beach (1985:304) had found that job dissatisfaction was the
result of poor managerial supervisory practices which were not employee-orientated and the
unwillingness of the supervisor to guide the experienced workers who were task mature. This
usually led to resentment and loss of confidence from the task mature staff members. The
researcher also found that, when managers were pre-occupied with their own tasks and
consequently could not find time to help and direct new subordinates, novice nurses tend to resign
very quickly from their posts. The nurses did the same when managers fought with them when
they had not been correctly oriented or taught things correctly initially.

In a study done by Smith-McNeese(1997:52-58) regarding job dissatisfaction as experienced by
critical care nurses, the researcher identified the same factors as Beach and other researchers.
Additional factors identified by McNeese-Smith were: As subordinates, nurses experienced lack
of support from their managers especially when the former were verbally criticized or abused by
their colleagues from other departments. Managers also tend not to support the nurses working in
the critical care units when they receive less pay than nurses who were working in other units or
departments. Managers also failed to give recognition to critical care nurses for the good work
they had done or gave praise where they should. As subordinates, critical care nurses felt
extremely dissatisfied when managers did not follow up on the problems nurses encountered on
duty. According to Norbeck (1985:254) most managers failed to do anything to solve the
problems of nurses such as communication problems that they encountered with other
departments. If the managers did promise to follow up the matter, only some managers made a few
attempts to solve the problem, but if the solution failed they forget about everything. Nurses also
experienced dissatisfaction when managers used an autocratic style of leadership. This type
leadership led to inefficiency which in turn resulted in feelings of guilt among nurses.

Nurses also experienced dissatisfaction if managers did not involve them in the decision making process pertaining to their job.

Birkenback (1986: 36) concluded, after an investigation of turnover behaviour among registered nurses in Western Cape using Price's model of turnover, that factors such as hospital size, dissatisfaction with salary and improper supervision correlated very positively with job dissatisfaction. According to Ehlers (1991), salary was not an important reason for abandoning the nursing profession. The author conducted a survey among three hundred (300) non-practicing nurses who were registered with the South African Nursing Council. The results revealed that the most important reason for leaving the nursing profession as stated by the majority of the respondents, were family commitments. Only 8,4 percent of the respondents cited poor salaries as the reason for leaving the nursing profession.

Booyens (1998:471) investigated the reasons why nurses in the Provincial hospitals were resigning from the public hospitals. This study revealed that one of the chief sources of dissatisfaction was the fact that all professional and senior professional nurses, regardless of which hospital they worked in, reported to be on the same salary scale. Senior professional nurses taking charge of a big and busy surgical or medical ward in a specialized hospital or in charge of a highly complex critical care unit, felt highly demotivated since they were on the same salary scale as a senior professional nurse in charge of a similar ward in a rural hospital setting where the patient turnover was very small. Further more they had to function in a complex, stressful and ever changing setting of a specialized hospital, as well as the added fulfilling responsibilities regarding the teaching of student nurses. These nurses felt that they should be on a higher salary scale than their colleagues who work in rural clinics or rural hospital settings.

Winter (1989:77) stated that lack of task variety is a significant source of discontent for many people. The extreme task specialization of modern production processes has contributed to boredom and monotony; workers are less conscious of the repetitive nature of their jobs if they happen to have opportunities for social interaction while on duty. However, factory noise and physical separation of work situations frequently minimize the possibility at conversing, exchanging ideas and experiences as well as sharing jokes in the work place (Cooper, Russel and Frone, 1990:146). Winter (1989: 77-78) also stated that bureaucratic controls left little space for nurses to express new ideas and ingenuity. Critical care nurses, as highly motivated and intelligent

people, have a desire for autonomy and control over their jobs. These nurses become dissatisfied quickly because of the ever-present bureaucratic controls in the work situation and being restricted by their scope of practice as professional nurses (Ironson, 1992:84).

Nurses also expressed dissatisfaction when conflict arose between them and physicians. Antagonism with physicians often cropped up when the critical care nurse had difficulty in persuading the doctor to consider the patients' condition seriously, until the same nurse took it upon herself to carry out the ethical decision concerning the life of the patient (McClue, 1984:15). According Huckaby's (1979: 22) study, nurses working in critical care units experienced the following problems with a physician or doctor:

i) The doctor who is unavailable when an emergency arises;

ii) Physicians being reluctant to inform the patient and his relatives on the patient's progress;

iii) Nurses who work with a demanding physician even under extreme shortage of staff in the unit;

iv) More than one doctor writing out orders for a patient as in the case of a consultant and the ward doctor and;

v) The physician giving instructions that euthanasia be carried out on terminally ill patients.

Richardson (1982: 32) showed that critical care nurses were usually held liable and accountable for the actions in the units, even if they did inform the physicians in time about the changing condition of the patient. Where prompt action had been initiated by the nurse, serious conflict usually resulted between nurses and doctors.

Vlok (1983:37) demonstrated that critical care nurses experienced job dissatisfaction because of the long working hours especially during night duty, where they had to nurse two or more critically ill patients simultaneously, or having extraordinary demands placed on them by the patients' relatives (some of the demands being above the nurses capabilities). All these factors lead eventually to feelings of guilt and depression, the feelings of which critical care nurses could not always cope with satisfactorily. Davidson (1984:302) also found that critical care nurses experienced job dissatisfaction and psychological distress because of communication breakdowns with patients; failure to effectively meet the needs of patients; feelings of isolations from the rest

of the hospital staff as well as strained relations with the unit managers who fail to understand the problems these nurses encounter while on duty.

Lockhoff and Barnard in their study done in 1977 (28-29), demonstrated that critical care nurses were subjected to many stressful stimuli, such as caring for dying patients, having to work against the pressures of time, having to nurse people who are exposed to infections, being exposed to X-rays and faulty apparatus, being unable to handle new and intricate instruments as well as machines. These nurses are expected to cope with distressed relatives, reacting to sounding of alarms at any given time and looking after one or more restless patients who sometimes extubate themselves. These factors result in absenteeism, coming late to work, expressing frustration, aggression as well as anger. In the end, these nurses experienced such extreme levels of job stress that they become dissatisfied with their job. This eventually resulted in nurses resigning from their posts, which in turn leads to high levels of human resource turnover, or when they did stay in their posts, they resorted to alcohol and drug use in an attempt to minimize the pressures on duty.

Greenberg (1987: 9) cited that "when a person faces a situation of role conflict and ambiguity, it becomes difficult to meet all the set expectations of the organization". Role ambiguity or conflictual disagreements between the worker and his/her supervisor concerning job responsibilities almost always leads to discord in the work situation. The greater the number of positions within the work force, the more common the disagreements about expected role behaviour (Gilles, 1994:474). Thus within any given organization, the greater the potential for interpersonal and role conflict are very great (Kahn, 1980:36). According to the role dynamics theory (Graen, 1976; Kahn, 1996), all the set expectations define one's role in an organization. When these expectations are easy to meet, the role stress is low; but when the roles are more difficult to meet, the person experiences role stress (Kahn, 1980:36). Under conditions of role conflict and ambiguity, it becomes increasingly difficult to meet all the set expectations. Consequently, some role actors are likely to become dissatisfied when the set expectations are not met. The affected parties get hurt because of the conflict of interest that arises between the role actors and their colleagues (Greenberg: 1987:22).

Another source of dissatisfaction is the scheduling pattern in the critical care setting (Willis, 1986:212). In reviewing staff problems in critical care units, the twelve-hour scheduling pattern was identified as a major source of discontent. Nursing staff reported that they would have a more

professional attitude towards their jobs only if they had sufficient time off to devote to family matters and other interests such as advancing their careers. Attempts to schedule work days around personal commitment were suggested repeatedly as a possible solution (Willis, 1986:213).

According to Blegen and Becker (1993:404) in a study done among professional nurses pertaining to their professional qualifications, a correlation existed between job experience with nurses' satisfaction and the professional background. Nurses with or higher degrees were reported to acquire high professional expectations during their training which lead them to have more negative experiences in the hospital staff role than nurses with diplomas or associate degrees. It was concluded that the higher the professional qualifications nurses acquire, the more negative attitude they could have towards their job experiences (Blegen, 1993:404).

2.2.3. EFFECTS OF JOB DISSATISFACTION ON THE INDIVIDUAL EMPLOYEE, THE WORK SITUATION AND ORGANISATION AS A WHOLE

As stated earlier, dissatisfaction with work has reached such critical levels among all nurses during the last two decades that job turnover; absenteeism and low productivity concomitantly leading to poor care being delivered to patients have dramatically increased in the health care settings. Critical care nurses are no exception to the rule, therefore being absent from work, drug and alcohol abuse as well as high turnover ratio are also reaching sky high proportions in critical care units. (Williams, 1990: 104)

2.2.3.1. EFFECTS ON THE INDIVIDUAL WORKER

Adverse effects of job dissatisfaction on an individual include somatic symptoms such as palpitations, increased plasma lactic acid and glucose, alternations in vascular resistance and central nervous system disturbances and decreased gastrointestinal motility (Lewis, 1992:148). Other adverse effects were social dysfunctions such drug and alcohol abuse, absenteeism, moving from one job to another, tardiness and proness to errors and accidents (Robinson, 1996:82). According to Robinson and May (1996:83) the neurobehavioral responses resulting from dissatisfaction from work encompass irritability, defensiveness, moodiness, suppressed anger, emotional outbursts getting upset easily, sadness, restlessness and frustration. Robinson and May (1996:82) as well as Gordon (1996:28) further noted that when nurses had to function under

intense anxiety levels the potential for mistakes where heightened, the capacity to solve problems were clouded, therefore effectiveness and efficiency on the job were decreased.

Choi, Jameson, Brekke and Anderson (1989: 107) showed that a too high job demand and workload is related to job dissatisfaction, psychological distress, emotional exhaustion and depersonalization. Miller and Ray (1994: 84) had found that somatic complaints increased as the demands grew. Ganster and Thomas (1995:235) concluded that cholesterol levels of workers peaked when job demands and workload reach high proportions. Because nurses are constantly subjected to high job demand they thus experience the same psychological distress, emotional exhaustion and depersonalization as ordinary workers.

2.2.3.2 EFFECTS ON THE WORK SITUATION AND THE ORGANISAITON

As job dissatisfaction is common in all types of enterprises or organizations (Ivancevich, 1980: 8-9), employees feel excessively pressurized to get the work done in a limited time because they get bowled out by their bosses for alleged errors in work (Beach,1985:305).

I) EFFECTS ON THE WORK SITUATION

Absenteeism from work can be positively correlated to dissatisfaction with the job, boredom and a belief that a particular activity is not necessary, ineffective supervision and poor intragroup and intergroup work relations (McDonald & Shaver, 1981: 13). The lack of control over decisions affecting one's job, job demand and workload as well as physical exhaustion often lead to absenteeism. Other factors that contribute to absenteeism of workers in the work situation are: personal policies with liberal sick-leave benefits; lack of attendance policies or failure to consistently enforce the policies; lack of communication channels to higher management; ineffective grievance procedures; poor salary; unpleasant working conditions; and lack of effective employee selection, placement, orientation as well as training. Tardiness, as well as, drug and alcohol abuse may also occur in the work situation. (McDonald & Shaver, 1981: 14). A replacement for the sick personnel or the absentee may be unreliable or may invariably need more supervision and orientation to the work situation (Gardener, 1986: 27). The morale of the staff may be lowered, because they have to work overtime. Substitute nurses and working with fewer

staff than normally required, leads to serious problems in the continuity and the quality of patient care (Taunton, Krampitz and Woods, 1989: 13).

Another effect of dissatisfaction, according to Folger (1989: 130) is distributed justice. Distributed justice reflects the perceived fairness of the rewards which employees receive for their performance. In research done by Greenberg (1990: 93) employee theft can be viewed as the expression of a grievance or a specific reaction to underpayment. O'Leary-Kelly, Griffith and Glen (1996: 130-132) suggested that resistance/violence at the workplace may happen when employees perceived that valued outcomes such as promotions and compensations were being distributed unfairly. The killing and / or inflicting harm to supervisors by subordinates are the gravest manifestations, although these represented only a small portion of workplace violence. Employees most often engage in less serious forms of violence like threats more frequently than inflicting bodily harm at the workplace (Levin and Fox, 1994:42). According to the North Western National Life Insurance Survey (1993: 86), more than two million supervisors endured physical attacks or threats thereof and a similar number of employees were harassed in the United States when employees were dissatisfied (Toufexis, 1994: 112).

II)   EFFECTS ON THE ORGANIZATION

Turnover among nursing personnel is either avoidable or unavoidable. Unavoidable turnover is associated with marriage, pregnancy and the transfer of the spouse. Avoidable turnover results from failure to keep the employee in the organization's service. The higher the turnover rate, the fewer nurses are left to look after patients (Gilles: 1994:293). When a hospital has a high turnover rate, the quality of care rendered to its patients deteriorates. According to Gilles (1994:294), if the nurse manager is concerned about this lowered quality of care and does not want the patients to suffer, he / she will have to see to it that the number of patients are limited so that approximately the same nurse-patient ratio is maintained as before.

It is recognisable to see that an institution which suffers from a high turnover rate will suffer from lowered staff morale and less group cohesiveness (Brief, 1976: 55). This will eventually lead to a decrease in the standard of performance and lower levels of care, and consequently medical and legal risks (Brief, 1976: 56). The hospital has to pay for the recruitment, selection and orientation of new employees, the latter process of which is generally assumed to take a period of at least six

to eight months before the attainment of full efficiency (Seybolt, 1986: 27-28). The remaining employees usually have to work harder and often have to work overtime as well. This also costs the hospital additional money during the period between resignations and the achievement of full capacity functioning by the replacement (Brief, 1976: 56).

The effect of a high staff turnover is staff shortage which causes low morale among the remaining staff, a decrease in the level of performance by staff, poor quality of nursing care as well as a rise in the incidence of medical legal incidents (Jones, 1990:28). Under these circumstances, prospective patients will select alternative institutions for their care and hospitalizations, a extremely costly experience for the hospital (Jones, 1990:28).

2.3   MODELS OF JOB DISSATISFACTION

No theories regarding job dissatisfaction has to date been formulated. Only one model of job dissatisfaction has been postulated. The Spill Over Model effect of job dissatisfaction will be discussed as a way to understand the relationship between psychological distress and job dissatisfaction.

2.3.1   THE SPILL OVER MODEL

The correlation between psychological distress and job dissatisfaction and its centrality in the development of negative individual and organizational outcomes, has necessitated the development of the "Spill over" or "generalization" model (Cooper, 1983:104). The model tries to put in light the relationship between psychological distress and various negative outcomes such as high turnover rate of personnel. The "Spill over" model states that individuals cannot compartmentalize their lives - the negative characteristics of jobs not only create negative emotional, mental and physical states within the worker, but spills over or extend beyond the work situations into the individuals non-work life practices (see figure I). This model hypothesizes further that a link exists between a negative attitude towards the job (for example job dissatisfaction) and non-work outcomes (such as negative feelings regarding marital problems). The Model also demonstrates that if a person is dissatisfied with the job and does not leave that particular job, it can lead to the development of drug and alcohol problems because of the global or generalized distress the person usually experiences (Roman and Martin 1996:414). This distress then spills over into the non-

work setting and the worker tries to reduce the stress by resorting to substance abuse (Cooper, Russel and Frone (1990:146); Trice and Sonnestuhl, (1988:24), Trice, (1992:58). Alcohol consumption, given that alcohol is easily available and culturally acceptable in societal groups, is an important device used by workers to escape from, cope with or compensate for. the distress caused by job dissatisfaction (Cooper, Russel and Frone, 1990:146).

SPILL OVER MODEL ILLUSTRATION
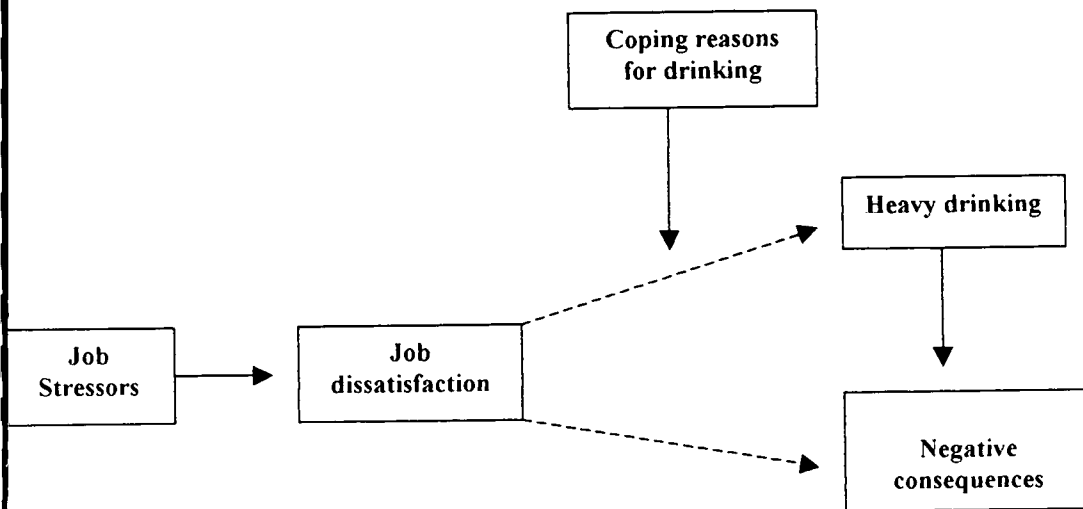
Figure I – The "Spill Over Model" (Solid lines represent direct or main effects, whereas the broken lines represent moderating effects).

According to Hall (1990: 18), a good indicator of job distress is the level of self-reported job satisfaction or dissatisfaction indicators which provides a powerful parsimonious measure of workers' overall emotional response to various job conditions. Based on recent studies, the conclusion can be drawn that there exist conceptual and empirical evidence that job dissatisfaction leads to drug and alcohol abuse primarily among those individuals who believe that drinking would actually alleviate the job-produced distress (Bandura, 1977:191).

2.3.2. THEORIES REGARDING JOB SATISFACTION

Since no theories exist regarding job dissatisfaction therefore, theories pertaining to job satisfaction will now be discussed. Of the many theories of job satisfaction, only two theories which have had considerable influence on studies of job satisfaction in nursing will be analyzed,

namely the motivation – hygiene (two factor) theory of Herzberg as cited by Landy (1985:108) and Locke (1976: 1300) and the Equity theory of motivation by Adams as stated by Vroom, (1964:312). Both theories do not refer to job dissatisfaction as such but implies that job dissatisfaction is the opposite of or a subdivision of job satisfaction.

2.3.2.1. MOTIVATION – HYGIENE (TWO FACTOR) THEORY OF HERZBERG

According to Beach (1985:304) Herzberg's theory postulates that man has two sets of needs which are:

1. His lower – end needs in order to avoid the loss of life, suppress feelings of hunger, pain as well as deprivations and;
2. His needs to grow psychologically strong.

Included under his mental growth needs are the needs to be more knowledgeable and gain more insight. A relationship exists between what one knows (such as creativity) and maintaining individuality and the real growth through self-achievement. Herzberg (as stated by Beach, 1985: 304) found a group of factors that accounted for high levels of job satisfaction (called motivators) because they seemed to be effective in motivating the individual to superior performance and effort. Those factors are achievement, recognition, the work itself, responsibility and advancement. Herzberg also discovered another group of institutional factors (hygiene or maintenance factors) such as company policies and supervision. Furthermore, as stated by both Landy (1985:108) and Locke (1976:1300), Herzberg also found that most individuals experience only temporary satisfaction when hygiene factors are improved over a period of time. After a while, individuals, although they started to improve in their work output, tended to show little interest in the kind and quality of their work and they experienced little satisfaction form of accomplishments. They were now dissatisfied with various aspects such as pay, status and job security. Herzberg holds that motivation – seekers are influenced by the nature of work itself; they also hold higher tolerance for clean hygienic factors and enjoy their work. In conclusion, Herzberg postulated that most employees are motivated primarily by job content but the factors that make a job satisfactory are different from the factors that make it dissatisfying. Offering employees higher salary (hygienic factor) does not replace the need for performing fulfilling work (motivator). This notion is also applicable to critical care nurses as employees (Beach, 1985:303). Booyens

(1998:463) using Herzberg's theory, maintains that job dissatisfaction is not the opposite of job satisfaction but an element of satisfaction that only lies on a different level. Nurses who experience job dissatisfaction are not satisfied with intrinsic job factors such as experiencing sufficient autonomy in the job, having promotional opportunities and a sense of achievement in performing their tasks, though the hygiene factors may be satisfying. This feeling of job dissatisfaction will most likely lead to behaviour such as absenteeism from work, voicing out grievances or one resigning from his/her job. Alternatively, when employees are satisfied with the presence of hygiene factors, employees will come to work and do their job, but they may not experience positive motivation or job satisfaction as intrinsic or motivating factors.

According to Pringle (1984:418) the intrinsic factors in nursing are situated in the nurse's ability to explore and conquer challenges posed by the nursing environment. According to Booyens (1998) nurses need challenges which include a sense of achievement as well as a feeling of accomplishment in the nursing practice in order to feel fulfilled (Longenecker and Pringle, 1984: 417). If nurses are not fulfilled they become extremely dissatisfied with their job and resign from their posts.

2.3.3.2.   THE EQUITY THEORY OF MOTIVATION BY ADAMS

According to the Equity theory formulated by Adams in Brekenwitz, (1975:267) motivation is influenced by the degree of equity the employee experiences in the work situation. In other words, workers compare what they receive on the basis of their effort with what other employees receive on the basis of their efforts. If an employee feels he/she is being paid less money than one or more of his/her colleagues for the same quantity and quality of work, such an employee is bound to be dissatisfied. The degree of inequity in the work situation may be defined in terms of the relationship between an employee's outcomes (remuneration) and his/her inputs (efforts) as compared with that of a comparable fellow employee (see figure 2). If an employee sees that his/her outcomes and inputs are not equal to those of a comparable employee, feelings of disequilibrium will be aroused (Milton, 1981:73).

Figure 2. Equity theory of motivation by Adams (Milton, 1981:73).

According to Milton (1981:73) inputs include anything an employee regards as an investment in his/her job and which is worthy of a reward, like skills, training, education and previous experience in the work situation. The outcomes are, anything an employee may expect from the work situation and can be positive or negative. Positive outcomes include factors such as intrinsic job satisfaction, excellent supervision, enough security benefits as well as high status within the organization. Negative outcomes encompass poor working conditions, monotony of the job. lack of job security and poor salary. If an employee (critical care nurses inclusive) experiences negative outcomes in the work situation, he/she develops extreme dissatisfaction with the job or an unhappy emotional state (Milton, 1981:74).

2.4. MEASURES TO RECTIFY JOB-RELATED STRESS AND DISSATISFACTION AMONG CRITICAL CARE NURSES

The critical care unit presents a stressful working environment for even the best-prepared nurses and factors that critical care nurses identify as most stressful are usually externally controlled. These findings have serious implications for nurse administrators such as the high turnover rate of critical care unit staff (which is usually higher than in other hospitals sections). Unless the administrators recognize the problem of stress and job dissatisfaction, those problems will continue. The staffing needs and problems of the critical care units deserve particular attention from those in the nursing service offices. According to Booyens (1998:473), managers must lessen stress levels and thus job dissatisfaction of subordinates. Strategies or measures to rectify job related stress can be adopted as follows:

- Clarifying role and performance expectations. Expectations of participatory management decision-making and what is expected of each employee in his/her job should be spelt out as clearly as possible.

- Psychological counseling and therapy should be easily accessible and available for troubled and emotionally disturbed staff members. It is very essential that absolute confidentiality must be guaranteed by the psychologist and nurse administrators (Wadsworth, 1986:27).

- The manager should endeavor to increase her observational skills in order to detect increased levels of stress as well as signs of burnout among her personnel in the early stages, in order to identify the source of psychological distress and be able to reduce or eliminate those factors.

- A support group of nursing personnel should be recommended. The group should have a particular approach to the way in which frustrations and problems vented or articulated; should emphasize the solution to the problems presented and provide support for lifestyle changes as well as emotional support to enable nurses to cope with stress (Peterson, 1986:20).

- Policies to reduce stress resulting from shift work should be developed. These could include reducing the number of hours per night shift, increasing rest time between shifts, providing adequate meal times and also providing a fair distribution of weekends and holidays (Isaacson,1982:104).

- A more basic, immediate action that could be taken by nurse administrators is the close examination of present critical care unit nurse-patient ratios. It has long been recommended that nurse-patients ratio in critical care units should be 1:2, if the staffing pattern is consistently maintains this ratio could result in longer staff retention (Isaacson,1982:104).

- Different staffing patterns in critical care areas may alleviate some of the psychological distress which is experienced in relation to staffing and workload. A forty-four or less

per week work pattern with three consecutive days off would provide the nurse with more time to relax and separate him/herself emotionally from the ever-stressful work in the critical care units.

- A health care support programme for individual employees suffering from problems such as substance abuse, diabetes or hypertension could be helpful. It is however essential that confidentiality pertaining to one's illness be maintained (Peterson,1986:20).

2.5. SUMMARY

In this chapter, a review of literature regarding the construct job dissatisfaction was discussed. Sources of job dissatisfaction were identified and elaborated upon. The effects of job dissatisfaction on an individual employee were discussed, as were the effects of job dissatisfaction as a whole. The spill over model effect of job dissatisfaction was highlighted. Theories of job satisfaction were discussed, as no theories regarding job dissatisfaction exist. Lastly, the measures of how nurse administrates could rectify job-related stress on the job were listed. In the next chapter, the research design and methodology will be discussed.

CHAPTER THREE

THE RESEARCH METHODOLOGY

3.1 INTRODUCTION

A description of the research methodology, research process, validity and reliability as well as ethical consideration are necessary because they set guidelines as to how the research study should be conducted. This chapter will consist an outline of the research methodology (design and method) used as well as the course of the research process followed, the validity and the reliability of the study as well as the ethical consideration taken into account during the study will also be discussed and lastly, an outline of the value of the study will be given. The research methodology and process will be discussed as separate entities, while validity, reliability, the ethical considerations as well as the value of the study will be discussed for the study as a coherent whole.

3.2 THE RESEARCH DESIGN

The research design is described by Polit and Hungler (1991: 614) as the framework which provides for adequate and systematic investigation of a research problem. According to Treece and Treece (1982: 481) the research design is the overall plan which sets guidelines for conducting the research study. Based on the purpose of the study and in order to achieve its objectives, a non-experimental research design of a descriptive and exploratory nature was used. According to Burns and Grove (1993: 766) as well as Polit and Hungler (1991: 615), a non-experimental design of a descriptive nature must be used when obtaining information about real life situations such as human experiences, meanings and perceptions. This design was therefore used because an experimental research could not be used as job dissatisfaction is a human experience which can be expressed in differing degrees by respondents (Polit and Hungler, 1991: 614). The study is descriptive in nature because the area of research is one to which little attention has been given, as most of the research studies are concentrated on job satisfaction. The exploratory nature of this study is due to the relative newness of the phenomenon of job dissatisfaction in human resource management and nursing management in general (Mouton & Marais, 1989: 45). As a research topic, it is only in the last two

decades that job dissatisfaction has been recognised as a phenomenon on its own and not as the opposite of job satisfaction.

3.3   THE RESEARCH SAMPLE

The population as described by Polit and Hungler (1991: 620) constitutes the entire group of people about whom the researcher would like to draw conclusions and make generalisations. Therefore the population of this study consisted of all critical care nurses (whether trained or only experienced in critical care) nursing working in the critical care units of the public and private hospitals who are 185 in number. The population of the nursing personnel who occupy managing posts in the same critical care units are not included in the population of critical care nurses because they have to manage job dissatisfaction at unit level and as such have been included as managerial respondents. There are 25 managerial respondents. Because of the small number of nurses and nurse managers working in the critical care units, no sampling method was used to get a representative sample. Instead, all professional nurses and all nurse managers working in the critical care units were included. The nurse respondents who were willing to take part in study total 150 critical care nurses. All 25 managerial respondents also gave consent to participate in the study. Only ninety five (95) nurse respondents and sixteen (16) nurse managers completed and handed in the questionnaires.

3.4   THE RESEARCH TECHNIQUES

According to Bailey (1987: 104) research techniques are instruments that are used to obtain the necessary data. The different instruments can be used on their own or in combination with one another. The structured questionnaire was the feasible technique to be used because the respondents indicated that they were not willing to take part in a structured interview perceived by them as threatening and antiethical to their anonymity.

3.4.1 THE QUESTIONNAIRE

In the light of the above, the structured questionnaire was used as the only data-collecting instrument. According to Wilson (1989: 436) questionnaires can be used to obtain data regarding respondents' experiences, feelings, relations and perceptions. Uys and Basson (1991: 65) also stated that a questionnaire can be used to reach a large number of respondents within a short space of time. For this study, structured questionnaires were drawn up for the critical care nurses and nurse managers (See addendun A & B). Both questionnaires were compiled according to the literature. Open-ended as well as close-ended questions were included. The close-ended questions were constructed to gather information regarding the respondents biographic data such as gender, age, number of children in one's custody, child care facilities, marital status, professional rank, number of years in rank, highest professional qualification, critical care education, current area of employment and the number of years in the unit. The open-ended questions were constructed in such a way that it gave critical care nurses as well as nurse mangers a chance to express their own views, experience and ideas regarding job dissatisfaction.

The questionnaires are comprised of two parts:

Section A which contains questions regarding biographic data (both for critical care nurses and nurse managers), while Section B of the questionnaire consists of open-ended questions, focusing mainly on the experiences of the respondents regarding the factors which cause job dissatisfaction and job satisfaction (as they experience it themselves). Questions regarding how job satisfaction and job dissatisfaction can be enhanced or minimised were also included. This is to give professional nurses and nurse mangers the opportunity to expand on how job dissatisfaction can be minimised and job satisfaction can be enhanced as they think it should be done.

3.4.2 THE VALIDITY AND RELIABILITY OF THE QUESTIONAIRE

The content validity of the questionnaire was assessed by five experts in the field of nursing research, two of whom are experts in the field of nursing management and as a result, corrections, additions were made. A pilot study was also done to prove the validity and reliability of the questionnaires. A sample of ten professional nurses studying critical care nursing at the University of the Orange Free State but who are not part of the nursing population was used. The aim of this pilot study was to check if the questions could be understood and be completed by all the professional nurses as well as nurse managers. The problematic questions identified by the respondents were then reviewed and rephrased by the researcher. The process was repeated until all the problems were eliminated, Answers to the open-ended questions correlated with the results obtained by Beach (1985:304) and Matonwildo (1986:35). Although both questionnaires were designed in English, the respondents were given the opportunity to answer the questions in Afrikaans, and translation of answers to English was done.

3.5 THE ETHICAL CONSIDERATIONS TAKEN INTO ACCOUNT

All research ethics must be considered when designing a research study. To comply with the ethical codes, the following ethical aspects were taken into consideration:

- Permission to carry out the research study was asked from and granted by the Ethics Committee, Faculty of Health Sciences of the University of the Orange Free State (See Addendum C)

- Permission was also asked from and granted by the Superintendents and the Nursing Service Mangers of the hospitals (See Addendum, D, E, F and G).

- Since participation in a research study of any kind is voluntary, each questionnaire had a covering letter in which the nature and the purpose of the study were explained. The respondents were requested to participate in the investigation by completing the questionnaires. The respondents were given a guarantee by the researcher that all

information provided was to be treated with confidentiality and anonymity, as no names were to be entered on the questionnaire (See Addendum H)

• The voluntary consent of all respondents were obtained (See Addendum I).

• Respondents were given the chance to withdraw from the study any time they felt the need or desire.

3.6 IMPLEMENTATION OF THE RESEARCH PROTOCOL

3.6.1 ENTRANCE TO THE FIELD

According to Treece and Treece (1986: 126) ethical dilemmas such as taking advantage of the respondents must be avoided. To abide by this ethical code, permission was obtained to carry out the study in the two public and two private hospitals (See Ethical Considerations). The two public and two private hospitals are the only hospitals where critical care units are available and they provide services for all critically ill patients in the Free State, Lesotho, Northern Cape and part of the northern areas of the Eastern Cape. The researcher explained the nature and the purpose of the study to the Nursing Service Managers (after which permission was granted). The respondents' voluntary permission was also received, after explanation of the aim and objectives of the study was given.

3.6.2 COLLECTION OF DATA

The self-administered questionnaires distributed by the researcher to all critical care nurses and all nurse managers of the above-mentioned hospitals. The professional nurses and nurse managers were requested (as stated in the letter that accompanied the questionnaires) to complete them in a week. The Nursing Service Managers were requested to assist with the distribution of questionnaires to the professional nurses as well as to the nurse managers, since some respondents were on night duty or booked off sick. A date was set after one week for collection of completed questionnaires by the researcher, though an extension of another week was given per requests of respondents. Only 115 questionnaires were returned by the

professional nurses, but 95 were usable, while 18 were obtained from the nurse managers with 16 questionnaires usable. The same procedure of data collection was followed in all the participating hospitals.

3.6.3   *EXIT FROM THE FIELD*

The researcher collected all the completed questionnaires after the stipulated time. The Nursing Service Managers were thanked for their assistance in distributing the questionnaires. The critical care nurses who participated in the study were also thanked and the researcher did not return to distribute or collect any more questionnaires.

3.7   PROBLEMS ENCOUNTERED DURING THE RESEARCH

The following problems were encountered during the implementation of the research protocol: -

3.7.1   *NURSING RESPONDENTS*

- Some professional nurses took the questionnaires and when the researcher went to collect them, they requested extension of time. Although extension was given, some nurses still did not hand the questionnaires back to the researcher.

- Some nurses did not fully complete the questionnaires, they only completed the biographic data. The questionnaires had to be discarded.

- Some respondents failed to answer all the questions thereby leading to the questionnaires not be useful.

3.7.2 *NURSE MANAGERS RESPONDENTS*

- Some nurse managers took the questionnaires but did not hand them back, hence these were not included in the study.

- Some nurse managers did not fully complete the questionnaires, therefore these questionnaires were discarded.

3.8 VALIDITY AND RELIABILITY OF THE STUDY AS A COHERENT WHOLE

Denzin in Polit and Hungler (1991: 383) states triangulation as a strategy to ensure the validity and reliability of any research project that is non-experimental in design. According to Burns and Grove (1997: 241), triangulation is used (to sort "true" information out from the "error" information). Kimchi, Polivka and Stevenson (1991: 364) confirm that triangulation is a reliable method used to show validity and reliability of the study, especially if it is non-experimental in design.

3.8.1 *DATA TRIANGULATION*

Data triangulation means "use of multiple data sources with similar foci to obtain diverse views about a topic for the purpose of validation (Burns and Grove, 1991: 241). The data sources provide an opportunity to examine how the event is experienced by different individuals, groups of people or communities, at different times or in different settings (Mitchel, 1983: 36). According to Burns and Grove (1991: 241) there are different types of data triangulation to be used, namely time, space and person triangulation.

In this study, space triangulation was used as follows: both private and public hospitals where critical care units are established were used. In case of person triangulation, the different levels of experience in the units, the length of time a person holds a post and different catagories of personnel such as nurse managers, chief professional nurses, senior professional nurses as well as professional nurses were included and used in the study. As of time triangulation, the same time (one week) was allocated to each hospital to allow professional nurses and nurse managers to complete the questionnaires and thereafter, the researcher collected them personally from the different hospitals (with the exception of those nurses who requested another seven days).

3.8.2   METHODOLOGICAL TRIANGULATION

Methodological triangulation is the use of two or more research methods in a single study (Mitchel, 1983: 37). This triangulation may occur at the level of research design or data collection. Because of the declination of the respondents to take part in a structured interview, only one technique was used, namely a structured questionnaire a technique that was acceptable for the respondents, as such methodological triangulation was not completely obtained.

3.9   THE RESULTS AND THE ANALYSIS THEREOF

According to Wilson (1989 : 436), data analysis is the "organisation of data in order to answer the research problems and make these problems known to other people". According to the problem statement of the study, the data analysis had three objectives namely:

- To identify components of the respondents' biographic data.

- To analyse the content of the open and closed- ended questions and

- To compare the factors regarding job dissatisfaction as stated by critical care nurses themselves with those factors indicated by nurse managers, in order to ascertain whether any discrepancies do exist.

According to Burns and Grove (1987: 563) the summary statistics will be the only approach to the analysis of the data for the exploratory and descriptive studies. Brink (1990: 23) also underwrites Burns and Grove in stating that "summarising or describing data by determining one or more representative characteristics or values, such as an average, a percentage, a range or a standard deviation is used in descriptive or explanatory studies. A full description of the data reduction process is given in chapter 4.

The reasons why inferential data analysis was not done are as follows: -

i)   The sample size was not equally distributed throughout different groups, that is the professional and the nurse managers.

ii) The descriptive type of the study together with open-ended technique used did not draw any connection and correlation between the data.

iii) The data analysis of the open-ended questions is presented in values expressed in percentages.

3.10 THE VALUE OF THE STUDY

The value of the study lies in the fact that factors leading to job dissatisfaction in one work division are, to an extent, the same in all other work divisions. Thus, the results and recommendations can be applied in other work divisions of the hospital as a whole in order to minimise job satisfaction.

3.11 CONCLUSIONS

A non-experimental research design of a descriptive and exploratory nature was used to investigate the research problem. The structured questionnaire was used in the study as a data-collecting instrument. The steps of the research process were followed. The validity and the reliability of the questionnaire as well as that of the whole study were ensured. The ethical considerations were adhered to. The results of the data analysis will be discussed in chapter 4.

CHAPTER FOUR

THE EXPOSITION OF THE DATA COLLECTED

4.1 INTRODUCTION

According to Burns and Grove (1993:428), data analysis allows for the organisation of the data in ways that would give meaning to it and facilitate insight in order to examine a phenomenon from a variety of angles so as to understand more clearly what is being studied.

The aim of the data analysis is to condense and organise the data for interpretation (Burns and Grove1993: 462). Data analysis consists of three activities: namely, the reduction, categorisation and interpretation of data (Treece and Treece, 1986:50). In the study, the data is analysed according to descriptive statistics on a nominal level.

4.2 THE REDUCTION OF DATA

According to Marshall and Rossman (1995:143), there is not enough reliable and validated information available for the analysis of qualitative data (that is, answers to open-ended question in the questionnaires). Because descriptive data is sometimes vague, unstructured, comprehensive and repetitive; therefore the results of qualitative data should be converted to quantitative statistical categorisation so that the data can be presented in a logical and simple way. The quantitative data obtained from the answers to the open-ended questions from the questionnaires were analysed to form grouped frequency distributions. To develop a grouped frequency distribution all the variables were categorised and each data was tallied on the list. The researcher with the assistance of a domain expert, analysed the content of the answers of the open-ended questions separately, thus assuring and increasing the reliability and validity of the study.

The following steps, as described by Tesch (Creswell, 1994:154-155), were adhered to during the analysis process of the open-ended questions.

- The researcher and the domain expert worked independently through all open-ended questions to form an idea of the completeness of the data.

- Thereafter, the principal analyst and the co-encoder (working separately) categorised the data by placing the inferences to the words, the statements and phases which were used in the content, and theses were also categorised.

- A coding system was accepted and adopted.

- After categorising, the final framework was drawn and all the data was analysed according to descriptive statistics on a nominal level. These were done for both the questionnaires (critical care nurses and nurse managers).

The data obtained from the close-ended questions regarding biographical data from the questionnaires was categorised according to questions asked (for example, gender, age, professional rank occupied, number of years in rank, highest professional qualifications). Categorisation was done for both the questionnaires (the critical care nurses and nurse managers).

4.3 THE EXPOSITION OF DATA OBTAINED FROM THE QUESTIONNAIRE COMPLETED BY PROFESSIONAL NURSES

The results of the data will be discussed under the following headings:

* Biographical data (Section A).
* Factors leading to job dissatisfaction among nurses experienced in the units (Section B)

4.3.1 THE RESULTS OF THE BIOGRAPHICAL DATA OBTAINED FROM THE RESPONDENTS

The following biographical data were obtained, from both critical care nurses and managers, namely, gender, age distribution of the respondents, children in one's custody, child care facilities, marital status, professional rank occupied and nature of post occupied, highest professional qualification, critical care education, current area of employment and the number of years stationed in the unit.

4.3.1.1 THE RESULTS OF THE BIOGRAPHICAL DATA OBTAINED FROM THE RESPONDENTS

- **GENDER**

Both females and males take up nursing as a profession. According to table 4.1, 93 (98%) of the respondents were females while 2 (2%) of the respondents were males. As most nurses in the nursing profession are females, this trend is reflected in the critical care units as well.

Table 4.1. Gender of nurse respondents (N 95)

SEX	FREQUENCY	PERCENT
Female	93	98 %
Male	2	2 %

- **AGE**

The ages of the respondents ranged from 22 (twenty two) years to 54 (fifty four) years with the mean age of 38 (thirty eight) years (see table 4.2). Most respondents 65 (68%) respondents are older than thirty years, thus having more life experiences and higher responsibility to life tasks.

Table 4.2   Age distribution of respondents (N 95)

AGE	FREQUENCY	PERCENT
20 - 29 yrs	30	32 %
30 - 39 yrs	41	43 %
40 - 49 yrs	20	21 %
50 - 59 yrs	4	4 %

- **MARITAL STATUS**

More than half 53 (56%) of the respondents are married. Ninety (90%) of the married

respondents have children, while (48 %) are single parents (see table 4.3). In the light of the

above, it can be assumed that respondents who are married with children and those who are

single parents, may be subjected to more stress than the single childless respondents.

Table 4.3   Marital Status of respondents (N 95)

MARRIED STATUS	FREQUENCY	PERCENT
Married	53	56 %
Single	36	38 %
Divorced	3	3 %
Widowed	2	2 %
Separated	1	1 %

- **CHILDREN IN ONE'S CUSTODY AND CHILD CARE FACILITIES**

The majority of the respondents 65 (68 %) reported that they have children. Sixtey three

(63 %) of the respondents who reported that they have children indicated that they make use of

child care facilities, while 40 (42 %) of the respondents had nobody to look after their children.

Being married or single with children not only brings increased responsibility as nurses have to

fulfil duties of an employee but also to fulfil the social role of being a parent and a

housekeeper as well.

- **PROFESSIONAL RANK OCCUPIED**

Sixtey Two (62 %) of the respondents hold a senior position with great responsibility and accountability as expected from them by the supervisors and colleagues (see figure 4.1).

Figure 4.1   Professional rank of respondents (N   95)
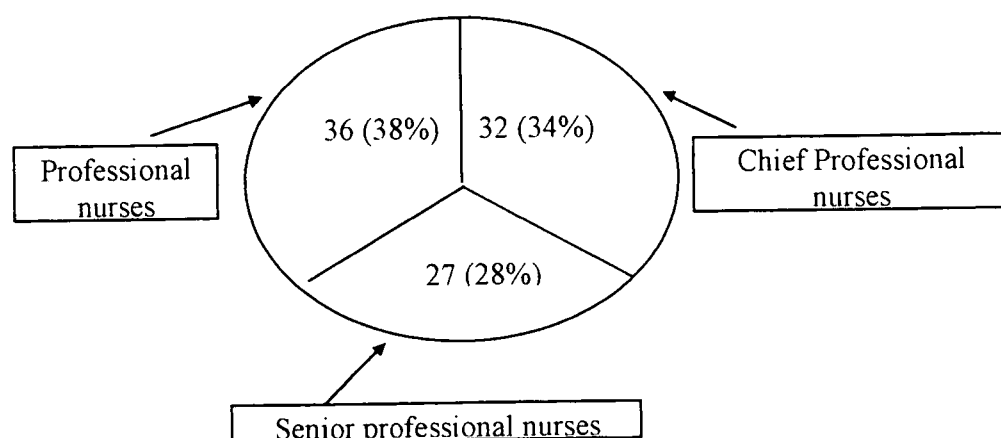
- **YEARS IN RANK AND NATURE OF POST OCCUPIED**

The number of years in rank ranges from 4 months to 10 years. 69 (73 %) of the respondents have been in the same rank for less than three years (see figure 4.2). All the respondents (100%) occupy their posts permanently.

Figure 4.2   Number of years in rank (N   95)
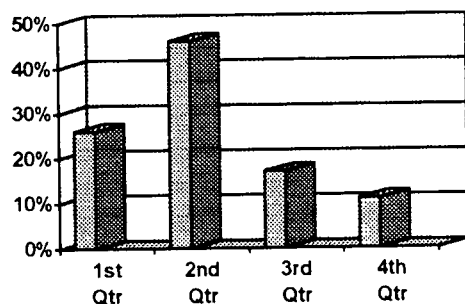
1ˢᵗ Qtr = 25 (26%) Up to 1yr.

2ⁿᵈ Qtr = 44 (46%) 2-3 yr.

3ʳᵈ Qtr = 16 (17%) 4 - 5 yr.

4ᵗʰ Qtr = 10 (11%) More than 5 yrs.

Definition of quartile - It is grouping of numbers into four divisions

- **HIGHEST PROFESSIONAL QUALIFICATIONS**

Majority of the respondents 69 (73%) hold a diploma in nursing as their basic training as shown in figure 4.3

Figure 4.3   Professional qualifications of respondents (N=95)
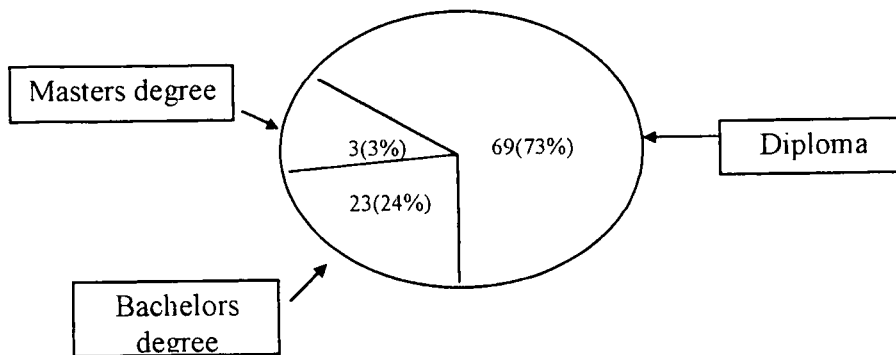
- **CRITICAL CARE EDUCATION**

More than half of the respondents 56 (59%) do not have any formal training in critical care nursing (see table 4.4).

Table 4.4   Critical care education obtained (N=95)

QUALIFICATION	FREQUENCY	PERCENT
Diploma	36	38 %
Degree	3	3 %
Experience only	56	59 %

- **CURRENT AREA OF EMPLOYMENT**

Majority 23 (24%) of nurses are allocated to the multidisciplinary unit because of the nature of the unit that admits patients suffering from various types of diseases and operations that need high quality care (see table 4.5).

Table 4.5   *Various critical care units (N=95)*

UNIT	FREQUENCY	PERCENT
Multidisciplinary unit	23	24 %
Coronary unit	10	11 %
Surgical intensive unit	7	7 %
Neuro intensive unit	13	14 %
Cardiothoracic unit	13	14 %
Paediatric intensive unit	6	6 %
Neonatal intensive unit	15	16 %
General intensive unit	2	2 %
Others (renal)	6	6 %

- **PERIOD OF TIME STATIONED IN THE UNIT**

Most (54%) of the respondents have been working for less than one year in the same unit. The period of allocation for all respondents ranges between less than one year to twenty years (see table 4.6). Most of the critical care nurses declined to be rotated around units and they were satisfied to wok in the same units they were during their critical care nursing training.

Table 4.6   *Years stationed in the same unit (N=95)*

YEARS	FREQUENCY	PERCENT
0 - 4 yrs	51	54 %
5 - 9 yrs	32	34 %
10 - 14 yrs	9	9 %
15 - 19 yrs	2	2 %
20 yrs and above	1	1 %

- **COMPARISON OF RANK AND AGE**

A comparison was made between rank and age to ascertain the maturity of the respondents in the different ranks (see table 4.7)

Table 4.7 Comparison of rank and age (N = 95)

RANK	20-29 yrs	30-39 yrs	40-49yrs	50-50 yrs
Professional nurses	25	9	-	-
Senior Professional nurses	5	13	3	1
Chief professional nurses	-	19	17	3

The data shows that the senior professional and chief professional nurses were older and were responsible as compared to the professional nurses.

- **COMPARISON OF RANK AND YEARS IN THE SAME UNIT**

A comparison was made between rank and years allocated in the same unit to ascertain the work maturity of the respondents (see table 4.8).

The data shows that 44 (46%) of the respondents have been allocated for more than 4 years to the same unit, thus being work mature.

Table 4.8 Comparison of rank and years in the same unit (N 95)

RANK	0-4 yrs	5-9 yrs	10-14 yrs	15-19 yrs	20 yrs +
Professional nurses	27	8	-	-	-
Senior professional nurses	15	18	-	-	-
Chief professional nurses	9	6	9	2	1

- **COMPARISON OF RANK AND THE CRITICAL CARE EDUCATION**

A comparison of rank and critical care education has been made to ascertain whether personnel in critical care units are suitably qualified (especially the senior staff) (see table 4.9).

According to table 4.9, 56 (60%) of the respondents only gained experience in critical care nursing while 28 out of the 56 respondents hold a senior position.

Table 4.9 Comparison of rank and critical care education

RANK	DIPLOMA	DEGREE	EXPERIENCE ONLY
Professional nurses	9	2	28
Senior Professional nurses	6	-	22
Chief professional nurses	21	1	6

4.3.1.2 THE BIOGRAPHICAL DATA OBTAINED FROM THE NURSE MANAGERS (UNIT AND SERVICE MANAGERS).

- **GENDER**

According to table 4.10, 14 (88 %) of the respondents are females while 2(12 %) are males.

This data tallies with the trend that most nurses are females who work in the critical care units.

Table 4.10. Gender of respondents (N=16)

SEX	FREQUENCY	PERCENT
Females	14	88 %
Males	2	12 %

- **PROFESSIONAL RANK**

Most of the nurse managers (94 %) hold a position of chief professional nurses. As chief professional nurses, they are the unit managers of specific units (see table 4.11).

Table 4.11 Professional rank of respondents (N 16).

RANK	UNIT MANAGERS	NURSING SERVICE MANAGER (SUPERVISOR)	FREQUENCY	PERCENT
Chief professional nurses	15	-	15	94 %
Nursing service managers	-	1	1	6 %

- **NUMBER OF YEARS IN RANK**

The majority of nurse managers 15 (95 %) who are unit managers hold a position of chief professional nurses for less than 3 years, while the nursing service manager has been in the same position for 3 years

(see table 4.12)

Table 4.12   Number of years in rank (N–16)

YEARS	UNIT MANAGER	SERVICE MANAGER	FREQUENCY	PERCENT
> 1 yrs	1	-	1	6 %
2 yrs	7	-	7	44 %
3 yrs	5	1	6	38 %
4 yrs	1	-	1	6 %
12 yrs	1	-	1	6 %

- **HIGHEST PROFESSIONAL QUALIFICATIONS**

Majority of nurse managers 15 (94 %) hold a diploma in nursing as their basic training as shown in table 4.13.

Table 4.13   Highest professional qualifications (N 16)

QUALIFICATIONS	FREQUENCY	PERCENT
Diploma	10	63 %
Bachelors degree	5	31 %
Masters degree	1	6 %

- **FORMAL MANAGEMENT TRAINING**

7 (44 %) of the nurse managers did receive in service education training in management, while only 3 (19 %) of the managers had undergone formal training in management as represented in table 4.14. The rest (6) had not undergone any form of manpower training.

Table 4.14.   Management training (N=16)

TRAINING	UNIT MANAGERS	SERVICE MANAGER	FREQUENCY	PERCENT
Formal training	3	-	3	19 %
Inservice education	6	1	7	44 %
No formal or informal training	6	-	6	37 %

- **TYPE OF MANAGEMENT TRAINING**

7 (44 %) of nurse managers (as indicated in table 4.14) including the nursing service manager, had undergone informal training such as management development, Junior management and personnel evaluation courses which were offered by the financial administration of the Free State (see table 4.15).

Table 4.15   Management training obtained (N=10)

TYPE OF TRAINING	FREQUENCY	PERCENT
FORMAL TRAINING — Degree in nursing management	0	0
FORMAL TRAINING — Diploma in nursing management	3	30 %
INFORMAL TRAINING — Development programme	2	20 %
INFORMAL TRAINING — Junior management	2	20 %
INFORMAL TRAINING — Personnel evaluation	3	30 %

- **CURRENT AREA OF EMPLOYMENT (ALLOCATION)**

Unit managers are allocated to specific units to maintain the smooth running of the unit. The different hospitals have unit managers for the different critical care specialities (see table 4.16).

Table 4.16   Unit currently allocated (N=16)

UNIT	FREQUENCY	PERCENT
Supervisor (Nursing service manager	1	6 %
Multidisciplinary unit	2	13 %
Coronary unit	1	6 %
Surgical intensive unit	2	13 %
Neuro intensive unit	2	13 %
Cardiothoracic unit	2	13 %
Paediatric unit	2	13 %
Neonatal unit	2	13 %
General intensive	1	6 %
Other (renal)	1	6 %

- **PERIOD STATIONED IN THE UNIT**

The respondents were asked to indicate the number of years stationed in the same unit. This period ranged from 6 months to 5 years. According to table 4.17, most of the unit managers (11 out of 15) have been less than 2 years as managers of the units.

Table 4.17   Period of time stationed in the unit (N 16)

YEARS	UNIT MANAGERS (N=15)	SERVICE MANAGER (N=1)
> 1 Year	6	-
1 - 2 years	5	-
3 - 4 years	3	1
5 years and more	1	-

- ## COMPARISON OF RANK AND YEARS IN MANAGEMENT

A comparison was made between rank and years in management to ascertain whether the unit managers have obtained work/job maturity. According to table 4.18, 14 of the 16 respondents have less than 3 years experience as managers.

Table 4.18. Rank and years in management (N=16)

RANK	0 - 1 YEAR	2 - 3 YEARS	4 - 5 YEARS	12 YRS + ABOVE
Chief professional nurse	1	12	1	1
Nursing service manager	-	1	-	-

- ## COMPARISON OF RANK AND MANAGEMENT TRAINING

A comparison of rank and management training was made to ascertain whether all unit managers have education pertaining to management (see table 4.19)

According to table 4.19, most unit managers (12 out of 15) as well as the service manager must rely on their own experience in carrying out the task of Human resource management.

Table 4.19 Rank and management training (N 16)

RANK	FORMAL TRAINING	INSERVICE EDUCATION	NO MANAGERIAL TRAINING RECEIVED
Chief Professional nurses (unit managers)	3	6	6
Nursing service manager	-	1	-

- ## COMPARISON OF YEARS IN MANAGEMENT AND PERIOD IN UNIT

A comparison was made between the years in management and period in unit to ascertain whether the managers are mature people.   .

According to table 4.20, 11 out of 16 managers have been less than 2 years in the same unit - thus still finding their feet as managers in specific units.

Table 4.20. Years in management and period of time stationed in the unit (N 16)

PERIOD IN UNIT	0 - 1 YRS	1 - 2 YRS	3 - 4 YRS	5 YRS AND OLDER
Less than 1 yr	6	-	-	-
2 yrs	-	5	-	-
3 yrs	-	-	3	-
4 yrs	-	-	1	-
12 yrs	-	-	-	1

4.3.1.3   COMPARISON OF DATA OF CRITICAL CARE RESPONDENTS WORKING IN PUBLIC AND PRIVATE HOSPITALS

EXPOSITION OF BIOGRAPHICAL DATA OF BOTH HOSPITALS

- **AGE DISTRIBUTION OF RESPONDENTS**

Most of the respondents in the public and private hospitals are older than 30 years (48 in public and 17 respondents in private hospitals). (see table 4.21).

Table 4.21.   Age distribution of respondents (N 95)

AGE	PUBLIC HOSPITAL (N=65)	PRIVATE HOSPITAL (N=30)
20 - 29 yrs	17	13
30 - 39 yrs	28	13
40 - 49 yrs	16	4
50 - 59 yrs	4	-

- **PROFESSIONAL RANK OF RESPONDENTS**

Most nurses (26) working in private hospitals, occupy the rank of professional nurses, while nurses working in public hospitals (52) occupy senior positions that of senior professional and chief professional nurses (see table 4.22)

Table 4.22   Professional rank occupied (N-95)

RANK	PUBLIC (N=65)	PRIVATE (N=30)
Professional nurses	13	26
Senior professional nurses	24	2
Chief professional nurses	28	2

- **YEARS SPENT IN RANK**

Most nurses (73 out of 95) working in both private and public hospitals occupy their present position for less than 3 years (see table 4.23).

Table 4.23 Years in rank (N=95)

YEARS IN RANK	PUBLIC (N=65)	PRIVATE (N=30)
Less than 1 yr	10	15
2 - 3 yrs	34	11
4 - 5 yrs	13	3
5 years and above	9	1

- **CRITICAL CARE EDUCATION**

Most of the critical care nurses in both the public and private hospitals (56 out of 95) do not have formal training in critical care nursing (see table 4.24).

Table 4.24   Critical care qualifications obtained (N 95)

QUALIFICATIONS	PUBLIC (N=65)	PRIVATE (N=30)
Diploma	20	16
Degree	1	2
Experience only	44	12

- **YEARS STATIONED IN SAME UNIT**

Nearly half of nurses (44 out of 95 respondents) working in public and private hospitals have been stationed in the same unit for more than 5 years (see table 4.25).

Table 4.25.   Years stationed in same unit (N=95)

YEARS	PUBLIC (N=65)	PRIVATE (N=30)
0 - 4 yrs	29	22
5 - 8 yrs	26	6
10 - 14 yrs	8	1
15 - 19 yrs	1	1
20 yrs and above	1	-

4.3.1.4.   A COMPARISON OF CERTAIN BIOGRAPHICAL DATA OBTAINED FROM NURSES AND NURSE MANAGERS

A comparison is made to ascertain the work/job maturity of both subordinates and supervisors.

❑ **YEARS STATIONED IN SAME UNIT**

According to table 4.26 most managers (12) and critical care nurses (44) have been in the same rank for less than 3 years (see table 4.26)

Table 4.26   Number of years in rank (N=111)

YEARS	CRITICAL CARE UNITS	UNIT MANAGERS	SERVICE MANAGER
0 – 1 yr	25	-	-
2 - 3 yrs	44	12	1
3 - 4 yrs	16	1	-
4 - 5 yrs	10	1	-
12 yrs + above	-	1	-

❑ **HIGHEST PROFESSIONAL QUALIFICATION**

69 critical care nurses as well as 10 nurse managers hold a diploma in nursing as their highest qualification (see table 4.27).

Table 4.27   Professional qualifications obtained (N=111)

QUALIFICATIONS	CRITICAL CARE NURSES	UNIT MANAGERS	SERVICE MANAGER
Diploma	69	10	0
Bachelors Degree	23	4	1
Masters Degree	3	1	0

❑ PERIOD OF TIME STATIONED IN SAME UNIT

44 (46 %) of the critical care nurses have been stationed in the same unit for more than 5 years, while 15 nurse managers have been stationed in the same unit for less than 2 years (see table 4.28).

Table 4.28   Period allocated in unit (N=111)

YEARS	NURSES (N=95)	UNIT MANAGERS (N=15)	SERVICE MANAGER (N=1)
0 - 4 yrs	51	14	1
5 - 9 yrs	32	0	0
10 - 14 yrs	9	1	0
15 - 19 yrs	2	0	0
20 yrs + above	1	0	0

4.3.2 RESULTS OF THE CONTENT ANALYSIS OF FACTORS LEADING TO DISSATISFACTION (SECTION B)

This section contains the data obtained from the open-ended questions. Each question will be discussed separately. With regard to the content of the open-ended questions, three main categories have been identified during the coding process, namely, dissatisfiers, satisfiers and recommendations. Dissatisfiers refer to all those critical factors that caused job dissatisfaction, while satisfiers refer to all those critical factors which enhanced job satisfaction. The recommendations are those proposals made by the critical care nurses and nurse managers in order to minimise job dissatisfaction and enhance job satisfaction.

The subcategories that have originated from the main categorisation of the data were (1) self-actualisational values and (2) managerial values. The managerial values were classified as general management and human resource management. The self-actualisational values refer to all those critical factors that lead to personal growth and self-actualisation of the person himself/herself. The management values on the other hand refer to the management process that directly or indirectly may cause job dissatisfaction or enhance job satisfaction. The main categories and its subcategories are schematically represented in table 4.29.

Table 4.29. Schematic presentation of categories

MAIN CATEGORIES	SUBCATEGORIES
1. Dissatisfiers	• Self-actualisational values
	• Managerial values
	1. Human Resource management
	2. General managment
2. Satisfiers	• Self – actualisational values
	• Managerial values
	1. Human Resource Management
	2. General management
3. Recommendations	• Self – Actualisational values
	• Managerial values
	1. Human Resource management
	2. General management

The content of the open-end questions were analyzed accordingly to the above categories and subcategories. The statistical data is represented in frequency tables.

4.3.2.1 THE RESPONSE TO OPEN-ENDED QUESTIONS REGARDING FACTORS LEADING TO DISSATISFACTION, SATISFACTION AND RECOMMENDATIONS AS STATED BY CRITICAL CARE NURSES

The response of the open-ended questions regarding factors leading to dissatisfaction, satisfaction and recommendations as stated by critical care nurses will now be discussed.

■ MOTIVATION TO WORK IN CRITICAL CARE UNITS

Critical care nurses indicated that they were driven by self-actualisational values to work in the critical care units in order to enhance their personal growth and self-actualisational values (see table 4.30)

Table 4.30. Motivation to work in the units (N 95)

SUBCATEGORIES	NURSE RESPONDENTS
Self-actualisational values	• Responsibility • Knowledge and Experience gain • One to one nursing • Interesting • Challenging • Total patient care
Managerial values * General Management	• Staff allocation
* Human Resource Management	• Incentives

■ AN OVERVIEW OF DISSATISFIERS, SATISFIERS AND RECOMMENDATIONS AS STATED BY NURSE-RESPONDENTS

According to table 4.31, the critical care nurses emphasised that most of the dissatisfiers and satisfiers are embedded in the human resource management process. With regard to the recommendations, critical care nurses indicated that the values of human resource management must be enhanced to minimise job dissatisfaction.

Table 4.31 *Overview of dissatisfiers, satisfiers and recommendations as stated by nurse respondents.*

4.31.1 Dissatisfiers

	Dissatisfiers	Frequency
Self-actualisational values	Supervisors failing to recognise personnel achievement	14
Managerial values • General management	• Lack of organisational policies • Lack of incentives • Unsatisfactory work schedules • Shortage of supplies and equipment • Poor salary	6 22 29 39 26
• Human Resource management	• Lack of group cohesion • Conflict with supervisors • Undesirable work climate • Job demand and work load • Poor interpersonal relationships • Absenteeism • Discrimination • Giving help to other units	24 10 17 28 16 14 12 5

Table 4.31.2 Satisfiers

	Satisfiers	Frequency
Self-actualisational values	• Patient recovery • Team work • Intrinsic motivation • Good interpersonal relationships	39 24 13 23
Managerial values • General management	• Provision of incentives • Provision of enough personnel	15 24
• Human resource management	• Desirable work climate • Type of nursing care • Staff development • Staff rotation • Learning new tasks	29 29 10 5 24

Table 4.31 *Overview of dissatisfiers, satisfiers and recommendations as stated by nurse Respondents*

4.31.3   Recommendations

Subcategories	Recommendations regarding dissatisfiers	Frequency	Recommendations regarding satisfiers	Frequency
Self-actualisational Values	* Supervisors must recognise personnel achievements	10	* Give credit for good work well done	2
Managerial values • General management	*Provision of more personnel *Provision of incentives *Flexible off duties *Salary increase *Efficient budgeting for resources *Provision of enough supplies and equipment *Policies regarding absenteeism	39 18 14 8 6 21 10	*Promotion opportunity *Institutional policies regarding staffing *Provision of enough supplies and equipment *Minimising non-nursing tasks	5 10 30 3
• Human Resource management	*Staff rotation *Open communication channels *Good nurse-patient ratio *Staff development *Participative management *Fairness by management	8 27 19 12 18 14	*Independent decision making *Regular staff meetings *Inservice Education *Group cohesiveness *Open communication channels *Career advancement	16 12 21 16 4 12

A comparison of dissatisfiers, satisfiers and recommendations of the nurses working in the public and private hospitals was made to ascertain if they attribute the same importance to the identified critical factors embedded in the dissatisfiers, satisfiers and recommendations

(See table 4.32)

According to table 4.32, Nurses in public and private hospitals are in agreement with one another regarding the dissatisfiers, satisfiers and recommendations.

Table 4.32 Comparison of dissatisfiers, satisfiers and recommendations as stated by nurses in public and private hospitals

Subcategories	Dissatisfiers	Public N=65	Private N=30	Satisfiers	Public	Private	Recommendations regarding dissatisfiers	Public N=65	Private N=30	Recommendations regarding satisfiers	Public N=65	Private N=30
Self-actualisational Values	* Supervisors failing to recognise personnel achievements		5	*Patient recovery *Team work *Intrinsic motivation *Good interpersonal relations	24 14 8 15	15 10 5 8	*Supervisors must recognise personnel achievement	5	5	* Give credit for good work well done	1	1
Managerial values * General Management	*Lack of organizational policies *Lack of incentives *Unsatisfactory work schedule *Staff shortage *Shortage of suppliers and equipment *Poor salary	5 18 29 30 22 8	1 4 0 9 4 0	*Provision of incentives *Provision of enough personnel	13 15	2 9	*Provision of attractive incentives *Provision of enough skilled personnel *Flexible off duties *Salary increase *Efficient budgetting for resources *Provision of supplies and equipment *Policies regarding absenteeism	33 14 14 6 6 20 10	6 4 0 2 0 1 0	* Promotion opportunities * Institutional policies regarding staffing * Provision of enough supplies and equipment *Minimising non-nursing tasks	5 10 20 2	0 0 10 1
*Human resource Management	*Lack of group cohesion *Conflict with supervisors *Job demand and work load *Poor interpersonal relationships *Absenteeism *Discrimination *Giving help to other units	10 7 19 18 12 12 3	7 3 9 4 2 0 2	*Desirable work climate *Type of nursing care *Staff rotation *Staff development *Learning new tasks	19 20 4 5 22	10 9 0 0 7	*Staff rotation *Open communication channels *Good nurse-patient relationship *Staff development *Participative management *Fairness by management	8 17 13 9 14 10	0 10 6 3 4 4	* Independent decision making * Regular staff meetings *Inservice education *Group cohesiveness *Open communication channels *Career advancement *Inservice Education	13 10 18 10 3 9 12	3 2 3 6 1 3 9

4.3.2.2 THE RESPONSES TO OPEN ENDED QUESTIONS AS STATED BY NURSE MANAGERS

The managers indicated that most of the motivational factors which drove nurses to work in the critical care units enhanced their intrinsic motivation, personal growth as well as self-actualisational values.

■ **MOTIVATIONAL FACTORS ENCOURAGING NURSES TO WORK IN CRITICAL CARE UNITS AS STATED BY NURSE MANAGERS**

Nurse managers indicated that nurses as they did indicate previously, were also driven by self-actualisational values to work in the units in order to enhance their personal growth and self-actualisational values (see table 4.33)

Table 4.33 Motivation of critical care nurses to work in the units (N=16)

Subcategories	Nurse manager respondents
Self-actualisational values	* working independently as a professional * knowledge and experience gain * interesting * challenging * Provision of total patient care * one to one nursing
Managerial values • General management	* Technology used in the units.
• Human resource management	* Learning new tasks * On going inservice education

4.3.2.3 COMPARISON OF THE RESPONSES OF CRITICAL CARE NURSES AND NURSE MANAGERS

■ **MOTIVATION TO WORK IN THE UNITS**

Both critical care nurses and nurse managers indicated that nurses were driven by self-actualisational values to work in the units in order to enhance personal growth and self-actualisational values (see table 4.34).

Table 4.34   Motivation to work in the units (N=111)

Subcategories	Critical care nurses	Nurse Managers
Self-actualisational values	*Responsibility *Knowledge and Experience gain *one to one nursing *Interesting *Challenging *Total patient care	*Working independantly as a professional *Knowledge and experience gain *Interesting *Challenging *Provision of total patient care *Nurses being part of the multidisciplinary team
Managerial values • General mangement	* Staff allocation	*Technology used in the units
• Human resource management	* Incentives	* Learning new tasks * On going inservice education

AN OVERVIEW OF DISSATISFIERS, SATISFIERS AND RECOMMENDATIONS AS STATED BY NURSE MANAGERS.

The managers indicated that the factors leading to job dissatisfaction are mostly embedded in the general management process and that job satisfaction must be enhanced by improving values embedded in the self-actualisational and human resource management values (see table 4.35)

Table 4.35 *Overview of dissatisfiers, satisfiers and recommendations as stated by nurse managers*

Table 4.35	Dissatisfiers	Frequency	Satisfiers	Frequency	Recommendations regarding dissatisfiers	Frequency	Recommendations regarding satisfiers	Frequency
Self-actualisational Values	None – stated		*Knowledge and mastering of work in units *Recognition by supervisors *Excellent team spirit *Acknowledgement of individuals progress *Total patient care with positive results *Interest in specialty field	2 3 3 3 3 2	None - stated		*Give credit for good work well done *Positive feedback on new ideas implemented on patient care	3 3
Management values *General management	*System of rank promotion *Lack of incentives *Unsatisfactory work schedule *Shortage of Staff *Increased work load *Giving help to other units *No lunch hour or night duty *Lot of paper work *Nagging visitors *Patients with no positive end diagnosis	5 3 2 2 3 2 1 1 3	*Provision of enough and effective resources *Provision of enough personnel	3 3	*Regular interdepartmental meetings *Enough breaks between shifts *Provision of enough personnel *Provision of proper functioning equipment *Paper work to be minimized *Availability of social worker to attend to patients and relatives *Private doctors to work for point scale per year	3 2 3 4 2 1 1	*Ensure proportional staff to reduce work load *Encourage quality assurance in nursing *Short intervals of work after 12 hour working day	4 3 2
Human Resource Management	*Close supervision of task mature members *Poor communication among staff *Poor interpersonal relationships *Low morale	4 2 3 3	*Open communication channels *Calm atmosphere at work *Getting patients treated and best *Effective nursing care *Rotating staff among the departments	3 2 2 3 2	*Fair off duties *Verbalisation of staff problems causing dissatisfaction *Staff to be given credit or good work well done *Commitment to ones job *Compensation for extra work *Staff development *Satisfactory group cohesion	3 2 2 4 3 2 2	*Encourage open communication channels *Staff involvement in decision making *Inservice training to personnel *Minimising absenteeism *Proper disciplining of staff during absenteeism *Proper disciplining of staff *Proper promotion system *Staff to attend critical care congress annually *Co-operation and tolerance among staff members *Participative management *Personnel given chance to implement their suggestions *Counseling of troubled personnel *Provision of conductive environment for personnel *Positive feedback on patient care	3 3 3 3 2 2 2 2 2 3 2 3 2 2 2

☐ A COMPARISON OF RESPONSES OF MANAGERS OF PUBLIC AND PRIVATE HOSPITALS

A comparison of the respondents of the nurse managers in public and private hospitals regarding the dissatisfiers, satisfiers and recommendations was made. This comparison was done to ascertain whether the managers are in agreement with regard to factors leading to job dissatisfaction or job satisfaction and the recommendations. (See table 4.36)

According to table 4.36 the managers working in public and private hospitals are in agreement in that self-actualisational values must be enhanced and dissatisfiers be rectified.

Table 4.36 Comparisons of responses of managers of public and private hospitals

Table 4.36	Dissatisfiers	Public	Private	Satisfiers	Public	Private	Recommendations Regarding dissatisfiers	Public	Private	Recommendations Regarding satisfiers	Public	Private
Self-actualisational Values	Non stated			*Knowledge and mastering of work in the units	1	1	Non - stated			*Give credit for good work well done	1	1
				*Recognitions by superiors	2	1				*Positive feedback for new ideas implemented on patient care	2	1
				*Excellent team spirit	2	1						
				*Acknowledgement of individual progress	1	1						
				*Total patient care with positive results	2	1						
				*Interest in specialty field	1	1						
Managerial values *General management	*System of rank promotion	3	2	*Provision of enough personnel	3	0	*Regular interdepartmental meetings	2	1	*Ensure proportional staff to reduce work load	2	2
	*Lack of incentives	3	0	*Provision of enough and effective resources	3	0	*Compensation for extra work	2	1	*Incourage quality assurance in nursing	2	1
	*Unsatisfactory work schedule	2	0				*Enough rest intervals or breaks between shifts	2	0	*Short intervals of break after 12 hour working day	1	1
	*Shortage of Staff	2	2					2	1			
	*Increased work load	3	0				*Provision of adequate personnel	2	2			
	*Giving help to other units	1	1				*Provision of proper functioning of equipment	0	3			
	*No lunch hour or night duty	1	0					0	3			
	*Lot of paper work	0	1				*Paper work to be minimized	0	2			
	*Nagging visitors	0	3				*Social worker to attend to patients and relatives					
	*Patients with no positive end diagnosis	0	3				*Private doctors to work for point scale per year					
*Human Resource Management	*Close supervision of task mature members	3	1	*Open communication channels	2	1	*Fair off duties	2	1	*Encourage open communication channels	2	1
	*Poor communication among staff	1	1	*Calm atmosphere at work	1	1	*Verbalisation by staff on problems causing dissatisfaction	2	0	*Staff involvement in decision making	2	1
	*Poor interpersonal relationships	2	1	*Getting patients treated at best possible way	1	1		1	1	*Inservice training to personnel	2	1
	*Low morale	2	1	*Effective nursing care	2	1	*Staff to be given credit when they had done good	2	2	*Minimising absenteeism	2	1
				*Rotation staff among the departments	2	0	*Commitment to one's job	1	1	*Proper disciplining of staff during absenteeism	1	1
							*Staff development i e to study critical care nursing	1	1	*Proper disciplining of staff	1	1
							*Satisfactory group cohesion			*Proper promotion system	1	1
										*Staff to attend critical care congress annually	1	1
										*Co-operation and tolerance among staff members	1	1
										*Participative management	2	1
										*Personnel given chance to implement their suggestions	2	1
										*Counseling of troubled personnel	2	1
										*Provision of conducive environment for personnel	1	1
										*Positive feedback on patient care	1	1

■ **COMPARISON OF JOB DISSATISFIERS AS STATED BY CRITICAL CARE NURSES AND NURSE MANAGERS**

A comparison of the responses of nurse mangers and critical care nurses regarding job dissatisfiers was done (see table 4.37). Critical care nurses did agree as to some and disagreed with others regarding the critical factors leading to job dissatisfaction as nurses highlighted that the factors causing dissatisfiers are embedded in human resource managers while managers indicated that factors in the general management process lead to dissatisfaction.

Table 4.37. Job dissatisfiers as stated by critical nurses and nurse managers.

	JOB DISSATISFIERS AS STATED BY NURSES	JOB DISSATISFIERS AS STATED BY NURSE MANAGERS
Self-actualisational values	Supervisors failing to recognise personnel achievement	None-stated
Managerial values • General management	• Lack of organizational policies • Lack of incentives • Unsatisfactory work schedules • Staff shortage • Shortage of supply and equipment • Poor salary	• System of rank promotion • Lack of incentives • Unsatisfactory work schedules • Staff shortage • Shortage of supplies • Increased work load • Giving help to other units. • No lunch hour on night duty • Lot of paper work
• Human resource management	• Lack of group cohesion • Conflict with supervisors • Undesirable work schedule • Job demand and workload • Poor interpersonal relationships	• Poor communicates among staff • Close supervision of task mature members • Poor interpersonal relationships • Low morale

■ **COMPARISON OF JOB SATISFIERS AS INDICATED BY CRITICAL CARE NURSES AND NURSE MANAGERS**

A comparison of job satisfiers as indicated by critical care nurses and nurse managers was done. (See table 4.38).

According to table 4.38 critical care nurses and nurse managers are in agreement regarding the satisfiers lead to job satisfaction and self-actualisational values. Both managers and nurses identified the importance of the human resourse management process in enhancing job satisfaction and thus minimizing job dissatisfaction.

Table 4.38 Job satisfiers as stated by critical care nurses and nurse managers.

	JOB SATISFIERS AS STATED BY NURSES	*JOB SATISFIERS AS STATED BY NURSE MANAGERS*
Self-actualisational values	• Patient recovery • Team work • Intrinsic Motivation • Good interpersonal relationships	• Knowledge and mastering of work in units • Recognition by superiors • Excellent team work. • Acknowledgement of individual progress • Total patient care with positive results • Interest in the specialty field
Managerial values • *General management*	• Provision of incentives • Provision of enough personnel	• Provision of enough and effective resources
• *Human resource management*	• Desirable work climate • Type of nursing care • Staff development • Staff rotation • Learning new tasks	• Open communication channels • Calm atmosphere at work • Effective nursing care • Rotation among the departments

- **A COMPARISON BETWEEN THE RECOMMENDATIONS OF CRITICAL CARE NURSES AND MANAGERS TO MINIMISE DISSATISFACTION AND ENHANCE SATISFACTON**

According to table 4.39, nurses and managers are not in agreement with regards to recommendations to minimize dissatisfaction and managers emphasize different factors regarding self-actualisational and managerial values that have to be minimized or enhanced in order to prevent or rectify job dissatisfaction.

Table 4.39 A comparison between the recommendations of critical care nurses and managers to minimise dissatisfaction and enhance satisfaction

	RECOMMENDATIONS REGARDING DISSATISFIERS (CRITAL NURSES)	RECOMMENDATIONS REGARDING DISSATISFIERS (NURSE MANAGERS)	RECOMMENDATIONS REGARDING SATISFIERS (NURSES)	RECOMMENDATIONS REGARDING SATISFIERS (MANAGERS)
Self-actualisational values	Supervisors must recognise personnel achievement	Non - stated	Give credit for good work well done	• Give credit for good work well done • Positive feedback on new ideas implemented on care
Managerial Values * General Management	*Provision of more personnel *Provision of incentives *Flexible off duties *Salary increase *Efficient budgeting for resources *Provision of enough supplies and equipment *Policies regarding absenteeism	• Regular interdepartmental meetings • Enough breaks between shifts • Provision of enough personnel • Provision of proper functioning of equipment • Paper work to be minimized • Availability of social worker to attend to patients and relatives • Private doctors to work for point scale per year	*Promotion opportunity *Institutional policies regarding staffing *Provision of enough supplies and equipment *Minimising non-nursing tasks	• Ensure proportional staff to reduce workload • Encourage quality assurance in nursing • Start interval of work after 12 hour work day.
*Human Resources Management	*Staff rotation *Open communication channels *Good nurse-patient ratio *Staff development *Participative management *Fairness by management	*Fair off duties *Verbalisation of staff problems causing dissatisfaction *Staff to be given credit or good work well done. *Commitment to ones job *Compensation for extra work *Staff development *Satisfactory group cohesion	*Independent decision making *Regular staff meetings *Inservice Education *Group cohesiveness *Open communication channels *Career advancement	*Encourage open communication channels *Staff involvement in decision making *Inservice training to personnel *Minimising absenteeism *Proper disciplining of staff during absenteeism *Proper disciplining of staff *Proper promotion system *Staff to attend critical care congress annually *Co-operation and tolerance among staff members *Participative management *Personnel given chance to implement their suggestions *Counseling of troubled personnel *Provision of conductive environment for personnel *Positive feedback on patient care

4.3 CONCLUSION

In this chapter, the exposition of the data obtained from the questionnaires were done. Both biographical data and responses to the open ended questions were analysed on a nominal descriptive level (to responses of both critical care nurses and nurse managers). The findings. conclusions and recommendations will be discussed in Chapter 5.

CHAPTER FIVE

FINDINGS AND RECOMMENDATIONS

5.1   INTRODUCTION

As one of the purposes of the study was to identify the factors that lead to job dissatisfaction among nurses working in the critical care units, the importance of this chapter lies in the discussion of the findings of the study and the making of the necessary recommendations.

5.2   THE FINDINGS OF THE STUDY

Based on the exposition of the data in the previous chapter, the following findings were made:

- Sixty eight percent (68%) of critical care nurses working in the units are older and mature people who have been working in the units for a period of three years and longer.

- Sixty two (62) % of the critical care nurses who are registered nurses hold senior positions which is that of senior professional and chief professional nurses - a position which demand great responsibility and accountability looked upon them by management, doctors as well as other colleagues.

- Most of the managers (14 out of 16) have less than 3 years experience as managers.

- Pertaining to formal education of managers, only 3 have undergone formal management training. Seven (7) managers/supervisors attended only in-service education in management (courses such as management course and personnel evaluation). The rest of the nurse managers, six (6), did not undergo any formal or inservice management training.

- More than half of the critical care nurses (59 %) do not have any formal training in critical care nursing and thus they rely on their own work experience only.

- All nurses (95) are motivated by self-actualisation values to work in the critical care units in order to enhance their own personal growth.

- Critical care nurses feel that poor interpersonal relationships between nurses and supervisors were the biggest source of dissatisfaction. This finding supports that of Beach (1985:304) who stated that managers fail to give recognition or praise where they should, and these resulted in strained relations between the members of staff and managers.

- Nurses and managers differ regarding the factors leading to job dissatisfaction, job satisfaction and recommendations regarding the minimising of job dissatisfaction and enhancing job satisfaction as Nurses and managers emphazise different factors leading to the minimizing of dissatisfiers and the enhancement of satisfiers.

- Both nurses and managers stated that shortage of staff is a big problem in the critical care units.

5.3   DISCUSSION OF THE CONCLUSIONS

Based on the findings, the following conclusions will be discussed.

■   **HUMAN RECOURSE MANAGEMENT IS THE BEGINNING AND THE END OF JOB SATISFACTION.**

The finding that job dissatisfaction is embedded in the human resource management process correlates with that of Beach (1985:308) who stated that the quality of interpersonal and group relationships is extremely important in view of the significant effect it has on the achievement of employees' goals as well as those of the enterprise. Beach (1985:309), further states that if an employee feels unhappy with his job and the working conditions, but he/she is forced to stay within that particular enterprise because of the labour market conditions, such an employee even if he/she dissatisfied with the conditions of the job, will probable do just enough work not to be dismissed from duty.

■ A MATURE EMPLOYEE BUT A NURSE-IN CRISIS.

Minimal attention has been devoted to alert nurses that they are susceptible to experience crises parallel to those of patients. When one considers that the goal of nursing is to help patients attain their optimal level of health, and there are some patients who fail to respond to the customary method of nursing intervention, it becomes evident that nurses are persons at risks for crises.

"It is not unusual to see a nurse who feels frustrated, disappointed, angry, guilty or anxious because a patient is not responding to her nursing care. The nurse may try alternative interventions, but when no progress is noted, she becomes discouraged. The effect on her is deep because she entered the relationship with a genuine interest in helping the patient. She may feel confused and abused, and now she became trapped in a recurring unsatisfactory interaction with the patient. These feelings are especially unwelcome to her since they are the very emotions she is trying to alleviate in her patients. At times such as these, the nurse can be said to be in crisis, yet, unless the nurse is assisted in coping with the crisis, her relationship with the patient will reach an impasse, her energies will be misdirected and the goal for the patient will go unmet (Janken, 1974:16-17).

Although most of the critical care nurse's are matured persons, the emotional crises they experience may endanger their own self-concept and self-value (Bates, 1975:702:706). Chickering and Haringhurst (1991) maintained that during midlife, persons' feel an urgent need to revise their career plans. Failure of the job to provide new challenge's at this time may force an individual to start exploring alternatives which can be sources of satisfaction and new experiences.

According to Kramer (1974:104-200) and Bates (1975:702-706), this emotional crises is heightened by the two-role behaviour, namely, role expectations and role sanctions which has to be internalised by the nurse. The role as a member of a family and the role of a warm hearted helping nurse, (as the nurse sees herself) and the impersonal and intellectual nurse as

seen by the managers as the ideal nurse. The nurse is torn apart by this role and the image conflict. Thus nurses need emotional support especially from their colleagues and managers because it takes eight to twelve months (sometimes longer) to work through any emotional crises (Bates, 1975:702-706).

■ NEED SATISFACTION OF THE NURSE AS A PERSON AND THE STRATEGIES OF THE MANAGEMENT TO FULFIL THE NEEDS.

The degree of importance of the various needs to a particular person at a particular time depends on the extent to which these needs are satisfied or not satisfied. According to Gerber, Nel, Van Dyk: 1992:304, the human resource management often pays attention to only the physiological and safety needs of its employees which are the lower-order needs. The higher-order needs such as social needs, ego needs as well as self-actualisation needs are very seldom taken into consideration.

The nurse respondents reported being dissatisfied when they were not being recognised or given praise for the good job they had done. Recognition for good work done should come from one's superiors, co-workers and the public at large who are the recipients of health care provided by critical care nurses. This finding supports Locke (1976) who endorsed that all employees' value being praised for their work and getting credit where it is due. Similarly, failure to get credit when it is warranted is devalued. Locke (1976) hypothesised that recognition or praise from superiors or subordinates is an indication that one has done the job correctly and is the fulfilment of the social need. Mbili cited in Dewar (1990), stated that lack of recognition for the high responsibility carried by nurses reflected in the failure of hospitals administrators to include nurses in policy changes and decision making as well as the lack of authority nurses would have in patient care at even the most basic level.

■ PROMOTIONAL OPPORTUNITIES AND PROFESSIONAL ADVANCEMENT

Dissatisfaction with promotional opportunities were expressed by the majority of professional nurses. According to Locke (1976: 1300) and Orpen (1981:38) the lack of promotional opportunities can be perceived as a lack of recognition from managers/the institution as promotion is positively associated with job satisfaction. Orpen (1981:38) also argued that if the individual considers the chances of promotion to everyone in his section to be low, he is unlikely to be very dissatisfied even if his own chances are small - however, if he perceives his own chances to be low as opposed to those of other individuals in this section, he is likely to experience dissatisfaction. According to Locke (1976:88), provision of opportunity to advance in the profession is desirable to employees in that it meets personal needs for psychological growth, higher earnings and higher status.

■ WORK AUTONOMY, A DESIRABLE VALUE OF SELF-ACTUALISATION

A person who can control his environment can manipulate the environment according to his needs. If a person is controlled by his environment and thwarted in the satisfaction of his needs, he will become frustrated and tense. If the prevailing needs cannot be satisfied, the result is undesirable employee behaviour such as aggression, frustration and resignations, which can hardly be described as healthy or productive (Gerber, et.al 1992:305).

According to the findings of this study, more than half of the respondents expressed dissatisfaction regarding lack of autonomy or independence with regard to controlling their work environment. Therefore, nurses become dissatisfied quickly because of the ever-present bureaucratic controls in the work situation. (Ironson, 1992:84). Winter (1989) stated that bureaucratic controls of management left little space for nurses to express new ideas and ingenuity. Clochesy et.al. (1996:50) also state that critical care nurses have a desire for autonomy and control over their jobs.

5.4   RECOMMENDATIONS

In the light of the findings, the following recommendations are made:

- Because self-actualisation of both manager and subordinate lie in the human resource management process, especially in participative management, both the manager and subordinate must be helped to develop their personal capacities through participative managerial decision - making.

- Based on the fact that nurses are human beings as well as nurses, all nurses experience stress at some point in their life - whether personal related and/or work related. Thus support groups have to be established to help the nurse and the manager to cope with the stress he/she is experiencing.

- Because managers and nurses are in agreement in that poor interpersonal relationships lead to job dissatisfaction, managers need to be helped to handle conflict successfully (a responsibility which managers like the least). Nurses also need to be educated and informed about how to handle interpersonal conflict among themselves and between the managers successfully. This is of utmost importance in areas like the critical care units where they have to work together for hours on end in stressful conditions (caring for severely ill patients).

- Policies regarding promotional opportunities, staffing patterns in critical care units, personnel allocations to units, incentives, work schedules that are distinctive to critical care units have to be formulated. Shortage of staff in critical care units must be overcome by introducing flexitime working hours, enlarging the company staff component and revising incentive scheme for critical care nurses.

- Lastly, research regarding job dissatisfaction needs to be encouraged especially by the hospital staff themselves. Such research projects can lead to the rectifying of problems in a very early stage before those problems get out of hand thereby preventing nurse and managers to resign from their posts.

5.5 CONCLUSION

In this chapter, the findings of the study were highlighted and the conclusions were discussed. In the light of the findings and conclusions, recommendations were drawn regarding the education of nurses and managers (especially the management process). The last chapter will be the conclusion of the study.

CHAPTER SIX

CONCLUSION OF THE STUDY

Job satisfaction as a phenomenon has been researched intensively over the years because both the employee and the organisation benefits from it. On the other hand, job dissatisfaction as a human experience has only recently been identified as a phenomenon that is not the opposite of job satisfaction. Job dissatisfaction as phenomenon, is a real life situation and a human experience that needs to be researched.

The purpose of this study was to identify the factors that lead to job dissatisfaction among nurses working in the critical care units who work in public and private hospitals in Bloemfontein. A non-experimental design of a descriptive and exploratory nature was used to conduct the research. The survey method was used to obtain the necessary data. The data was obtained by use of a structured questionnaire which was completed by all the professional nurses and all nurse managers working in the critical care units. The responses to the open-ended questions were analysed according to the method by Tesch. Both the responses to the open-ended and close-ended questions were presented on a nominal descriptive level.

According to the study, the professional nurses are motivated by self-actualisational values to work in the critical care units. Job dissatisfaction according to the critical care nurses is mostly embedded in the human resource management and as such has to be rectified in order to enhance job satisfaction. The managers on the other hand indicated that factors in the general management process lead to job dissatisfaction experienced by critical care nurses and as such it needs to be rectified. In the light of these findings, the recommendations for minimising job dissatisfies and enhancing job satisfiers were made. Further research into phenomenon of job dissatisfaction was also recommended.

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SUMMARY

Job satisfaction as a phenomenon has been researched intensively over the years because both the employee and the organization benefits from it. On the other hand, job dissatisfaction as human experience has only recently been identified as a phenomenon that is not the opposite of job satisfaction nor a subdivision of job satisfaction. Job dissatisfaction as a phenomenon is a real life situation and human experience that needs to be researched.

The purpose of this study was to identify the factors that lead to job dissatisfaction among nurses working in the critical care units. The research design was non-experimental of a descriptive and explanetory nature. The survey method was used to obtain the necessary data. The data were obtained by use of a structured questionnaire which was completed by all professional nurses and all nurse managers working in the critical care units of the private and public hospitals in Bloemfontein. The responses to all open-ended questions was analysed according to the method described by Tesch. All data was analysed on a nominal descriptive level.

Grounded on the results, professional nurses expressed that they were motivated by self-actualisational values to work in the critical care units. According to the critical nurses most important job dissatisfiers are embedded in the human resource management process and as such have to be rectified to enhance job satisfaction. The managers on the other hand, indicated that factors in the general management process lead to the job dissatisfaction experienced by critical care nurses and as such need to be rectified. In the light of these findings, the recommendations for minimising job dissatisfiers and enhancing job satisfiers were made. Further research into phenomenon of job dissatisfaction was also recommended.

OPSOMMING

Werksbevreding as fenomenen is oor jare intensief bestudeer omdat personeel sowel as organisasie daarby baat. Daarenteen is werksontevredenheid as menslike belewenis, eers baie onlangs as 'n eiesoortige fenomenen, wat nóg die teenoorgestelde van werkstevredenheid, nóg 'n onderafdeling van werkstevredenheid is, geidentifiseer. As fenomenen is werksontevredenheid 'n lewenswerklikheid en menslike belewenis wat nagevors behoort te word.

Die doel van hierdie studie was om die faktore wat tot werksontevredenheid lei by verpleegkundiges werksaam in kritieke sorg eenhede, te ondersoek. Die navorsing is op 'n nie-eksperimentele ontwerp wat beskrywend en verkennend van aard is, geskoei. Die opname-metode is gevolg om die data in te samel. As navorsingsinstrument is 'n gestruktureerde vraelys wat voltooi is deur alle verpleegkundiges en bestuurders werksaam in kritieke sorgeenhede van private en openbare hospitale in Bloemfontein, gebruik. Die response op al die oop-einde vrae is volgens die metode soos deur Tesch beskryf, geanaliseer. Alle data is op 'n nominale beskrywende vlak geanaliseer.

Gegrond op die resultate, word verpleegkundiges deur selfverwesenlikingswaardes gemotiveer om in die kritieke sorgeenhede te werk. Volgens die verpleegkundiges is die mees belangrikste faktore wat tot werksontevredenheid lei, ingebed en die menslike hulpbron / bestuursproses en moet as sulks reggestel word om werkstevredenheid te bevorder. Daarenteen het die bestuurder aangedui dat faktore in die oorhoofse bestuursproses tot werksontevredenheid by verpleegkundiges lei en moet as sulks reggestel word. In die lig van hierdie bevindinge is die aanbevelings gemaak om werksontevredenheid te verminder en werkstevredenheid te bevorder. Laastens is daar ook aanbeveel dat werksontevredenheid verder nagevors moet word.

ADDENDUM A

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QUESTIONNAIRE FOR NURSES REGARDING JOB
                  DISSATISFACTION
```

INSTRUCTIONS

To be completed by professional nurses in the units. The questionnaire consists of 2 parts: part A and part B. Part A refers to your own specific biographic information, while part B is focussed on your work situation.

Please complete the questionnaire in full. Mark your choice with a cross (X) if relevant or write the answer in the space provided.

SECTION A

BIOGRAPHIC INFORMATION

For office use only

[ ][ ][ ] 1 - 3

A1. Gender

Male	1
Female	2

[ ] 4

A2. How old are you?

	1

[ ][ ] 5-6

A3. Do you have any children in your custody?

Yes	1
No	2

[ ] 7

A4. Are your Child/Children adequately cared for whilst you are on duty?

Yes	1
No	2

[ ] 8

A5. Marital status

Married	1
Single	2
Divorced	3
Separated	4
Widowed	5

[ ] 9

A6. What professional rank do you occupy

Professional nurse	1
Senior professional nurse	2
Chief professional nurse	3

[ ] 10

A7. Are you posted?

Permanently	1
Temporary	2
Hourly	3

[ ] 11

A8.   Number of years in the rank?

_____

A9.   Highest professional qualification

Diploma	1
Bachelor's degree	2
Master's degree	3

A10.   Critical Care Education

Diploma	1
Degree	2
Expierence only	3

A11.   Current areas of employment

Multidisciplinary unit	1
Coronary unit/medical	2
Surgical intensive care	3
Neuro intensive care	4
Cardiothoracic intensive care	5
Paediatric Intensive unit	6
Neonatal Intensive unit	7
General Intensive unit	8
Other (please specify)	9

A12.   Ho long have you worked in the above mentioned unit (years)

SECTION B

Factors Leading to job dissatisfaction

B1.   What motivated you to choose to work in critical care units?

_____

_____

_____

_____

19-20
21-22
23-26

B2.   What factors give you job satisfaction?

_____

_____

_____

_____

27-28
29-30
31-34

B3.   How can these factors (as stated in B2) be enhanced?

_____

_____

_____

_____

35-36
37-38
39-42

B4.   What makes you unhappy/dissatisfied in your work place?

_____

_____

_____

_____

43-44
45-46
47-50

B5.   How can those factors (as stated in B4) be minimised?

_____

_____

_____

_____

51-52
53-54
55-58

ADDENDUM B   .

QUESTIONNAIRE FOR MANAGERS REGARDING JOB DISSATISFACTION

INSTRUCTIONS

To be completed by Managers.

The questionnaire consists of 2 parts: part A and Part B. Part A refers to your own specific biographic information while part B is focussed on your work situation.

Please complete the questionnaire in full. Mark your choice with a cross (X) if relevant or write the answer in the space provided.

SECTION A

For office use only

BIOGRAPHIC INFORMATION

1-2

A1. **Gender**

Male	1
Female	2

3

A2. **Professional rank**

	1
	2
	3

4

A3. **Number of years in the rank?**

_____

5-6

A4. **Highest professional qualification**

Diploma	1
Bachelor's degree	2
Master's degree	3

7

A5. **Have you had any formal management training**

Yes	1
No	2

8

A6.   If Yes, please specify

	1

		10-11

A7.   Current area of employment

Multidisciplinary unit	1
Coronary unit / medical	2
Surgical intensive care	3
Neuro intensive care	4
Cardiothoracic intensive care	5
Paediatric Intensive unit	6
Neonatal Intensive unit	7
General Intensive unit	8

A8.   Period of time stationed in above unit

	1

		12-13

SECTION B

Factors Leading to job dissatisfaction

For office use only

B1. What factors do you think motivates your staff to work in critical care units.

_____

_____　13-14

_____　15-16

_____　17

B2. What do you think makes your staff unhappy or dissatisfied with their work?

_____

_____　23-24

_____　25-26

_____　27-30

B3. How do you think can these factors (as stated above) be minimised?

_____

_____　31-32

_____　33-34

_____　35-38

B4. What do you think makes your satff happy/satisfied with their work?

_____

_____　39-40

_____　41-42

_____　43-46

B5. How do you think can these factors (as stated above) be enhanced?

_____

_____　47-48

_____　49-50

_____　51-54

Addendum C

Ms FM Tlaba
C/o Dr RH van den Berg
School of nursing
Internal Post box 79
University of the Orange Free State

Dear Ms Tlaba

ETOVS NR 27/00
RESEARCHER: Ms FM TLABA
PROJECT TITLE: THE IDENTIFICATION OF FACTORS LEADING TO JOB
DISSATISFACTION AMONG NURSES WORKING IN CRITICAL CARE UNITS IN PUBLIC
AND PRIVATE HOSPITALS IN BLOEMFONTEIN.

During their meeting held on the 22nd February 2000 the ethics committee approved the abovementioned protocol.

Your attention is kindly drawn to the requirements that a progress report be presented not later than one year after approval of the project.

Would you please quote the Etovs number as indicated above in subsequent correspondence, reports and enquiries.

Yours faithfully

For DIRECTOR: MEDICINE ADMINSTRATION

Addendum D

Kestell Residence
P.O. Box 12950
Brandhof
BLOEMFONTEIN
9324

9 March 2000

The Superintendent
Universitas Hospital
BLOEMFONTEIN
9300

Dear Madam

RE: IDENTIFICATION OF FACTORS LEADING TO JOB DISSATISFACTION AMONG REGISTERED NURSES IN CRITICAL CARE UNITS.

I am a Master's degree student in the school of Nursing, Faculty of Health Sciences, University of the Orange Free State. For my dissertation, I am undertaking a study to establish a profile on factors leading to job dissatisfaction among registered nurses as well as nurses on managerial posts working in critical care units (please see attached questionnaire.)

I hereby request permission to conduct a study in your hospital

Yours sincerely

....
FAITH MPHO TLABA

Addendum D

Kestell Residence
P.O. Box 12950
Brandhof
BLOEMFONTEIN
9324

9 March 2000

The Nursing Service Manager
Universitas Hospital
BLOEMFONTEIN
9300

Dear Madam

RE: IDENTIFICATION OF FACTORS LEADING TO JOB DISSATISFACTION AMONG REGISTERED NURSES IN CRITICAL CARE UNITS.

I am a Master's degree student in the school of Nursing, Faculty of Health Sciences, University of the Orange Free State. For my dissertation, I am undertaking a study to establish a profile on factors leading to job dissatisfaction among registered nurses as well as nurses on managerial posts working in critical care units (please see attached questionnaire.)

I hereby request permission to conduct a study in your hospital

Yours sincerely

....
FAITH MPHO TLABA

Addendum E

Kestell Residence
P.O. Box 12950
Brandhof
BLOEMFONTEIN
9324

9 March 2000

The Superintendent
Pelonomi Hospital
BLOEMFONTEIN
9300

Dear Sir

RE: IDENTIFICATION OF FACTORS LEADING TO JOB DISSATISFACTION AMONG
REGISTERED NURSES IN CRITICAL CARE UNITS.

I am a Master's degree student in the school of Nursing, Faculty of Health Sciences, University of the
Orange Free State. For my dissertation, I am undertaking a study to establish a profile on factors leading
to job dissatisfaction among registered nurses as well as nurses on managerial posts working in critical
care units (please see attached questionnaire.)

I hereby request permission to conduct a study in your hospital

Yours sincerely

....
FAITH MPHO TLABA

Addendum E

Kestell Residence
P.O. Box 12950
Brandhof
BLOEMFONTEIN
9324

9 March 2000

The Nursing Service Manager
Pelonomi Hospital
BLOEMFONTEIN
9300

Dear Madam

RE: IDENTIFICATION OF FACTORS LEADING TO JOB DISSATISFACTION AMONG REGISTERED NURSES IN CRITICAL CARE UNITS.

I am a Master's degree student in the school of Nursing, Faculty of Health Sciences, University of the Orange Free State. For my dissertation, I am undertaking a study to establish a profile on factors leading to job dissatisfaction among registered nurses as well as nurses on managerial posts working in critical care units (please see attached questionnaire.)

I hereby request permission to conduct a study in your hospital

Yours sincerely

....
FAITH MPHO TLABA

Addendum F

Kestell Residence
P.O. Box 12950
Brandhof
BLOEMFONTEIN
9324

9 March 2000

The Nursing Service Manager
Rosepark Hospital
BLOEMFONTEIN
9300

Dear Sir

RE: IDENTIFICATION OF FACTORS LEADING TO JOB DISSATISFACTION AMONG REGISTERED NURSES IN CRITICAL CARE UNITS.

I am a Master's degree student in the school of Nursing, Faculty of Health Sciences, University of the Orange Free State. For my dissertation, I am undertaking a study to establish a profile on factors leading to job dissatisfaction among registered nurses as well as nurses on managerial posts working in critical care units (please see attached questionnaire.)

I hereby request permission to conduct a study in your hospital

Yours sincerely

....
FAITH MPHO TLABA

Addendum F

Kestell Residence
P.O. Box 12950
Brandhof
BLOEMFONTEIN

9324

9 March 2000

The Superintendent
Rosepark Hospital
BLOEMFONTEIN
9300

Dear Sir

RE: IDENTIFICATION OF FACTORS LEADING TO JOB DISSATISFACTION AMONG REGISTERED NURSES IN CRITICAL CARE UNITS.

I am a Master's degree student in the school of Nursing, Faculty of Health Sciences, University of the Orange Free State. For my dissertation, I am undertaking a study to establish a profile on factors leading to job dissatisfaction among registered nurses as well as nurses on managerial posts working in critical care units (please see attached questionnaire.)

I hereby request permission to conduct a study in your hospital

Yours sincerely

....
FAITH MPHO TLABA

Addendum G

Kestell Residence
P.O. Box 12950
Brandhof
BLOEMFONTEIN
9324

9 March 2000

The Nursing Service Manager
Hydromed Hospital
BLOEMFONTEIN
9300

Dear Madam

RE: IDENTIFICATION OF FACTORS LEADING TO JOB DISSATISFACTION AMONG REGISTERED NURSES IN CRITICAL CARE UNITS.

I am a Master's degree student in the school of Nursing, Faculty of Health Sciences, University of the Orange Free State. For my dissertation, I am undertaking a study to establish a profile on factors leading to job dissatisfaction among registered nurses as well as nurses on managerial posts working in critical care units (please see attached questionnaire.)

I hereby request permission to conduct a study in your hospital

Yours sincerely

....
FAITH MPHO TLABA

Addendum G

Kestell Residence
P.O. Box 12950
Brandhof
BLOEMFONTEIN
9324

9 March 2000

The Superintendent
Hydromed Hospital
BLOEMFONTEIN
9300

Dear Sir

RE: IDENTIFICATION OF FACTORS LEADING TO JOB DISSATISFACTION AMONG REGISTERED NURSES IN CRITICAL CARE UNITS.

I am a Master's degree student in the school of Nursing, Faculty of Health Sciences, University of the Orange Free State. For my dissertation, I am undertaking a study to establish a profile on factors leading to job dissatisfaction among registered nurses as well as nurses on managerial posts working in critical care units (please see attached questionnaire.)

I hereby request permission to conduct a study in your hospital

Yours sincerely

....
FAITH MPHO TLABA

Addendum H

Kestell Residence
P.O.Box 12950
Brandhof
BLOEMFONTEIN
9324

9 March 2000

Dear colleague

I am currently registered at the University of the Orange Free State in Bloemfontein for a Master's degree in Nursing.

My study is concerned with the identification of factors leading to job dissatisfaction among nurses working in critical care units in Bloemfontein hospitals.

Participation is voluntary and information collected will not be linked to the participant's name (no names will appear on the questionnaire).

I would also like to know if you are prepared to take part in a focused group interview in order to ratify the data obtained from the questionnaire and to expand on your already given answers.

I will greatly appreciate it if you will complete the attached questionnaire and I will collect it personally after completion.

Yours sincerely

....
FAITH MPHO TLABA

Addendum I

Kestell Residence
P.O.Box 12950
Brandhof
BLOEMFONTEIN
9324

PERMISSION FOR STUDY

Your letter dated 9 March 2000, refers

Permission is hereby granted for the study as indicated in your letter.

Regards

DR S.F. OTTO
SENIOR EXECUTIVE OFFICER
Date: 6 April 2000

ADDENDUM J

SUMMARY OF THE RESPONSES OF THE OPEN-ENDED QUESTIONS BY PROFESSIONAL NURSES

The responses from the nurse respondents were grouped into self-actualisentional values and managerial values.

◻   **MOTIVATION TO WORK IN THE CRITICAL CARE UNITS**

● **SELF - ACTUALISATIONAL VALUES.**
-   Responsibility
-   Knowledge and experience gain
-   One to one nursing
-   Interesting
-   Total patient care

● **MANAGERIAL VALUES**
-   Staff placement
-   Incentives

◻   **JOB DISSATISFIERS IN THE UNITS**
The responses fall under the category of managerial values

● **MANAGERIAL VALUES**
-   Lack of organisational values
-   Lack of group cohesion
-   Conflict with superiors
-   Undesirable work climate
-   Job demand and work load
-   Poor interpersonal relationships

- Lack of incentives
- Unsatisfactory work schedules
- Staff shortage
- Shortage of supplies and equipment
- Poor salary
- Absenteeism
- Discrimination
- Giving help to other units.

❏ **JOB SATISFIERS IN THE UNITS**

The responses are embedded in self-actualisation values and managerial values.

● **SELF ACUALISATIONAL VALUES**

- Patient recovery
- Team work
- Intrinsic motivation
- Good interpersonal relations.

● **MANAGERIAL VALUES**

- Desirable work climate
- Provision of incentives
- Type of nursing care
- Staff development
- Staff rotation
- Learning new tasks
- Enough personnel

❏ **JOB DISSATISFACTION MINIMISERS**

The responses are embedded in managerial values

- **SELF-ACTUALISATIONAL VALUES**

Recognition by superiors

- **MANAGERIAL VALUES**
- Provision of more personnel
- Provision of incentives
- Flexible off duties
- Promotion opportunities
- Open communication opportunities
- Open communication channels
- Staff development
- Good nurse-patient ratio
- Participative management
- Staff rotation
- Fairness by management
- Salary increase
- Efficient budgeting of resources
- Provision of supplies and equipment
- Policies regarding absenteeism.

❑ **JOB SATISFACTION ENHANCERS**

The responses are mostly embedded in the managerial values

- **MANAGERIAL VALUES**
- Independent decision making
- Provision of supplies and equipment
- Regular staff meetings
- Institutional policies regarding staffing
- Inservice education
- Group cohesiveness
- Enough personnel

- Open communication channels
- Minimising non-nursing tasks
- career advancement

ADDENDUM K

SUMMARY OF THE RESPONSES OF THE OPEN-ENDED QUESTIONS BY NURSE MANAGERS

The responses from the nurse manager respondents were grouped into self-actualisation values and managerial values.

FACTORS WHICH MOTIVATED STAFF TO WORK IN THE UNITS

- **SELF-ACTUALISATION VALUES**
- Working independently as professionals
- Type of nursing done in the units
- Knowledge and Experience gain
- Provision of total patient care
- Nurses being part of the multidisciplinary team.

- **MANAGERIAL VALUES**
- Technology used in the units
- On going inservice education
- Ability to attend critical care congresses
- Learning new tasks

❑ **JOB DISSATISFIERS AMONG STAFF**

Most of the responses fall under the managerial

- **MANAGERIAL VALUES**

- System of rank promotion

- Poor communication among staff between personnel and management

- Lack of incentives

- Close supervision of task mature members

- Poor interpersonal relationships

- Unsatisfactory work schedules

- Shortage of staff

- Low morale among staff members

- Shortage of suppliers and equipment

- Increased workload

- Giving help to other units

- No lunch hour on night duty

- Lot of paper work

- long term patients with no positive end diagnoses.

- Nagging visitors

- Doctors who are not interested to evaluate new scientific research methods/techniques

□ **JOB SATISFIERS AMONG STAFF**

Most of the responses fall under the self-actualisational values and managerial values.

- **SELF ACTUALISATIONAL VALUES**

- Knowledge and mastering of the work in the units

- Recognition by supervisors

- Excellent team spirit

- Acknowledgement of individual progress

- Total patient care with positive results

- Interest in the speciality field.

- **MANAGERIAL VALUES**

- Open communication channels

- Provision of enough and effective resources

- Calm atmosphere at work

- Getting patients treated at best possible way

- Effective nursing care

- Rotating staff among the departments.

□ **JOB DISSATISFACTION MINIMISERS**

Most of the responses fall under the managerial values.

- **MANAGERIAL VALUES**

- Fair off duties

- Verbalisation by staff on problems causing dissatisfaction

- Staff to be given credit when they have done good

- Regular interdepartmental meetings

- Commitment to one's job

- Enough rest intervals or breaks between shifts.

- Provision of adequate personnel

- Provision of proper functioning of equipment

- Provision of lunch hour during night shift

- Staff development eg. to study critical care nursing.

- Satisfactory group cohesion

- Paper work to be minimised

- Social worker to attend to patients relatives

- Private doctors must also work for point scale per year

□ **JOB SATISFACTION ENHANCERS**

The responses also fall under self-actualisation values but mostly under managerial values.

- **SELF-ACTUALISATIONAL VALUES**

  - Give credit for good work well done.

  - Positive feedback on new ideas implemented on patient care.

- **MANAGERIAL VALUES**

  - Encourage open communication channels.

  - Staff involvement in decision making

  - Ensure proportional staff to reduce workload

  - Inservice training to personnel

  - Minimising absenteeism

  - Proper disciplining of staff in case of absenteeism, substance abuse or taking stock from units

  - Proper promotion system

  - Staff to attend critical care congress annually

  - Co-operation and tolerance among staff members

  - Participative management

  - Personnel be given chance to implement their suggestions

  - Counselling of troubled personnel

  - Provision of conducive environment for personnel

  - Positive feedback on patient care