

NURSES EXPERIENCES REGARDING STAFFING PATTERNS IN THE SURGICAL WARDS OF A PRIVATE HOSPITAL IN GAUTENG SOUTH AFRICA.

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Abstract

Background: Staffing patterns refers to the number and types or categories of staff assigned to the particular wards in a hospital. Staffing patterns that accommodate imbalanced patient to nurse ratios affect nursing staff negatively. This is demonstrated by increased emotional stress, physical exhaustion, high nurse turnover and consequences of poor patient outcomes. The high patient to nurse ratios and the profitability factor of private hospitals virtually dictates the type of staffing patterns that are used in these wards. As such, the current staffing patterns appear to require nursing staff to work longer shifts as well as overtime work without a choice, the consequences of which are the effects highlighted above.

Purpose: The purpose of this study was to explore and describe nurses' experiences regarding staffing patterns in the surgical wards of a private hospital in Gauteng in order to develop recommendations for staffing patterns in these wards.

Methodology: A qualitative, exploratory, descriptive and contextual research design was used. Data was collected by means of in-depth semi structured individual interviews from a purposive sample of professional nurses working in the surgical wards of this hospital. Data was analyzed using Tech's method of qualitative thematic analysis. Principles of trustworthiness and ethical principles to ensure the protection of human rights were applied throughout the study.

Results: The findings of the study revealed one central theme which reflected that participants experienced the staffing patterns of the surgical wards negatively. Two main themes emerged as, nurses had negative experiences as well as negative emotional experiences related to the staffing patterns.

Conclusion: It is evident from the findings of the study that nurses are experiencing staffing patterns negatively.

Keywords:

Experiences, Nurses, Staffing Patterns, Surgical Wards, Private Hospital

1. Introduction

Staffing is a function of providing a team of nursing staff who can fulfil the nursing needs and demands of patients in a nursing unit (Meyer, Naude, Shangase & Van Niekerk, 2009: 216). Adequate and efficient staffing patterns are not only essential for providing quality care, but are also important for health care providers' job satisfaction, prevention of burnout syndrome and work related stress. However, findings of a study conducted by Duffield, Roche, Dries, Catling-Paull and Blay (2010: 2224-2251) suggest that it is probably not possible to identify ideal staffing patterns or patient to nurse ratios if the quality of the working environment and workload are not considered, as these also appear to affect nurses in different ways. In their study Gaudine's and Thorne's (2012: 727-737) reasons that staffing patterns currently used, have contributed to work stress, emotions and physical burnout resulting in increased absenteeism and resignations are provided.

For several decades staffing patterns have been a major concern for health care organizations, amongst other reasons is the relocation of nurses to other countries leading to staff shortages. Current literature confirms that, staffing patterns that accommodate higher patient to nurse ratios affect nursing staff negatively. This is demonstrated by increased emotional stress, physical exhaustion and high nurse turnover. The high patient to nurse ratios and the profitability factor of private hospitals virtually dictates the type of staffing patterns that are used in these wards. As such, the current staffing patterns appear to require nursing staff to work longer shifts and more overtime work without choice.

Garrett (2008: 1191-1204) reviewed various studies that compared nurse staffing patterns with patient outcomes and explored the relationship between fatigue and nursing staff errors. Garrett (2008: 1191-1204) reported that inadequate staffing patterns and unrealistic workloads placed an unnecessary burden on nursing staff, reduced the quality of care, led to excessive fatigue, unachievable expectations and incomplete tasks Ball and Pike (2009: 7), concur with Garret that more than 55% of nurses surveyed reported that they were too busy to provide the level of care required of them and their workload was directly related to patient-to-nurse ratios. In their report, Kalisch and Lee (2011: 82-88 support Garret and Ball and Pike's findings that when nurses are stressed and overwhelmed by staffing workloads, nursing quality deteriorates , leading to an increase in turnover rates.

Nurse staffing decisions that are based on patient acuity have the potential to balance the nursing workload among the available nurses (Numataya, Schulzer, Van Der Wal, Globerm, Semeneuk, Balka and Fitzgerald (2006: 435-448). The workload and staffing pattern imbalances worsen the negative experiences of nurses and needs to be addressed and analyzed in order to adjust staffing patterns. (Lerman, S.E., 2012). According to Numataya, Schulzer, Van Der Wal, Globerm, Semeneuk, Balka and Fitzgerald (2006: 435-448) among other factors affecting the quality of nursing care, staffing levels are believed to be the most basic component with a direct bearing on nurses' experiences and patient care. They add that understaffing does not only impede the provision of the planned care but also may introduce human error that jeopardizes patient safety and negative staffing experiences.

Numerous studies examined the link between staffing patterns and nurse outcomes and more than five hundred papers on nurse staffing have been published (Huston, 2014: 173), of which the majority focused on the effects of inadequate nurse staffing levels on nurses. In addition, Huston (2014:173) states that improved registered nurses' staffing levels enhance the quality of patient care.

An examination of staffing patterns on scheduled unit staff nurses versus float pool nurses illuminated the fact that nursing staff experienced staff shortages, dissatisfaction within the work environment and challenging job assignments (Larson, Sendelbach, Missal, Fliss and Gaillard, 2012: 27-32).

The American Nurses Association [ANA] (2009:n.p.) announced the results of an online survey which concluded that 70% of the 10,000+ respondents said staffing was inadequate and 52% said they were considering leaving their jobs because of staffing patterns. Of these, 42% of nurses indicated that the intention to leave their jobs was because of inadequate staffing due to staffing patterns. Slightly more than 35% said they were "rarely or never" able to take full meal breaks. Over half of the nurses said the quality of care had declined and almost half (49.5%) were unsure if they would want someone they cared about to be treated in the facility in which they worked (Kennedy, 2009: n.p.).

Additionally, the American Nurses Association [ANA] (2009: n. p.) reported that 2,203 nurses from 11 countries had the same issues of low staffing patterns (Kennedy, 2009: n. p.). The

International Council of Nurses (ICN, 2009: n. p.) released the results of a survey conducted in collaboration with Pfizer which revealed that 46% of nurses indicated their workload was worse due to staff shortages as compared to five years ago.

While literature exists on staffing patterns, the researcher has identified a gap in this type of research, especially on nurses' experiences regarding staffing patterns in the surgical wards of this particular private hospital. Nurses are challenged to maintain high quality care in the face of the present staffing patterns. The aim of this research is to develop recommendations for staffing patterns for the surgical wards of the private hospital that will capitalize on the expertise of the staff and fill the gap created by the staffing patterns in the health facility. The problem statement is presented next.

1.2 PROBLEM STATEMENT

The researcher observed that staffing patterns in the surgical wards of the hospital did not accommodate high patient acuities with staff shortages. Minimum staff ratios are determined by the type of patient care unit, patient care needs and patient acuity (Reiter, Harles, Pink and Mark, 2012: n. p.). As a private hospital, revenue generation is an important factor and as such nursing staffing costs are always under scrutiny. This results in nurses working long hours with no breaks as the staffing patterns are designed with a high patient-to-nurse ratio, ranging from 1:6 during the week to 1:4 over weekends. Some nurses complain on a continuous basis about staffing patterns and verbalise their dissatisfaction with the issue of staffing patterns and state that it should be addressed by management and policy makers as this is a problem not only for the nurses but also for the patients.

It was, therefore, imperative to conduct this study as a need exists to develop recommendations for staffing patterns in the surgical wards of this private hospital.

The above problem statement gave rise to the following research questions:

- What are the experiences of nurses regarding staffing patterns in the surgical wards of a private hospital in Gauteng?
- What recommendations could be developed for staffing patterns in these wards?

The following objectives will assist in answering the above questions.

1.3 Research objective

- to explore and describe nurses' experiences regarding staffing patterns in the surgical wards of a private hospital in Gauteng, and
- to develop recommendations for staffing patterns in the surgical wards of this private hospital. The research design is discussed next

1.4 Research Design and Methodology

A qualitative, exploratory, descriptive and contextual research design was used to explore and describe nurses' experiences regarding staffing patterns in the surgical wards of a private hospital in Gauteng. Research methods consist of the following (Burns & Grove, 2011:55) population and sample, inclusion criteria, data collection, data analysis, measures of trustworthiness and ethical considerations

1.4.1 Population and Sample

The population of this study is, nurses (registered nurses and enrolled nurse) registered under the Nursing Act, (33 of 2005). The target population was those nurses who had been working in the surgical wards of a private hospital in Gauteng for more than a year, who are experienced with different staffing patterns, and who volunteered to participate A purposive sample of five qualified registered nurses with a Diploma in General Nursing Science, and three Enrolled nurses with Enrolled Nursing certificates participated in the study. The sample size was justified by data saturation. The participants were all female between the ages of 24 and 36, and were working in the surgical wards for more than a year. The inclusion criteria for the choice of the participants are as follows.

1.4.2 Inclusion Criteria

- Participants who had more than one year experience working in the surgical wards of the private hospital in Gauteng.
- Participants who had knowledge about the staffing patterns in their specific surgical wards, for example, they met the criteria, which the researcher was interested in studying and they were willing to share their experiences.

- All participants were able to understand instructions in English.
 - Participants who volunteered to participate in the study and were readily available
- The data collection method is presented next.

1.4.3 Data Collection

Data collection is a process of gathering data from the participants who voluntarily agreed to participate in the study (Burns & Grove, 2009:269). Data was collected by means of in-depth semi-structured individual interviews. The in-depth semi-structured individual interviews were conducted by an independent interviewer in order to prevent bias from the researcher. The hospital under the study is a tertiary private hospital that provides all services and has a staff of approximately two hundred plus staff members and the study was only conducted in the surgical wards. The venue, date and time of the interviews was agreed upon by the independent interviewer and the participants. The in-depth semi-structured individual interviews were conducted to explore and describe nurses' experiences regarding staffing patterns in the surgical wards of this private hospital.

During the interviews the following research questions were posed to the participants.

“What are your experiences regarding staffing patterns in the surgical wards of this private hospital?”

“What would you recommend for the staffing patterns in these surgical wards?”

Field notes were recorded to add theoretical sense to collected data and they covered observations that included hand gestures, tone of voice, repetitions, stammering, and emotions displayed during the in-depth-semi-structured individual interviews. These assisted the independent interviewer and the researcher in remembering and exploring the dynamics that the interviewer employed such as the following interview skills: probing, reflecting, paraphrasing and summarizing. The researcher, who was present during the interviews, took field notes throughout the interviews to capture the non-verbal aspects of the interview process. The in-depth semi-structured individual interviews were simultaneously audio-recorded with the participants' permission to ensure that all data was transcribed verbatim as participants verbalized their views. The interviews were conducted during the month of November in 2014. Each interview session lasted for approximately 30 to 45 minutes. All data is stored and will

remain locked away for two years after completion of the study and thereafter it will be destroyed to ensure confidentiality.

1.4.5 Data Analysis

Data from the audio recorder was transcribed verbatim before being analyzed according to Tesch's open coding method (Creswell, 2013:184). Data analysis was conducted to organize and give meaning to the collected data (Burns & Grove, 2009: 44). This was completed by both the researcher and the independent coder who is knowledgeable about qualitative data analysis. The researcher and the independent coder had a consensus discussion and agreed upon the identified central, main themes and sub-themes. Certain measures to ensure trustworthiness were taken as discussed below.

1.5 Measures to ensure Trustworthiness

To ensure trustworthiness the criteria of credibility, transferability, dependability and confirmability according to Lincoln and Guba (2005:290-236) were used, Credibility will be discussed first.

1.5.1 Credibility

Credibility is viewed by Lincoln and Guba (2005: 290-305) as an overriding goal of qualitative research. The researcher ensured trustworthiness by having prolonged engagement with the participants and by establishing rapport before the interviews began. Prolonged engagement with participants, member checking and consensus discussions (Lincoln & Guba, 2013: 104) was applied by the researcher. The next measure to be discussed to ensure trustworthiness is transferability.

1.5.2 Transferability

Transferability is the degree to which qualitative findings of a study could be transferred and applied beyond other settings. It is the ability to ensure that the findings will be applicable to different contexts or subjects (Lincoln & Guba, 2013: 104-105). In this study, the researcher provided sufficient descriptive data in the research report so that the potential researchers could evaluate the applicability of data in other contexts (Polit & Beck, 2010: 492-493). Transferability was ensured by dense descriptive data to enable replication to other settings by

prospective researchers. Dependability is yet another measure to ensure trustworthiness and will be discussed next.

1.5.3 Dependability

Dependability refers to the stability of data over time and over conditions (Polit & Beck, 2008: 539). The researcher ensured that data was consistent and neutral, and the results were subjected to change and stability (Creswell, 2012: 246). In this study dependability was achieved by:

- the researcher consulting with the study supervisors as experts in nursing research for guidance from the beginning to the end of the study;
- dense description of data collection methods, analysis and interpretation was provided; and
- the researcher consulted with the independent coder and had a consensus discussion about the categories and themes transcribed.

Finally confirmability and its relevance for this study is discussed.

1.5.4 Confirmability

Confirmability is used to establish the value of data (Creswell, 2012: 246). It refers to the potential for congruence between two or more independent people about the data accuracy, relevance and meaning (Lincoln & Guba, 2005: 290 326). The researcher ensured confirmability through enquiry audits to maintain objectivity and neutrality of the data by using raw data from the tape recordings. Data analysis and tape recordings were transcribed verbatim to ensure confirmability. Furthermore, the similarities between the themes and the transcripts were audited by the supervisor of the study, and if there was disagreement on a theme or sub-theme, both the researcher and supervisor re-read the transcripts until they were in agreement on the various themes and sub-themes.

1.6 Ethical Considerations

A formal approval of the research proposal was obtained from the Higher degree committee and the Ethical Committee of the University of Johannesburg granted ethical clearance. . Permission was also sought from the hospital management of the private hospital where study

was conducted. Informed consent was obtained from each of the participants after they were informed about the study, the information included the purpose of the study, as well as the benefits of the study to the individual and institution. Principles of respect and protection of human rights according to Dhai and McQuoid-Mason (2011: 14-15), were applied consistently throughout the study these principles are described as follows:

1.6.1 Principle of Respect for Persons and Autonomy

The principle of respect for persons and autonomy acknowledges the participants' right to self-determination. This principle was applied to ensure that the participants have autonomous choice of making their own decisions and to withdraw from the study at any time without penalty. Participants were also assured that participation in the study was voluntary. The researcher respected the participants' autonomous choices and decision making in accordance with Dhai and McQuoid-Mason (2011:14-15) recommendation. Informed consent was obtained from the participants to participate in the research study as well as permission and to use an audio tape recorder.

1.6.2 Confidentiality

The collected data was treated as confidential and the participants were permitted to make independent and informed choices about the participating. To ensure that the participants' personal and private information and identity remained anonymous they assigned code names. The researcher will ensure that the participants' information pertaining to the research topic will not be divulged without permission from the participants (Burns & Grove, 2013: 98). In a study such as this it is necessary to apply the principal of non-maleficence which is explained below.

1.6.3 Principle of Non-Maleficence

The researcher assessed the risks and the benefits to determine benefit-risk ratio. This enabled the researcher to maximize the benefits of the study and did not expose the participants to any harm (Burns & Grove, 2009: 198). The participants were informed that they were free to withdraw from the study at any time without penalty. In addition the principle of beneficence came under scrutiny.

1.6.4 Principle of Beneficence

The researcher acted in the best interest of the participants and aimed at promoting their positive welfare. The participants were protected from discomfort during the conduction of the

study (Burns & Grove, 2009: 198). The right to equality, justice, human dignity/life and protection against harm was ensured at all times during the study. The risk ratios were evaluated and it was ensured that risks did not outweigh the benefits. The principle of justice in health care is discussed below.

1.6.5 Principle of Justice

The principle of justice in health care refers to the distribution of justice and fair allocation of scarce health care resources. The researcher selected participants for the study according to the criteria outlined in the research methodology. The researcher was obliged to justify her choices of the research questions and ensure questions are neither gratuitous nor result in the exploitation of the participants. On the basis of privacy the participants were informed that no personal or hospital information would be shared with other participants or hospital management National Department of health Republic of South Africa. (2012/13-2016/16). The following section presents the findings of the study. A discussion of the findings are presented below.

1.7 DISCUSSION OF FINDINGS

One central theme with two sub-themes emerged after analysing the data. The central theme was that nurses experienced the staffing patterns of the surgical wards negatively. The two sub-themes that emerged were nurses negative experiences regarding the staffing patterns in the surgical wards and nurses' negative emotional experiences related to staffing patterns.

Below is a description of the findings obtained from the interviews I which were integrated with the relevant literature to add to the richness and credibility of data, and to add meaning to the findings. The negative experiences were articulated as shortage of staff and its effects, the experiences of somatic illnesses, the lack of support, the lack of caring from all stake holders and the emotional experiences related to staffing patterns. Table 1.1 gives a summary of experiences of nurses on staffing patterns. Below follows discussion of the central theme.

1.7.1 Discussion of Central theme: Nurses Experienced Staffing Patterns Negatively in the Surgical Wards

Nurses experienced staffing patterns negatively in the surgical wards where this study was conducted. These negative experiences confirmed the central theme that emerged from the

analysed data because none of the participants articulated positive experiences regarding staffing patterns in these surgical wards. Negative experiences could easily lead to negative outcomes that could define a destructive change and could also result in a destructive change made with intent. Destructive changes affect morale, motivation and productivity (McLaughlin & Garabalo, 2010: 19). Participants experienced staffing patterns negatively in the surgical wards of the private hospital in Gauteng.

Insert table 1.1

This is supported by Maville and Huerta (2012: 441) who assert that staffing patterns have an adverse effect on professional nurses who are attempting to provide quality patient care. Negative staffing patterns do not only affect experienced nurses, but patients are also at equal risk of experiencing staffing patterns negatively (Maville & Huerta, 2012: 441). Hughes (2008: 78) concurs with the above authors by reporting that patients, as well as nurses in all categories, are at a much greater risk of experiencing various negative experiences due to staffing patterns. According to the American Nurses Association [ANA] (2014:1) registered nurses have acknowledged and emphasised that staffing patterns are an ongoing concern that affects both nurses and patients. The negative experiences of nurses regarding staffing patterns in the surgical wards are presented next.

Theme 1: Nurses Have Negative Experiences Regarding the Staffing Patterns in the Surgical Wards.

The findings that emerged from the analysis of the raw data, highlighted the fact that participants experienced the staffing patterns negatively and thus affected their performance and ability to provide quality care. Negative experiences may be described as experiences that make one's life worse or has a negative impact on one's developmental experiences (Warner, 2013:). Additionally, negative experiences could easily lead to negative outcomes that could define a destructive change and could also result in destructive change made with intent. Destructive changes affect morale, motivation and productivity (McLaughlin & Garabalo, 2010:19).

One of the participants stated:

“According to me surgical wards are busy and have sick patients who need total quality care, so with the current staffing patterns used we are overworked and we cannot provide quality care and meet the patient's demands.”

Consequently Hughes (2008:441), asserts that the staffing patterns and staff shortages have a negative impact giving rise to heavy workloads and compromising the quality of patient care. In this regard, Dhurup, Van Zyl and Mokhathi (2014: 79), concur that the high turnover of nurses and reduced staffing levels has a negative effect on the performance and quality of health care. A sub-theme that emerged pertaining to the experiences of the shortage of staff and its effects is covered next

Sub-Theme 1.1: Experiences of Shortage of Staff and its Effect

The participants alleged that due to increased workloads, they are overworked and do not have sufficient staff to care for patients in the busy surgical wards due to the current staffing patterns. The shortage of staff has become difficult to address, which makes it difficult to find solutions to the overall shortage of nurses (Newman and Manley, 2013).

In this regard a participant indicated that: *“I am required to deliver quality care with this number of staff and patients are expecting the quality care they deserve, whilst it is not possible due to shortage of staff.”*

The effects of staffing patterns and nursing shortage are severe, whilst the supply of nurses remains low and may even worsen due to the nurses’ negative experiences on staffing patterns (Newman and Manley, 2013: 31). According to Newman and Manley (2013: 92), the greatest impact of shortage of staff is the effect it has on quality nursing care. They add that the perceived nursing shortage has negatively influenced efficiency of care and two-thirds of the nurses reported that the shortage of staff has adversely affected safety and the quality of care. Next, follows a discussion of the experiences of challenges and risks as a result of high acuity.

- **Experiences of Challenges and Risks Due to High Acuity**

Challenges were experienced by the participants due to staffing patterns, workload, patients’ complaints, patient acuities and poor quality care. Risks were perceived by participants as aspects that expose nurses to health risks and patients to negative effects due to the current staffing patterns and acuities. Adams (2010:10) defines ‘challenges’ as tasks that are non-trivial to accomplish and may be unique, recurring or continuing requiring mental and physical effort. Consequently, Cherry and Jacobs (2014: 225) claim that planning for the adequate workforce will remain one of the critical challenges of the new century. In addition to the issues of quality and safety for patients, the nurses today are faced with a challenge of serious nursing shortages, high acuity and short staffing due to staffing patterns (Cherry & Jacobs, 2014: 18). Due to high acuities, the staff finds themselves experiencing shortages of staff in a busy surgical

ward which contribute to challenges during emergencies as most of the nursing duties require the experience and specialised knowledge of a registered nurse.

This is evident in the following statement *“We feel challenged especially when a busy surgical ward is staffed with auxiliary nurses and care workers as they don’t have the skill and knowledge to help.”*

According to the National Department of Health, Republic of South Africa. (2012/13-2016/16), the majority of nurses continue to work with challenges of staff shortages and inconsistent staff ratios which impacts quality care and contributes to low staff morale. Patients’ complaints are a common occurrence and this is discussed next.

- **Patients’ Complaints**

Participants claimed that due to the shortage of staff caused by the current staffing patterns there are more patients’ complaints in surgical wards this is evident in the following words of a participant

: *“The patients complain about poor nursing care due to short-staffing often have patients that are very unhappy and complaining because they are not being fed on time, they are wet, and wait long for medication.”*

Complaints from patients and relatives are of a serious nature, and it is important to know why patients complain. Stuart (2014: 763) found that patients and families may project their anger and helplessness onto nurses or the medical team, complaining about poor care, lack of communication, delays in call lights being answered, and the poor quality of food being served. According to Patole (2015:46), complaints relate to clinical incidences, adverse events, dissatisfaction with care provided and waiting time. Gottwald and Lansdown (2014:152), support this argument that the majority of complaints received from patients were about poor quality care, time delays and poor communication due to staffing patterns. The sub-theme experiences of somatic illness is given attention below.

Sub-Theme 1.2: Experiences of Somatic Illnesses

Somatic effects is defined as etiologies of non-disease based form, which includes disturbances in physiological, psychological and emotional processes, as well as environmental factors (Kleinpell, 2009:204). Participants identified somatic effects as negative physical experiences, due to staff shortages and being stretched physically to the limits due to the work overload as is evident in the words of one of the participants:

“It is really hurting, I am saying this because when I go home, my feet are sore and my back is aching.... ”

“You still wake up the following day feeling very tired.”

A significant problem for caregivers is the physical symptoms that they suffer as a result of workloads according to Lin and Chen, (2011:515). In addition, they assert that nurses cannot avoid suffering physical symptoms, like backaches due to carrying patients, which may leave them with chronic pain.

Given the current staffing patterns, nurses experience physical symptoms like sore feet and backache which leads to increased absenteeism resulting in added understaffing in the wards. The unsafe staffing patterns have proven to pose significant implications to the overall satisfaction and wellbeing of the staff. The next sub theme to be dealt with is the lack of support and caring from stakeholders.

Sub-Theme 1.3: The Lack of Support and Caring from All Stakeholders

Lack of support and caring is described as ignorance evidenced by lack of specific supportive role behavior from management (Schmalenberg & Kramer (2009:2). According to Schmalenberg and Kramer (2009:3), nurses identify management support and caring on staffing patterns as essential to a healthy environment in order to deliver quality care.

One of the participants stated: *“We are working in a busy surgical wards and it seems nobody cares about the shortage of staff because we always understaffed.”*

Participants alleged that they experienced a lack of management support with the current staffing patterns and staff shortages. The researcher is of the opinion that there are few solutions to staffing patterns and shortage of staff but there are solutions that could improve negative experiences and consequently making them more tolerable.

According to a participant *“it is easy for them (managers) to make decisions rather than coming and experiencing the staffing patterns with us.”*

This claim is supported by Gordon, Buchaman and Bretherton (2008:291), who asserts that managers are not readily available as they are always rushing from ward to ward and preoccupied with managing beds and pushing nurses to work with staff shortages without providing them support. Managers are no longer available for staff meetings to support staff, address shortage of staff and staffing patterns they add that many nurses felt that they had no support from nurse leaders and nurse executives regarding staff shortages and staffing patterns used.

Theme 2: Nurses Discuss the Negative Emotional Experiences Related to Staffing Patterns

Negative emotions are described as the tinder that feeds the fire of stress, anxiety and depression (Girdano, Dusek & Everly 2005: 69) In this study the participants expressed the negative emotional experiences regarding staffing patterns in the surgical wards of a private hospital in Gauteng. The negative emotional experiences were articulated as stress and anxiety, anger and lack of self-confidence, feelings of worthlessness, despondence and depression due to staffing patterns, and work overload. Girdano, Dusek, and Everly (2005: 229), report that negative experiences in the workplace result in negative feelings such as fear, anxiety and stress, which is also known as emotional exhaustion. The sub theme stress and anxiety will be discussed in more detail below.

Sub-Theme 2.1: Stress and Anxiety

Stress as a complex experience which is felt internally and it makes a person experience a sense of loss or a threat of a loss. Finkelman and Kenner (2013: 214) indicate that working with unsafe staffing patterns is the most stressful situation for nurses as nurses believe that staff shortages diminishes the quality of their work. The current staffing patterns resulted in

increased stress and anxiety leading to reduced staff wellbeing and higher negative emotional experiences, in this regard a participant stated:

“I am working under a stressful environment due to staff shortages, and that is not healthy for me, hence I am unable to give the quality care to my patients.”

According to Finkelman and Kenner (2013: 215), the most effective intervention for stress and anxiety management is eliminating stress completely and helping vulnerable people to cope is a goal of improving and developing health promoting behaviour. They add that effective coping could help reduce the negative impact of stress and prevent individuals from experiencing stress. Yet another sub theme that emerged was a feelings of worthlessness which is discussed next.

Sub-Theme 2.2: Feelings of Worthlessness.

The interviews revealed that the participants felt worthless, helpless, powerless, inefficient, and incompetent, discouraged and had a low self-esteem. One of the participants described her feelings thus:

“You feel helpless, you are unable to do what you need to do as quickly as you should for the patient and you feel helpless most of the time.”

The participants gave up managing their negative emotional experiences before they even tried. When people are depressed they also feel worthless and make negative judgements that cloud their capabilities to cope with the situation. Arnold and Walsh (2007: 50), concur that depression is associated with a lack of energy, lack of concentration and feelings of worthlessness. The researcher is of the opinion that the feelings of worthlessness expressed by participants is a negative view of themselves which is related to the loss of interest or passion in performing their daily activities which involved total nursing care. Below are the recommendations emanating from the findings of this study.

Recommendations.

Recommendations for future nursing research

These commendations are based on the literature and findings of the study. These recommendations may be applied in areas of nursing practice, nursing education and future research. The study was conducted in a private hospital in Gauteng, which comprised several surgical wards. It would be interesting to investigate the views of participants from different private hospitals as well as public hospitals in South Africa. The researcher recommends that it is essential that further research on nurses' experiences regarding staffing patterns be conducted in both public and private hospitals. The study may be conducted in other private and public hospitals and research on the patients' perspective of staffing patterns and the nursing staff family life could be conducted. Research on how managers experience the staffing patterns which will include all disciplines like medical, orthopaedic and paediatric wards could be conducted. Investigate and develop safe nurse staffing patterns for patient and nurse satisfaction for surgical wards. Focus on how operational managers and management experience the staffing patterns in an institution. Having presented the recommendations, the limitations of the study are presented below.

Limitations of the Research

In-depth semi structured interviews were conducted when the participants were off-duty and some of the participants were unable to keep the appointment due to family commitments. Some participants declined to participate in the study and thought be victimised for contributing even after confidentiality was explained. Follow-up interviews proved to be a challenge due to shifts and insecurities. The study was conducted in a surgical ward only in a private hospital. More insight may be gained on staffing patterns if the study is extended to other wards.

Conclusion

The interviews revealed that the nurses in these surgical wards experienced staffing patterns negatively as none of the participants mentioned positive experiences and this affected patient care. Negative experiences were identified by the participants as working under stressful conditions due to staffing patterns and high acuities. Low nurse to patient staffing levels has a negative effect on nurses and patient outcomes. Patient's complaints increased as a result of the staffing patterns. The study offered an insight into the nurse's experiences regarding staffing patterns. The purpose of this study was achieved with the evaluation of the entire study to ascertain if the problem statement, purpose and objectives were addressed. Research findings

were assessed to draw conclusions so that the relevant recommendations of the study could be developed

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Abbreviations

ANA: American Nurses Association

ICN: International Council of Nurses

Table 1.1 Identified themes and subthemes on nurse's experiences regarding staffing patterns

CENTRAL THEME: NURSES EXPERIENCED THE STAFFING PATTERNS OF THE SURGICAL WARDS NEGATIVELY

MAIN THEME	SUB-THEMES
1.1.1 Nurses have negative experiences regarding the staffing patterns in the surgical wards	1.1.1.1 Experiences of shortage of staff and its effect 1.1.1.2 Experiences of somatic illnesses 1.1.1.3 Lack of support and caring from all stakeholders
1.1.2 Nurses articulate negative emotional experiences related to staffing patterns	1.1.2.1 Stress and anxiety 1.1.2.2 Feelings of worthlessness