

UNIVERSITY OF KWAZULU-NATAL

**Occupational challenges faced by the nurses working in public health care:
The case of Chesterville Clinic**

By

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DECLARATION

I, Nqobile Clementine Zondi, declare that

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Date: 07 July 2021

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DEDICATION

This dissertation is dedicated in loving memory of my beloved Daddy, SIPHO 'MIMI' ZONDI who lived his life dedicated to his family. Without his sacrifices I would not be where I am today.

Thank you "*Nondaba, gagashe*". You will forever be in my heart.

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"I can do all this through him who gives me strength."

Hebrews 12:11

ABSTRACT

Nurses have a significant role to play in promoting good quality health care in South Africa. Therefore, it is critical for the Department of Health to have nurses who are engaged in their work. However, given the high levels of occupational challenges, nurses experience high levels of occupational stress that often results in psychological distress. On the contrary, some nurses, regardless of the stressful nature of their job, seem to enjoy their work and exert greater effort in dealing with these stressors. In order to answer the research objectives, the present study used a qualitative approach and purposive sampling method was used for the purpose of data collection. Data was gathered in the public clinic in Durban. A sample of 7 participants was obtained comprising of 5 females and 2 males. Data was collected using interviews. The results of the study showed that the nurses are faced with occupational challenges which contributed to high levels of occupational stress. It is recommended that the issue of shortage of the staff needs to be speculated since it was found out that increased workload of the nurses rose from inadequate staff. Thus, the government can look into employing more nurses in the public health care. It is recommended that the salaries and advancements of the nurses be considered as one of the solutions to increase their morale and motivation.

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CHAPTER 1

INTRODUCTION AND OVERVIEW OF THE STUDY

1.1 Introduction

The focus of the research concentrates mainly on a population of three groups of registered nurses at a state clinic. These are staff nurses, professional nurses and enrolled nursing assistants. Nurses play a significant role in the health care industry, providing care to patients and carrying out leadership roles in hospitals and clinics. The issue at hand is that the nurses are often taken for granted by their colleagues and the public. With high stress and being overworked, attitudes, tempers and behavioural tendencies prevail in nursing. Nurses face major challenges in the workplace such as the working conditions, lack of resources and shortages of staff (Sibisi, 2012).

Challenges refer to difficulty in a job or undertaking that is stimulating to one engaged in it (Sibisi, 2012). Challenges in health-care facilities have huge impact on the well-being of the nurses; hence they contribute to occupational stress (Manyisa, 2015). Workplace plays a significant role in the life of an employee, hence the challenges that arises in the workplace should be paid attention too. Moreover, it is important to explore the current human resource situation in healthcare. Therefore, the researcher will focus on investigating these challenges faced by nurses working in public health care institutions and finding out how they contribute to occupational stress.

1.2 Background of the Study

The research study will clarify the key concept of the research problem of challenges faced by the state registered nurses in public health clinics with a focus at Chesterville Clinic, Durban. There have been issues with regards to service delivery in public health care. Nurses are often blamed by being very harsh and not providing appropriate services to the public. However, the challenges that the nurses face in the workplace are ignored. Sibisi (2012) mentions that the nurses are often taken for granted by the employer, doctors and patients as a result they are often exposed to occupational stress and anxiety. This research describes the issues and the categories of the nurses that are affected, and states how those issues impact on their wellbeing. Staff nurses, professional nurses and enrolled nursing assistants in public health care are experiencing occupational stress and this has had a negative impact on their well-being. Nurses are faced with many challenges in

the workplace. This research highlights different challenges that nurses experience in the workplace and concludes that these challenges contribute to occupational stress.

1.3 Research Problem

There has been a great concern of service delivery in the public health care. Hence, this concern lies in the challenges that health care workers face in their workplace daily. These challenges include being overworked, poor working conditions, working beyond their scope of practice, shortage of staff, and not being appreciated in which contributes to high level of occupational stress.

1.4 Research Questions

- What are the occupational challenges faced by the nurses working in Chesterville Clinic?
- How are the occupational challenges contributing to occupational stress of the nurses working in Chesterville Clinic?
- How does shortage of staff affect the nurses working in Chesterville Clinic?
- How does working conditions affect the nurses working in Chesterville Clinic?
- How does occupational challenges affect the wellbeing of the nurses working in Chesterville Clinic?

1.5 Research Objectives

1.5.1 Specific Objectives

- To investigate whether the occupational challenges contribute to occupational stress of the nurses working in Chesterville Clinic.
- To investigate the working conditions that the nurses are working under in Chesterville Clinic.
- To investigate whether these occupational challenges affect the wellbeing of the nurses working in Chesterville clinic.

1.5.2 General Objectives

- To determine the occupational challenges faced by the nurses working in Chesterville Clinic.
- To determine whether the shortage of staff affects the nurses working in Chesterville Clinic.

1.5.3 Aim of the study

The occupational challenges faced by nurses in public health care has not been widely reported. This study aimed to investigate challenges that have been faced by the nursing profession in health care facilities.

1.6 Significance of The Study

The significance of the occupational challenges for nurses, meant that if the increased impact of these challenges were not recognized and addressed, occupational stress of the nurses will continue to increase drastically. The enthusiasm for the study to be conducted is to make an extra contribution to the current body of the research knowledge. The idea for the study to be conducted was based on identifying the factors that relate to occupational challenges that nurses faced, which were influenced by staff shortages, a lack of resources and working conditions. This study has, therefore, been linked to the existing theoretical framework of knowledge. The necessity for the research was urgent due to increased occupational nursing challenges, which continue daily in the workplace in public health clinics. The results of the study was a great benefit to the nursing profession. Data that was collected provided the information about challenges faced by the nurses. In addition, the results enabled the health Care system to improve the working conditions of the nurses.

1.7 Justification/Rationale

The reason this study should be conducted is that there is a problem identified amongst the nurses employed in public health care. There is a growing number of the challenges that the nurses face and these challenges affects the well-being of the nurses, such as contributing to occupational stress. If the study is not conducted these occupational challenges will continue to be a contributing factor to occupational stress of the nurses. Hence this will affect the patients seeking medical care in public health care.

1.8 Limitations

Sekaran and Bougie (2016) state that the limitations of the study are those characteristics that impact or influence the interpretations of the findings from the research study conducted. The limitations of this study include a small sample size; initially the researcher wanted the maximum

of 15 nurses. However, due to many nurses that have resigned from Chesterville clinic, the researcher was only able to interview 7 nurses that were employed at that time. Thus, this study investigated the experiences of one group and the results may not be generalized to another population.

1.9 Research Methodology

The researcher made use of structured interviews, using a self-developed interview schedule as a research instrument to gather data from the participants. Interviewing in research is described as a face-to-face encounter, with the explicit purpose of finding out what is “in and on someone else’s mind” (Kumar, 2014).

1.10 Sampling

A purposive non-probability sampling technique was used. This sampling method was used because the participants that were sought have specific features that were essential for the study, these features include their employment and experience in the Department of Health (Sekaran and Bougie, 2016). This technique is often used in qualitative research as a thoughtful attempt to select participants from a specific sector and the selection of these participants is dependent on the purpose of the study (Kumar, 20:14). This type of sampling was also chosen for the advantages of being less time-consuming and less complicated (Creswell, 2012). Research participants from Chesterville clinic constituted the study population. The clinic comprises a total of 8 members. The entire group of the nurses could not participate in the research study as the other nurse had resigned before the researcher conducted interviews. Thus, in total a sample of 7 (N=7) members was utilised in this study.

1.11 Data Analysis

Data was analysed using thematic content analysis. The interviews were transcribed and analysed for emerging themes. An integration of all material followed and thereafter emerging patterns were identified, with the informed consent of all participants. This written record of the interview was used for detailed in-depth analysis (Sekaran and Bougie, 2016). The core of qualitative data analysis falls in the process of describing phenomena, classifying it, and seeing how concepts interconnect. For this reason, thematic content analysis was employed to analyse the verbal material. According to Kumar (2014) thematic content analysis is described as a method of

interpreting qualitative data through the “systematic classification process of coding and identifying themes and patterns”.

1.12 Structure of The Dissertation

Chapter one: Presents the overall background and rationale for the study, problem statement, aims and objectives of the study, research methodology, as well as the structure of the dissertation.

Chapter two: Presents literature review that provides the findings of what other researchers found and also provides a description of the relevant literature on occupational stress and occupational challenges.

Chapter three: Presents the Conservation of Resources (1988) which was used as a theoretical framework for this study.

Chapter four: Presents the research methodology adopted in this study. It includes a discussion of the objectives of the study, research design, sample, instruments used, data collection, processing, and analysis. In addition, data quality control is also discussed.

Chapter five: Presents the interpretation of the research findings discussed based on the central themes and sub-themes extracted from the participant’s experiences on occupational stress and occupational challenges. Where possible, these themes and sub-themes are integrated with the literature. This chapter also discussed the limitations of the study.

Chapter six: Presents an overview of the findings of the study, together with the conclusions of the results and integration with previous research. A discussion of recommendations for future research is also presented. The references, permission letters, approval letters, and interview schedule used will be found in the appendices section of the dissertation.

1.13 Conclusion

In conclusion, this chapter discussed the background to this research study. Thereafter, the problem statement was formulated along with the rationale and aims of the research which is to investigate occupational challenges faced by the nurses in public health care. Lastly, the research questions

were presented, followed by the research methodology and layout of the chapters. The next chapter provides a brief overview of the literature relating to occupational stress and occupational challenges.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter will provide related information about the background of the South African nurses and the occupational stress in pre and post democracy. Secondly, the chapter will provide the definition of occupational stress, and how stress affect the nurses. Thirdly, the chapter will provide information about the occupational and organisational health. Fourthly, the chapter will provide information about the measurement of occupational stress. Lastly, this chapter will provide information about the occupational stress in the nursing profession. Also, the chapter will provide information about the occupational challenges faced by the nurses, staff morale and work motivation in nursing practice. The chapter will also provide information about the strategies for improving occupational challenges and reducing stress in public health care, and present the role of the world health organization (WHO) and international labour organisation (ILO).

2.2 Background and Definition of the South African Nurses

The origins of nursing began with the mission stations that were recognized in various provinces in South Africa during the nineteenth century, and where the trainee nurses were educated (South African Nursing Council, 2013). A career in nursing in South Africa was important for Afrikaans and African women, because the nursing career was one of the few careers that were widely open to women, notably during the 1920s and 1930s (South African Nursing Council, 2013). The South African Nursing Council (2013) asserted that the tradition of nursing in South Africa was for an individual to be trained as a registered nurse to assist patients in every legitimate manner possible to speed up and improve the process of healing. The nursing is therefore a caring profession, which means that nurses are trained to make the patient's well-being their top priority (South African Nursing Council, 2013).

There are three categories of nurses in SA, recognized as:

- The professional (registered) nurses with four years of training.
- The selected nurses with two years of training.
- The nursing associates or auxiliaries with one year of training (Lund, 2010).

Most of the professional (enrolled) nurses are additionally midwives, and the terms 'nurses' and 'midwives' are used reciprocally in the Nursing Act of South Africa (South African Nursing Council, 2013). South Africa is facing what is called a 'nursing emergency', characterized by deficiencies, declining enthusiasm for the calling, absence of a caring ethos, and a clear disjuncture between the necessities of nurses from one viewpoint and those of groups served on the other hand (Adeniji and Mash, 2016). The South African Nursing Act No. 33 of 2005, section 2, regulation 30 (1) defined a professional nurse as an individual who had earned the right to qualify and practice nursing (Lala, Lala and Dangor, 2017: 64). A registered nurse qualified to practice nursing after completing a four-year course of study, including education and training.

2.3 Background and Definition of Occupational Stress

In the middle of the 19th century, stress in the workplace hardly existed (Mohajan, 2012). However, over the last forty years occupational stress has grown drastically. While Mohajan (2012: 5) define stress as the harmful physical and emotional responses that occur when the demands of job exceed the capabilities, needs or resources of the worker. McVicar, Munn-Giddings and Seebohm (2013) define occupational stress in terms of its psychological and physiological effects on an individual.

Williams (2011) states that stress is mental, physical, or emotional pressure or tension or it is a situation or factor that can cause these conditions. Occupational stress occurs when there is inconsistency between the demands of the environment/workplace and an individual's ability to carry out and complete these demands (National Institute for Occupational Safety and Health, 2016). Often a stressor can lead the body to have a physiological effect, which, in turn, will result in strain on a person physically as well as mentally (McVicar *et al.*, 2013).

Occupational stress is often caused by an increased workload without the addition of employees to take on that additional work. On the other hand, The National Institute for Occupational Safety and Health (2013) (NIOSH) states that occupational stress can be defined as the harmful physical and emotional response that happen when what is required on the job do not match the capabilities, resources or needs of the workers. Williams (2011) mentions that striving for productivity, occasionally managers, officers and employees need to work under highly stressful circumstances. As a result, they have been found to be experiencing stress in the workplace (Quick and Henderson, 2016). There are many challenges that arise in the workplace such as lack of time, technological

advancement, working conditions, more uncontrollable factors, and conflicting demands from organisational stakeholders and sometimes service delivery (LaMontagne and Keegel, 2012). The factors that lead to occupational stress and its effect on worker's functionality is important for any organisation to ensure its success and smooth functioning (Divakar, 2015). Various studies have been done in the field of business, regarding the factors leading to work stress and its impact on employee performance. Mohajan (2012) states that many organizations have tried to have programs that will help employees to reduce stress. The reason behind these programs is that many organisations observe that it is a major drain on corporate productivity.

Nelson and Simmons (2011) argue that in small quantities, stress is good; it can motivate an individual to be productive. However, too much stress can be harmful. Each individual sees situations with a different eye and has a different coping skill. Hence people respond differently in particular situations. Islam, Mohajan, and Datta (2012) assert that situations that are said to be provoking to individuals are labelled as stressors. Many professionals suggest that there is a difference between what we perceive as positive stress, and distress as negative stress. However, Mohajan (2012) states that the term 'stress' is often used to describe the following characteristics as positive stress:

- Motivates, focus energy
- Is short term
- Perceives as within our coping abilities
- Feels exciting, and
- Improves performance

On the other hand, negative stress has the following characteristics:

- Can be short or long term
- Causes anxiety or concern
- Perceived as outside of our coping abilities
- Feels unpleasant,
- Decreases performance, and physical problems (Mohajan, 2012).

It is proven that occupational stress leads to poor health and even injury (NIOSH, 2013). Occupational stress is due to interaction between an individual and their workplace. Mohajan (2012) argues that the common causes of stress are caused by the occupational challenges faced

by employees in the work environment such as workload, working conditions, long working hours, and increased demands to accomplish assignments without enough authority and/or resources. NIOSH (2013) provided stressors that can result in stress. These stressors are job demands such as a work overload, long work hours, lack of task control, role ambiguity as well as:

- Organisational factors such as poor interpersonal relations, unfair management practices,
- Financial and economic factors such as unsatisfied salary and increment etc.
- Conflict between work and family roles and responsibilities
- Training and career development such as lack of opportunity and growth or promotion
- Inadequate staffing levels shift of work, time pressure, lack of social support in the workplace (NIOSH, 2013).

All the above stressors are evident in public health care as challenges, faced by nurses who are employed in the South African public health care (NIOSH, 2013). Occupational stress has been shown to be a significant social determinant of health through its negative impact among the nurses (Wilson, 2012). Adverse conditions within the context and content of work are risk factors for problems such as reduced work ability, which may disturb the quality and safety of healthcare services (Gutman, and Nemeroff, 2011). This is due to the socioeconomic impact of occupational stress. The Cochrane Occupational Safety and Health Review Group indicates in this review that the results relating to reduction of the effects of occupational stress through interventions at the individual level (such as cognitive-behavioural therapy or mental and physical relaxation) or at the organizational level (such as changes to work schedules) have been of limited extent (Mohajan, 2012). Islam, *et al.*, (2012) indicated that further studies with greater representation of workers and validated methodologies are required, to advance the proposition of effective actions on this issue. Despite the results from this review, it is recommended that professionals responsible for promotion of overall health and prevention of disease among workers should undertake assessment and mitigation of this occupational hazard within the healthcare sector. After all, these missions are basic assumptions within Occupational Medicine and Occupational Health (Islam, *et al.*, 2012).

2.4 Occupational and Organisational Health

Occupational stress has been associated with a range of adverse impacts in many organisations (Azaroff, Champagne, Nobrega, Shetty, and Punnett, 2010). Henceforth, it has been linked with

many other psychosocial work factors such as long working hours, work overload and pressure and the effects of these on personal lives; lack of control over work; lack of participation in decision making; poor social support and unclear management and work role (Jung and Yoon 2014). This had led to psychological ill health of the employees, including anxiety and emotional exhaustion (Azaroff *et al.*, 2010). Occupational stress reduces efficiency through increased turnover and absenteeism. For example, effort-reward imbalance and job strain were linked to higher employee turnover (Azaroff *et al.*, 2010).

2.5 Sources of Occupational Stress

Govender (2012) states that in the process to understand stress and its complexities, the importance of uncovering the sources of occupational stress. Govender (2012) maintains that there are four types of common sources of occupational stress that are said to have a major impact in the workplace. These include task related stressors, organisational stressors, external stressors, and personal stressors (Govender, 2012). These four types of occupational stress are discussed as follows:

2.5.1 Task Related Stressors

According to Govender (2012) task related stressors are those stressors that relates to the fundamental nature of the nurse's role. Task related stressors are divided into acute stress versus chronic stress. Andreotti (2013) states that acute stress is a psychological condition arising in response to a traumatic event or witnessing a traumatic event that includes a strong emotional response in a person. In the public health care nurses are faced with many traumatic events, such as experiencing the death of a patient and exposure to the patients who have been seriously injured or traumatized (Govender, 2012). In addition, chronic stress is the response to emotional pressure suffered for a prolonged period in which a person perceives they have little or no control (Andreotti, 2013). The most common chronic stressors include work overload, unpredictable shifts and the working conditions of the nurses in the public health care. Other stressors include role overload (Govender, 2012).

2.5.2 Organisational Stressors

Govender (2012) states that organisational stressors relate to the organisational structure of the public health care which are divided into two groups. The organisational stressors are job demand

and lack of resources. Job demand can be defined as those physical, psychological, social, or organizational characteristics of the job that need sustained physical and/or effort and are therefore linked with certain physiological and/or psychological costs (Govender, 2012). Lack of resources can be explained as insufficiently and shortage of something that is needed in order to be utilized in an organisation Primary work demand for the nurses are mainly the lack of opportunities for advancements. Job demands and lack of resources has major contribution to occupational stress (Sibisi, 2012).

2.5.3 External Stressors

External stressors are those stressors that comes from the outside of the public health care facilities (Govender, 2012). This author further maintains that external stressors include demanding and at times hostile public, people often complain about the lack of service they receive in public health care and usually blame the nurses.

2.5.4 Personal Stressors

Personal stressors include work-home conflicts (Govender, 2012). A career as a nurse comes with a lot of responsibilities, nurses are usually responsible of the patients entering and leaving the health care facilities. Therefore, it comes with a heavy psychological price (Sibisi, 2012). Govender (2012) maintains that the relationship shared within the home environment can also be the source of stress. Having the responsibility to balance more than one role may at times have an impact on the individual, and sometimes an individual may not have enough resources to tackle the demands (Sibisi, 2012).

2.6 Measurement of Occupational Stress

Mahajan (2012) mentions that stress is measured through ASSET, a new organisational screening tool, which is the advanced form of a well-established and extensively used occupational stress indicator (OSI). Asset is a sorter and can be used in all kinds of occupation. It has been successfully used in health care organisations with adequate evidence of construct and discriminated validity (NIOSH, 2013). It is known to be a very effective tool in diagnosing occupational stress, combining both the resources and the effects of stress ASSET conceptualizes occupational stress as influenced by a variety of sources, such as work relationship, work life balance, overload, job security, control, resources and communication (Mahajan, 2012).

2.7 Occupational Stress in the Nursing Profession

South African public health care is mostly used by the ordinary South Africans who are unable to access the private health care. Hence, a lot of South Africans depend on public health facilities (Sibisi, 2012). Public hospitals and clinics are always full because of people seeking services. Therefore, there is often long queues. There has been a massive shortage of staff in public health care, this has resulted in patients not being satisfied with the services as there is small number of nurses attending a lot of patients at once (Rispel and Blaauw, 2015). However, the patients seeking services do not understand that even the nurses can only take so much. Many people have argued that nurses working in public health care often do not have time or patience. Therefore, this research seeks to address the reason behind this hostility. Nurses working in public health care are often stressed due to high demanding work environment. Nurses face many challenges and these challenges results to occupational stress (Olojede and Rispel, 2015).

The emotional demands connected with taking care of patients also contribute to occupational stress in nursing. Sibisi (2012) contends that the dangers of emotional involvement for nurses are often pointed out, but not the dangers of emotional shallowness. Passionate development is considered as the absence of emotions as opposed to skills in being aware of them and expressing them in a good manner (Armstrong, Rispel and Penn-Kekana, 2015). Getting emotional is viewed as failure, while being discerning is over-valued. In an exertion not to show emotions, nurses work harder. They do not discuss it with their associates and in the process, they try killing off one of the greatest resources they have to cope with stress and for helping others do so. Nevertheless, in attempting not to show emotions, nurses might depersonalize their patients.

Sibisi (2012) states that relationships with colleagues, nurse managers and doctors can cause major occupational stress for nurses. When nurses are unable to help the patients, anger and frustration build up. However, this is often denied. Hence, negative feeling amongst their co-workers or their superiors develops. Often at times doctors recommend pain-inflicting procedures and unconsciously the doctors are blamed by the nurses for that. Moreover, more experienced nurses are unable to give their input to doctors on the best way to deal with particular patients and this is a result of the formal structure built amongst the nurses and doctors. Hence, the conflict with doctors contributes to occupational stress (Sibisi, 2012).

2.8 Occupational Challenges Faced by the Nurses

There are different types of stressors found in the nursing industry. According to Sibisi (2012) there are three categories of stress, which are: personal, interpersonal, and work environment. Sibisi (2012) argues that personal stress is when an individual is unable to manage both home and work tasks. Interpersonal stressors are mainly caused by the workload, lack of resources as well as long working hours and shortage of staff, finally work environment can be described as the surrounding conditions in which an employee operates (Armstrong *et al*, 2015). It also includes the fear of making mistakes and managing responsibilities which are demanding.

2.8.1 Shortage of Staff

In South Africa there is total of 270,437 nurses registered, not a bad figure comparatively at all. However, there is a shortage of 44,780 professional nurses and only 3,595 have enrolled for the nursing degree course, this is according to the South African Nursing Council (2016). At this rate, the shortage will worsen. This new figure is nearly double the estimated shortage of 44 780 (129 015 professional nurses were employed in 2015) identified as far back as 2010 by the Department of Health. The Strategic Framework for the Human Resources for Health Plan in 2010 additionally uncovered that the quantity nurses trained in the current years does not keep up with the population growth (Department of Health 2011). The deficiency of nurses is due to an imbalance in the supply and demand of nurses, as both high-wage nations and low-wage nations are neglecting to prepare and enroll enough nurses for the expanding request.

For some countries, particularly low-wage nations, the Strategic Framework for the Human Resources for Health Plan additionally uncovers that the quantity nurses trained in the current years does not keep up with the population growth (Department of Health 2011). Emigration of nurses is to a great extent contributing towards the shortage (Manyisa, 2015). Aside from a quick improvement inside medical science and technological advances where an ever-increasing number of complex maladies and conditions can be dealt with, the factors recognized behind the expanded interest for nurses vary to some degree between high-income and low-income countries (Manyisa, 2015). In low-wage countries such as South Africa, the high occurrence of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) related diseases lead to increased demand (South African Nursing Council, 2013). In high-income

countries, the elements prompting an expanded request incorporates an aging population and the expanded occurrence of chronic diseases. Moreover, an aging nursing workforce in developed countries contributes towards the shortage.

Evidence is provided by South African Nursing Council (2013) that there has been a shortage of nurses employed by the state. Hence, most workers employed in various hospitals and clinics are overworked, as they are, on average nurses are given too many patients each. Nurses in South Africa has been experiencing a lot of challenges in public hospitals and clinics. Recent protest broke in Themba hospital in Mpumalanga. The nurses complained about the shortage of staff as there was an increased patients' waiting time to more than eight hours for those in need of medical attention (Health-E news, 2018). Moreover, there is decrease in the quality of health care the hospital provides. As a result, the patients often blame the nurses for the lack of service.

The union of the staff employed at Themba hospital claimed that the Mpumalanga Health Department's referral policy is directing all clinics under Rob Ferreira Hospital to refer people to Themba Hospital. Resulting in large numbers of patients not being attended to due to staff shortages and insufficient resources. Manyisa (2015) argues that the problem usually increases when nurses are absent from work or on long leaves such as maternity leaves, this then becomes a problem. In most public clinics in South Africa, less attention is paid on the staff working there. In addition, nurses face many challenges where hundred patients visit the clinic and there are only few nurses working. Staff shortage is one of the key factors that make the nurses to experience occupational stress.

The demand and the pressure have an impact on nurses' health. To function effectively in a hospital working environment, the occupational needs of the nurses, the largest workforce in any hospital, are essential and should be addressed urgently by the employers (Brophy, 2015). Moreover, these work-related concerns are wide ranging and affect the nurses' experiences and behaviours and include anxiety, an absence of acknowledgment, excessive workloads, and long working hours. Other factors that lead to occupational stress include lack of career advancement, unsatisfactory environmental working conditions, and a lack of job satisfaction, being constantly under pressure and poor communication amongst themselves, their management, their patients, and members of the public (Brophy, 2015).

2.8.2 Working Conditions

Brophy (2015) states that South African health care is faced with stressful working conditions, reason being, there has been an increase in nurse's migration. Manyisa (2015) mentions that the number of responses was limited, facets such as lack of competitive incentives, work pressure, shortage of openings for promotion and inadequately resourced working environment led to loss of professional nursing skills. South Africa is faced with major challenges in the public health care, increase number of patients visiting public health care facilities has led for nurses to be under a lot of pressure in fulfilling the needs of the communities.

After a strike broke down at Pelonomi Hospital, it is no surprise that the nurses were protesting about the challenges they face on daily basis (Ngqakamba, 2018). Ngqakamba (2018) reported that the nurses in Pelonomi Hospital raised concerns about the working conditions they work under in public health care. Evidence has shown that nurses have been striking for improved working conditions and their voices to be heard when they are addressing these issues to the department. Another strike took place outside of KwaZulu-Natal in Osindisweni Hospital when the nurses raised similar issues that were raised by staff working in Pelonomi Hospital. Sithole (2018) states that nurses from Osindisweni also embarked on a strike over poor working conditions. According to Manyisa (2015) most of the nurses voiced out not being satisfied with their workload, pay, and the issue of staff shortage. Moreover, the working conditions has had a huge impact on the wellbeing of the health care workers.

Songstad, Rekdal, Massay, and Blystad (2011) state that in public hospital the increase of patient's load has doubled, considering the increasing number of patients with HIV related diseases. As an outcome, there is a high level of anxiety, physical exhaustion, dissatisfaction, and a lack of motivation. Manyisa (2015) maintains that the increasing number of patients that needs more time to be looked after, taking more time to recover has a huge negative impact on the quality of their work. The nurses at the public clinics said that they could hardly get the time and resources to take care of the physical needs of the day-by-day turnout of patients, not to mention deliver health care (Songstad *et al.*, 2011). At the point when the working conditions are bad, many factors, for example, absenteeism increases as a result of stressful working conditions. This has made the load to be heavier on those individuals who to report for work. Manyisa (2015) contends that most

nurses have been treated for stress or stress related illness due to stressful working conditions.

2.8.3 Lack of Resources and Job Demand

Lack of resources is another source of stress for nurses. Lack of resources can be explained as insufficiently and shortage of something that is needed in order to be used (Brophy, 2015). In most public hospital and clinics there is a lack of adequate resources such as medicines, medical equipment, medical supplies, beds and furniture has added to the stress and decrease in morale for nurses. Brophy (2015) found that nurses often experience a lack of resources, this lack of resources leaves the nurses dissatisfied. Sithole (2018) reported that lack of Resource was a huge issue that the nurses of Osindisweni hospital raised during the strike.

Sithole (2018) contends that one of the nurses complained about machines and syringes as being short supplied in the public hospital. Growing number of patients has made the nurses to even use the syringe on same patients. Sithole (2018) states that the nurses of Osindisweni hospital have highlighted that they have tried forwarding the challenges they face to the management; however, nothing is being done. In addition, support by nurse managers seems to be very important to nurses and the lack thereof is a source of stress. When the stocks of medical items are depleted; it makes it difficult for nurses to distribute medicine to the patients. Job demands are defined as aspect of work that need effort and therefore associated with costs (Demerouti and Bakker, 2011). In most health care facilities, equipment has been reported to be old and in poor conditions. Hence, this has still not being fixed as it was reported to be a huge challenge. Manyisa and Van Swagen (2017) argue that poor equipment makes it difficult for the nurses to work as well as on the quality of patient care. Lack of suitable administrative equipment and lack of necessary skills hampers appropriate stock control, at times causing stock outs and making theft of medicines easier than it might otherwise be (Manyisa and Van Swagen 2017).

King Edward nurses threatened to strike if the management does not attend to their demands. Mbanjwa (2018) reported that one of the demands include a call to deal with overcrowding at the hospital as a result of floods that occurred in year 2017. Mbanjwa (2018) contends that the nurses complained about attending to so many patients at once. The frustrations grow as there is a shortage of beds in the hospital. It has been reported that the nurses said that the people are getting frustrated as some patients have to wait two to three days for the bed. Mbanjwa (2018) maintains that Mandla

Shabangu who is the provincial secretary of the Democratic Nursing Organisation of South Africa (DEWOSA) raised concerns that the situation is so bad, that the hospital's trauma unit is now being used as an ordinary medical ward. Moreover, in some cases, people who are injured and have been stabilised are placed in the Tuberculosis (TB) section when there are beds available, and that is not allowed as the lives of the patients are threatened.

2.8.4 Physical Infrastructure

Poor physical infrastructure is another factor that contributes to occupational stress. Manyisa and Van Swagen (2017) states that a National Health Facilities audit of 434 hospitals shown that a third of the public facilities required complete replacement. Manyisa and Van Swagen (2017) contends that the South African Human Rights Commission testified that some establishments in the public sector were not in good conditions for people to work under, example would be crumbling ceiling and cracks on the walls, as a result this was considered to be unsafe. Some establishments in the rural areas were lacking electricity or running water and no forms of communications. Models by the National Department of Health also recommended that there was gross deterioration of medical equipment and that there was an urgent need for substantial ongoing maintenance or substantial replacement of such equipment (Manyisa and van Swagen 2017). Lack of space compromises patients' rights to privacy. Many establishments were recognized as being too small to cope with the demands upon them, as some complained that their catchment areas were too large (Manyisa and Van Swagen 2015). Reports of exhaustingly long queues at facility pharmacies due to small and cramped waiting areas were common complaints about the public (Brophy, 2015).

2.8.5 Workload

There has been a shortage of nurses in the world, this has affected the patient care (Umansky and Rantanen, 2016). As a result, the workload of the nurses has increased from shortage of personnel and from having to take on many different tasks increasing work demand. Brophy (2015) states that workload is a significant predictor of emotional exhaustion. The workload of the nurses' triggers stress as they often exhausted (Umansky and Rantanen, 2016). According to the latest General Household Survey, only 17 in 100 South Africans have medical insurance, the essential key that opens the door to private healthcare. As many as 45 million, or 82 out of every 100 South Africans, fall outside the medical aid net, and as a result are largely dependent on public healthcare (Statistics South Africa, 2017). This has made the workload of the health care workers

to double and it has caused exhaustion and occupational stress.

The increase in patient admissions in public hospitals is a result of private hospitals being so expensive that only those with medical aid can afford to be admitted in private facilities (Stats SA, 2017). In South Africa, the cost of living is not doing any justice to the majority of the individuals who do not have all the privileges. Moreover, there has been a rapidly growing urban populations, poverty and the associated diseases, as well as the escalation of HIV and AIDS. The increased workload was aggravated by the inability of the primary health care clinics and districts hospitals to recognize patients who should be managed at secondary and tertiary (Manyisa, 2015).

2.8.6 Long Working Hours

Long working hours have physical and cognitive effects on health care workers. The most immediate effects include fatigue, stress, reduced sleep, excessive use of tobacco, drugs, and alcohol abuse (Umansky *et al*, 2016). Long working hours lead to a drop-in functioning and contribute to injuries and errors. Studies involving physicians who work long hours with recurrent 24-hour shifts indicate that 36% make more serious medical errors. It has been shown that 16 hours, 61% of those physicians suffer needle stick injuries after exceeding their 20th consecutive hour of work. Moreover, they are susceptible to risk of getting in a motor vehicle accident when driving after 24 hours of work is doubled (Manyisa and Van Swagen, 2017:37).

Long working hours increase exposure to occupational dangers and cut the periods of recovery. In addition, long working hours have also been allied with family problems such as dysfunctional marriages, reduced quality time spent with children and elders (Manyisa and Van Swagen 2017). It was found that sleep deprivation associated with long shifts, between 12 and 24 hours, are linked to musculoskeletal disorders, and work-related falls mainly as a result of reduced vigilance or attention related to fatigue. These risks are equal irrespective of whether the long shifts are voluntary or mandatory (Kecklund and Axelsson, 2016).

2.9 Definition and Origin of Staff Morale

In order to speak about morale, people must understand the word and establish how it came about. Millet (2010) argues that morale dates to the administration practices of historic civilizations, including Greeks, Romans, Egyptians, and Venetians (Millet, 2010). Morale is said to be not just

work but something that an employee must enjoy in the process. It is perhaps an unclear explanation because morale gives both positive and effective orientation in fulfilling the objectives of an organisation, which is equivalent to the sociological concept of group cohesion. If the employees are unhappy, the morale will be very low. In addition, the decline in morale comes from the negative feelings such as dissatisfaction, disappointments, or dislike of the job.

Organisations that keep up workers who are discontented and negative about their workplace are said to have negative or low staff morale. Raja and Kumar (2015) maintain that staff morale is the total satisfaction that an individual get from the job, the overall atmosphere, and the components that interest to his individual propensities (Schroeder, 2010). High morale will lead to an organization being successful; however, if the morale is low, it will lead to a downfall of an organisation. Many scholars have argued that staff morale has a huge impact on how the job is performed. Researchers have characterized morale from multiple points of view, McKnight, Ahmad and Schroeder (2010) states that morale as the degree to which and employee feel positive or negative about their job and their workplace. Raja *et al.*, (2015) mentions that staff morale as the depiction of the feelings, state of mind, fulfilment, and general standpoint of employees during their time in a workplace. In addition, the factors that assist to define morale are intrinsic motivation, job satisfaction, organisational commitment, and work pride (McKnight *et al* 2010). Since the staff morale is associated with how staff feel about a certain organisation in which they work in, it is therefore a significant factor in the creation of a healthy workplace.

2.10 Staff Morale

There are two types of staff morale such as low or high morale. There are no single factors that truly clarify high or low morale, but instead a mix of related components.

2.10.1 High Staff Morale

Brophy (2015) defines high staff morale as the satisfactions of the employees in the workplace. Furthermore, high staff morale means that the employees are satisfied with their work and happy to be present each day. Brophy (2015) maintains that high staff morale increases productivity and employees are often optimistic about their production. High staff morale in an organization gives a few key advantages. At the point when employees feel positive and appreciate the workplace, their productivity is typically higher. According to Raja *et al* (2015) high staff morale reduces

absenteeism. Employees with high staff morale are always excited to be at work because they are satisfied. Hence, employees who are present at work are less inclined to fall behind and effectively get overpowered in doing their parts. They may likewise encounter more positive relationship with colleagues, which can assist with minimizing anxiety (Raja *et al*, 2015). A study by Millett (2010:55) gave six reasons why high staff morale is vital. Organisations that included these six concepts showed:

- a higher staff morale culture and improved productivity
- together with improved productivity
- higher attention to details,
- a safer workplace,
- increased quality of work
- and reduced number of days taken for leave (Millett, 2010).

Also, Fard, Ghatari and Hasiri (2010) found that staff who work for an association with high morale create higher rates of occupation fulfilment, inventiveness and development, sense of duty regarding the organisation, energy to fulfil group goals and the need to improve organization's performance.

2.10.2 Low Staff Morale

Raja *et al* (2015) states that low morale results from personal lives that have little meaning; from frustrations and being unable to change or have control of what is happening in the workplace. Low morale can be caused by poor leadership, the working environment, or the conditions in which the employees are working under. Raja *et al* (2015) argue that it is important for the managers to be aware of the low morale because it may create discomfort in the workplace or cause the employees to resign. Like Raja *et al* (2015) Brophy (2015) argue that low morale are those factors that cause the employees to be unhappy with their work. Moreover, it can create serious implications for the business.

Brophy (2015) maintains that miserable employees can prompt lessened profitability, poor client/customer service and issues with employee retention. The morale of the nurses was observed to be low, which was caused by communities accusing them at whenever the service did not live up to their desires (Democratic Nursing Organisation of South Africa 2013:1) for example, when

there was a poor and unreliable supply of medication at the health care facilities. Democratic Nursing Organisation of South Africa had recently released a statement in February 2013 that the state nurses were organising a nationwide campaign to strike for better infrastructure and more support in health facilities in order to benefit patients (Democratic Nursing Organisation of South Africa, 2013:1). The statement mentioned the examples of a specific day hospital, in which the hospital was reported to have a shortage of functional equipment such as only one operational cardiac monitor. The union suggested enough equipment and resources so that the health centres could be served more effectively, which it believed would occur, if the said campaign became a success (Democratic Nursing Organisation of South Africa, 2013:1). Low morale occurs when attitudes inhibit the enthusiasm and capacity of an institution to accomplish its goals. If workers seem to be dissatisfied, irritated, cranky, critical, restless, and distrustful they are described as having low morale. Some effects of low morale are:

- **High labour turnover**

High turnover can affect the morale. It is vital for the company to keep the morale of the employees high (Hassink and Fernandez, 2015). Managers can also play a huge role in impacting the morale and turnover. In companies where employees feel undervalued and ignored, they tend to have low morale and higher turnover. In addition, salary also has a huge effect on morale and high turnover.

- **High rate of Absenteeism**

Low morale contributes to high rate of absenteeism. Employees who have low morale exhibit a loss of interest in their work (Ngambi, 2011). Moreover, employees who feel that they are not valued can experience low morale. Understanding the relationship between low morale and absenteeism is vital, in order to address this issue with employees.

- **Strike**

When workers are not happy at work they tend to try and fight for what they want. Whilst there are potential benefits from strikes, such as improved labour productivity, strike actions can cause many disputes between the employer and the employees, as it can take longer for it to be fixed. Strikes are caused by dissatisfactions at work. When employees are not satisfied at work, they may result to strike (Ngambi, 2011).

- **Increased grievances**

Employee grievance is when the employees believe something is unfair or unjust on them (Hassink and Fernandez, 2015). Increased grievances are associated with low morale. When an employee raises workplace grievance, it means their morale has dropped. This might also cause for the employee productivity to drop as well. An employee grievance is a concern that an employee has about their work, or the workplace. This includes being dissatisfied with the working conditions (Hassink and Fernandez, 2015).

2.10.3 Impact of Low Morale

Low staff morale can affect the organisation in a very negative way especially in public health care whereby many individuals depend on the staff to provide good service. Research that were conducted previously have found that low staff morale increases absenteeism, lack of motivation and interest, decrease efficiency and could lead to staff's refusal to provide service (Brophy, 2015). There are many explanations for low staff morale, however, one of the reasons that was perceived by most researchers is poor leadership.

Raja *et al* (2015) stressed the significance of the leader's role since most organisations are fundamentally affected by the leader's choice and vision. Henceforth, poor authority negatively affects staff morale. Besides, the poor interpersonal relations, doubt of administration and rigid working conditions could be different components that often influence staff morale this is evidence in many South African public hospitals and clinics where there is a huge number of people looking for service and there are only few staff operating. This kind of behaviour is a good example to show that many individuals working in public health care especially in public clinics have low morale.

Raja *et al* (2015) argue that the success and failures of the organisation is determined by the morale of the workers. Low morale can gradually destroy employees' commitment and dedication, harm the product or service they offer, and distance the customers and clients they serve. According to Brophy (2015) low morale has many sources such as poor monetary conditions, a conflict of societies taking after a merger or procurement, awful administration, or any number of different

components. Poor morale is infectious, it might start with one repelled representative and widen into a general discomfort or spread from office to office lastly contaminate the whole organization once poor morale has set in, identifying its sources becomes very difficult (Brophy, 2015).

2.10.4 Importance of Morale in Organizations

Productivity is linked to the level of employee morale. Furthermore, staff morale is associated with absenteeism, which has been reported to have a huge effect on organisations (Ngambi, 2011). Absenteeism can be defined as an employee's intentional or habitual absence from work. While companies expect employees to miss certain number of workdays each year, excessive absences can be associated with decreased productivity and can have a huge effect on companies' strategies, finances, morale and other factors. Ngambi (2011) states that morale is regarded to be the fuel that drives an organisation forward, or the fuel that feeds the fires of employee discontent and poor performance. It is evident from the literature that staff morale is vital in the organisations. Moreover, morale can energize and improve productivity from employee's unhappiness related aspects of the work environment (Brophy, 2015). It is very important for the causes of low morale to be discovered in the organisation so they can be dealt with. Morale is an indispensable element of organisational success on the grounds that it mirrors the attitudes and assessments of organisational members towards the organisation, its goals and policies. These attitudes and assessments to a great extent influence productivity and the satisfactions of individuals.

Morale is the aggregate fulfilment an individual gets from his activity, his workgroup, his supervisor, his organisation, and his environment. Morale is also very important in management. High morale implies willing participation and loyalty to the organisation. Staff with high morale take more prominent enthusiasm for the activity, feel a sense of identity with the organisation and take pride in it. High morale is an index of sound industrial relations. It assists the management in surviving work turnover, absenteeism, indiscipline, complaints, and other work issues.

2.10.5 Factors Influencing Employee Morale

Staff morale is an exceptionally complex phenomenon and is affected by numerous variables in organisation (Raja *et al*, 2015). For instance, the job, the management, the organization itself and the working conditions. In addition, the policies; the group and inter-personal relations within that group; compensation and different advantages; the employee's family and home life; their

social and network life; the policies that has been set by the management to its employees and the trade union all these influence the staff morale to a certain extent. Factors affecting staff morale can well be separated into two bunches organisational factor and personal factor.

- **Organisational Factors**

The objectives of the organisation impact the attitudes of workers incredibly. If the objectives set by the management are beneficial, valuable, and satisfactory, at that point workers build up a positive feeling towards the job and the organisation. Similarly, a clear structure with very much characterized obligations and duties urges individuals to work with certainty (Odukah, 2016). The reputation of the organization is another imperative factor worth specifying here. People working in a reputed organisation encounter sentiment of pride and a spirit of loyalty. Workers are profoundly motivated, and their morale is higher if their individual objectives and goals are in tune with organisational objectives and goals (Cristalli, 2013). The commonness of purpose will result in high morale. Workers need to be part of the organisation which has an advantageous purpose in which they can accept.

- **Work Environment**

The building and its appearance, the state of the machine instruments accessible at workplace, provisions for safety, medical aid, and repair to machinery, and so on affect staff morale (Raja *et al.*, 2015). Morale is an immediate capacity of the conditions in the working environment. Furthermore, clean, safe, and pleasant work conditions are morale boosters. Physical workplace, job security, compensation and other partnered factors practice a noteworthy impact on staff morale. At the point when the wages are reasonable, work is secure and there are opportunities for advancement, work fulfilment and morale is likely to be high (Jacobs, 2014).

- **Reward**

Workers expect satisfactory pay for their services rendered to the organisation. A decent arrangement of wages, salaries, advancements, and different motivating forces keeps the morale of the workers high (Jacobs, 2014). One of the prerequisites of high morale is the likelihood and chance of progress in any concern. All workers ought to be given a chance to progress and to acquire high wages without any segregation.

- **Leadership**

The actions of the management practice a huge effect on the morale of workers. High rates of turn over, for example, demonstrate that the leadership is ineffective. Competent, trustworthy and fair-minded leadership can fabricate and maintain high morale. Such a leadership can make the employees feel wanted on the job. Lines of authority and responsibility are clear and communication system is effective (Cristalli, 2013). The actions of supervisors apply a solid impact over the morale of the workforce. Fair treatment and acknowledgment for good work has a huge influence on morale. Workers feel comfortable when they work under a thoughtful, caring leader in place of one who is authoritarian, dictatorial, and domineering. Negativism, inconsiderateness, and apathy are not conducive to the advancement of a decent work atmosphere (Odukah, 2016).

2.11 How to Deal with Low Morale

Since staff morale is related to how staff feel about the organization, it is an important factor in creating a healthy work environment. To deal with low morale, leaders need to practice a servant leadership (Ngambi, 2011). Leaders who practice servant leadership are more likely to be trusted by their employees. Ngambi (2011) maintains that for the morale to improve, leaders need to create a friendly working environment.

Leaders can shape the organisational culture through role modelling, the way resources are allocated, how the employees are rewarded and terminations. In addition, managers can earn trust and improve staff morale by being accessible and authentic, fostering openness and through role modelling. The study by Psychometrics Canada (2010) on staff morale prescribes that a leader ought to be more viable in addressing issues of morale, should talk less and listen more, give clear expectations, have more informal connection with staff, give more rights to staff, plainly convey how the organisation intends to oversee change, assign task to staff in light of abilities instead of office political issues, overcome resistance to change. (Lee, Scheunemann, Hall and Payne, 2012).

Lastly, a significant way to understand the current staff morale climate is by managing culture or climate surveys regularly. The cycle of the survey may rest on certain variables such as the

dimension of the business. Nonetheless, generally, it is suggested that a culture or climate survey be managed every nine to eighteen months. This would allow enough time for management to implement tactics to advance or maintain levels of morale between each survey. A shorter time frame would not provide enough time for survey outcomes to change and may cause staff to grow weary of taking surveys. (Employee Surveys, 2012).

2.12 Work Motivation in Nursing Practice

Nurses need motivation to accomplish their tasks, deliver excellent care and add to the improvement of the nursing profession (Kamanzi and Nkosi, 2011). Factors such as nurses' workload, working conditions and benefits in the work environment, nurse-physician relationships, nursing leadership styles, reward systems, opportunities for advancements and development and being recognized have been reported to contribute to nurses' levels of motivation (Kamanzi and Nkosi, 2011). When there is lack of motivation, dissatisfaction may arise among workers, feeling part of the hospital, intention to quit the hospital and/or nursing profession, and increased work stress levels. The perceived lack of control over factors that has an impact on practice standards can lead to dissatisfaction and frustration (Kamanzi and Nkosi, 2011).

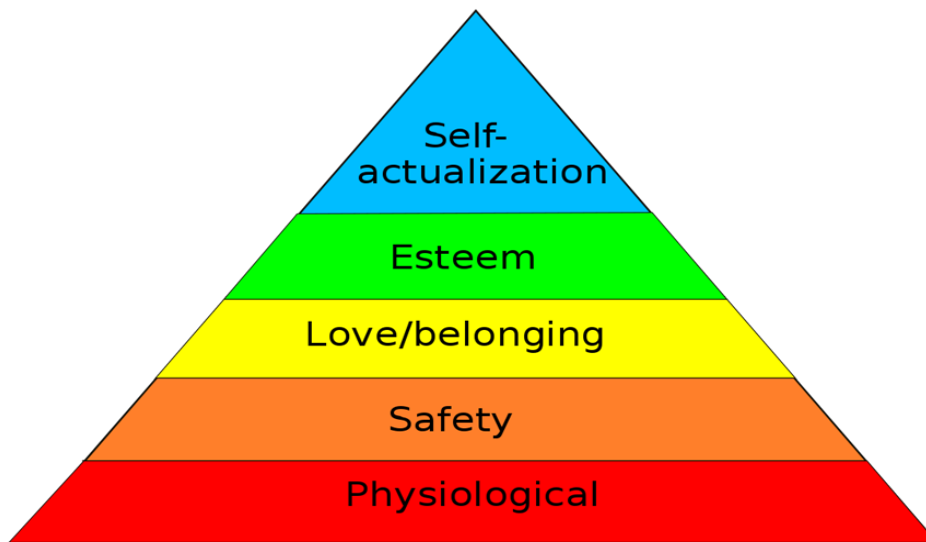
Nurse's motivation is the main factor for success in the organisation (Toode, 2015). Managerial planning in a health care facility contains a deep knowledge of the motivational drives of the nurses. It is imperative for the administration to understand the "definite causes" based on operational needs in an analytical fashion (Hunter, 2012). The motivational factors can be grouped into three dimensions: Social, mental and physical. Thus, in the social dimension, factors arise from workplace, social contacts, the characteristics of the task and the physical and material circumstances related to work.

On the other hand, in the mental dimension, the motivational factors derive from work itself. In the physical dimension, physical working condition and rewards are the motivational factors (Toode, 2015). A nurse that is motivated at work has better readiness to take care of patients and to work better with their colleagues, and thus deliver a better health-care service (Hunter, 2012). Nurses who are motivated at work has delivered great service at work. Motivation is one of the most significant factors determining organizational efficiency. All organisational facilities will go to waste in absence of motivated people to utilize these facilities effectively. Motivation is an

effective instrument in the hand of management in inspiring the work force, motivation increase the willingness of the worker to work thus increasing efficiency and effectiveness of the organization. According to Toode (2015) work motivation determines nurses' behaviour and performance when offering high quality nursing practice. Moreover, health care nurses comprise the biggest employment group in the health workforce, a group on which the quality of delivered health care is very much depended on. Hunter (2015) argues that nurses use their knowledge and judgments in public health care, this includes advocating patients' rights as well as supervising other health care workers. Hunter (2015) maintains that nurses are faced with many difficult tasks. Furthermore, each function is expected to be performed with high level of commitment, efficiency, and quality. In addition, to be responsive to changes in health needs and developments in knowledge and technology.

Nursing activities may have an ultimate and novel aim, however there are still too many regulations regulating them (Toode, 2015). Maslow Hierarchy of needs is a theory established by Abraham Maslow in his 1943 paper "A Theory of Human Motivation in Psychology Review". Abraham Maslow (1968, 1970), as one of the leaders in humanistic psychology, identified a hierarchy of needs, which motivate people to attain the needs in the high level of the hierarchy symbolizing full development (Hunter, 2012). Hunter (2012) quoting from Maslow (1968) asserted that one can understand motivation in terms of a hierarchy of needs which for him are physiological, safety, love, esteem and self-actualization. In this chapter the researcher used the needs that the nurses need in order to be motivated at work and reduce the levels of occupational stress.

Figure 1: Depicting the hierarchy of needs



Adapted: Dima, Man, and Kot, (2010:2).

2.12.1 Physiological Needs

The first hierarchy of needs model is the basic physiological needs such as oxygen, food, shelter, water, rest etc. (Nototea-Sucia *et al*, 2012). According to Hunter (2012) Maslow states that physiological needs are very important to workers and if these needs are not provided, there is no way an employee can be motivated and satisfied. For example, in the public health care, the challenges that are faced by the nurses such as shortage of staff, lack of resources and all the needs that are needed in order to work efficiently are not improved. The health care workers will be less motivated and satisfied at work. It will also lead to a decline in the standard of service delivery to patients. Khan *et al* (2011) argues that physiological needs are presumed to be igniting the process of satisfaction, with other basic needs in the hierarchy being derived from the satisfaction of the physiological needs.

2.12.2 Safety Needs

The second stage level, security or safety is the major pursuit of needs, such as fear of job instability. Hence all the other needs become less important even the physiological one, given that they have been now satisfied (Khan *et al*, 2011). According to Dima, Man and Kot (2010) Maslow argues that the appearance of the safety needs (for example, due to a risk of being harshly or treated

roughly at work by employers, or a threat or danger of dropping out of work or of losing a job) is a key reason for an employee being motivated at work. The need for safety, security and protection at work dominates and motivate the employee as long as the individual worker feels persistently frightened, especially during bad economic situations.

2.12.3 Social Needs

Pulasinghage (2010) states that the presence of friendship, encouragement and support of fellow workers and managers makes the employee feel motivated as never before, to attain this need with great intensity. Hence being loved and a sense of belongingness become very important need for employees at work.

2.12.4 Esteem Needs

Saefullah (2012) states that esteem needs indicate a need to respect one's rights, appreciations of one's ability and capacity. Furthermore, it is highly important for organizations to recognize and meet the esteem needs of its employees

2.12.5 Self-actualization

Saefullah (2012) argues that self-actualization refers to a person reaching their full potential or all the things that an individual strives to be. Saefullah (2012) continues to state that self-actualization is where the employee in the workplace seeks to satisfy their needs to have a sense of professional maturity and career growth.

2.13 Strategies for Improving Occupational Challenges and Reducing Occupational Stress

In the modern day, the human resource, as the most asset of the organisation, is confronting various issues. One of these issues is the occupational stress, which has a huge effect on the bodies and souls of persons and reduces their efficiency. In addition, stress is a part of modern nursing which makes chronic diseases in nurses in long term such as hypertension, asthma, etc. and has an impact on their quality of life and increase the risk of injuries due to work (Akbar, Elahi, Mohammadi and Khoshknab (2016). Occupational stress can also have a major impact on individuality of nurses and their capacities to achieve the tasks and causes weakness in decision-making, loss of concentration, apathy, loss of motivation and anxiety. And the above-mentioned factors can directly lead to absenteeism, reduced efficacy, and eventually nurses' burnout (Nursing staff

experience a great deal of physical, mental and social stressors at work. Working in health care is hazardous: the health sector has been identified as one of the dangerous employment sectors. Nurses are exposed to a wide range of occupational health risks as a result of the nature of their work, including:

- Biological risks, such as infections caused by sharps injuries.
- Chemical risks, such as disinfectants or certain types of drugs.
- Physical risks, such as ionizing radiation.
- Ergonomic risks, arising from patient handling or extensive standing and walking; and
- Psychosocial risks, such as stress, violence, and shift work (Akbar *et al.*, 2016).

As a result of the above factors, an investigation by (Akbar *et al.*, 2016) found that nurses use different strategies to cope with occupational stress. This interaction as a situational control strategy methods includes; immediate action to control acute condition of patients, taking immediate action to control professional errors, informing the physician and other members of the treatment team, performing physician orders, informed and transparent position, understanding and sympathizing with the patient and with the patient's attendants, leaving work with delay to ensure and control of working conditions, time management, changing shift and taking permission to leave and take advantage of the police and the judiciary.

2.13.1 Preventive Monitoring of Situation

This implies nurses carry out monitoring in the form of action for example, follow up, checking, checking, control, being accessible if the need arises and made attempts to prevent the situations in which tension is rising in them (Akbar *et al.*, 2016).

2.13.2 Seeking Help

The findings of this investigation demonstrated that, when confronting work stressful situations, nurses, at times, utilize techniques in which they request help, take the supports of the associates or other staff or even the relatives and attempt to cope with professional stressful situations (Chang and Chan, 2015).

2.13.3 Self Controlling

These findings demonstrated that, to cope with occupational stress, the nurses utilized the strategies where they attempted to focus on self-control rather than stressful external conditions emotionally and cognitively and increase their adaptation to the situation that disrupt the balance of these aspects. The self-control strategy was carried out by the nurses with using techniques such as positive thinking, the silence, tolerance and forced acceptance, crying, self-learning, the use of recreation and sports (Aldwin, Skinner, Zimmer-Gembeck and Taylor, 2010).

2.13.4 Avoidance and Escape the Situations

The strategy which is done through avoidance and escape techniques is showed up in the stressful situations where the nurses wanted to dodge or escape from them for lessening tensions and stress and accomplishing peace (Aldwin *et al.*, 2010). Avoiding carrying out an action, declining the request of others, giving no attention to negative feelings, diverting away bad thoughts, and avoiding and escaping from stressful situations are some behaviours that nurses use in avoidance and escape coping strategy.

2.14 The Role of the World Health Organization and International Labour Organisation

To help countries in addressing occupational health related issues, the 49th World health Assembly supported the Global Strategy: Occupational Health for All Preventing occupational accidents and sicknesses, ensuring employees' wellbeing, and enhancing the nature of working life is one of the priority objectives of the International Work Organization (ILO). The World Health Organization (WHO) is a specialized agency of the United Nations that is concerned with international public health (WHO, 2014). While on the other hand International Labour Organisation is also a United Nations agency dealing with labour problems, particularly international labour standards, social protection, and work opportunities for all (ILO, 2010). The ILO Conventions, particularly 155 (13) and 161 (14) and in addition the Recommendations and Goals in the field of occupational health and safety represent important agreements between countries on procedures to enhance labourer's health and safety, and by so doing contribute to sustainable economic and social development within those countries.

The sessions of the joint ILO/WHO committee on occupational health revised the definition of the occupational health to focus primarily on three key objectives:

1. The maintenance and promotion of workers' health and working capacity.
2. The improvement of working environment and work to become conducive to safety and health; and
3. The development of work organization and working cultures in a direction, which supports health and safety at work and in doing so also, promotes a positive social climate and smooth operation and may enhance the productivity of the undertaking.

The idea of working culture is intended, in this setting, to mean a reflection of the important value structures embraced by the undertaking concerned. Such a culture is reflected in practice in the managerial systems, personnel policies, and principles for participation, training policies and quality management of the undertaking (International Labour Organisation, 2010).

Human Resource Management and Stress

Stress is a pain developed by an individual's thoughts. An individual feel stressed when something is beyond their capabilities, and still continues to do, an individual gets mental illness (Dhariapal, Kumar, Ramachandran and Ram, 2011). This illness could therefore be stated as stress. Moreover, it is possible for an individual to be broken internally and externally, and so it is wise to adapt ways to handle stress. stress is defined in terms of its physical and physiological effects on a person and can be a mental, physical, or emotional strain. (Dhariapal et at; 2011). The workplace of various organizations has become a place with high-stress rates. High workload, tight deadlines, stretch or unrealistic targets, lack of job satisfaction, long working hours, the pressure to perform, and interpersonal conflicts are some of the core factors leading to tension among the workers. Stress impacts productivity, morale and the motivation of workers, and the profitability of organizations. Moreover, it causes health problems such as depression and heart disease (Moustaka and Constantinidis, 2010).

Stress in the workplace is becoming the top concern of many organizations in the growing economic situation, in which conditions of overwork, job insecurity, low levels of job satisfaction, and lack of autonomy in organizations across the world are the causes of it at work (Hagrove, Hagrove and Becker, 2016). stress in the workplace has been shown to cause a negative impact on the health of employees and the revenue of organizations. Also, knowing the symptoms of stress and being aware of the impacts of stress on employee's health as well as organisation's profits are

the main goals to assist workers overcome tension (Dhariapal *et al*; 2011). Stress happens due to a demand that exceeds a person's coping ability. lack of productivity and human mistakes are main reasons related to job stress (Moustaka and Constantinidis, 2010). Individuals are often at high risks of being diagnosed with chronic illnesses such as heart disease, back pain, headaches, and gastrointestinal disturbances, as well as an increase in staff turnover and accidents as a result of human errors (Manoj, 2013). Apart from that, stress also affects individuals psychologically through anxiety and depression and reduces one's ability to concentrate, work performance and effective decision making (Howard, 2016). Stress is one of the major problems that most workers are facing. It is also the major concern of employers. Stress can have positive or negative effects on everyone's life, and it can cause harm to both individuals and organization (Moustaka and Constantinidis, 2010). It is vital for the Human Resource management to communicate with workers who are stressed to find out the reasons and then share the solutions with them. Moreover, it is important for the organisation to organize regular and periodic stress relief programs for workers and design a reasonable working schedule to give staff enough rest (Howard, 2016).

Stress affects not only the leadership but also every individual working in the organization; therefore, due attention should be given for its elimination (Dhariaphal *et al.*, 2011). As managers, it is necessary to strive for a better understanding of the process of occupational stress to comprehend the causes of workplace stress, effects of occupational stress, and interventions to deal with it (Moustaka and Constantinidis, 2010). A lot of research studies have revealed strong relationships between the experience of chronic stress and the growing of illness and disease (Kumar 2016). In Vanishree (2014) research study which was to analyze the stressors of workers in small and medium-sized businesses. Vanshire (2014) concluded that work overload, work ambiguity, and workplace conflict are major sources leading to stress among workers. From the research results, the author recommended that it is important for organisations to apply relevant techniques to redesign the work while organizing many consultations and workshops to support the workers in reducing their levels of stress (Dhariaphal *et al.*, 2011)

Stress has become a key topic of concerns in the workplace. Stress has a huge impact on workers in a variety of ways. Hagrove, Hagrove and Becker (2016) states that employees experience stressful circumstances such as the working conditions, work expectations and interpersonal interactions, employees are found to experience stress when responding to certain stimuli such as

the coping process. The Authors states that organizations need to implement programs to manage stress. These programs and techniques will help individuals to deal more effectively with stress. Several of these programs are oriented toward workplace stress in that burnout is a result of long-term occupational stress. Moreover, communication plays a vital role in the management of professional organization. It is important for the managers to be familiar with effective communication as it plays a key role in the organization. Organization is likely to be more successful when there is communication between the managers and employees (Hagrove, Hagrove and Becker 2016). Communication is an important factor in the organization and in everyday life. Communication effectiveness in organizations allows employees and managers to have a good working relationship, most importantly improve teamwork.

Stress management received much interest in effective communication. Results of these studies show that Stress management played a pivotal role in human communication (Hagrove, Hagrove and Becker, 2016). The need to establish the relationship between Stress management and effective communication was recognized. Workers have a direct role to improve communication effectiveness. Having said that, the empirical evidence is scant, and no study has examined the interaction effect of managers' stress Management and workers' stress management on communication effectiveness (Hagrove, Hagrove and Becker 2016).

2.15 Conclusion

Many studies have attempted to identify the occupational challenges faced by nurses in public health care and the results showed that these challenges have contributes to occupational stress, decrease the morale and demotivate the nurses from performing their tasks at work. Moreover, this 1 chapter has focused on identifying the antecedents of occupational stress and reviewed the challenges the nurses' face in public health care. In addiction this chapter has provided strategies to improve occupational challenges and reducing occupational stress for a long-term period and ensuring high quality care. Lastly, literature has presented the role of the World Health Organization (WHO) and International Labour Organisation.

CHAPTER 3

THEORETICAL FRAMEWORK

3.1 Introduction

In the previous chapter, relevant literature related to the present of the study is discussed with the purpose of presenting a framework of current knowledge that informs the focus of the study. Furthermore, in this chapter attention is focused on the theoretical framework that underpins the study. In this respect, Conservation of Resources theory (COR) was used as framework to consider how occupational challenges contribute to occupational stress.

3.2 Theoretical Framework

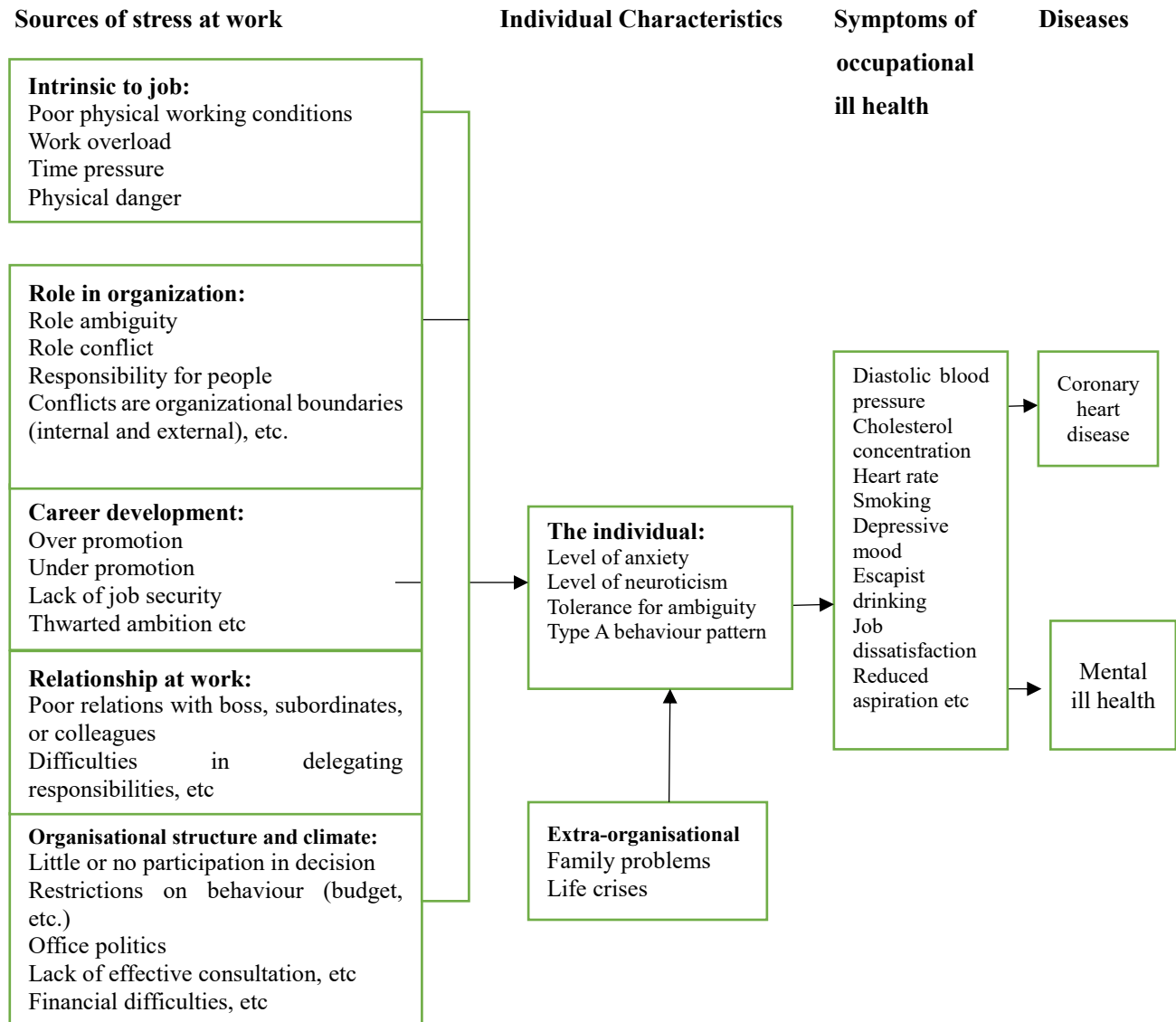
A theoretical framework is an explanation of specific set of observed phenomena in terms of a system of hypotheses and laws that make relation of these hypotheses to each other (Grant and Osanloo, 2014). In theoretical framework, the theories are generated to explain and understand phenomena. For the purpose of this study, where occupational stress is a result of the challenges faced by the nurses. A theory emerged from psychosocial of stress and motivation is utilised in forming the framework of this study. Grant and Osanloo (2014) points out that without a theoretical framework, the structure and vision of the research is ambiguous. A theoretical framework gives the assumptions that guide the researcher, it also assists the researcher to select appropriate questions for the study (Bless, 2013). Framework acts as a guideline or a boundary. This chapter, therefore, presents these boundaries, as swayed by the chosen theory.

3.3 Conservation of Resources Theory

This study attempted to understand how occupational challenges faced by the nurses contribute to occupational stress. A theoretical framework of this research shall be based on the needs of the nurses of the workers as well as occupational stress since nursing is commonly known as a stressful occupation. The conversation of resources is a new model established by Steven E Hobfoll. It therefore reflects current understanding of the ubiquitous stress phenomena and bridges the gap between environmental and cognitive viewpoints (Hobfoll, 2011). According to Hobfoll (2011) the model of conservation of resources proposes that individuals strive to retain, protect and what is a threat is therefore the potential or may be the actual loss of these valued resources. While some

workplace stress is normal, excessive stress can interfere with productivity of the employee and performance, impact on physical and emotional health. It can even determine failure or success in the job. Workplace stress can be caused by many things, such as the physical environment; employees are affected by the workplace's physical condition.

Figure 2: Displaying Conservation of Resources Theory



Adapted from Michie (2002)

As displayed in the above model. Workplace is an important source of both demands and pressures causing stress, structural and social resources to counteract stress (Michie, 2002). Workplace factors that have been found to be associated with stress and health risks can be categorised as those to do with the content of work and those to do with the social and organisational context of work. The conservation of resources theory recognises stress as a huge factor that affects individuals' lives. Hence, it is also tied with mental health. It is highly possible linked with many issues of physical health. Hobfoll (2012) argues that social scientists found that personal resources and social resources act as a bumper against the possible negative impact of stressful life events.

Conservation of resources theory accepts that stress comes from subjective perception of an event taxing or exceeding available resources and actual environmental circumstances that threaten or reduce a person's available resources. Hobfoll (2012) maintains that conservation of resources theory assumes that not only stress is a result of an individual interaction with the environment, but the cause of stress is related to resources. Hobfoll (2012) continues to state that stress happens when the individuals experience a loss of resources or when resources are threatened. According to Hobfoll (2012) the COR theory predicts what individuals do when confronted with stress also when not confronted with stressful situations. Unlike other models of stress, the objective of the COR is to minimize net loss of resources. Hobfoll (2012) maintains that when individuals are not confronted with stressors, they tend to develop more resources in order to offset the possibility of future loss.

Hobfoll (2011) contends that when individuals develop resources surpluses, positive wellbeing builds up. However, when individuals are unable to gain access to resources, in contrast they are likely to be vulnerable (Hobfoll, Neveu and Westman, 2018). In public health care when the working conditions are poor, this includes the workload, long working hours and lack of resources, nurses become vulnerable and they susceptible to stress. Hobfoll *et al.* (2018) argue that individuals usually invest their time and energy into the important resources, in attempt to translate them to other more highly prized. Like the nurses in public health care, they dedicate all their time and energy in ensuring that patients are satisfied with service and in return all they want is a safe and healthy work environment. As Hobfoll (2011) stated that individuals invest love and affection to receive a return of the same. Moreover, nurses in public health care also need to work in a safe environment in order to work efficiently.

3.4 Kinds of Resources

The model of conservation of resources recognises four kinds of resources whose loss and gain result in stress or eustress. Resources are defined as objects, conditions, personal characteristics and energies that are valued as they are means of achieving and acquiring resources (Sibisi, 2012). Under conservation of resources theory, these resources may be the working conditions, salary or resources that nurses use to provide medical care to patients. Hobfoll (2012) posited that psychological stress occurred in three instances; when there was a threat of a loss of resources, an actual net loss of resources, and a lack of gained resources following the spending of resources. From this perspective, resources are a productive factor required to accomplish an activity. Conservation of resources theory states that loss of these types of resources will drive individuals into certain levels of stress.

3.5 Intrinsic to Job

Baylor (2010) asserted that intrinsic to job were named as motivating factors that fixated on the accomplishment, acknowledgment, responsibility, progression, development, and the work itself (Bekta, 2017). Intrinsic motivation tool is directly identified with the job and results from the equivalent. Factors, such as job itself, independence conceded by the job, importance of the job for the individual, involvement in management, taking responsibility, opening space for creativity and empowering the person to use his/her abilities and capacities constitute intrinsic factors. According to Bekta (2017), intrinsic factors are acknowledged to be more powerful on the personal than the extrinsic factors. Extrinsic factor is when the job satisfaction elements are produced by external sources (Bekta, 2017). People with intrinsic satisfaction can easily undertake responsibility in the organisation. When the factors satisfying the individual come from the individual herself or himself, this is called “intrinsic satisfaction”, which differs depending mainly on the reason of the behaviour. Moreover, intrinsic to job is made up with factors; some are mentioned below (Bekta, 2017).

3.5.1 Poor Physical Working Conditions

According to the International Labour Organisation (2018) working conditions are at the core of paid work and employment relations. It is the working environment and aspects of an employee's terms and conditions of employment (Eurofound, 2011). The working conditions cover a broad range of topics, such as; health, safety well-being; working time, work-life balance, physical

conditions and mental demands that exist in the workplace (Howard, 2015). There are key factors in the employee's physical working environment that impact greatly on their level of motivation and performance (Hammer and Demsky, 2014). Employees are considered as the most valuable resource and asset to an organisation. Qualified and motivated employees create and deliver value out of other organisational resources (Abrey and Smallwood, 2014). Dynamic and progressive organisations endeavour to attract and retain the right people for the right jobs at the right time through creating and sustaining their motivation in changing circumstances.

Employee working conditions is essential to customer satisfaction and organisation's performance in competitive environment. Furthermore, good physical working conditions can be a resource which is associated with low levels of occupational stress (Manyisa, 2015). This is proved that when individuals are satisfied at work, it reports lower levels of occupational stress (Manyisa, 2015). Therefore, the conservation of resources theory highlights that when there are poor physical working conditions, individuals may experience occupational stress (Hobfoll *et al.*, 2018).

Based on the conservation of resources theory, it can be claimed that when the workers are working under poor physical conditions, it robs the workers the resources they require to fulfil. Furthermore, this depletion of resources leads to overtime of occupational stress (Hobfoll, 2012). The conservation of resources theory maintains that when the people work to get the resources they need, and they unable to gain, stress will occur. In public health care, nurses dedicate their time and energy in order to provide the best medical care to the patients. However, when the physical working conditions are poor, stress occurs (Sibisi, 2012).

3.5.2 Work Overload

Defined by Abbasi (2015) work overload is the amount of work to be done that exceeds what an individual can accomplish in a given period. When the load increases, individuals are forced to work overtime to overcome disproportion amount of work required (Moustaka and Constantinidis, 2010). Work overload is the main issue almost every organisational sector suffers from. With the increase in working hours, duty timing and pressures from managers, it has come to be an essential area of focus (Abbasi, 2015). The conservation of resources theory stated that there are different kinds of resources that individuals live by. According to Hobfoll *et al.* (2018) when resources are depleted, it means that the individuals are unable to cope with other stressors in the environment. In public hospitals, nurses are faced with major challenges of having to cope with the shortage of

staff.

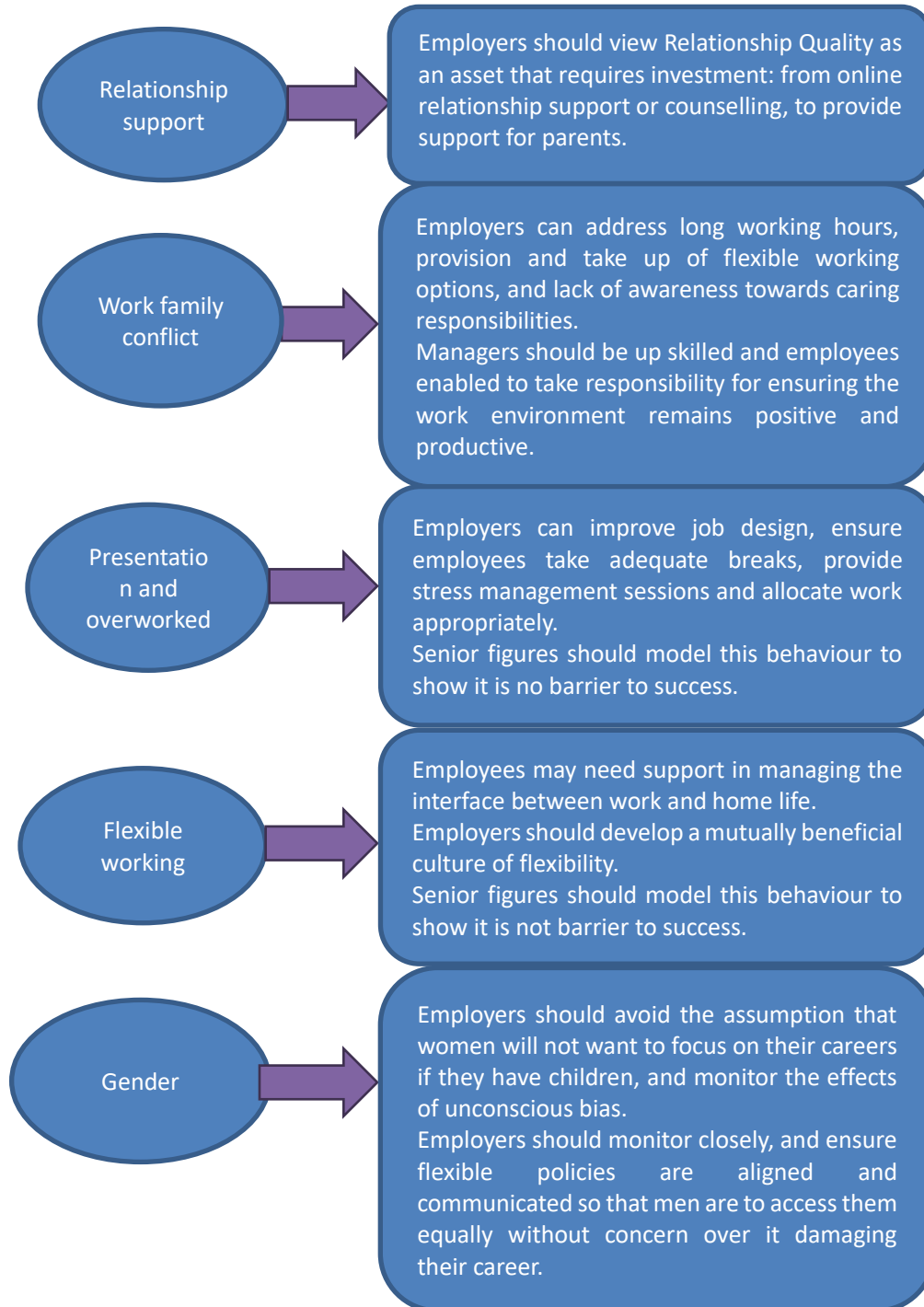
As a result, heavy workload exists and when the nurses are faced with workload, they are susceptible to burnout. Burnout is defined as a physical exhaustion from excessive workload that is likely to make the workers to feel overwhelmed and unable to complete the tasks at work (Prapanjaroensin, Patrician and Vance, 2017). Moreover, the nurses invest their energy resources such as their time and skills in order to gain object resources such as money and shelter, as well as condition resources such as building relationships with co-workers. Conservation of resources theory states that threat to valued resources results to stress. Therefore, when nurses are stressed, it may result in reduced efficacy in performance in the workplace (Hobfoll, 2012).

3.5.3 Time Pressure

Under the conservation of resources theory, time pressure is one of the threatened energy resources as it can decrease nurses' flexibility for other resources (Hobfoll, 2011). Time pressure was discovered to be an important energy resource and caused the lowest levels of control and the highest levels of stress in nurses that works in emergency room. Furthermore, long working hours is a pressing concern for the nurses' well-being. Research has shown that the nurses who worked long hours experienced higher levels of stress (Stimpfel, Sloane, and Aiken, 2012). According to Suarez (2011) studies have revealed that individuals make less risky choices during higher time pressure conditions and focus more on negative aspects of loss when compared to individuals in low time pressure conditions. Moreover, time pressure creates more stressful conditions as there is a lack of confidence in dealing with daily tasks. When this kind of energy resource is threatened, nurses experience higher levels of occupational stress (Hobfoll *et al.*, 2018).

3.6 Relationship at Work

Figure 3: Displaying the Relationship at Work



Source: Sweeney and Swan (2014:9)

3.6.1 Poor Relations with Bosses and Colleagues

A good relationship between management and employees is very important. The relationship between a worker and a manager is sometimes very delicate (Green and Heywood, 2010). Furthermore, employers and employees often work very closely together, they necessarily develop relationships. Managing these relationships is vital to business success, as strong relationships can lead to high employee morale and even increased productivity (Barker and Martins, 2011). However, a poor relationship hinders the company's success by dragging morale down and limiting productivity. While a good relationship promotes positivity and functionality, poor relationship reduce productivity and increase occupational stress in the working environment (Beale and Hoel, 2010). Research using conservation of resources theory has demonstrated that stressful events such as poor working relationship with the bosses and colleagues can give rise to psychological strain and exhaustion of energy (Freedy and Hobfoll, 2017). Moreover, these organisational stressors cause depletion of resources as the emotional and cognitive effort is needed to deal with them. When an individual loses resources, it has a huge impact on them. Hobfoll (2011) claims that people also have access to a huge number of resources outside the self in particular.

This is by "social connectedness and supportive interactions", they characterise social support as relationships that give people with actual assistance or with a sentiment of connection to an individual or group that is seen as caring and loving (Freedy and Hobfoll, 2017). Within this setting personal and social resources are two significant features of one's identity, leading to a motivational drive for each person. Individuals will put effort to maintain social support to meet their needs and to protect certain resources, and to protect and maintain their identities (Hobfoll, 2011). Relationships can also be seen in a larger social system, such as working organisations, where the conservation of resources theory is also relevant in a context where workers are working within a huge social structure. Such relationships with co-workers can offer a worker with developed self-esteem and better job satisfaction (Hobfoll, 2012). Moreover, individuals invest large effort in trying to gain resources such as autonomy, relationships, and feedback on job performance (Hobfoll, *et al.*, 2018). These resources have a motivational side, and they have a huge impact on wellbeing and job satisfaction.

3.7 Career Development

Career development involves the management of individual's growth and development in his or

her career (Gyansa, 2018). A person's career development is a process that includes the development and revolution process of childhood, the formal career education at school, and the maturational processes that carry on throughout an individual's working adulthood and into retirement (Gyansa, 2018). Schreuder and Coetzee (2010) are of the view that a career entails of different phases and the person is confronted with different issues during each of these phases. It will therefore be correct to accept that different people have different issues that confront them as they move on in their work lives and it may be possible for this to generate different views about career development and progression in different individuals. Furthermore, lack of job security has become more relevant for workers and organisations these days.

3.7.1 Lack of Job Security

The increasing lack of job security has become a major issue (Staufenbiel and Konig, 2010). Moreover, job insecurities have been said to have a negative effect on both the organisation and the employees. From an individual perspective, it is health and wellbeing of an employee that is affected (Stander and Rothmann, 2010). While from an organisation perspective work behaviour and attitudes are affected. Framing this research with conservation of resources theory, is evident that threats to specific resources can lead to stressful situations. Furthermore, in ambiguous situations that can be interpreted in many ways, such as the case of job insecurity, conservation of resources theory suggests that the subjective appraisal is more important than the social and cultural context (Hobfoll, 2012).

The conservation of resources theory states that the individuals may experience stress when they lose a resource. Whenever salary and financial security are at risk, objects such as housing, the car, or other, luxury items may become at risk as well. Second, the genuine loss of resources, for example job loss, can prompt stress (Hobfoll, 2012) moreover, disappointments to gain new resources through resource investment may constitute a stress source (Hobfoll, 2012). When trying to cope with job insecurity, a conceivable resource investment could, for instance, include hunting down another job or working longer hours. For this situation employees may have contributed the extra resources without gaining or maintaining the current resource balance (Hobfoll *et al.*, 2018).

3.8 Conclusion

Conservation of resources theory was reviewed as the theoretical framework of the study. The

model presented in this chapter contributes to understanding the phenomenon of occupational stress in the workplace. It also presents how the occupational challenges make it difficult for the nurses in public health care to have a healthy work environment. The conservation of resources theory recognises stress as a factor that has a major impact on the individuals. In the next chapter, the research design and method for this study will be discussed. It is envisaged that this discussion will highlight and inform the reader of the way the study will be approached and how the information collected from the participants will be analysed.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 Introduction

This study investigated how occupational challenges faced by the nurses in public health care contributed to occupational stress. Firstly, this chapter outlines the research design; it also describes participants and the reason for their selection. Lastly, it explains the data analysis as well as the data quality control.

4.2 Research Design

According to Creswell and Clark (2011) research design is the general strategy for joining the conceptual research problems to the pertinent (and achievable) empirical research. Furthermore, the research design articulates what data is needed, what methods are going to be used to collect and analyse this data, and how all of this is going to answer the research question (Norman and Lincoln, 2012). Qualitative data collection and analysis is often more time-consuming, therefore qualitative researchers tend to work with a small number of participants. In qualitative research, the researcher plays a crucial role in creating the knowledge, and influences and shapes the research process; therefore, reflexivity must be highly considered (Govender, 2012).

The purpose of this research was to gather an in-depth understanding of nurses' experiences of occupational stress and occupational challenges. The use of qualitative methodology also allowed the researcher to explore and capture the depth and richness of information that emerged as the interviews unfolded (Govender, 2012). Norman and Lincoln (2012) maintain that the research design gives the reader a clear understanding on how the data will be collected. Different types of design logics are used for different types of study. The design of qualitative research is probably the most flexible of the various experimental techniques, encompassing a variety of accepted methods and structures (Sekaran and Bougie, 2016). There are four major types of qualitative research design which are most used. Namely, case study, phenomenology, ethnography and grounded theory (Sekaran and Bougie, 2016). The researcher has mentioned one out of the four, which is case study.

4.2.1 Case study

Case studies are used to analyse individuals, events, projects, periods or other systems that are studied holistically by one or more methods (Astalin, 2013). The case study can be done in social sciences and life sciences, it may be descriptive or explanatory. Like surveys, case study research approaches can be treated as a qualitative or quantitative. This type of research is used to describe an entity that forms a single unit such as a person, an organization, or an institution. Some research studies describe a series of cases (Kumar, 2014). They may be prospective, in which criteria are established and cases fitting the criteria are included as they become available, or retrospective, in which criteria are established for selecting cases from historical records for inclusion in the study (Yeasmin and Rahman, 2012).

The case that is the subject of the inquiry will be an instance of a class of phenomena to provide an analytical frame an object within which the study is conducted and which the case illuminates and explicates. Astalin (2013) asserted that case study describes an entity that makes a single unit such as an individual or an organization. According to Kumar (2014) this design is very useful when exploring an area where little is known, or when a researcher seeks to have a holistic understanding of the situation. Moreover, this design is relevant when the focus of the study is to explore and understand rather than confirming and quantifying. It therefore gives an in-depth understanding of a case (Bryman, Bell, Hirschsohn, Dos Santos, Du Toit, Masenge, Van Aardt and Wagner, 2014).

4.3 Research Methodology

Norman and Lincoln (2012), describe research methodology as stages, processes and plans taken to examine the problem being studied and to analyse the collected data. According to Bless, Higson-Smith and Sithole (2013), research methodology refers to the strategy or the procedure for conducting the exact research steps of the study. The research methodology comprises the population, sampling, sample, data collection and analysis, and validity and reliability. According to Bless, Higson-Smith and Sithole (2013) there are three kinds of research methodologies these are qualitative, quantitative, and mixed method approaches.

4.3.1 Qualitative Research Methodology

Qualitative research is a systematic scientific inquiry which seeks to build a holistic, largely

narrative, description to inform the researcher's understanding of a social or cultural phenomenon (Choy, 2014). According to Mathews (2013: 78), qualitative research is defined as "primarily an inductive process of forming data into groups and identifying forms (relationships) among categories. This definition implies that data and meaning emerge 'organically' from the research context. Qualitative research worked out under a combination of observations, interviews, and document reviews (Sabina and Khan, 2012). It gives the importance of looking at variables in the natural setting in which they are found. In the process of qualitative research interaction between variables is important (Bryman, Bell, Mills and Yue, 2011). Detailed data is gathered through open ended questions that provide direct quotations. The interviewer is an integral part of the investigation. Qualitative research is an umbrella term for a broad range of different approaches and methods, which vary considerably in terms of focus, assumptions about the nature of knowledge and the role of the researcher (Saunders, Lewis and Thornhill, 2012).

Defined by Maxwell (2013), qualitative research is a type of scientific research in general in which the researcher pursues to realize in depth ways in which people think or feel. In qualitative method data is generated primarily in the form of words. Hence, the most common data collection methods that is used are interviews and group discussions (Sekaran and Bougie, 2016). To design a qualitative study, the researcher needs to construct and reconstruct their design (Maxwell, 2013). In qualitative research, the researcher needs to understand, explain, explore, discover, and clarify situations, feelings, beliefs and experiences of group of individuals. Moreover, the study designs are based on deductive rather than inductive logic. Collection of information methods are often flexible and evolving, and that is why most qualitative designs are not as structured as the quantitative.

4.3.2 Quantitative Research Methodology

Quantitative data is utilized to measure the problem by method for generating numerical data or data that can be changed into useable statistics. (Sekaran and Bougie, 2010) define quantitative methods as a research method that deals with numbers and all that is measurable in a systematic way of exploration of phenomena and their relationships. Moreover, quantitative method typically starts with data collection based on a hypothesis or theory and it is followed with application of descriptive or inferential statistics (Sekaran and Bougie, 2016). Quantitative research is more specific and well structured. It has more clarity and distinction between designs and methods. The

design varies depending on the method used, which could be telephone interviews, face-to-face interviews, online surveys, or surveys by post for instance.

Quantitative projects involve large sample sizes, concentrating on the quantity of responses, as opposed to gaining the more focused or emotional insight that is the aim of qualitative research (Sabina and Khan, 2012). The standard format in quantitative research design is for each respondent to be asked the same questions, which ensures that the entire data sample can be analysed fairly. The data is supplied in a numerical format and can be analysed in a quantifiable way using statistical methods. Surveys can, however, be tailored to branch off if the respondent answers in a certain way - for instance people who are satisfied or dissatisfied with a service may be asked different questions subsequently (Queirós, Faria and Almeida, 2017).

4.3.3 Mixed Research Methodology

Creswell and Clark (2011) define mixed methods research as a methodology for conducting research that involves collecting, analysing, and integrating quantitative and qualitative research in a single study or a longitudinal program of inquiry. Mixed method follows either a quantitative or a qualitative research process (Bless *et al.*, 2013). As a method, it focuses on collecting, analysing, and mixing both quantitative and qualitative data in a single study or series of studies. Its central premise is that the use of quantitative and qualitative approaches, in combination, provides a better understanding of research problems than either approach alone.” Characteristics of mixed methods research:

- Collect and analyze both quantitative and qualitative data.
- Mix two forms of data in different ways.
- Give priority to one or both forms of data.
- Can be in a single study or in multiple phases of a study.

One of the reasons a researcher may use mixed method is that:

- One data resource may not be enough.
- Initial results need to be further explained.
- A second method is needed to enhance a primary method.
- The project has multi-phases (Bless *et al.*, 2013).

4.3.4 Research Methodology Employed

The researcher selected qualitative research approach. The main reason for selecting qualitative research method was that it is best suited for this study as the researcher investigated whether occupational challenges faced by the nurses contribute to occupational stress. Hence the only way that was possible was to get subjective thoughts from the staff working in Chesterville clinic. Moreover, qualitative research approach was used to gain insight; explore the depth, richness, and complexity inherent in the phenomenon (Sekaran and Bougie, 2016).

4.4 Study Site

In this study the research has been conducted within the province of KwaZulu-Natal (KZN), Durban in Chesterville clinic. Chesterville clinic is in Cnr Booth & Rotaty road, Chesterville, Durban. The EThekweni health unit provides health care services to Chesterville community and other neighbouring communities.

4.5 Target Population

Sekaran and Bougie (2016) defined target population as the entire group of the individuals from which the sample might be drawn. The target population of this study comprises of all the registered nurses employed in Chesterville clinic.

4.6 Sampling Design

There are two types of sampling which are known as probability and non-probability sampling. Probability sampling is “a method of sampling that uses some form of random selection”. (Kumar 2014: 234) In order for the random selection to be done, one needs to set up a process or a procedure to ensure that everyone has an equal chance of being selected (Kumar, 2014) On the other hand Kumar (2014) asserted that a non-probability usually cannot claim that a sample is a representative, it is less complicated and less expensive. It also can use whoever is available.

4.6.1 Non-probability Sampling Design

Non-probability sampling design is when it is almost impossible to determine who is the entire population, or when access to the entire population is hard to gain (Alan, 2012). A researcher may not always have access to the sampling frame that includes the whole population. Non-probability sampling usually deals with sensitive topics or when the researcher is looking to get detailed views

from a specific population. Kumar (2014) states that the researcher carefully selects a sample from an accessible population and through those who can recommend other possible participants. The sample will still meet the population parameters for the study. However, the sample will be selected using the judgment of a researcher (Kumar, 2014). Therefore, the respondents will not be randomly selected like in the probability sampling. In non-probability sampling, the findings obtained in a study often cannot be used to generalise the results to the larger population. Non-probability methods are therefore used in qualitative research. This sampling design can be used when the researcher wants to draw a sample:

- That is in line with the parameters (shared characteristics) of the research.
- When not all individuals or social artefacts in the population are easy to access or are known; and/or
- Where drawing a representative sample to generalize results to a broader population is not the goal of the study (Alan, 2012).

4.6.1.1 Purposive Sampling

A purposive sample, also known as a judgmental or expert sample, is a kind of nonprobability sample (Creswell, 2012). The researchers who used purposive sampling choose elements that they wish to include in their sample, based on a set list of characteristics. Mostly the researcher formulates the research questions and then choose the specific population they wish to conduct a study upon. The fundamental goal of a purposive sample is to deliver a sample that can be consistently thought to be representative of the population (Denzin, Norman and Lincoln, 2012). This is frequently cultivated by applying expert information of the population to choose in a non-random way a sample of components that represent a cross-section of the population. In probability sampling, every component in the population has a known nonzero shot of being chosen using an arbitrary selection technique (Sekaran and Bougie, 2016). Conversely, nonprobability sampling does not include known nonzero probabilities of selection. The advantage of this type of sampling is that each element of the sample chosen by the researcher will assist with the research as each element fits with the population parameters of the study. And if the element does not fit, a researcher can disregard it (Denzin *et al.*, 2012).

4.6.2 Sampling Strategy Selected

Having evaluated all techniques, the one that best suits this study was purposive sampling under non-probability sampling (Sekaran and Bougie, 2016). The reason the researcher chose purposive sampling was that it allowed the researcher to use his/her judgments about which respondents to choose and has also allowed the researcher to pick those who best meet the purpose of this study (Maxwell, 2013). The researcher interviewed the new nurses who were employed not more than two years, and interviewed the nurses who were employed for more than five years since they all have different experiences in their time of employment at Chesterville clinic.

4.7 Sample Size

The participants of this study consisted of the nurses employed at Chesterville clinic, in Durban, KwaZulu-Natal. A nurse in the case of this study, refers to licensed health-care professional who is skilled in promoting and maintaining health (Department of Health, 2015). A total of approximately 8 nurses were employed at Chesterville clinic. The entire population could not form part of the study as one of the nurses was away. Thus, in total sample of seven (N=7) members participated in the study. A purposive sample of 7 participants (N=7) were interviewed. The majority of the sample comprised of females (N=5) in relation to males (N=2); this was acceptable due to the fact that more females are generally employed as nurses as opposed to the males.

Table 1: Displaying Sample size

males	2
females	5
total	7

4.8 Data Sources

There are two types of data sources, namely, primary and secondary data. Primary data is first-hand data, it is when the researcher collect data for the first time (Sekaran and Bougie, 2016). On the other hand, secondary data is re-analysing data that have already been collected.

4.8.1 Primary Data

A primary data source is an original data source, that is, one in which data are collected first-hand by the researcher for a specific research purpose (Creswell, 2012). There are many ways to collect primary data. However, the most common techniques are self-administered surveys, interviews, field observation, and experiments. Primary data collection can be quite time consuming compared to secondary data collection. Nevertheless, primary data collection may be the only suitable method for some types of research (Bless *et al.*, 2013) One of the advantages of using primary data was that the researchers were collecting information for the specific purposes of their study. In essence, the questions that are asked by the researchers are tailored to elicit the data that will assist them with their research. Researchers collect the data themselves, using surveys, interviews and direct observations (Creswell, 2012).

4.8.2 Secondary Data

Secondary data refers to data that has been collected by someone other than the user (Creswell, 2012). Common sources of secondary data for social science include censuses, information collected by government departments, organizational records and data that was originally collected for other research purposes. Compared to primary data, secondary data tends to be readily available and inexpensive to obtain (Kumar, 2014). In this study secondary data was collected from the published academic textbooks, journal articles, government reports and thesis. Primary data will be collected on the field from individuals participating in this study. In this study the researcher used both primary and secondary data in order to answer the research questions (Bless *et al.*, 2013).

4.8.3 Data Source Selected

Both primary and secondary data were employed by the researcher in this study.

4.9 Data Collection Methods

There are number of ways that are used when collecting data in a qualitative research approach. Kumar (2014) argues that qualitative methods are characterized by flexibility and freedom when it comes in the structure and order on the part of the researcher. Various methods of collecting data in qualitative study can be classified into the categories which is in the form of observations, secondary sources, unstructured and structured interviews (Mathews and Ross, 2010).

4.9.1 Selection of a Suitable Data Collection Method

Interview (individual/focus group): There is a difference between an interview and a survey, surveys mainly use structured questions (Creswell, 2012). Primarily, open ended questions are what differentiate the two. In qualitative research, it is important to make inference based on perspective. Hence, it is vital to obtain as much data as possible for later analysis. A qualitative researcher spend time in designing interview questions and these interview questions are designed to generate perspectives about ideas, opinion and experiences of the participants (Kumar, 2016).

Interview is a commonly used method of collecting data in qualitative research. It is a person-to-person interaction which can be done face to face or otherwise, between two or more people with a specific purpose. According to Kumar (2016) an interview is when the interviewer read the questions to the respondents while recording their answers. Interview is a verbal interchange in which the interviewer tries to get as much information on the respondents. There are different types of interviews, the researcher may go with structured or unstructured interview.

Unstructured interviews: There is a complete freedom and flexibility in terms of the structure, content or questions of the interview. A researcher may ask whatever they want if it is related to the study. The researcher may ask a specific question and probe, there is much flexibility, and the researcher may formulate some of the questions on the spot. Unstructured interviews are useful in exploring intensively and extensively and digging deeper into a situation or a phenomenon. Kumar (2016) asserted that unstructured interviews provide varied and in-depth information and are best suited to identifying diversity and variety. Unstructured interviews are prevalent in both quantitative and qualitative research.

Structured interviews: The researcher ask a predetermined set of questions using the same wording and order of questions as specified in the interview schedule. An interview schedule is a written list of questions, open ended or closed. When a researcher collects data using structured interview, it provides uniform information which then assures the comparability of data.

4.9.2 Data Collection Method Employed

The data collection method that was employed by the researcher in this study were structured interviews. A letter from the department of health (DoH) together with the ethical clearance from

the University of KwaZulu Natal which gave the researcher permission to conduct research was presented at Chesterville clinic. Thereafter, the respondents were formally contacted, the researcher explained the purpose of the study and their consent to participate in the research sought and the date for the interview schedule was set. During the interview schedule, the researcher recorded and transcribed verbatim, this was to protect what the participants were saying and also against researcher bias. Anonymity and confidentiality were ensured, and the respondents were told to withdraw any time they feel uncomfortable.

4.10 Research Instrument

In this study, the researcher chose to use structured interviews. This instrument is a qualitative technique for data collection (Sekaran and Bougie, 2016). The questions as well as their order was already scheduled by the researcher beforehand and were put in the same order to each respondent. This method of interviewing is also known as the Standardized Open-Ended Interview (Maxwell, 2013) It is open-ended in the sense that participants have the freedom to respond in their own words, however the topics they can cover in their responses are pre-decided and limited. One of the advantages about this instrument is that there is lesser interviewer bias, since the questions and their exact wording is pre-decided, the element of ‘interviewer judgment’ is removed from interviews, leading to consistency in both methodology as well as breadth of evidence collected from each respondent (Maxwell, 2013).

4.10.1 Construction of the Research Instrument

The researcher used a structured qualitative interview; the researcher developed an interview schedule. This use of interview schedule was to increase the reliability and credibility of the research data. The main idea of this structured interview was to have five questions that were almost similar to the research questions. English was used as the official language to conduct the interviews. Interviews were used as the primary instrument to elicit information from the participant’s perceptions and experiences on occupational stress and challenges. Interviews were constructed using literature on occupational stress and challenges. And particularly the definition advocated by Govender (2012) who highlighted that there are four types of common sources occupational stress which are task related stressors, organisational stressors, external and personal stressors.

4.11 Administration of the Research Instrument

The researcher interviewed each nurse employed at Chesterville clinic on the 4th of July 2019. Since the group being studied has one of the busiest occupations, a focus group was not possible. Therefore, the nurses were interviewed one by one so that their work was not interrupted, this was done in one day.

4.12 Data Analysis and Interpretation

In this study, data was analysed using thematic data analysis. According to Silverman (2016), this approach identifies and describes the themes and patterns of living evident in the data. Furthermore, this process allows a greater understanding of the research topic (Matross, 2010).

- **Thematic analysis as methodology**

Thematic analysis organizes and describes the data in a thick description and interpret numerous aspects of the research topic (Silverman, 2016). In thematic analysis, the researcher actively searches for themes and codes and so it is not passive. The authors such as Kumar (2014), Silverman (2016) argued that the main objective of thematic analysis is organising data into categories and themes. This is achieved for the data to be compared. A category is a general place where statement that are similar in nature are placed (Kumar, 2014). Furthermore, it is from these categories that themes are generated. Silverman (2016) states that a theme is established when several categories co-exist or when a general idea that is found across many categories begins to form and is noted (Matross, 2010).

The existence of each category or theme that is generated will have to be justified by including verbatim samples from the data (Matross, 2010). These are usually samples of a participant's exact speech in the interview of focus groups. These examples from the data assist the researcher to note the variety of the participant's perspective throughout the data set. It is further important to analyze the fit between data and the categories that have been developed (Matross, 2010). The categories may be considered if they are full of relevant statements (Silverman, 2010). Furthermore, statements that does not fit in any categories may be considered as odd or categories should be changed rather or developed so that they fall somewhere in other categories (Matross, 2010).

- **Transcribing the data**

In this study, data is in the form of interviews which was recorded with an audio voice recorder. Thus, during the process of an interview, interviews were transcribed verbatim by hand and then typed out later (Matross, 2010). Transcribing is important for the researcher because it helps to gain better understanding of the data as well as helping to establish the skills that are needed for the actual analysis process that follows (Kumar, 2014).

4.13 Data Quality Control

- **Trustworthiness**

The most common criteria used to evaluate qualitative research is to develop trustworthiness in qualitative research. Since this study is using a qualitative research approach, trustworthiness has been ensured (Cope, 2014). For quantitative research approach, it referred to as validity and reliability. However, in qualitative research approach this is put in different terms since the research is not in the form of instruments with established metric about validity and reliability. It is relevant to address how qualitative researchers found that the research study's findings are credible, transferable, confirmable, and dependable. Trustworthiness is all about establishing these four things (Anne, 2014).

- **Credibility**

Credibility is how confident the qualitative researcher is in the truth of the study's findings. Cope (2014) maintains that this boils down to the question of "how do you understand that your findings are authentic and correct?" The objective of qualitative research is to define or recognize the phenomena of interest from the participant's view, the participants are the only ones who can legitimately judge the credibility of the results (Anne, 2014).

- **Transferability**

Transferability refers to the degree to which the results of qualitative research can be generalized or transferred to different contexts or settings (Cope, 2014). From a qualitative perspective transferability in most cases is the responsibility of a person doing the generalizing. In this study the researcher enhanced transferability by making sure that the research context and the assumptions that were central to the research were clearly described. According to Cope (2014)

the individual who wishes to "transfer" the result to a different context is then responsible for making the judgment of how sensible the transfer is.

- **Dependability**

The traditional quantitative view of reliability is totally based on the belief of replicability or repeatability. Essentially it is concerned with whether we would gain the same results if is something is observed twice. However, the researcher cannot measure the same thing twice. According to Cope (2014) if the researcher is measuring twice, it means that two different things are measured.

- **Confirmability**

Cope (2014) argues that qualitative research approach tends to expect that every researcher brings a unique angle to the study. Confirmability refers to the degree to which the results could be confirmed or corroborated by others (Anne, 2014). There are several approaches for enhancing confirmability. According to Cope (2014) in this study the researcher has reported the strategies for checking and rechecking the data during the study. Moreover, Cope asserted that some other researcher could take a "devil's advocate" role with respect to the results, and this process can be documented.

4.14 Ethical Consideration

The University of KwaZulu-Natal has its own research ethics policy. The researcher did adhere to this policy. For example:

- All the participants were informed of what the research was about and what it was required to achieve.
- The participants were assured of their anonymity and all the information they were giving was treated as private and confidentiality.
- The participants were informed that the research was conducted on a voluntary basis and without any prejudice.
- The participants were informed that they were not forced to participate in the study, and they can withdraw at time if they felt to do that without any negative consequences. To address the above a letter of informed consent was used to inform the participants. A letter of gatekeeper's was

obtained from the KwaZulu-Natal Department of Education.

4.15 Limitations

The limitations of this study were the small sample size, initially the research wanted the maximum of 15 nurses however due to many nurses that have resigned in Chesterville clinic. The researcher was able to interview only 7 nurses that were employed at Chesterville clinic.

4.16 Conclusion

This chapter has outlined research design and methodology. Qualitative research was used as a method to investigate occupational challenges faced by the nurses in public health care, and how these challenges contribute to occupational stress. This chapter has showed how the data was collected and which research instrument was suitable for this study since it was a qualitative study. The researcher mentioned how the population of the study was chosen as well as the sample. Finally, data quality control and the ethical considerations was outlined in this chapter.

CHAPTER 5

RESULTS AND DISCUSSION

5.1 Introduction

In this chapter, an interpretation of the research findings is discussed based on the central themes and sub-themes extracted from the interview data. Where relevant, the identified themes are compared and integrated with the relevant literature review as discussed in chapter two of this study. Further, the purpose of this chapter is to integrate and compare the findings of the present study with previous scientific research findings, with reference to the theoretical framework underpinning the study, which was Hobfoll (1988) Conservation of Resources theory. The subject's articulation of the participants' perceptions and experiences are reported verbatim where necessary to support the various themes and sub-themes that emerged during data analysis. In this study, the 7 respondents herein will be referred to as participant one to participant 7. In the next section, the research questions are answered by taking out themes and sub-themes as identified by the researcher, using thematic content analysis. In addition, each theme will be concluded with previous findings to support or challenge the findings of this study.

5.2 Research Objectives

- To determine the occupational challenges faced by the nurses working in Chesterville Clinic.
- To investigate whether the occupational challenges contribute to occupational stress of the nurses working in Chesterville Clinic.
- To determine whether the shortage of staff affects the nurses working in Chesterville Clinic.
- To investigate the working conditions that the nurses are working under in Chesterville Clinic.
- To investigate whether these occupational challenges affect the wellbeing of the nurses working in Chesterville clinic.

The analysis of the interview data generated six themes. The themes are presented in table 1 - 5 and the findings are fully discussed below.

Table 2: Research objectives and themes on occupational challenges

Research Objective 1	Themes	Sub-themes
To determine the occupational challenges faced by the nurses working in Chesterville Clinic.	Occupational challenges	workload working environment

5.3 Theme one: Occupational challenges

5.3.1 Subtheme: Workload

All the interviewed participants complained that the workload was too much. Participant 2 stated that *“the workload is becoming more, because these days if a/ the nurse/s resigns or retire they are not replaced”*. This participant further stated that they are the ones that are suffering because they do more work.

Participant 4 also stated that workload is really stressing them because they are not only serving people from Chesterville Township. Other communities from the surrounding areas such as Mayville and Cato Manor also come to Chesterville clinic. The participants stated that they are not paid for the extra hours they put in; that means the employer does not pay overtime. Moreover, all the participants concluded that the workload has increased due to shortage of staff. This has contributed to occupational stress as the nurses have many tasks to do at the clinic. They are often faced with more than one hundred patients a day and sometimes they cannot take a break or take a lunch due to the patients that are waiting for the service. Literature review has stated that workload contributes highly on occupational stress. This statement is supported by participant one who stated that they become stressed, but try to live their problems at home, so that they can deal with the workload. Things are changing and workload stress is increasing daily, the horrible thing about it is that they cannot solve it.

Participant 3 stated that; *“I love my profession, but the workload is too much to handle”*. All the participants stated that the demands are getting higher and besides workload, they have to catch up with new things. Moreover, they argued that they do more than just attending to patients. Participant 2 stated that sometimes they have to clean the clinic in the morning when they arrive.

That means they are doing work that is not in their scope. The participant also stated that they take on many roles which increase their workload. All the participants complained that the workload is too much, moreover; this has resulted to occupational stress.

5.3.2 Subtheme: Work environment

Literature review has proven that most public clinics and hospitals have poor physical infrastructure which contributes to occupational stress of the nurses. It was very unsafe, as most of the buildings were very old. The Participants argued that they work in a small old building that is very unsafe. Participant 3 stated that the clinic is not even fenced which compromise their safety as employees. This participant further stated that sometimes criminals that are being chased by the police enter the clinic and pretend to be patients, this has happened three times before. The participant also stated: *“There is no boom gate with a security guard. Therefore, the government doesn’t care about our safety”*. The participant further stated that this makes him very angry as an employee! This participant was very emotional when he was saying this, he further stated that they feel very unsafe as anyone can enter their workplace and hurt one of them. Furthermore, the participants that were interviewed argued that the work environment was not conducive.

Table 3: Research question and themes on occupational challenges and stress

Research objective 2	Themes	Sub-themes
To investigate whether the occupational challenges contribute to occupational stress of the nurses working in Chesterville Clinic.	Occupational challenges and stress	Salary Sick leave

5.4 Theme two: Occupational challenges and Stress

5.4.1 Subtheme: Salary

Workers expect satisfactory pay for their services rendered to the organisation. A decent arrangement of wages, salaries, advancements, and different motivating forces keeps the morale of the workers high (Jacobs, 2014). Most participants that were interviewed complained that their

salary did not match their jobs. Participant 3 stated that within their categories, there is a big wage gap between them and yet they all have the same amount of work. Participant 3 argued that *“this causes stress, I feel angry with myself that I am not achieving what I want to achieve”*. This participant also stressed that *“the main issue is money and comfort, if I don’t have these; then it is difficult to be happy at work”*. This study has shown that the participants are not happy with their salaries, they do a lot of work, and they are underpaid. Participant 4 stated; that he wishes one day they can have more salary since they work so much. Some participants complained that they do not earn more, and they are excluded from lots of things. They argued that they don’t get the subsidy, and they are working for the government that doesn’t care whether they have shelter or not. The participants stated that they cannot afford to take their kids to the universities because their salaries are too low, and they always have to take loans which make them to be in debt. Therefore, this contributes to stress.

This shows that the salary can also impact on the wellbeing of the employees. If the employee is not happy with their salary it may cause stress. Participant 2 stated that he works hard but the salary is very low, he is stressed and not happy because he has many debts. The participant argued that *“there is no single nurse in the entire South Africa who is happy with their salary”*. Participant 5 stated that she is happy with the salary she receives, even though there is too much work. One participant stated that they have been working for more than 35 years and there has never been any incompetence, but the salary stayed the same. The participant argued that they only get incentives after 20 years which is a long period. Participant 3 stated that *“I was given 10 days leave, and I was asked if I wanted to sell my days. After selling my leave days I was paid only R2500”*. The participants stated that they work hard, and their salaries should increase every year since the pile of work they have to do increases every day. Out of seven participants who were interviewed, six participants complained about the salary and only one participant was happy with their salary.

5.4.2 Subtheme: Sick leave

The participants stated that they do not get many days of sick leave. They argued that what stress them more is that they are given only 36 days in 3 years which means it is 12 days per year. And if you are sick, it becomes a problem for you because those days get finished very quickly. Participant 7 stated that there is agency called THANDILE AGENCY that was put for them. This agency determines whether the nurse should be given extra sick days or not. Participant 7 argued

that *“it doesn’t matter how many sick letters you bring from your doctor; the agency will always decline and if you don’t work you will have to pay back the days you took when you were sick if the agency declined to give you more days”*. The participant stated that if a nurse exceeds those 12 days of sick leave and if he/she takes extra days it will be deducted from their salary. The participant continued by saying *“it’s so hard because it feels like you are being penalized for being sick”*.

Table 4: Research question and themes on shortage of staff and staff morale

Research objective 3	Themes
To determine whether the shortage of staff affects the nurses working in Chesterville Clinic.	Shortage of staff Staff morale

5.5 Theme three: Shortage of staff

The literature review has illustrated that South African Nursing Council (2013) revealed that there has been shortage of nurses employed in the public health care. Hence, the nurses are overworked. This study has revealed that there is a shortage of staff at Chesterville clinic and all the participants who were interviewed complained that the workload is too much. Participant 5 illustrated that *“there were seven nurses who have left the clinic and have not been replaced, just to be specific, there are three enrolled nurses, two enrolled nursing assistant and two sister nurses left. The Department of Health has not done any replacement for the nurses that have resigned at the Chesterville clinic”*. The participant stated that since there was no replacement for the staff that have resigned, the ones that are still working at the clinic have to do more work as more patients are entering the clinic, hence there are long queues. The participants stated that they are doing their daily duties including the work of those who resigned at the clinic now. Participant 7 also supported that statement by saying that *“seven nurses have resigned and some retired, but they were not replaced by the Department of Health”*.

The participants stated that the patients know that there is a shortage of staff, but they are saying the nurses are not doing their job. Participants 7 continued by stating that she doesn’t blame the

patients by saying that because it is their rights to have basic health facilities. This participant further stated that she puts the blame on the government. The participants argued that due to shortage of staff the queues are very slow. She further stated that the shortage of staff contributes to stress because they don't have enough time to relax.

The participants also stated that shortage of staff has become a big issue especially with the registered nurses; they do lot of work because they are the ones that can prescribe medication, see and assess the patients. If there is only one registered nurse working, the queues are going to be long. According to the Department of Health (2011) the shortage of nurses is due to an imbalance in the supply and demand of the nurses, as both high-wage nations and low-wage nations are neglecting to prepare and enrol enough nurses for the expanding request. If there are fewer nurses trained there will always be shortage of staff in the public health care. The participants stated that shortage of staff is a problem; they are stretching themselves because they have so much work.

5.6 Theme four: Staff morale

Literature review showed that there are two types of morale, which is high and low morale. Six of the seven participants in this study revealed that their morale was very low due to the working conditions. Participant 6 stated that her morale is low because she can't do anything. This participant asserted that she cannot resign and go somewhere else because of her age. She further stated that if she could leave the government or the Department of Health she would leave because the government hasn't done anything for her, even though she has worked for more than 30 years as a nurse. Participant 4 also argued that his morale is very low because he is not satisfied at all; the work environment, salary and resources are terrible. He continued to state that he is concerned about his safety since the clinic is built next to the main road and many people come as they please. The participant stated that nothing motivates him to work at Chesterville clinic. This participant further stated that many of the nurses that have resigned was due to low morale. He stated that one of the nurses recently resigned due to stress and he is currently unemployed. He stated that there is too much pressure at the Department of Health. This was supported by participant 7 by saying that she has been a nurse for 23 years and there are no advancements.

The Department of Health has never sent her for more training, and she is still doing the same thing she was doing 23 years ago. Hence, she doesn't take pride in her job anymore. The

participants stated the reason why they have low morale is that they are being overworked. Out of seven participants that were interviewed in this study, participant 5 stated that her morale is very high because she has visions and goals that she still wants to accomplish. This study found that the morale of participants was very low due to the poor working conditions. However, only one participant was found to have a very high morale.

Table 5: Research question and themes on working conditions

Research objective 4	Themes	Sub-themes
To investigate the working conditions that the nurses are working under in Chesterville Clinic.	Poor working conditions	<ul style="list-style-type: none"> • Resources • Infrastructure • Long working hours

5.7 Theme five: Poor working conditions

The Conservation of Resources theory has stated that when workers are working under poor physical conditions, it robs them of many resources they require to fulfil. This study confirms that the nurses at Chesterville clinic are working under poor physical conditions. Hobfoll (2011) contends that when individuals develop resources surpluses, positive wellbeing builds up. However, when individuals are unable to gain access to resources, in contrast they are likely to be vulnerable (Hobfoll, Neveu and Westman, 2018). In public health care when the working conditions are poor, nurses become vulnerable, and they accumulate stress.

The researcher found out that there is a lack of inadequate resources, poor physical infrastructure and that the nurses were not satisfied with their salaries. The nurses argued that they do a lot of work, and their salaries did not match their workloads. The literature review illustrated that the study conducted by Manyisa (2015), showed that increased of work pressure, shortage of openings for promotion and inadequately resourced working environment led to loss of professional nursing skills. Literature review also proved that South Africa is faced with major challenges in the public health care; increased number of patients visiting the public health care facilities has led the nurses to be under a lot of pressure in fulfilling the needs of the communities. Many of the challenges are discussed as sub-themes below.

5.7.1 Subtheme: Resources

In most public clinics and hospitals there is lack of adequate resources such as medical supplies and medical equipment's. Henceforth, lack of resources makes it difficult for the nurses to work and often leave them dissatisfied. This study has proved that the nurses at Chesterville clinic were dissatisfied with the lack of resources. Participant 4 stated that there is shortage of medication and further revealed that sometimes they order medication, but they do not get delivered to the clinic. This participant also expanded by saying that the patients usually get frustrated when one tells them that there is no medication.

Participant 2 also complained about lack of resources. He further stated that there is not even enough Panado at the clinic. Conservation of Resources theory stated that lack of resources leads to overtime occupational stress. The nurses at the Chesterville clinic complained that not having enough resources makes it hard for them to work. He further stated that there is a fridge for kids' immunisation, but it is broken and it has not been fixed for months. The participant argued that this has been reported many times, but it was said that there is no money to fix it. This participant further stated that *"mothers come with their babies for immunisation and it is always hard to be the one who is available to tell them that they should come back another time because the fridge is not working"*.

Participant 2 articulated that *"it is not even lack of resources; there are no resources available at all"*. Participant 1 stated that the immunisation room is not spacious, and it is also used as the male toilet and a storeroom. Participant 6 contended that the clinic has no injections, they usually give the patients only anti-biotic, but they have never sent patients home because of lack of medication. Participant 3 stated that they sometimes run out of medication, but it is not as bad as in other clinics. Participant 5 argued that they have resources; it is just infrastructure that they really lack in because they have only one room that is used for consultation that is the only problem.

Literature illustrated that when stocks of medical items are depleted; it makes it difficult for nurses to distribute medication to patients. Literature also revealed that poor equipment makes it difficult for the nurses to work as well as on the quality of patient care. Lack of suitable administrative equipment and lack of necessary skills hampers appropriate stock control, at times causing stock

outs and making theft of medicines easier than it might otherwise be (Manyisa and Van Swagen 2017). Six participants stated that there is a lack of resources at the clinic while one participant argued that they have enough resources.

5.7.2 Subtheme: Physical infrastructure

All the participants stressed that the working conditions are not good; they argued that they only have one room that they use for consultation. They can only take one patient at the time for privacy reasons and that is why there are always long queues at the clinic. Participant 6 stated that it takes a long process to attend to one patient. Participants argued that it is so hard to work when all the nurses use one room. Literature review has shown that lack of space compromises patients' rights to privacy.

Participant 7 stated that they used to put two beds in order to attend to two patients at a time to make it faster, but they were told to remove the other bed and use only one bed for privacy reasons. *"We don't have functional workstation, it's just so hard for us because there is no space"* participant 7 stressed. Participant 1 also added that the clinic is not in the right condition to function and that it is very small. Participant 3 argued *"sometimes I am stressed because I see the very long queue and the time for me to leave work is approaching, we cannot take two patients at the same time because sometimes they are an opposite sex and we cannot attend them at once"*. The participant further stated that they sometimes use their toilet to give a patient an injection just because they are running out of time and the clinic needs to be closed at four o'clock. All the participants stated that there are always hundreds of patients every day waiting to be serviced.

Participant 5 argued that at Chesterville clinic everything is so inconvenient for them because the clinic is in the municipality building and they are renting. The participant 5 continued to state that they just have a small portion of the building and they try to squeeze everything there. All seven participants complained that the clinic is very old and unsafe as there is no fence thus people come as they please. Participant 3 argued that the walls and floors have cracks, there are always burst of pipes and holes on the floor which is very dangerous, anyone could trip and fall. The participants stated that it is very difficult to work because whenever they report these problems the feedback always come back and say there are no funds at the Department of Health. Literature review revealed that usually most health care facilities report equipment's that are old and in poor

conditions. Hence, they are not fixed, and this is reported to be a huge challenge for the nurses. The researcher found that all the participants stated that the infrastructure is very old and not in good condition.

5.7.3 Subtheme: Long working hours

Literature review illustrated that long working hours have physical and cognitive effects on health care workers. Umanky *et al.*, (2016) argued that long working hours lead to a drop-in functioning and contribute to injuries and errors. In this study participant 1 and 3 complained that they are faced with long working hours which are not paid. These participants argued that sometimes when they must close the clinic, the patients are still waiting to be serviced and they are forced to close the clinic late. All the interviewed participants stated that they sometimes do not go on lunch breaks because there are so many patients. The patients always complain when they see a nurse taking a break, they immediately start saying nurses are gallivanting while people are waiting for the service. Literature review has showed that long working hours increase exposure to occupational dangers. In addition, long working hours have also been allied with family problems such as dysfunctional marriages, reduced quality time spent with children and elders (Manyisa and Van Swagen 2017). Participant 2 stated that “*the Department of Health does not pay for extra hours they work*”. This participant further stated that they work extra hard but instead of getting paid for that extra work they are just given days off. This participant continued to state that they prefer to be given extra salary because they work extra hard and they do not earn much. Other participants stated that they don’t necessarily have long working hours, because the clinic usually closes at 4pm. However, they must wait until all the patients have had service, which usually prolong their working hours.

Table 6: Research questions and themes on wellbeing of the nurses

Research objective 5	Themes	Sub-themes
To investigate whether these occupational challenges affects the wellbeing of the nurses working in Chesterville clinic.	Personal stress	Patients Work home conflict Advancement Motivation

5.8 Theme Six: Personal Stressor

5.8.1 Subtheme: Patients

There have been a growing number of patients visiting public health care. With the shortage of staff in many clinics there are often long queues. Literature review has illustrated that the nurses complained about the shortage of staff as there was an increased patients' waiting time to more than eight hours for those in need of medical attention (Health-E news, 2018). In this study the participants stated that more than hundreds of people visit the clinic daily and they must attend to all of them. They also revealed that with the shortage of staff, it makes it more difficult for them to work as they must take on many tasks, the workload is becoming too much.

Participant 1 stated that when they work, they work as a team, but the shortage of staff makes it difficult for them, it takes a strain and it leaves them tired and stressed. Participant 3 stated that the patients complain a lot and they do not understand that sometimes there is only one senior nurse working at the time. Participant 3 articulated; *“patients are very harsh; they don't even want us to go on lunch, if we go to lunch, they usually say the nurses are not doing their job”*. Participant 5 stated *“today I had to consult around 09:30 because there was an emergency and I was the only senior nurse working, but after that the patients who were waiting in the queue were very angry because they couldn't understand that I had to attend to an emergency”*.

Participant 7 stated that the patients don't understand that the clinic has to be closed at 16:00pm. The participant contended that this profession was a calling for them. Hence, they hate leaving the clinic while the patients are still waiting. Participant 7 stated that *“the most stressful thing is that when I stay at the clinic until late, I am risking my life because it is not safe to wait outside on the*

main road when it is late". Participant 2 stressed that the patients don't understand the workload they face every day and that one patient threatened to strangle him because he had been waiting for a couple of hours with no service. Participant 5 stated that she has never been threatened, but she has seen other nurses being threatened by patients. The participant argued that the patients and the public always say that the nurses are rude, but they do not understand the stress that the nurses face at work. Participant 5 contended that *"nurses are sometimes rude because they are also humans. However, they are trained not to be rude"*. Moreover, the participant said that they sometimes face many patients who challenge them and maybe they sometimes have small arguments with the patients, but they quickly stop so the argument does not go too far.

Participant 5 stated; *"sometimes patients come here and expect us to be angels even when they insult us"*. The participant continued to say that within their categories, the training is not the same. Hence, when some nurses get to be in the higher rank, they know for sure that no matter what, if a patient challenge them, they must stay calm. However, the junior staff fights back and then it becomes a problem. All the participants stated that sometimes the patients are very harsh and do not understand that staff is always doing their best.

5.8.2 Subtheme: Work-home conflict

The participants expressed that sometimes they find it hard to balance work and home, but they must try because they are trained to leave their personal feelings at home and keep it professional. Because of having a high workload, the nurses are often stressed. This is likely to reduce the time and energy they can invest in their personal life and may lead to conflict between work and home demands. This was articulated by participant 5 that she has a child with chronic illness, and she is often stressed because she must come to work and leave the child at home, and sometimes she can't focus. She is trying to work hard and leave her personal issues at home even though she is stressed. This study revealed that participants often must balance their work and their home life, but it depends on situations of the individuals.

5.8.3 Subtheme: Advancement

Career development involves the management of individual's growth and development in his or her career (Gyansa, 2018). Majority of the participants express dissatisfaction with the lack of advancements and getting promotions. Participant 3 expressed *"what causes stress for me right*

now is that I want to continue with school and be a senior nurse, there were posts and I applied. But that was long time ago and only now at this age they finally allowed me to continue my studies”. The participant stated that it is not possible to go to school now because of her age and continued to express that the time she wanted to go to school, they didn't let her. She thinks her bosses were not fair to her. She said *“Now when I went back to school, I felt that I failed my exams because I am too old and busy. So, I blame my bosses for not letting me go to school earlier; now I have a lot on my plate and I can't continue my studies”*. The participant was very frustrated for not achieving her life goals, therefore sought to blame someone for not being successful as she wanted to be. The actions of the management practice have huge effect on the morale of workers. Literature review illustrated that competent, trustworthy and fair-minded leadership can fabricate and maintain high morale.

5.8.4 Subtheme: Motivation

Literature review showed that the nurses need motivation in order to accomplish their tasks, deliver excellent care and add to the improvement of the nursing profession (Kamanzi and Nkosi, 2011). Factors such as nurses' workload, working conditions and benefits in the work environment, nurse-physician relationships, nursing leadership styles, reward systems, opportunities for advancements and development and being recognized have been reported to contribute to nurses' levels of motivation (Kamanzi *et al.*, 2011). The majority of the participants were found to lack motivation, especially participant 4 who articulated that if circumstances were different, he would quit the nursing profession.

This study proved that the working conditions may affect the motivation of the nurses to stay at work and contributes their stress. Participant 2 stated *“I regret choosing this profession; this has caused stress for me because every morning I hate coming to work and sometimes I just want to be absent”*. This proves that many of the nurses who are absent lack motivation to be at work. The participants stated that just a couple of months ago; there was a nurse that quit his job because he could not handle all the stress he was under. The nurse decided to stay at home and be unemployed. Participant 1 stated that *“I am not motivated to come to work, I've been working at this clinic for a long time but there are no improvements of the working conditions. My salary did not increase and if I didn't have so many responsibilities, I would quit my job”*. According to Toode (2015), work motivation determines nurses' behaviour and performance when offering high quality

nursing practice. Moreover, health care nurses comprise the biggest employment group in the health workforce, a group on which the quality of delivered health care is very much depended on. The participants were found to lack motivation and have no desire to wake up and go to work.

5.9 Conclusion

This chapter discussed the results of the interviews that were conducted to provide insight into the nurses' perceptions and experiences of occupational challenge and occupational stress. Where relevant, the identified themes were compared and integrated with relevant literature. The subject's articulation of their perception and experiences were reported verbatim where necessary to substantiate themes that emerged during data analysis. In the next chapter, the conclusions about the findings of the study are made.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

The results of this study were detailed in chapter four. In this chapter an overview of the findings of the study, together with the conclusions of the results and integration with the previous research is presented. The recommendations for future research are also discussed.

6.2 Conclusions

Conclusions are made in the following paragraphs in accordance with the research questions and findings obtained in the study.

6.3 Answers to the Research Questions

6.3.1 What are the Occupational Challenges Faced by the Nurses Working IN Chesterville Clinic?

The results indicate that the nurses are faced with many occupational challenges such as workload, work environment, physical infrastructure, and patients. These challenges are discussed below in relations to the objectives of the study.

- **Nurse workload**

The findings of this study revealed that there was an increase in the workload of the nurses working at Chesterville Clinic. The participants complained that the workload was getting too much. To a point where they felt like each one of them was doing the work that was supposed to be done by two people. Moreover, the participants stated that this has led to a lot of psychological distress. During the interview the participants expressed that they cannot handle the workload, and nothing has been done to change that. Another problem that the nurses identified were that the government does not want to hire more staff while the number of the patients is growing that visit the clinic each day. The findings of this study uncovered that the Chesterville clinic is not only providing services to the community of Chesterville Township but also to other neighbouring communities. This is difficult for the nurses to finish on time as they have to serve more than hundred people a day. Moreover, the nurses stated that they cannot even take a break as they have to finish the work

at 4pm. The findings in the previous chapter prove that the nurses working at Chesterville clinic are faced with a major workload which contributes to occupational stress.

- **Work environment and physical infrastructure**

The findings of this study revealed that the work environment was not conducive enough for the nurses and the physical infrastructure was not in good condition. During an interview the participants even showed the researcher that the building was very old and unsafe. There is no fence that surrounds the clinic and there are no security guards that will ensure the safety of the nurses. This compromises the safety of the employees.

- **Patients**

This study revealed that there were many patients that were visiting the clinic with inadequate staff. The participants stated that this contributes to increased waiting time. Therefore, this is one of the causes of conflicts between the nurses and the patients. The participants revealed that many patients complain that they spend many hours at the clinic with no service. The study also found out that the patients often take out their frustrations on the nurses as they do not understand that there is a shortage of staff.

6.3.2 How does the occupational challenges contribute to occupational stress of the nurses working at Chesterville clinic?

Occupational stress is caused by negative factors that an employee faces at work. The results that were discussed in the previous chapter reflect the participants' experiences and views on occupational stress. Many studies proved that occupational stress has been linked with many psychosocial work factors such as long working hours, workload and working conditions. This study sought to investigate how the occupational challenges contribute to occupational stress of the nurses. The findings of this study showed that the nurses were faced with many personal and organisational stressors. The participants expressed that they were having a hard time trying to balance work and home due to many negative factors associated with their jobs. The study has also shown that if the employees are working under poor conditions, they are susceptible to stress. In this regard, in relation to the Conservation of Resources (COR) theory, the researcher also found out that with the loss of many resources the nurses require it has driven them to be exposed to high levels of stress. Moreover, this study has also revealed that the majority of the nurses working at

Chesterville clinic were experiencing high levels of occupational stress which for some of them has resulted to chronic stress. Normally one can conclude that this chronic stress has been caused by organisational stressors, such as unpredictable shifts and the working conditions. The participants rose that the job demands, and the lack of resources made it difficult for them as there is a huge shortage of staff which puts so much pressure on them. The participants were also experienced personal stressor with having the responsibility to balance work and home. However, some participants stated that they are trained to leave their personal feelings at home in order to focus at work. With the nature of their job they must be able to not let their personal feelings interfere with their job. The findings of this study unpacked the organisational and personal stressors that nurses experience at Chesterville clinic.

6.3.3 How does shortage of staff affects the nurses working at Chesterville clinic?

The findings of this study indicated that the nurses at Chesterville clinic were very unsatisfied with the shortage of staff. All the participants complained that the reason why there are long queues is that there are only few nurses working at the clinic. This results in patients blaming the nurses by saying that they are not doing their job. The findings revealed that the shortage of nurses is due to imbalance in the supply and demand of the nurses. With that being said, the study also found out that more than 7 nurses resigned from the clinic in less than two years. The main reason that made those nurses to resign was that it was very difficult for them to work in that situation. They were always stretching themselves and that has led to emotional exhaustion and contributed to occupational stress.

6.3.4 How do working conditions affect the nurses working at Chesterville clinic?

The findings of this study revealed that the nurses working at Chesterville clinic were working in poor conditions that has led to occupational stress. The researcher found out that one of the major points raised by all participants was the lack of space at the clinic. While conducting the interviews, the researcher had seen that there was lack of adequate space for the nurses to work. To a point where the room the researcher used to conduct interviews was the same room used for immunization as well as male toilet, which was shocking. This shows that the employer doesn't care about the working conditions that the nurses are working in.

6.3.5 How does the occupational challenges affect the wellbeing of the nurses working at Chesterville clinic?

The findings of this study uncovered that the wellbeing of the nurses was at risk, as they were overwhelmed by challenges, they face at work such as lack of resources, personal stressors, poor working conditions, and low wages which contributed to the low morale of the nurses and that has led to stress. Overwork, especially in public health care can also lead to many health complications such as risk of infections, physical injuries and psychological illness. The nursing profession was often chosen as a calling, but now the nurses felt that government as the employer was marginalizing them and the same people they were trying to serve.

6.4 Recommendations

The findings of this study added to the growing body of literature that suggests that the nurses in public health care were experiencing occupational stress when they faced many occupational challenges. The current research also adds to the knowledge about how the nurses experience occupational stress. In addition, the findings of this study might be useful to understand what can be done to help the nurses who experience occupational stress that will make the working conditions better. This study revealed that although it is necessary to help those nurses who experience personal stressors, the researcher believes that intervention on the organisational approach is more important rather than an individual approach. As most stressors were found to be at an organisational level:

- It is recommended that the budget for Chesterville clinic must be increased and how it can be properly organized.
- It is recommended that the issue of shortage of the staff needs to be speculated since it was found out that increased workload of the nurses rose from inadequate staff. Thus, the government can look into employing more nurses in the public health care.
- It is recommended that the salaries and advancements of the nurses be considered as one of the solutions to increase their morale and motivation.
- The researcher recommends the establishments of strategies on how the advancements and further education of the nurses can be incorporated. The final part may be to discover what the appropriate salary is and how it can be increased over the years.

With all the recommendations above that were stated by the researcher, it may be valuable for

future studies to focus more on how the nurses can deal with occupational stress, since many existing studies have presented the causes of occupational stress.

6.5 Conclusion

This study sought to investigate occupational challenges faced by the nurses in public health care. The study revealed that the occupational challenges faced by the nurses and concluded that it contributes to occupational stress. In this chapter, the conclusions were made based on the objectives and research questions of the study. Finally, the chapter concluded with the recommendations for future research.

6.6 References

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APPENDIX - A

LETTER OF INFORMED CONSENT

**UNIVERSITY OF KWAZULU-NATAL
MANAGEMENT, IT & GOVERNANCE**

MCOM Research Project

RESEARCHER: MISS. N.C ZONDI (0793296201)

Supervisor: Dr. A.B PLAATJIES (031 260 7254)

Dear Respondent,

I **Nqobile Zondi** am a Master of Commerce student, at the Management, IT and Governance, of the University of KwaZulu-Natal. You are invited to participate in a research project entitled: **OCCUPATIONAL CHALLENGES FACED BY THE NURSES IN PUBLIC HEALTH CARE: :THE CASE OF CHESTERVILLE CLINIC.** The aim of this study is to tackle the problem identified amongst the nurses employed in public health care. There is a growing number of the challenges that the nurses face and these challenges affects the wellbeing of the nurses, such as contributing to occupational stress. Through your participation I hope to achieve an understanding of the problems at hand. The results are intended to contribute on improving the wellbeing of the nurses working in public health care. Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this interview. Confidentiality and anonymity of records identifying you as a participant will be maintained by the Management IT & Governance, UKZN. If you have any questions or concerns about participating in the interview or about participating in this study, you may contact me or my supervisor at the numbers listed above. The interview should take about 45 minutes to an hour. I hope you will take the time to participate.

Sincerely

Investigator's signature _____ Date _____

**UNIVERSITY OF KWAZULU-NATAL
MANAGEMENT, IT & GOVERNANCE**

MCOM Research Project
Researcher: Miss. N.C ZONDI
Supervisor: Dr. A.B PLAATJIES

CONSENT

I.....(full names of participant)
hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

I hereby consent/do not consent to record the interview.

SIGNATURE OF PARTICIPANT

DATE

.....

APPENDIX – B

RESEARCH INSTRUMENT

UNIVERSITY OF KWAZULU-NATAL

Management, IT & Governance

MCOM Research Project

Supervisor: Dr. A.B PLAATJIES

Title of study:

**Occupational challenges faced by the nurses working in public health care:
The case of Chesterville Clinic**

Interview Questions

1. Facts about participants career as nurse.
 - 1.1. Can you tell me more about your job?
 - 1.2. How long have you worked at Chesterville clinic?
 - 1.3. What are your daily tasks as a nurse?
2. What do you consider to be the most important source of stress for you as a nurse?
3. What are some of the stressors that you face in your work environment? Tell me more about it?
4. How does shortage of staff affect you as a nurse working in Chesterville clinic?
5. How are you affected by working conditions as a nurse working in Chesterville clinic?
6. Can you relate any experience of stress in this clinic?
7. How does excessive stress affect your attitude and behavior towards your patients?

8. From a variety of duties, you perform, what do you consider to be more stressful?
9. How does all the challenges above say about your morale as a nurse?
10. How is your motivation as a nurse?
11. What do you think the organization can do to make your work life less stressful?

APPENDIX - C

SECTION A:

PERMISSION FROM THE CLAIRWOOD HOSPITAL



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

CLAIRWOOD HOSPITAL

Postal address: private bag x04, Moberi, 4060
Physical address: 1 Higginsons Highway, Moberi, 4060
Tel: 031 451 5179/81 fax: 031 4622882
Email: Buyiswe.Mabaso2@kznhealth.gov.za

Medical department

Reference: Research
Enquiries: Dr BG Mabaso

Date: 09 November 2018

UKZN
School of Management, IT and Governance
College of Law and Management Studies
Westville Campus

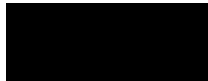
Re: Permission to conduct research at Chesterville Clinic

Dear Ms NC Zondi

Clairwood hospital is hereby granting you authority to conduct research with a title "**Occupational Challenges faced by nurses in Public Health Care contribute to occupational stress: Case of Chesterville Clinic**". This permission is subject to approval by ethics committee prior to commencement of your study.

Kindly please liaise with Sr Ramashala at Chesterville Clinic for any other queries

Kind Regards



MANAGER: MEDICAL SERVICES
CLAIRWOOD HOSPITAL

SECTION - B

PERMISSION FROM THE KWAZULU-NATAL DEPARTMENT OF HEALTH



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

Health Research & Knowledge
Management

Physical Address: 330 Langalibalele Street, Pietermaritzburg
Postal Address: Private Bag X9051
Tel: 033 395 2805/3189/3123 Fax: 033 394 3782
Email: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

Ref: KZ_201812_005

Dear Ms N Zondi
(UKZN)

Subject: Approval of a Research Proposal:

1. The research proposal titled '**OCCUPATIONAL CHALLENGES FACED BY NURSES IN PUBLIC HEALTH CARE CONTRIBUTE TO OCCUPATIONAL STRESS: CASE OF CHESTERVILLE CLINIC**' was reviewed by the KwaZulu-Natal Department of Health (KZN-DoH).

The proposal is hereby **approved** for research to be undertaken at Chesterville Clinic

2. You are requested to take note of the following:
 - a. *Kindly liaise with the facility manager BEFORE your research begins in order to ensure that conditions in the facility are conducive to the conduct of your research. These include, but are not limited to, an assurance that the numbers of patients attending the facility are sufficient to support your sample size requirements, and that the space and physical infrastructure of the facility can accommodate the research team and any additional equipment required for the research.*
 - b. *Please ensure that you provide your letter of ethics re-certification to this unit, when the current approval expires.*
 - c. *Provide an interim progress report and final report (electronic and hard copies) when your research is complete.*
3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Ms G Khumalo on 033-395 3189.

Yours Sincerely,

Dr E Lutge

Chairperson, Health Research Committee

Date: 14/03/19

SECTION – C

ETHICAL CLEARANCE



13 October 2021

Nqobile Zondi (214520766)
School of Management, IT & Governance
Westville Campus

Dear N Zondi,

Protocol reference number: HSS/1658/018M

Project title: Occupational challenges faced by nurses in Public Health care contribute to Occupational Stress: Case of Chesterville Clinic

Amended title: Occupational challenges faced by the nurses working in public health care: The case of Chesterville Clinic

Approval Notification – Amendment Application

This letter serves to notify you that your application and request for an amendment received on 07 July 2021 has now been approved as follows:

- Change in title

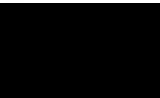
Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form; Title of the Project, Location of the Study must be reviewed and approved through an amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

All research conducted during the COVID-19 period must adhere to the national and UKZN guidelines.

Best wishes for the successful completion of your research protocol.

Yours faithfully



.....
Professor Dipane Hlalele (Chair)

/ms

Humanities & Social Sciences Research Ethics Committee
UKZN Research Ethics Office Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Tel: +27 31 260 8350 / 4557 / 3587

Website: <http://research.ukzn.ac.za/Research-Ethics/>

Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

INSPIRING GREATNESS

APPENDIX - E

EDITOR'S CERTIFICATE



123 King Edward Avenue
Scottsville
Pietermaritzburg
3209

LETTER OF ACKNOWLEDGEMENT

To Whom It May Concern:

This letter serves to confirm that Nqobile Zondi (Student number: 214520766) submitted her Master's research project for proofreading and editing. Editing was done from the first to the last chapter.

For further details please contact us on: Kamilieds24@gmail.com; 0714303596.



Sindiswa Ndamane (Editor)

APPENDIX - F

OVERVIEW OF THE STUDY

Participant 1

Place: Chesterville clinic

Date: July 4 2019

Time: 9am – 3pm

Day and weather: During the day, on a warm weather.

Research interview

1. Facts about participants career as nurse.

1.1 Can you tell me more about your job?

I am a staff nurse, and I have 35 years of experience working as a nurse. I love my job and it makes me very happy to be able to help someone else.

1.2 How long have you worked at Chesterville clinic?

I have been working at Chesterville clinic for 11 years.

1.3 What are your daily tasks as a nurse?

I have to examine the patients and I do injections and I also assist the sister nurse with whatever she needs.

2. What do you consider to be the most important source of stress for you as a nurse?

I do a lot of work and my salary does not match my job, I've been working for more than 35 years, but my salary does not increase. And another thing, the most stressful thing is

that when I stay in the clinic until late, I risk my life because it is not safe to wait for a taxi outside the clinic on the main road.

3. What are some of the stressors that you face in your work environment? Tell me more about it?

What I can say is that the clinic is not in the right condition to function and that it is very small. To be honest it is so hard to even get things done on time, because we are all squashed in this small space.

4. How does shortage of staff affect you as a nurse working in Chesterville clinic?

First of all, seven people have resigned from the clinic, but they haven't been replaced, some retired. Hence the minority of us are failing to do the work of those seven people that have left the clinic. Shortage of staff is the cause of the workload. While you are trying to do more of that work, more patients enter the clinic, hence the long queues. As for the patients, they already know that we are short staffed. They should understand more instead of saying we are not doing our work. Uhm...however, I don't blame them, yesterday one of the patients said that she had been here for a very long time. I think the patient waited for hours. Well there's nothing we can do; the queue is very slow because we are short staffed. Me and my colleagues work as a team, but I just think that the shortage of staff make it difficult for us to work, we all feel so tired.

5. How are you affected by working conditions as a nurse working in Chesterville clinic?

Well, the working conditions are pretty bad. I have a very hard workload, we are not only serving people from Chesterville, but other communities come here to. Even when it's time for me to knock off, I now have to put in the hours. The government does not even pay overtime, but what can I do. I have to stay until the patients are finished.

6. Can you relate any experience of stress in this clinic?

Sometimes I am stressed because I see the queue is very long and the time for me to leave work is approaching. Oh my God! I feel so frustrated because we cannot take two patients at a time. Also, the immunization room is not spacious and it is also used as the male toilet and a store room.

7. How does excessive stress affect your attitude and behaviour towards your patients?

Sometimes patients complain, because we leave the clinic at four, but they do not understand that the clinic has to be closed. Nurse was a calling; hence I hate leaving the clinic while patients are still waiting. Even if it's time for me to go home, I wait until all the patients have been helped. The patients can be a little rude, but I always understand that they are also frustrated. I am very professional, so I always try to help the way I can.

8. From a variety of duties, you perform, what do you consider to be more stressful?

First of all, we only have one room that we use, which is also one of the causes for the long queues. We can only take one patient at a time for a privacy reason. So, let me tell you, basically this is how we work; Let's say the patient enters the room, I have to check his or her card which injection I should inject him or her with. I have to examine him/her, write down that I have attended the patient, inject the patient and then tell the patient what is going to happen. There are two staff nurses responsible for injections, bear in mind that there are other people in the queue that are waiting for injection. When I'm done injecting the patients, I ask for their card. But you won't believe that there is only one room that we use, and there is a lot of patients. Well before, we use to have two beds, but we were told to remove the other bed and use just one bed. The workstation is bad, there is no space.

9. How does all the challenges above say about your morale as a nurse?

I have low morale, I can't do anything, I can't resign and I can't go somewhere else because of my age. If I could leave or there was a way, I would leave the government, leave the department of health, because basically the government hasn't done anything for me, even though I have worked for years.

10. How is your motivation as a nurse?

I am not motivated to come to work, I've been working at this clinic for a long time but there are no improvements of the working conditions. My salary did not increase and if I didn't have so many responsibilities, I would quit my job.

11. What do you think the organization can do to make your work life less stressful?

All I can say is that maybe they can try to hire more staff because the workload is killing us.

Participant: 2

Place: Chesterville clinic

Date: July 4 2019

Time: 9am – 3pm

Day and weather: During the day, on a warm weather.

Research interview

1. Facts about participants career as nurse.

1.1 Can you tell me more about your job?

I am a nurse; well everyone knows but yes, I am a professional nurse and I have been a nurse my whole life. I love my job even though it can be stressful at times.

1.2 How long have you worked at Chesterville clinic?

For about 4 years now.

1.3 What are your daily tasks as a nurse?

Giving injections, attending emergencies and a whole lot of paperwork.

2. What do you consider to be the most important source of stress for you as a nurse?

I work very, very hard but the salary is very low, I'm very stressed and I'm not happy at all, because I have many debts. I have kids to take care of, and the salary is not really much, I think I work like a doctor, hahaha. But on a serious note, there is no single nurse in the entire South Africa who is happy with their salary.

3. What are some of the stressors that you face in your work environment? Tell me more about it?

Ok, first of all the resources are very horrible, how can there be enough resources when there is not even a Panado at the clinic. There is a fridge for kids' immunization, but it's broken and it hasn't been working for months, it has been reported number of times, but they've said there is no money to fix it. Mothers come with their babies for immunization and it is always hard to be the one who is available to tell them that they should come back another time because the fridge is not working. I cannot put immunization on the fridge that is not working. We place complains all the time. Let me tell you something, there is not even lack of resources, there are no resources available at all!

4. How does shortage of staff affect you as a nurse working in Chesterville clinic?

The workload is becoming more, because these days if a nurse resigns or retire they are not replaced.

5. How are you affected by working conditions as a nurse working in Chesterville clinic?

Well the working conditions are not very good, I do a lot of work at the same time I clean the clinic, wipe the floors which is not even my job. The shortage of staff is also a big problem, not to mention the resources, ohh...what resources?

6. Can you relate any experience of stress in this clinic?

Well I hate it that sometimes we have to clean the clinic in the morning when we arrive. That means we are doing work that is out of our scope. We also do a lot of work, and I don't like it.

The Department of Health does not pay for extra hours we work. I mean we work extra hard but instead of getting paid for that extra work we are just given days off, like really? I would prefer to be given extra salary because I work extra hard and I do not earn much.

7. How does excessive stress affect your attitude and behaviour towards your patients?

Some patients take out all they frustrations on me, they insult me, or before I forget to tell you this, recently one patient threatened to strangle me, because we have been waiting for a couple of hours, but I don't know why they don't understand the workload we face, because we tell them every day that the clinic is busy and they need to be patient. But my

behaviour towards the patients is always professional, I don't pay attention even if they insult me, I just do my job.

8. From a variety of duties, you perform, what do you consider to be more stressful?

When we work, we work as a team, but with only just few nurses working, the workload is very big. So, we have to multitask and take multiple roles. We don't even go to lunch sometimes, because we have a lot of paperwork to do and many patients to see.

9. How does all the challenges above say about your morale as a nurse?

I have a very low morale, I'm not happy at all. Sometimes I just wish to be absent, but I have to work for my kids.

10. How is your motivation as a nurse?

I am not motivated at all, I regret choosing this profession; this has caused stress for me because every morning I hate coming to work and sometimes I just want to be absent. Just a couple of months ago, there was a nurse that quit his job because he could not handle all the stress he was under. The nurse decided to stay at home and be unemployed.

11. What do you think the organization can do to make your work life less stressful?

They need to put more resources and hire more people.

Participant: 3

Place: Chesterville clinic

Date: July 4 2019

Time: 9am – 3pm

Day and weather: During the day, on a warm weather.

Research interview

1. Facts about participants career as nurse.

1.1 Can you tell me more about your job?

I'm a nurse, and I love my job, it's a very stressful profession, but I chose it because I love helping people.

1.2 How long have you worked at Chesterville clinic?

I've been working for 11 years.

1.3 What are your daily tasks as a nurse?

Seeing the patients, paperwork, giving injections.

2. What do you consider to be the most important source of stress for you as a nurse?

I love my profession, but the workload is too much to handle. The workload is becoming more because these days when the nurse resigns or retire, they are not replaced any more. Then we are the ones who suffer because we are the ones who do more work. We get pressures from the authorities about new programs that needs to be done, and yet the work environment is not conducive, and the resources are very minimal to facilitate the programs. And I also feel there is not enough support for me to be trained to be in that project so that it runs smoothly.

What causes stress for me right now is that I want to continue with school and be a senior nurse, there were posts and I applied. But that was long time ago and only now at this age they finally allowed me to continue my studies. It is not possible to go to school now because of my age and when I wanted to go, they didn't let me, so I just think my bosses didn't care. Now when I went back to school, I felt that I failed my exams because I am too old and busy. So, I blame my bosses for not letting me go to school earlier; now I have a lot on my plate and I can't continue my studies.

3. What are some of the stressors that you face in your work environment? Tell me more about it?

I don't understand how the government property is not fenced we have had many incidents with criminals who have been chased by the police enter the clinic and pretend to be patients, this had happened three times before, imagine, three times! There is no boom gate with a security guard. Therefore, the government doesn't care about our safety. This makes me very angry! I feel very unsafe as anyone can enter our workplace and hurt any of us.

The walls and floors have cracks, there are always burst of pipes and holes on the floor which is very dangerous, anyone could trip and fall. It is very difficult to work because whenever we report these problems the feedback always come back and say there are no funds at the Department of Health.

4. How does shortage of staff affect you as a nurse working in Chesterville clinic?

There is a huge shortage in this clinic, we are missing half of the staff, so it's like one person is doing the work of two people. You can't even imagine how that feels like. I am being overworked to be honest.

5. How are you affected by working conditions as a nurse working in Chesterville clinic?

Sometimes run out of medication but it is not as bad as in other clinics.

6. Can you relate any experience of stress in this clinic?

Within our categories, there is a big wage gap between us and yet we all have the same amount of work. This causes stress, I feel angry with myself that I am not achieving what

I want to achieve. To be honest, the main issue is money and comfort, if I don't have these, then it is difficult to be happy at work. For example, I was given 10 days leave, and I was asked if I wanted to sell my days. After selling my leave days I was paid only R2500. We work hard and our salaries should increase every year since the pile of work we have to do increases every day.

7. How does excessive stress affect your attitude and behaviour towards your patients?

The patients complain a lot and they do not understand that sometimes there is only one senior nurse working at a time. Patients are very harsh, they don't even want us to go on lunch, if we go to lunch, they usually say the nurses are not doing their job. This sometimes makes me very angry, because I work very hard, but it's like they are not even recognizing. Some patients are very rude, but I try to stay calm.

8. From a variety of duties, you perform, what do you consider to be more stressful?

Sometimes I am stressed because I see the very long queue and the time for me to leave work is approaching, we cannot take two patients at the same time because sometimes they are an opposite sex and we cannot attend them at once. We sometimes use our toilet to give patient an injection just because we are running out of time and the clinic needs to be closed at four o'clock.

9. How does all the challenges above say about your morale as a nurse?

I have no morale at all, how can I be happy when I'm always stressed at work. My salary is low, it does not even match my job, I think the government should do something about this. Because the nurses work really hard. But what do we get? Just a few thousands.

10. How is your motivation as a nurse?

I don't think my motivation is high, I just wake up and come to work, because I have to pay my bills.

11. What do you think the organization can do to make your work life less stressful?

I would be very happy, if they can hire more staff. There are so many graduates that are staying at home and have no jobs, they should start looking for those people, because we are suffering.

Participant: 4

Place: Chesterville clinic

Date: July 4 2019

Time: 9am – 3pm

Day and weather: During the day, on a warm weather.

Research interview

1. Facts about participants career as nurse.

1.1 Can you tell me more about your job?

Well I'm a nurse as you can see. So, I see patients and I give injections, giving medication and there are many things to do. If I can count all of it, we will never finish with this interview.

1.2 How long have you worked at Chesterville clinic?

I have worked here for years.

1.3 What are your daily tasks as a nurse?

Like I have said before, I see patients, and basically do injections and giving medication.

2. What do you consider to be the most important source of stress for you as a nurse?

I wish that one day we can have more salary since we work so much. We do not earn a lot of money and we are excluded from a lot of things. We don't even get the subsidy, and imagine, we are working for the government and they don't even care whether we have a shelter or not, ridiculous! We cannot even afford to take our kids to university because our salaries are too low, so we always have to take loans which make us to be in debt. This is why I'm always so stressed.

3. What are some of the stressors that you face in your work environment? Tell me more about it?

I don't even know where to start, there is shortage of medication and sometimes we order medication but they do not get delivered to the clinic. Do you know how frustrating it is

telling the patient that there is no medication? And I can't even imagine how a patient feels like when we tell them that there is no help.

4. How does shortage of staff affect you as a nurse working in Chesterville clinic?

Shortage of staff affect everyone but speaking for me I would say that these couple of years working at Chesterville clinic has been very hard. I think I do the work of two or three people. I am not coping at all. We take on many tasks and that is why It is always packed here at the clinic. There's a lot of people that have resigned or retired here and those people haven't been replaced. Six or seven people if I am not mistaken, basically half of the staff have left the clinic.

5. How are you affected by working conditions as a nurse working in Chesterville clinic?

The working conditions are not good at all. We are overworked, and the working environment is horrible. We do not have all the resources we need. We lack medication and the equipment's are old. So, I will say that the working conditions are very poor.

6. Can you relate any experience of stress in this clinic?

Workload is really stressing us because we are not only serving people from Chesterville Township. Other communities from the surrounding areas such as Mayville and Cato Manor also come to our clinic.

7. How does excessive stress affect your attitude and behaviour towards your patients?

I am a very professional nurse. I take pride in my job. Even though I face many challenges here I still try to be professional to the patients, but like I have said before, due to the shortage of staff there is a very long line and patients end up losing their cool and saying mean things to me, but I try to be professional even though the patients challenges me.

8. From a variety of duties, you perform, what do you consider to be more stressful?

Basically, having to see many patients a day. You know that sometimes I don't go to break because the patients will complain and start saying we are not doing our job. Like that really gets me mad. These people don't understand that us nurses we are also humans. How can we work well when we haven't even eaten?

9. How does all the challenges above say about your morale as a nurse?

Well, my morale is very low because I am not satisfied at all, the work environment, salary and resources are terrible. I'm concerned about safety since the clinic is built next to the main road and many people come as they please. If I can tell you this, many nurses have resigned it must be because of low morale. One of the nurses who also became a friend of mine recently resigned due to stress and right now as we are speaking, he is unemployed. There is just too much pressure at the Department of Health, I can't deal with this.

10. How is your motivation as a nurse?

Well to be honest, nothing motivates me to work at this clinic. If circumstances were different, I would quit the nursing profession. I'm just working now, because I have to.

11. What do you think the organization can do to make your work life less stressful?

The government need to put resources and try to fix this clinic. Look at all the cracks on the wall, look at the floor. If I can give you a tour around this place you would see for yourself that this place is not in good condition.

Participant: 5

Place: Chesterville clinic

Date: July 4 2019

Time: 9am – 3pm

Day and weather: During the day, on a warm weather.

Research interview

1. Facts about participants career as nurse.

1.1 Can you tell me more about your job?

I'm a sister nurse, I basically see the patients and I give them a diagnosis if need be.

1.2 How long have you worked at Chesterville clinic?

I've been working for 8 years.

1.3 What are your daily tasks as a nurse?

I oversee what's going on at the clinic.

2. What do you consider to be the most important source of stress for you as a nurse?

I would say that the workload is too much, people come from different areas. We see a lot of people in a day; therefore, it makes it too much.

3. What are some of the stressors that you face in your work environment? Tell me more about it?

With Chesterville clinic it is so inconvenient, the building is a municipality. We are renting and we have a small portion where we have to squeeze everything.

4. How does shortage of staff affect you as a nurse working in Chesterville clinic?

We have two sister nurses, one staff nurse, one enrolled nurse on top of that we are very short and when some nurses fall sick, we can't even close the clinic, we have to continue to work. To be honest, we are so overworked. We close at 4, but usually around 4 o'clock there is still a lot of people that needs to be attended so we stay until the people are finished and we don't get paid for the extra hours.

5. How are you affected by working conditions as a nurse working in Chesterville clinic?

Well, to be honest, we have all the medication even the equipment is there, it's just the infrastructure that is very, very bad, because we have only one room that is used as a male toilet and also as consultation room. That's the only problem I think we have. I almost forgot one thing, you know that this clinic has no gate, I'm sure you've seen when you got here, it's not safe here and it's just next to the road.

6. Can you relate any experience of stress in this clinic?

Well, I was once stressed, it happened last year when my child was sick and I came to the clinic and I couldn't focus and they had to send me home but even though I get stressed now I try very hard not to bring my personal problems at work, but I'm human too (giggles).

7. How does excessive stress affect your attitude and behaviour towards your patients?

First of all, we try by all means to be professional and all I can say is that nurses are rude because they are human beings, but we are trained not to be rude, but sometimes we face many patients who challenges us, and maybe we have those arguments but we come back to our senses quickly. When patients come here, they expect us to be angels, the other thing is that even in our categories, our training is not the same, when you get to be in a higher rank you know for sure that no matter what, even if the patient challenges you, you have to stay calm. But with the junior categories, they fight back, and it then becomes the problem. Well, I have never been threatened by a patient, but some nurses had been threatened.

8. From a variety of duties, you perform, what do you consider to be more stressful?

Well, many patients complain because the shortage of staff, today I had to consult around 9:30am, because there was an emergency, and I was the only sister working, but after that the patients who were waiting were very angry because they couldn't understand that I had to attend to an emergency.

9. How does all the challenges above say about your morale as a nurse?

To be honest, my morale is very high because I have visions and I have goals, so I'm very happy at work.

10. How is your motivation as a nurse?

I have a very high motivation, because I'm very happy at work.

11. What do you think the organization can do to make your work life less stressful?

Hire more staff, that's all I can say.

Participant: 6

Place: Chesterville clinic

Date: July 4 2019

Time: 9am – 3pm

Day and weather: During the day, on a warm weather.

Research interview

1. Facts about participants career as nurse.

1.1 Can you tell me more about your job?

I'm a staff nurse, and I've been working as a nurse since I was very young.

1.2 How long have you worked at Chesterville clinic?

I have worked in Chesterville clinic for about...mmh...8 years, but I have been a nurse for more than 30 years.

1.3 What are your daily tasks as a nurse?

We do emergency check list and help sister nurse, I'm giving injections, medications...

2. What do you consider to be the most important source of stress for you as a nurse?

I think that the workload is just too much for me. Besides attending the patients, when we come in the morning, we have to clean the clinic sometimes, and that is not even our job, but what can we do. We work with people and it's the Health Department and it always needs to be clean.

3. What are some of the stressors that you face in your work environment? Tell me more about it?

We have no injections at this clinic, we usually give the patients only anti-biotic, but we have never sent patients home because of lack of medication.

4. How does shortage of staff affect you as a nurse working in Chesterville clinic?

There are seven people who have left the clinic and they have not been replaced, just to be specific, one EN left, DPT left another two sisters left an EN just left, oh wait there is an

ENA left. Out of all those people, they have not been replaced, so you see that we have very, very huge shortage of staff.

5. How are you affected by working conditions as a nurse working in Chesterville clinic?

This is an old building, as you can see, just take a look at it. Do you think it is in a good condition for us to be working under? I don't think so. The working conditions are very bad, we are often very stressed, we have to deal with a shortage of staff and now we have to deal with the lack of resources, rude patients, it is just too much.

6. Can you relate any experience of stress in this clinic?

Last Thursday I had to tell a mother that we cannot immunize her baby because the fridge that has immunization is broken, that really stressed me, because we have reported this long time ago and it's still not fixed. And I don't even know when they are going to fix it, but in the mean time we keep on sending them home.

7. How does excessive stress affect your attitude and behaviour towards your patients?

The patients obviously can see that the clinic is very slow nowadays. It takes a long process to attend to one patient. Patients that are from Chesterville can understand, because we have been serving them for a very long time, but I think it's those who come from other communities that usually have a problem. Even though I get stressed, I don't take out my frustration on patients. But people usually complain, they don't understand that there is one sister working, I think the patients don't even want us to go to lunch.

8. From a variety of duties, you perform, what do you consider to be more stressful?

One thing that I can say, is that we have no functional work space, the infrastructure is just horrible. The government should do something about it, but I really doubt it's going to happen anytime soon.

9. How does all the challenges above say about your morale as a nurse?

My morale is low because I can't do anything. I can't even resign and go somewhere else I'm very old. If I have a chance to leave the government or the Department of Health I

would definitely do it. What has the government done for me? Nothing! You know that I have worked for more than 30 years as a nurse. But hehe!

10. How is your motivation as a nurse?

I don't think I have the motivation, because I think there are so many problems at work. In the morning we always have time to discuss and raise our concerns in the meeting, and I think I work well with my colleagues, but I think it's the whole Department of Health that is slowly draining me, I just wish to retire, but I still need to make enough money so I can live comfortably.

11. What do you think the organization can do to make your work life less stressful?

Shortage of staff is a problem, if they can fix that then I will be a happy person.

Participant: 7

Place: Chesterville clinic

Date: July 4 2019

Time: 9am – 3pm

Day and weather: During the day, on a warm weather.

Research interview

1. Facts about participants career as nurse.

1.1 Can you tell me more about your job?

I'm a registered nurse, I've been working for a very long time and I love my job. I work in a small clinic.

1.2 How long have you worked at Chesterville clinic?

I've been working since 2013.

1.3 What are your daily tasks as a nurse?

Giving injections, medications, assessing those who need special attention.

2. What do you consider to be the most important source of stress for you as a nurse?

Lack of resources, the clinic is very small, it is very hard to function and we see hundreds of people a day, that is stressful.

3. What are some of the stressors that you face in your work environment? Tell me more about it?

I can say that sometimes we run out of medications, which is very stressful to tell the patients, but I think is not as bad as in the other clinics.

4. How does shortage of staff affect you as a nurse working in Chesterville clinic?

Seven nurses have resigned and some retired but they were not replaced by the Department of Health. the patients know that there is a shortage of staff, but they are saying the nurses are not doing their job. I personally don't blame the patients because it is their rights to have basic health facilities, but I do blame the government. Now, due to shortage of staff the queues are very slow which contributes to stress because we don't even have enough

time to relax. Oh my God! This has become a big issue, especially with the registered nurses; they do lot of work because they are the ones that can prescribe medication, see and assess the patients. Of course, if there is only one registered nurse working, the queues are expected to be long.

5. How are you affected by working conditions as a nurse working in Chesterville clinic?

Due to long queues and to cut time, we used to put two beds in order to attend to two patients at a time to make it faster, but we were told to remove the other bed and use only one bed for privacy reasons. We don't have functional workstation, it's just so hard for us because there is no space.

6. Can you relate any experience of stress in this clinic?

There is one thing I would like to mention. It is about an agency called THANDILE AGENCY that was put for us. This agency determines whether the nurse should be given extra sick days or not. It doesn't matter how many sick letters you bring from your doctor; the agency will always decline and if you don't work you will have to pay back the days you took when you were sick if the agency declined to give you more days. If a nurse exceeds those 12 days of sick leave and if he/she takes extra days it will be deducted from their salary. It's so hard because it feels like you are being penalized for being sick.

7. How does excessive stress affect your attitude and behaviour towards your patients?

Sometimes the patients don't understand that the clinic has to be closed at 16:00pm. For me nursing was a calling! So, I hate leaving the clinic while the patients are still waiting. The most stressful thing is that when I stay at the clinic until late, I am risking my life because it is not safe to wait outside on the main road when it is late.

8. From a variety of duties, you perform, what do you consider to be more stressful?

It goes back to the issue of shortage of staff, especially registered nurses, there is an issue because they are the only ones that can prescribe, see and assets patients which makes the public upset, because of long queues.

9. How does all the challenges above say about your morale as a nurse?

The demoralizing thing is that I have been a nurse for 23 years and there are no advancements at all. The Department of Health has never sent me for more training and I am still doing the same thing I was doing 23 years ago. For this reason, I honestly don't take pride in my job anymore.

10. How is your motivation as a nurse?

I am not motivated, because I do a lot and my salary doesn't make me happy. I want to achieve things but I can't. It's like a vicious cycle, can't even afford to take my kids to the university. It just stresses me more.

11. What do you think the organization can do to make your work life less stressful?

Definitely employ more staff. And it's not a problem only at Chesterville clinic, but in the health sector.