

**THE PERCEPTIONS OF HEALTH CARE PROFESSIONALS WITH REGARD TO THE  
USE OF AUTHORITY BY HEALTH SERVICE MANAGERS  
IN PIETERSBURG HOSPITAL**

by

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at the

**UNIVERSITY OF SOUTH AFRICA**

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November 2015

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**DECLARATION**

I declare that **THE PERCEPTIONS OF HEALTH CARE PROFESSIONALS WITH REGARD TO USE OF AUTHORITY BY HEALTH SERVICE MANAGERS IN PIETERSBURG HOSPITAL** is my own work and that all the resources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any institution.



**SIGNATURE**

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30 November 2015

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**ABSTRACT**

The purpose of the study was to explore the registered nurse's perceptions with regard to the use of authority by nurse managers in the workplace. A qualitative approach using phenomenological descriptive design was used. Data was collected by means of audio-taped individual interviews and field notes. The sample included registered nurses aged 25-45 years with more than two years' experience. Ethical issues were adhered to.

The data was analysed using content analysis as proposed by Creswell (2013). Five themes and seventeen subthemes emerged from the data. The findings revealed that the registered nurses were unhappy with the way authority is being used, their non-involvement in decision-making; lack of two way communication between nurses and managers; poor relationship between nurses and health service managers which hindered nurses' opportunity for growth. Autonomy is a major determinant of nurse job satisfaction, and failure to apply it may lead to high turnover and absenteeism.

**Key concepts**

Perceptions; authority; registered nurses; motivation.

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## *Dedication*

*This study is dedicated to my mom, Mrs Mamoshathobo Loria Maake  
who instilled courage and hope to my academic success*

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## LIST OF ABBREVIATIONS

DOH	Department of Health
SANC	South African Nursing Council
USA	United States of America

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# **CHAPTER 1**

## **ORIENTATION TO THE STUDY**

### **1.1 INTRODUCTION**

Since the foundation of democracy in South Africa in 1994, there has been a dynamic change in the restructuring of the health care system which has affected organisational culture. The said restructuring has influenced the running of many of the organisations whereby authority has been decentralised.

As one of the fundamentals in governance, it is mandatory for people in authority to be vested with legitimate power so as to be able to achieve the organisational goals and to direct the way in which organisations are to be efficiently run. Many a times those in authority determines the manner in which organisation should be managed in order to achieve its goal (Jooste 2009:113).

Authority is the right to command, the source of legitimate power that accompanies all management position. For a leader to be able to influence his or her followers in an organisation he or she must possess some form of authority which is the right to manipulate others or change others (Jooste 2009:113). The manner in which authority is exercised has either positive or negative influence on employee's performance.

Power and authority are interrelated and there has been a considerable and important focus on redistribution of power in the relationship between managers and employees. When authority is not in force, the service delivery will be at stake, and organisational growth will be affected. This will have implications for the economic growth of the country as well as cause the organisation to lose its credibility. As a result, there will be public dissatisfaction as well as loss of trust from the community. In this study the researcher focused on health care professionals' perception with regard to use of authority by health service managers. According to Eaton (2009:31), the author indicated that handing over a little responsibility to a staff member can increase their motivation and job satisfaction as they feels that they have some authority to exercise in carrying out their duties.

According to the principles that govern the nursing profession as stipulated in Pera and Van Tonder (2008:11), caring is one of the principles that define attributes of health service managers towards others including subordinates. This implies how health service managers exercise authority and this is one of the essential indicators of quality health care service that is expected in health service management when dealing with other people for the benefit of the organisation. According to the principle of justice all individuals are expected to receive equal treatment irrespective of their social standing.

Those in authority should not treat people unequally when coming to the rendering of service such as when applying workplace discipline. Personnel should be disciplined in the same manner. Eberlin and Tatum (2008:313) indicate that in case of social justice the transactional leader is someone who delegates responsibility and cares about the needs and wellbeing of followers.

It is the responsibility of the health service manager to ensure that his followers are cared for, and are involved in decision making that affect service delivery. Since the human element comprises of emotions, attitudes and perceptions that influence their behaviours as well as performance, these should be taken into consideration when dealing with subordinates. Jooste (2009:229) indicates that in shared governance, the management is willing to share with other health care professional in decision making that affects patient care and health care practice.

According to the Negotiated Service Delivery Agreement report, one of the initiatives was to strengthen the health system effectiveness through participative decision making as outlined in the Department of Health Negotiated Service Delivery Agreement (2010-2014:16). When decisions are made by those in authority the subordinates are to be involved so that they can have a say in those decision as these are going to be implemented at their level. With regard to procurement and purchasing of supplies and equipment, the people at operational level are to be involved so as to verify if the equipment to be purchased is of good quality for bringing out the best result of the service (DOH 2012). According to Mintz and Krymkowski (2010:38), the study showed that women who became managers tended to move into positions that did not carry high levels of authority as such they cannot be able to distribute such authority to subordinates. Cai, Zhou, Yeh and Hu (2011:143) also indicated that lack of authority

among employees has negative on internal work motivation and general job satisfaction and a completely mediating effect on growth satisfaction.

## **1.2 BACKGROUND TO THE RESEARCH PROBLEM**

During the researcher's clinical exposure in the area of work at Pietersburg hospital which is a tertiary institution in Limpopo province, the researcher observed that nurses are demotivated, demoralised, discouraged and lack interest in their work and no longer have pride in their work. Their service delivery was not of good quality followed by several media complaints about service delivery in some of the institutions in Limpopo province. As the researcher interacted with the health care professionals, they indicated that they are not happy at work due to certain conditions that they are working under. They indicated that most of the decisions are imposed on them by health service managers without them being involved, their word is not heard by those in authority and do not feel being part of the organisation when it comes to decisions that affect service delivery.

According to Jooste (2009:69), motivation is an extrinsic condition that stimulates certain behaviour and the intrinsic responses that demonstrate that behaviour in human beings. McClelland's theory of motivation in George and Jones (2012:78) also indicate that the need for power is one of the condition (personality trait) that can influence nurses' performance especially if they are delegated some form of managerial responsibility, if not taken into consideration will result in poor service delivery.

Again, when looking at the Herzberg two factor theory in Jooste (2009: 73) company policies, administration and supervision also are factors that influence performance and behaviour in the workplace. The manner in which authority is used by health service managers as perceived by nurses will have an effect on their job performance. Herzberg further indicated that when employees have pride in their work which is brought about by fair use of authority they become motivated and satisfied (Jooste 2009:73).

According to Jooste (2009:113), it is the responsibility of the health service manager to ensure that nurses are treated with respect and that their welfare should also be looked after so that they will be able to render satisfactory service. For health services to be

transformed especially the manner in which it is being rendered there should be a change of mind set from traditional, administrative practices to participative management. Jooste (2009:113) further indicates that authority is delegated to promote independent decision making and this is some form of empowerment to subordinates.

People's perceptions are in line with their individual positions, personal behaviour, experiences and needs in any given situation. Current interests, needs, role and status in their field of work also influence their perception and the way they respond to a given situation.

Shetach (2013:33) indicated that delegating authority to subordinates is flattering for them as they feel that they are being relied on to handle something. It is also convenient for managers to vaguely suggest that the responsibility assigned indicates appreciation and conveys trust, thus serving as a strong incentive to arouse motivation of subordinates. Proper utilisation of their skills to enable them to play a more effective role in promoting health also may boast their morale. According to Awase (2006:130), the outcome of this will be job satisfaction, cost effectiveness and unnecessary grievances and conflict in the workplace will be avoided.

The literature review also revealed that in organisations where bureaucracy is a dominant form of administration, that comprises of centralised and highly structured hierarchical authority, hospital management formulates policies and makes decisions without involving the registered nurses at operational levels and this administrative approach enforces subordination to authority (Azaare & Gross 2011:675; Bularzik, Tullai-Mc Guiness & Sieloff 2013:583; Lliopoulou & While 2010:2530). This leads to frustration and resentment of control over the independent functions of registered nurses as stipulated in their scope of practice in the South African Nursing Council (SANC) Regulations (chapter 2 of R2598, as amended).

Studies have proved that when employees perceive that their contributions are valued; their sense of affiliation and loyalty towards organisations is increased (Shetach 2013:33; Azaare & Gross 2011:675). The research findings in this study indicated that health care professionals are not actively involved in decision-making that affects their work; they felt that they are not being cared for by the health service managers; there was no respect for employees as the participants indicated that they are told to take it or

leave it. They also indicated that health service managers do not take them seriously because their word cannot be heard. The health service managers are the ones deciding for the personnel and their word is final.

Understanding perceptions is already known to facilitate positive outcomes for employees and organisations. As such, the research was able to unfold weakness on the part of health service managers' use of authority as well as the mechanism to overcome these weaknesses so as to benefit the employees, the Department of Health, the patients as well as the organisation.

### **1.3 STATEMENT OF THE RESEARCH PROBLEM**

A tertiary institution is a place where service of high excellence is expected to be provided by highly skilled personnel who are motivated to work. The researcher was concerned about the service delivery at Pietersburg hospital which is a tertiary institution in Limpopo province in Capricorn district where nurses are demotivated, demoralised and have lost pride in their work as such there is a decline in the quality of care rendered (Personal observation 2013-2015). The researcher on informal communication with her colleagues realized that the lack of motivation emanates from the fact that those in authority are not consulting and things are done unilaterally. There is an increasing demand on health care as such this poses challenges towards health care service delivery which could not meet the demands of patients, families and the society at large Cooper (2009:507) as a result of the way health care professionals perceive the management style that is being used by health service managers as being unfavourable on their part.

According to the study that was conducted by Awase (2006:140), motivation is seen as the most crucial worker's attribute for improving performance. In the study that was conducted by Bygren and Gähler (2012:795) it becomes evident that a position of authority rewards the individual with prestige, power, autonomy and status both on the part of managers and subordinates.

According to Curtis and O'Connel (2011:33), perception is a mind set or what individuals choose to believe. Literature review reveals that registered nurses' experiences differ, depending on their level of intelligence, degree of development and

past experience (schema), and the situation in which perceptions are experienced have an influence on job performance (George & Jones 2012:126). If health care professionals perceive that their physical ability, cognitive ability and emotional intelligence are not considered they end up becoming discouraged and demoralised.

Perceptions may also be influenced by high emotional state such as anger, fear and love in the workplace, which invoke certain behaviour such as absenteeism, late coming and unnecessary sick. All these might have an impact on service delivery. The information that health care professionals have in their area of specialty influences their perception as to how things ought to be done. George and Jones (2012:123) indicate that understanding perception can actually help employees at all levels of the organisation to interact and be more effective in their job performance. The researcher looked at the degree to which authority was being used and health care professionals indicated that there is no empowerment irrespective of their expertise to enhance their job satisfaction and to boost their morale.

## **1.4 RESEARCH AIM/PURPOSE**

This study aimed at describing the health care professionals' perceptions with regard to the use of authority by health service managers in Pietersburg hospital, which is a tertiary institution in the Capricorn district of the Limpopo province with the purpose of improving service delivery through enhanced performance.

### **1.4.1 Research objectives**

Specific objectives:

- To describe the health care professionals' perceptions with regard to use of authority by health service managers.
- To explore the use of authority by health service managers in Pietersburg hospital.

#### **1.4.2 Research questions**

- What are the perceptions of health care professionals with regard to use of authority by health service managers?
- How do health service managers use their authority in Pietersburg hospital?

#### **1.5 STUDY SIGNIFICANCE**

This study will assist the Department of Health and other public institutions in general to determine the extent to which health service managers can improve their management style through use of authority so as to improve health service delivery. It will also provide insight on how use of authority by the health service managers is influencing performance of health care professionals. It will further enhance the morale of health care professionals who are demotivated, demoralised and have lost pride in their work thus affecting quality of care rendered.

The results were able to indicate current strengths, weakness and limitations with regard to the use of authority by health service managers and further indicated management competencies that need to be addressed. It also indicated the influence the management strategy used had on the role played by health care professionals towards quality patient care. This provided a new direction for health service management, education and research in the context of the radical transformational initiatives encapsulated within the 1997 White Paper on the Transformation of the Public Health Services and the recommendations of the 2001 Health Summit (South Africa 1997a:23).

The perceptions of health care professional with regard to use of authority by health service managers also provided the basis for recommendations on the involvement of health care professionals in decision-making processes and the degree of their participation in management processes which will boost their morale as they will be acting on the decision that they were also part of it during decision making. Lastly recognition of their input for improvement of health care delivery could also motivate them to have pride in their work. Based on the findings of this study, health service managers may implement recommendations that were outlined in the study with regard to the changes that will be needed for quality patient care delivery.

## **1.6 SCOPE AND LIMITATIONS**

The study has been conducted in an urban area; therefore health care professionals' perceptions may differ significantly with perceptions of those from rural areas hence phenomenology has been used. Some professionals were not willing to participate in this study for fear of victimization by management for divulging information about management practices in their health care system. The population included registered nurses.

## **1.7 ETHICAL CONSIDERATIONS**

As one of the requirements of every scientific study ethical consideration has been adhered to in this study whereby the researcher chose to use participants who are above eighteen years and who will be able to give informed consent to participate in the study. The researcher adhered to the following:

### **1.7.1 Respect for human dignity**

- **Maintaining of privacy**

As one of the Batho Pele principle's and outlined in the human right charter respect and dignity was maintained at all times. The interview was conducted in a private room in order to conform to the National core standard and the Batho Pele principle as stipulated in the White Paper (South Africa1997b:13), whereby the participants were called in one-by- one using unstructured questions.

- **Right to self determination**

Right to self-determination is another principle that will be adhered to by ensuring that the participants are informed that their participation is voluntary and they have the right to withdraw without any penalty that will be applied to them. Regarding this principle the details are outlined in chapter 3.

- **Informed consent**

This is the right to be informed about the study process and the purpose as well as the researcher's details. All these have been detailed on the consent form (Annexure H).

- **The principle of justice**

The participants were informed that their selection was based on research requirement rather than vulnerability. They were also informed that their withdrawal to participate will not prejudice them, all agreements were honoured and sensitivity to belief, habits and lifestyle from different cultures and background was demonstrated (Polit & Beck 2008:174).

### **1.7.2 Institutional approval**

Permission to conduct the study was obtained from the Ethics and Higher Degree Committee, Department of Health studies at the University of South Africa (Annexure A). A letter was written to the chief executive officer of the institution to ask for approval to conduct the study, clearly indicating the purpose of the study, the significance as well as all the details of how the study will be conducted (Annexure F). The details of the researcher and the nature of the study were also provided. Another letter was sent to the Department of Health, as well as the Ethics Committee of the institution (Annexures B and D).

### **1.7.3 Scientific integrity of the research**

To ensure that the research bears scientific integrity the following were followed as outlined by Bless, Graig and Sithole (2013:237).

#### **1.7.3.1 *Thick description of the study context***

There was an adequate description of the context with regard to the researcher, the participant, their relationship and the context of the study. This has been outlined on the consent form and the researcher reinforced the information as part of the introduction before each interview. In order to get full description of the phenomenon the participants

were asked to describe their experience with regard to the phenomenon being investigated. The effects of the phenomenon towards work performance and incidences mentioned were given a particular attention in order to get the essence of the phenomenon or true meaning of the descriptions.

#### **1.7.3.2 *Data collection approach***

The researcher collected data through individual interviews, writing of field notes and observation of non-verbal cues (behaviours) thus employing triangulation. Time triangulation was also used as data was collected during the day and in the evening including weekends.

#### **1.7.3.3 *Bracketing***

The researcher maintained neutrality by responding to descriptions which were shocking and emotional by being calm and not showing any alarm. Time to collect data was also prearranged with the participant at their convenience. Concurrent data collection and analysis was carried out by adding questions to the interview through probing. The researcher used verbatim quotations to indicate the participant response.

#### **1.7.3.4 *Member checking***

Respondent validation was done by asking the participants to clarify descriptions and through confirming with the participant thus member checking. Detailed aspects of integrity are covered in chapter 3.

### **1.8 DEFINITIONS OF KEY CONCEPTS**

#### **1.8.1 Authority**

According to George and Jones (2012:507), authority is the power that enables one person to hold another person accountable for his or her actions. This means ability to control and direct events and behaviours through decision-making, by virtue of the power vested in an individual. It is the power vested on a person to make decisions and use resources to achieve organisational goals by virtue of his position in that

organisation. The authors further indicated that the manner in which authority is applied determine the level of motivation for the health care professionals. The study by Cai et al (2011:143) also indicated that use of authority (empowerment) has an impact on internal work motivation in work performance which is either good or poor.

The researcher focused on the way the health care professionals viewed or perceived the use of authority (legitimate power) by health service managers in order to control their actions or how those in authority influence their actions.

#### **1.8.2 Perception**

Perception is the process by which individuals select, organise and interpret the input from their senses (vision, hearing, smell touch and taste) in order to give meaning and order to the world around them (George & Jones 2012:123). The study focused on how health care professionals feel about the use of authority by health service managers and, what interpretation and meaning they attach to this type of management.

#### **1.8.3 Registered nurse**

A registered nurse is an individual who is specially educated and registered by an accredited body, which in this case, will be the South African Nursing Council to provide care to the sick, wounded and other health. For the purpose of this study, the registered nurses refers to those individuals who are registered under section 16 of the Nursing Act (Act 50 of 1978, as amended), to independently execute acts and procedures stipulated in their scope of practice as outlined in the South African Nursing Council regulation (SANC 2012).

#### **1.8.4 Motivation**

This is the psychological force within a person that determines the direction of the person's behaviour and effort level in a given environment .The force can either be positive or negative (George & Jones 2012:123). Intrinsic motivators include increased job satisfaction and self-esteem which can be seen through individual's perception of authority and empowerment. To illustrate this point, Nalle, Wyatt and Myer (2010:108) noted that increased knowledge, career advancement and enhanced professional

relationships between managers and subordinates matter the most. The study revealed that registered nurses are demotivated and the force behind such behaviour was explored in this study which reflected that health care professionals perceive that there is inappropriate use of authority by health service managers.

## **1.9 PARADIGM PERSPECTIVE OF THE RESEARCH**

The research was conducted guided by the naturalistic paradigm and the researcher used qualitative approach and phenomenological design. In phenomenology the researcher identifies the essence of human experiences about a phenomenon as described by the participants (Creswell 2014:14). The phenomenologists are guided by a frame work that focuses their analysis on certain aspect of a person's life world. That framework is based on the belief that human experience is an inherent property of experience itself and cannot be constructed by an outsider. The essence of perception was the main focus whereby the researcher wanted to get a full description of health care professional's perceptions with regard to use of authority by health service managers hence nursing practice is enmeshed in people's life experiences (George & Jones 2012:123). In phenomenology the researcher wants to find out things about people which we cannot possibly know and tries to get people to describe and explicate the meaning structures of their lives and behaviours, in other words to articulate what is thus disclosed. Assumptions formulated are as follows:

### **1.9.1 Axiological perspective**

Nursing was used as an interactive framework whereby description of personal experience can be done through in-depth conversation with the co-participants. This was done in a subjective manner and the researcher remained neutral to meaning attributed by participants so as not to identify herself as part of the informant through intuiting with the belief that critical truth about reality are grounded in people's lived experiences (Polit & Beck 2008:228).

### **1.9.2 Epistemological perspective**

The researcher interacted with participant in order to obtain information through individual interviews. Participants were chosen because of their unique status,

experiences and knowledge of their respective working place and management system to construct knowledge through self-conscious action (Polit & Beck 2008:14).

### **1.9.3 Ontological perspective**

The phenomenon was explored through in-depth unstructured interviews in order to investigate subjective phenomena with the belief that critical truth about reality are grounded in people's lived experiences (Polit & Beck 2008:227). The research was conducted in a natural setting which is Pietersburg hospital where this health care professionals work or are placed (Polit & Beck 2008:221).

### **1.9.4 Methodological perspective**

The researcher studied a small number of subjects to develop patterns and relationships of meaning (Polit & Beck 2008:227). The researcher used an in-depth unstructured interview to obtain the information from different participant, both male and females from different disciplines and from both night and day shifts. The researcher was guided by the grand tour question which she used on all participants (Annexure I). The researcher was part of the process in gathering information. The information was narrative and qualitative analysis was done (Polit & Beck 2008:14).

The framework of this paradigm is based on the following:

- Essence which is the elements related to the true meaning of something in order to give common understanding to the phenomenon under investigation. This can emerge in isolation or in relationship to the other (Streubert & Carpenter 2011:75).
- Intuiting which is the accurate interpretation of what is meant in the description of the phenomenon under investigation (Streubert & Carpenter 2011:76).
- Phenomenological reduction which entails returning to original awareness regarding phenomenon being studied. This includes suspension of beliefs, assumptions and biases by remaining as free as possible from preconceived ideas (Streubert & Carpenter 2011:76). The researcher achieved that by bracketing out of consciousness what was known about the phenomenon under investigation.

## **1.10 RESEARCH METHODOLOGY**

Research methodology, according to Taylor and Francis (2013:3) is what you do to collect data and analyse it. Nursing is a practical, educational and administrative experience; as such the method that will be suitable for the study is the phenomenological design (Streubert & Carpenter 2011:87). A qualitative approach has been followed in this study. It is the approach that focus on social action whereby the researcher study human action from the insider's perspective as cited by Babbie and Mouton (2011:53) and the goal being to describe and understand rather than to explain and predict.

This approach allows the researcher to explore, constructs and to gain insights into human or social processes. This was done by asking the health care professionals to describe their perceptions with regard to use of authority by health service managers in their work- place and how it affects their day to day activities.

The researcher focused on human realities as stated in Streubert and Carpenter (2011:20). According to Babbie and Mouton (2011:270), qualitative research is naturalistic in nature; for it studies attitudes and behaviours within their natural setting as opposed to an artificial setting. Babbie and Mouton (2011:272) indicate that a thick description will capture the sense of actions as they occur and place the events in the context that are understandable to the actors themselves.

### **1.10.1 Research design**

This is the overall plan to address a research question including the specifications to enhance the study integrity. According to Polit and Beck (2008:64), phenomenology is the study that focuses on lived experience of human and has its roots in philosophy and psychology. The researcher described the lived experience of individual about the phenomenon as described by the participant according to Creswell (2009:14).

This research was carried out in a hospital setting which is the natural environment. A descriptive phenomenology was the best design for this study because little is known about the phenomenon. This method will be discussed in detail in chapter 3.

## **1.10.2 Population and sample selection**

### ***1.10.2.1 Population***

Population refers to a group of people the researcher is interested in collecting information from, as defined by Moule and Goodman (2009:265). Site population for this study will be explained in detail in chapter 3.

### ***1.10.2.2 Sampling***

Sampling is described by Brink, Van der Walt and Van Rensburg (2012:132) as a process of taking a portion of the population as representative of that population in order to obtain information regarding the phenomenon in a way that represents the population of interest.

### ***1.10.2.3 Purposive sampling***

This is the selection of sampling units from a population using volunteer informants who will benefit the study as defined in Polit and Beck (2008:355). Purposive sampling was used in this study as the study falls under qualitative approach.

### ***1.10.2.4 Sample size***

According to Polit and Beck (2008:357), in qualitative studies, a sampling size is determined by the information needed to answer the research question. The researcher initially started with ten registered nurses working in different units or departments until data saturation was reached.

## **1.10.3 Data collection**

This refers to the manner in which the researcher is going to obtain information about the phenomenon being studied. Burns and Grove (2009:441) describe it as the process of selecting and gathering data from participants with the active involvement of the researcher.

An unstructured interview on a one-on-one basis using a grand tour question (Annexure I) was used with the assistance of a tape recorder for the purposes of recording the information from the participants while the researcher observed non-verbal cues. Follow up questions were guided by the responses of the participants. The researcher used probing so as to get more into the details of the information being given.

#### **1.10.4 Data management and analysis**

Qualitative data analysis refers to a non-numerical examination and interpretation of observations so as to discover meaning and patterns of relationship (De Vos, Strydom, Fouché & Delport 2010:399). In the qualitative approach data collection and analysis occur concurrently so as to enable identification of themes (Polit & Beck 2008:507). The text was read, a voice recorder was played and replayed, and the meaning of the words used by the participants was evaluated. One example of the transcript is attached at the end of the document (Annexure J). The raw data was broken into small manageable segments and the researcher started to build themes out of the raw data through the process called constructionism (Polit & Beck 2008:320). Through thinking, rethinking and theorising the researcher made inferences.

The researcher interpreted the data by sorting, organising and reducing the data into manageable pieces or categories (De Vos et al 2010:399). The researcher developed themes that brought meaning and identity to some experience. The themes were developed because there were some common feelings among the participants.

### **1.11 DATA AND DESIGN QUALITY**

This is the process of authenticating the scientific worth and trustworthiness of qualitative study. In order to determine the quality of data, the researcher used the criteria outlined by Lincoln and Guba under the term “trustworthiness”. This is the degree of confidence a qualitative researcher will have in their qualitative data assessed using criteria of credibility, transferability, dependability, confirmability, and authenticity (Polit & Beck 2008:539). This will be described in detail in chapter 3 and how it has been achieved in this study.

## **1.12 OUTLINE OF THE CHAPTERS**

### **Chapter 1: Background of the study**

This chapter covers introduction and the background to the study, research problem, research purpose, research objectives, research questions and the significance of the study. Significance and limitations of the study, it further gives the methodology, and design. It also gives definitions of key terms, ethical considerations and an outline of the dissertation.

### **Chapter 2: Literature review**

This chapter covered the search strategy used as well as key words explored.

### **Chapter 3: Research methodology**

This chapter outlines the study's research design. It also includes the population of the study, sampling methods, data collection methods, ethical consideration related to sampling and data as well as data analysis

### **Chapter 4: Presentation of the findings of the study and interpretations**

This chapter focuses on the outcomes or the results of the research and interpretations

### **Chapter 5: Findings, conclusions and recommendations**

This concludes the study and recommends solutions based on the findings of the research.

## **1.13 CONCLUSION**

This chapter briefly described the research problem, definition of key concepts; and purpose, objectives and question, design and methodology used data collection and analysis, ethical consideration, significance of the study, as well as the scope and limitations.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

Polit and Beck (2008:757) define a literature as the critical summary of the topic of interest prepared to put the research problem in context. The purpose of literature review is to present a strong knowledge base of what is already known about the research topic or the research project. This will provide a foundation on which to base new evidence (Polit & Beck 2012:58). In this study the purpose of the literature review will be to compare findings with information obtained from the literature review; hence a phenomenological design has been chosen.

In this study the main focus is to analyse the literature and the findings of the previous studies that were conducted in relation to the perception of nurses regarding use of authority by health service managers and the effect this have on job performance. Since the focus of this study is on the perception of health care professionals with regard to use of authority by health service managers in the workplace more attention was given to how the use of authority has affected nurses' performance. A theoretical frame work of organisational system has been used. An intensive literature search was conducted locally, nationally and internationally through EBSCO, SABINET and approved research dissertation and repository.

#### **2.2 SEARCH STRATEGY**

The following key words were used to conduct the literature search:

##### **2.2.1 Perception**

Perception is the process by which individuals select, organise and interpret the input from their senses (vision, hearing, smell touch and taste), in order to give meaning and order to the world around them (George & Jones 2012:123). People's perceptions are in line with their individual positions (social status).

Through perception people make sense of their environment and people around them. Professional behaviour requires that both registered nurses and hospital managers should clarify their perceptions as they plan together to achieve the organisational goals. Understanding each other's perception will help the manager to interact and help the subordinates to be more effective in their jobs.

- **Perception of self**

The manner in which the nurses perceive themselves in a given situation also influences their decision making ability or processes. This will, in turn, affect their job performance. Social phenomenology is not oriented towards single acts or individual behaviours, nor is it restricted to the self-consciousness as indicated by De Freitas, Hoga, Fernandes, Gonzalez, Ruiz and Bonini (2011:332). Rather, it is oriented towards the understanding of what constitutes a determined social group that experiences a typical situation. In a study conducted by Mokoka, Oosthuizen and Ehlers (2010:21) it was indicated that insensitivity of nurse managers towards nurses contributed to their resignation. The daily world is not individual but intersubjective, and this one common world is what nurses' share with their peers and managers and it reveals itself in the reciprocity of motives and perspectives. Nurses expressed that they lacked support, appreciation and inconsistency in dealing with daily matters from management.

- **Perception of space**

Polit and Beck (2008:227) indicate that phenomenologists believe that lived experience gives meaning to each person's perception through lived space (spatiality). They see space as an opportunity to make decisions, and exercise responsibility and accountability depending on how nurses perceive authority in that given space. Current interests, needs, role and status in their field of work also influence their perception and the way they respond.

## **2.2.2 Delegation of authority**

According to George and Jones (2012:507), authority is the power that enables one person to hold another person accountable for his or her actions. It is the power vested in a person to make decisions and use resources to achieve organisational goals by

virtue of his position in that organisation. The authors further indicate that the manner in which authority is applied determine the level of motivation for the nurses. Smith (2002:511) identifies four types of workplace authority as sanctioning authority, decision making, hierarchical authority position and supervisory authority.

- **Decentralisation of authority**

The decentralisation of authority to lower level managers and non-managerial employees has shown some form of flexibility and increased motivation among employees because they perceived that they have power and responsibility over their work. This was supported by the report of achievement made by the managers of Union Pacific Railroad in United State (George & Jones 2012:511).

George and Jones (2012:541) further showed that organisational structure can motivate and influence employees' behaviour as well as their cultural values. They cited that flat organisational structure allows employees to enjoy considerable autonomy, flexibility and creativity and the ability to take risks. He indicates that most organisations are based on hierarchies of bureaucracy, which serve the interest of health care leaders to the detriment of patients and employees at operational levels.

Moji (2006:97) also recommended that registered nurses should therefore be given power at unit level to do what they passionately feel needs to be done to create a positive and financially thriving health milieu.

One other thing that the researcher looked at, was how authority was attained according the studies conducted previously. The findings were as follows:

- Work experience has been found to contribute to authority attainment differences between white men and women at increasing levels of authority as cited by Bygren and Gähler (2012:800).
- Previous research has found that occupational gender composition affects authority, especially women working in a female dominated occupations has limited access to workplace authority (Mintz & Krymkowski 2010:27). The same study has shown that in the workplace, education is the investment that has most typically been found to contribute to increases in authority levels (Mintz &

Krymkowski 2010:22). Another study has found out that the discriminatory process has led to authority gap, a finding supported by the study conducted by Hirsh and Lyons (2010:289).

- Occupational location has also been shown to contribute to lack of upward mobility among Latino community thus resulting in the authority gap whereby nurses at operational level have got no input towards running of the services (Mintz & Krymkowski 2010:27).

- **Need for power**

This is the desire to exert emotional control over others (George & Jones 2012:78). Individuals with the desire to control others want to see themselves in managerial position. Failure to place or assign managerial responsibilities to them results in ineffectiveness and poor performance. According to Mokoka et al (2010:5), nurse managers reported that they had little autonomy to fulfil their management roles during challenging times and perceived that their position is lacking authority because decisions involving nurses and nursing were taken by authorities without a health care or nursing background. This impacted negatively on nurse managers' motivation levels and rendered them unable to motivate nurses in turn. A high power distance culture prefers hierarchical bureaucracies, strong leaders and a high regard for authority which is in contrast to these saying, positions are not positions if they are acquired through delegated authority, as evident in bureaucratic organisations. They need to add value by empowering health care professionals to benefit as stakeholders.

- **Maslow's self-actualisation needs through job enrichment**

This is regarded as the drive to become the best. This desire for personal growth and development is a requirement for personal fulfilment, and it maintains workers such that they thrive well whenever there is challenge and involvement in problem-solving and decision-making. If nurses perceive that they do not have control over their job they become demotivated and discouraged as cited by Herzberg's motivation theory in George and Jones (2012:211). Designing the job to provide opportunities for growth, by giving them more responsibility and control over their work, motivates nurses.

- **Trust**

This is the willingness of a person to have faith or confidence in the goodwill of another person and the level of trust in an organisation can foretell its success because it is a crucial element linked to employee performance and organisational commitment (George & Jones 2012:389). One can therefore conclude that trust in nursing leadership is a necessary ingredient for staff nurses to give out their best thereby assigning some form of authority and responsibility to subordinates. It is indicated that trust is vital for good working relationships so that organisational goals can be achieved (George & Jones 2012:389).

In the study that was conducted by Azaare and Gross (2011:479) in Ghana it was found that staff nurses have lost trust in their leaders as a result of the bureaucratic nature of the organisational structure. In an organisation there is a continuous interaction between registered nurses and nurse managers. The two have their own subjective interpretation of their environment; they react differently to objects, other human beings or phenomena in the environment. Whenever interactions take place, the amount of trust they have to one another determine their perception towards each other. Azaare and Gross (2011:479) noted that while trustworthiness is a result of character and competence, trust is the actual act of believing in someone and having confidence in them.

### **2.2.3 Work motivation**

This is regarded as the drive to become the best. This desire for personal growth and development is a requirement for personal fulfilment, and it maintains workers such that they thrive well where there is a challenge and involvement in problem-solving and decision-making. There is a need to design the job to provide opportunities for growth, by giving nurses more responsibility and control over their work. If nurses perceive that they do not have control over their job, they become demotivated and discouraged as cited by Herzberg's motivation theory in George and Jones (2012:211).

Research demonstrates that higher levels of employee effectiveness, greater employee and customer satisfaction are the end results of leadership styles and employee motivation. Nalle et al (2010:108) note that increased knowledge, career advancement,

and professional competence are more important motivators which can be enhanced by the manner in which health care professionals perceive their role in an organisation.

This is supported by the following quote by Nash (2006:14) "I'm not the kind of physician who sits at the top and lords it over them. I tell everybody that we all have a job here – my job happens to be that I'm the physician, but they have as an important of a job to make sure everything runs well. I think how you treat people is the greatest motivation." That doesn't mean some side benefits don't come in handy, too. "We also have good benefits – 401(k)s and health insurance, birthday bonuses, Christmas bonuses, birthday lunches where we close the office and all go out. "We try to maintain a family atmosphere and everybody's part of the family. That keeps people wanting to work and invests them in what is happening in the office."

Dr Gade says the proof that system works is in the staff. "We have had virtually no turnover. Giving employees a voice is also important. "I think positive reinforcement works better, but people need to be rewarded for excellence with things other than just money. It's inherent in everybody that money is just one part of job satisfaction."

Manion (2009:10) indicates that managers believe that for their employees it is all about the money, but there is no research to support that. In fact, there are at least five intrinsic motivators that cause us to do what we do; such things as being in healthy relationships with others, recognising that there is meaning to the work that produces a contribution, that we see progress in our work, that we have choices and are involved in decision-making.

As it was indicated that the nurses were demotivated, discouraged and lost interest in their job, the researcher went on to search for studies that deal with personality, achieving motivation and factors that demotivate health care workers. One study conducted in China indicated that management, ward practice, organisational support, and career development significantly predicted nurses' intention to resign from their current positions as they were not motivated to stay (Choi, Cheung & Pang 2013:434).

The doctors say it is also important to stay current by keeping employees' skills up-to-date and they use various methods to accomplish it. He also indicated that he provides training for his staff. "They do all of the required training courses, and I pay for that".

## **2.2.4 Personality**

This is defined by George and Jones (2012:64) as the pattern of relatively enduring ways that a person feels, thinks and behaves. It is further indicated that personality develops as a response to life experiences such as organisational culture that one finds himself or herself.

- **Openness to experience personality**

This refers to the degree to which a person is original, has broad interests and is willing to take risks (George & Jones 2012:71). Conditions such as strict rules and regulations affect employees' attitudes and behaviour, especially individuals who have openness to experience personality. The way in which health care professional perceive use of authority, in relation to rules and regulation will have an impact on their job performance. Psychologists also indicate that personality influences work-related behaviour such as poor performance and job satisfaction.

- **Locus of control**

This is the belief that people have with regard to control over a situation or the world around them (George & Jones 2012:75). The researcher focused on the internal locus of control personality whereby they believe that good performance is attributed to their own abilities or effort. They believe that they do not need much direct supervision and authority should be delegated to them, and when such individuals' abilities are not acknowledged their work performance becomes poor.

- **Self-esteem**

This is the extent to which people have pride in themselves and their capabilities (George & Jones 2012:75). This is one of the personality traits that contribute to work motivation. The consequences of self-esteem are based on the need theory, self-enhancement theory and cognitive consistency theory that emphasise that employees' self-esteem is positively related to work motivation and engagement in organisationally beneficial behaviours. Jooste (2009:71) indicates that, according to Maslow's hierarchy

of needs, people have a need for a positive self-esteem and to feel good about themselves, a need for esteem from others and a need to belong (that is, a sense that others also feel positive about them and that they are accepted by the group).

To develop a positive self-esteem, individuals strive for achievement and mastery of their sociocultural environment. In order to be accepted by the group and gain respect from others, they behave in ways intended to gain them recognition, appreciation and prestige. People tend to feel confident, competent, strong, useful and needed by others when their self-esteem needs have been satisfied. It is further indicated that individuals with high self-esteem also contribute to organisational effectiveness as they are good performers and are able to set high goals for themselves provided they perceive that authority has been given to them.

Studies have shown that a person with a low self-esteem is more likely to perform poorly and achieve less than a person with a high self-esteem. This is supported by the study conducted by Mokoka et al (2010:4) who cited that nurses intend to leave the institution because of destructive relationships and lack of respect from their supervisors which indicates that their self-esteem need is not taken into consideration. Another study also showed that health staff members with low self-esteem also have negative service attitude and low job productivity (Lou, Li, Yu & Chen 2010:869). It has been found that low self-esteem can be altered through training.

## **2.2.5 Organisational culture**

Organisational culture is defined by George and Jones (2012:530) as a set of values, beliefs, and norms that influence the way people feel, think and behave in their interaction with each other in an organisation. These values can promote supportive work attitudes and behaviour or also on the other hand can harm the organisation.

An understanding of health care professionals' perceptions and expectations regarding use of authority is essential for the implementation of appropriate strategies to manage nursing care. In this sense, health care professionals' beliefs and values as well as the organisational culture are important aspects to be considered.

Organisational culture is the way things are done in an organisation, which includes a shared understanding of how an organization functions. Four dimensions of organisational culture are role, power, achievement, and support cultures. A supportive culture's main characteristic is the shared trust between the individual and the organisation. Few studies have examined the impact of organisational culture on employee's behaviour.

In the study that was conducted in Sweden by Bygren and Gähler (2012:799), it was found that inequalities between Swedish men and women; still exist in the same way that the gender gap in workplace authority does. It was further indicated that few women are found at the top of business firms, and female employees less often have managerial positions and subordinates. The search was also extended to the nursing management journals because management and leadership have got all to do with use of authority as one of the leadership styles.

## **2.2.6 Leadership style**

Leadership style is a combination of character, skills, and behaviours that leaders use when they interact with their subordinates. This is an individual's behaviour pattern that is used to influence others, and consists of directive and supportive behaviours. All leadership styles have an influence on both the production of the organisation and the relationship with the subordinates.

A number of systematic reviews and literature reviews have investigated the impact of leadership and management on staff experience in the healthcare service sector. Several findings have confirmed that leadership style and management behaviour has a determinant factor on nurse's organisational outcomes including job satisfaction (Choi et al 2013:436, Van Bogaert, Clarke, Willems & Mondelaers 2012:1520; Delobelle, Rawlinson, Ntuli, Malatsi, Decock & Depoorter 2011:371).

Leadership styles that were deliberated are the following:

- A democratic leadership style refers to a situation where the leader gives autonomy to subordinates and includes them in decision-making. He/she motivates and encourages individuals and groups to use their full potential in

reaching organisational and individual goals. The consequences resulting from democratic leadership include increased productivity, satisfaction, co-operation and commitment (Jooste 2009:64). When health care professionals perceive that they are not involved in decision making their contribution towards goal achievement becomes poor.

- An autocratic leadership style refers to a dispensation where the leader retains power and does not give authority for decision-making to the subordinates. The latter are expected to obey the leader's instructions without questioning. The autocratic leadership style is associated with a military type authority leader. According to Jooste (2009:64), this leader centralises authority and uses power to bring order and good behaviour among subordinates; failure to do this results in poor performance.
- A laissez-faire leadership style refers to a leader that gives too much control to subordinates. Subordinates make decisions, determine goals and solve problems on their own (Jones & Rudd 2008:92). The laissez-fair leaders do not give any support, motivation or feedback to the subordinates and that causes stress and frustration and lack of interest on the job resulting in poor performance and low productivity (Jooste 2009:65).
- A bureaucratic leadership style refers to the leader who does everything according to laid down procedures, guidelines or policy; who never takes a chance without using a reference. Power is at top management level; the right to make decisions lies with top management (Jooste 2009:54). According to Waterman (2011:25), servant leadership is described as a model to create an ethical and caring organisational culture. Servant leadership differs from other models of leadership in that it focuses on leaders meeting the needs of followers, in that, if followers are treated as ends in themselves, rather than means to an end, they will reach their potential and so perform optimally. McCrimmon (2010) indicates that such an approach is found when leaders respect, value and motivate those who follow them as noted in Waterman (2011:25.) Servant leaders then, according to Greenleaf Centre for Servant Leadership indicated by Waterman (2011:25), are first and foremost servants who fulfil a desire to serve others. According to Jooste (2009:175), is the model that strives to serve the needs of the organisation, meeting the needs of those they lead, developing employees to bring the best out of them.

From the above descriptions it shows that styles of leadership influences job satisfaction. Even in the study that was conducted by Azaare and Gross (2011:679), it is confirmed that the relationship between the leadership style and job satisfaction demonstrated that staff nurses do not have trust, confidence and satisfaction in the leadership style of their nurse managers .This further shows that the leadership style of nurse managers has an impact on the satisfaction of registered nurses depending on their perception.

Autonomy has been mentioned quiet often in the literature that dealt with leadership and management in the workplace. The researcher also focused on this factor as it seemed crucial in the organisational behaviour. The concept of autonomy is closely linked with the concepts of authority and responsibility and sometimes they are used interchangeably, although they do not mean exactly the same thing. George and Jones (2012:173) described autonomy as the freedom and independence employees have to make decision and personal control over their work activities on a day-to-day basis.

This points out that the nurse manager in hospitals should provide the nurses they supervise with an expanded scope of professional autonomy because registered nurses are more likely to remain employed if they perceive themselves to be in control of their practice and have a certain level of autonomy.

This was supported by the study conducted in Finland by Flinkman, Leino-Kilpi and Salanterä (2010:1431), where it was indicated that Nurse Managers, together with nurses, should construct nurses' roles to be more autonomous and at the same time give them more responsibility for the work they are doing because autonomy in practice is the ability to influence decision-making. Similarly, such decision-making and professional practice environments are crucial factors in keeping nurses in the profession.

It was again mentioned in the study that was conducted by Lliopoulou and While (2010:2529) in Greece that managers need to seek ways to enhance nurses' autonomy as it influences job satisfaction. It was further reported that organisational support, ability to affect change, autonomy, organisational structure and support are some of the factors that influence the nurse managers' job satisfaction. Several studies that were

also done in the United States of America have ranked nursing autonomy as one of the most important determinants of nurses' job satisfaction.

### **2.3 CONCLUSION**

During the exploration of the literature from other studies it has been revealed that nurses' behaviour and perceptions are influenced by several factors which have been mentioned above and these behaviours have an impact on the organisational outcome such as loss of productivity and poor performance which may even lead to litigations. As the study is focusing on the perceptions of nurses with regard to use of authority by health service in the workplace, the researcher after data collection will then compare the study findings with what is already in the literature so as to be able to reach conclusions especially with the categorisation and development of themes hence phenomenological design has been followed.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

This chapter will deal with research method, approach and design. Research methodology is the process of conducting the specific steps of the research study and includes research design and research method, which will be discussed in detail in this chapter. This is the sum total of techniques and the strategies that were used to conduct the study which include sampling, data collection, data analysis, trustworthiness and ethical consideration (Pope & Mays 2009:2).

#### **3.2 RESEARCH APPROACH**

A qualitative approach was followed in this study. It is the approach that focuses on social action whereby the researcher study human action from the insider's perspective (Babbie & Mouton 2011:53). Qualitative paradigm focus on finding answers to questions centered on social or human's experience. From a philosophical viewpoint humans can only be studied in descriptive modes of science. Human thoughts and behaviour can only be described hence phenomenology has been followed in this study. On the other hand reality is dynamic especially in nursing and can be understood in a humanistic perspective of research. From the critical theorists perspective reality is shaped by social, political, cultural, economic, and ethnic as well as gender values.

The goal was to allow registered nurses to describe their perceptions so that the researcher could understand rather than to predict meaning for such description. Perception is not objective and cannot be observed but can be described and interpreted by the person perceiving the experience through interaction with the researcher.

The qualitative approach was used so as to answer the question of what was their perception regarding use of authority by health service managers that lead to them being demotivated, demoralised and have no pride in their work. This was done by

asking the registered nurses to describe their perception with regard to use of authority by health service managers and how it affects their day to day activities.

Attention was directed to human realities as stated in Streubert and Carpenter (2011:20). As described by Babbie and Mouton (2011:270), qualitative research is naturalistic in nature for it studies attitudes and behaviours within their natural setting as opposed to an artificial setting. In this study, research was conducted in different units of the same tertiary institution during nurse's time of work, both night and day shift. This is what is referred by Heidegger as "being in the world", which explains the relationship the informants have with the environment they are exposed to, as well as the influence of that environment on their performance (Taylor & Francis 2013:86). The researcher conducted unstructured interviews with registered nurses who are not in managerial positions from different units such as surgical general, medical, orthopaedic, obstetric and gynaecological as well as paediatric units. Their "being there" experience was used by the researcher as described by Heidegger as Dasein experience whereby the researcher explores the phenomenon from participant who are human being in that lived experience (Taylor & Francis 2013:86).

### **3.3 RESEARCH DESIGN**

Research design is the plan of how to conduct the research study. Research design according to Moule and Goodman (2009:168) is the plan of how the research aims; objectives and research questions would be answered. It includes the approach that has been used to collect data. Research design includes the research questions to be addressed, the approach, selection site and participants; ethical consideration of the study, timeline of the research resources available for the research method of data collection and data analysis. The purpose of the research design is to ensure that the evidence collected is able to answer the research question. The components that are included in this research design are discussed in the next paragraphs.

#### **3.3.1 Phenomenology**

A descriptive phenomenological research design was used for this study because little was known about the phenomenon as mentioned above in chapter 1. This design

explains and offers an understanding of people's everyday life experiences in relation to the research objectives.

A descriptive and contextual research design was followed whereby registered nurses were asked to describe their perception with regard to use of authority by health service managers in Pietersburg hospital which is a tertiary institution at Limpopo province Department of Health, so as to identify the essence of human experience (Botma, Greeff, Mulaudzi & Wright 2010:190). The researcher acted as a research instrument by collecting data herself interpreting the data so as to maintain credibility .The researcher was able to verify the factual accuracy of the account by doing member checking with the participant for an example one participant mentioned that there is abuse of authority and the researcher went further to check with the participant the meaning of the statement by asking the participant to elaborate on the meaning of that statement. The researcher further used interpretative validity to confirm what the participant said about certain account such as this question: "When you say there is no openness and transparency do you want to tell me that you just see things happening without being informed?"

Phenomenology is guided by the following characteristics:

### **3.3.1.1 *Bracketing***

The researcher also identified and withheld pre-conceived ideas, opinion and beliefs about the phenomenon especially because the researcher was also working in the same institution through bracketing (Taylor & Francis 2013:86). The researcher responded in a manner that did not show the participant that some incidences mentioned were familiar such as when participant indicated that they would rather be booked off-sick as a result of dissatisfaction at the workplace without taking into consideration the money they pay to consult the doctor. The information gathered was a true reflection of the participant's description of the phenomenon as recorded by the researcher while writing notes to confirm the description (Moule & Goodman (2009:210). From the literature review there some evidence that showed that when health care professionals do not perceive use of authority as favourable there is a tendency of them leaving the institution. This was supported by the study carried out in Finland by Flinkman et al (2010:1431).

### **3.3.1.2 *Intuiting***

The researcher remained open to the meaning attribute to the phenomenon by those who have experienced it (Polit & Beck 2008:228). Intuiting was used when the researcher tried to avoid all the criticism that were brought forth by participants by remaining neutral and focused on the phenomenon under investigation as it described. The researcher remained a tool for data collection and listened to individual descriptions through the interview process. Later the researcher studied the data as it was transcribed and reviewed it repeatedly what the participant described as their perception with regard to use authority by health service managers.

### **3.3.1.3 *Analysing***

The researcher read the data and reread it in order to distinguish the elements, explored the relationships and connections. The researcher further listened to descriptions where she was able to identify common themes and similarities of descriptions (Streubert & Carpenter 2011:82).

### **3.3.1.4 *Describing***

The researcher grouped the elements during the process of intuiting and analysing so as to be able to describe the phenomenon under study. Elements which are critical were described separately while common ones were classified together and a description was given to each element.

## **3.3.2 Population**

The term ‘population’ has been defined in chapter 1. In this study site population included all registered nurses both male and female working in Pietersburg hospital, which is a tertiary institution in Capricorn district in the Limpopo province, drawn from different units who met the inclusion criteria according to the researcher’s interests for the study. The research population included ten registered nurses of which two were male and eight females from both day and night shift with different years of experience in the service.

### **3.3.3 Sampling**

In this study the representative sample was registered nurses (n=10) from different units working in Pietersburg Hospital both day shift and night shift.

- **Purposive sampling an aspect of non-probability sampling**

In this study the sampling was purposive and convenience approach in order to acquire meaning and to uncover multiple realities, as the participants were readily available as volunteers and had information about the use of authority in health service management. The freedom of selection was based on the researcher's opinion of a sample belonging to a specific group of experience .The researcher moved from unit to unit inviting participant who are not in managerial position as the characteristics of interest for inclusion in the study.

- **Inclusion criteria**

The inclusion criterion was registered nurses who are not in managerial position, both male and female, working in different units on both shift and with age ranging between 25 and 45 with different years of experience.

- **Exclusion criteria**

Those registered nurses who were in managerial position were not included as well as those who are above 45 years of age. Even those working in casualty Intensive care unit, as well as high care, as those units are every busy. Those working in outpatient department were not available for the study as it was conducted during weekends and at night including holidays when the units are not operating.

### **3.3.4 Sample size**

The researcher initially started with ten registered nurses working in different units or departments until data saturation was reached. Ten registered nurses were finally included in this study after four dropped from the study before data collection. Data quality also played an important role in determining sample size in this study because

no new information emerged from the participants (Burns & Grove 2009:361). The participants were informative and were able to reflect on their experience regarding how they perceive use of authority by health service managers and communicated effectively, and saturation was achieved with a small sample. In terms of racial composition all of them were Africans.

### **3.3.5 Ethical considerations related to sampling**

The researcher obtained permission to access the research site from the Department of Health ethics committee Limpopo province (Annexure C), Pietersburg hospital ethics committee (Annexure E), the chief executive officer of the institution and the nurse manager (Annexure G). Later the researcher requested permission from the study participant with the use of a consent form which spelled out exactly what was going to be done, how as well as the nature of their participation and the researcher 's capacity in respect of the study (Annexure H).

The participants gave their informed consent. The issue of confidentiality was reinforced by the researcher together, with anonymity, including the fact that a report will be compiled about the information gathered and it will be a general report without any person's name.

## **3.4 DATA COLLECTION**

In this study the researcher conducted an unstructured interview on a one-on one basis using a grand tour question. The central question asked was: "What is your perception with regard to the use of authority in this institution by health service managers?"

The tape recorder was used to record the information from the participants while the researcher was writing notes and observing non-verbal cues. Subsequent questions were guided by the participant's response. The key questions were asked followed by probing. Participants were given time to describe their perception regarding use of authority by health service managers in the workplace.

The researcher used probing so as to get more into the details of the information being given. Clarity was also requested from the participant as to what could be the meaning

of the respond. The researcher also tried to link the participant's response with what the study has to reveal. The key question was repeated throughout the study.

The researcher recorded word by word (verbatim). That will assist during analysis of the data (Moule & Goodman 2009:297). Data collection occurred concurrently with the data analysis where by the researcher was intensively involved with the participants trying to attached meaning to all the information obtained. The data collection was done in a private room/office between the researcher and participant so as to ensure privacy, confidentiality and to avoid disruptions.

Data collection was done in a private room where the participants were called one by one during their working times especially lunch hour times, at their respective units as per the agreement that was reached between the participants and the researcher. The researcher introduced herself to the participant, explained the research topic and the purpose of the study to the participant, and reasons for choosing them. Aspects of voluntary participation, confidentiality, anonymity aspect as well as the use of voice recorder and the reason for its use were also described to the participant. The participants were asked if they are comfortable with the voice recorder and were later given consent form to sign after they confirmed their participation. The interview started with one central question: "What is your perception with regard to use of authority by health service management." Probing was used where-by the researcher asked questions such as: "How do you feel? How does it affect your performance?" In that case what do you do so as to elicit detailed information and to maximise data on the topic being studied.

The researcher asked some questions where the researcher could not understand the response such as: "Can you elaborate better"? Paraphrasing was also used where the researcher intended to obtain a multi-dimensional understanding and the meaning of the participants' responses.

"When you say there is no openness and transparency you mean that you just saw nurses coming without knowing when the recruitment were made even the interviews". The researcher minimised verbal response by saying "mm-mm", "ok" "alright" and "I understand". Even the participants were allowed time to pause so as to express their emotional state. Acknowledgement was done by repeating what the participant was

saying, so as to show attentiveness of the researcher. Follow up questions were also asked towards the participant's response such as "when you say that your colleagues have left to go and work in another institution, why can't you specifically do that"? The duration of the unstructured interview varied between 15 to 30 minutes.

### **3.4.1 Ethical considerations regarding data collection**

This study involved human experiences. Accordingly data collection was done in a private room with participants being informed that their names will not appear anywhere on the report. The purpose of using voice recorder was also explained to participant as well as the surety that the information will be kept private and confidential. The reason for choosing them was also explained. Consideration to ethical and legal implications of the study was made to ensure that research.

Participants were not abused as those who were not comfortable with the use of recorder were left out. Those who were also not ready to yield information were also left out when coming to data analysis.

The following ethical principles were maintained:

#### **Respect for human dignity**

- **Maintaining of privacy**

As one of the Batho Pele principle's and outlined in the human rights charter, respect and dignity should be maintained at all times. The interview was conducted in a private room whereby the participant was called one-by one using unstructured question. The participants were told that their names will not be used for confidentiality purpose and anonymity during the interview as outlined in Batho Pele White Paper (DPSA 1997:13).

- **Right to self determination**

Right to self-determination is another principle that was adhered to by ensuring that the participants are informed that their participation is voluntary and they have the right to

withdraw without any penalty that will be applied to them. The right to refuse to participate or to give information and the right to full disclosure was explained. The participants were also informed about the right to know that deception will not be used as cited in Polit and Beck (2008:172).

- **Informed consent**

This is the right to be informed about the study process and the purpose as well as the researcher's details. All these were detailed on the consent form (Annexure H) .The participants were asked if they understood the consent form for further clarity and agreed to it.

- **Principle of justice**

The participants were informed that their selection was based on research requirement rather than vulnerability. The participant were also informed that their withdrawal to participate will not prejudice them, all agreements will be honoured and that sensitivity to belief, habits and lifestyle from different cultures and background will be demonstrated (Polit & Beck 2008:174).

- **Non-maleficence**

The participants were told that their names will not be used, for confidentiality purpose and anonymity during the interview as outlined in the Batho Pele White Paper (DPSA 1997:13). The participants were also given the opportunity to ask any question so also alleay any fears and to check any feeling of discomfort after the interview.

- **Beneficence**

The participants were informed that after the information has been gathered, a report will be compiled and some recommendations will also be made whereby they could help by bringing some improvement to breach the gaps identified with regard to the findings.

- **Scientific integrity of the research**

To ensure that the research bears scientific integrity the following were followed as outlined by Bless et al (2013:237). There was an adequate description of the context with regard to the researcher, the participant, their relation and the context in which they find themselves. The sampling and sampling procedure, which is indicated above as non-probability convenience sampling, was based on the availability of the participants.

- Concurrent data collection and analysis adds a question to the interview through probing or interviewing a different type of person.
- Triangulation happens when different methods were used to collect data. In this study, the researcher used interviews, written notes, tape recording and observation of non-verbal cues.
- Data saturation was reached as demonstrated by participants not giving new information.
- Respondent validation or member checking was done by the researcher by probing so as to ensure that their interpretations is a good representation of the participant's realities.
- The researcher also used verbatim quotation so that the reader will hear exactly what the respondent said and how the researcher has interpreted the information.

### **3.5 TRUSTWORTHINESS**

In order to determine the quality of data, the researcher used the criteria outlined by Lincoln and Guba under the term trustworthiness.

Trustworthiness in this study has been achieved by using the following criteria credibility, transferability, dependability, confirmability, and authenticity (Polit & Beck 2008:539).

### **3.5.1 Credibility**

Credibility refers to confidence in the truth of the data and interpretations of them (Polit & Beck 2008:539). With regard to credibility the researcher posed relevant questions to the respondent. During interview the researcher wrote notes while recording the participant's response to ensure that the information is precise. Paraphrasing and reflection of the participant's response was also used to ensure clarity of the data. The researcher confirmed the interpretation with the participants in order to ensure the accuracy of the information.

### **3.5.2 Transferability**

Transferability is another criterion whereby the researcher would like to confirm that the results can be generalised or be applicable to other settings or groups.

In order to meet these criteria, the researcher interviewed registered nurses from different units both male and female at different intervals or shifts. The researcher further used difference in year of experience and age groups.

### **3.5.3 Confirmability**

Confirmability refers to objectivity, whereby the researcher has to establish that the data represents the information the participant provided. The researcher ensured that the findings reflected the participant's voice and the conditions of the enquiry Polit and Beck (2008:539). The researcher further maintained a calm state even if the response was shocking so as to bracket preconceived ideas. The researcher further used a colleague as an independent person to validate the data for accuracy and relevance.

### **3.5.4 Dependability**

Dependability refers to the reliability or stability of data over time and over conditions. The method of data collection and analysis of the study was clearly described. This was established through audit trail by a peer introduced before the end of the study to check the transcript, audit the notes together with the findings (Moule & Goodman 2009:190).

### **3.5.6 Authenticity**

Authenticity refers to the extent to which the researcher will faithfully and fairly show the reality of the findings through the reflection of the feeling tone of the participant's lived experience as they are lived (Polit & Beck 2008:540). The researcher indicated the participant's feelings by quoting their response as well as the tone of voice during data analysis.

## **3.6 CONCLUSION**

This chapter focused on research design and method, ethical consideration with regard to data source, data collection, data collection instrument, process and method, scientific integrity of the study as well as data quality. Data analysis will be discussed in the next chapter.

## **CHAPTER 4**

### **DATA ANALYSIS, DISCUSSION AND INTEPRETATION**

#### **4.1 INTRODUCTION**

This chapter addresses data analysis and interpretation of the results of this study in order to obtain a better understanding of the participant's information from the data collected. Data analysis in qualitative research refers to a non -numerical examination and interpretation of observations so as to discover meaning and patterns of relationship (De Vos et al 2010:399). This data refers to all rough materials collected during the study, such as interview transcript and notes. According to Polit and Beck (2008:320), the process is called posed constructionism in nature because it takes large part of raw information into a manageable segment , whereby the researcher started to build themes from the raw data (constructionism in this study will mean building something concrete out of the abstract ideas of participants).

#### **4.2 DATA MANAGEMENT AND ANALYSIS**

The researcher started by collecting the data; processed it and then analyse the data following phenomenological analysis as outlined by Creswell (2013:190-191).

- **Data organisation**

The researcher organised the narrative information into files for data analysis. The researcher clustered related types of information together so as to be able to identify themes and categories in order to build a detailed description of the phenomenon which is perception of registered nurses with regard to use of authority by health service managers in the workplace. From participant's response the researcher was able to organise information which was relevant to the research problem in order to get an answer to the research question.

- **Reading and memoing**

The researcher read through the text and reread while making margin notes. An audio tape was listened in order to discriminate units from the participants' description on their lived experiences. The researcher attached labels or names to participants' response using exact words spoken by participants (quotations) such as "they implement things on their own", "they just tell us is not democratic they don't consult us" (Creswell 2013:185).

- **Describing the data into codes and themes**

The researcher started by describing personal experience because of being part of the culture. (As manager's use of authority has an influence in the performance of subordinate how do you find authority being used in this institution.) A list of significant statements was made from participants' response as to how they experience the use of authority by health service managers. Coding was done by comparing new data with what already exists, seeking evidence for the code from different database being used in the study (Creswell 2013:186). Incidences were compared with each other for similarities (Ezzy 2013:90). Participants stated their experiences and a comparison was made for similarities.

- **Classification of data into themes**

The researcher grouped the statements into meaningful units or themes. This was done by looking at the participant's phrases which are repetitive, writing reflective passages on the notes, as well as highlighting certain information in description so as to give them a label (Grove, Burns & Gray 2013:281). The researcher further looked into the commonalities/similarities between themes and variants. The researcher tried to validate if the themes represent the perspective of the people interviewed, by confirming and disconfirming initially formulated themes so as to increase credibility of research conclusion.

- **Interpreting the data**

The researcher started to make sense of the data which is called lessons learned using the ‘emic approach’. This was done by asking the participant how they see the situation, how they feel about it, and how they define the situation (De Vos et al 2010:417). The researcher also went to relevant literature to check how the data was interpreted by other researchers using etic approach.

Representing the data and visualising it the researcher went further to the narration of the essence by packaging it into codes which were further reduced into themes as represented in a table form named table 4.3 (De Vos et al 2010:418).

## **4.3 DISCUSSION AND INTERPRETATION OF RESEARCH FINDINGS**

### **4.3.1 Introduction**

Research findings will be discussed hereunder where themes and subthemes emerged during data analysis using Tesch’s open coding technique. The discussion further outlined the meaning extracted from unstructured interviews conducted with registered nurses working in Pietersburg hospital a tertiary institution in Limpopo the province.

### **4.3.2 Description of research findings**

The findings are presented based on unstructured interviews proceedings with participants captured by means of a voice recorder, the writing of field notes observation of non-verbal cues, and not from the researcher’s bias.

The central story-line became apparent reflecting participant’s shared comparative information with regard to their perceptions towards use of authority in the workplace by health service manager. The quotes of participant’s responses are indicated in italics under discussion of themes and subthemes that have emerged from the data analysis. The presentation of biographic data is presented in a table below and interpretation thereof follows.

#### **4.3.2.1 Participant's demographic profile**

Data was collected from ten informants, all responded to one grand tour question with secondary questions following their responses. Data was collected until no new information emerged. Data was collected from two male registered nurses of whom the third refused to participate in the study and was not penalised for that as his right for self-determination was respected. The remaining eight were females from different units working different shifts. The table below presents the demographic distributions of the participants.

**Table 4.1 Total number of participants (N=10)**

<b>Number of participants</b>	<b>Gender</b>	<b>Type of the shift</b>
1	Male	Night shift
2	Females	Night shift
1	Male	Day shift
6	Females	Day shift

The participants were from different units and from age group ranging between 25 and 45 years. The participants had different years of experience so that the principle of transferability can apply in the same institution as indicated by the table below.

**Table 4.2 Area of placement, year of experience and age of the participants**

<b>No</b>	<b>Area of placement</b>	<b>Year of experience</b>	<b>Age of participants</b>
1	Male medical	9	34
2	Paediatric wards	15	40
3	Surgical general	11	38
4	Surgical orthopaedic	19	44
5	Male surgical	7	32
6	Female surgical	22	45
7	Obstetric and gynae	18	36
8	Female medical	8	30
9	Cardiothoracic unit	14	29
10	Female orthopaedic	6	32

#### **4.4 DISCUSSION OF FINDINGS UNDER THEMES AND SUB-THEMES IDENTIFIED**

Based on the analysis of the results done, the following themes and subthemes emerged based on the information obtained and with reference to the literature review done. Themes and subthemes are presented in a tabular form followed by the discussion of each hereunder.

**Table 4.3 Illustration of major themes and subthemes**

<b>Themes</b>	<b>Subthemes</b>
1 Leadership style	<ul style="list-style-type: none"><li>- Autocratic whereby the manager's word is final</li><li>- Bureaucratic where decisions are made by top managers</li><li>- Use of autonomy is limited</li></ul>
2 Consultation	<ul style="list-style-type: none"><li>- No consultation</li><li>- No involvement in decision making</li><li>- No openness and transparency</li></ul>
3 Communication	<ul style="list-style-type: none"><li>- One way process/Top to bottom</li><li>- Unfairness</li><li>- No open door policy when coming to recruitment</li><li>- No feedback giving to employees</li><li>- Information giving is poor.</li></ul>
4 Relationship	<ul style="list-style-type: none"><li>- Non caring relationship</li><li>- No respect for employees</li><li>- No feelings or empathy for the employees</li><li>- Lack of trustworthiness</li></ul>
5. Work motivation	<ul style="list-style-type: none"><li>- Educational opportunities</li><li>- Unfair ratings of work performance</li><li>- Unfair labour practice</li></ul>

**Exact words are written in italics and the participant is noted by the number e.g.  
Rec 6/S**

As the study focuses on the perception of health care professionals with regard to use of authority by health service managers in the workplace the researcher did not lose focus in considering how authority is being implemented or distributed.

Researchers have defined and operationalised the concept of workplace authority in numerous ways; for example, as the right to hire and fire, set the rate of pay, supervise the work of subordinates, participate directly in policy decisions in the workplace, and

the possession of a formal position of authority. Regardless of definition, previous studies have uniformly shown that women are less likely to exert workplace authority than are men. When women are in positions of authority, they are located at lower levels of management; thus, they exert less authority than do male managers which was not the case in this study whereby it was indicated that most of the health service managers in this institution are women.

Authority in the workplace has long been recognised as an important dimension of social stratification, and it is often considered a central mechanism for maintaining race and gender inequities. No matter how authority is measured, a variety of studies have found that, after controlling for an assortment of relevant variables, whites are more likely to exercise authority at work than minorities (Mintz & Krymkowski 2010:20).

The study revealed that health care professionals are not actively involved in decision-making that affects their work; they felt that they are not being cared for by the health service managers; there was no respect for employees as the participant indicated that they are told to take it or leave it. They also indicated that health service managers do not take them seriously because their word cannot be heard. The health service managers are the ones deciding for the personnel and their word is final.

It further demonstrated that authority is not distributed but retained by health service managers.

Rec 7/M

*“We are not happy as managers are not looking after us, whatever the decision they take its either you go or follow the rules”.*

In the study that was conducted by Mintz and Krymkowski (2010:35) it was shown that education and work experience have a positive impact upon authority attainment. Notably, it was a different case in this study because the participants who were interviewed had different levels of education as well as different years of experience but authority was not delegated to them. Some have speculated that the reason that working in an occupation dominated by women affects authority attainment is because there are few positions that carry authority in those occupations.

#### **4.4.1 Theme 1: Leadership style**

Leadership style is one of the determinants of good behaviours in any organisation. This is an individual's behaviour pattern that is used to influence others, and consists of directive and supportive behaviours. According to Huber (2008), leadership styles are defined as different combinations of tasks and relationship behaviours used to influence others to accomplish the goals.

There are many leadership styles that nurse managers and leaders demonstrate to lead staff nurses in hospitals such as classical leadership (autocratic, democratic, laissez-faire, charismatic, transactional, bureaucratic, situational and contemporary leadership; transformational, connective and shared leadership) as cited by Abualrub and Alghamdi (2012:668). Curtis and O'Connell (2011:32) indicate that health service managers with effective leadership skills are vital to maintaining high standards of nursing practice, ensuring staff retention, improving standards of care and increasing patient satisfaction levels.

Nurse managers should create hospital environments that support and motivate staff and it is crucial for nurse managers to have sufficient leadership skills as these skills influence the job satisfaction of registered nurses. Nursing managers are responsible for the retention of their nurses once they are recruited; thus, leadership styles exhibited by leaders are a major contributing factor to a nurse's decision to stay in a current position, transfer or seek employment elsewhere or outside of the nursing profession. Several findings have confirmed that leadership style and management behaviour has a determinant factor on nurse's organisational outcomes including job satisfaction (Choi et al 2013:436; Van Bogaert, Clarke, Willems & Mondelaers 2012:1520; Delobelle et al 2011:379).

This was confirmed by a study conducted by Sellgren, Ekvall and Tomson (2008:584) in Canada that examined the leadership behaviour of a nurse manager in relation to job satisfaction. This study found that managers, perceived as super leaders, influence the job satisfaction of nurses in a positive way while managers with invisible leadership styles affect job satisfaction in a negative way. Furthermore, the leadership behaviours can affect the registered nurses' level of empowerment, which in turn can influence their

productivity and satisfaction .In other words, the manager's ability to lead has a major effect on the work environment, specifically on job satisfaction.

According to Abualrub and Alghamdi (2012:675), nurses who worked with leaders exhibiting transformational leadership styles were more satisfied. These characteristically involved spending time teaching and coaching nurses, focusing on developing nurses strengths, providing advice for professional development, treating followers as individuals, listening to concerns and promoting self-development. In this study, participants commented about different leadership styles that are demonstrated by health service managers which are bureaucratic and autocratic, both of which were not good for the organisation.

According to Minnaar and Selebi (2009:33), it has been revealed that nurses stay in a particular workplace for good because of the way the nurse manager makes them feel. They found that nurses were not satisfied with leadership in hospitals because there was no fairness and support. Even in this study participants indicated that there is no fairness in the way things are being done.

Rec 7/M

*"When we call our managers to come to our level they don't come because they know that what they are doing is not fair".*

This finding is suggestive of the fact that health service managers should therefore be appropriately equipped with the best leadership skills using the transformational model.

#### **4.4.1.1 Subtheme: Autocratic leadership**

This style is characterised by managers giving commands or orders, make the decisions for the followers while followers are obliged to cooperate, conform, perform and contribute as requested by the manager because they receive economic reward. Followers are not involved in decision making and problem-solving. This style is reflected in primarily directive behaviour. This type of management has no regards for people's feelings. A leader who retains power and does not give authority for decision-making to the subordinates but just expects subordinates to obey the leader's

instructions without questioning is autocratic. People's talents, creativity and resourcefulness are not taken into consideration.

The findings demonstrated that managers do not involve health care professionals when decisions are made especially the ones that affects their performance and practice as evidenced by the following quotes:

Rec 7/M

*"there is a lot of abuse of power and authority in this institution."*

When asked what do you mean by abuse of authority the participant elaborated by saying:

*"... because in most cases the management takes decisions about us without consulting us; yes they do not involve us."*

So how do you feel about that the way the hospital is being run or authority is being implemented?.

*"Eeeh I am not feeling happy at all, lots of my colleagues left the institution because of that, they are now working in other provinces because of lack of transparency from the management."*

Do you want to tell me that your colleagues for an example as you have mentioned have left the institution because they were not happy about how things are being done?

*"Yes."*

Was there no other means that they should have consulted those in power and say this and that we are not happy about?

*"Even if you tell them about you not being happy they will just receive your letter and nothing will happen".*

Rec 6/S

*"We do not have much authority, not much of saying on things we have to say, some they do things themselves without involving us, We just hear from the meeting what they have discussed."*

Do you want to tell me that health service manager do meet and discuss and make decisions without involving you?

*"Uhhm sometimes they just give us a topic and that we are going to discuss about tis and come and give us the report."*

How do you find authority being used in this institution?

Rec 2/S

*"Aahh in this institution the manager do not involve us in decision making, when they want to implement things they just do on their own."*

*As an employee for an example, if they want us to wear white uniform from Monday to Friday they just tell us; they don't call us and ask if we are comfortable with it".*

How do you feel about that? "Laughed – eehh they are demoralising us".

"Ok."

*"They must tell us because we are the one who must implement that thing. They must know from us if we can cope with the situation".*

When asked what happens if the policy is not acceptable the participant responded by saying:

*"We have got no choice we just implement as they tell us what to do."*

Rec 5/PM

*"It is not democratic."*

The use of power is not democratic, what do you mean when you say the use of power is not democratic?

*"Most of the decisions they are making they do not involve us especially the managers, they can come to us with something for an example as if they are looking for an inputs; when we give an inputs later you may find that already they have made their decision."*

How do you find these or how do you feel about the situation?

*"This is ssss --- I don't know what can I say they are just destroying us."*

The study further indicated the forceful use of power whereby the participant said:

Rec 5/PM

*"One day they forced us to do auditing of patient care in different units, the day was supposed to be Monday they shifted the day to Thursday. On that Thursday Managers were having a party, people were going on weekends and Friday was a holiday and most of the units were short staffed. We tried to show them the problems but they did not listen. That day it was horrible we tried to sit down with them but they did not listen."*

This is supported by the study that was conducted by Shu-Fen, Jerkins and Liu (2011:276) where nurses complained that managers are rarely concerned about their difficult work situation of insufficient manpower and low position. They further indicated that nurse managers do not care about the life or death situation of nurses because they keep distance from nurses by sitting in their offices. In the same study, they indicated that they were compelled to work in different units at unexpected times. As such, they perceived that they were threatened and will be punished if they disobey (Shu-Fen et al 2011:277). This study further showed that nurses endure unfairness without dispute because they fear the power of the nurse manager.

#### **4.4.1.2 Subtheme: Bureaucratic leadership**

Bureaucratic leadership style refers a workplace dynamic where it is the leader who does everything according to laid down procedures, guidelines or policy. This is a leader who never takes a chance without using a reference. Power is at top management level, and the right to make decision lies with top management (Jooste 2009:54). The leader exercises power by commanding employees to follow fixed rules and interpersonal communication is not the leader's strong point. The leader relates to staff members in an impersonal level (Booyens 2008). It has been indicated that the management makes decision without involving the subordinates. George and Jones (2012:17), indicate that strict rules and regulations affect employees' attitudes and behaviour resulting in poor motivation.

Bureaucracy is described as a dominant organisational form of administration and organising, comprising centralised and highly structured hierarchical authority where hospital management formulated policies and made decisions without involving the registered nurses at operational levels. It is believed that this administrative approach enforced subordination to authority, which led to frustration and resentment of control over the independent functions of registered nurses. When asking about the role of the immediate supervisor with regard to the challenges they are facing especially the issue of part time study leave for lower categories the participant indicated that the matter will be taken up to the nurse manager but the decision that will be taken in the board room will not favour the employees but the management.

This was indicated by a participant saying:

Rec 7/M

*"To be honest with you the decision that will be taken there is not going to favour you as an employee is going to favour them the management."*

How do they expect you to perform while you are not happy?

*"You know that system of government, management is very much poor like I said before, they do not care about the employees they don't careeee."*

*"If you don't want to follow what they are telling you they tell you; you better go if you want."*

Uhhm. May be I am coming to you as an individual why can't you go because you are not happy?

*"Ehhe I cannot go because I am staying around."*

Ok.

*"If ee I was from Sekhukhune district I was going to go to Sekhukhune but I am staying local. Whatever decision they make is you go or follow the rules; take it or leave it and they just tell us and you have to follow or else you will be charged with misconduct."*

Organisations based on hierarchies of bureaucracy, only serve the interest of health care leaders to the detriment of patients and employees at operational levels as indicated by one participant who said we are not happy because management are not looking after us to please the staff and this bureaucratic practices tend to be detrimental to the survival of the nursing profession. In this study the participant indicated that sometimes they just absent them self from work and consult the doctor even if they are not sick because they are not happy.

Rec 6/S

*"Sometimes you may say today I am not going to work even if I can come I will be reluctant."*

One participant also highlighted that performance management is implemented in a manner that make healthcare professionals to start dragging their feet because there is no different when it comes to remuneration.

Rec 8/O

*“Definitely you will start to relax as it does not bring much different even after you have put much effort in your work you are rated the same.”*

This study also revealed that the registered nurses do not have a say in issues that they are not happy with at their workplace.

Rec7/M

*“Even if you can take it up with your manager, she can’t give you an answer, she can’t say a word I don’t know what is going on in this unit in this institution.”*

It furthers shows that the health service managers’ decision is final.

Rec 5/PM.

*“Even if they come to us to ask for inputs, even if we bring some already they have made their own decision. They just do things on their own and you follow it whether like it or not, as long as you are a nurse you just have to follow.”*

#### **4.4.1.3 Subtheme: Autonomy**

George and Jones (2012:173) described autonomy as the freedom and independence employees have to make decisions and personal control over their work activities on a day-to-day basis. The concept of autonomy is closely linked to the concepts of authority and responsibility and sometimes they are used interchangeably. Iliopoulou and While (2010 : 2520) describe autonomy as the right to exercise discretionary decision in the context of interdependent health care team according to social and legal framework granted by the nursing profession. Autonomy has been shown by Bularzika, Tullai-McGuinness and Sieloff (2013:589) as an essential attribute for achieving professional status and it can exist on both an individual level and a group level.

According to the new dispensation, it is required that the restrictive job description of registered nurses, encapsulated within the bureaucratic model has to change in order to enable them to provide comprehensive, integrated and autonomous health care service to their patients as stipulated in the White paper (South Africa 1997a:23).

Nurses do exercise independent judgment and work with patients to identify and implement appropriate interventions to achieve positive patient outcomes. Thus, nurses should have professional autonomy to be able to work with patients, and professional autonomy is needed for patient goal attainment. As such, nurses must have individual and group power to bring about patient care outcomes. The Department of Health South Africa (1997b:20) stated that the influence of the bureaucratic model in health care organisations has infringed on the rights of registered nurses to autonomy and independent decision-making in their daily execution of tasks (as required by their scope of practice, stipulated in the South African Nursing Council (SANC) Regulations chapter 2 of R2598, as amended), whereby registered nurses allowed to execute their independent functions.

This was seen as most restraining to registered nurses' creativity and innovation in the workplace. It is also in contrary to the requirement of the Nursing and Midwifery Board of Australia 2010, which postulate that the role of a registered nurse or midwife involves the application of nursing and/or midwifery knowledge and skills (Scanlon, Cashin, Watson & Bryce 2012:654).

A nurse's capacity for decision making, and the ability to exercise judgment related to that decision making, are reflective of a nurses' professional autonomy. Autonomy is a major determinant of nurse job satisfaction, and its lack may lead to high turnover. Magnet hospitals in the United States of America (USA) have the reputation of successfully retaining nursing staff through enhanced autonomy and professional levels of responsibility.

A study by Baykara and Sahinoglu (2014:454) demonstrated that leader's empowering behaviour predicts job satisfaction, which in turn predicts organisational commitment. Nurses are more satisfied when working in environments where they can make decisions and assume responsibility.

In this study the nurses stated that increasing their overall levels of professional education and standardising education could contribute positively to their autonomy. The position nursing holds in an organisation, and the role of the nurse as the coordinator and deliverer of patient care is important, contributes to the registered nurses perception of professional autonomy and should be valued by the organisation.

The study conducted by Liopoulou and While (2010:2528), in Greece showed that Nurses with more than 12 years' experience reported higher levels of autonomy, which supports several other studies of autonomy of nurses working in different clinical settings and countries, including Australia. This study further showed that respondents who held a nurse manager post reported higher autonomy than staff nurses, since the majority of them had more than 12 years' clinical experience. Further, these findings may indicate the increased authority and power that Greek critical care managers enjoy in the institutions where they work. This applies equally to the findings of the current study whereby health service manager are the ones enjoying autonomy in decision making rather than registered nurses. Cullen (2000:53-56) also noted that professional development through education plays a fundamental role in autonomous practice.

From this study it is highlighted that participant autonomy or involvement in decision making does not apply to subordinates, irrespective of their educational qualifications.

#### Rec 5/PM

*"If they come with off -duties they come with their own without consulting us", "we have no choice they just tell us what to do" "you follow whether like it or not".*

Even the study that was conducted by Sonjane (2012: 91) in the North-West and Free State Provinces indicated that 33% of registered nurses intend to leave the institution because of lack of independence. The study further indicated that registered nurses with higher qualifications felt that they were not involved in issues pertaining to the organisation, therefore, they could have felt that this was an infringement of their right to practice what they had learned, which explains the division above.

Professional autonomy is a major determinant of job satisfaction amongst nurses, and its lack has been identified as a leading cause of nurse turnover and attrition as indicated by the findings in the study conducted in Greece as mentioned before (Iliopoulou & While 2010:2529).

This study showed that it is important to provide nurses with opportunities to present their thoughts and opinions. These thoughts and opinions can then be considered and incorporated into management decisions.

The study conducted by Bularzik et al (2013:589) indicated that there is a relationship between the nurses' ability to carry out their professional role, professional autonomy, career satisfaction, career retention and decreased absenteeism. This is supported by the findings of this study where by the participant indicated that:

Rec 6/S

*"Hai sometimes you get like you are not part of the department and but you do not have a say or sometimes you may say today I am not going to work."*

#### **4.4.2 Theme 2: Consultation**

Consultation is one of the Batho Pele principles. It means interacting with, listening to and learning from the people you serve. According to this principle, Public servants should make sure that they stay in touch with the people they serve, by finding out what services they need, how they would like their services to be delivered and what they are dissatisfied about. Consultation is meaningless, unless it is fed back to the management so that they can change the system, or take the steps needed to improve the service given to the customers.

According to this principle, consultation is one of the ways that health service managers could know what are the employees' needs and concerns as well as expectations (Department of Public Service and Administration1997:5). This is the process whereby followers are given an opportunity to discuss difficulties in working with their leaders. The leader assists the followers by listening, supporting, problem solving and encouraging reflection and self-awareness.

The comparative information was related to the management style that is being applied in health service management whereby most of the participants indicated that the management's word is final, they never consult nurses during decision-making.

Rec 5/M

*"If they bring off duties they come with their own without consulting us", "we have no choice they just tell us what to do" "you follow whether like it or not."*

The participant highlighted the fact that lower categories are not allowed to do part time studies and if they do the managers threaten to investigate how it was done .When the researcher tried to deliberate on the issue if there is any policy that spells out the matter at hand the participant said:

Rec 7/M

*"There is no policy it is coming from their mind and they never consulted nurses concerning that."*

In another instance the participant indicated that:

*"I was taken to go and relieve in another unit without being consulted only to find a note on the board when coming on night duty and I was not happy because you cannot supervise people who know the unit more than yourself and there was not even orientation as it was at night and I was supposed to take care of patients I was very down."*

Rec 2/S

*"As an employee for an example if they want us to wear white uniform from Monday to Friday they just tell us they don't call us and ask if we are comfortable with It"* When asked about how is the feeling regarding that the respond was: *Ehhee they are demoralising us.*"

#### **4.4.2.1 No empowerment in decision-making for subordinates**

Empowerment refers to followers participating in policy making and decisions that affects them directly before policies can be implemented; for example, when participants indicated that, with regard to uniform, health service managers did not call them and ask if they are comfortable with it. Many studies have shown that flexible organisational structures, which facilitate the delegation of power, correlate with nurse perceptions of increasing autonomy, job satisfaction, commitment, and self-efficacy and low levels of job stress such as Kuokkanen and Kilpi (2000) in Cai et al (2011:139). Curtis and O'Connell (2011:34), further denote that empowerment is concerned with delegation and accountability, in which a top-down approach is used by senior managers to communicate the organisations' goals that employees are responsible for achieving and on the other hand it uses a bottom-up approach and emphasise trust, ownership and change, and encourages employees to ask questions and make decisions.

From this study the findings reveals that registered nurses are not empowered because decisions are made without their involvement, and access to information is also limited. The participants further indicated that management should involve them because they are not the ones to implement the policies.

Rec 2/S

*"They have to call all the categories, meet with the policy makers and hear if we want it or not."*

Empowering leaders creates a climate of trust by promoting independence for the followers, and leaders should be able to give feedback in a positive manner (Jooste 2009:233). The leader should also provide opportunity for followers to place anonymous proposals in a suggestion box for management appraisal.

Participative decision making is one of the strategies to empower followers. This includes involving followers in solutions to problems. This produces job satisfaction, cost- effectiveness and better solutions in the work situation. Power is described by Foucault in subject to empowerment by Juritzen, Engebretsen and Heggen (2012:445)

as network or chains where the actors are simultaneously exerting as well as being subjected to it rather than being conceived in a hierarchical manner.

According to Juritzen et al (2012:445), individuals are the vehicles of power and refers to power as governmentality, thus how people are governed and led to govern themselves. This type of governance is no longer imposed top down by a sovereign ruler. It exists independently; of the powerful and is not an object in the hands of a ruling elite but an independently acting force.

This is not the case in this study, as followers are not allowed to act independently still; decisions are made from top and imposed on the followers. According to Juritzen et al (2012:445), Foucault does no longer see coercion as the main instrument of power because governance seeks to influence the actions and self-conceptions of others. He sees governance as some form of power that is more productive rather than prohibitive especially in meeting one's own needs ; the 'right' to life, to one's body, to health, to happiness and to the satisfaction of needs (Foucault 2012:129) . It is the power that acts forcefully when individuals conceive themselves as completely free and autonomous.

Rose, O' Malley and Valverde (2006:89) further indicates that when this power is in force the individuals produces the ends of government by fulfilling themselves rather than being merely obedient and being free in a specific way.

The study revealed that the participant has a shared feeling or perceives that management does not involve them in decision-making. They see management as the ones having power over the subordinates.

Rec 2/S

*"aah they do not involve us in decision making, they just tell us."*

*"Yes they don't involve us."*

#### **4.4.2.1 Subtheme: Openness and transparency**

According to Gregg (2009:1), openness means communicating and giving feedback frankly and directly. Transparency means that we will communicate our intentions and actions clearly and completely throughout a due diligence process. According to Batho Pele principles, people have the right to know how decisions are made, how a department works, who is in charge and what its plans and budgets are.

The findings indicate that there is no openness and transparency; open book administration is not practiced. According to this principle, employees have the right to know what is happening in the institution.

Rec 8/O

*“With regard to recruitment I do not see any transparency there, you just see people coming to work as new employees.”*

Rec 7/M

*“There is no openness and transparency in this institution, if there is something that involve all nursing categories all over the Province for an example uniform allowance we hear from colleagues in other institution or just see the money without knowing what is it for; no formal eehhe.”*

#### **4.4.2.2 Subtheme: No consultation**

Consultation is one of the Batho Pele principles that means interacting with, listening to and learning from the people you serve. According to this principle, public servants should make sure that they stay in touch with the people they serve, by finding out what services they need, how they would like their services to be delivered and what they are dissatisfied about. Consultation is meaningless, unless it is fed back to the management so that they can change the system, or take the steps needed to improve the service given to the customers. The same thing applies to health service managers toward their employees.

From this study the employees indicated that managers did not consult them with the issue of performance management.

Rec 6/S

*“Mmmmm we were not happy because they should have called you discuss everything with you even the rating you have to agree with each other.”*

Rec 5/PM

*“If they bring off duties they come with their own without consulting us.”*

Rec 8/O

*“If the managers can consult us in every decision they are making.”*

#### **4.4.3 Theme 3: Communication**

Communication in a health care system is needed to ensure that information flows freely between the different departments in a caring environment. In order to foster an effective interpersonal relationship between health care professional collaboration is needed to facilitate, open communication that will help to facilitate a trusting relationship. Managers should also develop effective listening skills that will foster a helping-trusting relationship (Jooste 2009:402).

Communication in any organisation is used to provide information, reprimand, negotiate or exchange ideas. This can happen in a face-to-face meeting, telephonically or through memos, directives or policies and supervisors who represent units in meetings with hospital management in a bureaucratic organisation.

To be effective, communication should be a two-way process that allows subordinates' active participation in decision-making processes that affect them. This is also supported by the study conducted by Potter, Deshfield and Kuhrik (2010:157), which indicates that delegation of authority result in effective communication

This requires an atmosphere of mutual respect, understanding and acknowledgement of people's individuality, talents, perceptions, sensitivity and the role they play within the organisation.

In this study, it has been found that communication is not good between health service managers and registered nurses. An example of this came to the fore when a participant stated that she just found a note on the board informing her to go and relieve in another unit without being consulted telephonically. Lack of communication in health service management is a major problem. The findings resonate with other studies that have frequently cited the problems of lack of communication, sensitivity, understanding and support from management leaders. This principle indicates that employees should be given full information about what is happening in the Institution (Department of Public service and Administration 1997:5).

#### **4.4.3.1 Subtheme: One way process/top to bottom**

This type of communication is primarily directive and telling subordinates what to do. It mainly comes in the form of circulars or memos especially without involvement or the subordinates indicates that communication is an exchange not just a giving action, as all parties must participate to complete the information exchange and restricted communication flow was evident as many areas of organisational communication were reported to be insufficient for the transmission of information. This was supported by Braaf, Manias, Finch, Riley and Munro (2012:189) who indicated a need for improved communication flow between service providers, and between management and service providers, working across the entire perioperative pathway.

On the other hand, communication is not linear but circular. Top to bottom form of communications contributes to greater dissatisfaction among personnel. This was evidenced by a participant indicating the issue of the gate whereby a memo came to notify nursing personnel that Dorp gate will be closed and only opened at 16h00 only. The nursing personnel will have to use the East gate, which is far from where they get their transport. Information giving is also poor.

According to the information the nurses are not happy about the decision because it was never discussed with them, and on the other side the decision favours a certain group of people while disfavours the nursing personnel.

Rec 9/ S

*"The use of the gate, this one is a problem, we are all not happy. We are not all of us going to queue at the East gate while our transport is waiting for us at Dorp gate."*

The consequences of that decision were that nurses have to knock off before time. As such, it has a negative impact on patient care and also to report late at work because of the East gate which is far from where they get their transport and that they are going to write a letter of dissatisfaction to management.

#### **4.4.3.2 Subtheme: Unfairness**

Woodcock (2008:93) indicates that effective supervisors must be respectful and fair (not playing favourites with some staff while ignoring the competent performance of the rest). They also must be able to work with employees to identify what resources are required, and how to overcome barriers to good performance that their employees may encounter.

The study also revealed some form of unfairness when it comes to the treatment of personnel. As it is indicated with the example of the gate is opened for certain people while nurses have to queue on the other side during their knock off time. The other issue raised was regarding the uniform whereby managers wear a different uniform from lower categories.

Rec 8/O and G

*"Uniform is the thing that look the same but with us managers wear a different uniform from other nursing personnel, uniform is uniform we should look the same."*

It is indicated by one of the participants that nurses have been removed in the nurse's home and other personnel have been put there which shows unfair treatment towards the nurses. The gate also as indicated before is only accessible for specific people at their convenient times while nursing personnel are not allowed access when they knock off or even coming on duty.

#### **4.4.3.3 Sub-theme: Lack of competence**

Competence is based on individuals 'skill and knowledge and can be seen in the way an individual plans and execute his or her duties. Health service managers should display their competence by demonstrating knowledge regarding their field of specialisation, being intelligent and good expert in judgement. The fact that nurses were returned from going to school even though their study leaves were approved showed some form of incompetence as a result of poor planning and poor arrangement from the side of management.

Rec 2/S

*"Nurses who were supposed to go to school were told a day before that their study leaves are approved they have to pack and go. This affects us for I should tell my family where I am going and I cannot study while I left my kids alone. They should have told us two months ago."*

The participants in the current study acknowledged the importance of effective communication behaviours on the part of the health service managers. The majority of participants were dissatisfied with the communication style used by their Nurse Managers. The participants further indicated that information giving is not done properly or they are not open to subordinates:

*"Nurses who were supposed to go to school were only told a day before that they are going" they should have told us two months before so that I could tell my family for I have family and kids and I cannot study whereas I know I left my kids alone; that affects us physically and emotionally."*

Ok so when you look the way they did how would you expect them to have told you may be?

*"May be they should have told us two months back so that I can prepare ... uhhm."*

They also identified that this impacted on their perception of the management ability of their nurse manager.

Rec 7/M

*"Management did not organise counseling for nurses, who were returned from school to start with their training due to poor arrangement."*

The participant also saw lack of prioritisation whereby the management forced the subordinates to do audit while they (management) were going to attend a party.

#### **4.4.3.4 Subtheme: No open door policy**

According to this, policy employees have got the right to know what is happening in the institution. Managers should consider open-door policies, one-to-one discussions or exchanges, and improved communication as strategies for increasing employee participation. The findings showed that employees at the lower level are not informed about the dynamics of the institution.

Rec 6/S

*"I am not informed about recruitments."*

Rec 7/M

*"There is no openness and transparency, for an example if there is something that involves all nursing categories all over the province eeeh like uniform allowance we just heard from other colleagues from other institutions no formal eeeh we just see money coming not knowing for what."*

Rec 8/O

*"With regard to recruitment you just see people coming to work as new employees, saying they have been hired but how the advertisement was done we do not know, many a times you will just see them coming to work."*

The outcome of this study indicates that an organisational environment which provides open communication and joint problem-solving between staff and their manager is required (O'Brien-Pallas, Murphy, Shamian, Li & Hayes 2010:1081).

#### **4.4.3.5 Subtheme: Feedback giving**

Bennis (2002:2) cites that communication is not just a giving of action as all parties must participate to complete the information exchange. And he further indicates that to make sure that the message is not communicated unless the receiver receives it and understands it by giving a feedback.

Jooste (2009:402) further indicates that feedback to followers ensures the development of a helping trusting relationships. Feedback should be given close to the event, when experiences are still fresh in their minds. Feedback should be specific, impersonal and never insulting to the other person. Gundling (2003) in Jooste indicates that when giving feedback feelings and facts should be considered as quoted in Jooste (2009:441)

The other findings is that feedback is not given to subordinates pertaining to meetings being held if it could be there it will be positive.

Rec2//S

*“For example they will be talking about the nursing process for two months the results will be the same”.*

Rec7/M

*“In those kind of meetings one person or two will be available from the management, we will discuss about those issues I am telling you nothing is going to happen.”*

One other aspect the registered nurses touched was regarding immediate supervisor: they feel that they do not advocate for them hence even if the problem can be brought to their attention the immediate supervisor do not come up with a positive feedback or response.

Rec 5/PM

*“They can take you to another unit without informing you in advance”, even if you take it with immediate supervisor nothing is done or she cannot give you answer.”*

#### **4.4.4 Theme 4: Relationship**

According to the study that was conducted by Cai et al (2011:143), management should create an environment for work effectiveness by providing employees with access to information and support. When subordinates experience constant support from managers, they are more likely to be satisfied and perform their duties effectively within the organisation.

They also tend to remain in the same organisation (Tourangeau & Cranley 2006:498; Tourangeau, Cummings, Cranley, Ferron & Harvey 2010:23). In the same vein, Liu, Zhang, Ye, Zhu, Cao, Lu and Li (2011:259) also indicate that focusing on the shortcomings of organisational responsibilities and strengthening nurse managers' knowledge and skills of transformational will also enhance relationship and nurses 's intention to stay in the organisation. Good leaders listen to those around them and begin to solicit ideas, contributions, concerns, hopes and aspirations to realise organisational goals, based on the principle of trust. Howkins and Thornton (2002:84) emphasised that leadership is about helping the oppressed groups voice their concerns, irrespective of the nature of the organisation.

Wang, Chontawan and Nantsupawat (2011:448) also showed that Clinical Registered Nurses want their nurse managers to search outside the formal boundaries for innovative ways to improve their work. The findings indicate that clinical Registered Nurses would be more satisfied with their nurse managers if they provide new and innovative approaches to their work.

In this study, participants indicated that because of lack of support and a good relationship between health service managers and registered nurses, some ended up leaving the institution.

Rec 7/M

*“Some of my colleagues have left to go and work in other institutions.”*

Another participant also indicated that the manager could not talk to her or ask her to go and relieve in another units rather the name was on the notice board.

Rec 5/PM

*"I went to my manager and told her I was not happy with it for putting my name on the notice board without informing me."*

#### **4.4.4.1 Subtheme: Non-caring relationship**

Caring as one of the principles of leadership refers to valuing and respecting individual emotional and spiritual needs of a person through effective communication (Jooste 2009:19). According to the principles that govern the nursing profession, as stipulated in Pera and Van Tonder (2008:11), caring is also one of the principles that define attributes of health service managers towards others including subordinates.

This is one of the essential indicators of quality health care service that is expected in health service management when dealing with other people for the benefit of the organisation. Jooste (2009:233) indicates that leaders should take care of subordinates, should be aware of their expectations in providing problem-solving solutions, should open dialogue with them and assist them with their problems. The language of caring is human and personal and it involves being treated with respect and dignity. People are assets of any organisation, as such; it is the leader's responsibility to create conditions for personnel to experience emotional support, physical safeguards and administrative recognition. This could be achieved through use of compassion, competence, confidence, conscience and commitment.

It is indicated that when subordinates feel valued and cared for they are motivated to give their best when they care for their patients. Caring on the other hand should be grounded in humanistic values such as kindness, empathy and concern for others. The participant indicated that:

Rec 2/S

*"When we are not told in advance that we are going to school it affects us because I have a family and kids and I should tell my family where I am going, this affect me physically and emotionally for I cannot study while I left my kids alone."*

Rec 5/PM

*"They are underestimating us or they just don't care about us."*

Rec 7/M

*"Like now people were supposed to go to school but there was no proper arrangement and they were returned and the management never bothered to come to them and redress, management did not arrange counseling for these people."*

One of the participants highlighted that nurses have been removed from the nurses home and other personnel has been put there which shows a non-caring relationship towards nurses.

Rec 5/PM

*"Even if you take it up with immediate supervisor nothing is done or she cannot give an answer."*

#### **4.4.4.2 Subtheme: No respect for the employees**

Respect is an essential component of professional nursing and a fundamental component of nursing care. Nursing education and the profession's code of ethics and codes of conduct dictate that nurses are respectful of their patients and their colleagues. Respect is a central component of the professional nurses' psyche and, therefore, it is of great importance to them that other staff and in particular nurse managers display respect in the work place.

Jooste (2009:19) also refers to respect as another principles of leadership. This refers to protecting and supporting the relationship between managers and employees in this regard as well as honouring the individual needs of people. According to the study findings, this principle has not been observed by health service managers toward subordinates. Leaders should be able to build relationships by displaying the ability to empathise with others and demonstrate respect for others.

This North American research supported Kanter's theory of empowerment contention, that effective collaborative relationships with managers, colleagues and subordinates,

foster a feeling of respect in the worker. When nurses feel that they have some control over work practices and involvement in decision-making, they also perceive greater degrees of respect.

The research by Hogan (2012:184) in Australia was in support of Faulkner and Laschinger (2008) who concluded that employees in the organisation who feel that they are respected are more committed to remain with the organisation. Their findings support the perceptions of participants in the current study who believe that because managers in their hospitals did not afford them professional respect, some of their colleagues have left the institution.

Rec 7/M

*“Most of my colleagues have left to go and work in other provinces”.*

Participants who feel respected are more likely to be satisfied with their work and have trust in their managers while managers who are perceived as displaying a lack of professional respect do indeed inhibit organisational commitment as indicated in the study by (Hogan 2012:186).

The participants in this study believed that there was less professional respect for nurses in this institution because they are told to “take it or leave it”.

Rec 5/PM

*“They just do things on their own you have to follow it whether you like or not.”*

This study revealed that the registered nurses do not get support from health service managers.

*“Even if you can take it up with your manager, she can’t give you an answer; she can’t say a word I don’t know what is going on in this unit in this institution.”*

This was supported by another participant saying:

Rec 7/M

*"They don't care about employees they don't care, management say nothing as if nothing has happened."*

Mokoka et al (2010:4) indicated that destructive relationship and lack of respect from supervisors damage the self-esteem of employees. The participants in this study believed that there was less professional respect for nurses in this institution because they are told to take it or leave it.

Rec 5/PM

*"They just do things on their own you have to follow it whether you like or not."*

On the other side, negative emotions which occur in health care settings cause the mind-body system of registered nurses to lose energy. This study shows that health service managers do not take into consideration the feelings of the employees.

Rec 2/S

*"They don't call us and ask us if we are comfortable with the issue of the uniform. Eeeh they are demoralising us."*

#### **4.4.4.3 Subtheme: No feelings for the employees**

According to Jooste (2009:15), the heart is a primary source of power for the mind body system and it generates the strongest electromagnetic signal in the human body in the form of thoughts and emotions. Jooste (2009:15) indicates that positive emotions of loving and caring increase the energy of the body-mind spirit. The participant indicated that after employees have been returned from school the management did not even bother to want to know how the nurses feel. In other words, they were not empathetic to subordinates.

*"Management did not even organise counseling for this people management say nothing as if nothing happened."*

This was supported by the following quote by Nash (2006:14):

*"I tend to treat my employees, above all, like they matter – that they are as important as I am to the operation of the office. "I'm not the kind of physician who sits at the top and lords it over them. I tell everybody that we all have a job here – my job happens to be that I'm the physician, but they have as an important of a job to make sure everything runs well."*

From this quantum of feeling, registered nurses are encouraged to focus on positive aspect in the work environment and develop high energy setting of productivity and job satisfaction. This means that registered nurses should display determination not to let other people or situations decide their feelings even under bureaucratic power. This shows clearly that negative emotions will exhaust health care professionals.

#### **4.4.4.4 Subtheme: Lack of trustworthiness**

Trust is the willingness of a person to have faith or confidence in the goodwill of another person (George & Jones 2012:389). It is indicated that trust is vital for good working relationships so that organisational goals can be achieved. One can therefore conclude that trust in nursing leadership is a necessary ingredient for staff nurses to give out their best. In the study that was conducted by Azaare and Gross (2011:479) in Ghana, it was found that staff nurses have lost trust in their leaders as a result of the bureaucratic nature of this organisational structure.

In order to be trusted, organisations had to manage and provide comfort, ensure safety and security and establish system of identifying needs for employees of which this is not the case in this study as the participant indicated that even nurses have been removed in the nurses' home and other people have been put therein their place. Trustworthiness in a manager can be evident in the way an employee perceives the support from the organisation, and has confidence in their managers to make ethical decisions and display behaviours that are based on ethical principles. Aluntas and

Baykal (2010:188) indicates that poor organizational trust leads nurses to quit their jobs, which result in increased workload, interruptions in work, decrease motivation and performance; deterioration in the quality of care as well as absenteeism which has been evidenced by the participant's respond in this study. Skilled communication is the main tool used by health service managers to promote self-confidence within their teams and inspire trust. This can result in a relationship of mutual stimulation and provide junior staff with the support to develop effective leadership skills (Curtis & O'Connell 2011:32).

The participants in this study indicate that managers require them to bring proof of what they have done by making copies of patients' file which, according to participants, is not realistic as they have to spend lot of money photocopying something that they have done. According to participant the managers do not have trust in the followers while on the other hand the followers also do not have trust in their nurse managers as they mentioned that nurse managers reduce the rating the registered nurses got from their immediate supervisors without informing them.

Rec 7/M

*"The supervisor will rate but they are moderated by the management and the management will reduce your score without consulting you."*

Trustworthiness was cited often as consistent with an enabling behaviour of the nurse manager which strengthened the participant's organisational commitment. The existing body of knowledge on organisational commitment supported the finding in this study by establishing that trust is crucial to all relationships within an organisation as it reduces the rate of resignation and increases organizational commitment (Aluntas & Baykal 2010:188)

Research that was done by Hogan (2012:173) about organisational commitment and the relationship between organisational trusts, which mainly focused on the importance of trust between managers and their employees, has demonstrated positive results for performance, organisational commitment, intention to leave, teamwork plus organisational citizenship behaviours which is in line with the existing body of knowledge on organisational commitment (Tatlah, Ali & Saeed 2011).

In this study, the participants highlighted the fact that they will not be able to photocopy the files, but that would rather leave them at the same rating. Trust is of particular importance in health care as the multidisciplinary approach used within health care requires good communication, collaboration, trust and teamwork. It is necessary that nurses have trust and confidence in their managers, the organisation and co-workers to enable them to provide health care services efficiently and effectively (Tatlah et al 2011). This ensures patient and nurse satisfaction, and also improves nurse motivation and performance, thus increasing their commitment to the organisation and decreasing turnover rates.

This study found that the participants expected their Nurse Managers to trust them in their professional role as registered nurses, plus they wanted to have trust in their Nurse Manager. The participants believed that being able to trust their Nurse Managers along with the nurse managers trusting them will create a working environment of openness and acceptance in which the participants wanted to work. This loss of trust on the part of the registered nurses has resulted in loss of hope for the future when the participant was asked if the situation can change for the better. The response was that:

Rec 5/M

*“I don’t think so, the only way is to let the health service manager resign so that other can come and maybe there will some differences.”*

#### **4.4.4.5 Subtheme: Dissatisfaction with performance management**

The participants in this study were generally dissatisfied with their Nurse Managers in relation to performance appraisal.

Rec 6/S

*“Even the rating we are not satisfied with it”*. This was supported by one participant who said *“Performance management is not well addressed, even if you can put more effort you are rated the same. As a result you will start to relax as it does not bring much difference.”* (Rec 8/O and G).

This led the participants to perceive the appraisal as merely an exercise that the health service managers was compelled to do, but do not see any benefit for them. The way

performance management is done has a negative influence on their organisational commitment.

#### **4.4.4.6 Subtheme: Educational opportunities**

This is regarded as the drive to become the best, the desire for personal growth and development (George & Jones 2012:211). Lorriman, Young and Kalinauckas (1995:9) stated that in order to continue to grow, hospital managers needed to relinquish certain decisions to registered nurses to facilitate growth and development. This would assist them to complete their tasks efficiently, doing them the right way first time and every time. Hospital and unit managers would then become facilitators as opposed to dictators, which is typical of a bureaucratic organisation.

The more fulfilled the workers are, the more satisfied the patients, and the more organised and successful the organisation (Lorriman et al 1995:10). Nalle et al (2010:108), maintain that nurses' participation in unit activities leads to individual and professional development as it helps eliminate inconsistencies and deficiencies between formal preparation and practice, and enhances progression of competence through the acquisition of clinical skills and competence.

Health professionals especially the registered nurses are an example of how health care services can ruin their professional future, personal lives, welfare and happiness if there is no room for personal, financial, professional and emotional growth within the organisation. This study shows that employees are denied an opportunity for self-development and growth.

Rec 7/M

*“Even the lower categories are not allowed to do part time study leave.”*

This in turn has a negative impact on the employees' self-esteem and motivational level. This consolidated finding by earlier comparable studies that showed that 50% of registered nurses, who intend to leave their institution were dissatisfied about educational opportunities.

#### **4.4.5 Theme 5: Work motivation**

Work motivation is regarded as the drive to become the best, these desire for personal growth and development is a requirement for personal fulfillment, and it maintains that workers thrive well where there is challenge and involvement in problem-solving and decision-making. There are several strategies that can be used to increase employee motivation. Participation in decision-making is another strategy that can be used to achieve work motivation which was found to be lacking in this study.

Nash (2006:14) further said:

*"I think how you treat people is the greatest motivation. That doesn't mean some side benefits don't come in handy, too. We also have good benefits – 401(k)s and health insurance, birthday bonuses, Christmas bonuses, birthday lunches where we close the office and all go out. We try to maintain a family atmosphere and everybody's part of the family. That keeps people wanting to work and invests them in what is happening. I think positive reinforcement works better, but people need to be rewarded for excellence with things other than just money. It's inherent in everybody that money is just one part of job satisfaction."*

It is indicated that it is also important to keep their employees' skills up-to-date and managers or institutions that cares can use various methods to accomplish it. They also provides training for the staff and do all of the required training courses.

Manion (2009:10) indicates that managers believe that for their employees it is all about the money, but there is no research to support that.

*"In fact, there are at least five intrinsic motivators that cause us to do what we do, such things as being in healthy relationships with others, recognising that there's meaning to the work that produces a contribution, that we see progress in our work, that we have choices and are involved in decision-making."*

In this study one participant also showed that they are demotivated to work hard.

Rec 8/O and G

*"Performance management is not well addressed, even if you can put more effort you are rated the same. As a result you will start to relax as it does not bring much difference."*

This study also revealed that employees are demotivated as they are not happy at work are not allowed to do part time studies, if you go and do it the health service managers are going to investigate and a post will not be offered to you.

Rec 7/M

*"Even the lower categories are not allowed to do part time studies, we are not happy and this is killing patient care."*

## 4.5 CONSEQUENCES OF USE OF POWER

### 4.5.1 Resignation

This study has revealed that the manner in which authority is being used in the above institution has resulted in employees resigning as evidenced by the participant saying:

Rec 7/M

*"Some of my colleagues have left to go and work in other institutions."*

This cause staff shortage and recurrent hiring of new personnel thus costing government's money. Patient care on the other side is suffering because new employee needs to go for induction and orientation before proper placement. This is supported by the study done in Lebanon whereby El-Jardali, Alameddine, Dumit, Dimassi, Jamal & Maalouf ( 2010: 459) showed that the majority of nurses resigning are university graduates holding degrees, which implies that Lebanon is losing its qualified and experienced nurses which may have implications on the quality of care provided.

### 4.5.2 Misuse of the principle of obedience/subordination or compliance

The study also revealed that employees are forced to blindly follow the policies and if you defy them you are charged with misconduct even if the policy is not favourable.

This study also revealed that the nurses are not happy at work but because they fear dismissal or punishments by nurse managers; they often tried to endure unfair treatment which result in job dissatisfaction and psychological stress which can in turn compromise patient care. This also leads to an unhealthy working environment which to medico-legal hazards.

Rec 7/M

*"This is killing patient care."*

There is an indication of manipulation of power by forcing the subordinates to co-operate unwillingly.

#### **4.5.3 Absenteeism**

The participant indicated that the excessive use of power increases absenteeism in this institution which cost government's money.

Rec 6/S

*"Sometimes you feel like you are not part of the department and may even say today I am not going to work because my things are not going the way I like."*

Rec 7/M

*"Psychologically they are affected and it even increases absenteeism."*

#### **4.5.4 Demotivated and demoralised staff**

Whilst work motivation is regarded as the drive to become the best, a desire for personal growth and development is a requirement for personal fulfilment. Motivation ensures that workers thrives well where there is a challenge and involvement in problem-solving and decision-making.

Designing the job to provide opportunities for growth, by giving nurses more responsibility and control over their work will inevitably enhance work motivation. If nurses perceive that they do not have control over their job they become demotivated

and discouraged as cited by Herzberg's motivation theory in George and Jones (2012:211). Most employees are knowledgeable about their jobs and can usually find solutions to problems that arise, so asking the right employees to participate in decision making can increase their motivation and assure them that they are valuable to the organisation. When asked about how they feel when being compelled to wear white uniform Monday to Friday without being called to hear if they are comfortable the response was:

Rec 2/S

*"Ehhee they demoralise us, Meetings will be held and we talk of the same thing and there is no change even after the discussion and is demoralising."*

According to Ferneta, Austina and Vallerand (2012:224-225), it has been revealed that motivation contributes to the energetic process and, more particularly, autonomous motivation, not only fosters occupational commitment; it also prevents emotional exhaustion. It is likely that when employees benefit from job resources and fully internalise the value of their work, they can channel their energy and behaviours in constructive ways, thereby becoming more affectively attached to their job and at the same time less prone to emotional exhaustion.

Curtis and O'Connell (2011:34) indicate that when employees are given opportunities to plan and delegate care, solve problems, make decisions and conduct research, this improves staff motivation. They further emphasised that nurse managers should also consider developing junior staff's leadership skills. One study conducted by Hsu, Chen, Yu and Lou (2010:1595) indicated that the greatest source of achievement motivation is personal accomplishment.

This study also revealed that employees are demotivated as they are not happy at work. Amongst primary reasons for demotivation are not allowed to do part time studies, if you go and do it the health service managers are going to investigate and a post will not be offered to you.

Rec 7/M

*"Even the lower categories are not allowed to do part time studies, we are not happy and this is killing patient care."*

#### **4.6 CONCLUSION**

This chapter discussed data analysis, interpretation under themes and subthemes. Findings were based on information obtained and also with reference to the literature review of other studies.

## **CHAPTER 5**

### **CONCLUSION, LIMITATIONS AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

Chapter 4 discussed data analysis, interpretations and the findings on perception of registered nurses with regard to use of authority by health service managers in the workplace. Themes and subtheme have been identified. This chapter will focus on findings, limitations, recommendations and conclusion.

#### **5.2 RESEARCH DESIGN AND METHOD**

The study focused on how registered nurses perceive the use of authority by health service manager at Pietersburg hospital a tertiary hospital in Limpopo province. The researcher used phenomenological approach to conduct the study guided by philosophical design developed by Husserl and Heidegger's approach to explore and understand people's everyday life experiences. The researcher opted to phenomenological approach with the believe that the study's truth value is rooted within the people's experiences and the researcher directed the attention on human realities as stated in Streubert and Carpenter (2011:20).

Data was gathered qualitatively by means of in-depth unstructured interviews from 10 participants who were sampled through purposive sampling in their place of work. The interview session lasted for 15-23 minutes at a time. Participants were all exposed to two grand tour questions. Data was captured by means of a tape recorder and field notes while observing non- verbal cues. Data analysis was done guided by Creswell (2014:194-198). To maintain rigour of the data, participant's accounts are presented as anonymous verbatim quotes so as to reflect the participant's voice and to allow the reader to hear the participant's actual spoken words as well to understand the condition of the voice". Reading and rereading was done for intensive analysis and interpretation. Trustworthiness was maintained by following Lincoln and Guba's model (Polit & Beck 2008:539) as explained in chapter 3. The Hussel and Heidegger's model mentioned in

Polit and Beck (2008:228) assisted in data analysis and development of themes and subthemes from the data collected (Streubert & Carpenter 2011:75).

A phenomenological approach focuses on lived experiences of individuals which in essence will give meaning to individual's perception of the phenomenon under study (Streubert & Carpenter 2011:74). The researcher went into the people's lived experience through experiential accounts whereby people told the researcher their amassed impression of their living in their worlds relevant to the use of authority by health service managers in the workplace (Taylor & Francis 2013:86).

The researcher also went to explore perception of registered nurses with regard to the use of authority by health service managers from the participants who are "human beings in that experience by being there or *dasein* (Taylor & Francis 2013:86) as described by Heidegger. The participants as human beings living in the world who are influenced by time and space, were allowed to experience self from ontological perspective as well as to think about themselves from epistemological perspective (Taylor & Francis 2013:86).

Fusion of horizon was another strategy the researcher used during data analysis and interpretation whereby the researcher immersed herself into the written notes, language and audio tape so as to be able to fuse the horizon of the text with the horizon of the participant 's own awareness (Taylor & Francis 2013: 86). Out of the similarities and commonalities of the cumulative accounts the researcher was able to come up with themes and sub themes for the study.

### **5.3 SUMMARY AND INTERPRETATION OF RESEARCH FINDINGS**

The research revealed that participants shared a common experience as summarised in the five major themes and subthemes and in relation to literature review done. The themes and subthemes supplemented each other.

### **5.3.1 Management style**

Leadership style is one of the determinants of good behaviours in any organisation. This is an individual's behaviour pattern that is used to influence others, and consists of directive and supportive behaviours.

The following leadership styles were identified in this study:

- **Autocratic leadership**

The findings revealed that the management style that is being used is autocratic because subordinates do not have a say in decision-making. Most of the decisions are made by health service managers. As a result, subordinates were not happy as they felt that they are not being involved and have no control over those decisions pertaining to their work. The nurses are forced to comply with certain rules like issue of uniform, rotation, using East gate which is far from the taxi rank while management use Dorp gate which is near and relieving in other units. The fact that nurses are to follow the rule or leave it was further explicated that it kills patient care because they come to work and are not happy, are emotional and very angry to go and relieve without being informed which can be detriment to patients.

- **Bureaucratic leadership**

In addition to the above participants further indicated that the management's word is final and have got no choice either to take it or leave it which is the form of bureaucratic leadership. In the study that was conducted by Azaare and Gross (2011:479) in Ghana it was found out that staff nurses have lost trust in their leaders as a result of the bureaucratic nature of this organisational structure. Use of autonomy is hardly practiced as the participant indicated that, even if they can come up with input they are not being implemented. The participants further showed that they are being told to do things by management without asking for their opinion when it comes to off-duties carrying out nursing audits while there is shortage of staff and management are holding a party. These findings were consistent with the findings of other researchers such as Choi et al

(2013:436), Van Bogaert, Clarke, Willems and Mondelaers (2012:1520) and Delobelle et al (2011:378).

- **No autonomy or limited autonomy**

From this study as highlighted by participants, the exercise of autonomy by subordinates is limited. This was corroborated by the study that has been done in Finland by Flinkman et al (2010:1431), where it was indicated that nurse managers, together with nurses, should construct nurses' roles to be more autonomous and at the same time give them more responsibility for the work they are doing because autonomy in practice has the ability to influence decision-making and professional practice environment are crucial factors in keeping nurses in the profession. It was again mentioned in the study that was conducted by Llipoulou and While (2010:2529) in Greece that managers need to seek ways to enhance nurses' autonomy as it influences job satisfaction. Health care professional are not autonomous in the sense that they cannot decide on the off duties they want, they cannot participate in policy making, and are not part of selection of new employees.

### **5.3.2 Consultation**

The participant indicated that health service managers do not consult subordinates but just tell them and do not even bother whether they are comfortable with the decision or not.

- **Openness and transparency**

It was further indicated that there is no openness and transparency pertaining to the dynamics of the institution. Some of the information is heard by employees outside the institution. The study that was conducted in Hungary in 2011 also indicated that nurses' intention to leave nursing profession was related to quality of leadership as well as the relationship between head nurse and registered nurses (Ujvarine, Zrinyi, Toth, Zekanyne, Szogedi & Bethlehem 2011:899). The findings indicate that there is no openness and transparency, open book administration is not practiced. According to this principle, employees have the right to know what is happening in the institution.

Payment of uniform allowance is not communicated and circulars for post not displayed openly.

- **Non-consultation**

From this study the employees indicated that managers do not consult them. Decision are imposed without consulting health care professional such as removing them in the nurses 'home, closing of the Dorp gate.

### **5.3.3 Theme: Communication**

This principle indicates that employees should be given full information about what is happening in the Institution (Department of Public Service and Administration 1997: 5). The study showed that health service managers do not share important information with employees in relation to such activities as recruitment, post advertisement and uniform allowance.

- **Feedback giving**

The other finding is that feedback is not given to subordinates pertaining to meetings being held. The assumption in good faith is that, if it could be there it will be positive. When issues are raised with immediate supervisor or in a management meeting there is no feedback.

### **5.3.4 Relationship**

According to the study that was conducted by Cai et al (2011:143), management should create an environment for work effectiveness by providing employees with access to information and support.

- **Non-caring relationship**

This study revealed that the registered nurses do not get support from health service managers. Mokoka et al (2010:4) indicate that destructive relationships. The assumption in good faith is that lack of respect from supervisors damage the self-

esteem of employees. Health care professionals felt that health service managers do not care about them, do not redress for failure to keep a promise and even counseling not arranged for emotional trauma caused on employees.

### **5.3.5 Theme: Work motivation**

This is regarded as the drive to become the best; indeed, a desire for personal growth and development is a requirement for personal fulfilment. Work motivation ensures and it maintains that workers thrive well where there is challenge and involvement in problem-solving and decision-making. Designing the job to provide opportunities for growth, by giving nursing subordinates more responsibility and control over their work would ineluctably motivate them. If nurses perceive that they do not have control over their job they become demotivated and discouraged, as cited by Herzberg's motivation theory (George & Jones 2012:211). This study revealed that employees are not offered opportunity to grow as they are denied the privilege to do part time studies. They are not given a chance to exercise their knowledge practice their specialised skills as autonomy is limited. This is demoralising and demotivating them. They also become reluctant when coming to work and feel like relaxing their effort.

## **5.4 CONCLUSION**

The style of the leadership can be important for employees' acceptance of change and for motivating them to achieve a high quality of care provision. In a comparative study that was conducted in Ghana there was a perception that nurse managers' style of leadership is one of hostility and 'lordship'. This appears to create a sense of job dissatisfaction among professionals. The findings reflected that the contributory factor to the type of leadership is the content for government-run nurse training colleges prescribed by the Nurses and Midwives Council of Ghana. The number of hours allocated to management and administration is equivalent to less than two credits. This content is typically taught at the 200 level of the 3-year programme leading to a diploma in nursing. There is no specific clinical practical experience that allows the student to apply the principles of leadership and management (Azaare & Gross 2011:679).

In the context of this study the registered nurses perceived that the health service manager works more for the interest of the hospital management than they do for the

interest of nursing. They feel that health service managers exhibit a domineering attitude towards their employees rather than envisioning the future and complementing the efforts of nurse-employees. These findings form the basis for establishing a well-structured system for training effective and efficient nurse managers in Pietersburg hospital.

The bureaucratic nature of this organisational structure leads to feelings of powerlessness, particularly at the lower levels. This may explain why health service managers employ intimidation to control employees. The findings showed that there was seldom satisfaction experienced by registered nurses.

Autonomy is a major determinant of nurse job satisfaction, and its lack may lead to high turnover and work related characteristics such as absenteeism. Failure to address the perceptions of professional autonomy may have an impact on staff retention, because of job dissatisfaction. Specific aspects of organisational cultures and values relating to lifelong learning, meaningful professional development, respect for employees leadership behaviours were highlighted and were deemed essential for health care organisations.

Adequate and appropriate feedback, support and communication between senior management, nurse managers, and among teams in general were identified as influential to both organisational and role factors. Lack of recognition was reported to result in a sense of being devalued by health service managers. Registered nurses felt that they needed to have the power to effect change, use their own judgment and be given opportunities to handle difficult situations on their own. Strong leadership is essential for healthy health-care work environments, for health-care providers and for ensuring quality patient care.

In times of transition, organisational communication, high visibility and verbalised commitment to a high quality of patient care will help registered nurses accept and facilitate change. Other studies also showed that characteristics of the work environment, such as participation in decision-making, task variety, feedback and opportunities that stimulate personal growth and development have been found to be a function of psychological engagement. It is also likely that managers, in particular, play an important role in being the gatekeeper to organisational support and practices.

## **5.5 SIGNIFICANCE OF THE STUDY**

This study has showed that the perception of registered nurses with regard to use of authority by health service managers in the work place has provided an insight into how the health service managers are to improve when it comes to exercise of management style . The results of this study indicate strengths, weakness, and limitations with regard to the use of authority by health service managers. The study has accordingly indicated which management competencies need to be addressed. It has also indicated the influence the strategy used has on the role played by registered nurses towards quality patient care.

It has also given a new direction for Health service management, education and research in the context of the radical transformational initiatives encapsulated within the 1997 White Paper on the Transformation of the Public Health Services and the recommendations of the 2001 Health Summit especially with regard to Batho Pele principles such as consultation and information giving.

When subordinates are involved there will be less dissatisfaction. It will also improve work motivation among registered nurses as well as boost their morale. Their self-esteem will also improve. There will be healthy working relationships between manager and registered nurses. The relationships will also be improved and subordinates will also be given opportunity to develop themselves.

It will further improve patient care as registered nurses will have a part to play in decision making and problem solving. This study will also reduce unnecessary absenteeism resulting from unhappiness at work. Cost containment will be maintained as result of less absenteeism. Resignation will also be minimised. As a result, skill and expertise will not be lost by movement of employees to other institutions.

## **5.6 LIMITATION OF THE STUDY**

The following limitations relate to the aspect of the study where by the research topic could have been enhanced. The study results will not be transferable to another setting hence phenomenological design was followed and the study has been conducted in one tertiary hospital in the Limpopo province as such the findings may not apply to other

hospitals that are not tertiary without conducting further studies in those hospitals since hospitals differ in size and management styles.

The study was conducted in an urban area; therefore registered nurses' perceptions may differ significantly with perceptions of registered nurses from rural areas. Some registered nurses were not willing to participate in this study for fear of victimisation by management for divulging information about management practices in their health care system especially because a voice recorder was used irrespective of the fact that confidentiality will be maintained. Others were not willing to give accurate information by just saying everything is fine, although majority told what they see and experience.

The population included registered nurses only. Bearing this in mind, the results might not be transferable to other categories of nurses even though during the interview the issues affecting lower categories were mentioned. The researcher experienced a technological problem whereby the first two interviews conducted was not found when trying to transfer the information to the backup system, even though the notes were there. The researcher had to go and start again with other registered nurses as the initial ones interviewed were on leave.

## **5.7 RECOMMENDATIONS**

The recommendations made are in line with overcoming the challenges that registered nurses are facing with regard to the health service manager's use of authority. These recommendations are based on the findings of the study and focus on the leadership style, communication and relationships at work, as well as professional development.

The findings of this study could contribute in giving direction for necessary changes in the practice of nursing and for policy makers.

### **5.7.1 Leadership style**

Nursing needs well-trained managers that will function independently and in the interest of nursing. The awareness created in this study suggests that the traditional method of appointing nursing leaders based on seniority and promotion is not the best approach. Factors such as trained leaders and administrators, interest and professionalism should

be considered in appointing health service managers instead of the traditional long service or seniority.

The leadership style that health service managers implement should enhance job satisfaction among registered nurses and also give them a sense autonomy and empowerment. Health service managers should recognise registered nurses as they contribute to the smooth running of the institution, as well as towards goal achievement of the organisation. Strong leadership is essential for healthy health care work environments, for health care providers and for ensuring quality patient care. This will uplift the morale of registered nurses as well their self-esteem and pride in their work.

If nursing will continue to pursue its image as a noble profession successfully, then health service managers need to go beyond just being managers but become transformational leaders aimed at propelling their staff to provide quality, evidence-based practice.

### **5.7.2 Communication**

Communication forms the basis for healthy working relationships. In due recognition of this fact, health service managers are to establish effective communication channel with subordinates. Any change that has to be implemented has to be communicated in advance to subordinates so as to encourage them to participate actively towards that change. This also involves other Batho Pele principles outlined above.

Openness and transparency constitute some of the principles that health managers should employ rather than “management by surprise”. This will make each registered nurse feel as a valued part of the organisation important to the health service management. A consultative strategy will also motivate registered nurses in improving the management of the institution as they are trained in various institutions and possess brilliant ideas. The institution need to improve when coming to advertisement of post as well as recruitment through use of open door policy. Future research should contrast these perceptions with those of other categories. Other problems that were mentioned in this study that were not discussed in detail such as performance management system warrant investigation through research.

### **5.7.3 Relationships at the workplace**

Several studies indicated that relationships at work play a vital role in the life of employees especially with regard to job performance. This is supported by the study conducted by Mokoka et al (2010:4) who cited that nurses intend to leave the institution result from destructive relationships and lack of respect from supervisors.

According to a study that was conducted by Cai et al (2011:143), management should create an environment for work effectiveness by providing employees with access to information and support this will further reduce absenteeism among health care professionals.

### **5.7.4 Professional development**

Openness to the experienced personality is one aspect that health service manager should allow so as to enhance motivation and personal growth. Designing the job to provide opportunities for growth also has a motivating attribute to nurses. Health service managers should create avenues for nurses and assist them in the area of self-development rather than being a stumbling block.

## **5.8 CONCLUDING REMARKS**

Registered nurses could play a vital role in management area of the unit. For this prospect to be realised, they have to be involved in decision making as these will even reduce the work-load of health service managers. Authority and power are important variables in the management of units and opportunities to lead organisations effectively will further improve the quality of care that nurses have to provide across all categories of nurses.

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DPSA see Department of Public Services and Administration.

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## **LIST OF ANNEXURES**

## **Annexure A**

**Ethical clearance certificate from Unisa**

## Annexure A: Ethical clearance certificate from Unisa



**UNIVERSITY OF SOUTH AFRICA  
Health Studies Higher Degrees Committee  
College of Human Sciences  
ETHICAL CLEARANCE CERTIFICATE**

**HSHDC/317/2014**

Date: 19 February 2014 Student No: 3063-866-6  
Project Title: The perception of professional nurses with regard to authority in the workplace.  
Researcher: Maake Makgotlo Thalitha  
Degree: MA in Nursing Science Code: MPCHS94  
Supervisor: Prof ZZ Nkosi  
Qualification: PhD  
Joint Supervisor: -

**DECISION OF COMMITTEE**

Approved

Conditionally Approved

Prof L Roets  
Chairperson: Health Studies Higher Degrees Committee

*L. Roets. (Signature)*

*C. Moleki*

Prof MM Moleki  
Academic Chairperson: Department of Health Studies

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRIES

## Annexure B

Letter of request to Department of Health in Limpopo

**Annexure B: Letter of request to Department of Health in Limpopo**

BOX 4437

POLOKWANE

0700

31 March 2014

The Department of Health Ethics Committee  
Private bag X9302  
POLOKWANE  
0700

Sir /Madam

**REQUEST TO CONDUCT RESEARCH IN PIETERSBURG HOSPITAL: THE PERCEPTION OF REGISTERED NURSES WITH REGARD TO AUTHORITY IN THE WORKPLACE**

I hereby request permission to conduct research study to determine the perception of registered nurses with regard to authority in the workplace at the above mentioned Hospital.

I am a registered nurse working in the same hospital and have registered with the University of South Africa (UNISA) for Master's degree in health studies (Ma Cur).The supervisor for the study is Prof ZZ Nkosi (UNISA).

The recommendations of the study may help to increase pride of registered nurses in their work, motivate them and boast their morale as well improve quality of care rendered. Attached is the approved research proposal, Clearance certificate and the consent form.

Yours faithfully

**Maake Makgotlo Thalitha**

## **Annexure C**

Permission letter from Department of Health in Limpopo

## Annexure C: Permission letter from Department of Health in Limpopo



**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

### DEPARTMENT OF HEALTH

Enquiries: Latif Shamila

Ref:4/2/2

Maake MT  
University of South Africa  
P.O. Box 392  
UNISA  
0003

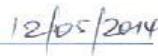
Greetings,

**Re: The perception of professional nurses with regard to authority in the workplace.**

1. The above matter refers.
2. Permission to conduct the above mentioned study is hereby granted.
3. Kindly be informed that:
  - Further arrangement should be made with the targeted institutions.
  - In the course of your study there should be no action that disrupts the services.
  - After completion of the study, a copy should be submitted to the Department to serve as a resource.
  - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.

Your cooperation will be highly appreciated.

  
\_\_\_\_\_  
Head of Department

  
\_\_\_\_\_  
Date

## Annexure D

Letter of request to Pietersburg ethics committee

**Annexure D: Letter of request to Pietersburg ethics committee**

BOX 4437  
POLOKWANE  
0700  
16 May 2014

Pietersburg Hospital Ethics Committee  
Pietersburg Hospital  
Private Bag 9316  
POLOKWANE  
0700

Sir/Madam

**APPLICATION TO CONDUCT RESEARCH IN PIETERSBURG HOSPITAL**

I hereby request permission to conduct research study to determine the perception of registered nurses with regard to authority in the workplace at the above mentioned Hospital.

I am a registered nurse working in the same hospital and have registered with the University of South Africa (UNISA) for Master's degree in health studies (Ma Cur).The supervisor for the study is Prof ZZ Nkosi (UNISA).

The recommendations of the study may help to increase pride of registered nurses in their work, motivate them and boast their morale as well improve quality of care rendered. Attached is the approved research proposal, Clearance certificate and the consent form.

Yours faithfully

**Maake Makgotlo Thalitha**

## Annexure E

Permission from Pietersburg ethics committee

## Annexure E: Permission from Pietersburg ethics committee



**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

**ETHICS COMMITTEE  
CLEARANCE CERTIFICATE  
UNIVERSITY OF LIMPOPO  
POLOKWANE MANKWENG HOSPITAL  
COMPLEX**



**PROJECT NUMBER** : PMREC – 81/2014

**TITLE** : The perception of registered nurses with regard to authority in the workplace

**RESEARCHER** : Ms Maake MT

**ALL PARTICIPANTS** : N/A

Supervisor : Prof ZZ Nkosi

**DATE CONSIDERED** : 06 May 2014

**DECISION OF COMMITTEE**

- Approved

**DATE** : 30 May 2014

**PROF A J MBOKAZI**  
Chairperson of Polokwane Mankweng  
Hospital Complex Ethics Committee

**NOTE:** The budget for research has to be considered separately. Ethics committee is not providing any funds for projects.

## Annexure F

Letter of request to Pietersburg chief executive officer  
and nursing service management

**Annexure F: Letter of request to Pietersburg chief executive officer and nursing service management**

Box 4437  
POLOKWANE  
0700  
17 June 2014

The Chief Executive Officer  
Pietersburg Hospital  
Private Bag 9316  
POLOKWANE  
0700

Sir/Madam

**APPLICATION TO CONDUCT RESEARCH IN PIETERSBURG HOSPITAL**

I hereby request permission to conduct research study to determine the perception of registered nurses with regard to authority in the workplace at the above mentioned Hospital.

I am a registered nurse working in the same hospital and have registered with the University of South Africa (UNISA) for Master's degree in health studies (Ma Cur).The supervisor for the study is Prof ZZ Nkosi (UNISA).

The recommendations of the study may help to increase pride of registered nurses in their work, motivate them and boast their morale as well improve quality of care rendered. Attached is the approved research proposal, Clearance certificate and the consent form.

Yours faithfully

**Maake Makgotlo Thalitha**

## **Annexure G**

**Permission from Pietersburg chief executive officer  
and nursing service management**

**Annexure G: Permission from Pietersburg chief executive officer and nursing service management**



**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

PIETERSBURG HOSPITAL

To : Maake MT

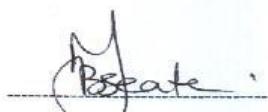
From : Office of the CEO

Date : 30 June 2014

**RE: REQUEST FOR PERMISSION TO CONDUCT A RESEARCH**

1. Your letter dated the 17<sup>th</sup> June 2014 has reference.
2. Approval is hereby granted to carry out your research within the hospital you are required to submit a copy of your report upon completion of the research.

Hope you will find this in order.



---

Mr TB Seate

CEO – Pietersburg Hospital

## Annexure H

Informed consent to participants

## **Annexure H: Informed consent to participants**

### **CONSENT FORM: RESEARCH PROPOSAL FOR MASTERS DEGREE**

**TITLE: THE REGISTERED NURSES'S PERCEPTION WITH REGARD TO USE OF AUTHORITY BY HEALTH SERVICE MANGERS IN THE WORKPLACE**

**RESEARCHER: MAAKE MT**

Purpose of the study is to explore the registered nurse's perception with regard to authority in Pietersburg hospital which is a tertiary institution in Limpopo province Capricorn district. You are humbly requested to participate in the research study mentioned above. The study will benefit the nursing personnel, patients and the health service as well as the management.

No payment will be offered for participation in the study and your participation is voluntary and you are under no obligation to participate. The researcher will try by all means to ensure that no harm will be occurring during the process of your participation physically, psychologically and emotionally. The reason you are chosen is because of your availability by working in the Pietersburg hospital. Your name will not appear in any of the records, reports and voice recorder. The study will be conducted through individual interview in a private place or office to maintain privacy and a voice recorder will be used that will assist during data analysis. You are allowed to seek second opinion with regard to participation in the study, and you also have the right to withdraw at any time without paying any penalty. The study and its procedure will be approved by the Research ethics committee of the department. The researcher will be ready to answer any question that you might have. The study data will be kept confidential and the information may be used in nursing publications or presentations. The study participant will be registered nurses who are between 25 and 45 years.

**Signature of the participant .....**

**Date.....**

**Signature of the witness .....**      **Date.....**

**Signature of the researcher.....**

**Date.....**

## Annexure I

Research question

## **Annexure I: Research question**

### **RESEARCH QUESTION**

What are the perceptions of registered nurses with regard to authority by health service management in the workplace?

## Annexure J

Interview transcript

## **Annexure J: Interview transcript**

### **INTERVIEW TRANSCRIPT**

#### **INFORMANT NO 5: PEADS MEDICAL**

I: For how long have you been working in this institution?

P/M: For more than twenty years.

I: Have you ever been in a managerial position?

P/M: So I believe you are the right candidate for the study because I want to know as a registered nurse, how do you perceive the use of authority in order to lead and influence the subordinates?

P/M Can you come again?

I: I want to know from you how do see the use of power or authority being implemented?

P/M: Hmm the use of power is not democratic.

I: What do you mean when you say it is not democratic?

It is not democratic because every decisions making they are doing they don't involve us especially the managers they are not involving us. They can come to us for an example with something like they are looking for input but when we are giving input, later you may find out that they have already made their own decision.

I: Do you want to tell me that they just camouflage coming to you saying we want inputs and later on these inputs are not taken into consideration?

P/M: Yes

I: Uhhm Ok how do you find this, how do you feel about this situation?

P/M: This is I don't know, what can I say, they are just destroying us.

I: They are destroying you?

P/M: Uhhm and then, they just in another language I can say they are tossing people around without without.....they don't have feelings. We cannot work in that spirit. We are not happy at all because if may be for an example we are the one working in the unit and they come with off-duties (ke gore/ it means) for an example they come with their own things without consultation or without talking to us first, for example we had a problem with the off-duties and the rotations, they did not talk to us firstly; they just do things on their own we follow whether you like it or not as long as you are a nurse.

I Ok in others words do you want to tell me that they don't respect your feelings as individual or as a person they don't mind how you feel?

P/M: Yes they don't bother about our feelings. For an example one day we had the later last year, they forced us to do the so called audit; and then they shifted the date we knew that we were supposed to do it on Monday they decided to do it on Thursday. That day when we were supposed to do the audit our managers went for a party instead of doing those things .Later on that day they came to us and told us that today you are going to do an audit; and by that time it was late, there were no staff because people were going out because it was Thursday and the following day it was a holiday and that day it was just horrible. We tried to sit down with them and show them the reasons but they did not want to understand. They said as long as you come you continue.

I: Uhhm uhhm uhhm .Ok do you think the way they apply this affect your performance?

P/M: A lot especially when rendering patient care.

I: In which sense does it affects your performance?

P/M : Yes for example if somebody can come and tell you that today you are going to work in another ward even if you talk to them they just say as long as you are a nurse you must go and relieve even if you do not know the ward. For example a practical one, one day I was working in this unit on night duty when I come I just found my name on the

board saying you are going to relieve in ward what-what without contacting me first; and that thing was not nice on my side and because I didn't know what to do I tried to contact them but no one was interested. And they told me that if you are not going there is leave without pay so I was not having any choice I just went there and my spirit was very down. I did not know that unit especially in the evening as a sister you must do a lot of things you must manage; supervise how you can supervise people who know their ward than you.

I: After that incidence what did you do about it?

P/M: After that I went to my manager and asked her why did you do these and I was very angry and emotional I did not do it in private I just started talking because I was very much angry. I just told myself that there is no privacy because instead of talking to me first I just found my name on the board. When she told me that the way I am talking to her is not nice I told her you started first by putting my name on the board is just the same. What I want to see happening is if they can use an open door policy because most registered nurses have got a say in decision making not only for specific people.

## **INFORMANT NO 7: MALE MEDICAL WARD**

I: How do you feel about how things are being done especially with regard to the use of authority to control, you lead you; empower you and influence you in this institution?

R7/M: Eehhe there is a lot of abuse of power and authority in this institution because in most cases the management takes decision about us without consulting us?

I: You say there is abuse of power

R7/M: Ja /yes

I: Do you really mean that the way management is doing things they don't involve you at all?

R7/M: Yes that is what I am trying to say, that is what is happening in this institution.

I: Uhhm

R7/M: Ja /yes there is no openness and transparency.

I: No openness and transparency? So when you say there is no openness and transparency do you mean that you just see things happening in your eyes but you don't have information about them?

R7/M: For example if there is something that involves all nursing categories all over the Province e.g. uniform allowance, we just hear from colleagues from other institutions that on the so and so date we are going to get money for a uniform or see the money without being informed what is it for. No formal notice and they don't involve us at all. We just see the money coming not knowing for what. If they were fair enough they should have send us a circular to say that on so and so you are going to receive money for uniform allowance.

I: Ok how do you feel about that, the way the hospital is being run or the way authority is being utilized?

R7/M: Eehhe I am not feeling happy at all. Most of my colleagues have left the institution because they were not happy and they are working in other provinces now because of lack of openness from the management of this institution?

I: Do you want to tell me that your colleagues as you have mentioned have left this institution because they were not happy about how things are being done?

R7/M: Yes.

I: Was there no other means that they could have done to consult those in power to say this and that we are not happy about?

R7/M: Even if you can tell them about you not being happy they are not prepared; they will just receive your letter and nothing happen to them.

I: Nothing will happen.

R7/M: Ja/yes. Like recently there were other nurses who were supposed to go for a study leave and their study leave were approved, unfortunately when they arrive there they found that our institution did not arrange well and they were returned back. The management did not do anything like sort of redress to say people we are sorry.

I: Ok so do you think the way you are feeling and the way you see things being done, does it really affect your performance as an individual with regard to rendering of patient care?

R7/M: Yes we are not happy at work because the management is the one who are supposed to look after us but they are not doing anything to please the staff. Whatever decision they take even if the staff is against it you either take or leave it or you go or you follow the rules. And this we feel is killing the patient care.

I: Is it ok and what else may that you can tell us about the way things are being done?

R7/M: Ja/yes even the lower categories eeeh are not allowed to do part time studies in this institution.

I: No you can't tell me that.

R7/M: Yes I am telling you mam.

I: They are not allowed?

R7/m: Ja /yes they are not allowed .After completing their studies wherever they were doing their studies when they come back, management threaten them that we are going to investigate how did you managed to have this while you know very well gore/that you are not allowed to do part time studies.

I: So in this regard was there a situation whereby the people who are involved has to raise this complain with the management?

R7/M: Yes

I: What did the management say about that?

R7/M: The management said nothing about it.

I: Say nothing?

R7/M Ja/yes

I: Ok have there ever may be a policy that says you are not allowed to do part time studies I don't understand that I just want to know?

R7/M: There is no policy; there is no policy which says you are not allowed to do part time studies.

I: Uhhm!!!

R7/M: Yes it just comes from their mind and they have never consulted nurses to tell them that you are not allowed to do part time studies.

I: Uhhm!!!

R7/M/ People go to other institutions to do part time studies when they come back the management refuse to give them post.

I: Ok uhhm really I wonder how this people are feeling about it if you really you know your study leave has been approved ,you were supposed to go and develop yourself; you were supposed to be doing part time studies and management becomes a stumbling block how really are these people feeling; are they productive.

R7/M: Eeeh you know psychologically they are affected and it even increases absenteeism because they are not happy at work and the management did not organize any form of counseling for these people because they went there, they bought new things, kettles, stoves, irons bla- bla- bla-/ etcetera but when they came back management just kept quiet as if nothing happened.

I: Uhhm!!!

R7/M: This is what is happening in this hospital. The type of management is very much poor.

I: What role do you play when it comes to policy making?

R7/M: In case of policies we just follow what the policy is saying because if you don't they will threaten you that it is misconduct.

I: Do want to tell me they can say is when you are not happy about the decision they have made is misconduct?

R7/M: Ja/Yes according to them.

I: Uhhm!!!

R7/m Ja/Yes things are not going well.

I: Okay so in your unit may be I will come back to you, do you have immediate supervisor?

R7/M: Yes.

So in that case how do you go about with your immediate supervisor especially when you come across the challenges you have been mentioning of not going to part time studies not being able to go for a study leave because of one, two three .What role is your immediate supervisor playing with regard to that?

R7/M: Eeeh she will just inform senior.

I: Uhhm!!!

R7/M: Again in the boardroom where the management sits that is where the decision will be taken and to be honest with you eeeh the decision they are going to take there will not favour you as an employee.

I: Uhhm!!!

R7/M: Ja/Yes is going to favour the management.

I: Really

R7/M: Yes.

I: So how do they really expect you as an employee to perform well really when you are not happy?

That system of management is very much poor as I said before they don't care about the employees, they don't care if you do not want to follow what they do they tell you, you better go if you want.

I: Uhhm!!

R7/M: Ja/Yes.

I: So maybe I am coming to you specifically now, why can't you go asana individual if you are not happy at work?

R7/M : Eeeh I cannot go because I am staying around.

I: Okay

R7/m : If I was from Sekhukhune I was going to go to Sekhukhune district but because I am from local I can't go.

I: Okay

R7/M: Ja/Yes with the off-duties at least the immediate supervisor sometimes takes the decision which favours the staff.

I Okay

R7/M: Ja/Yes

I: So

R7/M: You know we don't experience many problems with the immediate supervisor and the management is not happy with her concerning that.

I: Okay you don't have problem with the immediate supervisor.

R7/M: Yes the problem is with the management.

I: Are you telling me that the immediate supervisor is trying her or his level best to advocate for the staff?

R7/M

I: Okay how does the management takes it upon her in that case?

R7/M: No they are not happy they even tell her that she favours the staff.

I Uhmm --Jaa

R7/M: Ja/Yes is terrible. And there is this thing called PMS where-by an employee is getting performance bonus.

I: Okay

R7/M: With this one your supervisor can rate you but they are going to be moderated by the management who will reduce your score without consulting you.

I: Reduce your score!!!

R7/M: Ja/Yes

I: Come on-- come on

R7/M: This is what is happening here at Polokwane provincial hospital.

I: After they have reduced your score do they come back and tell you the reasons

R7/M: No-- no they don't , they don't.

I: How do you know that they have reduced your score?

R7/M: Eeeh we know because of labour, the unions.

I: What are the unions doing now?

R7/M: You know the unions encourage people to strike if things like this are happening. But because of this thing of leave without pay people are no longer interested because they know that if they can go to strike they will not get money, and the management are aware of that and know that this are our people they are going to hear from us.

I: Uhhm!! Okay.

R7/M: Ja/Yes.

I: One other thing just i want to find out from you, do ever hold meetings as registered nurses where you come together and discuss your problems that you come across in you different units?

R7/M: Yes

I: After that meeting what will be the outcome?

R7/M: During such meetings one person from the management are available and we will raise our issues but I am telling you nothing is going to happen about those issues.

I: When you say nothing is going to happen about those issues what do you mean, do you mean they will just keep those problem or what?

R7/M: They will just discuss those problems at management level and they will do nothing. For example if we want to wear a T-shirt on Wednesday or clinic days they won't allow you, they won't they won't allow you to do that.

I: Okay so.....

R7/M: Ja/Yes they even taken the nurses' home it is occupied by other people not nurses in this hospital.

I: Okay was there any chance may be you as registered nurses decided that you want to see the management coming to our level that we want to talk to them because you say when you have a meeting, there will be some representative but those representative will take the matter but nothing is coming out?

R7/M: But they don't come

I: They don't come?

R7/M: Ja/Yes.

I: What could be the reason?

R7/M: Because they know that what they are doing is not fair.

I: Uhhm!!

R7/M: You complain, you can even write a letter to them they won't come.

I: Uhhm!! Okay so what do you want to see happening or how do you want to see authority being utilised in this hospital?

R7/M: They must just change all of them the management.

I: Change what, their behaviour?

R7/M: They must all go for pension.

## **INFORMANT NO 2: SURGICAL WARD**

I: How long have you been working in this hospital?

R2/S: Eleven years.

I: Have you ever been in a managerial position?

R2/S: No .I have never acted or be in an acting position.

I: Okay it means that you are the right candidate for the study. So from your experience

Since you have been working here for such a long time, how do you find authority being used in this hospital?

R2/S: Eeeh in this hospital the managers do not involve us in decision making.

I: Uhhm!!

R2/S: Whenever they need to implement things, they just do on their own.

I: Okay.

R2/S: As an employee if you, for an example they want us to wear white Monday to Friday, they just tell us.

I: Uhhm.

R2/S: They don't call us and ask if we are comfortable or not.

I: Okay how do you feel about that?

R2/S: Aahh ( followed by laughing) they are demoralising us.

I: Okay.

R2/S: Uhhm because we are the ones who must implement that thing, they must tell us. They have to know from us if we can cope with that situation.

I: Okay. So in that way do you think the way they are operating does it affect your performance here at work.

R2/S: It does.

I: It does how?

R2/S: Uhhm I will talk based on examples, let say for an example the nurses were suppose to go to school.

I: Okay.

R2/S: Eeeh later in March they were told that they are going to school the day before, let say on the 30<sup>th</sup> they were told that they must pack their things and on the first they will be leaving, so that thing it affects us because I have a family, I have kids and I have to tell my family where I am going.

I: Uhhm!! Uhhm.

R2/S: Yes, It affects us physically and emotionally. I cannot study whereas I know I have left my kids alone.

I: Okay.

R2/S:

I: So when you look the way they did how did you expect them to have told you may be?

R2/S: May be they should have told us two months back so that I can prepare.

I: Uhhm

R2/S: Eeeh.

I: Okay so I understand what you are saying, so now when coming to patient care there some policies and regulations that regulate our practice, in that case how do they operate?

R2/S: I think they should involve us in every decision that they take.

I: Uhmm.

R2/S: Because they are not the ones to implement that policy, we are the ones who implement the policy; so they have to call us, we have a meeting they have to call auxiliary nurses, all the staff nurses, professional nurses, other team members and the policy makers.

I: Okay.

R2/S: They have to know what we want and what we do not want.

I: Okay so what you are trying to tell me is that when they are making policies they don't involve you?

R2/S: No they don't involve us.

I: And if the policy does not suit you what do you do or how do you go about in that case?

R2/S: We have got no choice we just implement it that thing as they just tell us what to do.

I: They just tell you what to do and you will be implementing that thing being very happy.

R2/S: "laughs" No.

I: Okay so maybe I may ask since well you said you have never acted or ever be in a managerial position, in such a situation like that how do you want to see things being done , let say I put you in the position of a manager how are you going to do things?

R2/S: I think I have to be led by the employees.

I: Uhhm.

R2/S: The decision that they make must guide me what to do ,not that I must come up with the solution and tell the employees that here is a thing that you have to do .I have to know what the employees want.

I: Do you mean when you say the employees must be the ones guiding you on how things are going to be done, do you want to tell me that you need to listen to subordinates (*interrupted*)

R2/S: No I think I have to involve them in decision making.

I: What impact ill it have on you as subordinates , as now I am taking you back to be a subordinate , how will it affect you?

R2/S: I think the performance will be high because it will be the thing that they need and they will be participating freely.

I: Uhhm

R2/S: Uhhmm

I: Okay I understand what you are saying. Right now do you think things can change for the good looking at the way things are being done presently?

R2/S: I don't think so.

I: you don't think so what should be done then?

R2/S: We have to be involved in decision making.

I: That will make things to really change?

R2/S: Yes.

I: When you have your meetings as registered nurses from different units discussing about the challenges, what are the outcome?

R2/S: Unfortunately I have never attended such a meeting.

I: Why are not attending?

R2/S: May I will be off.

I: What will be the report from those who have attended?

R2/S: For example may be they will be talking about the nursing process, then after two months the results will be the same. There will be no change.

I: Uhhm so in that way do you want to tell me that may be the things that are discussed they do not bring positive change?

R2/S: They are even demoralising the staff.

I: Uhhm!! Uhhm!! Uhhm, okay alright I don't have much to say about this .Thank you so much for your time.