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EXPERIENCES OF NEWLY EMPLOYED PROFESSIONAL NURSES REGARDING QUALITY OF WORK LIFE AT A PRIVATE HOSPITAL IN GAUTENG

by
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DEDICATION

I dedicate this dissertation to my late parents Gregory Zini and Lorraine Zini. They loved me unconditionally, invested in my early education, encouraged me to do my best and most importantly they taught me to be God fearing. My adoptive parents Bruce Walton and Delores Walton thank you for taking on the huge responsibility of caring for myself, Grelaine, Clinton and Natalie and raising us as your own.

And lastly to my loving husband Shane Abrahams who has been walking this journey with me, our lovely children Ashleigh, Keanan and Ryan I want to thank you all for always understanding, encouraging, supporting and allowing me to follow my dream.

“I can do all thing through Christ who strengthens me” Philippians 4:13
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SUMMARY

Quality of work life focuses on how people experience work and the main focal point thereof is to get employers and employees to work together to improve employees’ work experiences. However, an excessive workload, ambiguities in nurses’ roles, the challenging nature of nurses’ duties, and the lack of advancing nurses’ knowledge and skills acquisition remains a challenge that results in feelings of insecurity and anxiety.

The purpose of this study was to explore and describe how newly employed professional nurses experience quality of work life at a private hospital in Gauteng. The study will also assist in describing guidelines to improve newly employed professional nurses’ quality of work life. A qualitative, explorative, descriptive, contextual, and phenomenological research design was used to explore and describe the experiences of newly employed professional nurses regarding the quality of their work life at a private hospital in Gauteng. The target population for the study was newly employed professional nurses who were employed for less than 12 months in a private hospital in Gauteng. A purposive sample was utilised. Data was collected through individual, in-depth, semi-structured interviews until data saturation. An open coding qualitative method was used for data analysis. The researcher adhered to ethical principles. Principles of credibility, transferability, dependability, and confirmability were used to ensured trustworthiness.

Findings were conceptualised within the relevant literature. The following themes and their related sub-themes emerged as positive experiences: accepting supportive colleagues; teamwork; supporting management practices; and opportunities for professional growth through orientation and mentoring. Negative emotional experiences include: feelings of demotivation; stress and frustration; lack of reward and recognition practices; and inconsistent staff allocation. Guidelines, limitations, recommendations, and conclusions were made.
# TABLE OF CONTENTS

DEDICATION .......................................................................................................................... i  
ACKNOWLEDGEMENTS ......................................................................................................... ii  
SUMMARY .............................................................................................................................. iii  
CHAPTER 1 .............................................................................................................................. 1  
OVERVIEW OF THE STUDY ................................................................................................. 1  
  1.1 INTRODUCTION, BACKGROUND AND RATIONALE ............................................... 1  
  1.2 PROBLEM STATEMENT ......................................................................................... 3  
  1.3 RESEARCH QUESTIONS ....................................................................................... 4  
  1.4 PURPOSE OF THE STUDY .................................................................................... 4  
  1.5 RESEARCH OBJECTIVES ...................................................................................... 4  
  1.6 DEFINITIONS OF KEY CONCEPTS ......................................................................... 4  
    1.6.1 Experiences ..................................................................................................... 4  
    1.6.2 Newly employed professional nurses .......................................................... 5  
    1.6.3 Quality of work life ...................................................................................... 5  
    1.6.4 Private hospital .......................................................................................... 5  
    1.6.5 Gauteng ...................................................................................................... 5  
  1.7 RESEARCH DESIGN AND METHOD ...................................................................... 6  
    1.7.1 Research Design ........................................................................................... 6  
    1.7.2 Research Method ........................................................................................... 6  
  1.8 ETHICAL CONSIDERATIONS ............................................................................... 8  
    1.8.1 Informed consent ........................................................................................... 9  
    1.8.2 The right to self-determination ................................................................... 9  
    1.8.3 Anonymity and confidentiality ...................................................................... 9  
    1.8.4 The right to privacy .................................................................................... 10  
    1.8.5 The right to fair treatment ......................................................................... 10  
    1.8.6 Risk/benefit ratio ....................................................................................... 10  
  1.9 RESEARCH OUTCOMES ......................................................................................... 10  
  1.10 ORGANISATION OF THE PROPOSED CHAPTERS ............................................. 10  
  1.11 CONCLUSION ........................................................................................................ 11  
CHAPTER 2 ............................................................................................................................ 12
4.2.3 Theme 3: Negative emotional experiences regarding quality of work life.
........................................................................................................................................60
4.2.3.1 Sub-theme 3: Feelings of demotivation, stress, and frustration........61
4.2.4. Theme 4: Negative experiences with some work organisational aspects
........................................................................................................................................66
4.2.4.1 Sub-theme: Lack of reward and recognition practices.......................67
4.2.4.2 Sub-theme: Inconsistent staff allocation processes.........................73
CHAPTER 5 .......................................................................................................................77
GUIDELINES, LIMITATIONS, RECOMMENDATIONS, AND CONCLUSION...........77
5.1 INTRODUCTION .................................................................................................77
5.2 GUIDELINES TO IMPROVE THE QUALITY OF WORK LIFE FOR NEWLY
EMPLOYED PROFESSIONAL NURSES .....................................................................77
5.3 LIMITATIONS .....................................................................................................97
5.4 RECOMMENDATIONS ......................................................................................97
  5.4.1 Nursing education .......................................................................................97
  5.4.2 Nursing practice .........................................................................................97
  5.4.3 Nursing research .........................................................................................97
5.5 CONCLUSION ..................................................................................................98

LIST OF REFERENCES ..............................................................................................99

LIST OF TABLES

TABLE 3.1 Experiences of newly employed professional nurses regarding their
quality of work life at a private hospital in Gauteng....................................................23

TABLE 5.1 Guidelines to facilitate improvements regarding the newly
employed professional nurses’ quality of work life.................................................78
ANNEXURES

ANNEXURE A: Higher Degrees Committee Letter of Permission to Conduct Research

ANNEXURE B: Academic Ethics Committee Letter of Permission to Conduct Research

ANNEXURE C: Letter of Consent to conduct research in the Private Hospital

ANNEXURE D: Letter of Approval to conduct research in the Private Hospital

ANNEXURE E: Invitation to participate in research study

ANNEXURE F: Consent to participate in the research

ANNEXURE G: Consent to record the interview using a tape recorder

ANNEXURE H: Letter from Editor

ANNEXURE I: Transcription of an interview

LIST OF ABBREVIATIONS AND ACRONYMS

CT High Care: Cardiothoracic High Care
CTICU: Cardiothoracic Intensive Care Unit
ICN: International Council of Nurses
ICU: Intensive Care Unit
DENOSA: Democratic Nursing Organisation of South Africa
MBI: Maslach’s Burnout Inventory
OSD: Occupation Specific Dispensation
SANC: South African Nursing Council
CHAPTER 1
OVERVIEW OF THE STUDY

1.1 INTRODUCTION, BACKGROUND AND RATIONALE

Quality of work life is a major theme in human resource management and has evolved as a multidimensional concept since the 1930’s when it was introduced by the theorist Moyo (1880 -1949). An improvement in the quality of work life might have an effect on productivity (Nayeri, Salehi & Noghabi, 2011:107).

Newly employed nurses often find the clinical environment stressful due to the complexity of care giving and the pressures to meet organisational targets (Huntington, Gilmour, Tuckett, Neville, Wilson & Turner, 2011:1414). These nurses are also expected to be productive and to render an excellent and high standard of quality patient care whilst undergoing an adjustment process that can be challenging and intimidating. Issues of organisational culture, policies, and colleagues and patients’ expectations can also be extremely overwhelming (Khoza, 2005:47).

Within the nursing environment, the focus is always to deliver quality patient care. The quality of patient care and health care within an organisation can be linked to the professional nurse’s quality of work life (Clark & Brooks, 2010:301). Work demands were further increased by the National Core Standard for Health Establishments in South Africa’s (2011) rollout of quality care standards for patients. It emphasised private and public sector professional nurses’ compliance with these standards, and did not focus on the professional nurses’ quality of work life.

The quality of nurses’ work life focuses on providing opportunities for nurses to make meaningful contributions to their organisations. The assessment of quality of work life also focuses on those areas that are of interest to the professional nurses and the organisations by identifying work areas that can be modified to improve the quality of nursing work life (Brooks & Anderson, 2004:269). The quality professional nurses’ work life is viewed as being influenced directly and indirectly by organisational culture and environmental stimuli (Gifford, Zammuto & Goodman, 2002:14).
The organisations have excellent policies in place to recruit professional nurses, however when placements are made the support structures that enable smooth integration and adaptation are not always in place, causing anxiety and frustration. Successful integration and adaptation of newly employed professional nurses into the organisation contributes to their quality of work life (Cockerham, Figueroa-Altmann, Eyster, Ross & Salamy, 2011:237). Newly employed professional nurses are sometimes placed where there is an operational need yet the position that they have been interviewed for may not be available. The human resource departments are responsible for planning the placement of the newly employed professional nurses to ensure a suitable person-job fit (Muller, 2009:269).

The health organisation’s orientation programme does not always have the desired outcomes since newly employed professional nurses still require additional support and assistance from their colleagues at unit level, and these colleagues are not always available or able to assist. Orientation process outcomes should focus on creating informed employees, and this will encourage the newly employed professional nurses to perform at their full potential (Boyd & Sheen, 2014:32). Mentoring practices at ward level are lacking because senior nurses are often engaged with the day-to-day work demands, leaving minimal or no time to mentor the newly employed professional nurses. According to Weng, Huang, Tsai, Chang, Lin and Lee (2010:1-2), mentors can facilitate the newly employed professional nurses’ socialisation and make them feel welcome within the unit, since this strategy is considered to be a useful approach for retaining newly employed professional nurses.

Newly employed professional nurses expect decent working environments, which support them and encourage assistance from their colleagues. South African research studies found that newly employed professional nurses are generally dissatisfied with their working environment, and this dissatisfaction is caused by poor working conditions, increased workloads, lack of resource availability, inadequate remuneration processes, lack of career development opportunities, and poor organisational climate (Klopper, Coetzee, Pretorius & Bester, 2012:693). The government implemented the Occupational Specific Dispensation (OSD) to address some of the issues interfering with the newly employed professional nurses’ quality of work life.
Implementing suitable practices will lead to sound quality of professional nurses’ work life and contribute to more favourable outcomes for the health care provider, the patient, and the professional nurse’s self-esteem and productivity, strengthened by an enabling organisational culture (Vagharseyyedin, Vanaki & Mohammadi, 2011:787).

It is against this background that the researcher seeks to explore the phenomenon of quality of work life as experienced by newly employed professional nurses because no focus is currently directed to them, and hence they leave the organisations very soon, often within one year of employment, due to their poor quality of work life.

1.2 PROBLEM STATEMENT

The researcher has observed that the newly employed professional nurses become overwhelmed when dealing with the high demands of the patients, immediate family, doctors, and fellow colleagues in their work environment. The newly employed professional nurses’ experiences difficulties in adapting and settling into their new roles thus raising their anxiety levels and making them feel uncertain (Khoza, 2005:47). The researcher has further observed that the newly employed professional nurses’ quality of work life is affected by an excessive workload, uncertainty of what is expected from them, and a lack of support from colleagues and management that leads to frustration and a high attrition rate.

Private hospitals operating in a competitive business environment place a high premium on quality patient care to ensure profit margins, customer centricity, and organisational sustainability and growth. Research studies have identified that while the professional nurses attend to patients’ quality of care, their own quality of work life is seldom been considered (Hsu & Kernohan, 2006:120).

By exploring the newly employed professional nurses’ experiences regarding quality of work life in the work place, the researcher believes that crucial information will be obtained that will assist with the describing of guidelines to enhance the quality of work life for professional nurses.
1.3 RESEARCH QUESTIONS

From the above mentioned introduction and problem statement, the following research questions emerged:

- What are the experiences of newly employed professional nurses regarding quality of work life at a private hospital in Gauteng?

- What should be done to improve the quality of newly employed professional nurses’ work life?

1.4 PURPOSE OF THE STUDY

This study is aimed at exploring and describing how newly employed professional nurses experience their quality of work life at a private hospital in Gauteng and to describe guidelines that will improve newly employed professional nurses’ quality of work life.

1.5 RESEARCH OBJECTIVES

For the purpose of the study to be realised, the following objectives are described:

- to explore and describe the experiences of newly employed professional nurses regarding quality of work life at a private hospital in Gauteng; and

- to describe guidelines to improve newly employed professional nurses’ quality of work life.

1.6 DEFINITIONS OF KEY CONCEPTS

1.6.1 Experiences
Experience refers to a qualitative inquiry that deals with the human lived experience. It is the life world as it is lived, felt, undergone, made sense of, and accomplished by human beings who are the object of study (The Sage Dictionary of Qualitative Inquiry, 2007:100). In this study, experiences refer to how the newly employed professional nurse encounters the day-to-day work environment and how these experiences link to their quality of work life.
1.6.2 Newly employed professional nurses
A professional nurse can be described as a person who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed, and who is capable of assuming responsibility and accountability for such practice (The Nursing Act No. 33 of 2005).
In this study, newly employed professional nurses refer to professional nurses who have been working at a private hospital for less than 12 months.

1.6.3 Quality of work life
Quality of work life refers to the impact the work environment has on the individual and the favourableness (support, development, trust) or unfavourableness (lack of support, excessive workload) of the work climate experienced by the employee (Muller, Bezuidenhout & Jooste, 2009:286).
In this study, quality of work life refers to the personal experiences a newly employed professional nurse encounters on a day-to-day basis in the work environment.

1.6.4 Private hospital
A private hospital can be described as an organisation that generates profits and that serves the insured population or those who can afford health care on an out-of-pocket basis (Pillay, 2009:1).
In this study, a private hospital refers to a health care facility where patients pay for quality health care services rendered by newly employed professional nurses in Gauteng.

1.6.5 Gauteng
Gauteng is a province embracing dense metropolitan complexes in South Africa and hosts a population of nine million multicultural and multi-racial people (Harrison, 2004:20).
In this study, Gauteng refers to a province in which a private hospital is situated and where a research study was conducted on the newly employed professional nurses' experiences regarding quality of work life.
1.7 RESEARCH DESIGN AND METHOD

1.7.1 Research Design
The research design for this study is a phenomenological, qualitative, exploratory, descriptive design that is contextual in nature. This design is used for an in-depth exploration and description of the newly employed professional nurses’ quality of work life experiences at a private hospital in Gauteng. A phenomenological study describes the common meaning for several individuals of their “lived experiences”, and the researcher seeks to describe what participants have in common, since they experience a phenomena (Creswell, 2013:76).

1.7.2 Research Method
The research was conducted in two phases:

1.7.2.1 Phase 1
In phase 1, the researcher explored and described the lived experiences of newly employed professional nurses regarding their quality of work life experiences at a private hospital in Gauteng. The research method in phase 1 constitutes the population, the sample and sampling method, the data collection method, the data analysis method, and trustworthiness.

(a) Population
A population is the entire group or persons who are of interest to the researcher and they must meet the criteria that the researcher has set for the study (Brink, 2011:123). The target population in this study consisted of newly employed professional nurses who have been in employment for less than 12 months at a private hospital in Gauteng. The professional nurses that are currently employed at the hospital total 200, and 96 of them are newly employed professional nurses.

(b) Sample and sampling method
The sample criterion for inclusion requires professional nurses to be newly employed, and to have less than 12 months’ employment at a private hospital in Gauteng. The purposive sample method was selected to ensure that rich data would be collected to fit the study’s purpose. The researcher identified participants from the induction programme.
list. The number of participants who participated in the study was determined by data saturation, that is when no new information emerged from participants (Burns & Grove, 2009:361).

(c) Data collection
In this study the researcher collected data through individual, in-depth, semi-structured interviews. In-depth interviews are conversations in which the researcher gently guides the participant in an extended discussion (Rubin & Rubin, 2005:4). The researcher as a senior professional nurse recruited an expert external interviewer because the participants were known to her, and in order to eliminate biasness and to ensure that data was collected in a consistent way to maintain a high level of credibility and objectivity.

Prior to data collection, informed consent was obtained from each participant regarding the use of a tape recorder and field notes. The interviewer and the participants agreed upon a venue, date, and time when the interview would be conducted. Each session was recorded and field notes were made to ensure that all the data could be captured word for word, since the participants verbalised their experiences. Each session lasted approximately 30 to 45 minutes, and the interviewer made use of interviewing techniques such as probing, paraphrasing, clarifying, and summarising. Follow up interviews were conducted to verify findings. The following research questions were posed to the participants to explore their experiences:

- What are the experiences of newly employed professional nurses regarding their quality of work life experiences at a private hospital in Gauteng?

- What should be done to improve the quality of newly employed professional nurses’ work life?

(d) Data analysis
In this study, the researcher transcribed the data verbatim from the recorded interviews using the qualitative open-coding data analysis method as described by Tesch in Creswell (2009:224-225). The researcher recruited an independent coder to assist the researcher with data analysis using Tesch’s protocol (Creswell, 2009:224-225). A consensus meeting was held between the researcher and the independent coder to identify and clarify the themes and sub-themes.
(e) Measures to ensure trustworthiness
Trustworthiness was maintained by using strategies of credibility, transferability, dependability, and confirmability as described by Lincoln and Guba (1985:289-331).

Credibility refers to the extent to which the researcher will demonstrate truthfulness of the research findings (Lincoln & Guba, 1985:296). Credibility was ensured by recruiting an expert external interviewer who had built a trusting relationship with the participants and maintained anonymity of all participants at all times. Data was also transcribed verbatim, and the research study was monitored and guided by two expert nursing researchers from the University of Johannesburg.

Transferability refers to the degree to which the findings of the research study can be generalised to all contexts within that same population (Lincoln & Guba, 1985:297). Providing a clear description of the research design and methods ensured transferability.

Dependability is the process of seeking meaning and taking into consideration factors of instability and phenomenal or design-induced change (Lincoln & Guba, 1985:299). Dependability was ensured by providing a clear description of the research design and methodology, including population, sample and sampling method, data collection method, data analysis method, and trustworthiness.

Confirmability refers to the evaluation of the data and whether or not the results of the research could be confirmed by others (Lincoln & Guba, 1985:300). This was established by performing a confirmability audit.

1.7.1.2 Phase 2
Findings were conceptualised within the relevant literature, and conclusions were drawn to describe guidelines to improve newly employed professional nurses’ quality of work life.

1.8 ETHICAL CONSIDERATIONS
At all times in this study, the researcher adhered to ethical principles of respect, protected human rights, and kept the participants informed throughout the research process.
The research process was guided by DENOSA’s ethical standards for nurse researchers (Brink, 2011:46). These ethical principles were demonstrated through the following:

### 1.8.1 Informed consent
Informed consent is an ethical principle that protects the participants from harm, and their participation is voluntary (Brink, 2011:35). The researcher invited newly employed professional nurses to participate on a voluntarily basis, and explained the purpose and the study’s research method. Consent to use a tape recorder during interviews was requested, and the participants’ right to withdraw from the research was assured.

### 1.8.2 The right to self-determination
Participants are autonomous and they have the right to make decisions as to whether they would like to participate, answer questions, or withdraw from the research process at any given time without penalty (Brink, 2011:32). The researcher obtained informed consent from the participants, the executive management of the private hospital, the University of Johannesburg’s Faculty of Health Sciences Higher Degrees and Academic Ethics Committee. The researcher ensured that the participants exercised their rights by constantly informing them that they had the right to withdraw their participation at any time.

### 1.8.3 Anonymity and confidentiality
Anonymity refers to the steps that the researcher takes to ensure that the participants’ identities remain secret when participating in a research study (Brink, 2011:34). Confidentiality refers to the responsibility that the researcher has to ensure that all the data gathered during the study is not shared with other persons (Brink, 2011:35).

The researcher maintained the participants’ anonymity by keeping the participants’ identity anonymous by using code numbers instead of names. To maintain confidentiality, the researcher kept a master list of the participant’s names, their code names, and consent forms under lock and key: information that is only accessible by the researcher and such information will be disposed of after five years.
1.8.4 The right to privacy
Privacy is a person’s right that is determined by the extent, time, and personal information that will be shared or withheld from others (Burns & Grove, 2009:194). The researcher maintained the participants’ privacy by focusing on the research questions and only probing around them. The researcher did not pry into the participants’ private lives.

1.8.5 The right to fair treatment
Fair treatment is based on justice, meaning that each person should be treated fairly (Burns & Grove, 2009:198). The researcher used a purposive sampling method to gain rich, in-depth information about the quality of newly employed professional nurses’ work life.

1.8.6 Risk/benefit ratio
Risk refers to the possibility that the participants might be harmed during the research process, and the benefits are the positive attributes that the findings provide (Brink, 2011:39). There are no probable risks associated with the study, instead newly employed professional nurses will benefit from the guidelines to improve their quality of work life at a private hospital in Gauteng.

1.9 RESEARCH OUTCOMES
The research results will help the employer, management, and colleagues to understand how newly employed professional nurses experience quality of work life. The research will also assist to describe guidelines that will improve the quality of the newly employed professional nurses’ work life.

1.10 ORGANISATION OF THE PROPOSED CHAPTERS
The research study comprises of five chapters and is structured as:

Chapter One: Overview of the study
Chapter Two: Research design and method
Chapter Three: Description and findings
Chapter Four: Conceptualisation of findings
Chapter One: Guidelines, limitations, recommendations and conclusion
1.11 CONCLUSION

In this chapter the topic of the research was introduced which addresses the experiences of newly employed professional nurses regarding quality of work life at a private hospital in Gauteng and gave an overview of the topic. The study will assist the researcher to describe guidelines that will improve the quality of work life for newly employed professional nurses. The chapter commenced with an introduction, background and rationale, introducing the problem statement, research questions, research purpose and research objectives. The key concepts were defined, the research design and method were described which includes the population, sample and sampling method, data collection, data analysis and trustworthiness. Ethical standards and considerations were described in order to ensure that the study comply with requirements as articulated by DENOSA. The structure of the study was presented showing the proposed chapters. Chapter Two will focus on describing the research design and methodology used in the study.
CHAPTER 2
RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

In Chapter 1 the researcher described the background and rationale for conducting the research study. This chapter presents a detailed description of the research design and method that were selected for this research study.

The purpose of this study is to explore and describe how newly employed professional nurses experience quality of work life at a private hospital in Gauteng, in order to describe guidelines that will improve newly employed professional nurses’ quality of work life.

2.2 RESEARCH DESIGN

The research design provides a specific direction for procedures of how a research study should be conducted (Creswell, 2014:12). The research design provides the structure for the research methods and the design decisions that must be taken into consideration to plan the study (Botma, Greef, Mulaudzi & Wright, 2010:108). A research design that is qualitative, exploratory, descriptive, phenomenological, and contextual has been selected for this study. This design has the ability to explore and offer in-depth descriptions of the lived experiences of newly employed professional nurses regarding their quality of work life at a private hospital in Gauteng.

2.2.1 Qualitative research

Qualitative research focuses on the aspects of human experiences and understanding from the participant’s viewpoint (Brink, 2011:113; Creswell, 2014:14). Qualitative research studies are also used to answer questions related to the “how and why” of behaviours, and through this exploration the researcher provides evidence for best practices (Schmidt & Brown, 2012:187). A qualitative research approach was selected since the researcher seeks to explore and describe the lived experiences of newly employed professional nurses regarding their quality of work at a private hospital in Gauteng. These experiences were captured through in-depth, semi-structured interviews.
that are representative of qualitative methods of data collection. Qualitative researchers are concerned with understanding the complexity of a phenomena (Burns & Grove, 2009:8).

2.2.2 Exploratory research
A study that is exploratory in nature seeks to gain insight into a situation, phenomenon, and a community (De Vos, Fouché & Delport, 2011:95). Understanding and meaning making in the research process is achieved by exploring (Arthur, Waring, Coe & Hegdes, 2012:105). During exploratory research, the researcher listens for unanticipated material and examines their relevance to the study through follow-up questions (Rubin & Rubin, 2012:122). During the interview sessions, the expert interviewer used probing questions that linked to the research questions, to explore and gain a deeper understanding into the participants’ experiences. In qualitative research studies the objective is usually to explore, and the researcher attempts to gather new information through exploration (Botma et al., 2010:185).

2.2.3 Descriptive research
Descriptive research presents a picture of the specific details of a situation and focuses on the deeper meaning and intensive examination of the phenomena, thus leading to a thicker description of the phenomena (De Vos et al., 2011:96). The purpose of descriptive research is to gather information from a representative sample of the population under study (Brink, 2011:103). This research study attempts to describe how newly employed professional nurses experience quality of work life and the way in which they make sense of these experiences. Detailed descriptions of the newly employed professional nurse’s experiences were captured during their in-depth descriptive interviews and by recording field notes (Roulston, 2010:16).

2.2.4 Phenomenological research
In this phenomenological study the researcher focused on understanding and interpreting the experiences of the newly employed professional nurses’ quality of work life. Phenomenological research concentrate on searching for understanding of a phenomenon through exploring the lived experience as described by the participants and the interpretations made by the researcher (Burns & Grove, 2009:25).
This is further strengthen by its philosophical foundation which is built around the hermeneutic thinking approach focussing on the study of the experiences from the perspective of the interviewee (Given, 2008:388). Through utilising this method, the researcher was able to make meaning of the experiences of newly employed professional nurses regarding their quality of work life in a private hospital.

### 2.2.5 Contextual research
A study is contextual when the focus is on a single event or phenomenon in its structural coherence that is of interest to the researcher. Qualitative studies are always contextual, as data is only valid in a specific context (Botma et al., 2010:195; Corbin & Strauss, 2008:88). The researcher should always seek to understand how the data is contextualised in an actual organisational setting. This study is contextual since the researcher seeks to explore and describe the participants’ experiences as newly employed professional nurses regarding their quality of work in the context of a private hospital.

### 2.3 RESEARCH METHOD
The research method in this study comprises the population, sample and sampling method, data collection method, data analysis method, and measures to ensure trustworthiness.

#### 2.3.1 Population
The population refers to the participants that meet the criteria that have been set by the researcher to be included in the study (Burns & Grove, 2009:4). The target population in this study comprised of newly employed professional nurses who were willing to participate in the study and share their experiences regarding their quality of work life. The newly employed professional nurses were identified from the induction list and they were recruited to participate in the study. Two hundred professional nurses were employed at the private hospital at the time of the study and 96 of them were newly employed professional nurses.
Newly employed professional nurses that could potentially participate were identified from
the induction list. The researcher personally approached the newly employed
professional nurses and those who were interested in participating were made aware of
their roles in the research via the written informed consent forms that they were asked to
complete. The interviewer and the researcher’s roles were explained. Consent to record
the interviews using a tape recorder was incorporated in the consent form. Recorded
interviews increased the collected data’s credibility and also enabled the researcher to
transcribe the interviews verbatim. Upon collection of the completed consent forms, the
researcher clarified all questions that the participants asked and provided assurance of
confidentiality. Anonymity was ensured and a suitable date, time, and venue were agreed
upon for the interviews.

2.3.2 Sample and sampling method
A sample is a part of the whole that has been selected by the researcher to participate in
the research study and consists of a selected group from the population (Brink,
2011:124). The sample criterion for inclusion required professional nurses to be newly
employed for a period of less than 12 months at a private hospital in Gauteng. In this
study the sample was taken from the population that met the criteria for the study. The
purposive sample method was selected to ensure that rich data could be collected to fit
the purpose of the study. Purposive sampling refers to a technique that is based on the
researcher’s judgement regarding the participants that are representative of the
phenomenon that is being studied (Brink, 2011:132). In purposive sampling the
researcher selects information rich cases that can teach them a great deal about the
study’s main purpose (Burns & Grove, 2009:355).

A purposive sample of 11 newly employed professional nurses was selected to participate
in the in-depth, semi-structured interviews, since they had been employed for less than
12 months and the researcher believed that they could provide rich data that could help
to provide insight into the phenomenon at the hospital under study. The participants
indicated their willingness to participate in the study and no coercion was used.

Three interview sessions were conducted over a time span of three months. The interview
process commenced in February 2014 and the final session was held in April 2014.
During the first sessions, 3 participants were interviewed, 4 during the second session, and 4 during the third session.

An expert interviewer was recruited to conduct in-depth, semi-structured interviews at the private hospital as pre-arranged with participants, since the participants knew the researcher. The researcher continued to collect data until no new information was forthcoming and similar themes emerged and it occurred at the 11th participant. (Burns & Grove, 2009:361). The demographic profile of the 11 participants that were interviewed were: 3 black males, 4 black females, 2 Indian females and 2 white females.

2.3.3 Data collection
Data collection is the process of collecting precise and systematic data that are relevant to the study’s purpose (Burns & Grove, 2009:43). In this study, the independent interviewer collected data via individual, in-depth, semi-structured interviews that used open-ended research questions, during which the newly employed professional nurses could express their experiences freely. Prior to data collection the researcher obtained permission from the University of Johannesburg’s Faculty of Health Sciences Higher Degrees and Ethics Committee, and the private hospital’s Organisations Research Committee to conduct research at the organisation.

(a) The role of the researcher
The researcher invited newly employed professional nurses to participate on a voluntarily basis and explained the study’s purpose and method. Consent to use a tape recorder during interviews was requested by the researcher, and the participants’ right to withdraw from the research was assured. Participants indicated their willingness to participate in the research study by providing written consent and allowing the use of a tape recorder during the interview sessions. The researcher secured the venue and arranged the time for the interviews as agreed by the participants and expert interviewer.

(b) The role of the expert interviewer
The interviews were captured using a tape recorder that was strategically placed to ensure that all the data could be captured verbatim and accurately to increase the credibility of the study. Throughout the interviews the participants’ privacy was respected. During the interviews the expert interviewer used her expert communication skills,
interviewing skills, and techniques to encourage the participants to share their experiences (Okun & Kantrowitz, 2008:76-78). The expert interviewer probed participants using follow up questions to get an in-depth understanding into their lived experiences. Probes are questions that help the interviewer to encourage participants to continue their conversations (Rubin & Rubin, 2012:118).

Through the process of bracketing the researchers set aside any pre-conceived ideas about the study, and consider every available viewpoint to make meaning of the data presented to them (Brink, 2011:113). Bracketing is an objective technique that the researcher adopts to set aside what is known about the experience under study (Burns & Grove, 2009:545).

(c) In-depth, semi-structured interviews

In-depth, semi-structured interviews attempt to understand and uncover the world from the participant’s lived experiences with the intention of making meaning of their experiences (Botma et al., 2010:207). During the interviews the interviewer asked the participants the following research questions:

- Tell me about your experiences regarding the quality of work life as a newly employed professional nurse at this private hospital?

- What should be done to improve the quality of newly employed professional nurses’ work life?

The interviewer used different communication techniques, such as probing, which allowed for deeper understanding of the newly employed professional nurses' quality of work life experiences. The expert interviewer commenced the session with an informal introduction, setting the participants at ease, and building up rapport that encouraged exploration of experiences. Through this process the participants were able to develop confidence in the interviewer and they were able to relax and freely express their experiences. The participants answered the first research questions and the answers to the second research question provide relevant information that assisted the researcher to develop some of the guidelines.
When asked what can be done they said: “Organisational documents should be explained and completion of them should be demonstrated” and “the organisation should embed mentoring practices into units to guide and assist newly employed professional nurses.”

Field notes were taken during each interview session and the researcher incorporated the field notes into the transcriptions of the data to enrich the data. Field notes are written accounts of the atmosphere as identified by the researcher during the interview sessions and relate to what the researcher hears, sees, and feels (Botma et al., 2010:217).

2.3.4 Data analysis
Data analysis is the process that the researcher uses to make sense and meaning of the raw data, and to prepare the data for analysis, thus achieving a deeper understanding of the data (Botma et al., 2010:220). The researcher immersed herself in the data by listening to the recorded interviews over and over again after the data collection was complete. The researcher transcribed the data verbatim, analysed the interviews whilst they were still fresh, and incorporated the field notes during data analyses so that she could better understand the good and bad experiences that the newly employed professional nurses experienced regarding their quality of work life (Botma et al., 2010:220).

The transcripts captured all the words that the participants verbalised, and the field notes were also incorporated, which assisted the researcher with the data analysis process. The typed transcripts were given to an independent coder to analyse the data. The researcher and the co-coder independently analysed the data simultaneously, and both used Tesch’s qualitative open-coding data analysis method (Tesch in Creswell, 2014:198).

The researcher and the co-coder followed the following eight steps of Tesch’s qualitative open-coding data analysis:

- a sense of the whole was achieved by reading through the transcripts carefully and jotting down in the margin any ideas that came to mind;
• a transcribed interview was selected, and after reading through it the researcher asked “What is this about?” to reveal the underlying meaning and she jotted down thoughts in the margin;

• the researcher continued reading through each of the interviews and then listed all the topics that were identified and categorised them under major topic, unique topics, and leftovers;

• returning to the data the researcher then used this list to abbreviate the topics as codes that were written next to the appropriate segment of the text, and new themes and codes were then identified;

• the most descriptive wording for the emerging topic was used and then grouped into themes;

• the list of themes was reduced by grouping the related themes together and writing them in columns;

• final decisions were made on abbreviations for each theme and they were placed in alphabetical codes;

• the data belonging to each theme was assembled in one place and a preliminary analysis was performed; and

• the researcher re-coded the existing data where there was a need.

After the data analysis process was complete a consensus meeting was held between the researcher and the independent coder to identify and clarify the themes and sub-themes that emerged during the analysis process. The researcher and the independent coder identified similar themes and sub-themes as agreed upon from the data analysis findings.
2.3.5 Measures to ensure trustworthiness

(a) Trustworthiness
Trustworthiness was maintained by using strategies of credibility, transferability, dependability, and confirmability as described by Lincoln and Guba (1985).

(b) Credibility
Credibility refers to the extent to which the researcher will demonstrate truthfulness of the research findings (Lincoln & Guba, 1985). An expert interviewer was recruited to ensure objectivity and to prevent partiality as the researcher worked with the participants. Recruiting an expert external interviewer who had built a trusting relationship with the participants and who maintained participant anonymity at all times ensured credibility. Data was collected with a recorder to ensure that all the data was accurately collected and captured in a credible and correct manner. Field notes were made during the interviews. Two expert qualitative nursing researchers from the University of Johannesburg supervised the research study.

(c) Transferability
Transferability refers to the degree to which the findings of the research study can be generalised to all contexts within that same population (Lincoln & Guba, 1985). Providing a clear description of the inclusion criteria and the method of selecting participants who could provide information on their quality of work life experiences as newly employed professional nurses’ ensured transferability. A clear description was provided of how the interviews, research questions, and communication skills were used to obtain qualitative data.

(d) Dependability
Dependability is the process of seeking meaning and taking into consideration factors of instability and phenomenal or design-induced change (Lincoln & Guba, 1985). Providing a clear description of the research process that included the population, sample and sampling method, the data collection method, data analysis method, and trustworthiness ensured dependability. An independent coder was recruited to assist with data analysis. The researcher and the independent coder had a consensus meeting and reached an agreement on the emergent themes and sub-themes.
(e) Confirmability

Confirmability refers to the data evaluation and whether or not the research results could be confirmed by others (Lincoln & Guba, 1985). This was established by recruiting an expert interviewer who conducted the interviews in such a manner that allowed for clarification, analysis, and summary of the data that the participants provided. The interviewer asked follow-up questions that linked to the research questions. Field notes were taken to capture the participants’ mood during the interviews, and the participants’ non-verbal cues and verbal comments.

2.5 CONCLUSION

This chapter presented a detailed description of the research design and method that were used in this qualitative study. The research design dealt with the research approach, population, sample and sampling method, data collection method, data analysis method, and measures to ensure trustworthiness. By asking the research questions the researcher could explore and describe the participant’s experiences regarding their quality of work life. The research findings as identified in the data analysis process will be described in Chapter 3.
CHAPTER 3
DESCRIPTION OF FINDINGS

3.1 INTRODUCTION

A detailed description of findings presented in this chapter relates to the newly employed professional nurses’ quality of work life experiences at a private hospital in Gauteng. Using in-depth, semi-structured interviews, an expert interviewer who specialises in collecting qualitative data assisted in data collection. After 11 interviews, the researcher and expert interviewer concluded that no new themes emerged and data saturation was reached. The interviewer utilised different communication techniques, which allowed for deeper understanding of the newly employed professional nurses’ quality of work life experiences.

The following questions were posed to the participants:

- Tell me about your experiences regarding your quality of work life as a newly employed professional nurse in this private hospital?

- What should be done to improve the quality of newly employed professional nurses’ work life?

A tape recorder was used to ensure that data was captured verbatim and non-verbal cues were captured in field notes, which were incorporated to enriched and maintain the credibility of the collected data. The recorded interviews were then transcribed and typed for analysis. The researcher and the independent coder simultaneously analysed the data and used a qualitative open-coding data analysis method as described by Tesch in Creswell (2014:198). They held a consensus meeting and agreed on the main themes and sub-themes, as listed in table 3.1.

The findings identified positive and negative experiences regarding the participants’ quality of work life. Positive experiences included the sub-themes of positive relationship experiences between accepting and supportive colleagues, and teamwork.
They further experienced supportive management practices with opportunities for growth and development through orientation and mentoring emerging as a sub-theme.

The negative emotional experiences regarding quality of work life were identified and sub-themes of demotivation, frustration, and stressful working conditions emerged. Negative experiences with some work organisational aspects were identified and the sub-themes that emerged were a lack of reward and recognition and inconsistent staff allocation processes. The emerging themes are highlighted by the participants’ direct quotations and are italicised for easy identification. These experiences are presented in table 3.

The newly employed professional nurse had positive and negative experiences regarding their quality of work life in a private hospital in Gauteng.

Table 3.1: Description of findings: Experiences of newly employed professional nurses regarding their quality of work life at a private hospital in Gauteng

<table>
<thead>
<tr>
<th>THEMES</th>
<th>SUB –THEMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Positive relationship experiences</td>
<td>• Accepting and supportive colleagues</td>
</tr>
<tr>
<td></td>
<td>• Teamwork</td>
</tr>
<tr>
<td>2. Positive experiences with supportive management practices</td>
<td>• Opportunity for professional growth and development through orientation and mentoring</td>
</tr>
</tbody>
</table>
3. Negative emotional experiences regarding quality of work life

- Feelings of demotivation, stress, and frustration

4. Negative experiences with some work organisational aspects

- Lack of reward and recognition practices

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<td>3.2 DESCRIPTION OF FINDINGS</td>
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Newly employed professional nurses described their experiences regarding their quality of work life as positive and negative during the interviews. Themes and sub-themes emerged from the interviews. The emerging themes and sub-themes are supported by direct quotations from the participants and are presented in italics. The documented field notes are incorporated into the transcripts to enrich the data collected.

3.2.1 Theme 1: Positive relationship experiences

The participants had positive experiences that contributed to their quality of work life as newly employed professional nurses. The prevailing team spirit, supportive management practices, and their acceptance into the organisation were some of the positive experiences expressed by the participants. The participants further stated that building positive relationships with colleagues is very important to them as it allows them to adjust, adapt, and become part of the organisation. As evidenced in table 3.1, positive relationships between participants indicated that colleagues were accepting and supportive of them.

3.2.1.1 Sub-theme: Accepting and supportive colleagues

Colleague acceptance meant that newly employed professional nurses received the necessary support from the existing staff. Some of the participants indicated that they felt
supported because their colleagues were always there to assist them. This was evident in the following comments:

“The unit manager is very straightforward but at the same time, she offers all the support you need to get there. She might not be in the unit as much as she could be, but you pick up a phone and you phone the unit manager on a Sunday afternoon, and she will talk you through what you need to know, or she will come in and help.”

This participant felt supported and verbalised her experiences as:

“The staff supported me psychologically, because of my language you know. The way I speak, it is not understandable by others, I had the same problem from the other hospitals when I came from India. However, it took time for me to know, so during that time everyone supported me very well, and I could adjust to the new environment.” (Smiling)

Another participant commented:

“The organisation has a very nice feel to it, under normal circumstances the organisation is very staff-orientated. They care for their employees. You feel welcome and form part of the family when you come to this organisation, which I always find pleasant. I used to work for a clinic, which was also part of this organisation. They encourage the idea that staff should be cared for. You have senior staff who are inclined to sit down and listen to staff member’s concerns.”

A participant stated:

“I don’t know if there is anything in terms of support that’s lacking. I definitely think from a management’s perspective, I felt supported I did not feel that I was unsupported. You have to build the relationship first and I think there are support systems if you really feel like you got a crisis; there are the counselling lines and phone numbers that you can use but I don’t think it’s necessary.” (Laughing)

“My manager buddied me up like, if ever I needed anything I could go to the other managers like on a buddy system.” (Smile, gesture of approval)
Another participant also commented:

“The staff were very welcoming in the Cardiothoracic Intensive Care Unit (CTICU), so I felt comfortable that whatever I am experiencing, whatever problem I am experiencing I can always ask them. They do help a lot.”

In contrast, some of the participants experienced no support from some of their colleagues and they became increasingly frustrated. From the participants’ perspective the lack of support from fellow colleagues negatively contributed to their quality of work life. A few of the participants described their experiences as follows:

“I got some problem with some of the staff nurses who joined with me. Asking something from them, they will just ignore me and say they did not hear anything. But, you know, they are not experienced and they are still junior. They just finished training at the nursing college, you know. However, just by asking the junior nurses, they are not willing to help you and they respond by displaying a bad attitude.” *(Giggling)*

Another participant went on to say:

“It’s tough and not easy to leave your friends that you have made. It is difficult! People can be quite unaccepting of you as a new person in this hospital. It is difficult to work in a unit where people do not know who you are. You come there and you say ‘Hello, hello!’ *(Giggling)* You know, please I am the new person here.”

A participant stated:

“I have never worked overtime in a private hospital. It was my first time working in a private hospital. So like, most of the staff, they were leaving me alone, you see. *(Voice very soft and trembling)* Like not assisting me and I was struggling.”

“That was the feeling, you know. When there is no one there to help and support you when you are newly employed it is always frustrating.”

Another participant who was of the opinion supported this view that:

“If a person has never worked in the private sector all colleagues must help the newly employed nurses, because they don’t understand; they need their support and assistance.”
3.2.1.2 Sub-theme: Teamwork

Some of the participants experienced teamwork as positive because they felt included, assisted, and part of the team. The participants shared the following experiences:

“There is a communication between the doctors and nurses, the whole lot of staff, and the way they talk, we joke and we laugh because we know an emergency department is a very stressful environment. It is very stressful and you need to relieve your stress, you need to work with your colleagues as a team.” (Giggling)

Another participant commented:

“The staff used to assist with new admissions: connecting the patient to the monitor, ensuring that the patient is properly positioned and comfortable. Whenever there is available staff members you know they will come and help until that patient settles.”

“So, you got this very new people coming in and you’ve got a team that’s settling in. The team spirit has improved a lot because the team is finally pulling together, we know each other and we are used to each other.” (Smiling)

This participant echoed:

“I see that we are working as a team and we even have a multi-disciplinary approach when nursing the patients, for example, the nurses assist the radiographer with positioning of the patient when preparing to take an x-ray, or assisting the physiotherapist when mobilizing a patient. There is that cohesion and we are working as a team.”

Another participant went on to say:

“Teamwork was good because when I did not understand I would go to the shift leader and ask and she would explain and guide me. Another example would be that if there is a patient coming from the ward or theatre, the staff would come and help you with the vital signs and checking if the patient is breathing or not. After the patient is stabilised, the staff would leave you with your patient.”

“And specifically with this organisation I find that there is very much a family environment. You feel like you part of a cohesive unit.”
In contrast, some of the participants felt that teamwork was lacking since they experienced divisions within the team, making it difficult to work as a team. Participants made the following statements regarding teamwork:

“There is no sort of teamwork in this unit, that is what is lacking here. When people are together, you find they are not working together. There is no teamwork and there is no harmony.” (Shaking his head in disbelief)

Another participant stated:

“The existing staff members created divisions between old and new staff. They said the new manager came with the new staff. The new staff members are the employees appointed by the new unit manager and the old staff are employees that were appointed prior to her arrival. You got the old team that the new manager is trying to retain or reorganise as a team. Therefore, there is conflict, and it is very negative. So I have actually only been here six months and it is still actually staff that has been appointed by the old unit manager and the new staff, there is still that division in the team.” (Smiling)

Another participant said:

“Older staff must not intimidate the new staff you know. The new staff must also not go into the routine of how the old staff do things. The old versus new nurses. And you will find that the old nurses are very set in their ways of doing things and are reluctant to work together with other employees.” (Frowning)

3.2.2 Theme 2: Positive experiences with supportive management practices

Participants experienced some of the organisational practices as being very well structured and helpful, and they deemed it necessary to understand the organisation, both of which translate into supportive and positive experiences. Organisational procedures such as orientation, mentoring, and opportunities for growth and development were the positive experiences that the newly employed professional nurses experienced regarding their quality of work life.
3.2.2.1 Sub-theme: Opportunity for professional growth and development through orientation and mentoring

Orientation
The participants felt that orientation was necessary to introduce them to some of the private hospital’s values, environment, policies, and procedures. Participants indicated the orientation was well structured and informative as follows:

“They orientated us on the organisation’s values and mentioned the policies and procedures from different departments. That was quite good, because you know it opened our eyes how the organisation is functioning. Even the hospital manager was invited and he explained the organisational processes.” (Smiling)

Another participant said:

“Starting off as a very new person at this institution, I found the orientation quite useful, you know. We had two weeks’ orientation and I had another two weeks where I was an observer in the ward, so you could get used to what you were doing and what was expected of you. You could learn the culture of the institution because every institution and company has its own culture.”

Another participant experienced the orientation as:

“The general orientation was fine. They introduced us to everybody, managers and people in the clinical area and people from the wards. The introductions went well and it gave us the whole outlay of the hospital. That’s not a bad thing, it was done very well.”

The participants stated:

“In terms of how I was orientated, I was very lucky because when I arrived here my first day as being newly employed I went straight up to the matron’s office. She introduced me to my colleague and my colleague took me everywhere. Therefore, I had a personal tour of the hospital, which was very nice. I knew the departments even when I was still on orientation. I was going into the units and getting to know the people, so I was quickly orientated to where everything is and how things are working. So it was good.”

“Basically for orientation, you do like basic stuff the rules and regulations about the hospital. Which I found very informative.”
In contrast, some of the participants felt that the orientation lacked in some aspects and had a negative effect on their quality of work life.

A participant commented:
“People from different places need to be orientated on documentation. The documentation differs from organisation to organisation but we capture the same information. You understand how to write the vital signs, etc., however charts are the same but each hospital has their own way of doing things. (Smiling) With the documentation, for me I was never taught, fair enough I was never orientated on documentation in this place.”

Another participant supported this view using an ICU example:
“With the admission of a patient to ICU they must bring different documentation. However, you are not orientated on how to complete these forms as it is different from the documentation that I used in my previous employment.”

**Mentoring practices**
The participants indicated that they had favourable experiences with the presence of a mentor upon arrival in the ward. The mentors guided and offered them much-needed support as newly employed professional nurses. This was evident in the following comments:
“The way I was introduced to everything was very nice, but some of the newly employed nurses that were on orientation with me were still like ‘Oh where is this and where is that?’ They were still finding their feet, whereas I was with somebody showing and guiding me all the time. Having somebody mentoring me quite closely and showing me all the time helped me.”

Another participant said:
“The shift leader, who was also nursing a patient, came to me when she had time and talked about the charts, equipment, and everything that is related to patient care and the unit. I also formulated my questions, and when I was not busy with the patient then I would ask her a few questions. Yes, I got a procedural workbook that I had to tick. We went through it and I understood whatever procedures were there. The workbook was very helpful.”
“I think in the nursing environment if you are newly employed nurse you must always be paired up with a fellow colleague that can guide you. You must have someone like a mentor or shift leader in the department that can overlook what you are doing. The newly employed nurse must feel free to ask the shift leaders in each department relevant questions explaining how procedures are done.”

The participant commented:
“*The registered nurse was very helpful. He was willing to teach me even though he also did not know that much. He encouraged me, ‘You can go and ask’. He is the one who actually went with me to the Intensive Care Unit (ICU), introduced me to everybody and told the staff ‘Please help her when I am not here because she is new’. He taught me many things that he knew, and said that I must ask our shift leaders if I was uncertain.”*

“As far as I can recall I did not have any bad experiences with the senior staff. Sister A, a senior sister, taught me and she is one of the best sisters. You know I respect Sister A. During the first week in the ward I did not nurse any patients, but the staff guided and taught me so that I could get used to the unit.” *(Smiling)*

The participant said:
“If you have a problem you can go and ask for help. The staff will give you all the support and guidance they can.” *(Nodding her head)*

In contrast, one of the participants encountered difficulties occasioned by the absence of a mentor and made the following recommendations:
“It was not easy you know. To learn there should be somebody that must guide you and show you how to do things. When you try to do things on your own then you can make some mistakes. *(Silence) Those are the difficulties that I experienced.”

The participant suggested:
“They can employ someone who specialise as a clinical facilitator who can guide and teach the newly employed professional nurses.”
Another participant stated:

“The newly employed professional nurse needs to be trained or mentored by someone who is more experienced or who has worked in the unit and who can show them around and teach them. I think it will help.”

**Opportunities for professional growth and development**

The participants welcomed the opportunities for professional growth and they commended the training that the organisation provides. They deemed training to be necessary for professional growth. This was evident in the following statements:

“This hospital provides training for their staff. When I walked in, in the first month my boss said to me ‘What are your expectations of us?’ I said ‘I want to learn’. She just started teaching me constantly. When I said to her, ‘I do not understand this’, she will be there educating me.”

The participants welcomed the training the organisation provided and identified the need for different training possibilities that could improve the quality of work life for newly employed professional nurses.

“Okay, another thing I find as a new employee here is an opportunity for development. (Silence) If you do not understand something, the organisation offers training. That also helps a person to gain skills and to settle in.”

Another participant said:

“I went on some computer training. I went for a day’s training for that. It is different here. I prefer to learn and develop new skills. The organisation also offers training and development programmes even on ward level as well. They are starting this in-service training, so you know it is to empower the individual as well.”

“The nursing staff went for basic life support training to update their knowledge and to maintain skills. That is something very positive that I can commend the private hospital for.”

“Training for me was a very important aspect, and also to be given the opportunity to do the job. There was no growth opportunity for me at my previous work place, so I moved
into the same position when I was employed at this private hospital. A positive step and an opportunity in terms of professional growth and development, education, and actually doing something different. Challenging yourself and growing professionally, that was what I gained when I started working here.”

Some of the participants had the following recommendations in terms of training:
“I am ICU trained, but the organisation must have at least every 3-6 months’ refresher courses like ICU updates, ICU workshops. I think that will be great.”

This participant suggested:
“The first thing is to assess the newly employed professional nurses’ practical and theoretical knowledge. After identifying their training needs, send them for training so they can adapt easily to the system.”

“Even external training like workshops, conferences, and symposiums are important so that you can just uplift your knowledge. Newly employed nurses are not yet experienced. They know theory but practical experience of how this organisation functions is a different thing.”

The participant suggested:
“Maybe having the clinical facilitator visiting the departments will also be helpful. Fine let us refresh our memory how dressings are done and be evaluated on that. I think that will assist with keeping our skills up to date.”

Another participant said:
“What they should also do is lots of training, especially what I see in the trauma unit. Okay, they should make sure that the staff are given the chance to go do the one-year trauma training course, they should not be waiting for a long period of time to go for trauma training when they working in the Trauma Unit.” (Smiling)

3.2.3 Theme 3: Negative emotional experiences regarding quality of work life
Some of the participants had negative emotional experiences regarding their quality of work life, which they attributed to demotivation, frustration, and stressful working conditions.
Others reported negative experiences with some work organisational aspects, such as lack of reward and recognition practices, and inconsistent staff allocation processes.

### 3.2.3.1 Sub-theme: Feelings of demotivation, stress, and frustration

Some of the participants experienced difficulties in adjusting to the work environment, leading to them considering resigning because they felt demotivated and frustrated. They expressed these feelings in the following statements:

“There was a time I said, ‘I am going back. I will resign even if I do not have a permanent job anywhere’. So now, I feel demoralised and demotivated (Looking and sounding very distressed). Instead, I decided to write a letter requesting a transfer to another unit and having a fresh start.” (Talking louder)

Another participant said:

“It is very demotivating. It is like, you trying to go up. At times, it is frustrating to work in such conditions. I worked at this clinic for eight years before I went to England. That was the reason I even came back to work in the same department, I thought the team spirit has improved. However, it is lacking.”

Another participant also felt frustrated stating:

“Let me tell you something. I went to the unit manager. There are days when I got very frustrated. I have written a letter of resignation. (Talking louder) I wrote one in the middle of January. I have had enough.”

The participant stated:

“I become frustrated with some of the nurses when they do not do their work timeously. This negative attitude to their work affects me emotionally, mentally for that moment, but if you have to attend to the patient you have to smile and pretend it is fine. I become frustrated but I prefer to cool down before I go to the relevant person and say, ‘I am not happy about 1, 2, 3, 4’ and ask if there is no way to avoid it. That is it!”

“When you work where there is no team spirit, you feel demotivated and unhappy. This atmosphere frustrates me and I do not even look forward to going to work.” (Giggling)
“If you are frustrated sometimes you will take your bag and go home, because you think somebody is frustrating you and you don’t know how to deal with it.”

Working with students is another aspect of the work that a participant felt could lead to frustration and she expressed her experience as follows:

“You trying to see patients in the side ward and it’s an area where you shouldn’t have incompetent people at all unless they do temperatures and blood pressures. That is a very, very big frustration for the nursing staff when the students disappear out of the Coronary and Paediatric Units because they are overwhelmed, I think. If somebody calls for nurses to go help in other units they send the students, they just want them out of their units and it’s not because you don’t want to teach the students, I suppose it’s just frustrating to deal with them.”

“I don’t think that the students know what to do when a resuscitation takes place and they withdraw from the process and disappear. Therefore, you always hear us complaining in Casualty about students who disappears which increases our workload and is very frustrating.” (Frowning)

The participants explained that due to budgetary constraints they had to work much harder, and this stressful workload resulted in exhaustion. High volumes of patient turnover and an inadequate skill mix are some of the concerns that the participants felt contribute to the stressful working conditions they experienced. They made the following comments:

“Because of the budget, wards are inadequately staffed. Okay, your acuity does not have to go according to the nursing staff that you have, but it needs to go according to the patient’s individual needs and the care they require. For example, you have 15 patients in the room and a professional nurse, an enrolled nurse and an enrolled nursing assistant are allocated to the patients to provide quality nursing care. However, the staff go home exhausted because the three member’s staff are expected to look after 15 patients, which is very stressful.”

The participant viewed the working conditions as:

“Quality wise (Sighing) it is getting there slowly in term of the quality nursing care. We are admitting lots of patients, but are they receiving the care they are supposed to be
The participant said:

“Sometimes you are under pressure because you do not have beds for the patients that are booked for theatre procedures. It is constantly busy and there are no beds. There is such a high demand for ICU beds and High Care beds, so you just feel overwhelmed and under pressure and you have to look at alternatives to accommodate all the admissions, like asking other unit managers to assist with the admission of post-operative cases.”

“I think your stress levels just rise and you just feel overwhelmed. You ask yourself how I can make the situation better as a manager. If you are under pressure, your staff are also going to be under pressure. The staff is also rushed into transferring patients out, bringing patients in, there is not enough time for them to finish their documentation, and prepare the bed space for the next admission. The work situation puts pressure on me, which impacts on my responsibilities as a parent and spouse, because I do not spend enough time with my family.”

The participant said:

“Another sister came back after doing the six months Intensive Care Short Course. I am not sure if she felt threatened or what? Oh, she made it extremely difficult as she always tried to show how knowledgeable she is over me, although I have more working experience than she does. (Frowning) It became so unbearable that it was difficult to motivate myself to go to work. It was a bit hard. I remember one day I thought I am going to phone in sick but I told myself she will be winning if I do that, I am going to go to work. I know I am a sister. I have been working for long with kids. It is just that few of the things I have still have to learn. It does not mean that I do not know anything if I do not know those things.”

“The working environment is stressful because you have so many deadlines to meet, and you trying to meet your deadlines here and there are also other things that have to be completed within the month you know.”
“Now some of the doctors want the nursing staff to be there in the cubicles and in the resuscitation bay, and now we are having a problem. So that’s what I feel, it’s like it’s making the workload unmanageable, and it’s making people to get a bit frustrated in a way, and it’s making people to want to go away.”

3.2.4 Theme 4: Negative experiences with some work organisational aspects
Organisational aspects such as lack of reward and recognition practices and inconsistent staff allocation processes were some of the negative experiences that the participants encountered as newly employed professional nurses.

3.2.4.1 Sub-theme: Lack of reward and recognition practices
The participants stated that there must be recognition for the work they do. Some of the participants believed that their remuneration must be improved to prevent them from considering alternatives to augment their salaries. Newly employed professional nurses made the following comments about their experiences regarding lack of reward and recognition practices:

“In South Africa the nurses earn peanuts, we have probably the most critical job in the unit because the doctors can’t work if the nurses aren’t doing their jobs. That is why the government hospitals are in this bad state. It is not because the doctors are not interested, but the nurses are understaffed. Nurses have one of the most crucial jobs, with the least financial support.” (Giggling)

The participant suggested:
“There must be some recognition of staff. I know some people who have been here for years and they work very well, they do over and above their limit, but there is no recognition for that.”

The participant articulated her experiences as:
“Another thing is like you find, say it’s a busy day, and I found this happens really a lot. You find that your staff is working very well and doing their best. You know they are short staffed; give them the recognition they deserve.” (Shaking her head in disbelieve)
In contrast, some of the participants indicated that there are some practices in place to encourage reward and recognition of newly employed professional nurses. They shared as the following experiences:

“They have things in place which I commend the organisation for because it also motivates the staff. You know, they have their birthday in March; they have like a sing a song kind of thing, and not a lot of institutions do that. (Smiling) Then you have the Carer of the Month where staff nominates the best carer of the month and a person gets that recognition for working hard. There are important days in the year, they make an effort too, you know, like Heritage day, they do a traditional dress up. Women’s day they’ll do something for that, Nurse’s day they will give the nurses a small gift, so I think they really go out of their way.”

“I think for staff, you find the organisation has rewards, I think I’m just emphasising on that. They have a reward and recognition; they have a birthday tea.”

3.2.4.2 Sub-theme: Inconsistent staff allocation processes

Some of the participants applied and were interviewed for specific positions, however when contracts of employment were drawn up they assigned the participants to positions in other departments, which increased anxiety amongst the newly professional nurses.

The participants made the following comments:

“Like, when I came for interview it was for Casualty and then they interviewed me for a position in Casualty, not in High Care. Afterwards when they informed me that I was successful in the interview, they send me the appointment letter but it was for High Care. I wanted to experience working in the private sector that’s why I said let me just go even though I was anxious.”

Another participant commented:

“Because I was interviewed, it was for a Paediatric Ward, so somehow after the interview they decided I am going to work in the CTICU. When I saw my contract I was not sure as they just wrote CTICU. So, I thought because the Paediatric Ward Unit Manager told me during my interview there were four beds in High Care allocated for paediatric patients, so I was under the impression that she recruited me to work in the paediatric section of the High Care unit.”
The participant stated:

“It took three years for me to emigrate from India, so we arrived here in 2010. I have been unemployed until August 2013. Then I came to this hospital with a different system and I applied to work in the ward, but they said ‘We are going to place you in an ICU’. That is different and not like a ward, you know. Maybe that is the reason I was anxious at that time.” (Laughing)

“You know I came here I expected to be allocated on day duty for at least three to six months, but now all of a sudden I was allocated on night duty. I find night duty is a bit stressful when you are newly employed in a unit as you are still on orientation.”

3.3 CONCLUSION

In this chapter, the researcher described the findings on the experiences of newly employed professional nurses regarding their quality of work life at a private hospital in Gauteng. Newly employed professional nurses had both positive and negative experiences regarding their quality of work life.

Some of the existing staff members were accepting and supportive of the newly employed nurses and at times believed that teamwork was lacking. Some of the participants recognised supportive organisational practices, opportunities to be mentored for growth, and development as positive experiences, which assisted with their adjustment process. Others presented their negative experiences as being demotivated and frustrated, a lack of reward and recognition system, stressful working conditions, and inconsistent staff allocation processes. The description of findings on the experiences of newly employed professional nurses regarding quality of work life at a private hospital in Gauteng will be conceptualised in Chapter 4.
CHAPTER 4
CONCEPTUALISATION OF RESEARCH FINDINGS

4.1 INTRODUCTION

This chapter focuses on conceptualisation of the research findings regarding the newly employed professional nurses’ quality of work life experiences at a private hospital in Gauteng. The newly employed professional nurses had positive and negative experiences regarding their quality of work life and four themes and sub-themes emerged from the analysis of findings, as demonstrated in table 3.1 and presented in Chapter 3.

4.2 CONCEPTUALISATION OF RESEARCH FINDINGS

Conceptualisation refers to the process through which the researcher analyses and clarifies the key concepts and then integrates the findings of the study into the existing body of theory and research (Mouton, 2009:109). The main themes that emerged from the in-depth, semi-structured interviews were positive and negative experiences of newly employed professional nurses regarding their quality of work life. Positive experiences were articulated as positive relationship experiences and positive supportive management experiences, while the negative experiences were articulated as negative emotional experiences regarding quality of work life and negative experiences with some work organisational aspects and their sub-themes, as demonstrated in table 3.1.

Conceptualisation of findings will follow the themes and sub-themes identified in table 3.1, using supporting literature and conclusions that were reached based on the researcher’s interpretation. Guidelines will be described from the concluding statements made by the researcher to improve newly employed professional nurses’ quality of work life.

4.2.1 Theme 1: Positive relationship experiences
One of the themes that emerged from the in-depth semi-structured interviews that contributed positively to the participants’ quality of work life was the positive relationship experience with colleagues. A positive relationship refers to a relationship that supports
an employee’s ability to engage in their work (Eby & Allen, 2012:108). The participants indicated the importance of building positive relationships with their colleagues as a process that allows them to adjust and adapt to the organisation. Building positive relationships is crucial for colleagues because it promotes learning from each other and facilitates knowledge transfer. Newly employed professional nurses rely on building positive relationships with their colleagues to facilitate knowledge sharing, reduce uncertainty, and assists them in settling into their roles (Knapp & Daly, 2011:527).

4.2.1.1 Sub-theme: Accepting and supportive colleagues
According to Trefalt (2013:1804), workplace relationships are the on-going connection between colleagues, which forms part of their organisational lives. Trefalt (2013:1804) believes that relationships fulfil the human need to belong and they help people to define themselves. Knapp and Daly (2011:533) further state that once newly employed nurses feel comfortable with their colleagues they experience a sense of belonging. Employees seek pleasant positive working relationships with colleagues, peers, and others in the organisational hierarchy (Maslow in Mohamed, Newton & Mc Kenna, 2013:125). In their desire to belong and to be accepted, employees build meaningful relationships with colleagues (Carmeli, Brueller & Dutton, 2009:83). The participants welcomed building positive relationships with their colleagues because they felt that having such a relationship allowed them to request information, help, and support at any time. Effective workplace relationships encourage the exchange of information, knowledge, and support from colleagues (Brunetto, Xerri, Shriberg, Farr-Wharton, Shacklock, Newman & Dienger, 2013:2787).

Positive workplace relationships are essential for newly employed professional nurses because it enhances and speeds up their integration into the organisation. This enabling environment creates an atmosphere where participants feel free to communicate with each other, ask questions, learn from their colleagues, share their professional expertise, socialise, and experience a sense of belonging. These positive relationships experiences also promote understanding the values, skills, and knowledge of others (Brueller & Carmeli, 2011:458). As employees work together and meet each other’s expectations they exchange more information and their relationship grows (Trefalt, 2013:1803).
Professional values are shared between colleagues, for example, how to be professional through the role-modelling of professional behaviour and skills transfer. Skills are transferred to colleagues by demonstrating how procedures are done (Muller, 2009:61). During nursing and academic ward rounds, members of the multi-disciplinary team engage in a process of collective sense-making and problem-solving exchanges to address patient issues, and they share information and learn from each other (Jooste, 2009:402). The sharing and exchanging of critical information or new ideas and insights encourage positive changes in work processes (Carmeli et al., 2009:82).

The International Council of Nurses (ICN) reviewed the International Code of Ethics for Nurses in 2012 and emphasised sustaining collaborative and respectful relationships with co-workers. Nurses work in a team, and it is very important to have good relationships with their colleagues. For newly employed nurses it is important to become acquainted and build positive relationships with existing colleagues who will be able to guide, support, and assist them. The need for building positive working relationships is not just to bring about positive working experiences, but also to provide quality patient care that will result in job satisfaction, decrease turnover, and encourage recruitment and retention (Jackson, Peters, Andrew, Edenborough, Halcomb, Luck, Salamonson, Weaver & Wilkes, 2010:35). Positive relationships encourage nurses to communicate effectively during multi-disciplinary ward rounds, encouraging problem-solving and collaborative decision-making that will benefit patient outcomes and the quality of patient care. Moore, Leahy, Sublett and Lanig (2013:173) suggest that the quality of patient care is dependent on communication and strong collaborative relationships with colleagues.

The Strategic Plan for Nurses Education, Training and Practice (2012-2016) emphasises the need for positive nursing practice environments that support nursing excellence and decent work environments. Decent working environments have practices in place that encourage and support open communication, recognise contributions and collaborative practices that contribute to positive relationships, as they recognise the professional nurses’ values (Sherman & Pross, 2010:1). The researcher believes that an environment that provides a platform for the professional nurses to practice their profession will allow for easy integration into the team, knowledge sharing, and the achievement of common goals, thus enhancing positive relationships.
The participants explained that management created an enabling environment that encouraged positive relationships. Having a good relationship with the manager is very important for new employee since the manager guides, assists, and encourages the new employee to develop positive relationships with their colleagues and to internalise the organisational values. According to Hofmeyer (2013:783), managers lead teams and encourage them to develop positive relationships within the team by articulating common goals. Positive workplace relationships influence the nurses’ engagement within the organisation, and the quality of their relationships with managers and colleagues supports them to stay and be committed to the organisation (Brunetto et al., 2013:2787). Positive relationships can be sustained by encouraging co-operative working ethics, recognising and addressing disruptive behaviour, modelling professional ethical behaviour, reflecting on own behaviour, communicating respectfully, and participating in collaborative inter-disciplinary initiatives. The researcher believes that workplace relationships must continuously be assessed and evaluated. Workable and easy to manage processes should be in place to encourage and sustain positive workplace relationships.

Participants stated that as a newly employed professional nurse they expected acceptance and support from colleagues when they arrived at the unit. The desire to be accepted is due to the nature of nurses’ roles and their reliance on teamwork (Mohamed et al., 2013:128). Supportive colleagues are those whom the newly employed professional nurses can count on for help and support when needed (Tafvelin, Hyvonen & Westerberg, 2014: 891). The participants emphasised the need to have supportive colleagues who assist them to settle into the new working environment. The researcher believes that the newly employed professional nurse will benefit from environment specific assistance and support, empowering them to meet the job demands speed up the integration process. The participants appreciated the support that management provided and stated that management made them feel welcome and cared for.

The researcher believes that managers can provide support to the newly employed nurses by creating an empowering environment that encourages participation, shared governance, valuing their professional contributions in the team, and allowing them to grow professionally. Newly employed nurses can be trusted to perform easy tasks in the initial stages gradually building up to more demanding tasks, allowing them to build their confidence. Newly employed nurses’ efforts must be applauded and credit must be given
for the work performed. Employees that experience support from their colleagues are able to make a smooth transition into their new work environment. They have a positive attitude towards their work, positive employee relationships, and they are committed to providing quality nursing care. Employees that are supported and feel valued experience greater professional satisfaction and show commitment to the organisation (Rush, Adamack, Gordon, & Janke, 2014:219). In order to achieve positive relationship outcomes, clear guidelines must be formulated and implemented. Communication policies and practices must be adopted that will encourage open and transparent dialogue without compromising confidentiality. Managers are role models and promote good interpersonal relationships with colleagues and members of the multi-disciplinary team.

In contrast, some of the participants experienced no support from some of their colleagues, and they became very frustrated. They expressed the lack of support as a lack of assistance from fellow colleagues or their inability to provide answers to work related questions, which was interpreted as displaying a bad attitude. According to Kawi and Xu (2009:180) unsupportive behaviours from colleagues are not uncommon in the workplace, which according to Trembay, Genin, and di Loreto (2011:76) increases the employee’s stress and interferes with their productivity. Lack of support from colleagues or horizontal violence can also create a hostile and oppressive environment, causing newly employed professional nurses to experience a sense of vulnerability (Cockerham et al., 2011:232).

Horizontal violence or lateral violence is used interchangeably to describe the demoralising, abusive behaviour that exists in the nursing profession (Egues & Leinung, 2013:155). Horizontal violence refers to unkind, discourteous, antagonistic interactions between nurses who work at comparable organisational levels and it is commonly characterised by backbiting and infighting (Alspach in Lachman, 2015:40). The lack of support from colleagues has negative effects on relationships. Newly employed professional nurses find it very difficult to communicate and build positive relationships with colleagues who are not accepting and non-supportive.

Brunt (2015:12) states that horizontal violence places a strain on relationships, and interferes with communication and multi-disciplinary collaborations. The newly employed professional nurses find it exceedingly difficult to adjust and form relationships in a non-
supportive work environment. Pillay (2009:2) states that a non-supportive workplace environment is one of the key factors that causes dissatisfaction to newly employed nurses. According to Lachman (2015:40), disruptive behaviour interferes with multi-disciplinary relationships. The newly employed professional nurses find it difficult to fit in, and they have to work harder to build relationships in a hostile work environment. They are also reluctant to ask questions, and to participate in or communicate with the team. Lachman (2015:39) further states that lack of support from colleagues results in employees seeking job opportunities elsewhere.

Supportive and accepting practice environments should be encouraged and sustained to ensure that newly employed professional nurse are allowed to settle into their roles. According to Cockerham et al. (2011:237), successful transition into a new environment helps to sustain nurses beyond their first year of employment. The researcher is of the opinion that there must be a greater awareness of acceptable professional behaviour. Managers must be able to create a positive environment that encourages good communication, co-operative work ethics, and models professional behaviour. The multi-disciplinary team must adopt a zero tolerance strategy for unsupportive behaviour.

4.2.1.2 Sub-theme: Teamwork
Salas, Tannenbaum, Cohen, and Latham (2013:341) propose that teamwork is essential in the health care environment since patient outcomes are reliant on the team’s collective input. Salas et al. (2013:341) further suggests that effective teamwork in healthcare organisations contributes to high levels of patient and team satisfaction. Teamwork refers to a group of employees working towards the organisation’s common goals, and it involves the employees assisting and supporting each other (Brunetto et al., 2013:2788). The participants’ teamwork experiences were positive because participants shared information and engaged in multi-disciplinary team collaboration that resulted in trusting relationships. Teamwork and trusting relationships create a positive collaborative environment to deliver high quality patient-centred care (Pearce, 2015:147). Multi-disciplinary relationships encourage colleagues to share knowledge, improve communication, and contribute to decision-making that benefits the patient. Multi-disciplinary teamwork is an approach that is composed of members from a range of different occupational groups and disciplines with high knowledge and skills. They work in close collaboration to make shared decisions about patient goals, and deliver
healthcare in an integrated way (Salas et al., 2013:334). During team interaction, members discuss and plan patient-related goals, and work towards positive patient outcomes. These interactions allow team members to develop relationships that foster effective communication, sharing of responsibilities, and sharing information and their professional opinions (Birkeland, Hägglöf, Duhlgren & Rydberg, 2013:320).

Since the inception of The South African Qualifications Authority Act (Act no.58 of 1995), the focus of all training programmes has been on seven critical outcomes that are relevant throughout life, learning, and employment. Teamship as a critical outcome focuses on working effectively with members of a team, group, organisation or community (Coetzer, 2011:10-11). From a regulatory and policy perspective, significant emphasis has been placed on teamwork, however the implementation and institutionalisation thereof has been neglected. The researcher believes that the principles of teamwork indicated within the regulatory framework must be implemented at both organisational and wards level.

Continuous training programmes and tools that evaluate the effectiveness of teamwork must accompany this implementation. Regular use of such tools provides the identification of early warning signs, which prevents the team from becoming dysfunctional and enables the team to maintain and sustain team effectiveness (West, 2012:204).

One of the participants in this study stated that he was encouraged to seek assistance when needed. Receiving help from colleagues is a motivational driver for effective teamwork, and leads to effective performance (Salas et al., 2015:604). The researcher believes that accommodating colleagues motivates the newly employed nurses to work towards achieving the unit’s common goals. Nurses work in multi-disciplinary teams, and it is imperative to develop effective communication skills to be able to communicate information within the team for the timeous delivery of quality patient care (O’Brien-Pallas, Murphy, Shamian, Li & Hayes, 2010:1084). Maintaining a good relationship with colleagues creates a platform that encourages effective communication within the team.

Another participant stated that the organisation created a family environment through cohesion and a team spirit that made the nurses feel part of the organisation. Cohesion represents closeness, unity, and similarity of team members and is a reflection of their
willingness to work together. Team cohesion is also a characteristic of an effective and functional team (Kilpatrick, Lavoie-Tremblay, Ritchie & Lamothe, 2014:298). The researcher is of the opinion that the participants felt included because they could easily fit in due to their professional background and the meaningful contributions that they brought to the team. Acceptance of the newly employed professional nurses was facilitated by the teamwork that existed between colleagues, and the team worked effectively. According to Mohamed et al. (2014:128), professional nurses who have positive relationships with colleagues are at an advantage because such positive relationships allow them to be included in the team. Positive relationships are supported in a collaborative environment where colleagues’ input is valued and they have positive views of the clinical environment (Leonard & Frankel, 2011:821).

Positive relationships within the multi-disciplinary team is beneficial to patients because they encourage treatment acceptance, and improve the quality of patient care, patient safety, and clinical outcomes. Multiple team members provide health care information to the patient, making it easy for them to make informed decisions and more accepting of treatment plans. The quality of patient care improves because employees are not afraid to report incidents and make suggestions. Employees experience higher job satisfaction, improved staff well-being, and a better team climate (Körner, Wirtz, Bengel & Göritz, 2015:2; Ortega, Sanchez-Manzanares, Gil & Rico, 2012:103). Employees feel valued, they embrace their tasks, and they are empowered to participate and make meaningful contributions to discussions, which encourages innovation and the exploration of new approaches to patient care. Diversity is embraced and resources are optimally utilised for the achievement of the common team and the organisation’s goals. Employees that enjoy their work embrace their tasks and they are committed to the patients, team, and organisation.

Changes within the organisations are implemented and accepted with minimal resistance. Employees are professional, accountable, and responsible for all their actions, and the team supports all decisions. The newly employed professional nurses stated that they had positive relationship experiences within the team because the team spirit was good, and they worked well with their colleagues. Positive team relationships contribute to better team climate and increases team efficiency (Körner et al., 2015:2).
The researcher is of the opinion that effective teamwork and good team spirit allows the newly employed professional nurse to settle comfortably in the work, to be involved, and to contribute to all team activities.

Positive team relationships improved productivity and patient care, and encourages staff to get involved, leading to new insights and innovations (Middaugh, 2014:131). Team members contribute more ideas than an individual does, and the team critically analyses the best approach to manage the patient treatment plan. By using the available technological platforms such as Skype or smart phones, team members can obtain real time prescriptions and interpretations from an attending doctor who is not physically present. These innovative approaches not only encourage communication but also enhance patient care.

Eby and Allen (2012:185) suggest that positive teamwork experiences, such as job satisfaction, results from meaningful and fulfilling experiences within the team. Research suggests that healthcare organisations can facilitate a positive team relationship by employing highly competent staff and having supportive structures in place (Twiggs & Mc Cullough, 2014:90). Positive relationships within the team can be maintained by encouraging team members to participate in all aspects of the practice environment and by recognising their input.

Communication should be encouraged and conflict should be resolved as soon as possible. Timely and relevant communication is essential to ensure that the team remains informed and focused on the team’s goals. Conflict provides opportunities to correct, improve, and enhance behaviours or practices that benefit team relationships. Teamwork is a multifaceted process that requires the buy-in of all employees involved (Tyler & Parker, 2011:39).

The leadership displayed by managers is vital in effective teamwork because managers are responsible for guiding and structuring team processes. Nursing leaders should encourage good relationships within the team (Mc Comb & Hebdon, 2013:670). The researcher recommends that cross-functional teams audit all existing organisational policies that promote and sustain teamwork, to ensure compliance and objective
reporting. Where non-compliance is identified, the nursing manager and the team jointly agree on strategies to address the situation.

However, some of the participants felt that teamwork was lacking since they experienced divisions within the team that made teamwork difficult. A participant stated that there were divisions within the team that created conflict, resulting in negativity in team members.

According to Jackson et al. (2010:35), ineffective relationships can lead to conflict and lateral violence within the organisation. Lateral violence affects the entire team as it can create rifts between colleagues (Becher & Visovsky, 2012:211). Disruptive behaviour and negativity interferes significantly with multi-disciplinary relationships since it affects collaboration, open dialogue, and shared decision-making (Lachman, 2015:40). When such behaviours are displayed, the team members withdraw their participation, dialogue, and decision-making and adopt distracting behaviours that discourage unity within the team, leading to decreased productivity both of the individual and within the team.

Divisions within the team lead to a lack of willingness to ask questions and to team members avoiding the perpetrator (Reynolds 2014:29). The multi-disciplinary team members have trouble agreeing on treatment plans if there are divisions within the team. Poor communication within the team is the main contributing factor that compromises patient safety and leads to sentinel events that prolong a patient’s hospital stay (Becher & Visovsky, 2012:212). Lack of conflict management has a negative bearing on the organisation’s reputation, creates disharmony, and violates a client’s expectation of holistic patient care.

The newly employed professional nurse finds it difficult to relate to others within the team when divisions are evident and they are reluctant to share information and provide their professional input. The researcher believes that negativity affects team relationships and hampers teamwork. A division within the team also discourages relationship-building, and prolongs the adjustment process within the new environment.

According to Mohamed et al. (2013:128), feelings of being mistreated, disrespected, or disliked interfere with multi-disciplinary teamwork. They further stated that individuals who find it difficult to get along with other team members should be excluded from the team,
resulting in the lack of support and assistance from their colleagues. The researcher believes that participation of the newly employed professional nurses is adversely affected in a non-supportive working environment where teamwork is compromised. Nurses who experience a lack of collegial relationships feel dissatisfied (Cho, Sloane, Kim, Choi, Yoo, Lee & Aiken, 2014:536). Newly employed professional nurses who are dissatisfied with their collegial relationships are more likely to pursue work opportunities in other organisations.

Egues and Leinung (2013:187) suggest that team members adopting consistent professional behaviour and role modelling such behaviour can address intimidation in an organisation. They further stated that self-reflection must precede team discussions when addressing conflict resolutions. The multi-disciplinary team member should formulate guidelines for reporting and addressing intimidation in the work place. Unit managers should create a supportive and safe environment where team members feel comfortable enough to raise concerns and are able to address negative behaviours (Brunt, 2015:12). The researcher believes that a safe environment encourages the open and transparent reporting of incidents, and provides assurance that matters will be amicably resolved without team members fearing reprisals.

A participant stated that they experienced the reluctance of current staff to work with them. Negative exchanges within a team are uncomfortable and painful, and often harm the relationships between team members (Eby & Allen 2012:196). Newly employed nurses that experience a lack of teamwork are less likely to ask questions and less inclined to approach other team members for help (Moore et al., 2013:173). Nurse managers are responsible for creating an enabling environment for newly employed professional nurses, an environment that encourages positive teamwork. Nurse managers plays an important role in guiding expectations for newly employed professional nurses in the team and the organisation (Kilpatrick et al., 2014:300). Conflict management guidelines must be positively reinforced at all levels in the hospital to ensure speedy and effective conflict resolution. Conflict is primarily managed through the disciplinary and grievance procedure, which is time bound to ensure quick resolution. Additional policies, such as the sexual harassment and the protected disclosure policies, are in place and encourage reporting of unacceptable behaviours, and place a high level of responsibility on management to resolve issues in a fair and equitable manner.
4.2.2 Theme 2: Positive experiences with supportive management practices

Supportive management practices are essential to assist newly employed professional nurses to settle in and adjust to their roles. Participants experienced some of the organisational practices as being very well structured and helpful, which they deemed necessary to understand the organisation. Organisational practices such as orientation, mentoring, and the opportunities for growth and development were positive practices the newly employed professional nurses experienced regarding their quality of work life.

4.2.2.1 Sub-theme: Opportunity for professional growth and development through orientation and mentoring

The participants experienced orientation and mentoring positively. The orientation process was well structured and introduced the newly employed professional nurses to the organisational policies and procedures. The newly employed professional nurses welcomed mentoring practices because the mentors guided them and offered them support. These supportive management practices facilitate newly employed professional nurses settling into their new roles.

Orientation

The initial transition into any new work environment is the most challenging experience for any new employee, and orientation plays a significant role in the transitional process. Muller et al, (2009:270) refer to orientation as a personalised training and support programme that makes the newly employed professional nurse aware of the job requirements. Orientation of new employees is regarded as a supportive management practice that assists employees to settle into the organisation (Hendricks & Potgieter, 2012:4). In the healthcare services best practices are the new focus points that ensure that management practices are effective and supportive, and that these practices can be implemented through effective orientation.

Orientation fosters a sense of belongingness, reduces anxiety levels, and reduces the adjustment time for newly employed professional nurse to settle into their roles in the organisation (Hendricks & Potgieter, 2012:2). The researcher is of the opinion that new employees are anxious because of uncertainty about the expectations of them when they arrive at the units.
One of the participants explained that they were given orientation about the organisational processes and the policies and procedures of different departments. He believed that the orientation was effective since it explained how the organisation functioned. By explaining the organisational policies and procedures to the newly employed professional nurses, they learn how the processes in the organisation work, which allows for a smooth transition into their new roles. The policies are clear plans that have been summarised as instructions that direct the organisation in their decision-making. Procedures focus on the steps needed to implement organisational policies, and are evident at unit level as procedural manuals (Jooste, 2010:79).

An effective orientation programme is one way of addressing the initial anxiety that newly employed professional nurse experience, and such a programme builds their confidence (Dean, Saunders, Thompson & Cooper, 2011:137). Effective orientation further enhances the new employee’s experiences, and contributes to the smooth transition into their new roles in the organisation (Ellis & Chater, 2012:92).

Newly employed professional nurses who understand what is expected of them are confident to perform their nursing responsibilities and are less anxious, settling into their roles much more easily. Confident employees are able to function with minimal assistance, are more productive, and practice comprehensive nursing independently. Effective orientation programmes welcome the newly employed professional nurses into the organisation, and create a supportive environment, which allows them to adapt to the new way of doing their work. Adaptation of the newly employed professional nurses is crucial during the orientation phase since adaptation enables a smooth transition into their new roles. The researcher believes that the adaptation of new employees can be facilitated by creating a learning environment that is supported by effective mentoring and coaching practices.

The main objectives of orientation are to reduce anxiety, gain organisational commitment, and convey the organisation’s expectations (Boyd & Sheen, 2014:32). Hendel and Kagan (2014:500) define organisational commitment as the extent of an employee’s identification with the organisation’s goals and values, and their involvement in the organisation. Employees who are committed to the organisation are actively participating and they contribute to the organisation’s goals. The researcher believes that once the
newly employed professional nurses are aware of what the organisation’s expectations are, they become productive and contribute meaningfully to the organisational goals.

They adopt the organisational goals, live their values, focus on delivering the best patient care, and ensure favourable outcomes. Internalising the organisational goals provides the newly employed professional nurses’ direction in terms of what they need to implement at ward level to accomplish the organisation’s vision. Through the implementation of orientation programmes, the staff becomes acquainted with the critical needs, values, and goals of the organisations (Thopola, Kgola & Mamogobo, 2013:178).

The organisational values are those enacted values that are evident in the employee’s daily behaviour (Werner, Bagraim, Cunningham, Pieterse-Landman, Potgieter & Viedge, 2010:32). Understanding and internalising the organisational values are an important aspect of the job because it introduces newly employed professional nurses to the organisation’s ethos and assists with the smooth integration of newly employed professional nurses into the work environment. Integration into the organisation is achieved by a proper orientation programme that consists of information on policies, procedures, rules, and regulations (Bezuidenhout, Garbers & Potgieter, 2010:12). The participants indicated that orientation introduces the newly employed professional nurses to the organisation and the work processes. Effective orientation programmes introduce organisational policies that observe the organisation’s mission, vision, and strategic goals, clearly defines the expectations regarding human resources, and is accompanied by the organisation’s code of conduct (Dragomiroiu, Hurloiu & Milhai, 2014:369).

The organisation’s vision gives the newly employed professional nurses an understanding of what the organisation believes in. The organisation’s mission gives newly employed professional nurses an understanding of the nature of the organisation’s core business, and the organisation’s strategic goals are focussed on written organisational goals. Understanding and internalising the organisation’s vision allows newly employed nurses to work towards the organisational goals and commits them to reaching the organisation’s planned targets. New employees’ commitment to an organisation is built by communicating the organisation’s vision to them (Jooste, 2010:92).
A participant stated that the general orientation was thorough. The newly employed nurses were introduced to managers, people from the clinical department and wards, as to the hospital’s physical layout. Another participant also commended the general orientation, stating that she was introduced to a colleague who took her everywhere and she was given a personal tour of the hospital. During orientation, she was introduced to the people in the units and got to know them and how things were done, which was beneficial. General orientation provides information that includes an overview of the organisational work practices such as risk management, infection control, safety, general policies, and procedures, and introduced to the hospital layout, which is relevant to and beneficial for all new employees. A welcome note, and being introduced to the hospital manager, nursing service manager, nursing managers, and all the supportive service managers are good management practices that a general orientation should include.

Niles (2013:215) suggests that an orientation programme should have vital information that expounds how things are done in the organisation, introduces the organisational policies and procedures, and provides an overview of the organisational rules and regulations. An orientation programme should include the organisation’s vision, mission, and strategic organisational goals. Thorough orientation programmes describe employee expectations, state what the job entails, and describe all the employee benefits that the organisation provides. The researcher believes that an orientation programme should cover all aspects of the organisation, which will allow the newly employed professional nurse to have a broader understanding of the workplace.

Unit specific orientation begins with introducing the newly employed professional nurse to the multi-disciplinary team, is focused on explaining how the unit functions, and places emphasis on aspects such as ward routine, ward specific policies and procedures, ward protocols, and the unit layout. Introducing the newly employed professional nurses to their colleagues makes them feel welcomed, acknowledged, and fosters a sense of belonging. Orientation involves welcoming and providing the newly employed professional nurses with the necessary information that allows them to settle into their roles and assists them to become productive within the organisation (Jooste, 2010:168).

Whilst the participants expressed their satisfaction with the orientation process, some of the newly employed professional nurses believed that the orientation did not prepare
them for the day-to-day running of the unit in which they were employed. These participants expected that the orientation would focus on how to complete some of the nursing documentation that is unique to the organisation. A participant stated that people from other organisations needed to be orientated on documentation because documentation differs from organisation to organisation; charts are the same but each hospital has their own way of doing things. Another participant echoed this view and explained that he had not been orientated on how to complete the ICU chart when admitting a patient to ICU, and stated that the documentation that he was expected to process was different to the documentation that he used in his previous employment. According to Hlosana-Lunyawo and Yako (2013:10), most healthcare organisations make the effort to orientate newly employed professional nurses but the orientation processes might not always be carried out efficiently.

Orientation on how to complete the documentation is important because record keeping forms an integral part of nursing care. Familiarising the newly employed professional nurses with the organisational documentation forms should be an important aspect of the orientation programme (Dragomiroiu et al., 2014:369). The researcher believes that when the newly employed professional nurses know how to complete ward or organisational specific nursing documentation their effectiveness increase, they are focussed on patient care, and they are less anxious. Effective orientation processes create informed employees that are able to perform at their full potential much earlier (Boyd & Sheen, 2014:39). Orientation must be comprehensive so that the new employees can meet all the demands of the health care environment, including how to complete the nursing documentation. The researcher believes that proper orientation provides newly employed professional nurses with a sense of belonging and the assurance that the organisation values them as employees. The newly employed professional nurses that are valued and cared for by their employer are more inclined to remain with the organisation, thus reducing the attrition rate.

Effective orientation programmes promote competency in newly employed professional nurses and increase retention (Edwards, Hawker, Carrier & Rees, 2015:1256). One participant experienced the orientation as useful; she was an observer for two weeks in the unit, which allowed her to get used to what was expected of her and also introduced her to the organisational culture.
Organisational culture refers to a set of values, beliefs, and behaviour patterns displayed by employees that form the organisation’s core identity (Jacobs & Roodt, 2008:64). Organisational culture gives employees an identity because it creates a commitment to the organisation’s goals and objectives, which assist and guide employees in terms of what are acceptable behaviours and attitudes (Werner et al., 2010:33). Having an identity means that the newly employed professional nurse is aware of their role and where this role fits in the organisation. During the orientation phase it is important that new employees understand and embrace the organisational culture and values.

Newly employed professional nurses who understand the organisational culture are committed and productive employees, contributing to the organisation’s overall objectives.

**Mentoring**

Effective mentoring is a management practice that facilitates and ensures that newly employed professional nurses are transitioned into the organisation with an experienced employee assisting and guiding the process. Mentoring is a professional, voluntary relationship between an experience senior professional nurse and a less experienced professional nurse. The senior nurse provides on-going guidance, nurturing and support to the newly employed professional nurses (Peters, 2013:23). Mentoring allows the mentor to share their professional wisdom and experience gained throughout their nursing career (Minnick, Wilhide, Diantoniis, Goodheart, Logan & Moreau, 2014:28). A participant stated that a shift leader or mentor must be in the unit to guide and assist, teach, and guide the newly employed professional nurse. A mentor is a senior nurse with more experience who provides guidance and support to a junior nurse, helping them to develop (Waaland, 2013: 40).

A participant stated that she was assisted by a professional experienced nurse who showed her the ropes and guided her every step of the way. She stated that having somebody mentoring her closely facilitated her adjustment. The period of adjustment refers to the initial period when the newly employed professional nurse arrives in the unit, needing the support and guidance that a mentor can provide during the transitional phases. Mentoring is a useful approach that provides the newly employed professional nurses with effective and systematic support that facilitates the transition into the
workplace (Weng et al., 2010:1). Mentoring practices provide the necessary support that all newly employed professional nurses expect when they arrive in the unit. A mentor is able to answer their questions, guide them, demonstrate how to do ward specific procedures, and clarify all uncertainties. Mentoring is further practiced to support the development of newly employed professional nurses during the orientation or transition phase into the organisation (Conner & Pokora, 2012:14). By creating a learning environment, the mentor ensures that newly employed professional nurses acquire the requisite knowledge and skills necessary to be productive at ward level.

An effective learning environment is one that is conducive to learning, and free from threats and prejudice. This learning environment promotes the opportunity to ask questions, ensures freedom of speech, encourages critical debates, provides daily planned teaching sessions, and establishes positive team spirit and quality of work life (Muller, 2009:334).

Mentoring improves nursing proficiency and prepares the newly employed nurses to work with others and to be efficient in the work environment (Frederick, 2014:590). Through the supportive mentoring practices, the newly employed professional nurses become more confident as they are able to work independently. Mentoring plays an important role in improving the work performance of newly employed professional nurses and in establishing their attitudes towards their work (Weng et al., 2010:1). Nurses who have positive attitudes towards their work will be motivated to perform at their full potential and be committed to the organisation. Mentoring has positive effects on job performance, and improves the newly employed professionals’ quality of work life (Gong & Chen, 2014:490).

A participant stated that she was provided with a procedural workbook that she had to complete with the assistance of the shift leader. A procedural workbook is a teaching tool that is designed to guide learning activities in the clinical environment and is required to be completed by a newly employed professional nurse and submitted to the mentor for comment (Mellish, Brink & Paton, 2009:123). The newly employed professional nurses have to demonstrate ward specific procedures to the mentor, who then evaluates whether or not the desired level of competency has been achieved before signing off the procedure, for example, arterial blood gas monitoring. Procedural workbooks are a way of introducing and familiarising the newly employed nurses with unit specific procedures.
that they will encounter on a daily basis. Utilising a procedural workbook to familiarise themselves with unit specific procedures and the assistance of a mentor creates safe learning opportunities. The newly employed professional nurse is provided with opportunities to engage in question and answer sessions, including demonstrating procedures to the mentor. Mentoring facilitates knowledge transfer and assists employees to develop a greater understanding of their work environment and organisation (Gong & Chen, 2014:491).

One participant stated that the shift leader explained how the equipment worked and procedures related to patient care. The nursing work environment is technologically advanced and requires the nursing staff to be technologically savvy and updated. The world of work has rapidly become dependent on technology and has changed the nature of work in organisational environments (Kozlowski & Salas, 2012:172). The researcher believes that receiving guidance from a mentor on how to use equipment is an important aspect of the work because it ensures that work is correctly performed. If the newly employed professional nurse is confident in equipment use, they are able to provide nursing care without anxiety and thus improve their quality of work life.

Effective mentoring practices are beneficial to the newly employed professional nurse and to the mentor. The mentor experiences a sense of reward and motivation if, under their mentorship, the newly employed professional nurses develop an understanding of the existing unit procedures. The relationship between the mentor and mentee is one of mutual sharing of professional knowledge, both parties in the relationship benefit as it allows them to learn from each other (Minnick et al., 2014:28). Professional relationship-building is inherent in mentoring practices, encouraging the mentor and the mentee to work together. The most significant mentoring may occur as professional socialisation activities, facilitating learning the culture of the work environment (Lekhuleni & Khoza, 2012:63). Effective mentoring practices ensure that newly employed professional nurses conform easily to the organisational expectations and culture (Minnick et al., 2014:28).

The mentor is able to guide the newly employed professional nurses, advising them of acceptable behaviours and the organisation’s value system. Mentoring practices can only be effective if management supports the mentor’s efforts by valuing the mentor’s time commitment to the process (Ellis & Chater, 2012:93). Mentors whose efforts are
recognised by their colleagues and the organisation are more likely to share their knowledge and skills, contributing to the development of other nurses. Nurses who have been mentored are also likely to mentor other nurses (Green & Jackson, 2014:82). Mentoring also develops as a culture within the organisation. Mentoring practices foster a supportive organisational culture that can reduce the number of nurses leaving the nursing profession (Green & Jackson, 2014:80).

A participant stated that a senior sister used her knowledge, skills, and experience to guide and assist the participant to build mutual trust and respect. The participant described her as one of the best nurses in the organisation. The mentor-mentee relationship is a special kind of relationship of mutual respect, trust, and commitment where objectivity, credibility, honesty, trustworthiness, and credibility are critical.

Kozlowski and Salas (2012:375) explain that the relationship between a mentor and mentee is very intense because the mentor personally coaches, advises, protects, and develops a relationship with the mentee. Coaching is a learning relationship that helps nurses to take charge of their own development, realising their full potential and achieving a desired level of results (Connor & Pokora, 2012:8). The experienced mentor offers a wealth of information and expertise that is unavailable through other sources. Having expertise is seen as having developed specialised skills or knowledge in a certain field (Kozlowski & Salas, 2012:101).

In nursing circles, an expert is seen as a senior mentor that can provide relevant practice examples in order for the mentee to make sense and meaning of a situation. The mentor is usually very knowledgeable in their field of speciality, and they have theoretical knowledge and practical experiences because they keep abreast with current developments within the nursing field. An ideal mentor should be a role model, have good clinical skills, and be knowledgeable, professional, confident, experienced, caring, an excellent teacher, supportive, a life-long learner, an expert, and somebody that can create a comfortable learning environment (Jooste, 2010:256).

However, one participant stated that he received no guidance and was fearful of making mistakes. Lack of mentoring can contribute to negative experiences such as anxiety, frustration, and difficulty in adjusting to the new work environment, and this can impact
negatively on the quality of work life of the newly employed professional nurse. Lack of mentoring and negative mentoring experiences are associated with fewer learning opportunities, anxiety, frustration, job dissatisfaction, and increased turnover intentions (Green & Jackson, 2014:85).

The researcher believes that effective mentoring practices ensure that newly employed professional nurses have a sense of job satisfaction and this reduces the possibility of turnover. Mentoring practices are important career development strategies that organisations implement to deal with nursing shortages and the retention of nurses (Green & Jackson, 2014:80).

Some of the participants did not have a mentor when they arrived at the ward and found it difficult to adjust into the new work environment. Weng et.al. (2010:2) state that mentoring is a useful approach when dealing with newly employed professional nurses because it provides them with support in their working environment. Mentorship practices improve nursing proficiency, and as self-confidence increases, new nurses adjust to their roles more effectively, developing new skills and knowledge, and being more prepared to work with others (Frederick, 2014:590). The participants suggested that a clinical facilitator or mentor should be in the ward on their arrival so that they can support and guide newly employed professional nurses.

A clinical facilitator teaches and enables the newly employed professional nurse to grow personally and professionally (Mellish et al., 2009:75), whilst a mentor provides guidance and support that enhances the development of clinical skills and provides the mentees with alternative approaches to patient care (Joubert & De Villiers, 2015:1).

4.2.3 Theme 3: Negative emotional experiences regarding quality of work life
Negative emotional experiences regarding newly employed professional nurses’ quality of work life emerged as a theme from the in-depth semi-structured interviews. The participants contribute their negative emotional experiences to feelings of demotivation, stress, and frustration. Others reported negative experiences with some work organisational aspects, such as the lack of reward and recognition practices and inconsistent staff allocation processes.
4.2.3.1 Sub-theme: Feelings of demotivation, stress, and frustration

Nurses are faced with challenging working conditions and they are expected to deliver quality patient care. All employees have rights, and employees’ basic working conditions are acknowledged in The Basic Conditions of Employment Act (Act no.75 of 1997). Working in a private hospital can be very demanding because a health care organisation is focussed on quality care and financial growth. Dissatisfaction with some aspects of working life is a problem affecting almost all employees during their working career. Some of the participants stated that their dissatisfaction with their working conditions interfered with their quality of work life. Employees cite frustration, demotivation, and stressful working conditions as some of the negative work aspects that impact on their quality of work life and these negative aspects can be costly to both the individual and the organisation (Van der Berg & Martins, 2013:1).

A participant stated that he considered resigning because he felt demoralised and demotivated. Various factors in organisations and work environments contribute to the employees’ dissatisfaction, and can be experienced as feelings of demotivation. South African health care organisations grapple with work-related issues such as poor working conditions that can lead to demoralisation of nurses (Nyathi & Jooste, 2008:29). Poor working conditions are associated with heavy workload, excessive mandatory overtime, lack of basic resources and equipment, and demands made by management, authorities, patients, and visitors (Mokoka, Oosthuizen & Ehlers, 2010:4). Heavy workloads suggest that the ratio of nursing staff to patients is inadequate to provide quality care. Staff are obliged to work overtime to address the staff shortages.

Management sets high performance expectations from all the employees with inadequate resources. The patient, family, and community expect nurses to provide quality patient care. Lack of basic resources and equipment creates dissatisfaction, since the nurses are unable to provide quality care to fulfil the expectations. The consequences of poor working conditions are often manifested in nurses’ state of demoralisation and demotivation (Luhalima, Mulaudzi & Phetlhu, 2014:473-474).

Another participant submitted a letter of resignation out of frustration due to dissatisfaction with her poor working conditions. Dissatisfied with their working conditions, nurses become frustrated and consider leaving the organisation. Nurses’ intentions to leave the
organisation stems from their job dissatisfaction. Job dissatisfaction encompasses feelings and emotions that employees attribute to their poor work conditions, negative experiences, and employees’ attitudes toward certain job aspects (Horwitz & Pundit, 2008:27). Horwitz and Pundit (2008) further explain that job satisfaction is a powerful indicator of the quality of someone’s working life. Dissatisfaction with one’s job might lead to staff attrition and staff shortages.

In addition to the dissatisfaction, the global shortage of professional nurses makes it difficult to retain nursing staff, and factors relating to the healthcare environment such as increased workload, poor working conditions, poor salaries, and working hours also significantly contribute to the intentions of professional nurses to leave organisations. The researcher believes that early identification and detection of an employee’s dissatisfaction together with appropriate action will ensure that corrective measures are taken to avoid the negative consequences associated with attrition.

In order to address staff shortages, organisations must have strategies in place to retain their staff. Retention of staff refers to the organisation’s efforts to prevent nursing staff from seeking alternative working opportunities in other organisations (Mokoka et al., 2010:2). The employees’ willingness to stay in an organisation depends on the extent to which they are adequately motivated and rewarded for their efforts (Adzei & Atinga, 2012:468). In healthcare environments, staff can be motivated by favourable aspects that contribute to job satisfaction such as working flexible hours, opportunities for advancement, independence at work, professional status, adequate wages, educational opportunities, and provisions for annual leave, sick leave, and study leave (Lacher, De Geest, Denhaerynck, Trede & Ausserhofer, 2015:461). Job satisfaction is defined by the degree to which an employee likes their work (Raddaha, Alasad, Albikawi, Batarseh, Realat, Saleh & Froelicher, 2012:216).

One of the participants expressed that they were frustrated with the negative attitude that colleagues displayed towards the participant’s work. According to Becher and Visovsky (2012:210), negative attitudes and negative workplace relationships with staff could disrupt a team’s performance, creating a work environment that could lead to burnout, increased staff turnover, and poor patient outcomes. The researcher believes that a negative attitude within the workplace affects the team’s ability to deliver quality patient
care, placing stress on team members and ultimately resulting in burnout. Burnout is an affective reaction to continuous stress over a period of time that results in emotional exhaustion, physical fatigue, and cognitive weariness (Harrington, 2013:281). Nurses that have a positive attitude towards their work have to work much harder to accomplish the units’ goals, and in the process they take on a greater workload to accommodate the employees who are displaying a negative attitude towards their work. Prolonged exposure to stress can lead to burnout and poor health amongst the newly employed professional nurses.

Burnout is described as a psychological syndrome resulting from prolonged workplace interpersonal stressors (Babenka-Mould & Laschinger, 2014:148). Burnout can be measured on the basis of Maslach’s Burnout Inventory (MBI), which has three sub-scales designed to measure an individual’s burnout levels as indicated by their levels of emotional exhaustion (individual stress), depersonalisation (negative workplace experiences), and reduced personal accomplishment (professional growth). The MBI predicts that people experiencing burnout would be dissatisfied with opportunities for personal growth and development on the job. It further predicts that burnout would be related to a person’s desire to leave their job (Bruce & Sangweni, 2012:91). Addressing the newly employed professional nurses’ stressors and preventing burnout will reduce the incidents of burnout and promote staff retention.

Employees working under stressful conditions can also make mistakes that can affect patient outcomes. Staff turnover rates within the health care system compromise a nurse’s ability to provide competent and compassionate care (Dargahi & Shaham, 2012:143). On-going turnover and staff shortages often contribute to increased workplace tension, which have the potential to develop into workplace violence and to the attrition of nurses from the profession (Thomas, Bosch-Venter & Boninelli, 2010:50). Organisations should focus on addressing staff shortages, retaining staff, and promoting healthy workplace environments.

One participant stated that their working conditions are stressful due to budgetary constraints, and they have to work much harder, resulting in exhaustion. Matsumoto, Sumino, Fukahori, Kitaoka, Kamibeppu and Nagamura (2012:1637) refer to job stress as a situation in which working conditions interact with the nurses’ characteristics and result
in acute disruption of psychological or physiological homeostasis. Unfavourable working conditions, such as budgetary constraints, influence professional nurses’ intentions to leave the organisations, leading to nursing shortages with resultant heavy workloads (Mokoka et al., 2010:4). The researcher believes that working conditions that are stressful are unhealthy. High turnover of nurses’ results in a decrease in morale and productivity of the nurses who remain behind and creates more work pressure for them (Horwitz & Pundit, 2008:28).

Patients always expect the best care and treatment, and are not concerned with the internal staffing arrangements of organisations. However, factors related to adequate staffing promotes job satisfaction (Thopola et al., 2013:176). In order to address and alleviate shortages, organisations utilise the services of independent nursing agencies. Agency staffing is a short-term solution and using agency staffing over a prolong period can be very costly for organisations (Gantz, 2010:23). Student nurses are also used to fill positions occasioned by staff shortages. However, this strategy is not effective because reporting lines are not clearly defined. One participant became frustrated when dealing with unreliable and absent students that are not competent in their work. In the private hospital context, students are part of the nursing work force. However, absent students increase the existing staff’s workload.

One participant stated that working conditions are demanding and they can be very overwhelming and create pressures to meet the job’s demands. The organisation, Human Resources for South Africa (2012-2017), is also concerned with nurses’ working conditions and they have identified that the reasons why nurses want to leave profession. Nursing by its very nature is a demanding and stressful profession.

The Health and Safety Executive in Sullivan and Garland (2013:209) outline sources of stress at work: as work environment demands, a lack of support, roles, and changes. Being a professional nurse is a demanding role that requires the professional nurse to be accountable and responsible for their own actions and for their subordinates’ actions. Shift work requires professional nurses to work long unsociable hours and this can be a source of stress, especially if a person has to rotate between day and night shift. Physical environments also contribute to stressful working conditions, such as working with critically ill patients in the ICU’s. Lack of support that helps professional nurses to function
optimally can be perceived as a stressor, and is associated with lack of adequate staffing, inadequate resources, and lack of access to professional growth and development.

Role ambiguity can create stress because the newly employed professional nurse may find that the duties, responsibilities, and performance expectations of their roles are not clearly defined, for example being a shift leader and a clinical nurse specialist may result in conflicts arising from these complex roles. Change is one of the main sources of stress in the work environment because it creates a feeling of loss of control over a situation.

Human resource management policies should make provision for staff well-being and employee assistance programmes. Stressful working conditions can be addressed by implementing employee assistance programmes that could assist staff in dealing with these stressors. Employee assistance programmes are job-based programmes that focus on identifying and assisting troubled employees to resolve their problems and providing them with access to counselling (Muller et al., 2009:286). One participant was frustrated with the lack of team spirit in the unit. Lack of team spirit results in interpersonal problems that affect employee and patient satisfaction (Thopola et al., 2013:175). Experiences of nursing job satisfaction are achieved by making positive contributions to patients’ health by delivering quality patient care.

Newly employed professional nurses that work in units where there is a lack of team spirit have to work much harder to achieve organisational goals and provide quality patient care. Having a good relationship with fellow colleagues and having a good team spirit in the work environment play critical roles in the nurses’ quality of work life (Vagharseyyedin et al., 2011:794). However, a lack in team spirit contributes negatively to newly employed professional nurses’ quality of work life.

One participant stated that patients’ needs must be considered when calculating acuity. Acuity refers to classifying patient needs that are calculated via an estimation of how many hours of nursing care will be needed for a particular patient during a particular shift, which will indicate the required nursing staff for that shift or over a 24-hour period (Muller et al., 2009:319). Private hospitals are business driven and focussed on profit margins, however their strategic goals are centred on delivering quality patient care. Nonetheless, being focused on the acuity the goal of quality patient care is compromised and can be
neglected. Quality patient care can be achieved by assigning the appropriate category of nursing staff with the most suitable level of skill to care for the patient. The South African Nursing Council (SANC) regulates the training and quality of care that the different categories of nurses can provide. The scope of practice clearly stipulates the type and level of task that the different categories of nurses are allowed to perform in accordance with their level of competencies. Nursing management has the responsibility to ensure that resources are managed appropriately and effectively, whilst reducing the cost of care and improving the quality of patient care (Gantz, 2010:462).

One participant stated that the work demands affect her family life, since she does not spend enough time with her family. Nurses spend long hours at work, but it is important to maintain a balance between work and family life. Work life balance refers to managing and finding a balance between family responsibilities and work life (Brousseau & Alderson, 2008:39). The researcher believes that work life and family life balance can be maintained through different approaches, such as allowing nurses to work flexible working hours, allowing self-scheduling, and accommodating preferences to work night or day shifts only.

Flexible working hours include part-time work, working from home, job sharing, and flexitime or reduced working hours (Glasper, 2010:9). Working flexible hours allows the nurse to positively contribute to the demands of the organisation and their family life. Self-scheduling provides the opportunity for staff to schedule their own off-duties (Muller, 2009:134). If the unit manager allows self-scheduling, the unit manager enables staff to balance their family and work life, creating opportunities to participate and thereby empowering staff, which leads to increased motivation.

Some staff prefer to work day shift while others prefer night shift. By accommodating their preferences, the employer is able to contribute to their employees’ job satisfaction and their quality of work life.

4.2.4 Theme 4: Negative experiences with some work organisational aspects
The newly employed professional nurses identified the negative experiences as the lack of a reward and recognition system and inconsistent staff practices. Lack of reward and recognition practices affect the employees’ attitude and performance towards the
organisation if the organisation fails to fulfil its responsibilities regarding wages, benefits, and promotion (Van Aswegen, Botha, Lotz, Markham, Meyer, O’Neil & Schlecher, 2009:187).

4.2.4.1 Sub-theme: Lack of reward and recognition practices
Lack of reward and recognition systems negatively influences the newly employed professional nurses’ performance. Reward is a gift promised to the employee for the employees’ behaviour that may or may not result in the desired level of performance, and is based on the principle of “do this and you will get that” (Watkins & Leigh, 2010:467). Recognition refers to acknowledgement or a gesture of appreciation for a specific task that has been successfully completed by an employee (Mone & London, 2010:107).

One participant explained that although nursing is one of the most critical occupations, the salaries are not commensurate with the complexities and level of care that nurses provide. According to Van Aswegen et al. (2009:192), financial compensation is the monetary reward that employees receive for the work that they do, and the two types of reward are direct financial compensation (such as wages and bonuses) and indirect compensation (benefits such as housing subsidies and study loans). Financial compensation packages are designed to attract, motivate, and retain employees (Watkins & Leigh, 2010:483). All employees expect a decent living wage, and nurses’ expectations are no different. Currently employees’ wages are determined on the principle of performance considerations, and in nursing it is determined according to the category or position held. However, Occupation Specific Dispensation (OSD) allows for the implementation of principles that are based on recognising academic and professional qualifications and job experience (Muller, 2009:315).

Private organisations establish their wage packages by comparing competitive rates that other healthcare organisations pay, and set their basic wages accordingly (Watkins & Leigh, 2010:484).

The researcher believes that employees whose job performance consistently exceeds the standard required should be compensated accordingly to keep them motivated. Job performance plans are structured according to a rating scale that is used to evaluate the employee’s performance against the predetermined objectives, for example 0-too early.
to assess (employees that are still on probation fall in this category), 1-employee did not meet the performance expectation, 2-performance improvement required, 3-good performance, 4-high performance, and 5- top performance. The efforts of employees whose performance consistently exceeds the required standard should be rewarded for their efforts, and the researcher suggests that unit managers submit written motivations together with a portfolio of evidence to ensure that such high performers are rewarded.

Employee performance refers to the process of evaluating the employees' performance against the organisation’s predetermined goals and objectives that have been clearly explained to all newly employed professional nurses (Gantz, 2010:365). Muller (2009:354) describes the employees’ performance process as a unit manager's evaluation, that is a formal systematic assessment of the employees’ skills, knowledge, values, and conduct as related to the role expectations, responsibilities, and job description as they relate to the organisation’s strategic goals, key performance areas, and key performance indicators. The purpose is to identify compliance with job requirements, performance, shortcomings, and the contributions that can be made to an employee’s career management.

Gantz (2010) further explains that healthcare organisations have clear policies and procedures that guide the nurses’ daily functions, however a clear job description should explain the desired level of employee performance. A job description defines the employees’ role, responsibilities, and areas of accountability. The Nursing Act of 2005 (Act no. 33 of 2005) promotes professional accountability for which nurses are paid, and the scope of practice entrenches the professional nurse’s responsibilities and roles.

Employees who perform their nursing duties within the legal framework of the nursing act and the organisational goals should be compensated accordingly, as stipulated by indicators. An employee’s performance is evaluated via the performance appraisal process. Performance appraisal is an administrative measuring tool that evaluates the employee’s performances against set standards and organisational goals, and can also be used to establish the remuneration of employees (Bezuidenhout et al., 2010:128). The current performance appraisals are conducted quarterly and are not used in the salary increase determination process that is negotiated with the representative trade unions.
In the South African context, the Labour Relations Act (Act no. 66 of 1995) provides the framework within which the employees and their trade unions, employers, and organisations can collectively bargain. The Labour Relations Act legally institutes trade unions, and through the process of collective bargaining they negotiate the terms and conditions of employment and remuneration in accordance with the bargaining process that determine employees' wages (Muller, 2009:57; Nagel, 2011:604). Collective bargaining is defined as a method of determining the terms and conditions of employment and remuneration through the process of negotiation and agreement between management and employee representatives (Bezuidenhout et al., 2010:241).

During collective bargaining, the trade union that represents the employees and the management who represents the employers meet and discuss the mandates given by the groups they represent. They negotiate by applying the principle of collective bargaining with the intention of reaching a fair and reasonable agreement (Van Aswegen et al., 2009:274). The researcher has observed that negotiated salary increases are generally implemented across the board and do not include a performance component, thus disadvantaging those employees who consistently meet or exceed performance standards. The result is employees with low morale, and employees who lack commitment, are reluctant to participate, and exhibit decreased productivity levels. Reward and recognition practices are aimed at accomplishing the desired work performance levels, however these practices can only be effective if the employees are motivated (Watkins & Leigh, 2010:511).

Motivation refers to the factors that influence human behaviour and is usually comprised of three main elements, namely: direction, effort, and persistence (Salie & Schlechter, 2012:2). Nurses are normally influenced by intrinsic and extrinsic motivation. Intrinsic motivation refers to an individual's inherent tendency to seek self-actualisation and their desire to grow and develop. Intrinsic motivation in the work environment is influenced by the structure rather than the content of the task itself. Feelings of autonomy, competence, and relatedness are key components of Deci and Ryan's Self-determination Theory (Lathman, 2012:105). According to Ryan (2012:511), autonomy refers to the feeling of choice and discretion, competence relates to the feeling of capability and efficiency, and relatedness refers to the feeling of connectedness and a sense of belonging with others.
Professional nurses are independent practitioners and they have the ability to make decisions regarding the patients in their care. They have the necessary skills, knowledge, and abilities to perform a task. Ryan (2012:512) further states that intrinsic motivation depends on the extent to which the newly employed professional nurses find the work interesting, or the extent to which they enjoy the work itself. Unit managers are responsible for identifying the needs of the employees in their units, delegating tasks that will empower them and reward them on completion of the task. Empowerment refers to a dynamic interactive process between a leader and a follower that encourages participative decision-making, power-sharing, and motivation (Jooste, 2009:222).

Employees that are actively involved in the decision-making processes feel that their inputs are valued. Employees that are given the opportunity to make suggestions and given a chance to implement their ideas feel that they contribute to the success of the organisation and they feel motivated. When employees experience the desired level of self-determination, they are intrinsically motivated or feel good, and thus rewards must support their feelings of autonomy, competence, and relatedness to be effective. Self-determination is the process of allowing people to make their own personal choices, which leads to personal empowerment, a higher sense of autonomy, and a higher level of interest in a task (Latham, 2012:155). Employees who are self-determined are able to function with minimal supervision and are invested in completing a task or activity.

One participant suggested that when staff work well and do their best they must receive recognition to make them feel good. Extrinsic motivation refers to “what is done to or for employees to motivate them” (Salie & Schlechter, 2012:2). Ryan and Deci in Ryan (2012:511) identify four different types of extrinsic motivations, namely: external regulation, introjectory regulation, identified regulation, and integrated regulation.

External regulation refers to behaviours that are controlled by the external factors, such as rewards. Introjectory regulation is based on behaviours regulated by the internal pressure, such as worry or the desire to enhance one’s ego. Identified regulation is based on one’s personal values or benefits of being involved. Integrated regulation is assimilated into one’s own values, goals, and needs (Ryan, 2012:524). The researcher believes that in order to keep employees motivated, it is important to know and understand what needs to be done to motivate them since all employees are different.
According to Maslow’s Hierarchy of Needs, needs are the starting point for an individual’s motivation (Latham, 2012:132). Some employees are self-motivated, whilst other employees need reward and recognition. Reward and recognition practices are one of the key ways to keep employees’ commitment and sustain their motivation (Nujjoo & Meyer, 2012:2). Organisations play a vital role in keeping the newly employed professional nurses motivated, and they can do so by recognising the newly employed professional nurses’ efforts and having reward and recognition programmes, providing timeous feedback, providing opportunities for growth, achievement, awards, and development. Unit managers and organisations can improve the newly employed professional nurses’ motivation and performance through effective use of incentives, such as providing education and career development opportunities, flexibility in working schedules, nominating carer of the month, providing access to facilities such as wellness clinics and crèches and safe working environments (Dagne, Beyene & Berhanu, 2015:232).

The opportunity for professional growth can be very rewarding for a newly employed professional nurse because it indicates that private organisations are concerned with their development. Organisations that promote flexible working hours show that they recognise nurses’ needs to balance their work and personal life. Environments that create the opportunity to empower the newly employed professional can be a source of motivation.

A good incentive plan must focus on motivating the effort of employees, directing attention, extracting information and attracting and retaining highly effective employees (Malambe & Bussin, 2013:2). The researcher believes that organisations that have remuneration strategies that include effective rewards and recognition and incentive practices in place are able to keep employees motivated. It also provides opportunities to retain and attract new talented employees.

The researcher believes that remuneration strategies should accommodate the rewards and incentives that promote quality of work life, such as working flexible working hours and having crèche or after school care facilities on the premises of the organisation will contribute to family and work life balance.
One participant raised her concerns with the lack of recognition for loyal and hardworking employees. Hard working employees must receive recognition for their efforts (Wiley & Kowske, 2010:76). The researcher believes that all employees need to be recognised for their hard work because it has a positive influence on their quality of work life. Research findings suggest that employees want and need recognition for their hard work.

Recognition and appreciation from the organisation and unit managers are crucial to ensure that employees feel good about the work they do, but it is also essential in forming loyalty to an organisation and being productive in the long run (Wiley & Kowske, 2010:76). The researcher believes that loyal employees will recommend the organisation’s services to potential clients and express positive opinions about the organisation.

According to Mone and London (2010:107), recognition can be classified as formal and informal. Examples of formal recognition include recognising employees for long service or providing them with awards for exemplary behaviour. Informal recognition provides the opportunity to recognise a greater number of employees by acknowledging their efforts at different forums, such as monthly operations and impromptu staff meetings. Employee recognition focuses on recognising the desired results, such as applauding employees for their hard work and loyalty to the organisation. Mone and London (2010:108) further suggest that recognition should focus on performance and effort that is aligned with the organisational vision, mission, goals, and values. The researcher believes that employees who have internalised and live the organisational values of caring, participation, dignity, and honesty represent the organisation’s intentions in their decision-making, and direct their efforts and approach to their work and how they treat patients.

Another participant bemoaned the fact that notwithstanding their best efforts under difficult circumstances they are not being recognised. Recognition of efforts is not always in monetary form, but includes those subtle gestures that count the most. Mone and London (2010:106) suggest that unit managers should recognise the newly employed professional nurses’ efforts as part of the day-to-day performance management, and should include positive feedback such as thanking employees for their good performance. Employees prefer early and appropriate recognition, whether in private or in public.
However, some participants commend the organisation for their efforts to motivate employees through rewards and initiatives, such as: recognising the carer of the month, holding a monthly birthday tea, celebrating nurse’s day, celebrating Christmas lunch, paying annual SANC fees on behalf of the employees, and sending staff to attend workshops or conferences. Employees are satisfied with the little reward and recognition gestures from their managers and the organisation.

4.2.4.2 Sub-theme: Inconsistent staff allocation processes
An inconsistent staff allocation process influences the quality of work life of the newly employed professional nurse, because they expect to settle into the roles they applied for, and to be productive and happy at work. Instead, they experience anxiety when they are placed in a different role and work environment than that for which they applied.

Placement of staff is a process that refers to matching the newly employed professional nurse to the job, and taking into consideration the demands of the work as well as the employee’s knowledge, skills, abilities, preferences, and personality (Muller et al., 2009:269). The newly employed nurses' knowledge, skills levels, and personality characteristics must meet the required standards to ensure a perfect fit is achieved, and that organisation's goals and outcomes can be reached. Finding the right person or fit for the position is important because organisations need employees that are engaged and dedicated to the organisational goals. When placing the newly employed professional nurses, it is important to consider their preference as well as achieving a suitable person-job fit. Lin, Yu and Yi (2014:1540), refer to person-job fit as a fit between the abilities of an employee and the demands of the job.

Matching these characteristics is important since both employee and employer can benefit from such a mutual relationship. The newly employed professional nurses will experience a sense of job satisfaction and the employer will have committed employees who will contribute positively to organisational growth. A good fit between organisation and employee is important as it contributes to positive work outcomes such as job satisfaction, organisational commitment, and reduced employee turnover (Alniaçik, Alniaçik, Erat & Akçin, 2013:274). The organisation–employee fit is proven to affect the satisfaction of newly employed professional nurses through value congruence that determines how a person fits into a job. Value congruence is the shared values, inter alia
passion, caring, and respect, between the newly employed professional nurse and the organisation (Hunt, 2014:573). Having the same values as the organisation ensures that newly employed professional nurses make a smooth transition into their new roles and they are motivated to stay much longer at the organisation. When employees’ values match those of the organisation, they are much happier and more likely to stay on at the organisation (De Cooman, De Gieter, Pepermans, Hermans, Du Bois, Caers & Jegers, 2008:102).

A participant applied for and was interviewed for a position in Casualty, and then offered employment to work in the High Care unit. The participant explained that he preferred working in Casualty since he was familiar with Casualty, having held a similar position in a government hospital. However, the offer of employment was for High Care and he agreed because he wanted to experience working in the private sector. During the recruitment and selection process, it is important that the interviewer identifies the job qualifications and preferences of the potential employee to ensure that the employee will be a suitable fit for the job. Muller et al. (2009:269) suggest that when hiring professional nurses, the unit managers should aim for and accomplish the suitable person-job-fit, enabling the newly employed professional nurses to contribute positively to their job responsibilities. By considering an employee’s preferences, the organisation ensures that the newly employed professional nurse will contribute to improving the current practice environment because they are able to share relevant knowledge and utilise prior experiences to improve the quality of patient care.

The newly employed professional nurses who are placed in a familiar environment are able to settle in much more easily because they know what to expect and they know what they have to do, whereas employees who are placed in a department that is unfamiliar to them, take much longer to adjust. A participant who emigrated from India and applied to work in a ward was placed in ICU. Having been familiar with working in wards, she experienced the ICU differently to a ward, which made her anxious. Muller et al. (2009:268) assert that the candidates should be provided with all the relevant information regarding the nature of the job so that they can decide for themselves if they and the position are a suitable fit. The researcher believes that during the interview the interviewers must inform the candidates that the organisation reserves the right to make
appointments in areas other than the unit being interviewed for, which will allow candidates to ask questions and make informed decisions.

The key function of the human resource department of any organisation is to plan and focus on making provision for the movement of suitable people through the process of recruitment into the organisation (Muller et al., 2009:245). Suitable person-job fit is characterised by matching the employee’s characteristics to that of the job, however if the person does not fit the job, the employee and the employer can consider job enlargement, job enrichment, and job rotation to determine where the employee might possibly fit in (Van Aswegen et al., 2009:52). Van Aswegen further explains that job enlargement is aimed at creating job variety by increasing the number of tasks and the responsibilities of the newly employed professional nurse, for example, instead of nursing an ICU patient the nurse will be a shift leader that supervises the staff and patient care.

Job enrichment is concerned with changing the job content, making it more challenging, meaningful, and interesting. Job rotation is the process of moving the employee from one unit to the next, and encouraging the development of new skills, knowledge, and insight in all areas of nursing. Job rotation encourages nurses to be good all-rounders that provide human resource administrators with increased flexibility to improve the utilisation of staff (Chen, Wu, Chang & Lin, 2015:298).

One participant explained that he was assigned to work night shift and that he found it stressful, having expected that as a newly employed professional nurse on orientation he would only be working day shift. All employees expect the organisation to be considerate of their needs and the organisation expects employees to be productive. According to Vroom’s Expectancy Theory (Vroom in Latam, 2012:48), the efforts that an employee exerts are a function of their expectations, however the outcomes will contribute of their job performance. Job performance refers to the extent to which an employee’s work-related behaviours can be measured and how they contribute towards meeting the organisational goals (Lin et al., 2014:1540).

The researcher believes that a stressful environment results in poor job performance and increased staff turnover. Working under stressful working conditions can be a result of incompatibility between the person performing the job and the job’s requirements.
Whilst employees might be reasonably expected to adjust to changes in jobs over time, poor person-job fit can result in increased stress and inefficiency or poor performance in organisations (Deniza, Noyan & Eertosun, 2015:369). According to Lin et al. (2014: 1545), when job requirements and employee capabilities match, personal and organisational performance generate positive results and contribute to the quality of work life of newly employed nurses.

In this chapter, the positive and negative experiences of newly employed professional nurses regarding their quality of work life in a private hospital in Gauteng were described and conceptualised. The purpose of conceptualisation is to draw meaningful conclusions and integrate the new knowledge into the existing body of knowledge. The concluding statements will form the basis of the guidelines to improve newly employed professional nurses’ quality of work life and will be described in Chapter 5. The limitations, recommendations, and conclusion will also be described.
CHAPTER 5
GUIDELINES, LIMITATIONS, RECOMMENDATIONS, AND CONCLUSION

5.1 INTRODUCTION

The purpose of this chapter is to describe guidelines that will facilitate improvement regarding newly employed professional nurses' quality of work life. Findings were described in Chapter 3 and conceptualised in Chapter 4 with supporting literature, interpretations, and conclusions drawn by the researcher. This chapter will describe the guidelines according to table 3.1. Limitations, recommendations, and the conclusion of the study are presented.

5.2 GUIDELINES TO IMPROVE THE QUALITY OF WORK LIFE FOR NEWLY EMPLOYED PROFESSIONAL NURSES

Guidelines are defined as systematic developed statements that support rigorous research conducted to assist practitioners with decision-making concerning appropriate healthcare for specific clinical circumstances (Field, 1995:38). Guidelines are descriptive standards that are formulated from scientific evidence, with expert opinions guiding clinical practice (Muller et al., 2015:551). The described guidelines are for the reinforcement and sustainability of the participants' positive experiences. Corrective guidelines are for the negative experiences.
TABLE 5.1 Guidelines to facilitate improvements regarding the newly employed professional nurses’ quality of work life

<table>
<thead>
<tr>
<th>THEMES</th>
<th>SUB-THEMES</th>
<th>OBJECTIVES</th>
<th>SUPPORTING GUIDELINES OR ACTIONS</th>
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</table>
| 5.1.1 Positive relationship experiences | 5.1.1.1 Accepting and supportive colleagues | To promote, maintain, and sustain accepting and supportive relationships with colleagues that will improve the quality of work life for newly employed professional nurses | • Work place relationships should be an on-going connection between colleagues that form part of their organisational lives (Trefalt, 2013:1804)  
• Newly employed professional nurses should be encouraged to feel comfortable with their colleagues, experience a sense of belonging, and build meaningful relationships with them (Knapp & Daly, 2011:533; Carmeli et al., 2009:82)  
• Newly employed professional nurses should seek out pleasant positive working relationships with colleagues, peers, and others in the organisational hierarchy (Maslow in Mohamed et al., 2013:125)  
• Effective workplace relationships should encourage the exchange of information, knowledge, and support for colleagues, which will develop their relationships (Brunetto et al., 2013:2787; Trefalt, 2013:1083) |
● Effective workplace relationships should encourage understanding the values, skills, and knowledge of others (Brueller & Carmeli, 2011:458)
● Sharing and the exchange of critical information or new ideas should encourage positive changes in work processes (Carmeli et al., 2009:82)
● Positive working experiences should encourage quality patient care with resultant job satisfaction and decreased turnover, and encourage recruitment and retention of newly employed nurses (Jackson et al., 2010:35)
● The organisation should create decent working environments that encourage and sustain collaborative practices, encourage support and open communication, recognise contributions, and encourage nursing excellence (Sherman & Pross, 2010:1, The Strategic Plan for Nurse Education, Training and Practice 2012-2016)
● Managers should encourage teams to develop positive workplace relationships by engaging with the organisation and articulating
common goals (Hofmeyer, 2013:783; Brunetto et al., 2013:2787)

- The relationship between the manager and staff should be supportive in nature to ensure that the newly employed professional nurses stay committed to the organisation (Brunetto et al., 2013:2787)

- Newly employed professional nurses should feel that their efforts are valued, which will contribute to professional satisfaction and commitment (Rush et al., 2014:219)

- The organisation should implement policies and processes to address unsupportive behaviour and horizontal violence (Kawi & Xu, 2009:180; Cockerham et al., 2011:232)

  Awareness should be created regarding disruptive behaviour that interferes with multi-disciplinary relationships and contributes to employees seeking job opportunities elsewhere (Lachman, 2015:39-40)
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<th>5.1.1.2 Teamwork</th>
<th>To create awareness and encourage positive teamwork</th>
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<td></td>
<td>• Teamwork should be centred around respect, trust, and collaborative relationships that encourage active participation of team members (Pearce, 2015:147; Mc Comb &amp; Hebdon, 2013:670)</td>
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<td></td>
<td>• Teamwork should encourage shared decision-making processes (Salas et al., 2013:334)</td>
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<td></td>
<td>• The organisation should have processes in place that encourage and develop effective communication skills and sharing of responsibilities and professional opinions (Birkeland et al., 2013:320; O’Brien–Pallas et al., 2010: 1084)</td>
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<td></td>
<td>• Teamship should be a critical outcome of all teams and the organisation (SAQA, 1995; Coetzer, 2011:10-11)</td>
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<td></td>
<td>• Policies should be in place to ensure continuous training, monitoring, and evaluation of the effectiveness of teamwork (West, 2012:204)</td>
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<td></td>
<td>• Colleagues should provide assistance to the newly employed staff when needed (Salas et al., 2015:604)</td>
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- The organisation should encourage the principle of team cohesion (Kilpatrick et al., 2014:298)
- All employees’ views and input should be valued to encourage a collaborative environment (Mohamed et al., 2014:128)
- The organisation should create a climate that encourages positive team relationships that are patient-centred, and encourage employees to be productive, innovative, and involved (Middaugh, 2014:131)
- Teamwork should encourage job satisfaction and contribute to meaningful experiences (Eby & Allen, 2012:185)
- The organisation should recruit and retain highly competent staff and have structures in place that supports the retention of staff (Twiggs & Mc Cullough, 2014:90)
- Teamwork is a multifaceted process and should have the buy-in of all the team members (Tyler & Parker, 2011:39)
- The organisation should have policies in place that address conflict management and lateral violence (Jackson et al., 2010:35)
| 5.1.2 Positive experiences with supportive management practices | 5.1.2.1 Opportunity for professional growth and development through orientation and mentoring | To promote and implement supportive management practices, which will create opportunities for professional growth and the development of newly employed professional nurses through orientation and mentoring | - Employees should be encouraged to display professional behaviour and be good role models (Egues & Leinung, 2013:187)
- Supporting management structures should be in place and allow employees to raise their concerns to ensure that negative behaviours are addressed (Brunt, 2015:12)
- Orientation programmes should include supportive management practices that assist the newly employed professional nurses to settle into the organisation (Hendricks & Potgieter, 2012:4)
- Orientation programmes should provide information that facilitates an introduction to the hospital management team and the hospital layout to create a welcoming atmosphere (Participant)
- Effective orientation programmes should enhance the experiences of newly employed professional nurses and contribute to the smooth transition into their new roles (Ellis & Charter, 2012:92)
- Orientation programmes should provide information that is focussed |
on clear organisational expectations, and encourage organisational commitment (Boyd & Sheen, 2014:32)

- Orientation programmes should aim at integrating the newly employed professional nurses into the organisation and should provide information that explains the organisation’s policies, procedures, rules, and regulations (Bezuidenhout et al., 2010:12).

- Orientation programmes should provide information regarding the organisation’s mission, vision, and strategic goals (Dragomiroiu et al., 2014:369; Jooste, 2010:92)

- Expectations regarding human resource management and the code of conduct should be explained during the orientation phase (Dragomiroiu et al., 2014:369)

- Clear job descriptions and employee benefits should be explained to new employees (Niles, 2013:215)

- Organisational documents should be explained and completion of them should be demonstrated (Dragomiroiu et al., 2014:369; Participants)
• Organisational culture should foster commitment to the organisational goals and objectives, guiding acceptable behaviours and attitudes (Werner et al., 2010:33)

• Orientation process outcomes should focus on creating informed employees, which will encourage them to perform at their full potential (Boyd & Sheen, 2014:39)

• The organisation should embed mentoring practices into units to guide and assist newly employed professional nurses (Participants)

• Mentoring practices should encourage mentors to share their professional wisdom and experience gained throughout their professional careers (Minnick et al., 2014:28; Kozlowski & Salas, 2012:101)

• Mentors should be senior, competent, professional nurses that provide guidance and support to newly professional employed nurses, encouraging them to develop professionally (Waaland, 2013:40; Conner & Pokora, 2012:14)

• Mentoring practices should be structured to provide effective and systematic support that facilitates
- The organisation should promote an effective, enabling environment that encourages new employees to ask questions, promotes freedom of speech, encourages critical debates, holds daily planned teaching sessions, and aims to establish a positive team spirit (Muller, 2009:334)

- Mentoring outcomes should focus on improving nursing proficiencies, and preparing newly employed professional nurses to work within the multi-disciplinary team and to be efficient in the work environment (Frederick, 2014:590)

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<th>transition into the workplace (Weng et al., 2010:1)</th>
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<td>• The organisation should promote an effective, enabling environment that encourages new employees to ask questions, promotes freedom of speech, encourages critical debates, holds daily planned teaching sessions, and aims to establish a positive team spirit (Muller, 2009:334)</td>
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<td>• Mentoring outcomes should focus on improving nursing proficiencies, and preparing newly employed professional nurses to work within the multi-disciplinary team and to be efficient in the work environment (Frederick, 2014:590)</td>
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<td>• Mentors should use teaching tools that enhance the learning experiences such as providing procedural workbooks that guide learning activities in the clinical environment when orientating the newly employed professional nurses (Mellish et al., 2009:123)</td>
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<tr>
<td>• Mentoring practices should focus on facilitating knowledge transfer and assist employees to develop a greater understanding of the</td>
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• Technological mentoring processes should explain and demonstrate how equipment works since the organisational environment is becoming more dependent on technology (Kozlowski & Salas, 2012:172)

• A mentor-mentee relationship should be one of mutual sharing of professional knowledge, and facilitate and enhance meaningful learning experiences (Minnick et al., 2014:28)

• A mentor-mentee relationship should be one of mutual respect, trust, and commitment that encourages objectivity, credibility, honesty, and trustworthiness (Kozlowski & Salas, 2012:375)

• Mentoring practices should focus on ensuring that newly employed professional nurses conform to the organisational expectations and culture with ease (Minnick et al., 2014:28)

• The relationship between the mentor and mentee should be an intense relationship that allows the mentor to
An ideal mentor should be a role model, have good clinical skills, be knowledgeable, be professional, confident, experienced, caring, an excellent teacher, supportive, an expert, and a life-long learner able to create a comfortable learning environment (Jooste, 2010:256)

- Mentoring practices should encourage professional socialisation of employees and a learning culture within the work environment (Lekhuleni & Khoza, 2012:63)
- Supportive management practices should focus on valuing mentors’ time commitment (Ellis & Chater, 2012:93)
- The organisation should have mentoring practices that encourage mentored nurses to become mentors themselves (Green & Jackson, 2014:80)
- Mentoring practices should support organisational career management strategies that encourage retention of employees and address nursing
<table>
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<tr>
<th>5.1.3 Negative emotional experiences regarding quality of work life</th>
<th>5.1.3.1 Feelings of demotivation, stress, and frustration</th>
<th>To improve negative emotional experiences regarding quality of work life that cause feelings of demotivation, stress, and frustration.</th>
<th>The following guidelines are for corrective actions</th>
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<tr>
<td>shortages in the organisation (Green &amp; Jackson, 2014:80)</td>
<td>• Mentoring practices should focus on improving nursing proficiencies and self-confidence, and developing new skills and knowledge that will encourage newly employed professional nurses to work with the multi-disciplinary teams (Frederick, 2014:590)</td>
<td></td>
<td>• The organisation should ensure that working conditions are in accordance with the legal requirements of the Basic Conditions of Employment Act (Act no. 75 of 1997)</td>
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<td>• A clinical facilitator should be present in the units to orientate, teach, and encourage professional and personal growth (Mellish et al., 2009:75; Participant)</td>
<td>• Mentors should provide newly employed professional nurses with alternative approaches to patient care (Joubert &amp; De Villiers, 2015:1)</td>
<td></td>
<td>• The organisation should improve and sustain working environments</td>
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that are free of poor working conditions associated with heavy workload, excessive mandatory overtime, and lack of basic resources and equipment (Mokoka et al., 2010:4)

- The organisation should promote and implement strategies that encourage job satisfaction, improve morale, and address poor productivity (Horwitz & Pundit, 2008:27-28)

- The organisation should have strategies in place that ensure adequate motivation and reward for the efforts of the newly employed professional nurses such as flexible working hours, independence at work, opportunities for advancement, recognition of professional status, adequate wages, educational opportunities, and provision for annual leave, sick leave, and study leave (Adzei & Atinga, 2012:468; Lacher et al., 2015:461)

- The organisation should create a work environment that encourages teamwork, addresses negative attitudes and negative work place
relationships that contribute to burnout, staff turnover, and poor patient outcomes (Becher & Visovsky, 2012:210)

- The organisation should be able to identify newly employed professional nurses who present with signs and symptoms of burnout and implement the use of Maslach’s Burnout Inventory Scale (Bruce & Sangweni, 2012:91)

- The organisation should have strategies in place to address staff turnover (Dargahi & Shaham, 2012:143)

- The organisation should address staff shortages that contribute to increased workplace tension, workplace violence, and attrition of staff (Thomas et al., 2010:50)

- The organisation should have policies in place that address unfavourable working conditions associated with budgetary constraints that contribute to nurses’ intentions to leave the organisation (Mokoka et al., 2010:4)

- The organisation should have strategies in place that ensure
supervision and guidance of newly employed professional nurses (Participant)

- The organisation should identify and deal with the sources of stress in the workplace such as: work environment demands, and lack of support, roles, and changes (Health and Safety Executive in Sullivan and Garland, 2013:209)
- Employee assistance programmes should be implemented to assist dissatisfied employees to resolve their problems and provide them with access to counselling (Muller et al., 2009:286)
- Management should ensure that resources and costs are managed appropriately and effectively (Gantz, 2010:462)
- Employers should encourage newly professional employed nurses to maintain a balance between work and family life (Brousseau & Alderson, 2008:39)

| 5.1.4 Negative experiences with some work organisational aspects | 5.1.4.1 Lack of reward and recognition practices | To promote reward and recognition practices that will improve newly employed professional nurses’ quality of work life | Financial packages should be designed to attract, motivate, and retain employees (Watkins & Leigh, 2010:483) |
| The organisation should implement wage principles that are commensurate with OSD that encourage recognition of academic and professional qualifications and job experience (Muller, 2009:315) |
| Employees performance evaluation processes should be formal systematic assessments of employees' skills, knowledge, values, and conduct as it relates to the organisation's strategic goals, key performance areas, and key performance indicators (Muller, 2009:354) |
| Performance appraisals should evaluate employees' job performance against set standards and organisational goals, and should be used to establish remuneration (Bezuidenhout et al., 2010:241) |
| The aim of reward and recognition practices should focus on motivating employees (Watkins & Leigh, 2010:511) |
| The organisation should motivate employees intrinsically by ensuring that the work content is |
interesting and enjoyable (Ryan, 2012:512)

- Recognition is enhanced by leaders empowering employees by encouraging active participation in decision-making, power-sharing, and motivation (Jooste, 2009:222)

- The organisation should promote the principle of self-determination, which allows employees to make their own personal choices, contributing to personal empowerment, a sense of autonomy, and higher levels of interest in a task (Latham, 2012:155)

- Employee motivation and performance should be enhanced by implementing effective incentives such as providing continuing education and career development opportunities, encouraging flexibility in working schedules, nominating carers of the month, and providing access to facilities such as: wellness clinics, crèches, and safe working environments (Dagne et al., 2015:232)
<table>
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<th>5.1.4.2 Inconsistent staff allocation</th>
<th>To create awareness and to address the problem of inconsistent staff allocation of newly employed professional nurses</th>
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- The organisation should have formal and informal recognition and incentive structures in place to motivate employees’ efforts, provide direct attention, extract information, and attract and retain highly effective employees (Malambe & Bussin, 2013:2; Mone & London, 2010:107)

- Recognition and appreciation practices should be implemented to ensure that employees feel good about the work that they do, encouraging employees to be loyal, and to improve their productivity (Wiley & Kowske, 2010:76)

- The organisation should consider the person-job fit by matching newly employed professional nurses’ knowledge, skills, abilities, preferences, personalities with the job demands when placing employees (Muller et al., 2009:296; Lin et al., 2014:1540)

- The organisations should provide prospective candidates with all the relevant information regarding the nature of the job so that they can make informed decisions
regarding whether they and the positions are a suitable fit (Muller et al., 2009:268)

- The organisational human resource department should plan and make provision for the movement of suitable professional nurses through the process of recruitment (Muller et al., 2009:245)

- The organisation should consider job enlargement, job enrichment, and job rotation to determine where employees possibly fit in the organisation, allowing their performance to contribute to the organisational goals (Van Aswegen et al., 2009:52; Lin et al., 2014: 1540)

- The organisation should encourage employees to participate in meaningful job rotation, which encourages nurses to be good all-rounders thereby providing human resource administrators with increased flexibility to improve the utilisation of staff (Chen et al., 2015:298)
5.3 LIMITATIONS

The research findings cannot be generalised because the study design was contextual in nature and was conducted in one private hospital in Gauteng.

5.4 RECOMMENDATIONS

The recommendations are made in terms of nursing education, nursing practice, and nursing research.

5.4.1 Nursing education
The study has described the experiences of the newly employed professional nurses regarding their quality of work life in a private hospital in Gauteng. It is therefore recommended that:
the guidelines be published and implemented through in-service education, seminars, conferences, and article writing.

5.4.2 Nursing practice
The implementation of the described guidelines should assist newly employed professional nurses to transition smoothly into the organisation, thereby contributing to and improving the quality of their work life as demonstrated by job satisfaction and positive work environments, which will encourage employees to stay longer in the organisation.

5.4.3 Nursing research
The research can be replicated in public and other private health care organisations, because the research design and methodology are described in detail. A hypothesis can be generated from the guidelines and tested. By replicating the study, the study’s transferability status can be increased, adding valuable information to the body of knowledge in this area of nursing.
5.5 CONCLUSION

The purpose of this study was to explore the experiences of newly employed professional nurses as it relates to their quality of work life at a private hospital in Gauteng. The high demands placed on newly employed professional nurses by patients, family members, doctors, and fellow colleagues resulted in professional nurses becoming overwhelmed and often appearing uncertain and anxious, and seeking support from peers who are in similar positions.

The research problem, purpose of the study, objectives, and research questions were stated to guide and direct the research study in order to describe guidelines that improve the quality of work life for newly employed professional nurses. A qualitative research design was selected for the study, which is phenomenological, exploratory, descriptive and contextual in nature. Using a non-probability purposive sampling method, 11 newly employed professional nurses participates in the in-depth semi-structured interviews. An expert who specialises in collecting qualitative data assisted with data collection. A qualitative open coding data analysis method was used (Creswell, 2014: 198). Lincoln and Guba’s (1985: 289-331) four criteria and strategies of establishing credibility, transferability, dependability, and confirmability ensured the research study's trustworthiness. To ensure that the study complied with all ethical considerations, the research process was guided by the ethical standards for nurse researchers as articulated by DENOSA (in Brink, 2011:46). Chapter 3 provides answers for the first research question whereas chapter 5 provides guideline to answer the second research question.

Conceptualisation of findings was done through the use of extensive and relevant literature. The researcher made meaningful interpretations to arrive at concluding statements upon which guidelines were described to reinforce the sustainability of the positive experiences and corrective actions to address the negative experiences that will benefit newly employed professional nurses. It would be interesting to have a study on the same topic from a public hospital’s perspective.
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FACULTY OF HEALTH SCIENCES HIGHER DEGREES COMMITTEE LETTER OF PERMISSION TO CONDUCT RESEARCH

TO WHOM IT MAY CONCERN:

STUDENT: ABRAHAM, GM
STUDENT NUMBER: 000023339

TITLE OF RESEARCH PROJECT: Experiences of newly qualified professional nurses regarding equality of work life at a public hospital in Johannesburg

DEPARTMENT OR PROGRAMME: MOURC Professional Nursing

SUPERVISOR: Ms H. Ally
CO-SUPERVISOR: Prof. M. Chabalala

The Faculty Higher Degrees Committee has scrutinized your research proposal and concluded that it complies with the approved research standards of the Faculty of Health Sciences, University of Johannesburg.

The date of first registration has raised some concern at the Faculty Higher Degrees Committee.

The HDC would like to extend their best wishes to you with your postgraduate studies.

Yours sincerely,

[Signature]

[Name]
Chair, Faculty of Health Sciences HDC
ANNEXURE B

ACADEMIC ETHICS COMMITTEE LETTER OF PERMISSION TO CONDUCT RESEARCH

FACULTY OF HEALTH SCIENCES

ACADEMIC ETHICS COMMITTEE

AEC63-01-2013
24 October 2013

TO WHOM IT MAY CONCERN:

STUDENT: ABRAHAMS, CM
STUDENT NUMBER: 909028559

TITLE OF RESEARCH PROJECT: Experiences of newly Employed Professional nurses regarding quality of Work Life at a Private Hospital in Gauteng

DEPARTMENT OR PROGRAMME: MCUR: Nursing Management
SUPERVISOR: Ms A Ally
CO-SUPERVISOR: Prof MM Chabell

The Faculty Academic Ethics Committee has scrutinised your research proposal and confirm that it complies with the approved ethical standards of the Faculty of Health Sciences; University of Johannesburg.

The AEC would like to extend their best wishes to you with your postgraduate studies.

Yours sincerely,

Prof M Poggenpoel
Chair: Faculty of Health Sciences AEC
LETTER OF CONSENT TO CONDUCT RESEARCH IN THE PRIVATE HOSPITAL

Consent letter to conduct research: Employer

No 1. 12th Street
Greymont
2196
29 March 2013

Netcare Sunninghill Hospital
Cnr Nanyuki Road and Witkoppen road
Sunninghill
2191

Dear Netcare Executive Committee, Netcare Research Committee and Management of Sunninghill Hospital

Re: Consent to conduct research

I, Charlene Michelle Abrahams, employed at Sunninghill Hospital am currently busy with a Master’s Degree in Nursing Management at the University of Johannesburg. The programme requires me to complete a research study to explore the “Experiences of newly employed professional nurses regarding quality of work life at a private hospital in Gauteng”. The study is done under the supervision of Mrs H Ally and Professor M.M Chabeli both from the University of Johannesburg.

The main purpose of the study is to explore and describe how newly employed professional nurses experience quality of work life in a private hospital in Gauteng and to describe guidelines that will facilitate their quality of work life in a private hospital. The objectives and methodology of the study will be explained to the participants.

I hereby seek permission to interview newly employed professional nurses that are employed in Netcare Sunninghill Hospital. The interviews will run for approximately 30-45 minutes and strict ethical principles will be adhered to. The interviews will be recorded with the permission of the participants for accuracy and then transcribed verbatim. The names of the participants and the hospital will be omitted during all interviews and during data reporting.
The information related to the study will only be accessible to the researcher and the supervisors of this study. An expert interviewer will be recruited to ensure objectivity and rule out biasness. The venue, date and time will be agreed upon between the interviewer and participant. All data will be stored in a secure cupboard for two years and will be destroyed after publication of the study. Participation in this study is voluntary and the participants have the right to withdraw at any stage during the research if you wish to do so. The findings of the research will be made available on request to both the participants and hospital. Should you have any queries about the study please feel free to contact me on 0848053974 from Monday to Friday between 8h00 and 16h00.

There should not be risks or discomforts to the participants in sharing their experiences. Instead the research will benefit the newly employed professional nurses, colleagues and hospital management to understand how newly employed professional nurses experience quality of work life. The research will also assist with the development of guidelines that will facilitate the quality of work life of newly employed professional nurses.

Trusting that my request will be favourably considered.

Yours faithfully.

Charlene Michelle Abrahams (Mrs)
Employee number (0002000564)

Supervisor: 
Mrs H. Ally, M. Cur

Co-Supervisor: 
Prof M.M Chabeli, PhD Nursing Education

Approval by: 
Netcare Representative
LETTER OF APPROVAL TO CONDUCT RESEARCH IN THE PRIVATE HOSPITAL

Ms CM Abrahams
E-mail: charlenea@webmail.co.za

Dear Ms Abrahams

RE: EXPERIENCES OF NEWLY EMPLOYED PROFESSIONAL NURSES REGARDING QUALITY OF WORK LIFE AT A PRIVATE HOSPITAL IN GAUTENG

The above-mentioned research was reviewed by the Research Operational Committee's delegated members and it is with pleasure that we inform you that your application to conduct this research at Netcare Sunninghill Hospital, has been approved, subject to the following:

i) Research may now commence with this FINAL APPROVAL from the Sustainability Committee of Netcare (Research Operational Committee).

ii) All information with regards to Netcare will be treated as confidential.

iii) Netcare's name will not be mentioned without written consent from the Sustainability Committee of Netcare (Research Operational Committee).

iv) All legal requirements with regards to patient rights and confidentiality will be complied with.

v) Insurance will be provided and maintained for the duration of the research. This cover provided to the researcher must also protect both the staff and the hospital facility from potential liability.

vi) In accordance with MCC approval, that medicine will be administered by or under direction of the authorised Triallist.

vii) The research will be conducted in compliance with the GUIDELINES FOR GOOD PRACTICE IN THE CONDUCT OF CLINICAL TRIALS IN HUMAN PARTICIPANTS IN SOUTH AFRICA (2000).

viii) Netcare must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from Sustainability Committee of Netcare (Research Operational Committee) as well as a
FINAL REPORT with reference to intention to publish and probable journals for publication, on completion of the study.

ix) A copy of the research report will be provided to Netcare (Research Operational Committee) once it is finally approved by the tertiary institution, or once complete.

x) Netcare has the right to implement any Best Practice recommendations from the research.

xi) Netcare reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects/Netcare or should the researcher not comply with the conditions of approval.

xii) APPROVAL IS VALID FOR A PERIOD OF 36 MONTHS FROM DATE OF THIS LETTER.

We wish you success in your research.

Yours faithfully

[Signature]

Matt Tshabola
Ves M.郭鹏
Full member: Research Operational Committee evaluating research applications as per Management and Governance Policy

[Signature]

Shannon Neil
Chairperson: Research Operational Committee
Network Healthcare Holdings Limited (Netcare)

Date: 24/11/2014

[Netcare logo]
INVITATION TO PARTICIPATE IN THE RESEARCH STUDY

Dear Prospective Participant

Invitation to participate in a research study

I, Charlene Michelle Abrahams, am currently registered as a Master’s student at the University of Johannesburg majoring in Nursing Management. The title of the study is “Experiences of newly employed professional nurses regarding quality of work life at a private hospital in Gauteng” and I invite you to participate in this research study. The study is done under the supervision of Mrs H. Ally and Professor M.M. Chabeli both from the University of Johannesburg.

The main purpose of the study is to explore and describe how newly employed professional nurses experience quality of work life in a private hospital in Gauteng and to describe guidelines that will facilitate their quality of work life in a private hospital. The objectives and the method of the study will be explained to you.

In order to develop these guidelines, I need to conduct interviews with you. These interviews will run for approximately 30 - 45 minutes and strict ethical principles will be adhered to. These interviews will also be tape recorded with your permission for accuracy and to facilitate that data will be transcribed verbatim. Your anonymity will be maintained during all discussions related to the study and the information related to the study will only be accessible by the researcher and the supervisors of this study. An expert interviewer will be recruited to ensure objectivity and prevent partiality. The venue, date and time when the interview will be conducted will be agreed upon between you and the interviewer. All data will be stored in a secure cupboard for two years and will be destroyed after publication of the study. Your participation in this study is voluntary. You have the right to withdraw at any stage during the research if you wish to do so. The research findings will be made available to you on your request. Should you have any queries about the study please feel free to contact me on 0848053974 from Monday to Friday between 8h00 and 16h00.
No risks or discomforts to you in sharing your experiences are foreseen, instead you might benefit from the described guidelines to facilitate the quality of work life to all newly employed professional nurses.

Thank you for your participation, your time and input is highly valued. Should you agree, please complete the attached consent form?

Yours faithfully.

______________________________
Charlene Michelle Abrahams
Student: Masters Student

Date: ____________________________  Participant: ____________________________

Supervisor: _______________________
Mrs H. Ally, M.Cur

Co-Supervisor: _______________________
Prof M.M Chabeli, PhD Nursing Education
CONSENT TO PARTICIPATE IN THE RESEARCH

I __________________________ hereby agree to participate in the research study on the experiences of newly employed professional nurses regarding quality of work life at a private hospital in Gauteng.

I understand that my participation is entirely voluntary, I will be treated fairly, that anonymity and confidentiality will be maintained, my privacy protected and that I may withdraw my participation at any stage of the research.

PARTICIPANT’S SIGNATURE

DATE:____________________
CONSENT TO RECORD THE INTERVIEW USING A TAPE RECORDER

Consent to the use of a tape recorder

I _______________________________ hereby agree to a recorded interview.

______________________________
Participant’s signature.

Date: ____________________
23 December 2015

TO WHOM IT MAY CONCERN
University of Johannesburg

Dear Sir/Madam,

CERTIFICATE OF EDITING – C ABRAHAMS

I hereby confirm that Charlene Abrahams’ dissertation on nursing for the University of Johannesburg was edited by me during December 2015.

I have not had final sight of the dissertation that shows whether or not the suggested changes were made.

Sincerely

Isabella Morris
Professional Editors’ Guild – Associate Editor
ANNEXURE I

A VERBATIM TRANSCRIPT OF A SEMI-STRUCTURED INTERVIEW

TRANSCRIPTION OF A SEMI-STRUCTURED INTERVIEW OF THE EXPERIENCES
OF A NEWLY EMPLOYED PROFESSIONAL NURSES REGARDING QUALITY OF
WORK LIFE AT A PRIVATE HOSPITAL IN GAUTENG

Interview Participant G:

Interviewer: Good day and welcome.

Participant: Good day

Interviewer: We are doing research about the experiences of newly employed
professional nurses regarding the quality of work life in this private hospital.
Kindly tell me which ward do you work in?

Participant: I am in CT High Care.

Interviewer: CT High Care and how is it for you there?

Participant: I have learned a lot of things, so I am comfortable now (Smiling).

Interviewer: The one question I want to ask you: Tell me about your experiences as a
newly employed professional nurses in this private hospital?

Participant: I found the environment (Silence)… very welcoming.

Interviewer: How so?

Participant: And the people I am working with there is CT High Care and CTICU. It's like
one unit but here are eight beds that are divided for High Care. They are
also very friendly.

Interviewer: Tell me more about the people?

Participant: Uhm, I came from a normal paediatric ward. My colleagues here are also
very friendly and I find it easy to ask questions. Even when I run shifts over
the weekends due to staff shortage. I had to run the shift immediately when
I started (Silence)…. Like in two weeks.

Interviewer: What else can you tell me about the people in the unit?

Participant: The staff were very welcoming in the Cardiothoracic Intensive Care Unit
(CTICU), so I felt comfortable that whatever I am experiencing, whatever
problem I am experiencing I can always ask them. They do help a lot
(Smiling).
Interviewer: How was your experience being a shift leader after your appointment?

Participant: It was a bit scary, but I received guidance from an enrolled nurse. He continuously re-ensured me, when we worked together. He has been working in the unit for a long time. He was knowledgeable and he freely shared information about work experiences and processes.

Interviewer: And how did that make you feel?

Participant: I felt comfortable because I knew he was there and I could ask him any work-related questions. The doctors also knew him. It is important to gain trust from the doctors as well, so at least he was there and the doctors knew him.

Interviewer: What makes it important that the doctors must trust a nurse?

Participant: If the doctors do not trust you, then I feel they will not be comfortable with you. In CTICU those children had heart surgeries, if a sister is not sure what to do and they do not ask questions than the doctors will not be comfortable to leave you with the patients: because the nurse is there twenty-four seven and they rely on the nurse. The nurse must be the one to identify problems and inform them.

Interviewer: What I hear from you is that trust is important?

Participant: So to me it is very important that the doctors trust you. For them to earn that trust from you, you must show them that even though you do not know everything you are willing to ask questions and you must be confident whenever you ask something. If you do not know, you cannot just say you do not know. You will make sure you will give them something or telling them that you will ask from someone.

Interviewer: Tell me about your experiences regarding the hospital orientation?

Participant: Mmmm…(Silence)…. the orientation that we had was over four or five days? To me it went well.

Interviewer: Was the orientation formal or informal?

Participant: Everybody came and explained most of the things that we needed to know and I must say I did not have any problems. And we were taken around the hospital.

Interviewer: And when you went to the ward?

Participant: Because I was interviewed, it was for a Paediatric Ward, so somehow after the interview they decided I am going to work in the CTICU. When I saw my
contract I was not sure as they just wrote CTICU (Frowning). So, I thought because the Paediatric Ward Unit Manager told me during my interview there were four beds in High Care allocated for paediatric patients, so I was under the impression that she recruited me to work in the paediatric section of the High Care unit.

Interviewer: How did that make you feel, that you were allocated in the CTICU and not a paediatric ward?

Participant: (Sighing)... So when we went to the unit I was a bit scared, because I saw many machines that I was not used to. A lot of infusion pumps about ten or twelve infusions at once and I thought, would I make it?

Interviewer: How did that make you feel?

Participant: But you know I had to be strong, so that it would be easy when I went there. Those sisters were welcoming with smiles so I could see that it was going to be easy to ask questions. It was easy to ask them questions and learn.

Interviewer: Were you orientated in the ward, when you came back from the hospital orientation?

Participant: Yes, I had three days’ orientation. That was twelve hour shifts.

Interviewer: And, with the twelve hour shifts, were there somebody shadowing you to see that you were getting acquainted with everything? With all of the things that needed to be done?

Participant: The shift leader was doing that. The shift leader, who was also nursing a patient, came to me when she had time and talked about the charts, equipment, and everything that is related to patient care and the unit. I also formulated my questions, and when I was not busy with the patient then I would ask her a few questions. Yes, I got a procedural workbook that I had to tick. We went through it and I understood whatever procedures were there. The workbook was very helpful.

Interviewer: What were your experiences amongst the other team members in the ward?

Participant: In the ward, one of the registered nurses who were working day shift and the staff nurses some of them who were also still new, and they did not know much (Silence).

Interviewer: Tell me more?

Participant: The registered nurse was very helpful. He was willing to teach me even though he also did not know that much. He often encouraged me to go and
ask if I was uncertain. He is the one who actually went with me to the ICU, introduced me to everybody, and said: “Please help her when I am not here because she is new.”

Interviewer: Tell me more?

Participant: He taught me many things, but he advised me to ask the doctors and the shift leader. The sister came back after doing the six months Intensive Care Short Course. I am not sure if she felt threatened or what? Oh, she made it extremely difficult as she always tried to show how knowledgeable she is over me, although I have more working experience than she does. (Frowning) It became so unbearable that it was difficult to motivate myself to go to work. It was a bit hard. I remember one day I thought I am going to phone in sick but I told myself she will be winning if I do that, I am going to go to work. I know I am a sister. I have been working for long with kids. It is just that few of the things I have still have to learn. It does not mean that I do not know anything if I do not know those things.

Interviewer: And then what happened?

Participant: Then they allocated me to shift lead the Saturday and her the Sunday and she wasn’t happy at all. (Talking louder) .... To an extent that she went and reported me to the unit manager and she said: “I was going to shift lead alone” in most of the case she wanted me to do it with her so that I can ask her. One time when we were working together the doctor came and he wanted to do a procedure. I think she was sure I couldn’t help the doctor.

Interviewer: So what did you do?

Participant: She just sat down and did not want to help, so I just collected things. He was going to put in a chest drain. I just collected the things and assisted the doctor during the procedure. Then when the doctor left, I put up a drip for the patient. I could see she was very disappointed that I did not ask for assistance.

Interviewer: How did that affect you? The way you were treated?

Participant: I just told myself I am not going to let her bring me down. I will learn things with or without her help, because there are many people that can teach me.

Interviewer: If you were the unit manager, what would you do to improve the quality of work life for newly employed professional nurse?

Participant: (Sighing)... I think that I would formally introduce the new employees to everyone. In addition, I will be telling them that this person is from a general
paediatric ward not from ICU. She is not experienced in ICU and she will be needing your help. Please help her where you can?

Interviewer: What more can be done?

Participant: I think if somehow the introduction is done formally and people are made aware that they will be looking after the newly employed nurses, because there are not a lot of ICU trained or ICU experience nurses out there. (Smiling) I think that is how I will do it so that people will understand. Sometimes during tea time or lunch time there are a lot of comments made, even if they are not directed straight to me, but sometimes I feel like maybe I am one of those because the ICU trained nurses who are there they like to talk about staff which are in High Care that knows nothing, who are not experienced.

Interviewer: Anything else you want to add?

Participant: I think everybody who is ICU trained is working somewhere in another ICU somewhere. So I think even people who are not trained can work there, be orientated be experienced and get training.

Interviewer: Would you say orientation is very important?

Participant: It is important, because if you are not orientated sometimes, you will take your bag and go home, because you think somebody is giving you hell and you do not know how to deal with it. But, if you are orientated than you know, then if I cannot take it anymore I know what procedure to follow.

Interviewer: So what support should be given to newly employed professional nurses?

Participant: Uhm (Silence)... I think in my case I have enough support even though there are some negative comments, I think somehow you cannot completely prevent people from saying negative things.

Interviewer: Tell me more about the negativity that you have experienced?

Participant: As I was saying when you sitting in the tearoom people will be talking about nurses. How they are nursing ventilated patients in High Care and those nurses know nothing because they are not experienced or trained. I just do not understand why they should say so. (Taking louder) … They should be giving more support to those people. They should go around like our shift leader because we got a permanent shift leader who is trained.

Interviewer: What else do you expect from them?

Participant: If they see she is not there, I think the best that they can do is to go around there and ask: Are you ok? Do you understand everything, has the doctor
been for rounds? That is how I would do it. I think that is what they should be doing instead of criticising, sitting and drinking tea and criticising. The reason there are ventilated patients in High care is that even the ICU was so full that there was nowhere to take those kids.

Interviewer: What I am hearing from you is that teamwork is important?

Participant: Yes, it is very important.

Interviewer: So how would one than in this instance like you telling the story now. How would one now improved teamwork?

Participant: I think in a unit like that, it would be more of the seniors that should offer help to the juniors. The seniors should know that there are many enrolled nurses there and they will feel very scared to ask them a questions. It will be very difficult to ask them: If it is like this and this is like that, what do we do? If all they do is criticise, I think the senior nurses are the ones that should be willing to help and talk positively. What they should be saying is “You must always come to me if you need help, if you don’t understand anything we are always available” instead of making people feel useless. (Frowning)

Interviewer: So would you say senior people in the ward should always move forward to assist junior people in the ward?

Participant: Because if they start doing that, then if you do not know you will be asking and you will feel supported. And be more experience with more knowledge.

Interviewer: Is there anything else that you want to share with us?

Participant: No.

Interviewer: Thank you very much for sharing your time and your experiences today.

Participant: It was my pleasure. Thank you.