

**EXPLORING NURSE MANAGERS' PERCEPTIONS OF LABOUR UNIONS  
AT A SELECTED HOSPITAL IN KWAZULU-NATAL**

RESEARCH PROPOSAL SUBMITTED IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR MASTER'S DEGREE IN NURSING (HEALTH SERVICES  
ADMINISTRATION)

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## **DECLARATION**

I THULISILE TERESA SHEZI declare that this dissertation “EXPLORING NURSE MANAGERS’ PERCEPTIONS OF LABOUR UNIONS AT A SELECTED HOSPITAL IN KWAZULU – NATAL” is my own unaided work. It is being submitted for the degree of masters in Nursing Management at the UNIVERSITY OF KWAZULU-NATAL DURBAN, it has not been previously submitted for any other degree to any other University. All resources have been acknowledged by means of referencing.

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## **DEDICATION**

This dissertation is dedicated to my children **MO GO MUTSI, NOMPUMELELO, SANELE, LUNGILE**, my grandchildren **THANDO IWETHU, ALWANDE, KOPANO and KUTLWANO**, my late brother (Mafika) **VUSU MUZI**, and both my parents **MQHIKIZANA and JABULANI NT**.

## **ACKNOWLEDGEMENTS**

I thank God for his love and marvellous plan for my life.

- I grateful acknowledge Doctor Jane Kerr, my supervisor, for her support and kindness in the difficult time of this study, may God bless each action she made for the accomplishment of this dissertation.
- My appreciation also goes to Professor Petra Brysiewicz and Professor Fikile Mtshali from the University of KwaZulu – Natal for their words of encouragement and support.
- A special thank goes to Sibongile Nhlapho, Jabulile Shezi, Rose Tivane and Nkanyiso Mtshali for their support.
- My sincere gratitude goes to all the people who contributed to this study.

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## **ABSTRACT**

**INTRODUCTION:** The relationship between the workers union and nurses managers is associated with a lot of stress. The workers experience pressure to go on strike. Hostility indirectly exposed patient to poor quality care. Nieman (2003:4) argues that the outcomes of the strikes may have positive effects on patient care for example, increases in the number of nurses employed, improved security systems in hospitals and a given voice in decision making. The positive benefit for the workers will be salary increase (Schraeder & Friedman 2002:22).

**PURPOSE:** The purpose of this study was to explore Nurse Managers' perceptions of labour unions in a selected hospital in KwaZulu-Natal.

**METHODOLOGY:** A qualitative, descriptive design was used to determine, explore and describe the nurse managers' Perceptions and Attitudes towards labour unions. Data were collected through interviews, then transcribed verbatim and analysed to discover the themes.

**FINDINGS:** The data analysis revealed that Nurse Managers in this setting have positive and negative perceptions toward labour unions. Their positive perceptions included advocacy for patients' rights and negotiation nurse salary increases by labour unions. On the other hand, Nurse Managers' are fearful of union members, feel threatened, and have a poor relationship with union members. This leads to a pressure to go on strike, which exposes patients to the risk of death, poor quality care and cross infection.

**CONCLUSIONS AND RECOMMENDATIONS:** The findings of this study have indicated that Nurse Managers have difficulty managing a relationship with labour unions, and that there is a need for them to acquire the skills to do this effectively.

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## ABBREVIATIONS

|           |   |
|-----------|---|
| ANA:      | American Nurses Association                                   |
| ANC:      | African National Congress                                     |
| CEO:      | Chief Executive Officer                                       |
| CNOs:     | Chief Nursing Officers  |
| COSATU:   | Congress of South African Labour Unions                       |
| DENOSA:   | Democratic Nursing Organisation of South Africa               |
| EFNA:     | European Federation Nurses Association                        |
| HOSPERSA: | Health & Other Service Personnel Labour Union of South Africa |
| ICU:      | Intensive Care Unit   |
| L.R.A.:   | Labour Relations Act  |
| N.C.O.P.: | National Council of Province                                  |
| NEHAWU:   | National Education Health and Allied Workers' Union           |
| N.L.C.:   | National Labour Congress                                      |
| N.L.M.P.: | National Labour Management Partnership                        |
| N.P.S.A.: | National Patient Safety Agency                                |
| N.P.S.W.: | National Public Service Workers                               |
| P.S.A.:   | Public Servant Association                                    |
| O.S.D.:   | Occupational Specific Association                             |

S.A.N.S.: South African Nurses Association

S.A.N.C.: South African Nursing Council

S.A.P.S.: South African Police Service

WHO : World Health Organisation



## **CHAPTER 1: INTRODUCTION AND BACKGROUND**

This chapter of the research report includes a study overview, which comprises the background of the study, the problem statement, the research purpose, the research objectives, the research questions, the significance of the study, the ethical principles and the operational definitions.

### **1.1 Background to the study**

Health care is changing dynamically in the 2010s. Health care systems around the world are facing significant challenges which are leading to an inability to meet the needs of those who are dependent on the system (Clark & Clark, 2003, p. 29). According to the World Health Organisation (WHO, 2002), most healthcare systems are experiencing a gross shortage of health care personnel and are struggling to cope as a result of the burden of diseases and increasing natural disasters. As health care systems are labour intensive, their crisis impacts directly on health human resources, especially nurses who are regarded as the backbone of the health care system (WHO, 2002). The challenges of the health care system impact on the workplace environment and the conditions of service, which make nurses vulnerable to the exploitation of their rights by the system (Clark & Clark, 2003, p. 240). Clarke, et al. (2001, p. 230), in an earlier study, alleged that nurses end up working long hours; and sometimes engage in activities outside their scopes of practice while earning modest wages. These challenges have led to the rise in the number of nurses joining professional associations and labour unions according to Schraeder & Friedman (2002, p. 310). Countries such as Australia, Japan, the United Kingdom (UK), Israel, Italy and Germany have seen nurses engage in strikes. As much as the engagement of nurses in strikes is observed in a number of countries, Nieman (2011, p. 2) states that nurses' decision to go on strike is questionable from an ethical point of view.

The Department of Labour has made an alphabetical list of registered Labour Unions in South Africa for December 2014; the following Nurses' Labour Unions were registered: the Democratic Nursing Organisation of South Africa (DENOSA), the National Education and Allied Worker's Union (NEHAWU), the Health & Other Service Personnel Labour Union of South Africa (HOSPERSA) and the National Public Service Workers' Union (NPSWU).

In South Africa, nursing as a profession has witnessed fast growing activism by nurses and a number of strikes since the early 1990s. This is associated with the democratic processes in the country. The nurses became more conscious of their rights as workers, and the majority of them (about 10,000) joined labour unions such as NEHAWU in 1982. The main objectives of the unions are: to foster unity, co-operation and comradeship amongst all workers within the scope of the union and other industries; to establish relationships with other labour unions, labour union federations and labour organisations for the benefit of the members of the union.

DENOSA has a membership of more than 70,000 nurses to date. DENOSA is the biggest Union in the country solely dedicated to the interests of nurses. It has a dual focus as both labour union and as a facilitator of professional development, offering training to nurses, according to the DENOSA website (DENOSA, 2010). The NPSWU negotiations update was held on the 31st of October 2012 (Interpretation and Implementation of Provisions of Resolution 1 of 2012, 2012). Regarding the interpretation of the resolution on equal pay for equal work, NPSWU confirms that the Public Service Wage Agreement for 2012/2013/2014 and 2015 was signed by the majority of the parties on the 31st of July 2013. According to the constitution of HOSPERSA, (2011) their mission is to encourage the professionalism of all their members towards each other and to ensure that the community is treated with respect and dignity.

The aims and objectives of HOSPERSA are to: resist privatisation, casualisation and retrenchment, and strive for full employment; to end all forms of discrimination in employment; to strive for proper and accessible training to develop the skills of all workers; and to promote safe and healthy working conditions. The formation of labour unions in South Africa is based on the rights stipulated in the Constitution of the Country. The Constitution of the Republic of South Africa 1996 Chapter 2 under the Bill of Rights, Section 23 states that everyone has the right to fair labour practices (South Africa, 1996). Every worker has the right to form and become a member of labour union; to participate in the activities and programmes of a labour union, and to strike. Every employer has the right to form and become a member of an employers' organisation; and to participate in the activities and programmes of an employers' organisation. The democratic processes as a result of the country's constitution led to the emergence of labour unions in nursing, replacing professional associations. The economic recession created problems in recruiting professionals; and staff retention, creating healthy work environments, and a

growing demand for customer orientation created challenges for Nurse Managers in the work environment (Vesterinen, Suhomen, Isola & Paasivaara, 2012, p. 1). The same authors propose that more expertise in management is needed to address these issues. Transformation leadership helps to address these issues; this leadership style refers to the leader's skills in influencing the others to achieve the goals by changing the followers' beliefs, values, and needs, suggests Vesterinen et al., (2012, p. 1). Nurse Managers, according to Vesterinen et al. (2012), also need to be ready to observe their own behaviour and its effect on the cohesiveness of the work unit, in order for their employees to adjust to a better leadership style. Leadership styles can be seen as different combinations of tasks and transaction behaviours that influence people in achieving goals. Earlier studies indicate that a Nurse Manager's effective leadership style is directly related to staff retention, work unit environment, nurses' job satisfaction, nurses' commitment, and patient satisfaction.

A transformational leadership style, together with transactional leadership helps to respond to these issues. Transformation leadership, in this context, refers to the Nurse Managers' skills to influence their nursing staff towards achieving operational goals by changing the staffs' beliefs, values, and needs. Transactional leadership complements and enhances the effects of transformational leadership outcomes. There are certain skills required by Nurse Managers, so as to be able to use these effective leadership styles. These skills include the ability to create an organisational culture that combines high-quality healthcare and patient/employee safety, together with highly developed collaborative and team-building skills. Nurse Managers need to be prepared and willing to examine their own behaviour and how it impacts on the work unit; so as to afford employees the opportunity to adjust to a better leadership style. These kinds of skills are related to a manager's emotional intelligence.

## **1.2 Problem statement**

Nursing in the past has been perceived as a calling unfettered by concerns about pay, working conditions or wider political issues. This, according to Neiman (2011, p. 2), is almost a closed chapter in the history of nursing. Increasing interest in joining labour unions has been observed worldwide, including among nurses in South Africa (Neiman, 2011, p. 2; Clark & Clark, 2003, 29). As a result, nurses have been actively involved in union activities and have embarked on a number of previously unacceptable actions such as industrial actions and go slows. Although this

may seem morally unacceptable, Neiman (2003, p. 4) argues that the outcomes of a strike may have a positive effect on patient care, for example: an increase in the number of nurses employed, an improved security system in hospitals, and they give a voice to nurses in decision making. This is a sentiment agreed with by Schraeder & Friedman (2002, p.22). Nurse Managers are at the centre of the changes observed in nursing as a result of the increasing role of labour unions. They witness the positive and negative effects on both the nurses and the patients. They have an obligation to ensure that the employees are well taken care of, and at the same time, ensure that patients' rights are not compromised and that they get the best possible care. Literature by Schraeder & Friedman (2002, p. 310); Clark & Clark (2003, p, 31); International Council of Nurses (ICN, 2002); Wilson, Slaton & O'Sullivan (2006, p. 9) shows that unionism in nursing is on the rise, with nurses more conscious of their rights and the rights of their patients. Literature by Neiman (2011, p. 3) and Clark & Clark (2003, p. 30) also shows that labour unions have been received with mixed feelings, hence the need to explore how Nurse Managers in a selected hospital in KwaZulu-Natal perceive labour unions, so as to obtain empirical evidence which is not available at present. The following three people, Kunene (1995:2), Matsance (2011:14) and Mtise (2008:1) are the only people who have done a study on Labour Unions in South Africa. The researchers experience has led to this study in which the perceptions and experiences of Nurse Managers of labour unions is described.

### **1.3 Research purpose**

The purpose of this study is to explore the Nurse Managers' perceptions of labour unions in a selected hospital in KwaZulu-Natal.

### **1.4 Research objectives**

The objectives of this study are to:

- Explore Nurse Managers' perceptions of unions in a selected hospital in KwaZulu-Natal.

### **1.5 Research questions**

The research question was:

- How do Nurse Managers perceive labour unions in a selected hospital in KwaZulu-Natal?

## **1.6 Significance of the study**

According to the Labour Relations Acts 66 of 1995, nursing is a discipline that provides essential services for society. This service is highly dependent on union influences and an ethical code of conduct (Adams, 1999, p. 24).

Examination of the worker forums would enable the researcher to establish the extent to which this mechanism is effective in the promotion of Union-Management relationships. If there were sound worker forums in health care services, problems would be identified and solved on time, thus preventing industrial action and establishing a climate conducive to quality patient care.

Bruder (1999, p. 36) asserts that the effectiveness of unions in healthcare services would promote job satisfaction and improve staff morale. Knowledge of the attitudes of the Nurse Managers towards unions would enable the researcher to make some recommendations as to how to improve and maintain worker-union relationships. Nursing, as a dynamic profession, is characterised by continuous information updates – to cater for the ever-changing healthcare needs. The identification of the strategies used by the unions to develop their members is of major significance in evaluating the extent to which the unions fulfil this obligation. Therefore, it was envisaged that such a study could add some new insight into staff development strategies. It will add to the body of knowledge on education curriculum development for Nursing Managers, and policy makers will benefit from the contribution made to policy formulation.

### ***1.6.1 Practice***

There is an indication in South Africa that there is a high incidence of strikes within the health institutions. The findings from this study will assist managers to develop a strategy of how to improve relationship between nurse managers and labour union representatives.

### ***1.6.2. Education***

Nurse managers' perception towards labour union appears to be a problem because the majority of nurse managers were trained before 1994. Labour unions did not exist in Nursing during that

period. The findings from this study may improve the curriculum content of all nursing categories and facilitate day to day interactions between nurses and labour unions.

### ***1.6.3. Contribution to research***

Existing research in the area of interest in this study is conducted in the field of management, management of relationship between nurse managers and labour. There is limited research if any that includes nurse managers' perceptions of labour unions. The findings may be used as building blocks for further research in this area. Literature shows that management of labour unions is a problem because it ends up creating strikes within health institutions and patients become neglected.

## **1.7 Operational definitions**

Nurse Managers should not use intuition, habit or tradition as a basis for making personnel management decisions. The use of specific nursing and nursing administration/management theories enables prediction, gives clues to possible outcomes of decisions made and implemented, and minimizes the chances of unexpected or undesirable responses or behaviours (Swansburg, 1996). This is important because nursing and nursing management is performed in situations that are influenced by changes in the external and internal environment. They must continually adapt so as to cope with the changes. An example of these changes is strike action by nursing personnel, a phenomenon which was rarely observed in South Africa before the 1980's. This study is based on Roy's adaption theory, as applied to nursing management.

### ***1.7.1 The development of Roy's adaptation theory***

The theory was developed by Sister Callista Roy, at the University of California in 1964. It was developed to serve as a framework for nursing practice, nursing education and research. The model comprises five elements of nursing, namely; the person, the goal of nursing, nursing activities, and health and environment (George, 1985, p. 300). In applying the theory to nursing management, Dilario (in Henry, Di Vincenti and Marriner-Tomey, 1989, p. 78) emphasises elements that are applicable to groups and modifies those that focus only on the individual. The theory is a useful framework for managing nursing personnel and patient-care.

### ***1.7.2 Basic assumptions of the Roy adaptation model***

The assumptions underlying Roy's adaptation model are based on the concept of the person and the process of adaptation. Riehl and Roy (1980, p. 180-182) identify eight assumptions which are as follows:

The person is:

- a bio-psycho-social being;
- in constant interaction with a changing environment

To cope with a changing world the person uses both innate and acquired mechanisms which are biological, psychological and social in origin.

- Health and illness are one inevitable dimension of the person's life.
- To respond positively to environmental changes the person must adapt.
- The person's adaptation is a function of the stimulus he is exposed to and his adaptation level.
- The person's adaptation level is such that it comprises a zone indicating the range of stimulation that will lead to a positive response.
- The person is conceptualised as having four models of adaptation; physiologic mode, self-concept, role function and interdependence relations.

### ***1.7.3 Adaptation***

Adaptation refers to the person's response to the environment. It is aimed at maintaining integrity and promoting the achievement of goals. It includes the process of coping with stressors and the end-state produced by this process. It is a dynamic rather than a static state of equilibrium. This dynamism occurs because stimuli in the environment are continually changing and acting as mediating forces to determine the person's adaptive level (Roy & Roberts, 1981, p. 57).

### ***1.7.4 Adaptive behaviour***

Adaptive behaviour is possible when the person can keep securing adequate information about the environment; maintain satisfactory internal conditions for action and for processing

information; and maintain his/her autonomy or freedom of movement. In nursing management, this can be possible if Nurse Managers emphasize open lines of communication and use participative management so that nursing personnel will be kept informed, have freedom of expression and be involved in decision making. White (1974), cited by Roy and Roberts (1981, p. 57) sees adaptation not as a total triumph over the environment nor a total surrender to it, but rather a striving towards an acceptable compromise.

Strikes are aimed at forcing management to change from existing management practices and finding new ways of coping with the demands of personnel. Strike action occurs regardless of the negative impact it will have on the people needing care, that is, patients or clients. Adaptive actions carried over time may become ineffective. In the context of this study, strikes are generally believed to follow numerous efforts at achieving a desirable state and may be resorted to when adaptive actions are seen to be ineffective. This poses a challenge for Nurse Managers to understand and minimize those factors which lead to stress in the nursing care environment and go beyond the adaptation levels of nursing personnel.

Adaptation responses reflect the person's ability to cope with stressors in the internal and external environment. Kenton (1994, p. 12-19) argues against the idea that stress is all bad. He maintains that it can be the spice of life, an exhilaration of challenge and excitement. Forces which seem to be stressors working against the person can be channelled to positive energies that define one's strength and help one to express creativity. Kenton suggests that it is not the external effects of stressors but the way one responds to them which is important. Some people handle stress better than others. They are referred to as "stress-hardy" people by some psychologists, who describe them as having three characteristics, namely; they like challenges, they embrace commitment and they are in control of their lives. The characteristics can benefit Nurse Managers who face the challenge of nurses' strikes, and help them to remain committed to quality patient care and to remain in control of their decisions and actions.

### ***1.7.5 Coping***

The concept coping is very significant in Roy's Adaptation Model. Murphy (1962), cited by Roy and Roberts (1981, p. 56) defines coping as any attempt to master a new situation that can be potentially threatening, frustrating, challenging or gratifying. This definition has relevance for



this study if the reader accepts that nursing personnel are committed to rendering quality patient care at all times, and will only resort to striking when they feel so threatened and frustrated that they see no other way to master the situation. Nurse Managers are therefore challenged to devise coping mechanisms when the important responsibility of the effective utilization of personnel to provide quality patient care is threatened by strike action.

According to Mark, Jamieson & Shula (2001, p. 1) coping includes both the routine patterns of behaviour adopted to deal with daily situations and the new patterns of behavior adopted to deal with drastic changes and unfamiliar situations. Some coping mechanisms are inherited while others are learnt. In presenting a holistic or unified view of physiological and psychological adaptation, the person is conceptualised as having two major coping mechanisms, namely, the regulator and the cognator subsystems (Roy & Roberts, p. 1981:56).

According to Fawcett (1989, p. 312), quoting Roy (1984), the regulator subsystem receives input from the external environment and from changes in the person's internal state. It then changes so as to prevent ineffective adaptive behaviour, such as strikes.

### ***1.7.6 The elements of nursing described in Roy's adaptation model***

#### ***1.7.6.1 The person***

In this model, the person is described as an adaptive system. The person is considered at the individual and group levels. The Nurse Manager interacts with nursing personnel at both of these levels. Two concepts are central to the person as an adaptive system, namely, system and adaption.

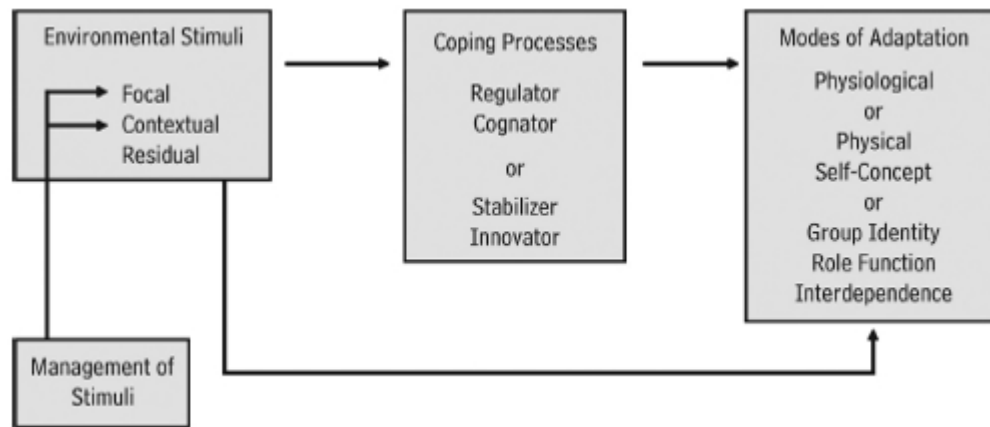


Figure 2.1: The Person as an Adaptive System

Source: Roy and Roberts, (1981:58)

In nursing management, the organization is parallel to the person in the nursing system. It is composed of interrelated departments which function interdependently to maintain integrity, productivity, growth and the achievement of organizational goals. Organized groups of personnel are viewed as the adaptive system in constant interaction with a changing environment (Henry et al., 1989, p. 90).

#### 1.7.6.2 The goal of nursing and management

The goal of nursing is the promotion of adaptive responses in relation to the four adaptive modes. Adaptive responses positively affect the person's physical, psychological and social well-being and thus serve to maintain their integrity. Ineffective responses do not contribute to the maintenance of one's integrity and state of equilibrium.

Another goal of nursing management is to ensure the provision of the most effective nursing care service to patients/clients. Adaptive changes in response to environmental influences are necessary to promote survival of the organization. Adaptive behaviours promote the achievement of organisational goals while ineffective organisational behaviour blocks goal achievement. This calls on Nurse Managers to be alert to, and minimise, internal and external environmental influences that have a negative impact on nursing personnel, and thus block goal achievement states Henry et al. (1989, p. 78).

George (1985, p. 306) relates the adaptation of the holistic qualities of the person. This supports the assumption of the person as a bio-psycho-social being (Assumption 1 of the theory). Adaptation to change is dependent upon the stimuli which act as input, and on the person's adaptation level; which is the degree to which one is able to cope with specific stimuli. This determines whether or not an adaptive or maladaptive response will be elicited. The goal of the Nurse Manager is to contain stimuli within the organisations adaptation level. In this model three types of stimuli are identified, namely:

- Focal stimuli: Those immediately confronting the person and representing the degree of change which precipitates adaptive behaviour.
- Contextual stimuli: All other stimuli in the person's internal and external environment, for example, factors that cause job dissatisfaction.
- Residual stimuli: The person's characteristics, beliefs attitudes and traits. These will influence how the person will respond in any given situation.

The strength of the three types of stimuli together forms the person's adaptation level. If the stimuli fall beyond the person's adaptation level, maladaptive responses occur. It is believed that strikes by nursing personnel occur when factors causing dissatisfaction go beyond the nurses' adaptation level. The challenge facing Nurse Managers is to be sensitive to these factors and be prepared to take proactive steps to minimise them, before nursing personnel are convinced that they can no longer adapt and the only bargaining tool left to them is going on strike.

#### *1.7.6.3 Health*

Helson's view of the person as a bio-psycho-social being supports the World Health Organization's (WHO) definition of health as a state of physical, mental and social well-being. The core of Roy's definition of health is integrity, whereby the person is maintained as an integrated whole, functioning optimally to achieve the goals of survival, growth, reproduction and mastery (Roy & Roberts, 1981, p. 53). The health of managerial systems is also viewed in terms of integrity, whereby organizational goals of survival, growth, productivity and mastery are met so that the organization develops to its full potential. Failure to adapt to stimuli may result in ill-health of the organization or loss of integrity, which manifests itself by disruption among personnel, represented by undesirable behaviours like absenteeism, low productivity or high staff

turnover (Henry et al. 1989, p. 78). Henry et al. go on to state that staff resort to striking when they feel that their rights have been violated to the extent that they can no longer continue rendering the expected quality of patient care (1989). Wade (1992, p. 150) supports this but cautions strike and lock out are ultimate weapons, which should not be used except when there is no other alternative. Even then, they should be used with circumspection and responsibility. This further emphasizes the need for effective listening and sensitivity to personnel grievances on the part of Nursing Management.

#### *1.7.6.4 The environment*

In this theory, environment is defined by George (1985, p. 309) as all conditions, circumstances and influences surrounding and affecting the behaviour of individuals and groups. It is the internal and external stimuli that impinge on the person. In the context of Roy's Adaptation Models of Administration, 'environment' refers to internal and external conditions which influence nursing care in the organization. These conditions impact on the nursing personnel, either positively or negatively, thus eliciting adaptive or ineffective responses respectively according to Henry et al. (1989, p. 78).

As people interact with the environment there is interchange of information, matter and energy. In this interchange, people can make the following decisions in an effort to maintain integrity and balance in a changing environment: Alter self; Alter the environment; Withdraw from the environment; and Alter the desirable state (Roy & Roberts, 1981, p. 52). Strikes by nursing personnel can be viewed as the decision to withdraw from the environment when negotiations have failed to alter the environment. The decision to alter the desirable state is questionable because one would expect personnel to alter the undesirable state to a desirable one.

#### *1.7.6.5 Aggression management*

According to St-Pierre (2012, p. 247) Nursing Managers are identified as playing a central role in workplace aggression management. The study aimed at broadening the understanding of how Nurse Managers responded to intra-professional and inter-professional workplace aggression. As part of the study, managers reported that dealing with workplace aggression could be difficult and time consuming and admitted that they sometimes came to doubt their abilities to positively

resolve widespread problems. Conclusions drawn from the study suggest that aggression management is not solely the responsibility of managers but must involve several factors, including the aggressive individual, peers, the human resource department, and the unions.

## **1.8 Operational definitions**

The following terms are used in this study and are defined as follows

***Perception:*** Refers to the Nurse Manager's act of detecting and interpreting information from the external world by means of sensory receptors and the way that they view and understand the presenting information (Zammit, 2002, p. 53). It will assist with the ability or capacity to perceive the views of Nurse Managers on Labour Unions.

***Nurse Managers:*** Refers to Nursing Service Managers and Senior Nursing Service Managers functioning as Middle-level and Top-level managers, with the assigned authority to advance the interests of the employer. They assign employees to certain tasks or work locations and direct and oversee the services provided by employees. The Nurse Managers utilise independent judgment or degrees of discretion when executing authority in their units (Freeman, 2007, p. 133). Their functioning is directly affected by the presence and activities of labour unions in hospitals. It will assist to direct or control the nurses working under their supervision effectively.

***Labour Union:*** Is an organisation of workers who have banded together to achieve common goals such as protecting the integrity of its labour, achieving higher pay, increasing the number of employees an employer hires, and better working conditions. The labour union, through its leadership, bargains with the employer on behalf of union members and negotiates labour contracts and collective bargaining with employers. The most common purpose of these associations or unions is "maintaining or improving the conditions of employment of its members" (Labour Relations Act No. 66 of 1995). Labour Unions will improve their income and working conditions by means of collective bargaining.

***Professional Association:*** A Professional Association also called a professional body, professional organisation, or professional society is usually a non-profit organisation seeking to further a particular profession, the interests of individuals engaged in that profession, and the

public interest (Porter, 2010, p. 272-276). A Professional Association will assist nursing managers to engage in an activity with great competence.

## **1.9 Conclusion**

In this chapter, the researcher has provided a foundation for this research by providing the background of the study, identifying the problem statement, the purpose and objectives of the study, the research questions, and the significance of the study. Operational definitions have been provided. The following chapter will provide a review of the literature relevant to the study.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 Introduction**

The literature review which follows presents a preview of the status of Nursing within the context of labour unions in South Africa. The review includes an examination of the South African Nursing Association history; the theoretical foundations of nursing management; the history of nursing unionization in South Africa; the history of strikes in South Africa; the legislation framework which Nurse Managers must know and practice when dealing with labour unions and strikes; the benefits of joining a labour union and the management of aggression. The literature review, includes a discussion of the relevant studies, peer reviewed documents, South African precepts, policies and procedures, and the relevant rules and regulations around labour relations and unionization.

### **2.2 International leadership trends**

The International Council of Nurses was founded in 1899. It is a federation that consists of more than 130 National Nurses' Associations (N.N.A) and represents more than 16 million nurses worldwide. The headquarter is in Geneva, Switzerland.

In Finland, the health care system is a strong institution where health care services are offered to all citizens and funded by taxes. It is widely recognised that the health care services in Finland are of the highest quality, despite recent concerns about equity issues. Finns are, in general, very satisfied with their health care services. In the United Kingdom, research by Lewis (2006:2) shows the negative features of bullying in the nursing profession. Lewis identified complex interactive events in the creation and continuance of this bullying activity. These complex dynamics involved can be problematic for management when dealing with bullying, while Nurse Managers themselves are often the targets of bullying or are accused of being bullies. Lewis points strongly to fact that the bullying activity is essentially a "learned behaviour" within the workplace, rather than any predominant psychological deficit within an individual perpetrator and target. Bullying is ultimately damaging to the organisation in both cost and time and significant for professional practice as it impacts upon the nurses and their work by removing

their supportive and safe environment. Cost effectiveness and time management are two important factors for the nurses and their work (2006).

The South African Nursing Council (SANC) affirms the nurse's right to strike, "within the ethical rules governing the profession and his/her career scope of practice". The policy emphasises that the affirmation of the rights of nurses is a means to an end; that is, improved service to patients. In addition, the policy acknowledges the nurses' rights stipulated in the relevant legislation, provided that a patient's life is not endangered by the exercising of said rights. Public servants have got the right to go on strike but they are to follow current alternatives available, for example mediation, arbitration and legal adjudication. These will offer ethical avenues, even though the public they serve do not consider their interests (van Rensburg, 2013, p. 822).

There was pressure to go on strike within the health Sector in South Africa in 2007 and again in August 2010, which exposed patients to the risk of death, poor quality care and cross infection. All the staff were forced to go on strike, gates were closed, and threatening calls were received by the staff (Nala, 2014).

## **2.3 Legislation Framework which Nurse Managers Must Know and Practice when Dealing with Labour Unions and Strikes**

### ***2.3.1 The constitution of the republic of South Africa***

Act no. 108 (1995) of the Constitution of the Republic of South Africa refers to human dignity, and clearly states that patients have to be treated with dignity. The act also addresses personal freedom and security and states that a person has the right not to join a strike, as well as the right to freedom from all forms of violence when not striking in solidarity with their colleagues.

### ***2.3.2 Labour relations act No.66 of 1995***

The Labour Relations Act No.66 (1995) regulates the organisational rights of labour unions to promote collective bargaining in the workplace and at a sectoral level. The Act states that employees are to be involved in decision making and the establishment of workers' forums, and regulates the right to strike, the resolution of labour disputes, the establishment of labour courts, the procedure for the registration of a labour union and the amendment and appeal of labour



relations. Workers have the right not to be dismissed unfairly, as is well stated in chapter 8 of the Labour Relations Act No. 66 (1995).

According to the Labour Relations Act, No. 66 (1995), employees have the right to freedom of association. Every employee has the right:

- To participate in forming a labour union or federation of labour unions; and
- To join a labour union, subject to its constitution.

Unfair dismissal is now governed by the Labour Relations Act, No. 66 (1995). There is an argument which has it that the Labour Relations Act (LRA) undermines the flexibility required for the free market to exist. On the other hand, it is argued that a restrictive labour law promotes job security, loyalty and incorporation into companies.

### ***2.3.3 Basic conditions of employment***

An amendment of Section 1 of Act 75 of the Basic Conditions of Employment Act (1997) explains about the dismissal of an employee by an employer due to operational requirements. Termination in terms of Section 38 of the Insolvency Act (1996) ( Act no. 24 of 1996), stipulates the payment of at least one week's remuneration for each completed year of service, to be calculated and paid to the staff member affected. Nurse Managers must be familiar with these basic conditions of employment.

### ***2.3.4 Employment equity act, No. 55 of 1998***

According to the Employment Equity Act, No. 55 (1998), an employee's rights are protected, in that no one is allowed to discriminate against an employee who exercises any rights tabulated by this Act; for example, an employee has the right to join a labour union without fear of discrimination.

### ***2.3.5 Public service amendment act, No. 30 of 2007***

Section 30 of the Public Service Amendment Act, No. 30 (2007) clarifies that employees may not suffer a reduction in salaries, and Section 31 describes the steps of a grievance procedure to be followed before court proceedings take place.

### ***2.3.6 Nursing act No. 33 of 2005***

The Nursing Act, No. 33 (2005) deals with the unprofessional conduct of a practitioner, and describes this as improper disgraceful behaviour that is dishonourable or unworthy of the position, for example, leaving patients to die alone while nurses are on strike. Such action might lead to termination of their membership.

### ***2.3.7 South African Nursing Council Rules and Regulations***

According to the South African Nursing Council Rules and Regulations, Regulation No. 767, in Section 58 (1) (in terms of the Nursing Act, 2005) states the acts and omissions for which the Council may take disciplinary steps. Under ‘practice’, it states clearly that if a practitioner fails to support patients according to their scope of practice and fails to maintain patients’ health by offering quality patient care, then disciplinary measures can be taken against them.

### ***2.3.8 Code of conduct***

According to the Nursing Act No. 30 of 2005 and the SANC rules and regulations, nurses must respect human life and show respect, dignity and kindness for themselves and others, the uniqueness of individual health care users, and acknowledge the diversity of people in their care. The right to access to quality nursing and health care for all is inherent in the South African Constitution (South African Constitution Act, No 108 of 1994) and the Nursing Act, No 33 of 2005, and South African Nursing Council rules and regulations.

## **2.4 South African Nursing Association history**

According to Harrison (1982, p.4), at the turn of the century the majority of nurses were from Britain. Some of the South African nurses were members of the Royal British Nurse Association, but it was difficult to deal with the problems faced by nurses in South Africa, as the Royal British Nurse Association was unable to form a branch in South Africa to look after the nurses' interests. Sister Henriettia's friend, Sister Hirst Watkins, founders of the South African Nursing Association, came up with the suggestion to form the South African Nursing Association, but unfortunately passed away before her idea could come to fruition. Miss Hanna, an unqualified nurse, managed to form the South African Nursing Association in 1905. As their objectives were not in line with existing legislation for the registration of nurses, Sister Henriettia was against the formation of this association, and preferred the idea of an independent South African Nursing Association which would not clash with the South African Medical Council's statutory responsibility for the registration of nurses. Sister Henriettia unfortunately passed away in 1911 before much progress was made.

In 1891 legislation was passed in the Cape Parliament for voluntary state registration under the Medical and Pharmacy Act. In October 1913, the first professional nursing journal was published, edited by Dr. Tremble. The main aim of the journal was to motivate nurses to join the South African Nursing Association. In October 1914 the South African Association of Trained Nurses came into being. In 1922 this association became a member of the International Council of Nurses. The first Nursing Association came into being in 1944. The representatives of the South African Nursing Association were white, with no representation by black nurses (Kotzé, 1995, pp. 16-26).

## **2.5 The history of Nursing Unionisation in South Africa**

From the early 1990's, nurses in South Africa have been represented in collective bargaining and have participated in industrial action, with the biggest one by public employees reported in 2010. Nurses' participation in strikes is not only reported in South Africa. Countries such as Australia, Japan, the United Kingdom, Ireland, Israel, Italy and Germany, have reported nurses having engaged in strike action. Although nurses' participation in strikes appears widespread, Neiman (2011, p. 2) asserts that the nurses' decision to go on strike is ethically questionable. It raises serious moral questions about the nurses' professional obligations; their right to collectively bargain to preserve or improve wages, their benefits and their working conditions; and patients'

rights to medical care. In South Africa, some view nurses to be providers of essential services, with patient care as their priority, therefore they cannot participate in industrial actions. This then leaves nurses in a dilemma as they cannot watch their rights being compromised, but at the same time the safety and care of their patients is a priority (2011, p. 3).

### ***2.5.1. Different labour unions operating in South Africa***

#### *2.5.1.1 The Democratic Nursing Organisation of South Africa (DENOSA)*

DENOSA is a professional organisation whose main objective is the empowerment of nurses so that they are able to debate politically when negotiating for their rights, for example, salaries. Not much is heard about DENOSA in terms of strike action. It is stated very clearly under Section 23 of the Bill of Rights that workers have the right to strike, but at the same time it is conditionally limited by Sections 36 and 64 of the Labour Relations Act, which states that individuals who offer essential services may not participate in a strike, unless they embark on an agreement providing the minimum level of service. This organisation is aligned with the African National Congress (ANC).

#### *2.5.1.2 The National Education and Health Workers Union (NEHAWU)*

NEHAWU is the most powerful union within the institution, and it dominates other labour unions like DENOSA and HOSPERSA when it comes to strikes, because it is affiliated with COSATU. COSATU is aligned with the South African National Congress.

#### *2.5.1.3 The National Public Service Workers Union (NPSWU)*

It was founded in Europe and has spread to other countries. This is not a well-known and very active union in South Africa. Until 1962 there was no public staff association for black public service workers in KwaZulu-Natal. The PNSWU is not politically aligned. It is only affiliated to the National Council of Labour Unions. (HANCTU) and to the Public Servant Association (PSA). It was adopted on the 12th of November 2012.

#### *2.5.1.4 Health and Other Service Personnel Labour Union of South Africa (HOSPERSA)*

It was registered on the 3rd of June 1994 and HOSPERSA is affiliated nationally to the Federation of Unions of South Africa. According to the constitution of the health and other service personnel trade union of South Africa, HOSPERSA was registered with the Department of Labour on the 17th of February 2011.

#### *2.5.1.5 The European Federation Nurses Association (EFNA)*

In Europe, there is a European Federation of Nurses, an association which represents 34 national nurses' associations. They believe that health and productivity go hand in hand, and that investing in the health of the European citizens may improve the economy of Europe. They advocate the protection of nurses, women and health (Shaw, 2014, p. S44).

#### *2.5.1.6 The Perspective from the United States of America*

The American Nurses Association (ANA) states that management can make arrangements for patient care in the event of a strike, however, a strike must be the last resort after have exercised every effort to resolve the matter at hand (American Nurses Association, 2001).

## **2.6 The history of strikes in South Africa**

On the 12th of August 1946 mine workers had a strike on the Witwatersrand, The strike was for an increase in salaries, but the real aim was political. The strike was organised by the National Liberation Movement, which resulted in a militant form of struggle and ended up being the birth of the African Mine Workers Union. The launching of the Mine Workers Union was done in

1941. As was acceptable during those days, workers on strike were arrested, harassed, dismissed or injured. During the years 1948 to 1991, labour unions played a major role in developing political and economic resistance. In 1996, the Constitution of South Africa granted the rights to join a labour union, and this was translated into the Labour Relations Act, the reason being to formulate the working framework for both unions and employers. The Labour Relations Act was passed in 1995, and a major amendment was done in 1996 (LRA, 1995, 1996).

## **2.7 The benefits of joining a labour union**

Workers who join a labour union have the benefit of being part of an organisation or group who work together to resolve workplace issues. Topics ranging from maternity leave and salary increases, to safety in the workplace are all dealt with as a group. A member does not have to tackle problems as an individual, and they stand to get better protection against unfair treatment and victimization, and benefit from increased job security. Another benefit is that of skilled negotiations and trained labour specialists who will strive to get the best possible deal for workers in their workplace. Unions can also help with accompanying staff to a disciplinary hearing and by representing staff in disputes with the employer. Some unions carry out training, professional development and networking events (Matsance, 2011, p. 16).

According to Mtise (2008, p. 1), challenges encountered were limited material and Human resources. A Nurse Manager's attitude towards Labour Unions was not mentioned, whereas some of the challenges like Human Resources might be resolved by Labour Unions. O' Rourke (2004, p. 47) stated that the shortage of nurses and its consequences has been a worldwide problem. The staffing shortage is placing Nurse Managers in the position of having to spend large amounts of time on staffing and scheduling, to make sure that adequate numbers of staff are available to care for customers during all of the shifts while maintaining staff: patient ratios. Nurse Managers have an equally difficult time finding nurses who have the necessary experience and educational background. These are important factors for ensuring the smooth running of the unit. Human resource shortages can be resolved by collaboration with Labour Unions.

According to Kunene (1995, p. 2), the only person in South Africa to have done a study on the increased number of nurses' strikes due to Labour Unions, strikes have left the Nurse Managers with a challenge of how to deal with them. The findings were a lack of knowledge of Labour Unions.

## **2.8 Nursing shortage in South Africa**

The South African Nursing Council (SANC) does identify a shortage of nurses in South Africa, but simultaneously tries to present a positive picture by noting past gains. Thus it asserts, *“although there may still be a shortage of qualified nurses in the Republic of South (RSA), the positive side to this overall picture is that the growth in nursing figures is now approaching that of the population of South Africa”* (SANC, 2007). DENOSA also acknowledges the shortage of

nurses, stating that South Africa is “not producing/training sufficient nurses to deal with its health needs” (DENOSA, 2007), and further points out that this directly impacts on the ability of the health sector to deliver an efficient service. The member of the Executive Committee (MEC) for Health in Gauteng Province, Brian Hlongwa stated that the combined shortage of nurses and doctors compels us to revisit our training priorities and strategies (Benjamin, 2006).

*There is a misunderstanding of roles, abuse of power, a lack of decision making, no benefits for the patients' quality care, a shortage of staff, domination, fear, mixed discipline and confusion [Participant 1].*

According to Hiroz and Mildow (2006, p. 2), managing a multigenerational workforce poses certain challenges. While some managers are not familiar with the terms used to distinguish the four generations in the workplace, participants in their study mentioned differences in terms of work behaviours, attitudes towards work and superiors, experiences, work attendance and communication aspects. The following comments illustrate this notion: “The older nurses are slow but very thorough and experienced. The younger nurses are alive and these are the ones who easily find work here and abroad; we must keep them.” “The young nurses must be guided. We must bring back professionalism. Some of them don’t know why they came to nursing. They do not care.” (2006, p. 2). Generations X and Y are characterized by absenteeism, single parenthood, and are HIV/AIDS-infected and-affected. The very young ones are also not “hands on” (2006, p. 2). During training, they spend most of their time as observers. They still need experience.” Nurse Managers have to keep this in mind when making managerial decisions. It is essential that nurse managers are conversant with different generational characteristics, especially those of generation X and Y, to be able to lead and manage them effectively, so that they do not leave their organisations. In today’s climate of critical nurse shortages and increasing workloads, it becomes crucial that Nurse Managers adopt management and leadership styles that serve the nurses in order that they may better serve their patients and clients.

## **2.9 Theoretical foundations of nursing management**

White (2003, p. 29) explores a viewpoint on nursing theories, in which prescriptive theories are addressed. The author notes that their use as practice guidelines must be broad enough to provide a wide range of practice situations, but not so broad as to be meaningless. A theory of decision

making might be as beneficial in practice as a theory of nursing. If nursing is going to base its theory on laws, nurses need to validate principles through research - a difficult task, as theorists in the social sciences have discovered. It is not easy to reduce human behaviours to laws. Nurses deal with human behaviour in all roles but particularly in Nursing Management. Nurses believe that for nursing to be a real profession, it should be of scientifically and theoretically based. Nursing is thus a practical profession based on the physical and social sciences.

Nurse Managers learn to merge the disciplines of human relations, labour relations, personnel management, and industrial engineering into a unified force for effective management. Nurse Managers would add the theory of nursing to this list. A successful synthesis of these disciplines can promote employee commitment, increased productivity, enhanced competency, good labour relations, and competitiveness in healthcare. The workforce is poorly managed when these goals are not achieved. In a paper on the subject of gender issues and leadership effectiveness, Nwobodo (2008, p. 1) looks at the issue of leadership effectiveness and gender in Nigerian union activities. Nwobodo specifically looks at the current definition of gender, leadership and looks at some common theories that relate to leadership effectiveness. The paper also highlights the resolutions of the 3rd Nigeria Labour Congress (NLC), a gender conference held in 2008. This paper shows that there is virtually no empirical evidence that suggests that being male affords the corner on the leadership market, especially when it concerns union activities. Transformation leadership helps to respond to these issues, and refers to the leader's skill to influence others towards achievement of the goals. Sharma & Batra (2006, p. 24) found that, although the management of the studied employee association had positive perceptions about the role of the association in achieving the objectives of the employee association, they were not satisfied with the overall functioning and achievements of the association.

### **2.10 Transformational leadership style**

The economic recession creates problems with recruiting professionals, staff retention, and creating healthy work environments; and a growing demand for customer orientation poses a challenge for Nurse Managers' work, according to Vesterinen et al, (2012, p. 1). The same authors argue that more expertise in management is needed to respond to these issues. Transformation leadership helps to respond to these issues, and refers to the leader's ability to influence staff to achieve their goals by changing the staff (2012, p. 1). Vesterinen, et al. (2012,



p. 1) adds that Nurse Managers also need to examine their own behaviour and how it affects the work unity; in order for the employees to adjust to a better leadership style. Leadership styles can be seen as different combinations of tasks and transaction behaviours that encourage people to achieve goals. Earlier studies indicate that the Nurse Manager's effective leadership style directly influences staff retention, the work unit climate, nurses' job satisfaction, nurse's commitment, and patient satisfaction.

### **2.11 Emotional intelligence as social awareness**

Labour Union representatives do not have good relationship with Nurse Managers. Emotional intelligence (EI) is an ability to lead ourselves and our relationships effectively. It has been defined as the ability to observe one's own, and others' feelings and emotions to discriminate among them and to use this information to direct one's thinking and action. EI is composed of personal competence and social competence. Self-awareness and self-management are reflections of personal competence, influencing the way that leaders manage themselves. Social awareness and relationship management reflects social competence, which affects how the leader manages relationships with others. Nurse Managers with that skill can easily form relationships with others, read employees' feelings and responses accurately, and lead successfully. Emotionally intelligent leaders' behaviour also stimulates the creativity of their employees.

Goleman has identified visionary, coaching, affiliate, and democratic styles as resonant, and pacesetting and commanding styles as dissonant leadership styles. Most leaders use both resonant and dissonant leadership styles. The leadership style of Goleman is applied as the basis of this study because earlier studies refer to the significance of this style, and especially that of EI in managers' work. In addition, these leadership styles are one way of aiming to carry out transformational leadership. Visionary, coaching, affiliate and democratic styles include elements that promote transformational leadership. Such elements are, for example, the leader being visionary and empowering staff (Goleman, 2002, p. 82).

### **2.12 Collaborative relationship**

Clinical nurses and nursing management strive for a collaborative relationship that supports nursing practice. When collaboration exists between labour and management, the joint focus

moves towards the provision of quality patient care and a positive work environment. Porter (2010, pp. 272-276) describes a Nursing Labour Management Partnership implemented in a major teaching hospital with Magnet designation. Examples of each dimension of the partnership are included. Woven through the Magnet programme model are process themes that define how nursing department infrastructure can support and improve the nursing practice environment. Key areas of focus are mechanisms for improved communication, collaboration, collegial relationships, research, education, reward and recognition of nursing excellence, and resource utilisation. It is important that all nurses' voices and opinions, whether they are union members or non-union members, be heard. It is important that nurses in formal leadership roles within hospitals i.e., Chief Nursing Officers (CNOs), Nursing Directors, and Nurse Managers and the local nursing union leaders find a common ground to work together in a collaborative relationship.

Recognising nursing leaders in all levels of practice and engaging them in the workplace and the practice environment facilitates staff empowerment. Mount Sinai Hospital achieved initial Magnet designation in 2004 and the Magnet designation was redesigned in 2009. The operationalising of all of the infrastructure and components of the Magnet model into everyday practice is a major example of the Nursing Labour Union Management Partnership (NLMP) in action. Relationships embedded in the NLMP take ongoing work, focus, and dedication. The core of the NLMP is the commitment of both parties to place the highest priority on quality patient care, delivered in a safe environment by nursing staff supported in their professional practice. Key components of the NLMP include a perceived need or goal, an assessment of risks and benefits, a decision to assume risk, relationships based on positive outcomes, and a process in which mutual performance expectations are met, asserts Porter (2010, p. 273). Sharma and Batra (2006, p. 25) conducted a descriptive analytical study at the Nehru Hospital in Tanzania in an attempt to analyse the attitude and perception of the management of the Institute towards the nurses. They recommended the collaboration between the labours, unions and managements.

### **2.13 Nurse Managers' behaviour**

A Nurse Manager ensures compliance with the regulatory agency standards and policies of the organisation; participates in the review of clinical policies and procedures; supports a non-punitive reporting environment and rewards staff for reporting unsafe practices; ensures that unit

staff are clinically competent and trained; identifies areas of risk/liability; encourage/requires prompt reporting of potential liability by unit staff at all levels; envisions and takes action to correct identified areas of potential liability; and ensures that unit staff are educated regarding improving working relationships.

## **2.15 Conclusion**

This chapter has presented a literature review, including a discussion of the relevant studies that Nurse Managers must be familiar with, so that they will have the know how to manage labour union behaviour within the institution.

The next chapter will present the study methods used, the researcher's methodology and design, the research setting, the staff complement in the selected hospital, the target population, sampling, data collection methods, the data collection process, data analysis, data management, and academic rigor ethical considerations.

## **CHAPTER 3: METHODOLOGY**

### **3.1 Introduction**

This chapter deals with the research methodology and design, the research setting, the staff complement in the selected hospital, the target population, sampling, data collection methods, the data collection process, data analysis, data management, and academic rigor ethical considerations.

### **3.2 Research methodology and design**

A research methodology is a strategy of inquiry which moves from the underlying philosophical assumptions to the research approach, research design, research setting, population and sample under study, culminating in data collection and data analysis (Polit & Beck, 2008, p. 158).

Qualitative research is an umbrella term for a number of diverse approaches that seek to understand, by means of exploration, human experience, beliefs, perceptions, motivations, intentions and behaviour. Its purpose is to primarily describe a situation, a problem or an event (Kumar, 2012). Therefore, a qualitative, descriptive, explorative and contextual design was chosen by the researcher to explore Nurse Managers' perceptions toward labour unions in the social, cultural or political contexts of the participants. It is not about verifying any truth nor predicting any outcomes (Myers, 2000) relevant to labour union – Nurse manager relationships but about exploring them.

An explorative, descriptive, contextual and qualitative design was used to determine, explore and describe the Nurse Managers' views on Nurse Managers' perceptions/attitudes towards Labour Unions.

According to Burns and Grove (2009, p. 25) qualitative research seeks to understand the meaning that particular experiences and events have for individuals who experience them. An exploratory design, according to Speziale and Carpenter (2007, p. 21) explores a relatively unknown research area in order to gain, discover or reveal new information concerning the phenomenon under study, and leads to the development of a new theory about the subject. Exploratory studies are open and flexible. The researcher can thus examine many dimensions of the area under study in

depth, while the use of a descriptive study enables the researcher to describe the specific phenomenon under study as accurately as possible, using the exact words of the informants (Burns & Grove, 2009, p. 25).

### ***3.1.1 Research setting***

Speziale and Carpenter (2007, p. 28) explain that the setting is the field, and the field is the place where individuals of interest can be located. The reason for conducting data collection in the field is to maintain the natural setting where phenomena occur. Qualitative research takes place in natural settings where the phenomenon of interest is experienced. The study will take place in a selected public hospital in KwaZulu-Natal. The selected hospital is in Durban and is classified as a central hospital with 2123 staff members. This hospital has experienced a number of strikes in the past decade.

Table 3.1: Staff Complement in the Selected Hospital

| <b>Category</b>                   | <b>Total</b> |
|-----------------------------------|--------------|
| Nurses: Nursing Service Manager   | 1            |
| Assistant Nursing Service Manager | 12           |
| Professional Nurse                | 457          |
| Phlebotomists                     | 48           |
| Enrolled Nurse                    | 548          |
| Enrolled Nurse Auxiliary          | 445          |
| <b>Total</b>                      | <b>1511</b>  |

### ***3.1.2 Target population***

A target population is the total number of cases in which a researcher is interested. In qualitative research studies, targeted populations should be the rich sources of data (Polit & Beck, 2008, p. 79). This study targeted Nursing Service Managers (n= 12) and a Senior Nursing Service Manager (n = 1) i.e. N = 13, at a selected hospital in the eThekweni district of KwaZulu – Natal. The participants were selected according to the following inclusion criteria: a nurse in a managerial position and volunteered to participate at the study; have had experience in interacting with labour unions, nurses and patients during labour disputes. Nurse Managers who did not interact closely with labour unions, nurses and patients during labour disputes were excluded from the study.

### ***3.1.3 Sampling***

Non-probability sampling was used as there is a limited pool of participants. According to Polit & Beck (2008, p. 343) purposive sampling is often used when a researcher wants a sample of experts on the phenomena being explored.

## **3.2 Data collection methods**

In this study, the researcher conducted interviews with Nursing Service Managers. Researchers in qualitative studies usually do not have a specific set of questions that must be asked in a particular order and worded in a given way (Polit & Beck, 2008, p. 392). They develop an interview guide, which starts with some general questions to allow informants to tell their story. In this study the interview guide had three questions to serve as the starting point. They included requesting the informant to tell the researcher about their journey to their current position, their perception and attitude regarding dealing with labour unions and how they perceived them in hospital settings.

After securing ethical clearance (see annexure 6) and permission to conduct the study from institution 1 (see annexure 1) and from institution 2 (see annexure 2), the researcher requested a first meeting with all of the Nursing Service Managers on the day of their management meeting. Time was requested to meet with them as a group, to explain the purpose of the study and all that pertained to their ethical rights should they choose to participate in this study. Those willing to participate in this study signed an informed consent form (see annexure 7) and their contact

details were requested in order to make individual appointments with them. The researcher then organized meetings with individual Nursing Service Managers for individual interviews, at times and places that were convenient to each of them. Participants were interviewed outside of the hospital premises, using the interview guide (see annexure 5), and on their day off, after securing appointments with each of them. The researcher requested permission to use a tape recorder during interviews. Participants were recruited and then interviewed face to face. While conducting interviews, the researcher wrote copious notes to capture as much information as possible. The interviews took a maximum of one hour each.

### **3.3 Data analysis**

There are steps which are shared by most qualitative methods. The first one is recruiting the people to be interviewed; recording the interviews; transcribing the interview text and analyzing the text.

Graneheim and Lundman (2012:4) considered interview analysis steps as follows: Read the interview transcript repeatedly until one gets an insight of the whole i.e. Create a meaning in connection with the content in order to create one central meaning, it can be a few words, several sentences or even paragraphs, Condensation of meanings whereby meaning units are shortened but still maintain the central, core meaning. Labelling of each condensation with a code, grouping of coded condensation into categories based on how the different codes are related and Theme creation. During theme creation important points are supported by inclusion of raw data examples in order to strengthen trustworthiness.

#### ***3.3.1. Interviews***

In general, qualitative results are textual accounts of the individual's life world which reflect the diversity of their lived experiences. Qualitative researchers strive to understand patterns, similarities and differences in the representations of participants' life worlds, as depicted through interview transcripts. Interviews were transcribed verbatim and the text was then analysed. There are a few steps which are shared by most data collection methods. The first one was recruiting the people to be interviewed; recording the interviews; transcribing the interview text and analysing the text, as described by Graneheim and Lundman (2012, p. 4). There are a few data analysis

steps which are shared in most qualitative research methods. The first one was the recruiting the people to be interviewed (see 3.2); recording the interviews (see 3.2); transcribing the interview text (see 3.2) and analysing the text.

### **3.4. Data management**

Data from the study was used solely for the purpose of completing this study and as such, crude data was guarded confidentially in a locked cupboard in the supervisor's office, at the School of Nursing and Public Health at the University of KwaZulu-Natal. Analysed data was saved in computer files protected with a password known only to the researcher. The data will be destroyed five years after completion of the study.

### **3.5. Academic rigor**

Lincon and Guba, cited in Polit and Beck (2008, p. 539) suggest four criteria for developing the trustworthiness of qualitative data. These include credibility; transferability; dependability and conformability.

***Credibility*** refers to the authentic quality of the data, in that it should portray what the researcher was looking for and is usually obtained from the discovery of human experiences as they are lived and perceived by the informants, and accurately documents the experience as shared by the informant. The researcher collected data from those who have lived the experience of interacting with labour unions, took detailed notes during the in-depth interviews and used a tape recorder to ensure that the data were captured according to how the informants told it. The researcher took the analysed data back to the informants for validation.

***Dependability*** refers to the stability of the data in the study over time and over conditions (Polit & Beck, 2008, p. 539). This was achieved through data quality checks, with the research supervisor checking the quality of the data produced. The researcher consulted the supervisor after the first interviews and presented the collected data for a quality check and determination of whether it would produce the required results. Taking into consideration the advice of the research supervisor, the researcher continued with the process of data collection and consulted with the research supervisor throughout the process to assist with monitoring and checking of the



quality of the collected data. This was done because the researcher was still learning the process of collecting data in qualitative research.

**Conformability** according to Polit and Beck (2008, p. 539), refers to the objectivity of the research process and outcome, and is the degree to which data confirms the findings and is free of researcher bias. Confirmation was obtained by keeping an audit trail of the data and by obtaining the participants' responses to the findings for cross checking and validation. It was also promoted by taking detailed field notes, audio taping and transcribing interviews verbatim to identify variations in responses and by making field notes available to those who might have been interested in validating the findings.

**Transferability** is the assumption that the findings derived from research in a particular context will also apply in other similar contexts. This will be achieved by detailing fully the process that was followed in this study, such that another researcher may be able to apply the process in another context, with minimum consultation, if there was a need.

### **3.6. Ethical considerations**

Ethical considerations in research are based on the ethical principles of respect for people; beneficence and justice; and as such have been put in place to ensure respect for and to protect participants from harm and to ensure fairness in the process of the research study (Belmont Report, 1979). This study subscribed to the ethical standards described by Emmanuel, Wendler, Killen and Grady (2004, p. 930-937). These authors state the exploitation of participants must not occur and that community participation; social value; scientific validity; and fair selection of participants; positive risk-benefit ratio; independent review; informed consent; and respect for participants should be taken into account.

**Community Participants:** The study involves Nursing Service Managers and data was collected from them in order to better understand the phenomenon of interest in this study, from their perspective.

**Social Value:** The research findings will be shared with the Nursing Service Managers and they will be at liberty to utilise the findings to improve practices, policies and guidelines in their workplace.

***Risk-Benefit ratio:*** No potential risks were foreseen in respect of the subjects in this study. The benefit of the study outweighed the risk to the individual participants. The risk associated with the use of the participants' names and identifying data was avoided by not using their names and the name of the research setting. The researcher has not and will not at any cost disclose the names of informants. Rather, pseudonyms and codes were used.

***Independent Ethics Review:*** The Constitution of South Africa Act 108 of 1996 is central to any ethical considerations, including this study. The ethical rights of informants were protected by subjecting the research proposal to the scrutiny of the independent University Ethics Review Board. Data were not collected until the ethical clearance certificate was obtained and permission from the gate keepers, such as the Chief Executive Officer (CEO) of the selected hospital, was obtained.

***Informed consent*** was obtained from individual participants once the purpose of the study had been explained in detail to them and their questions or areas of concern were addressed. Confidentiality and anonymity were guaranteed during the process of obtaining informed consent. Anonymity was maintained by separating collected data from the signed informed consent forms with the signature of the informant, hence the need to have a special meeting for obtaining informed consent and a separate appointment for in-depth interviews. The data collection process took place in a private setting, such as the Nursing Service Manager's office, where only the informant and the researcher were present.

### **3.7. Conclusion**

In this chapter the methodology used was presented, the researcher methodology and design, the research setting, the staff complement in the selected hospital, the target population, sampling, data collection methods, the data collection process, data analysis, the data management, and the academic rigor ethical considerations were discussed.

The next chapter will present the study methods used, the participants' summary, data collection, data analysis, rough work and the study findings.

## CHAPTER 4: RESULTS

### 4.1 Introduction

This chapter presents the data analysis including the profile of the participants and the study findings, which are the positive and negative perceptions of Nurse Managers of Labour Unions. An explorative and descriptive, context bound qualitative design was used to explore the Nurse Managers' perceptions of labour unions. The purpose of the study was to explore the Nurse Managers' perceptions of labour unions in a selected hospital in KwaZulu-Natal. An interview guide was used. Patterns, similarities and differences of individual Nurse Manager's perceptions of labour unions were sought.

### 4.2 Participants

The total number of participants for this study was six. The participant summary shows that all of the participants were in management positions (see Table 4.1). There were three Operational Managers, two were Assistant Managers and one was a Nursing Service Manager. All of the participants were females. Their ages ranged from 38 to 64 years, with only one in their late thirties and the rest were above 54 years of age. Two had a qualification in Nursing Management and one was currently registered as a Nursing Management student.

Table 4.1: Summary of Participants

| No | Gender | Age | Position                | Experience with Labour Unions |
|----|--------|-----|-------------------------|-------------------------------|
| 1  | Female | 54  | Assistant Nurse Manager | Yes<br>3 occasions            |
| 2  | Female | 56  | Assistant Nurse Manager | Yes<br>+_ 7 years             |
| 3  | Female | 64  | Nurse Service Manager   | Yes<br>18 years               |
| 4  | Female | 55  | Operational Manager     | Yes                           |
| 5  | Female | 38  | Operational Manager     | Yes                           |
| 6  | Female | 59  | Operational Manager     | Yes                           |

All participants had some experience in dealing with labour unions. The only participant below 50 years of age was an Indian who was below 40 years of age. Five of them are to retire in the near future as they are between the ages of 60 years to 65 years.

### **4.3 Data collection**

Appointments to see the participants were done telephonically via the Nursing Service Manager. A venue off the hospital premises was used to conduct the interviews. Interviews were performed during their days off. A consent form was signed first, before performing an interview. A recorder was used to record the information. An orientation for talking and stop talking was indicated whilst the recorder was on or off. The venue used was spacious and quiet, which meant that recording was not disturbed, the participants were alerted before switching the recorder on, and alerted when it was turned off. The participants were excited that they were being interviewed. The dates for the interviews were the 19th, 20th, 21st and 22nd of August 2014.

The interview process lasted for four days. Each interview lasted about one hour and fifteen minutes. Participants were interviewed twice. An assistant was hired to assist with the transcription of the interview, and analysis of the text was done.

### **4.4 Data analysis**

There are a few steps which are shared in most methods. The first is recruiting the people to be interviewed, recording the interviews, transcribing the interview text and then the analysis of text. Graneheim and Lundman (2012, p. 4) consider interview analysis steps to be the following:

Content of similar meaning is grouped together in order to create one central meaning with few words. The content is then shortened, while still maintaining the central core meaning. Condensed content is labelled with a code which is allocated according to categories, based on how the different codes are related. This is supported by the inclusion of raw data, and is done in order to strengthen its trustworthiness.

Initially, the researcher did not have any idea about qualitative research and data analysis, until the supervisor suggested the use of a library book written by Saldana (2009). One of the professors from the university recommended an article written by Graneheim and Lundman

(2012) for information on data analysis. The supervisor then assisted the researcher with the analysis of the collected data.

The process of data analysis included line by line analysis, and the grouping of commonly occurring and similar information into subthemes. Subthemes with commonalities were grouped into themes. The themes and subthemes presented in this chapter emerged from the words and phrases used by the participants. Themes and concepts from literature also assisted in generating and grouping some themes, and these are known as literature derived concepts or themes. Examples of supporting extracts were provided in the discussion of subthemes, to indicate the participants' shared perceptions and ideas on particular themes and subthemes. The exact words of the participants were presented as quotes in italics. The perspectives of labour unions was maintained as a core, with themes and subthemes revolving around this phenomenon of interest in this study. The book written by Saldana was used to analyse the data. The supervisor assisted with the analysis of the data and the interview transcripts were read repeatedly until all the sentences with a similar meaning were grouped together, in recognition of patterns in the data. The main theme was the lines of communication and the subthemes were positive perceptions and negative perceptions. These were unpacked further in the presentation of the results.

#### 4.5 Thematic discovery

The following table resumes the themes and sub-themes that emerged from the data:

Table 4.2: Themes and sub-themes

| Themes                             | Sub-themes  |
|------------------------------------|---|
| Positive perceptions toward unions | -unions' advocacy role for workers' right<br>-indirect patients benefits<br>-union versus professionalism                                     |
| Negative perceptions toward unions | -negative attitude towards patients<br>-unions interference with management<br>-lack of policy and procedure compliance<br>-poor negotiations |

|  |   |
|--|---|
|  | -lack of respect<br>-disrespect of boundaries |
|--|---|

The following is a screen dump of the analysis which was done in order to come to the findings for the study. It took the researcher two weeks to read the transcribed interviews and similar content was divided into smaller portions and allocated under meaning units made up of sentences and paragraphs conveying the same meaning. A column of meaning units was formulated. The next column was for condensation of the information. The meanings formulated under the meaning units were shortened, while still retaining the same meaning. The shortened or condensed information was then labelled with a code, and the condensed coded content was allocated according to category. The last step was the creation of a theme, as discussed by Erlingsson and Brysiewicz (2012, p. 96).

|  |  |  |               |   |  |  |  |  |  |
|--|--|--|---------------|---|--|--|--|--|--|
| <p>save lives and look after these patients, that affected me a lot and when I think of a strike that always comes up (looking stressed). Lives would have been lost if it was a grace that I started in the ICU. So as much as we fight for our rights I think lives should be preserved.</p>   |  |  |               |   |  |  |  |  |  |
| <p>Participant: I think indirectly yes because if the nurses are happy with their salaries they will be productive it will increase there performance in some way but if they are not satisfied then they will not give care they are suppose to give to the patients.</p>   | <p>There is a salary increase which is a positive benefit and neglete of the patients.</p>   | <p>Positive benefit for the staff and the negative benefits for patients</p> | Mismanagement | <p>POSITIVE HEALTH INCREASE IN SALARIE</p>        |  |  |  |  | <p>Comment [U9]: Positive effect</p>   |
| <p>Participant: I would like to see is that the prescribed policy should be adhered to it. It should be reinforced in some way it should not be entertained when hierarchy is skipped, I feel that the operational management and the middle management is not <del>aligned</del> but what amazes me is that at the end of the day the senior management will send it back to you at a middle management or operational management to deal with it so if that is the case why then jump levels. Another thing is that we as managers must know what we are doing and take a stand and not allow labour unions to interfere if we doing our job according to our job description because there are key areas that the unions do not know but we know so there is a <del>gap</del> between manager and labour unions. I think the labour unions are not well orientated about management in the institution so it looks like now there is <del>fragmentation</del></p> | <p>There is crossing of boundaries, interference, gap between labour union and managers, <del>confration</del> lack of information about policies no contingency plan.</p> | <p>No formal orientation on policies.</p>                                    | Mismanagement | <p>NEGATIVE VIEW WITH HOSPITAL MANAGEMENT.</p>    |  |  |  |  | <p>Comment [U10]: Crossing boundaries</p> <p>Comment [U11]:</p>                                  |
|  |  |  |               | <p>INTERFERES WITH MANAGEMENT DOING THEIR JOB</p> |  |  |  |  | <p>Comment [U12]: Interference</p> <p>Comment [U13]: Gap</p> <p>Comment [U14]: Confrontation</p> |

Figure 4.1: Example of data analysis

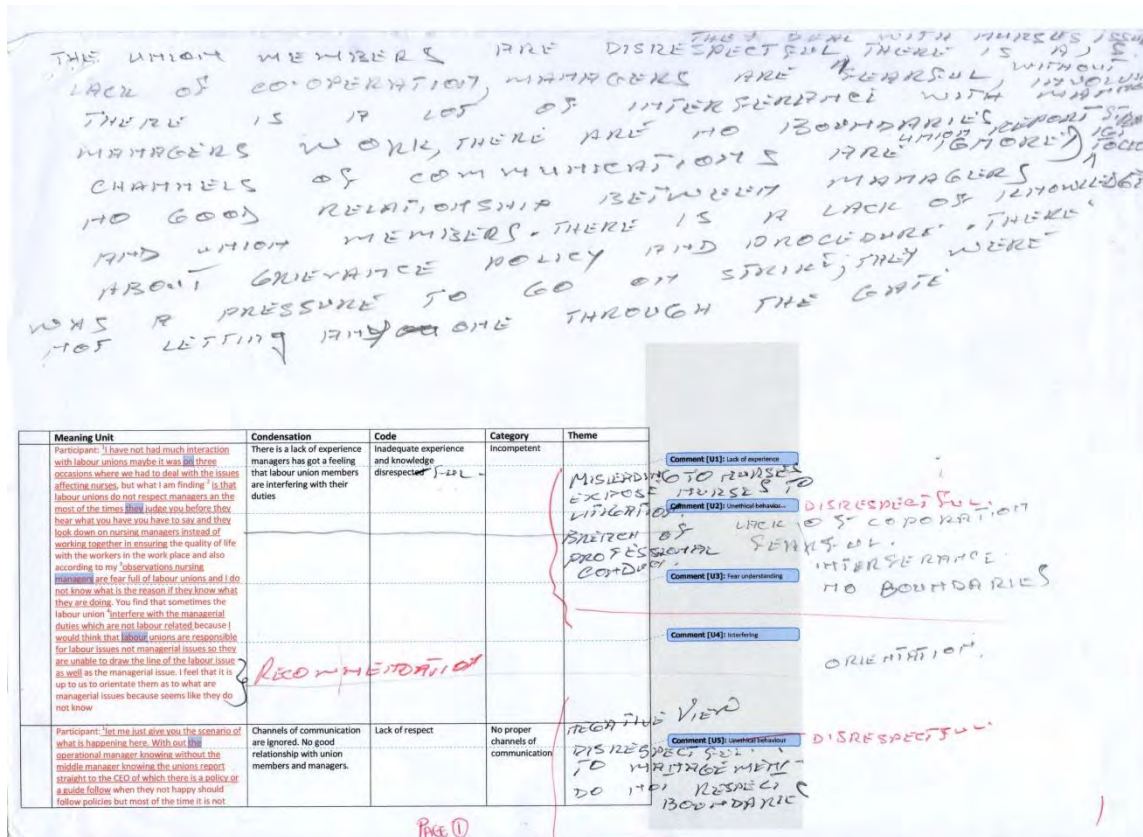


Figure 4.2: Example of data analysis

## 4.6 The study findings

The following was a response from a Nurse Manager to the question about which labour unions were active in their hospital

*Yes we have got National Education Health and Allied Workers' Union (NEHAWU), Democratic Nursing Organisation of South Africa (DENOSA), and National Patient Safety Agency (NPSA) but there is one, which is domination Nation Education Health and Allied Worker's Union (NEHAWU) [Participant 3].*

The findings have been grouped into two sub-themes which are positive perceptions and negative perceptions.

### 4.6.1. Positive perceptions

#### *4.6.1.1 Unions advocate for workers' rights*

Data in the study shows that unions are viewed as having an advocacy role. They advocate for the rights of employees in terms of unfair labour practice, job security, salaries and benefits, as well as working conditions.

*there is always a place for organised labour, whatever term you can call it, and organisation that looks after the interest of the worker or employee...for the nurses the benefit they got was the salary increase [Participant 6].*

It emerged that unions enter into negotiations with the employers on behalf of the employees to ensure that they are not exploited.

*usually when the staff is unhappy with something that is done then they will engage with the labour union [Participant 6].*

Labour union advocacy role is to protect the right of the employees.

*we appreciate the presence of organised labour. As far as I know they are in the situation to make sure there is fair labour practice. Therefore if there is unfair labour practice they have to intervene. So their presence is of value to the institution..... [Participant 2].*

The subthemes under positive perceptions include a union advocacy role which protects the rights of employees, and is the voice of employees which raises work-related and critical issues with management and results in an increase in salaries and improved working conditions.

#### *4.6.1.2 Benefits to nurses, patients & community*

Neiman (2003, p. 4) argues that the outcomes of strikes may have positive effects on patient care, for example increases in the number of nurses employed, improved security systems in hospitals and they give nurses a voice in decision making (Schraeder & Friedman, 2002, p. 22). The perception by the participants supports the belief that the unions indeed have a positive impact on job security and working conditions.



Frederick Herzberg's attempts to explain satisfaction and motivation in the work place. This theory states that satisfaction and dissatisfaction are driven by different factors. According to Herzberg's (2013, p. 10) two-factor theory of job satisfaction, people are made dissatisfied by a bad environment, but they are seldom made satisfied by a good environment. Employee job satisfaction is the fulfilment, gratification, and enjoyment that comes from work, quality care and patient' safety.

With regard to feelings that employees received from work itself: All nurses received a salary increment, even those who were not on strike.

*I think indirectly yes because if the nurses are happy with their salaries they will be productive. It will increase their performance in some way, but if they are dissatisfied then they will not give the care they are supposed to give to the patients. [Participant 6].*

These nurses work with policies that are meant to benefit both the patient and the wider community. The right to strike is likewise provided for in the Labour Relations Act No. 66 (LRA, 1995), which stipulates that every worker has the right to form and join a labour union, participate in the activities and programmes of a labour union and to strike. 'Essential workers' are, however, explicitly excluded from these rights by the terms set out in the Act (LRA, 1995).

The labour unions are the voices of employees, to raise critical work related issues with management. If the strike is for an increase in salaries, regardless of whether you were on strike or not, everybody will have an increase in salary.

*Yes there was, because the salary increased and we all benefited, but patients suffered and on the negative issues; the community was not happy because they were coming and their patients were looking neglected [Participant 6].*

Union Advocacy indirectly benefits patients by ensuring happy, productive nurses and an increase in performance (Givan & Hipp, 2012).

Manager's conflict with Unions

*I think the labour unions are not well orientated about management in the institution, so it looks like now there is confrontation between labour unions and managers where we should be negotiating, but there is a lot they are doing good [Participant 1].*

The study established that there were several implementation frailties. Only a few of the pre-conditions were met for Occupational Specific Dispensation (OSD, 2007) policy implementation. The information systems needed for successful policy implementation, such as the public sector human resource data base and the South African Nursing Council register of specialised nurses were incomplete and inaccurate, thus undermining the process. Inadequate attention was paid to time and resources, dependency relationships, task specification, and communication and co-ordination (Ditlopo et al., 2013, p. 6). The implementation of financial incentives needs careful planning and management in order to avoid loss of morale and staff grievances.

Present evidence suggests a number of problems with the implementation of the Occupational Specific Dispensation policy (OSD, 2007), varying from inadequate planning, budget overruns and some unintended negative consequences. These negative consequences include unmet nurse expectations, inequalities in the amounts received, perceived unfairness, and dissatisfaction and division among the different of nurses, (Ditlopo et al. 2013, p. 6).

#### *4.6.1.3 Indirect patient benefits*

A participant described a contextual decision to increase the number of nurses before a strike, which ultimately benefitted the patients and is described by the following statement:

*The discussion was about nurses who were trained privately that had to be translated to senior ranks, so it was the nurses who benefitted because they were translated within the institutions therefore that was the benefit to the patients even though it was not a strike [Participant 4].*

#### *4.6.1.4 Unionism versus professionalism*

The findings in this study revealed some frustration by Nurse Managers as a result of lower level categories of workers forcing nurses to go on strike against their will.

*I can't remember the year but I think in 2007 there was a strike where they were fighting for salary increase. They were not letting anyone to come in the gate and the Nurse Managers who were sleeping in the hospitals were threatened by phone calls [Participant 2].*

In line with these findings are the assumptions that there is a relationship between the level of education of the employee and the attitude of employees to labour unions. Those in higher positions are less likely to perceive the need for labour unions, compared with those in low level occupations. The rationale is that high level positions require high levels of discretion and there is some degree of autonomy and high trust relationships. Those in lower level positions see value in the collective achieved through being part of a labour union because they are less powerful on their own. They regard themselves as having less power to influence the work environment. Income levels of satisfaction may thus affect attitudes to labour unions. (Tune & D' Art, 2012).

Professional employees e.g. Doctors, Nurse Managers, Nurses and Lawyers traditionally have chosen to join professional societies and to negotiate individually. For example, the Democratic Nursing Organisation, in recent years, this arrangement has been challenged in several ways. The Democratic Nursing Organisation of South Africa (DENOSA) came into being on the 5th of December 1996. It was formulated through political consensus. The main aim was to organise and unite the nursing profession. DENOSA has bargaining power with employers.

According to Di Carlo (2011, p. 11), some people have the idea that unionism is incompatible with being a professional. This notion is particularly important within nursing circles, where phrases like “treat nurses like professionals” are often used as implicit arguments against policies associated with unions, such as occupation and salary schedules and time sheets/clocking in facilities.

*It seems as if there is unionism versus professionalism. Professional representatives will know how to prioritize in order to meet patient's needs, while non-professional union leaders are non-sensitive to patients' needs, there is crossing of boundaries, disrespect, interference; it must stop [Participant 4].*

The issue which may make or break the negotiations is the nature of the labour union's relationship with the members who join in their union. Labour would like a direct or individual link; the unions want to manage it. As mysterious as this may seem, it will decide whether a trace of collectivism survives. But the unions are understandably unwilling to be nothing more than recruiting agents for a party that, even when it wants to, cannot reliably deliver on policies the unions wants.

#### ***4.6.2 Negative perceptions***

##### *4.6.2.1 Negative Attitude towards Unions*

Not surprisingly, employees are significantly more likely to indicate agreement with the need for strong labour unions than employers and the self-employed (Turner and D' Art. (2012). The following are the negative attitudes most commonly ascribed to the unions by the employer: poor use of lines of communication, poor policy compliance and Grievance Procedure compliance, negative staff views and positive views of patients and management and shortage of staff.

##### *4.6.2.2 Negative Attitudes towards Patients*

The professional Nurse Managers do not see labour unions as partners in bringing about the desired Human Resource Management Policies, instead they are deemed as opponents (Matsance, 2011, p. 14). Labour union members were perceived as rebellious. These perceptions have a direct impact on the patient. E.g. Patients being left alone during a strike.

The democratic right of nurses to be part of labour unions has been received with mixed reactions because, as much as it favours employees, it somehow impacts on the quality of care provided to patients (Nissen, 2009, p. 68; Neiman, 2011, p. 3). The indirect outcome of this list is that it exposes patients to risks such as: exposure to poor quality care; risks of nosocomial infections (wards with mixed patients); death (extreme) and insensitivity to patients' needs, (Chisti, 2007, p. 4).

According to van Rensburg (2013, p. 822), the theory is that the backbone of nursing is to reduce suffering and distress, so as to promote health, prevent illness and provide care to the ill, disabled

and dying. Instead of doing that the unions put forward their own personal interests to the potential detriment of their patients.

*(Thinking folding arms) In 200,7 there was a strike that affected almost all Health Institutions around Durban, if not the entire province. It was a strike about salaries. I had a bad experience because some patient lost their lives [Participant 6].*

The Labour Relations Act (LRA, 1995) states clearly that there must be a minimal service agreement signed before embarking on a strike. This means that no one may pressurise staff to go on strike, as this exposes nurses to the risks of unethical behaviour such as litigation, a breach of the professional conduct code and the nurses could face disciplinary action by the South African Nursing Council (SANC) and suffer loss of income.

#### 4.6.2.3 Union interference with management

*...You find that sometimes the labour union interfere with the managerial duties which are not labour related, because I would think that labour unions are responsible for labour issues not managerial issues; so they are unable to draw the line of the labour issue as well as the managerial issue. I feel that it is up to us to orientate them as to what are managerial issues because seems like they do not know [Participant 5].*

The Labour Union says that nurses must not be rotated from different types of wards in order to gain experience and

*I feel this is a managerial issue [Participant 4].*

*I had to stand my grounds, nurses in my department are rotated within the institution. We have got National Education Health and Allied Worker's Union (NEHAWU), Democratic Nursing Organisation of South Africa (DENOSA), National Patient Safety Agency (NPSA) and Health and Other Service Personnel Labour Union of South Africa (HOSPERSA) but there is one that is dominating, that is National Education, Health and Allied Worker's Union (NEHAWU).*

This is a misunderstanding of the Occupation Specific Dispensation (OSD) in the public service (Ditlopo, Blaauw, Rispel, Thomas & Bidwell, 2013, pp. 6-10).

#### 4.6.2.4 Lack of policy and procedure compliance

There is a perception that the union does not comply with policies and procedures with regard to grievances. A grievance procedure policy is available.

*There is a policy of staff complaints and there is also a grievance policy [Participant 3].*

There is a lack of knowledge about grievance policy and procedure. One participant stated that

*I cannot actually tell you the headings of grievance procedure [Participant 3].*

There is a gap between managers and the labour union, and there is confrontation between managers and union representatives because negotiations are not done properly, grievance procedure is not followed properly, correct channels of communication are not followed and hierarchy is skipped.

*What I would like to see is that the prescribed policy should be adhered to it. It should be reinforced in some way; it should not be entertained when hierarchy is skipped. I feel that the operational management and the middle management is not respected but what amazes me is that at the end of the day, the senior management will send it back to you at a middle management or operational management to deal with it, so if that is the case why then jump levels? [Participant 3].*

#### 4.6.2.5 Poor negotiations

The staff experience pressure to go on strike, they receive threatening calls, they are monitored at the gate to prevent them from going inside the hospital, and no skeleton staff are left when there is a strike. In 2010, there was a severe strike at this hospital and all staff were prevented from entering the hospital. There was no contingency plan within the institution. Hostility indirectly exposed patients to poor quality care: the combining of wards with different patients with different diseases, and only one nurse taking care of all the patients lead to cross infection i.e. nosocomial infections, an insensitivity to patient's needs and even death. Nurse Managers had to make sacrifices and sleep over at the hospital or come on duty as early as 1 am in the morning. Managers were also perceived to be fearful of unions.

*There was an incident where one of the staff's relative died, yet the staff member was in forefront of the strike (UBHONGOZA) laughing. Negative views on management are anti-hospital management disrespectful to management interferes with management duties (Do not respect boundaries) [Participant 2].*

Employees forfeited R10.7bn in wages in the five-month public servants strike in 2010, the longest in SA's history, and one which has had negative consequences far beyond just the mining companies and their workers. The task teams must finalise their recommendations by end-June 2015 for the implementation of solutions, but these can, if there are financial implications, only be implemented at the end of the wage deal which expires at the end of June 2016.

Interestingly, there is no discussion point around productivity.

#### *4.6.2.6 Lack of respect*

Negative views towards management include antagonism towards hospital management, disrespect for management and interference with management duties (do not respect boundaries).

According to Carpio (2014, p. 2-5), unions have also been proven to pose a great threat to administrators when it comes to managing the institution, because they sometimes stress the management to give in to their demands.

*What I would like to further explain on managerial issues that labour unions interfere with for example in this institution labour unions say nurses should not be rotated [Participant 1].*

*...but what I am finding is that labour unions do not respect managers and most of the times, they judge you before they hear what you have to say and they look down on nursing managers instead of working together in ensuring the quality of life with the workers in the work place and also, according to my observations, nursing managers are fearful of labour unions and I do not know what is the reason if they know what they are doing [Participant 1].*

#### *4.6.5.7 Disrespect for boundaries*

*...Without the operational manager knowing, without the middle manager knowing, the unions report straight to the Chief Executive Officer (CEO) [Participant 1].*

*...They are mainly nurses but there is one that is a clerk, and he makes most of the decisions and they all go to him because they believe he fights for them, and he believes that he is in charge because he has discovered a gap in management, that we don't know what we are doing (Aggravated) [Participant 1].*

#### *4.6.5.8 Poor communication*

According to Harvey (2002, p.1) conflict between mine workers and management took place due to poor communication between mine workers requesting their salary increment, and

management. No constructive negotiations between the Association of Mine Workers and Construction union (AMCU) and management were obtained. Management decided to call the South African Police Service to come and assist them. Poor communication resulted in the death of 34 striking mine workers. The Minister of Police has lost her job in 2015, as a consequence of this.

Labour union representatives are responsible for a range of issues, ranging from labour issues to managerial issues. They must be able to draw a line between the two. The feeling was that they need to be orientated and stop interfering, for example, reporting an incident straight to the Chief Executive Officer (CEO). Prescribed policy should be adhered to, and the stages of grievance procedure should be known by both sides and adhered to. There should be no skipping of hierarchy and the correct channels of communications should be followed.

There must be respect for nurse managers at different levels, from the Operational Manager to the Nursing Service Manager. At the same time, we as Nursing Service Managers must know what we are doing and take a stand. The institution must have a contingency plan in place and a skeleton staff must be in place.

*... I have not had much interaction with labour unions, maybe it was on three occasions where we had to deal with the issues affecting nurses [Participant 1].*



*... Let me just give you the scenario of what is happening here. There is a policy or a guide follow when they not happy should follow policie,s but most of the time it is not followed. If the operation manager does not know the labour issue that is affecting one of her employee, how then is she going to be able to assist? Because I think there should be a healthy relationship between employees to supervisor, than them to go straight to labour unions and if she is not happy there is another level which is the middle management level, and if she is not happy from there it is senior management. So the levels are there but they are not respected [Participant 3].*

#### **4.6.3 Trust Relationship between Employer and Labour Union**

The researcher felt the need to point out that labour unions interfere with managerial issues, for example the allocation and rotation of nurses.

The Labour Union confuses Occupational Specific dispensation (OSD). According to the National Council of Province (NCOP) Social Services committee meeting held on the 17th of August 2009, Occupational Specific Dispensation (OSD) was not done on a group, but rather on an individual basis. Occupational Specific dispensation (OSD) would provide and differentiate remuneration dispensation across all sectors of the public sector. The public sector and health services would cater for the unique needs of the different occupations and prescribed grading structures and job profile. There is no trust between management and the labour union. Labour unions are destructive and non co-operative.

#### **4.6.4 Reflection of an Incident**

*...I can't remember the year, but I think in 2007 there was a strike where they were fighting for salary increase. They were not letting anyone come in the gate and the Nurse Managers who were sleeping in the hospitals were threatened by phone calls. One incidence I will never forget is when I came on duty and there was no one in the hospital, only the doctors. In the Intensive Care Unit (ICU) ventilators were alarming, cardiac monitors were alarming. The children were distressed; they were wet from head to toe and the nappies were full of the mess, and I had to save lives and look after these patients. That affected me a lot and when I think of a strike, that always comes up (looking*

*stressed). Lives would have been lost; it was God's grace that I started in the Intensive Care Unit (ICU). So as much as we fight for our rights, I think lives should be preserved [Participant 4].*

#### **4.7 Conclusion**

In this chapter, the process I used to analyse the data was shown. The data collection method used was described. Content analysis was used as the method of data analysis. The findings were presented, with excerpts from the raw data. The following chapter presents a discussion of the findings presented above.

## **CHAPTER 5: SUMMARY OF FINDINGS, CONCLUSIONS, REFLECTION OF PERSONAL EXPERIENCE, LIMITATIONS AND RECOMMENDATIONS**

### **5.1 Introduction**

In this chapter the research results are summarised and a conclusion drawn. The researcher will reflect on personal experiences related to this study, and the impact that the study had. Based on the findings disclosed in the previous chapter, the researcher will be engaged in a discussion in order to suggest strategies. These are useful for a better labour unions – Nurse Managers relationship for the benefit of the nurses, the patients and the community.

### **5.2 Summary of the findings**

The culmination of this study was the collection of new knowledge regarding Nurse Managers' perceptions of labour unions. A challenge encountered is the outbreak of unannounced strikes, where nurses go on strike and ignore their ethical responsibility and their obligation to respect patients' right to care at all times. On the other hand, nurses have the right to join a labour union and go on strike. Patients are left alone for most of the time during strikes, and if the strike is for money, nurses end up gaining an increase in salary.

Factors that might lead to strike action by nursing personnel are poor salaries, non-participative management, non-participative nursing personnel, unjust or unknown policies, overload of work, favouritism or nepotism, resistance to change, unfair promotion, poor grievance procedures and poor communication.

### **5.3 Analysis of nurse managers' perceptions towards labour unions**

#### ***5.3.1 Conflict between nurse managers and labour union representatives***

According to Brown (2006, p.204) nurses have to consider their role as a patient advocate and decide whether they will fulfil this role as advocate or go on strike. This results in a conflict of roles in the clinical area and Nurse Managers must do in-service training on patient advocacy, the format of a nurse's role and the format of a striker's role.

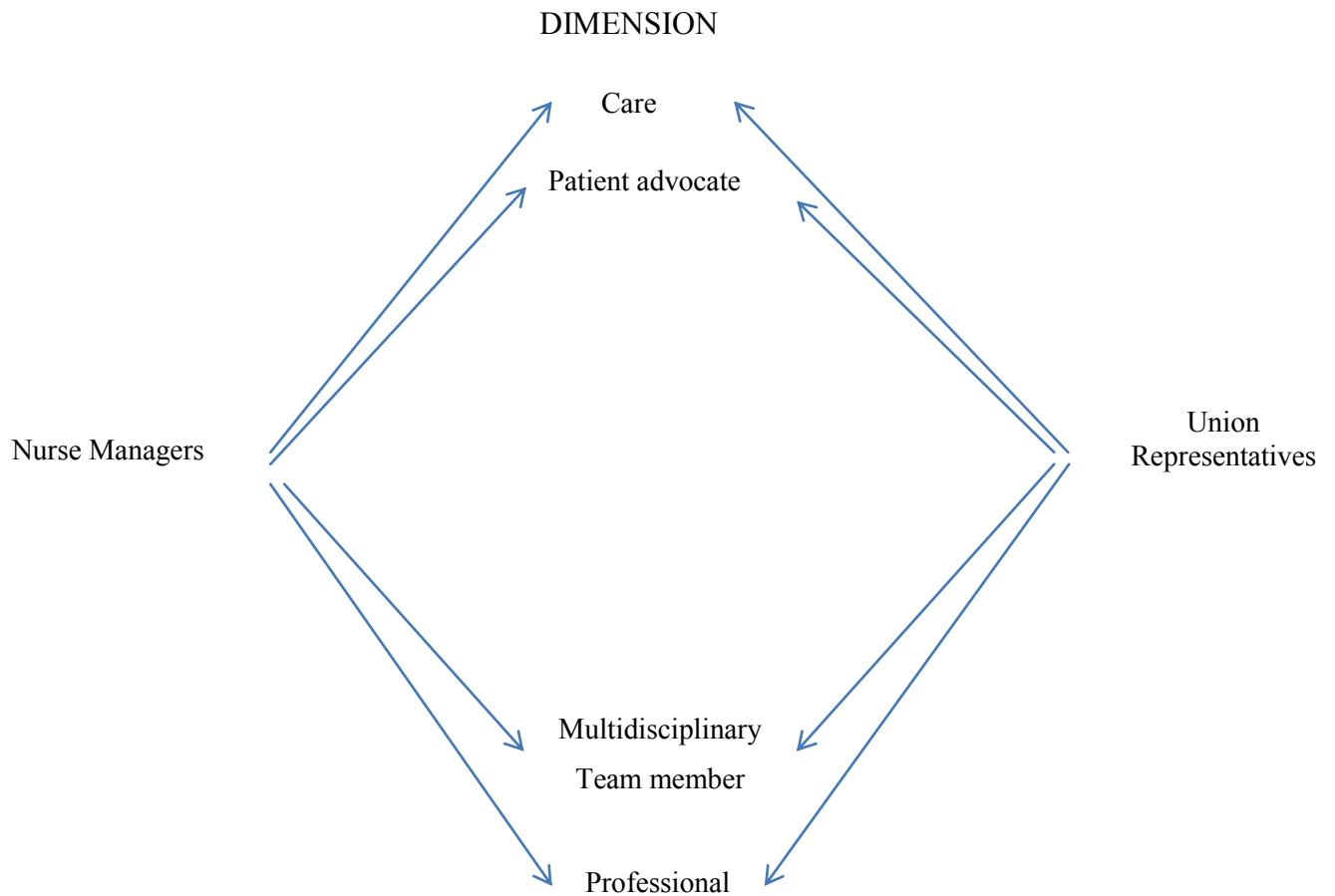


Figure 5.1: Tension between Nurse Managers and Union Representatives

There is conflict and tension between Nurse Managers and labour union representatives, even though some of the Nurse Managers are members of the union. Some of the union representatives are ordinary clerks. Nurse Managers have to comply with the Basic Conditions of Employment Act No. 24 (BCEA, 1936), the Employment Equity Act No. 55 (EEA, 1998), the Public Service Amendment Act No. 30 (PSAA, 2007), the Nursing Act No. 33 (NA, 2005), the Constitution of the Republic of South Africa Act No. 108 of 1996 and the South African Nursing Council Rules and Regulations (SANC); whereas clerks have to comply with all of the above, except for the Nursing Act and the SANC Rules and Regulations.

The recommendation is that Nurse Manager have to have knowledge of and practice all of the above, and clerks which are union representatives have to be orientated towards Nursing Act No.

33 of 2005 and the South African Nursing Council Rules and Regulations. Therefore, management partnership is recommended as a strategy in order to engage all the stake holders (labour union people, nurse managers and staff) in a productive dialogue. This will restructure the way how to improve the relationship through communication for the benefit of the patients to have best quality patient care even if labour union members are on strike (Lazes, Katz & Figueroa, 2012).

### ***5.3.2 Nurse Managers' negative perceptions towards labour unions***

The union representatives are disrespectful, in that they deal directly with their members without involving the Nurse Managers, and first establishing if the Nurse Managers are able to resolve the problems. A lot of interference with managers' work is noted, and boundaries are also ignored by union members because they report directly to their union representatives instead of asking their managers for resolution. Channels of communication are thus ignored and the communication should be from top to bottom. Nurse Managers are fearful of union members, they feel threatened, there is a lack of knowledge about grievance policy and procedure, and there is a poor relationship between union members and Nurse Managers. There is a pressure to go on strike, which exposes patients to the risk of death, poor quality care and cross infection. If the strike is for an increase in salary, all the nurses, even the Nurse Managers benefit; so nurses ultimately see positive benefits while patients experience decidedly negative benefits. There is no formal orientation on policies, and there is confrontation between labour unions and managers where there should be negotiating.

There is an abuse of power by those who represent union members, and there are no negotiations between the union representatives and management. There is no plan in place if there is strike; instead of having a skeleton staff on duty when nurses are on strike, Nurse Managers take responsibility for the patients and perform the nursing duties, sleep at work and work with the Doctors.

There is a shortage of nurses, so there is a need for an increase in the number nurses; but to date there was no actual strike related to an increase in the number of nurses.

### **5.3.3 Positive outcomes**

Nurse Managers' positive perceptions are that they advocate for patients' rights. Nurse Managers benefit from the salary increases negotiated by the same union members which they believe undermine them. There is a perception that an increase in the number of nurses has occurred as a result of the movement of nurses trained from the private sector.

### **5.4 Contingency plans to be made for patient care during strikes**

Nurse Managers should appoint skeleton staff and redistribute duties among them. Patients can be discharged or transferred to other hospitals, where possible, and nursing staff should be assigned to do essential non-nursing duties as well. Union representatives should be reminded about the steps to be followed before going on strike: the first being negotiation, and the next, notification of the strike. Union members must be taught the difference between legal and illegal strikes.

According to Kabane (2011, p. 3), no employee in the employ of the health service may embark on any type of industrial action unless collective agreement on the maintenance of minimum services during strike action has been signed, failing which it will be regarded as an unprotected action and employees will be subjected to the appropriate disciplinary action. Kabane (2011, p. 5) recommends the formulation of provincial strike committees, to be established by the Head of the Department of Health. The recommended committee members are the head of Health, all senior managers from public service institutions. The purpose of the provincial committee will be to give advice to the institution on decisions to be taken before or during strikes, and give support and create a link with other stake holders like the South African Police Service (SAPS) to facilitate the deployment of resources during a strike. This committee should consolidate contingency measures from the various clusters of the department.

This researcher recommends that Nurse Managers be involved and orientated to the above and similar committees at district level, local service area institutions and complexes. The general principle during strike action must be: no work no pay, and disciplinary action must be taken against all public health employees who participate in strike action without signing the minimal service agreement.

Kabane (2011, pp. 7-10) further recommends that clinical areas plan for doctors to discharge all patients who are not seriously ill; that elective surgery to be cancelled and that doctors deal with emergencies, such as maternity patients who are delivering at that time. Additionally, some of the staff could be granted leave or overtime, if necessary, for good performance; additional stocks of everything to be kept on hand in all departments, for example drugs and linen; the use volunteers; the involvement of governance structures regarding communication with the community; the preparation of accommodation, if necessary; workers to be encouraged to wear their private clothes to reduce intimidation; the South African Police Services to be involved; switchboard to be advised to divert calls to the security department; training facilities and the provision for training activities to continue; and lastly to participate as a strike operation centre according to the picketing rules.

Picketing rules state that the only strikes that may take place are protected strikes, involving union supporters that have signed a minimum service agreement, in accordance with the Labour Relations Act No. 66 (LRA, 1995). Picket marshals are to control the picketers and marshals must wear armbands. A suitable area with water and toilets should be provided by institutions for use during picketing.

## **5.5 Communication**

Nurse Managers are not to make use of the 'grapevine'. Instead, they should call a staff meeting and address any grievances promptly. Nurse Managers are to be positive towards and co-operative with bargaining structures. A prompt response by the Nursing Service Manager when notified of grievances and imminent strike is required. Personnel with problems are to communicate with their Nurse Managers. Labour union representatives and management should continue negotiating while the work goes on. Grievances must be forwarded in writing and deadlines provided for action. Nurse Managers are to treat all personnel equally. Nepotism is to be avoided and attempts should be made to reach a compromise between management and personnel, and between the younger and older generation Nurse Managers, and attention should be paid to salary dissatisfaction. Management has to establish relations with workers and the union. Professionalism must be maintained by both Nurse Managers and nurses, even during strikes.

De Casterle (2008, p. 1) states that transformational leadership in nursing is an ongoing process of interaction between clinical leadership and co-workers. Nurse Managers are to be more effective in areas of self-awareness, communication skills and vision, and must promote effective communication.

Fahlgren (2002,p. 531) states that Nurse Managers must preserve open lines of communication during strikes to ensure quality patient care by providing current education, influencing policy and providing security for the staff, patients and families. Fahlgren adds that Nurse Manager should plan for and communicate preparations for disaster situations like strikes e.g. areas of assessment, planning, implementation and evaluation stages of readiness (2002).

Finally, Laxmisan (2006, p. 1) recommends the transfer of information, utilising documents, consultation, teaching activities and computer resources effectively so as to ensure that communication processes does not compromise patient safety.

## **5.6 Role of management**

Nurse Managers must play a dual role representing authority on one hand, and the personnel rendering the service on the other. They are close enough to the staff to be aware of their problems. Nurse Managers should be aware of how to handle grievances according to the steps of grievance procedure, in order to ensure consistency, and line and staff managers should observe transparency and openness to prevent accusations of corruption. Managers should be willing to change their attitude because the majority of the Nurse Manager participants were trained before 1994, and labour unions did not exist in nursing pre 1994. Nursing Service Managers need to orientate themselves to the Labour Relations Act No. 30 (LRA, 2005) and the South African Nursing Council Rules and Regulations (SANC). In-service training, workshops and seminars must be held for all Nurse Managers in order to empower them.

Nurse Managers' leadership behaviours influence the job satisfaction of co-workers, whereas a passive-avoidant leadership style is negatively related to co-workers' satisfaction with work, states Borman (2014, pp. 219-225) In-service training for Nurse Managers about transformational and transactional leadership styles should be encouraged among Nurse Managers to positively influence the job satisfaction of staff nurses.



Duffield and Franks (2001, pp. 1365-2834) reported on the selection and appointment process of Nurse Managers in Australia. There, potential Nurse Managers receive managerial training, and those that are the most talented are appointed after the appropriate preparation, rather than being appointed based on their experience.

While interviewing participants for this study, no mention was made about nursing management being performed in situations that are influenced by changes in the external and internal environments. Continuous adaptation is important in order to cope with the changes, and prevent and manage strikes. The managers interviewed made no mention of the management of a changing environment or of acting as mediating forces to determine the person's adaptive level (Roy & Roberts, 1958, p. 57). Nursing Service Managers have to adapt themselves to the environment by creating conducive open lines of communication and measures for coping with whatever challenges they encounter with labour unions. Nurse Managers did not mention anything about how to adapt themselves in a changing environment. The level of training and the experience that Nurse Managers have should be sufficient to equip them to deal with labour union representatives. Nurse Managers should also be mindful of the labour union representative's level of training because some of them are ordinary clerks: they need to consider that adaptive responses positively affect a person's physical, psychological and social wellbeing and thus serve to maintain the person's integrity, because the ultimate aim is to provide effective nursing care service to patients.

During the interviews, none of the participants indicated an awareness of the fact that they have a constitutional right to join a union or to go on strike. Neither was mention made of the Labour Relations Act No. 66 (LRA, 1995) in that it allows health care workers to go on strike, provided that an agreement has been signed stating that a minimum level of service will be provided.

Nurses must know and practice within the legislative framework when dealing with labour unions and strikes. Reinforcement of the legislative framework must occur in in-service training and workshops specifically designed for nurse managers, and must include the following: The Constitution of the Republic of South Africa Act No. 108 (1996), the Labour Relations Act No. 66 (LRA, 1995), the Basic Conditions of Employment, the Employment Equity Act, No. 55 (EEA, 1998), the Public Service Amendment Act No. 30 (PSA, 2007), the Nursing Act No. 33 (NA, 1995), and the South African Nursing Council Rules and Regulations.

Nurses Managers need to observe their own behaviour and its effect on work unity. Self-reflection as a means to the creation of healthy environments was not mentioned by the participants during the interviews. It is important to do this as a Nurse Manager, so as to be able to correct their own behaviour.

### **5.7 Collaborative relationships**

Meaning partnerships and relations between labour union representatives and management did not appear to exist within this organisation, from the Nurse Managers' perspectives.

None of the participants in this study made mention of '*Umuntu umuntu ngabantu*' during their interviews. Both Nursing Service Managers and labour union representatives must consider this so that it encourages and promotes cultural conversation. 'Ubuntu' is a philosophy of thinking, like ethics, and can encourage respect on both sides, and is a crucial part of being African.

Malingiso (2001, pp. 23-33) encourages and acknowledges the importance of emotions. World management discourse can involve more holistic, inclusive and emancipatory theory. Malingiso states that humans are social and communal beings, and that we are guided by emotions: pity, excitement, anger, fear disappointment, hope anxiety and remorse (2001). 'Ubuntu' can assist in the work place and give competitive advantages that incorporate its principles and practices.

Makgoro (1998, pp. 1-2), on 'Ubuntu' and the law in South Africa, declares that the Constitution No. 108 (CRA, 1996) clearly states the freedoms in South Africa; workers are free to join labour unions. At the same time, joining a union does not mean that people must forget about the values of 'Ubuntu' which demands respect for human rights.

Sherman (2012, p. 4) discussed the importance of the development of leadership skills, which involves the willingness to take action, humbleness (Ubuntu), a willingness to take risks, confidence in one's own abilities, willingness to adapt to a changing environment, greater communication, life-long learner interdisciplinary focus, conflict embarrassing, being a visionary and systems oriented thinking. No mention was made by the Nursing Managers of skills development in respect of Ubuntu, during their interviews. Jackson (2004, p. 1) has written books on management in Africa, and challenges perspectives and re-enforces the ideals of the African Renaissance. Mthembu (1996) sees the value of sharing as an interconnected, continuous,

integrated development, which shows respect and dignity, collectivism and solidarity; and Vervliet (2009, p. 20) adds that Ubuntu is rooted in the search for African dignity.

## **5.8 Reflexivity**

The researcher wanted to explore the Nurse Managers' perceptions towards labour unions because each time a visit was made to the different institutions to check on the students in the clinical area, the researcher was required to report to the Nurse Manager first. A common occurrence at these meetings was a report by the Nurse Managers of their difficulties encountered when dealing with the labour union. A frequent refrain was the interference with their work by these issues. The researcher then developed an interest in the topic and decided to embark on a qualitative study.

The formulation of the study title took a while and a lot of discussion with the research supervisor, and the researcher was advised to change the approach to that of a quantitative study, possibly because so few people had researched this in South Africa, and because a qualitative approach was not easy when conducting research for the first time. Although disappointed, the researcher made the change because of the desire to do something unique and to cover a topic involving something that was challenging for Nurse Managers.

The researcher also wanted to adopt a different approach to that of colleagues, as the majority of them were conducting quantitative studies. The journey was not an easy one as the researcher had to present the study proposal twice before it was accepted. The rough work was initially presented as the proposal, and rejected. The second presentation was better as the researcher had developed a better understanding of what was required. The first meeting with a Nurse Manager to ask for permission and explain about the research was exciting, as the researcher was advised to quickly write a letter asking for permission. This created the impression that the challenges faced when dealing with the unions would be resolved once the research had been done.

When interviewing the participants, some were very angry about the labour union. One was in tears because she had lost her brother in law during a strike, and a prayer was said to console her. The explanation of the incident had reduced the researcher to tears as well. The rest of the participants were excited about the research and wanted to see it once it was completed. They

even recommended that politicians be given the document. It was interesting to interview them, and all of the required information was provided.

Data analysis was a problem, especially the coding section by Saldana (2009), as it was very difficult and a lot of assistance was required from the supervisor. Some days, the researcher would be upset by all of the changes required, but the end result was that both researcher and supervisor were happy with the improvements made. It took a long time and was not at all easy, but the researcher made much progress.

### **5.9 Limitations of the study**

The limitations of the study were firstly that the participants were all Nurse Managers, and union representatives, nurses, doctors and patients were not involved; secondly that the study only utilised a qualitative approach, and a quantitative approach was not used; and lastly that the study was limited to one institution in KwaZulu-Natal.

### **5.10 Conclusion**

The findings of this study have indicated that Nurse Managers have difficulty managing a relationship with labour unions, and that there is a need for them to acquire the skills to do this effectively.

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## Annexure 1: Request to conduct research in institution 1

University of KwaZulu-Natal  
King George V Ave.  
Durban  
4041

Inkosi Albert Luthuli Central Hospital  
800 Bellair Road  
Mayville  
4091

Dear Sir / Madam

**Re: Permission to conduct research**

I hereby request permission to conduct research. I am a registered student with the University of KwaZulu-Natal, studying towards a Master's Degree in Nursing Management.

I am required to conduct research as a requirement and intends to investigate the attitudes of nurses managers in a study entitled ' Exploring Nurse Managers' Perceptions of Labour Unions at a Selected Hospital I KwaZulu-Natal.

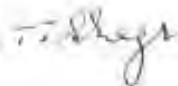
I therefore requested your permission to conduct this study in this institution. Anonymity will be maintained. All of the information will be kept strictly confidential, and the result of the study will be presented to your office upon completion of the study.

The subjects will not experience any physical harm and their privacy will be protected.

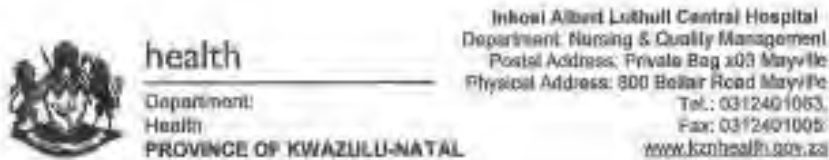
Hoping that my request will receive your favorable consideration.

Thank You

Mrs Thulisile Teresa Shezi



## Annexure 2: Permission to conduct research in institution 1



Envooye: Mrs. P.P. Zenge  
Date: 13 August 2014

University of KwaZulu – Natal  
King George V Ave,  
Durban  
4041

Dear Mrs. Thulisile Terosa Shezi

### RE: PERMISSION TO CONDUCT RESEARCH

We are pleased to inform you that your request is hereby supported to conduct the study entitled explore Nurse Managers Perception of Labour Unions.

We will be looking forward to support you in all aspects.

Regards,

Mrs. Zenge  
Nursing & Quality Manager  
Inkosi Albert Luthuli Central Hospital  
Tel: 031 240 1063  
Fax: 031 240 1050  
Email: [pluzenge@icm@iclh.kzn.gov.za](mailto:pluzenge@icm@iclh.kzn.gov.za)



UMnyango Wezemthelo, Department van Gesondheid  
FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE



### Annexure 3: Request to conduct interviews in institution 2

University of KwaZulu Natal  
King George V. Ave,  
Durban  
4041  
25 July 2014

D.T. Nursing Institute  
286 Umbilo Road  
Durban  
4000

Dear Principal

**Re: Permission to conduct participants interview**

I hereby request to conduct participants interview. The researcher is a registered student with the University of KwaZulu Natal, studying Master's Degree in Nursing Management.

The research title is Exploring Nurse Managers Perception of Labour Union. I therefore request permission to conduct this study in your institution. Anonymity will be maintained. All the information will be held strictly confidential. Number of participants 6, date will be the 19, 20, 21 and 22<sup>nd</sup> of August 2014

The subjects will not experience any physical harm and their privacy will be protected.

Hoping that my request will receive your favourable consideration.

Thank You.

Mrs. Thulisile Teresa Shezi





## Annexure 4: Permission to conduct interviews in institution 2

# D.T. NURSING INSTITUTE



Department of Education Registration No. 2009/FE07/017  
PTY LTD Reg No. 2005/042193/07  
SANC No. S1675  
286 UMBILO ROAD DURBAN  
P.O. Box 18420 DALBRIDGIE 4014  
Tel no. 031-2022030 Fax no. 031-2022031  
Email address: [dtinursing@netcom.co.za](mailto:dtinursing@netcom.co.za)  
29 July 2014

Dear Thulisile

It is a pleasure to inform you that permission has been given to you to conduct participants interview at D.T. Nursing Institute boardroom as the requirement by the University of KwaZulu Natal, for Masters in Nursing Management on the 19,20,21 and 22<sup>nd</sup> of August 2014. Title research is Exploring Nurse Managers Perception of Labour Unions.

Thank You

  
Mrs. Margaret Dumile Mofikeng

D.T. NURSING INSTITUTE (PTY) LTD  
286 UMBILO ROAD  
4000

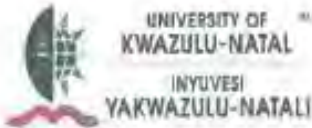
## **Annexure 5: Interview guide**

### **EXPLORING NURSE MANAGERS PERCEPTION OF LABOUR UNIONS AT A SELECTED HOSPITAL IN KWA-ZULU NATAL**

#### **ANNEXURE 1: INTERVIEW GUIDE**

1. Please tell me about your journey to your current position.
2. Please share with me your some of your previous interactions in dealing with labour unions?
3. From your work experience as a manager what experiences can you share with me in dealing with labour union's?
4. Can you describe for me how you perceive your interaction with Labour Union representatives?
5. Reflect on an incidence where you needed to act?
6. Are they benefits that were obtained for the patients and the nurse.
7. Can you share with me your views about labour unions in hospital or any health setting.
8. What are your recommendations that you can state to manage labour unions

## Annexure 6: UKZN Biomedical Research Ethics Committee full approval



06 October 2014

Mrs Thulisile Shezi  
P.O Box 18470  
Dalbridge  
4014  
[thulishezi@gmail.com](mailto:thulishezi@gmail.com)

Dear Mrs Shezi

PROTOCOL: Exploring Nurse Managers' Perception of Labour Unions at a Selected Hospital in KwaZulu-Natal: Degree Purposes (Masters). BREC REF: BE264/14.

### EXPEDITED APPLICATION

A sub-committee of the Biomedical Research Ethics Committee has considered and noted your application received on 29 May 2014.

The study was provisionally approved pending appropriate responses to queries raised. Your responses received on 01 September 2014 and 01 October 2014 to queries raised on 07 August 2014 have been noted by a sub-committee of the Biomedical Research Ethics Committee. The conditions have now been met and the study is given full ethics approval.

This approval is valid for one year from 06 October 2014. To ensure uninterrupted approval of this study beyond the approval expiry date, an application for recertification must be submitted to BREC on the appropriate BREC form 2-3 months before the expiry date.

Any amendments to this study, unless urgently required to ensure safety of participants, must be approved by BREC prior to implementation.

Your acceptance of this approval denotes your compliance with South African National Research Ethics Guidelines (2004), South African National Good Clinical Practice Guidelines (2006) (if applicable) and with UKZN BREC ethics requirements as contained in the UKZN BREC Terms of Reference and Standard Operating Procedures, all available at <http://research.ukzn.ac.za/Research-Ethics/Biomedical-Research-Ethics.aspx>.

BREC is registered with the South African National Health Research Ethics Council (REC-290408-009). BREC has US Office for Human Research Protections (OHRP) Federal-wide Assurance (FWA 678).

The sub-committee's decision will be RATIFIED by a full Committee at its meeting taking place on 11 November 2014.

We wish you well with this study. We would appreciate receiving copies of all publications arising out of this study.

Yours sincerely

  
Professor D.R. Wassenaar  
Chair: Biomedical Research Ethics Committee

Biomedical Research Ethics Committee

Professor D.R. Wassenaar (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag 28400, Durban 4000

Telephone: +27 (0) 31 260 2498 Fax: +27 (0) 31 260 4000 Email: [ukzn@ukzn.ac.za](mailto:ukzn@ukzn.ac.za)

Website: [www.ukzn.ac.za/Research-Ethics/Biomedical-Research-Ethics.aspx](http://www.ukzn.ac.za/Research-Ethics/Biomedical-Research-Ethics.aspx)



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01 Ethekwini

02 Howard College

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04 Pietermaritzburg

05 Westville

**Annexure 7: Informed consent form**

**Informed consent form**

I understand that the information gained from me could assist in understanding what it is like to be a front-line nurse manager in a district hospital unit.

I understand that I am free to participate or to refuse participation at any stage during the study without any penalty or prejudice. I have been informed that there will be no risk attached to my participation. I have also been given the right to ask questions related to the study.

I have read the contents of this document with understanding. I .....  
freely and voluntarily consent to participate in this research study.

I hereby provide consent to:

Audio-record my interview YES / NO

\_\_\_\_\_

\_\_\_\_\_

Signature of Participant

Date