COMPARATIVE STUDY ON KEY FACTORS WITHIN THE ROLES AND FUNCTIONS OF PROFESSIONAL NURSES WORKING IN DIFFERENT NURSING UNITS

by

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DECLARATION

I declare that:

Comparative Study on Key Factors within the Roles and Functions of Professional Nurses working in Different Units

is my own work and that all the sources I have used or quoted, have been indicated and acknowledged by means of complete reference and that this work has not been submitted before for any other degree at any other Institution.

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Comparative study on key factors within the roles and functions of professional nurses working in different nursing units.

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The aim of this study was to determine the key factors within the roles and functions of professional nurses working in different nursing units with the purpose for motivation for their compensation in accordance with their performance. A comparative, descriptive design was employed.

Findings reveal that the professional nurse’s roles and functions in the different units show that there are some significant differences regarding certain activities while differences pertaining to other activities were not significant. However, there were factors which were subjected to a number of limitations during the study.

Apart from the significant differences, it thus appears as if the roles and functions required of professional nurses working in the three disciplines do not vary much in content and intensity.

From the findings of this study, it therefore, does not appear as if paediatric professional nurses have a valid reason for expecting additional monetary rewards in view of their roles and functions.

Key concepts:

Comparative, roles and functions of registered nurses, Peromnes factors, paediatric, intensive and surgical units.
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CHAPTER 1

GENERAL INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 INTRODUCTION

The aim of the study is to compare the key factors within the roles and functions of professional nurses working in different nursing units i.e. intensive care unit, surgical and paediatric nursing units. The purpose is to investigate if compensation is in accordance with their performance.

This chapter provides the general introduction and background to the study, the problem statement, the purpose of the study, significance, definitions of key concepts and outline of the study.

1.2 BACKGROUND TO THE PROBLEM OF THE STUDY

The problem was identified through common complaints made in the hospital by professional nurses working in paediatric nursing units that they are not receiving remuneration in accordance with the activities they carry out in their daily routine. According to their complaints, they felt that they were rendering many activities, which were over and above their actual job description in comparison with other professional nurses working in, for instance, a surgical or intensive care unit.

The three mentioned disciplines will be used in this study since the professional nurses in paediatric units saw themselves as the disadvantaged group compared to professional nurses working in intensive care units who were receiving more compensation than they were in the form of a regular allowance, while the activities in both the intensive care and paediatric units require constant monitoring and close observation of patients. Surgical units were identified as a reasonable measure against which to compare the activities of professional nurses working in the different units. Nurses working in the surgical units receive no additional remuneration for their daily professional activities.

The nature of over and above activities adds to the professional nurse’s in paediatric unit’s complaints. The duties, which, according to them are over and above their normal nursing duties, include caring for children with conditions that affect their emotional, psychological and physical well being in their daily lives. These include caring for helpless children such as children with cerebral palsy, HIV/AIDS infection as well as feeding and rumination disorders.
They are also involved in nurturing, mothering, safeguarding children against medico legal risks or hazards and reporting of child abuse. They often have to work overtime because of these occurrences. Often paediatric patients suffer from both physical and emotional trauma, sexual abuse and/or neglect. Contacting authorities to report the administration of drugs and alcohol to children are other aspects, which add to the extended workload of the paediatric nurse.

All these activities, according to them, warrant additional/extra remuneration to what they are receiving at the moment. As a result of the above-mentioned complaint, professional nurses in the identified paediatric units were no longer rendering patient care of desired standards.

Generally they attributed their failure to provide adequate patient care to the fact that they have an excessive workload and insufficient staff without the necessary strength to render effective service, and because of not being compensated in relation to their performance, they felt demotivated.

Paediatric nurses were of the opinion that they were doing more than what was required of nurses in general wards. They felt, if intensive care unit and theatre nurses could be compensated for the additional life saving services they render, they should also receive additional remuneration or rewards in the form of a subsidy or allowance. Therefore, they appear to be demoralised which lead to an increase in absenteeism, high staff turnover and a poor organisational climate because they felt that they were also working very hard and did not receive adequate recognition.

The decision was taken by the researcher to compare the tasks and responsibilities of professional nurses working in the paediatric nursing unit with the tasks and responsibilities of other professional nurses, for instance in intensive care and surgical units to determine whether the professional nurses working in paediatric nursing units deserve additional compensation. According to the observation of the researcher, an investigation of the matter is essential to determine whether the concern of professional nurses in the paediatric nursing unit is valid or not (Manase 1988:1-3).

1.3 PROBLEM STATEMENT

Professional nurses in the paediatric nursing unit describe themselves as the group who is not receiving sufficient remuneration in relation to their required tasks and responsibilities. They are responsible for the care of young helpless or totally dependent children, nurturing, mothering, reporting abuse, even after working hours. They often have to work overtime because of these occurrences, holding and safeguarding children against risks. They consider all these duties as a group of activities that is over and above their normal daily nursing duties.
For this reason, they feel that additional compensation should be given to them. Normally professional nurses of any ward/unit are responsible for patient care, ward management, teaching of staff, patients and relatives and doing research in the relevant field. Professional nurses are, thus, considered to be the kingpin around whom the total functioning of the ward revolves.

The paediatric professional nurses accept this. They do, however, feel that taking care of children places a constant heavier burden upon them than for instance, the activities required from professional nurses working in a medical or surgical ward.

Professional nurses in paediatric nursing units are concerned that they are not remunerated in accordance with the additional tasks required of them. They feel that in addition to rendering patient care; they are helping with many activities that are not contained in their job descriptions as compared with other professional nurses from other units in a health service (Behrman & Khgeinan 1994:7-9). Therefore, the functions and additional roles expected from professional nurses working in different nursing units form the basis of this study.

Factors contributing to the workload such as extra activities and additional compensation received by some groups of nurses such as intensive care and theatre nurses, appear to negatively affect the views and morale of professional nurses working in paediatric nursing units.

1.4 RESEARCH QUESTIONS

The following research questions arose from the preceding discussion:

- What are the roles and functions that professional nurses in paediatric nursing units should display in order to safeguard and care for children?

- How does the roles and functions that are expected from professional nurses in paediatric units compare with those of professional nurses working in intensive care and surgical units?

- What is the effect of the possible discrepancies between the compensation received by professional nurses working in the three different units on the morale/attitude of the professional nurses working in paediatric units?

- Is the concern of professional nurses working in paediatric nursing units justified in relation to their view that they are under remunerated for all the extra input they need to make in the care of children?
1.5 THE OBJECTIVES OF THE STUDY

The objectives of the study are to:

- Determine the roles and functions professional nurses in paediatric nursing units need to carry out in their daily caring of children.

- Compare the roles and functions of professional nurses working in paediatric units with those of professional nurses working in intensive care and surgical units.

- Determine possible effect of the perceived discrepancies between the compensation received by professional nurses working in the three different units on the morale of professional nurses working in the paediatric unit.

- Determine if there is a valid reason for professional nurses working in paediatric units to feel that they deserve additional remuneration when comparing their functions and roles with other professional nurses working in intensive care and surgical units.

1.6 SIGNIFICANCE OF THE STUDY

This research is significant to the nursing profession since a comparative study may show differences in the relative worth of jobs in relation to salary scales and additional remuneration in the different nursing units among professional nurses. Thus the result could be brought to the attention of the authorities to support and motivate for a possible allowance for professional nurses working in the paediatric nursing units (Polit & Hungler 1995:47).

1.7 THEORETICAL FOUNDATION OF THE STUDY

This includes assumptions on which the study is based as well as a theoretical framework that will serve as a framework for the study.

1.7.1 Assumptions

According to Chinn and Kramer (1991:108) assumptions are defined as underlying "truths" that determine the nature of concepts, definitions, purpose, relationship and structure. Assumptions are statements that are taken for granted or are considered true, even though these statements have not been scientifically tested. Assumptions are imbedded in thinking and behaviour and uncovering these assumptions requires introspection. Sources of assumptions are universally accepted truths, theories, previous research and nursing practice (Burns & Grove 1993:45-46).
This study is based on the following assumptions:

- The roles and functions of professional nurses in ICU and paediatric units are similar because they both render life saving services to helpless patients.

- The discrepancies between the compensation received by professional nurses working in ICU and paediatric units affect the attitude/morale of nurses in the paediatric nursing unit negatively.

- Dissatisfaction with their work situation and the need for more monetary rewards will motivate nurses to look for other work (Botes 1994:8).

1.7.2 Theoretical framework

Chinn and Kramer (1991:125) define theory as a creative and rigorous structuring of ideas that projects a tentative, purposeful and systematic view of phenomena. The general purpose of a theory is to specify the context and situations in which the theory applies.

The researcher decided to use the motivational theory of Frederick Herzberg as a framework for this study as well as the key factors of the Peromnes job evaluation method, because these factors can form the basis for comparing the roles and functions of different groups of professional nurses.

1.7.2.1 Theory of Herzberg

Herzberg’s theory accepts that money has a certain influence on the performance of employees. On the symbolic value of money, Herzberg points out that employees can be perfectly happy with their salaries until they learn that another employee with the same qualification, skills, experience and training receives more money than they do. This knowledge makes them dissatisfied because they feel that their colleagues receive recognition through monetary rewards and the same rules do not apply to them (Newström & Davis 1997:450).

The monetary reward received by employees is a package consisting of salaries or wages and fringe benefits such as medical aid schemes, insurance, holiday bonus, sick leave and housing schemes.
According to Herzberg, worker motivation could be accomplished by two factors, namely hygiene factors and motivating factors.

**Hygiene factors** include such things as working conditions, salaries and fringe benefits. This minimizes dissatisfaction and it also helps to keep people in the institution, but it does not lead to high levels of motivation or better performance.

**Motivating factors** include the intrinsic worth which the job itself holds for the employee, including responsibility, achievement and self-actualisation.

According to Daft (2000:540), adequate pay acts as a motivator, whereas a low salary promotes job dissatisfaction and is thus a hygiene factor.

Money, therefore, undoubtedly plays a role in motivation; money does not motivate, but moves a person to achieve a goal in order to obtain the reward. Herzberg’s two factor theory states that extrinsic rewards such as pay, benefits, working conditions or company policies do not motivate people, they merely bring performance to an acceptable level and leads to a state of no dissatisfaction.

Robins (1996:215) agrees that motivated people perform at levels that are higher than the acceptable standards.

Intrinsic rewards such as responsibility, growth opportunities and challenging assignments motivate employees to high levels of performance, however, a reward system must meet certain requirements in order to be fair and accepted. The following applies:

- Employees must be convinced that increased remuneration is the result of high performance.
- Employees must know that rewards other than money are also associated with high performance.
- Herzberg’s hygiene factors must be satisfied.
- Employee’s rewards must be comparable to rewards paid for similar work by the organization and by other organizations (Gerber, Nel & van Dyk 1998:254).
Too low rewards can have considerable negative results. If nurses are dissatisfied with their remuneration, this may result in low performance, strikes and grievances.

Dissatisfaction and the need for more money may also push the nurses to look for other work. Symptoms of dissatisfaction with remuneration in the paediatric unit manifest themselves, among other things, in an increase in absenteeism among staff members, high staff turnover and a poor organisational climate because staff is not happy with the circumstances in their unit.

It is evident that individual nurses have various needs, such as a need for more pay, better working conditions, safe security or a need for advancement, which they satisfy in various ways. Therefore, as far as possible, the remuneration system of an organisation must make provision for satisfying the individual work-related needs (Gerber et al. 1998:256-277).

According to Herzberg, the factors leading to job satisfaction are separate and distinct from those that lead to job dissatisfaction. Therefore, the opposite of satisfaction is not dissatisfaction. Removing dissatisfying characteristics from a job does not necessarily make the job satisfying.

Herzberg proposed that there is an indication of the existence of a dual continuum: The opposite of "satisfaction" is "no satisfaction" and the opposite of "dissatisfaction" is "no dissatisfaction". Therefore, managers who seek to eliminate factors that create job dissatisfaction can bring about peace, but not necessarily motivation. They will be placating their workforce rather than motivating them (Daft 2000:540; Robins 1996:216-217).

1.7.2.2 Peromnes factors of job evaluation

The Peromnes method contains a point system which evaluates jobs according to eight identified compensable factors such as problem solving, consequences of judgements, pressure of work, knowledge required, job impact, comprehension, understanding, educational qualifications and further training or experience. The Peromnes factors evaluate and score jobs in terms of the above-mentioned factors.

Factors 1 to 6 are job content factors, while 7 to 8 are job requirement factors. Factors 1 to 8 will be used for comparing the roles and functions of registered nurses working in different nursing units (Carrell, Elbert, Hatfield, Grobler, Marx & van der Schyff 1998:195-199).
1.8 DEMARCATION OF THE STUDY

The study will be directed at professional nurses working in the following specific nursing units i.e. intensive care, surgical and paediatric unit in the identified three training hospitals.

The researcher decided to use the professional nurses working in the three units, that is Paediatric, ICU and Surgical units to compare their roles and functions because of the relevant job activities that are carried out by them and the dependency levels of the patients, and the similar requirements of the units because they need specialised staff. For example, paediatric units need nurses with Paediatric Nursing Science, ICU need intensive care trained nurses and Surgical Trauma Nursing while surgical units in the three hospitals which are used in this study are considered a general ward with high care patients who require nursing expertise in terms of aseptic technique.

1.9 DEFINITIONS OF THE KEY CONCEPTS OF THE STUDY

The following definitions will prevail for this study:

1.9.1 Comparative study

A study that estimates and checks the similarity or dissimilarity of two or more things, one thing to another, in quality and quantity (Newström & Davis 1997:569).

1.9.2 Intensive Care Unit (ICU)

A hospital unit containing sophisticated monitoring devices and equipment. Critically ill patients who require close monitoring and critical intervention are admitted and cared for in such a unit (Freeman & O'Brien-Pallas 1998:37).

1.9.3 Job

All tasks carried out by a worker in the completion of his/her duties (Gerber et al. 1998:192).

1.9.4 Job analysis

An assessment that defines the job and the behaviour necessary to perform the job or tasks contained in the job (Gerber et al. 1998:67).

1.9.5 Job description

Statement of purpose, scope, responsibilities and tasks, which comprise a particular job (Gillies 1989:599).
1.9.6 Job evaluation

Job evaluation implies that the job worth can be measured and that employees in jobs with more responsibilities should receive more compensation. Jobs are compared in order to determine the monetary worth, so that a financial structure can be set up. This means looking at the content and requirements of jobs very carefully and giving each job a "value" so that it can be compared directly with other jobs (Carrell, et al. 1998:376).

1.9.7 Job specifications

The minimum skills, knowledge and abilities required to perform the job (Gerber et al. 1998:67).

1.9.8 Paediatric Nursing Unit

A hospital ward in which children from birth to twelve (12) years of age are admitted and cared for, these children may be suffering from conditions of both medical and surgical nature (Coovadia & Wittenberg 1999:77).

1.9.9 Peromnes

It is a Latin word meaning "through all". It is one of the methods of job evaluation: a point system that evaluates jobs according to the following eight identified compensable factors:

- problem solving, consequences of judgement, pressure of work,
- knowledge required, job impact, comprehension, educational qualifications and further training /experience (Carrell et al. 1998:379).

1.9.10 Professional

A person who engages in one of the professions, such as nursing, law or medicine and who is expected to behave in accordance with the code and ethics of such a profession (Chitty 1993:115; Tinarelli 2000:228).

1.9.11 Professional Nurse

Someone who is registered with the South African Nursing Council having completed the course for registration as a general nurse or midwife, registered as such under Section 16 of the Nursing Act no. 50 of 1978 as amended (South Africa 1978:5).
1.9.12 Surgical Unit

A hospital unit in which patients suffering from conditions requiring surgery, are admitted and cared for. The majority of the patients admitted will undergo surgical operations of a major or minor nature (Idvall & Rooke 1998:516).

1.10 OUTLINE OF THE STUDY

The rest of the study is organised as follows:

Chapter 2 reviews the relevant literature pertaining to Herzberg's motivational theory as well as the Peromnes's factors on job evaluation, roles and functions of professional nurses in the paediatric, intensive care and surgical units and the attitudes and morale of professional nurses.

Chapter 3 discusses the research design and methodology adopted in this study.

Chapter 4 presents a detailed discussion of the data analysis.

Chapter 5 contains the conclusions, recommendations and the implications of the findings for future research.

1.11 CONCLUSION

This chapter presented an overview of the research study. A general introduction and background to the study is outlined and the theoretical foundation of the study, which included assumptions and the theoretical framework, was provided. The problem was identified, the purpose and specific objectives of the study stated and the key concepts in the study defined.
CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Review of the literature refers to an extensive, thorough and systematic examination of books, publications and articles relevant to the research. The purpose is to determine the extent to which theory and research are developed in the topic under study to identify and define concepts and variables already established and to examine elements of research used by others such as designs, methods, instruments and techniques of data analysis, that may prove useful in the proposed project (Polit & Hungler 1995:16).

Through a literature review one can discover what is known and what remains to be done in the field of study and may identify studies that can be replicated or whose findings may be compared and contrasted with the proposed study.

In this study the purpose of the literature review is to provide an overview of the roles and functions of professional nurses in the paediatric, surgical and intensive care units. The allocation of staff to the three identified units, job evaluation, the Peromnes factors, the morale of professional nurses and Herzberg’s motivational and hygiene factors will also form part of the review.

The review is presented under the following headings:

- **The roles and functions of professional nurses:**
  - Professional nurses working in paediatric units
  - Professional nurses working in surgical units
  - Professional nurses working in intensive care units

- **Allocation of staff to the units:**
  - Paediatric units
  - Surgical units
  - Intensive care units

- **Job evaluation:**
  - Definition of job evaluation
  - Methods/types of job evaluation
  - Principles of job evaluation
2.2 ROLES AND FUNCTIONS OF PROFESSIONAL NURSES

According to Hardy and Conway (1998:165) an employee's role is the expected behaviour associated with a position. A person fulfilling nursing care is said to have a role, the part she plays in the achievement of the purpose, is defined in terms of her functions and of her relations to others fulfilling their functions. Professional nurses have roles and functions to fulfil in their daily routine in accordance with their specific job descriptions.

The activities that all professional nurses, regardless of where they function, render for patients in their daily routine, which are also outlined in Regulation R2598 of the South African Nursing Council as a scope of practice for all professional nurses, aim to diagnose health needs and facilitate the attainment of optimum physical and mental health for the clients by, inter alia:

- Executing the programme of treatment as prescribed by the physician through the provision of basic nursing care, which includes dressing, feeding and providing for or supporting patients during excretions. In the surgical unit, most of the procedures entail dressing of wounds, in the paediatric unit the nurses support the patients during excretions, assist them during feeding and bath and cloth them, whereas in the ICU, tube feeding is used in most of the cases and urine catheters are in situ as well as monitoring equipment.

- Treatment and care of administration of medicine to the patients, ensuring the correct administration of medicine using the “five right” principles to prevent errors.
- The route of administration generally differs according to the type of patient. For instance, in ICU most of the patient's medication is administered intravenously because they are unconscious and have open intravenous infusions available while most surgical patients receive oral treatment. Patients in the paediatric unit usually receive medication orally in the form of syrup or intravenously.

- Preventing disease and promoting health by treating and counselling individuals and groups of persons through proper health education and speaking on behalf of patients in the unit.

- Promoting exercise, rest and sleep in patients. This can be done through the provision of holistic care involving the body, mind and soul and provision of care, support, comfort and maintenance of safety and security of patients. All patients require rest, exercise and sleep for proper metabolic systems and the healing process to take effect.

- Supervising and maintaining an adequate supply of oxygen to patients through proper support, ventilation and prevention of deficit. Often ICU patients are ventilated while this is not normally the case in surgical and paediatric units.

- Facilitating the maintenance of nutrition for the patients by providing basic nursing care such as feeding of helpless patients, providing a proper diet as prescribed by the physician, for example, high protein diet in the paediatric unit for patients with malnutrition, "nil per os" for unconscious patients in ICU, starving pre-operation patients in the surgical unit and preparing liquid diets for children in the paediatric unit.

- Facilitating healing of wounds and fractures by caring for the patient's wounds through proper dressings, caring of pressure parts and repositioning of patients, supporting patients when on traction.

- Facilitating the mobility and maintenance of body mechanisms and the prevention of deformities through massaging and proper care of pressure parts with the use of bathing and applying oil to the affected areas.

- Co-ordinating health care regimen provided for the patients by other health personnel such as social workers, physicians, occupational health therapist, physiotherapist and psychologist.

- Prescribing and promoting hygiene, physical comfort and reassurance to the patients by providing a clean, ventilated, safe and secured environment in the hospital.
• Supervising the maintenance of fluid, electrolyte and acid balance of patients through controlling the proper administration of medication and intravenous fluids to prevent overload or deficit, and monitoring of patient intake and output (R2598 as amended by SANC: 1984; Vlok 1996:29).

In addition to the above-mentioned activities that all professional nurses are required to perform on a daily basis for the patients in their care, there are specific additional activities and circumstances relevant to paediatric, surgical and ICU units.

2.2.1 **Professional nurses working in paediatric units**

Paediatric nursing units are hospital wards in which children from birth to the age of twelve (12) years are admitted and cared for, and who may be suffering from conditions of both medical and surgical nature (Coovadia & Wittenberg 1999:78). According to professional nurses working in these units, there are activities that they carry out in their caring for children that are over and above their expected professional duties as listed above.

These activities include caring for and supporting children with specific conditions that leave a marked emotional and physical influence on their daily lives such as cerebral palsy, HIV/AIDS, rumination disorders and abuse. The care mentioned under the specific disorders are additional to what would be given to children in general who are admitted and who require basic nursing care (Bricher 1999:451).

Nurses in the paediatric units help to make the child as functional as possible by doing exercises with, and for them, and by making them play without creating too much pressure on the child or parents.

These children are fed, bathed, cleaned and toilet-trained while receiving treatment. Children are assisted to make use of certain aids such as walkers, rollators, splints, standing frames or wheel chairs during their hospitalisation.

Co-ordination of the activities of professionals, such as social workers, physiotherapists and neurologists who are involved in the caring and supporting of these children and their parents also needs to be done by the professional nurse (Coovadia & Wittenberg 1999:497-500).

**Actions required from the nursing staff in caring for children with specific conditions that need additional care include:**
2.2.1.1 Caring for children with cerebral palsy and supporting their mothers

According to Nyberg (1989:51) caring implies helping a person grow and actualise himself/herself. Support should be there when one is in need of help. Cerebral palsy is one of the most common neurological diseases of childhood. According to Coovadia and Wittenberg (1999:497) cerebral palsy is defined as a disability of motor functions due to a non-progressive insult or damage to the developing motor brain. The result affects the motor brain and its pathways while they are developing. This happens from birth up to approximately five (5) years of age.

Two to five children with cerebral palsy were admitted monthly in the hospitals from which the sample was drawn during the year 2001 to 2002. This was reflected in the register books as well as the admission books of the identified hospitals. Almost all the children with this condition required constant observation, monitoring and complete care.

2.2.1.2 Paediatric HIV/AIDS care

AIDS refers to Acquired Immuno-Deficiency Syndrome. Childhood HIV infection is commonly acquired through the mother-to-child transmission, but is also acquired as a result of the usage of contaminated blood products during birth or contaminated injection needles. Children infected with HIV present with common childhood problems such as fever, diarrhoea, respiratory infections, failure to thrive, skin rashes and loss of weight. They are hospitalised for the duration of the secondary infection and often for even longer periods. The three identified hospitals where samples were drawn had meningitis HIV infected children. In the paediatric units about 4 out of 10 children tested positive for HIV, the same applied to intensive care units where about 4 out of 10 children tested and diagnosed HIV positive and in surgical ward 2 out of 10 tested HIV positive. This was reflected on the admission books and hospital registers (Purssell 1998:297).

Actions required from the nursing staff in caring for HIV/AIDS infected patients include the following:

- Provide pre-tests and post-tests counselling to the child and the mother or carer.

- Provide emotional support for both the child and parents that is different from, for instance, the support given to a family whose child has malaria.
• Ensure good and nutritionally high breast-feeding by advising the mother to take a high caloric diet. Breast-feeding is encouraged irrespective of the presence of HIV in both the child and the mother (Hanson 1992:9-11).

• Deal with educational aspects, which include information on the mode of transmission, available treatment and follow-up as well as safe sex practices in case of the parents.

• Determine the family needs and provide psychological support, which includes the assessment of the available support and coping mechanisms of the child's family.

• Maintain hydration therapy and intravenous fluids during severe vomiting or diarrhoeal episodes of the patient.

• Provide education on home-based diarrhoeal management to the mothers (Park 1991:57-58; Hanson 1992:9-11).

2.2.1.3 Children with rumination or feeding disorders

According to Clark (1996:257), rumination disorders are the repeated regurgitation of food, usually in infants. Its onset generally occurs after three (3) months of age. Once the regurgitation occurs, the food may be swallowed or spat out. The disorder may be present for at least one (1) month after a period of normal functioning and is not usually associated with gastro-intestinal illness or other general medical conditions. As the child grows up, the condition spontaneously clears up later in life (Kaplan, Sadock & Grebb 1991:1076). At least 1 to 3 children with this condition was admitted monthly from 2000 to 2003 in the three paediatric units from which the sample will come. This was reflected on the admission registers of the hospitals.

Actions required from the nursing staff in caring for patients with rumination or feeding disorders:

• Improve the child's physical and psychosocial environment through cleaning, by ventilating the area and comforting the child during episodes of regurgitation.

• Facilitate psychotherapy such as group and family therapy for both the child and parents.

• Administer lemon juice into the child's mouth whenever rumination disorders occurs to clear up the offensive smell (Kaplan et al. 1991:1077).
2.2.1.4 Safeguarding children against risks or medico legal hazards

Risk can be explained as a situation that can expose the child to injuries, discomfort or distress in the unit.

These risks include falls, child inherent accidents such as self inflicted cuts, injuries, burns, ingestion or injection of foreign substances and pinching fingers in drawers or doors. Procedure related accidents such as medication and fluid administration errors, application of external devices and improper performance of procedures such as dressing changes might also occur (Potter & Perry 1987:602).

Actions required from the nursing staff in safeguarding children against risks and medico legal hazards:

- Protect and safeguard children in a safe environment, prevent risks from happening, assist children who are learning to walk by providing walkers, splints and standing frames.
- Constantly observe children to check their actions and movements.
- Accompany all children to the bathroom and teach them to distinguish between the hot and cold water taps.
- Teach the child and mother about safety measures in the unit and at home.
- Safeguard children from being kidnapped by seeing that the doors are always locked while children are inside the unit (Potter & Perry 1987:602-606).

2.2.1.5 Reporting child abuse and neglect

Child abuse is the infliction or permitting infliction of physical or mental harm to the child by a person who is responsible for that child. Child abuse has been a societal phenomenon for centuries (Vlok 1996:316) and very prevalent in South Africa at this time. It is estimated that 6 out of 10 children in South Africa are abused physically and sexual daily (Lewis 1996:15).

Although clinical reporting started thirty years ago, the magnitude of the problem is now beginning to be understood (Vlok 1996:317). Thus, in spite of the fact that several national and international journals, international non-governmental organisations (NGOs) and national societies have dedicated themselves to the problem, child abuse is still a major societal problem.
Child abuse and neglect includes four (4) distinct conditions: neglect, physical violence, emotional abuse and sexual abuse (Lewis 1996:12-14).

It is estimated that as many as 1 in 5000 to 1 in 1000 children under the age of five dies each year from physical violence. It must be noted that from these cases, 1 in 1000 to 1 in 180 children who suffer, are not brought to the hospital to receive medical attention or care (Coovadia & Wittenberg 1999:77).

Types of abuse and neglect

Although there are a number of different types of abuse and they may be present in isolation, current clinical thinking such as Lewis (1996:11), suggests that children who are physically abused are also prone to being sexually and psychologically abused.

- **Physical abuse** may include bruises, welts, lacerations, burns, fractures, abdominal visceral injuries, alcohol and drug abuse, malnutrition and failure to obtain medical treatment.

- **Sexual abuse** includes voyeurism, obscene phone calls, indecent exposure, child pornography, sexual fondling, intercourse, rape and child prostitution.

- **Emotional abuse and neglect** includes scape-goating, terrorizing, berating, verbal aggression, emotional rejection abandoning the child in public places and locking the child in frightening, dark places (Vlok 1996:318).

Some examples of cases of child abuse and neglect

In South Africa, many children, including newborns are subjected to abusive actions. The Pretoria News (March 22, 2000:17 and Thursday, 10 April 2000:9) reported the following cases of child abuse/neglect in South Africa:

- A 25-year-old woman was arrested in the Limpopo Province for allegedly burning her newborn baby alive.
- A 10-year-old girl was severely burned when her mother forced her hand onto a hot stove plate because her daughter "had lied".
- A baby was found drowned in a toilet at Ermelo.
- An 18-month-old toddler was found strangled and hanging on a barbed wire fence in the Limpopo Province.
Many cases of child abuse and neglect are reported in the media such as radio, television and in the newspapers and journals on a daily basis. Other forms of offensive behaviour that young, helpless children are subjected to, are that of being raped by adults or being introduced to habit-forming substances such as alcohol, cigarettes and drugs.

Once the children are hooked, these sly adults misuse them in various ways for their own abnormal sexual pleasures.

**Actions required from the nursing staff in this regard include the following:**

- Detect early signs of abuse such as discharge from the external genitalia, redness and sores on the body, report to the doctor and treat accordingly.

- Document the problem and nature thereof and report to the relevant bodies such as the child protection unit and welfare agencies.

- Do home visit of the abused child’s home to assess the physical and psychological development of parents and children and to offer anticipatory guidance in areas of normal growth and development and alternative methods of child rearing.

- Offer discharge plans and invite inter disciplinary co-ordination of intervention.

- Organise public awareness campaigns to publicise the full extent of the problem and remove existing myths.

- Campaign for awareness of the resources available for child abuse such as the Child Protection Unit, Welfare Agencies and Lifeline, community and/or religious leaders and voluntary community support organisations (Coovadia & Wittenberg 1999:77).

### 2.2.1.6 Mothering

Mothering involves love, affection and grooming. Professional nurses take on the mother figure for many children in the units. They handle, pick up, feed, care for, clean and safeguard children in a cot bed. They spend extensive periods of time at the children's bedside, teaching, directing and supporting the children (Bobak & Jensen 1993:26).
2.2.1.7 Nurturing

According to Sullivan and Decker (1997:254), nurturing means bringing up, fostering care, nourishment and rearing someone. Children are cared for, supported and gradually socialised during the nurturing process. The nurturing role of nurses towards the children in the unit is often the strongest role they display and if the child negatively experiences this nurturing role, it may affect the child for life. In the nurturing role, the care the nurse provides for patients, influences a child's concepts of self-worth and self-image. The nurturing role facilitates the growth and maintenance of the children in-group interactions in the unit while they are in the hospital. Nurturing roles are concerned with the group functioning and interpersonal needs of children in the unit.

The nurturing roles in the paediatric unit requires the nursing staff to be a/an:

- Encourager who compliments children for their opinions and contribution.
- Harmoniser who relieves tension and conflict when children run fights in the unit and when a child is not interacting or mixing well with others in the unit.
- Gatekeeper who encourages all children to communicate and participate.
- Facilitator who encourages and teaches children to draw and write. Encourages children to accept other children's excisions, and
- Observer who takes notes of group dynamics and informs children about all that happens (Sullivan & Decker, 1997:255).

2.2.2 Professional nurses working in surgical units

Surgical units are wards in a hospital in which patients suffering from conditions requiring surgery are admitted and cared for. The majority of patients admitted undergo surgical operations of a major or minor nature. The professional nurse allocated to these units has different duties and responsibilities from professional nurses allocated to other nursing units.
Their roles and functions in these areas include detecting and acting on signs and symptoms before and after operations, performing prescriptions ordered by the surgeon, performing pre- and post-operative care, performing general care, informing and educating patients and relatives on care of the wound, acting on behalf of patients and providing privacy to both patients and their relatives while the patient is going in and returning from the theatre (Idvall & Rooke 1998:513-516).

**Actions required from surgical unit nursing staff include the following:**

2.2.2.1 **Detect and act on signs and symptoms before and after operations**

An important aspect of care, which is crucial for the patient and which depends on the professional nurse, is detecting and acting adequately on signs and symptoms of incised, oozing wounds such as pain, fever and septic wounds. Pain management is important in all surgical units. This is an area where nurses have a great impact, as alleviating pain is given priority in surgical units.

2.2.2.2 **Carrying out surgical prescriptions from the surgeon**

Carrying out prescriptions ordered by surgeons such as administering and changing intercostal drainage, medication and two hourly dressing of wounds. They must also keep careful records of statistics of patients stitched in the wards.

2.2.2.3 **Perform pre- and post-operative care**

Important aspect of care in the surgical wards is the implementation of pre- and post-operative care. Preparation before going for operation includes physical examinations, blood testing and specific interventions such as instructions for fasting, catheterisation and shaving. The patients should be informed before the operation about the possibility of having drains, ivacs and monitors attached to them.

Examples of post-operative care are wound care, drain care and mobilization. Making sure that they have safe routines for post-operative care so that the patients don't feel insecure.
2.2.2.4 Inform and educate patients regarding wound care

Informing the patients about dressing and care of wounds and educating patients and their relatives in this regard.

Information relevant to the patient includes pre- and post-operation care and teaching and coaching where necessary, for example, in the case of patients with stomas or on insulin treatment.

Some patients are informed that they may be admitted for three to 36 hours to a high care (ICU) unit after their operations.

2.2.2.5 Act on behalf of the surgical patients

The nurse advocates for patients while in the unit. Protect patients from exploitation by the organization and physicians e.g. performing surgical operations against the patient's will. When the surgeons have made a decision about the operation of that patient, the nurse must ensure that the patient is fully informed. The patients experience nurses as being on their side, believing they can trust them and count on their support (Scribante, Muller & Lipman 1995: 437).

2.2.2.6 Protect privacy of surgical patients while in the ward

Being aware of the patient's need for privacy during the dressing of wounds is a way of protecting their integrity in the unit. Keep information confidential and protect the privacy of the patient in the cubicle, so that they don't lie there exposed on the bed, while the nurses are performing procedures such as physical examinations and wound treatments, catheterising and taking an ECG (Idvall & Rooke 1998:516-520).

2.2.3 Professional nurses working in intensive care units (ICU)

An intensive care unit (ICU) is a hospital ward containing sophisticated monitoring devices and equipment. This requires expert knowledge, a high measure of alertness, constant strict observation and the ability to act appropriately and timeously.

Patients usually have life threatening conditions and need close monitoring and critical intervention when they are admitted and cared for in such units. The desired patient to nurse ratio is usually 1 to 1 or 2 to 1 because the patients are connected to life-saving machines such as ventilators and cardiac monitors.
It is a highly specialised type of care which requires constant medical and paramedical reinforcement with high technological backup such as electronic monitoring apparatus and life support systems designed to care for acute coronary conditions, neurological conditions such as head injuries, renal failure and trauma (Scribante et al. 1995:437-440).

According to Freeman and O'Brien-Pallas (1998:38), the roles and functions of the ICU nurse require them to be more alert and vigilant than any other nurse in the other nursing settings because of the patient’s critical state and the highly sophisticated monitoring devices and equipment. The activities will be described based on various variables such as instability, workload, unit size, general training and uncertainty that is common in these units.

**Actions required from nurses working in the ICU:**

**2.2.3.1 Functions and performance in an unstable environment**

- Provide close observation at least quarter or half hourly since patients in ICU are mostly in a critical condition and need continuous monitoring of vital signs.

- Function in a highly complicated and advanced technological area, which requires the use of equipment such as ventilators and procedures such as intracath insertion.

- Provide emergency treatment and care to patients with serious medical conditions, multiple fractures or head injuries where the nurse must be able to take immediate action before the physician/surgeon arrives.

- Handle critically ill patients, usually with more than one condition whose general condition is often unstable, requiring immediate, appropriate and correct interventions from the nursing staff.

**2.2.3.2 Handle a rapidly changing workload**

According to Freeman and O'Brien-Pallas (1998:37), workload is the extent to which nurses feel the load of activities they carry while giving patient care.
Therefore, nurses:

- Handle a very demanding workload, which, at the end of the day, leaves them completely exhausted, because they had to care for critically ill patients on a continuous, high-tension level, often for a period of 12 hours.

- Work in an unpredictable environment which often changes and where the ratio of nurses to patients can be as heavy as 1 to 3, within a stressful atmosphere.

- Record and work on a number of different charts, due to the complicated, critical nature of the patient's condition who may have various simultaneous conditions such as head injuries, multiple diseases and complicated fractures at the same time.

- Keep to procedural deadlines while performing nursing duties since some procedures need to be performed within specific time constraints to save the life of a patient.

2.2.3.3 Manage within a compact unit size

- Manage and care for patients in closely equipped units with very little space for movement in a complicated area where there are multiple sophisticated, technological equipment. Operate highly technological pieces of equipment, which are close to each other, making it difficult for nurses to monitor vital signs and move about.

2.2.3.4 Specialised role because of the technical skills and knowledge expected from ICU nurses

- Operate highly advanced technological equipment while providing nursing care to critically ill patients.

- Keep themselves up to date with new developments in technological advances and changes in the use and application of equipment.

- Assess, institute and evaluate patient care decisions through the use of complex apparatus or equipment and performing of intricate procedures.
2.2.3.5 Monitoring of patients with multiple conditions

- Provide nursing care to patients with more than one diagnosis and their complex nursing problems.

- Assess and monitor the degree of injuries, severity of condition or worsening situations and report immediately to the doctor.

- Require to act at a high level of intelligence and to make consistent and accurate observations for the patient’s benefit (Scribante et al. 1995:437-440).

2.3 ALLOCATION OF STAFF IN THE UNITS

The nursing service managers of the hospital allocate staff to the wards. Nurses are allocated according to their qualifications, their capabilities, and in the case of students and pupils, the stage of training they have reached and their training needs and requirements. A workload study should be done from time to time in order to ascertain whether the number of personnel allocated to units still meets the unit’s needs.

Once the nursing personnel have been allocated to a unit, it is the responsibility of the nurse in charge of the unit to assign work to them and to distribute this work in the best possible manner. The work that has to be performed by nursing personnel should be spelled out in a fair amount of detail, and work schedules should be written and made available to all personnel. Work which only occur on specific days of the week or even monthly should be written down and allocated to the correct categories of nursing personnel with proper instructions so that these duties are carried out correctly (Mellish & Wannenburg 1992:219; Muller 1996:300).

Determination of the workload in the units

According to Muller (1996:304), the workload in the unit is influenced by various internal and external environmental variables. Internal factors include patient census, bed occupancy or the patient’s needs depending on his/her level of acuteness, while external factors are the needs of the community, applicable legislation, the technological progress, the location and accessibility of the service, socio-economic and political factors (Simms, Price & Ervin 1994:227).

The calculation of the type and number of personnel required to provide care to a number of patients should have a scientific basis. The nurse in charge should be able to prove that she requires more personnel in the unit because of the number of patients to the number of nurses.
This can be achieved by means of statistical monitoring of patients and personnel figures on a day and monthly basis (Muller 1996:305; Gerström & Raino 1999:369).

2.3.1 Paediatric unit staff allocation

Children and their parents expect a level of service to be rendered that is based on their needs according to their acuity level. The office of the Nursing Service Manager makes allocation of staff in close consultation with the nurse in charge of the unit. Provision is made for float or relief staff.

Float personnel consist of registered nurses, enrolled nurses, finalist students and enrolled nursing assistants. They are used to fill the gap when allocated nurses are absent or the workload in a unit increases. The ratio of nurses to patients in paediatric units varies from hospital to hospital or unit to unit, but usually is as follows: 2 nurses for 10 to 12 patients. The paediatric units are divided into medical for medical conditions and surgical for surgical conditions and intensive care for critically ill patients (Purssell 1998:242).

2.3.2 Surgical unit staff allocation

In the surgical unit, the acuity level also plays an important role. The amount of nursing care patients require, depends on their individual needs. A surgical ward commonly has a patient nurse ratio of 4 nurses to 10 patients. It also depends on the type and severity of the surgical operations of patients (Idvall & Rooke 1998:516).

2.3.3 Intensive care unit (ICU) staff allocation

Intensive care units (ICU) are hospital wards containing sophisticated monitoring devices and equipment. Critically ill patients who need close monitoring and intervention are admitted into these wards. Professional nurses are not moved about, they become specialists in the ICU or high care sections.

Part-time nurses are used as the relief staff, but are assigned to particular sections such as thoracic or cardiac sections so that they become conversant with the work of certain sections; for example, they are used as relief for cardiac, neurosurgery, thoracic or severe medical conditions. The ratio of patient to nurse is usually 1 patient to 2 nurses or 1 to 1 in these units (Scribante et al. 1995:438; Moore 1993:15).
2.4 JOB EVALUATION

Job evaluation examines the content and requirements of jobs and measures these according to a standard procedure. This results in job grades, scores, levels or ratings whereby jobs can be compared with other jobs which have also been evaluated (Armstrong & Murlis 1980:28).

Pay and fringe benefits are then structured to take account of the evaluated worth of jobs and rewards job holders accordingly. Job evaluation does not criticise, appraise or judge employees or their performance, it evaluates and grades jobs and jobs only (Gerber et al. 1998:191).

Even though this study does not intend to do an actual job evaluation on the position of the professional nurse working in the three identified units, it is considered necessary to briefly explain the types, principles and the process of job evaluation so that the reason for using the Peromnes factors are placed into perspective.

2.4.1 Principles of job evaluation

The following principles are relevant to job evaluation:

- Evaluate the job, not the jobholders;
- Assume competent and proper performance by the jobholders in accordance with normal standards for the job;
- Evaluate the job "as is" not as imagined or as theoretically performed;
- Reject any job description which is unclear and which does not apply to the incumbent expected to perform activities and examine critical incidents or actual examples of tasks in the job;
- Evaluate by means of a consensus of opinion in the committee (Gerber et al. 1998:192).

2.4.2 Methods/types of job evaluation

The most common job evaluation methods nationally and internationally include the following:

- job ranking
- factor comparison method
- classification method
- point method

Besides these methods, a number of other job evaluation methods that are popular in South Africa include:
• **Paterson method** - based on decision-making requirements. It advocates for the assessment of jobs against a single universal criterion. In this method, all jobs can be compared and assessed against six decision bands i.e. defined, automatic, routine, interpretive, programming and policy-making decisions.

• **Hay – MSL method** – based on the following factors such as know-how, problem solving, accountability and where appropriate, working conditions.

• **TASK (Turned Assessment Skills and Knowledge)** – Developed from the Paterson method for South African enterprises. It measures changes in the level of skills and/or knowledge that needs to be utilized in a job.

• **Peromnes method**

It is a system that evaluates jobs according to eight(8) identified compensate factors such as problem solving, consequences of judgement, pressure of work, knowledge required, job impact, comprehension/understanding, educational qualification and training and experience. The method is used in big companies in South Africa such as South African Brewery (SAB) and higher educational institutions such as MEDUNSA (Gerber et al. 1998:196).

Peromnes evaluates jobs by means of accurate and up to date written job descriptions, ideally supplemented by interviews with jobholders and supervisors. No special format is required of a job description used for a Peromnes evaluation, provided the job description describes clearly what is done, how it is done and why it is done, the job can be correctly evaluated (Gerber et al. 1998:191-195; Pratt & Bennett 1990:211-219).

• **Peromnes factors**

Peromnes evaluates and scores jobs in terms of the eight factors mention above. The eight factors are measured in terms of a rating scale. Factors 1 to 6 are job content factors and the last two (7 and 8) are job requirement factors.
Factor 1  Problem solving

Refers to the frequency, complexity and the nature of the problems. The thought process required in solving problems in the unit i.e. surgical, ICU and paediatric units would thus apply. This factor evaluates the nature and complexity of the job decision, judgement and recommendations made by nurses in the units. In problem solving, the following aspects/thinking appear:

- The thinking environment is affected by the constraints of the environment in terms of procedures, policies and rules of the organisation.

- The thinking challenge involves the nature of the mental process, for instance, whether it is routine, repetitive, analytic or creative. Nurses need to identify problems in order of priority and then provide attention and appropriate actions (Carrell et al. 1998:378).

Factor 2  Consequence of judgement

Refers to the discretion of the nurse in caring for ill patients, the difficulty required in independent judgements, the amount of discretion allowed and how successful a nurse can utilise his/her own discretion in the unit in carrying out certain procedures.

The nurse can perform the doctor’s regular prescription in line with his/her scope of practice, as outlined by the South African Nursing Council.

The result of decisions, judgement and recommendations made inside and outside the organisation are assessed in terms of existing policy, procedures and correct judgements to prevent medico-legal hazards and environmental waste and to facilitate fair interaction between patients and other nurses (Carrell et al. 1998:376).

Factor 3  Pressure of work

Refers to the features or characteristics of the job that indicates the demands it makes on the professional nurse. This factor evaluates the amount of pressure in a job in terms of the variety and type of work and the time required for doing it.
Pressure of work includes aspects such as problem solving, complexity, the number of contacts and the conditions under which the job has to be carried out. For example, in the ICU, the pressure of work appears more demanding as one nurse is expected to do everything for the patient in terms of basic nursing care, advanced treatment procedures and complicated technology.

Due to the shortage of physicians in the surgical unit, a protocol is established where the doctor signs a standing order that nurses can perform certain minor surgical procedures such as the insertion of intravenous lines when doctors are not available. These standing orders apply in all of the hospitals (FSA-Contact 1999:9).

**Factor 4 Knowledge required**

Refers to how nurses carry out daily routine work in a systematic and organised way. This factor evaluates the level of knowledge, skill and understanding required in carrying out procedures in a competent way. Knowledge implies a person’s range of information and theoretical understanding of the subject. Thus, how the nurses carry out the prescribed procedures, their practical ability to do the procedures and solve problems effectively in the unit. Nurses in different units are expected to perform according to the requirements of the unit. They should possess knowledge to carry out certain procedures (Carrell et al. 1998:377).

**Factor 5 Job impact**

Refers to the impact the job has in and outside the organisation. These factors include aspects such as rapid changing workload, unstable work environment, layout of the unit and high level of advanced technology.

The benefit and the risks that can be derived from the job also need to be observed, for example, in ICU usually complicated technological equipment is used for providing basic nursing care whereas in the paediatric unit nurses in most cases are expected to hold and carry children in the form of support and comforting them, whereas in the surgical unit, antiseptic technique is imperative in the caring of patients who have undergone surgery (FSA-Contact 1999:12).
Factor 6  Comprehension/understanding

Comprehension involves the successful use of skills, knowledge and competence in carrying out procedures while committing the use of resources in advancing the objectives.

Comprehension is measured in the degree to which the jobholder manages to do a procedure, how he/she manages to use his/her discretion, skill, knowledge and experience to carry out certain tasks. How he/she comprehends and understands the actual procedures that are present in her job description. The manner in which protocol is handled in the unit (FSA-Contact 1999:13).

Factor 7  Educational qualification

Educational qualification refers to the sum total of skills and knowledge acquired which are necessary for the execution of tasks and satisfactory job performance. This is characterised by the skills, education and training, breadth of know-how, including facets such as planning, organising, leading and controlling. This also includes educational qualification that the nurse should possess in order to manage or to carry out nursing care and perform procedures or duties properly in specific units such as an intensive care qualification for ICU nurses, trauma nursing and experience for surgical unit and paediatric nursing for paediatric unit nurses (FSA-Contact 1999:14).

Factor 8  Training/experience

The typical period for further training and experience required to become competent in the job by the shortest realistic route after obtaining the essential minimum educational qualification. Basic training in the nursing profession entails training as a professional nurse, enrolled nurse or auxiliary nurse according to the South African Nursing Council requirements. After which additional post-basic qualifications may be undertaken (FSA-Contact 1999:14).

2.5 MORALE OF PROFESSIONAL NURSES WORKING IN THE PAEDIATRIC UNITS

The attitude and morale of individuals determine the beliefs and feelings they have regarding their job, their environment and how they commit themselves to their activities.

2.5.1 Definition of attitude and morale
2.5.1 Definition of attitude and morale

Moorhead and Griffin (1995:60) define **attitudes** as complexes of beliefs and feeling that people have about specific ideas, situations or other people. Attitudes are important because they are the mechanism through which most people express their feelings. An employee’s statement that he/she feels underpaid by the organisation, reflects his/her attitude about his/her pay, while **morale** is defined as “the attitude workers have toward the quality of their total work life”, this attitude affects the quality and quantity of their work (Morrison 1993:299).

According to Swansburg and Swansburg (1993:255), **morale** is a state of mind that reflects the zeal or enthusiasm with which someone works. A nurse, who works courageously and confidently within the discipline and shows willingness to endure hardship, would be manifesting high morale. Low morale is evident in a person who appears bored and communicates poorly as a result of job dissatisfaction.

When morale is high, so is productivity. Morale evolves from the employee’s motivational level, the behaviours of superiors and the philosophy of the organisation. If employees are positively motivated to achieve, explore their creativity and meet their high-level needs, morale will be high and the quality of work superior. If, however, employees are motivated by lower-level needs such as lack of security or fear of reprisal, work output will be of poor quality and quantity. Motivation influences morale. Nurse managers should be aware of and learn to work with motivational principles in order to enhance the morale of their subordinates (Morrison 1993:299; Newström & Davis 1997:567).

2.5.2 How attitude is formed

According to Moorhead and Griffin (1995:60), attitudes are formed in a variety of ways i.e. dispositional and situational approaches.

2.5.2.1 Dispositional view of attitude

A person might decide that he/she does not like a particular candidate or management. This person can then be expected to express consistently negative opinions of the candidate or management to maintain the consistent and predictable intentions of not supporting the candidate. In the dispositional view of attitude, attitudes contain three components i.e. affect, cognitive and intention.
Affect – refers to the individual’s feeling towards something. Affect is similar to emotion. It is something over which we have little or no conscious control. For example, you may like one of your units, dislike another and be indifferent towards a third.

Cognition – can be described as the knowledge a person presumes to have about something. For instance, you may believe that you are not remunerated in accordance with your performance. This “knowledge” may be true, partially true or totally false. Cognitions are based on perceptions of truth and reality and perceptions agree with reality to varying degrees.

Intention – guides a person’s behaviour. If you like your unit, you may intend to work long hours without complaints, not being worried about the workload.

2.5.2.2 Situational views of attitudes

This approach suggest that the social context delivers information that shapes the individual’s attitude. By means of cues and guides, social information provides a specific prescription for socially acceptable attitudes and behaviours. Such information focuses attention on a specific attitude of the setting, for example, workplace. It can make behaviours and attitudes that dominate in that setting more important to the individual, for example, suppose that a new employee joins a work-group that has existed for some time. It is very likely that the members of the group will quickly communicate to the newcomer how they feel about the work and the reward system and how much effort they think members should put in to perform a given task. As a result, the newcomer tends to adopt one attitude towards the work and the reward system that is consistent to what he/she has been told to expect. He/she is likely to perform at a level of effort acceptable to the group. The newcomer’s attitude and behaviour has then been partly shaped by social information and its effect on the individual’s perception of reality (Moorhead & Griffin 1995:61-62).

2.5.3 Important work-related attitudes for nurses

Nurses in an organisation form attitudes about many different things, for example, nurses are likely to have attitudes about their salaries, promotion possibilities, their employee benefits, the food in the company cafeteria and the treatment received from their superior.
Of course, some of these attitudes are more important to the individual staff member depending on the individual group. For instance, the attitudes of nurses in the paediatric unit may be influenced by the salary or compensation received by nurses in the other units (Moorhead & Griffin 1995: 564). Attitudes in an organisation can be classified into four categories namely: job satisfaction or dissatisfaction, organisational commitment and job involvement (Moorhead & Griffin 1995:564).

**Job satisfaction and dissatisfaction**

Job satisfaction refers to an attitude that reflects the extent to which an individual is gratified by or fulfilled in his/her work. Personal factors, such as individual needs and aspirations determine this attitude, along with group and organisational factors, such as relationships with co-workers and superiors and working conditions, work policies and compensation.

A satisfied employee also tends to be absent less often and make positive contributions and stay with the organisation whereas a dissatisfied employee may be absent more often, may experience stress that disrupt co-workers and may be continually looking for another job or complaining all the time.

**Organisational commitment and job involvement**

This refers to an attitude that reflects an individual’s identification with, and attachment to the organisation. A person with a high level of commitment and involvement is likely to contribute positively and avoid negative comments about the organisation (Moorhead & Griffin 1995:65).

- 2.5.4 Factors influencing the attitude and morale of nurses in paediatric units

A number of factors have been found to influence the attitude and morale of professional nurses in hospital units. The factors include workload, extra activities and additional compensation received by some groups of professional nurses in the identified nursing units. Nursing staff allocated to intensive care unit, for example, receive allowances above the normal salary of a professional nurse working in the paediatric unit (Sullivan & Decker 1997:255).

The workload and extra activities performed in the paediatric unit, such as caring for totally dependent children, counselling of mothers, caring for HIV/AIDS infected children and mothering children all affect the attitude and morale of professional nurses in the paediatric unit (Morrison & Burnard 1997:51).
2.6 HERZBERG MOTIVATIONAL THEORY

Frederick Herzberg developed a popular theory of motivation called the two-factor theory. Herzberg believed that two entirely separate dimensions contribute to an employee’s behaviour at work:

- The first group of factors is called hygiene factors. The hygiene factors indicates that when these factors are absent or poor, it causes dissatisfaction, but when they are adequate, leads to no dissatisfaction. These factors, include working conditions, pay, company policies and interpersonal relationships. When hygiene factors are poor, work is dissatisfying. However, good hygiene factors simply remove the dissatisfaction, they do not in themselves cause people to become highly satisfied and motivated in their work environment.

- The second set of factors influence job satisfaction and are called motivators. Motivators are high-level needs such as achievement, recognition, responsibility and opportunity for growth (Newstrom & Davis 1997:124).

Herzberg suggests emphasizing achievement, recognition, the work itself, responsibility and growth. These are the characteristics that people find intrinsically rewarding. He suggested that the opposite of satisfaction is not dissatisfaction. Removing dissatisfying characteristics from a job does not necessarily make the job satisfying. He proposed the existence of a dual continuum in which the opposite of “satisfaction” is “no satisfaction” and the opposite of “dissatisfaction” is “no dissatisfaction”.

According to Herzberg, the factors leading to job satisfaction are separate and distinct from those leading to job dissatisfaction (Daft 2000:540, Robins 1996:216-217).

2.6.1 Hygiene factors

According to Herzberg, hygiene factors are responsible for dissatisfaction in the workplace if they are not present. They are associated primarily with the factors in the work context or environment. They are primarily extrinsic factors that arise apart from the nature of the work, providing no direct satisfaction at the time the work is performed. Providing these factors such as fringe benefits and holiday plans, serve mainly to minimize the dissatisfaction and to keep people in the organisation. It does not lead to high motivation or better performance (Gerber et al. 1998:266). Hygiene factors include the following:
2.6.1.1 Relationship with the supervisor

This relationship indicates the incumbent relationship between the supervisor and the subordinates within and outside the organisation. For example, whom does he/she supervise, with whom does he/she work and with whom does he/she liaise inside and outside the organisation, such as the unions and nursing agencies. How the subordinates are treated within and outside the organisation by the supervisor and the duties that are delegated to them will all have an effect on the employee's sense of dissatisfaction or the absence thereof (Gerber et al. 1998:74).

2.6.1.2 Peer relations

This refers to the interactions that exist between people who are at the same level of employment. How do they relate to each other while performing their day-to-day activities? A sense of dissatisfaction may be experienced by the peer group when they are sharing in the following activities i.e. reviewing of charts, Kardex recording and care plans of patients they have cared for. They critically debate and give oral feedback to each other. Peer relations are thus a whole range of interpersonal conduct between people who interact, as they are involved in the process of communicating, co-operating, changing, problem solving and motivating. In these relations, each employee tries to influence and adapt to the behaviours of other employees in order to satisfy his/her needs (Gerber et al. 1998: 75-76).

2.6.1.3 Relations with subordinates

This refers to the interactions that exist among the employees and their subordinates in their carrying out of activities in the unit. It also includes the extent to which the subordinate's personal needs are met through the interpersonal relations that exist. The positive interaction with subordinates meets their personal needs, such as security, responsibility and self-esteem. This is achieved by making the work more rewarding, reducing subordinate's anxiety and encouraging more participation in decision making relating to work and employment and team building (Carrell et al. 1998:70).

2.6.1.4 Quality of supervision

This refers to the effective planning, organising, leading and control that comes from a superior person in the organisation. The supervisor encourages humour in the unit by creating a relaxed atmosphere, for example, establishment of fun practices such as birthday celebrations and honouring theme days i.e. as casual days.
The manager usually sets clear objectives for the subordinates and uses an open door policy to make the unit run smoothly (Gerber et al. 1998:77).

2.6.1.5 Company policy and administration structures

Policy refers to the formulated objectives, laws and rules and regulations that guide activities to be attained within and outside the organisation.

Administrative structures of the organisation are related to the management style of its management cadre such as autocratic, participative and free rein styles. One can also assume that the structures of the organisation may be seen as the sum total of the way in which its labour is divided into specified tasks and the degree of coordination achieved between these tasks (Carrell et al. 1998:215).

Management may use policy and administrative structures to obtain the desired results, for example, management may design a compensation system especially a bonus system, to promote performance, satisfaction and goal achievement or they may implement job specialisation to promote closer supervision to counteract deviations from set standards. Therefore, policy and administration has a direct influence on employee dissatisfaction (Gerber et al. 1998:144).

2.6.1.6 Job descriptions

It is a written document, which spells out what the incumbent does, how he/she does it and under which circumstances tasks are carried out. The job description may have a direct effect on the employee's performance and comfort in the organisation. The professional nurse should perform the activities that are in line with his/her actual job description, since it helps to get a better understanding of the nurse’s job and proper satisfaction. The job description must be individualised to fit the actual category of nurses. The job description of a professional nurse in one unit, for example, a paediatric unit, should thus differ from that of professional nurses working in the ICU and surgical units (Booyens 1993:232-233).

2.6.1.7 Working conditions

This refers to the environment that impinges on the employee’s senses and which is related to their lower order needs such as security and belonging which may have a direct effect on the employee’s performance, which in turn, affects their physiological functioning.
Sub-elements of working conditions are distinguished:

- **Physical working conditions** – refers to the amount of work and the availability of facilities such as machinery, protective clothes and the atmosphere where work is performed such as lighting, ventilation and space.

- **Psychological working conditions** – refers to the psychological effect of work pressure on employees. It also includes the expectations of employees in relation to their psychological contract with respect to their working conditions compared to what they actually experience in their place of work.

- **The physical layout** of the job that refers to the neatness, organisational convenience, attractiveness and value of the work environment (Booyens 1998:235).

### 2.6.1.8 Pay/salary

Refers to the salary and wages the employees receive, usually it is in the form of money. Herzberg’s motivation theory believes that money is not only a source of motivation, but also regards it as a hygiene factor. The latest showed that nurses nationally and internationally in ICU receive more money than other categories of nurses.

Although money undoubtedly plays a role in motivation, money does not motivate, but moves a person to achieve a goal in order to obtain the reward. Money does not motivate people; it merely brings performance to an acceptable level and leads to a state of no dissatisfaction (Newström & Davis 1997:167).

It is evident that money is important to employees for a number of reasons. Certainly money is valuable because of the goods and services that it will purchase, that is the economic value. Money is also a social medium, exchange or value where one can save it, spend it or give it away generously. It also has status value when it is received and when it is spent. Money satisfies many drives and needs since it can be used to buy one’s way into expensive clubs and give us power to influence others through our political contributions (Newström & Davis 1997:167-168).
2.6.1.9 Status

Status refers to the social rank of a person in a group. Status in this respect refers to the job content status that means the relative status value linked to a job within a specific organisation by the organisation itself and by other employees of the organisation. It is the amount of recognition, honour and acceptance given to a person (Bezuidenhout, Garbers & Potgieter 1998:128).

2.6.2 Motivators or growth factors

According to Herzberg, motivating factors are associated with job satisfaction and a job will tend to generate high intrinsic motivation if it includes these factors, however, if these factors are absent, the result is no satisfaction.

Herzberg believes that when motivators are absent, workers are neutral towards their work, but when motivators are present; the workers are highly motivated and satisfied. Motivating factors are related to the outcome associated with the content of the task being performed. These are intrinsic motivators or internal rewards that a person experiences when performing a task, making a direct connection between work and rewards.

Intrinsic motivators are associated with strong effort and good performance. Motivators cause a person to move from a state of no satisfaction to a state of satisfaction.

However, if motivators are absent, they will not produce dissatisfaction, they will lead to a neutral state of feeling no satisfaction (Gerber et al. 1998:292). The following are considered growth factors:

2.6.2.1 Achievement

Achievement in relation to motivation refers to a drive to overcome challenges and obstacles in pursuit of goals. It also refers to successful execution of tasks, because of satisfaction in the work place, employees set high standards, are self driven, assertive, task orientated and they like to accomplish tasks delegated to them (Newström & Davis 1997:118).

2.6.2.2 Recognition

Recognition refers to the respect an employee enjoys among colleagues in an organisation, which is the result of the status value of the job. It can also be referred to as the recognition an organisation affords an employee for good performance.
The most critical question for managers in this respect is whether employees are proud of their jobs as this is the best indication of the status and recognition they themselves give to the job. For example, the recognition given by the manager to an employee who has successfully completed a course or a project (Bezuidenhout et al. 1998:128).

2.6.2.3 The job itself

A job can be referred to as an organisational unit of work, made up of tasks, duties and responsibilities. The job can be measured by the employee on the degree of how interesting, meaningful and challenging it is.

An individual employee joins an organisation by virtue of his/her potential for reaching personal goals in that organisation by supplying work and work potential. The basic motivation of an employee in this regard is that he/she sees the opportunity of satisfying his/her intrinsic and extrinsic needs within the work context. Among the key characteristics of the job that directly affect an employee's performance and satisfaction are the degree of challenges, variety and autonomy they offer to an employee. Challenge is the level of difficulty of the job's task and activities. Variety refers to the number of different tasks and activities included in the job and autonomy is the extent to which an employee works independently on a job (Gerber et al. 1998:65).

2.6.2.4 Development/growth

In this instance, development refers to developmental possibilities within a job for an employee with specific reference to the employee's personal growth and personal goals. Employees tend to perform well if they see growth in the organisation and thus experience a sense of satisfaction. Managers should assess the opportunities for training and development as to whether the training offered is applicable to the execution of tasks, and whether the work an employee is doing at present is preparing him/her for a higher position i.e. whether there is career preparation. The extent to which the employee experiences psychological job satisfaction within the unit determines to a large extent the quality and quantity of this employee's outputs (Booyens 1993:631).
2.6.2.5 Responsibility

Refers to the accountability the employee has while carrying out activities. The professional nurses are responsible and accountable for the provision of nursing care. Although the lower categories of nurses may measure vital signs, intake and output and other patient status indicators, it is the registered nurses who analyse these data for comprehensive assessment, nursing diagnosis and development and evaluation of the plan of care.

The level of responsibility determines the values of compensation, in other words, some jobs are better paid than others.

2.6.3 Concluding remarks on Herzberg’s motivational theory

According to Herzberg, the opposite of satisfaction is “no satisfaction” and the opposite of dissatisfaction is “no dissatisfaction”. The factors leading to job satisfaction are separate and distinct from those that lead to job dissatisfaction.

Herzberg suggests emphasising achievement, recognition, the work itself, responsibility and growth when preparing to motivate and satisfy employees, as these are factors or characteristics that people find intrinsically rewarding.

He suggested job enrichment and restructuring of work to act as motivators. Job enrichment is the vertical loading of an employee’s job to make it more challenging and more interesting and to provide opportunities for growth and recognition. He emphasizes that employees enjoy their work when they take pride in attaining a goal. He further indicated that if managers only concentrate on hygiene factors, no motivation would occur, therefore, motivation must be built into a job.

It can therefore be assumed that money, which is seen as adequate pay, acts as a motivator, whereas low salary promotes job dissatisfaction and is thus a hygiene factor.

Money moves a person to achieve a goal in order to obtain a reward, the effect of money as a motivator, depends also on the pay system used in the organisation, when the pay system is not structured properly, it either does not motivate or motivates the wrong behaviour (Daft 2000:540).

It can thus be concluded that Herzberg stated that certain job factors (hygiene factors) primarily dissatisfy employees when these conditions are absent, but when present, merely brings employees to a neutral state.
Therefore, managers who seek to eliminate factors that create job dissatisfaction can bring about peace, but not necessarily motivation. In order to motivate employees, managers should rather emphasize achievement, recognition, the work itself, development and growth (Daft 2000:540; Robins 1996:216-217).

2.7 CONCLUSION

Review of literature refers to an extensive, thorough and systematic examination of books, publications and articles relevant to the research. A literature review was presented on the roles and functions of professional nurses in different nursing units i.e. surgical, paediatric and intensive care. A search was done on job evaluation methods. The eight factors of the Peromnes method on job evaluation were described, as they will be used to compare the roles and functions of nurses working in different units. The concepts attitude and morale, as well as the motivational theory of Herzberg, were described, as they will be used to compare the roles and functions of nurses working in different units.
RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter describes the research methods, population, instruments and decisions regarding the strategies used to collect and analyse data in order to accomplish the purpose of the research, which are to:

- determine the roles and functions professional nurses in the paediatric nursing unit need to carry out in their daily caring of children.
- compare the roles and functions of professional nurses working in paediatric nursing units with those of professional nurses working in surgical and intensive care units
- determine the effect of the possible discrepancies between compensation received by professional nurses working in the three different units on the morale of professional nurses working in the paediatric units
- determine if there is a valid reason for professional nurses working in the paediatric units to feel that they deserve additional remuneration when comparing their roles and functions with other professional nurses working in the intensive care and surgical units.

3.2 RESEARCH DESIGN

The research design refers to the blue print for conducting the study (Burns & Grove 1993:39). The research design guides the researcher in the planning and implementation of the study in a way that is most likely to achieve valid answers to the research questions. The study will be a quantitative study utilising a comparative, descriptive design. The descriptive study was chosen to present views and opinions of professional nurses working in different nursing units on their roles and functions.

According to Burns and Grove (1993:249-250) "A comparative descriptive design examines and describes differences in variables in two or more groups that occurs naturally in the setting". They further argue that descriptive statistics and statistical analyses may be used to examine the differences between or among groups. The results obtained from the analysis are frequently not generalised to a broad population.
3.3 RESEARCH METHOD

The research method will describe the population and sample, data collection, data analysis, validity and reliability of instruments for data collection, ethical issues relating to the study and analysis of data.

3.3.1 Population

Robert and Burke (1989:10), Wilson (1989:20), Burns and Grove (1993:42), Brink and Wood (1994:40) and Polit and Hungler (1995:100) define a population as an entire group of persons or objects that are of interest to the researcher or that meets the criteria the researcher is interested in studying. Population is sometimes referred to as a target population. The survey was applied to the professional nurses in the selected units from the three large training hospitals in the Pretoria region of the Gauteng Province. The hospitals selected are representative of the large training hospitals in Gauteng Province, population referred to was 150 professional nurses.

Although the province has ten (10) Academic hospitals, the researcher chose to use the three large training hospitals situated in and around Pretoria to conduct the study as they are within a radius of 40 kilometres from the researcher’s place of work. Therefore, the choice of these hospitals appeared to be convenient in terms of transport cost, time management and representation (Brink 2000:124; Wood & Cantanzora 1988:122).

It is felt that the findings of this research will be relevant to other similar institutions. The three hospitals were selected because of the clear functional layout and well established wards within their organisational structure (Brink & Wood 1988:58). Treece & Treece 1986:16-18).

3.3.2 Sampling

According to Dempsey and Dempsey (1990:80), sampling is defined as the process of selecting a number of individuals from delineated populations in such a way that the individuals in the sample represent as nearly as possible, the characteristics of the whole population. From the three (3) hospitals a sample was drawn by means of the convenience sampling method.

The professional nurses on duty in each of the identified units were given questionnaires to complete. The professional nurses working in the three respective units had an equal and independent chance to participate in the study project depending on their duty roster.
The sample was viewed as a representative of the population since they were drawn from the three large training hospitals. The hospitals selected in this study had different numbers of professional nurses working in the selected units. It was the researcher's decision to distribute questionnaires to the units as outlined in Table 3.1. The total number of questionnaires distributed out were ninety five (95). Thirty (30) questionnaires were allocated to hospitals B and C respectively, while hospital A received thirty five (35) questionnaires. Only professional nurses who were on duty, were given a questionnaire. This represented approximately ninety five percent of the total population.

The sample for this study consists of professional nurses from the three identified units in the three hospitals A, B and C. Table 3.1 represents the sample:

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>ICU</th>
<th>PAEDIATRIC</th>
<th>SURGICAL</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>13</td>
<td>12</td>
<td>10</td>
<td>35</td>
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<td>B</td>
<td>10</td>
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<tr>
<td>C</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>30</td>
</tr>
<tr>
<td>TOTAL</td>
<td>33</td>
<td>32</td>
<td>30</td>
<td>95</td>
</tr>
</tbody>
</table>

3.4. DATA COLLECTION

A questionnaire was used for data collection regarding the eight Peromnes factors, the roles and functions of professional nurses as well as the motivating factors in the three units, i.e. paediatric, surgical and ICU.

3.4.1 Research instrument

A questionnaire was developed by the researcher, which was given to three groups of respondents in the three (3) hospitals. The questionnaire consists of four (4) sections, namely section A, B, C and D.

To ensure simple administration and analysis of data obtained, closed ended questions were mainly asked (Polit & Hungler 1995:282). However, a few open-ended questions were posed at the end of each section to provide respondents with an opportunity to express their opinions in their own words.
The response alternatives are based on a 5-point Likert scale with the measure of agreement ranging from strongly agree to strongly disagree and a frequency scale ranging between always, sometimes seldom, often and never (Uys & Basson 1985:54).

Questionnaires

The questionnaire was developed as follows:

Section A is meant to obtain the biographical data namely age, gender, marital status, nursing qualifications and experience;

Section B contains questions related to the eight Peromnes factors i.e. problem solving, consequence of judgement, work pressure, knowledge, job impact, understanding, education, training or experience;

Section C contains questions pertaining to motivating factors, including factors leading to satisfaction and dissatisfaction in the units; and

Section D deals with the roles and functions of professional nurses working in the three identified disciplines.

The questionnaire was completed by professional nurses working in the three disciplines of intensive care, surgical nursing and paediatric nursing. The researcher handed out the questionnaires and collected them personally (Polit & Hungler 1995:285).

3.5 VALIDITY AND RELIABILITY OF THE INSTRUMENT

Validity and reliability of research findings are of great importance in all research studies.

3.5.1 Validity

Brink (2000:124), refers to the validity as the ability of the data collection instrument to measure and obtain data relevant to what is being measured. It is also concerned with the accuracy and truthfulness of the scientific findings. The literature describes three primary types of validity: content, predictive and construct validity. Following the literature review, key issues and concepts were identified and used in the formulation of the research questionnaire to ensure content validity (Dempsey & Dempsey 1992:75; Nieswiadomy 1993:204).
The experts in the field of study were requested to critically evaluate the questionnaire to enhance objectivity.

The questionnaire was developed after a thorough review of the literature relating to the key factors of the Peromnes factors of job evaluation, motivating factors, roles and functions of professional nurses working in the selected nursing units in order to ensure content validity.

Experienced lecturers from Medunsa, lecturing in Nursing Management and Nursing Education respectively, further tested the questionnaire for face and content validity. In this way the instrument was assessed to detect ambiguities in wording and repetition of items. It was also possible to establish whether the instrument was sufficiently comprehensive seeking the required range of responses, whether it was appropriate and adequate and whether there were any redundant response categories which might be superfluous (Hinds, Scandrett-Hibden & McAulay 1990:430).

3.5.2 Reliability

According to Brink and Wood (1994:180), reliability refers to the consistency, stability and repeatability of the data collection instrument as well as the investigator’s ability to collect and record information accurately. The underlying issue here, according to Miles and Huberman (1994:278), is whether the process of the study is consistent, reasonably stable over time and across researchers.

A reliable instrument does not respond to chance factors or environmental conditions. It will produce consistent results if repeated over time on the same person or group or if used by two different investigators (Bless & Higson-Smith 1995:105).

3.5.3 Pilot Study

A pilot study was undertaken at Mamelodi hospital with a group of professional nurses who are experts in the field of nursing to pre-test the questionnaire (Brockopp & Hasting-Tolsma 1995:192).

The statistician checked the statistical reliability of the questions and statements. As a result of this, some questions were corrected and some were reworded to be clearer. Testing procedures were applied to reduce measurement of error in order to collect reliable data (Van Manen 1990:24).
3.6 ETHICAL ISSUES

According to Polit and Hungler (1995:126), ethics is defined as a system of moral values that is concerned with the degree to which research procedures adhere to professional guidelines.

The researcher observed and adopted the following ethical principles and constraints in undertaking this research project.

3.6.1 Informed consent

Polit and Hungler (1995:128), explains informed consent as a means by which subjects have adequate information regarding the research so that they are capable of comprehending the information and have the power of free choice, enabling them to voluntarily consent to, or decline participation in the research.

Consent was acquired as follows:

- A letter requesting permission to conduct research in the specific Pretoria public hospitals in Gauteng Province was sent to the deputy director, nursing (Annexure A). The names of the hospitals selected for the study (Annexure B) and questionnaire (Annexure C) accompanied the letter. Permission was initially denied based on the fact that the time required for professional nurses to complete the questionnaire was not clearly specified. A second request was thereafter granted.

- The instruments and copies of the letter granting permission (Annexure D) from the directorate were then sent to the superintendent (Annexure E) and the nursing service managers (Annexure F) of the respective institutions. All three hospitals concerned responded positively (Annexure G, H and I).

- Co-operation of the professional nurses in the selected units were requested through the superintendent and chief nursing service managers respectively regarding the time needed to complete the questionnaire. The researcher visited the selected organisations to seek and arrange for such co-operation.

3.6.2 Protection of Human Rights

The researcher was objective in the assessment of the risk/benefit factors for the respondents and also in the development of the procedures to protect the rights of the subjects who are professional nurses in the selected units.
Bias was prevented at all cost by making a point that all professional nurses were treated equally. Protection of human rights was aimed at as indicated in the letter that was written to the professional nurses (Annexure J) that requested them to participate in the study by stipulating the following provisions:

- Subjects were made aware that their participation in the study was voluntary
- Their right not to participate would be respected (Polit & Hungler 1995:129).

### 3.6.3 Right to Privacy

The researcher had ensured the subjects that the participation in the study will be confidential and anonymity would be guaranteed and that the subject's privacy will be maintained throughout the study. This was achieved and stipulated in the covering letter of the questionnaire as follows:

- The subjects were re-assured that the information collected during the course of the study, will be kept in strict confidence
- **Anonymity** of respondents or subjects was ensured – anonymity occurs when even the researcher cannot link a subject with the information for the study.

The respondents were requested not to write their names or any other identification information on the questionnaires (Polit & Hungler 1995:125).

### 3.7 ANALYSIS OF DATA

The questionnaire meant for professional nurses in the different selected nursing units was intended to identify the views and opinions of the respondents concerning motivating factors and the Peromnes factors pertaining to the roles and functions they display in the identified nursing units. Data obtained was entered into coding sheets and was analysed by a statistician with the use of the SAS computer system. Analysis of Varience (ANOVA) was used to compare the mean percentages of the three selected units in respect of the factors concerned (Burns & Grove 1993:581). The purpose of the analysis of the data was to note percentages and frequency distributions of items in order to compare responses between the three identified units. Tables and Figures will be used to display such percentages and frequencies (Miles & Huberman 1994:7).
3.8 CONCLUSION

This chapter focused on the methods adopted to conduct the study. The population, sample, data collection instrument and validity and reliability of the instrument as well as the ethical issues were explained.

Chapter 4 will aim to analyse, interpret and describe the profile of the population participating in the study as well as the data regarding the roles and functions of professional nurses working in the different nursing units.
CHAPTER 4

ANALYSIS AND PRESENTATION OF DATA

4.1 INTRODUCTION

The present chapter is devoted to the analysis, interpretation and discussion of the responses to the questionnaire. The purpose is to utilize the information obtained from the respondents to address the objectives of the study as outlined in chapter 1 (See section 1.5).

The statistics were derived from the responses to eighty (80) questionnaires from a sample of 95, which were completed by the professional nurses from paediatric, surgical, and intensive care units (ICU) at the three Academic hospitals. Thus giving a response rate of 84 percent.

4.2 BIOGRAPHICAL INFORMATION

The biographical information provides a profile of the respondents. It yields valuable and necessary insights of the demographic structure of the sample and is a natural starting point since it is from this information that any departure from anticipated norms will emerge which may prejudice or alter the conclusions which are finally drawn from the responses (Burns & Grove 1993:112).

4.2.1 Personal particulars

4.2.1.1 Item 1 – Age

The first item examines the age structure of professional nurses in the sample. The ages of the respondents (Table 4.1) were grouped in intervals of ten years from 20 to 50 years, 51 and above were included to incorporate those that are above these years.

<table>
<thead>
<tr>
<th>AGE GROUPING</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 – 30</td>
<td>10</td>
<td>12.5</td>
</tr>
<tr>
<td>31 – 40</td>
<td>22</td>
<td>27.5</td>
</tr>
<tr>
<td>41 – 50</td>
<td>36</td>
<td>45.0</td>
</tr>
<tr>
<td>51 and above</td>
<td>12</td>
<td>15.0</td>
</tr>
</tbody>
</table>

100.00
The ages of the professional nurses ranged from 20 to 60 years of age. It is noted that 60 percent of the registered nurses are either 41 years of age or above. Thus, the physical demands of caring for children or unconscious patients may be very strenuous, especially considering they often work 10-hour shifts.

4.2.1.2 Item 2 – Gender

Most of the respondents (78; 97.5%) in the sample were female, while only 2.5 percent (n=2) of the respondents were male. (Table 4.2). This corresponds with the 2002 statistics of the SANC where 94.7% of registered nurses are females and 5.3% are males (SANC http://www.sanc.co.za/stats/stat2002).

<table>
<thead>
<tr>
<th>GENDER GROUPING</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Female</td>
<td>78</td>
<td>97.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

4.2.1.3 Item 3 – Marital status

The question on marital status of respondents was used in the questionnaire so that changes in social trends among nurses could be determined. (Table 4.3).

<table>
<thead>
<tr>
<th>MARITAL STATUS</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>20</td>
<td>25.0</td>
</tr>
<tr>
<td>Married</td>
<td>55</td>
<td>68.7</td>
</tr>
<tr>
<td>Divorced</td>
<td>4</td>
<td>5.0</td>
</tr>
<tr>
<td>Widowed</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

The majority (55; 68.7%) of the respondents were married. This is a contemporary trend, which contrasts with the nurses of Mid Twentieth Century, many whom were single women who devoted their lives wholly to nursing. Modern nurses are called upon to play several roles at the same time among these, being those of wife, father, mother and professional person. He/she is not infrequently the sole breadwinner of the family. This makes the salary that nurses receive, very important.
4.2.1.4 Item 4 – Basic nursing qualification

The respondents were asked whether they had completed their basic nursing qualification at diploma or degree level. Refer to Table 4.4.

TABLE 4.4 BASIC NURSING QUALIFICATION OF PROFESSIONAL NURSES (n=80)

<table>
<thead>
<tr>
<th></th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td>65</td>
<td>81.2</td>
</tr>
<tr>
<td>Degree</td>
<td>15</td>
<td>18.8</td>
</tr>
<tr>
<td></td>
<td><strong>80</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

The majority (65; 81.2%) of the professional nurses had completed their training at a diploma level. Fifteen (18.8%) professional nurses completed their training at degree level.

4.2.1.5 Item 5 – Additional nursing qualifications

All (80; 100%) of the respondents indicated that they have at least one additional qualification. The majority (71; 88.8%) have midwifery as an additional qualification, just more than half (47; 58.8%) have community nursing and nearly a third (26; 32.5%) have intensive care. Refer to Table 4.5

TABLE 4.5 ADDITIONAL NURSING QUALIFICATIONS OF PROFESSIONAL NURSES (n=80)

<table>
<thead>
<tr>
<th>ADDITIONAL NURSING QUALIFICATION OF RESPONDENTS</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatric Nursing Science</td>
<td>19</td>
<td>23.8</td>
</tr>
<tr>
<td>Midwifery Nursing Science</td>
<td>71</td>
<td>88.8</td>
</tr>
<tr>
<td>Orthopaedics Nursing Science</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Intensive Care Nursing</td>
<td>26</td>
<td>32.5</td>
</tr>
<tr>
<td>Community Nursing Science</td>
<td>47</td>
<td>58.8</td>
</tr>
<tr>
<td>Psychiatric Nursing Science</td>
<td>18</td>
<td>22.5</td>
</tr>
<tr>
<td>Nursing Administration</td>
<td>19</td>
<td>23.8</td>
</tr>
<tr>
<td>Nursing Education</td>
<td>8</td>
<td>10.0</td>
</tr>
<tr>
<td>Ophthalmological Nursing</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Advanced Midwifery Nursing Science</td>
<td>1</td>
<td>1.3</td>
</tr>
</tbody>
</table>
As nurses have more than one qualification, the total is thus in excess of 100 percent. Relevant, particularly to the present study, is the fact that nineteen (23.8%) of the professional nurses had a qualification in paediatric nursing science while twenty six (32.5%) had qualification in intensive care nursing, one (1.3%) had ophthalmological nursing and one (1.3%) had orthopaedic nursing which can be used in the surgical unit. At present, a nursing qualification in the area of clinical speciality is recommended for promotion and proper rendering of nursing care activities.

4.2.1.6 Item 6 – Unit

Respondents were asked in which unit do they work during the time of the current study. Both the paediatric and surgical units had 27 (33.8%) respondents working as professional nurses while ICU had 26 (32.4%) of the respondents working as professional nurses as reflected in Table 4.6.

TABLE 4.6 NUMBER OF PROFESSIONAL NURSES IN THE THREE IDENTIFIED UNITS (n=80)

<table>
<thead>
<tr>
<th>UNIT</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatric</td>
<td>27</td>
<td>33.8%</td>
</tr>
<tr>
<td>Surgical</td>
<td>27</td>
<td>33.8%</td>
</tr>
<tr>
<td>Intensive care</td>
<td>26</td>
<td>32.4%</td>
</tr>
<tr>
<td></td>
<td>80</td>
<td>100%</td>
</tr>
</tbody>
</table>

4.2.1.7 Item7 – Experience

Respondents were asked how much experience they had in their current unit:

![Figure 4.1: Length of Experience in Current Unit (n=80)](image)
It is evident from Figure 4.1 that the majority of respondents have six or more years experience in their respective units. Twenty three (28.8%) respondents have been in their units for six to ten years while 35 (43.70%) have worked in their specific units for ten or more years. It is thus clear that most of the respondents are well experienced and should therefore be knowledgeable about the working methods and requirements of their respective units.

Respondents were also asked what previous teaching experience they had (Figure 4.2).

![Figure 4.2: Previous teaching experience](image)

All (80; 100%) of the professional nurses who participated in this study have some form of teaching experience. It must be noted that even though the teaching experience is divided into specific categories, it is common practice that professional nurses can be involved in all four categories of teaching in varying degrees due to the requirements of their professional role.

4.2.1.8 Item 8 – Position at the current job

Respondents were asked to indicate their positions in their current jobs. This is indicated in Table 4.7.
TABLE 4.7 POSITIONS OF PROFESSIONAL NURSES IN THEIR CURRENT JOBS (n=80)

<table>
<thead>
<tr>
<th>POSITION</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit manager</td>
<td>1</td>
<td>1.2%</td>
</tr>
<tr>
<td>Chief professional nurse</td>
<td>54</td>
<td>67.5%</td>
</tr>
<tr>
<td>Senior professional nurse</td>
<td>12</td>
<td>15.0%</td>
</tr>
<tr>
<td>Functional nurses</td>
<td>13</td>
<td>16.3%</td>
</tr>
<tr>
<td></td>
<td>80</td>
<td>100%</td>
</tr>
</tbody>
</table>

The majority (54; 67.5%) of the professional nurses were already promoted to the position of chief professional nurse, twelve (15%) of them being senior professional nurses and thirteen (16.3%) being in the position of functional professional nurse. Only one, (1.2%) of the professionals who participated was a unit manager.

4.3 PEROMNES FACTORS

The second section of the questionnaire contains the activities that are based on the Peromnes factors of job evaluation. The factors ranged from factor one to factor eight i.e. problem solving, consequences of judgement, work pressure, knowledge, job impact, understanding, education and training/experience respectively.

As this is a comparative study aimed at distinguishing between the roles and functions of professional nurses working in the paediatric, surgical and intensive care units respectively, the results of each group will be provided separately in terms of each factor and thereafter the means will be compared by way of an Analysis of Variance (ANOVA) to determine whether there are significant differences between the groups.

The SAS computer program was used to analyse data. The Analysis of Variance (ANOVA) was applied to compare the means of the percentages for the three selected units in respect of the factors concerned. ANOVA is a procedure to test the significance of differences between three or more sets of data, or three or more groups (Burns & Grove 1997:580). An average percentage of each factor was calculated to make the findings simple and easy to understand. The negative questions were converted to positive questions in order to do the calculations. A score of one was allocated if the response to the question was worded in a positive or acceptable way to the field of practice and if the response was strongly agree or agree by the respondents.
Subsequently, the total of all scores for each factor was converted into percentages, the reason being that the factors didn’t all have the same number of scores or items in the questionnaire. Therefore, the results were compared in terms of percentages. Bon grouping or the Bonferroni procedure, which controls the escalation of significance, was used to determine the significance of differences between means. Symbols A and B were used to align the means. The means with the same letter does not signify a significant difference, this means that there is no significant difference when the symbols are similar, however, when there is a combination of A and B on adjacent lines, then there is a significant difference at the p<0.05 level. This methodology was followed for all components of the collected data (Burns & Grove 1997:581).

4.3.1 Factor 1: Problem solving

The first factor of Peromnes in this study examines the extent to which the professional nurses in the selected units solve problems in their units based on the activities that were listed in the questionnaire. The mean results of this factor are converted into a percentage as explained above and are indicated in Table 4.8 below.

<table>
<thead>
<tr>
<th>BON GROUPING</th>
<th>MEAN %</th>
<th>N</th>
<th>SD</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>69.23</td>
<td>27</td>
<td>10.23</td>
<td>Paediatric</td>
</tr>
<tr>
<td>A</td>
<td>66.38</td>
<td>27</td>
<td>13.85</td>
<td>Surgical</td>
</tr>
<tr>
<td>A</td>
<td>64.79</td>
<td>26</td>
<td>13.09</td>
<td>ICU</td>
</tr>
</tbody>
</table>

The results show no significant difference (p=0.4257) between means of the responses. The mean of paediatric units were 2.8% above the responses of the surgical units, while the surgical unit’s responses were 1.5% above the responses of the intensive care units in terms of solving problems in the units respectively. When looking at the results, it is evident that there is not a significant difference in the way the professional nurses in the three units solve problems.

In practice, the results were congruent to what happens in the health care services where professional nurses from the three identified units are expected to identify and define actual or potential problems related to the patient’s condition. They have to plan nursing care in accordance with the patient’s individual needs and solve related problems.
4.3.2 Factor 2: Consequences of judgement

This factor is based on the amount of discretion the nurse should display while caring for patients. This examines the extent to which professional nurses in the selected units consider the consequences of their judgements based on the activities listed in the questionnaire. The results of this factor are tabled in Table 4.9.

**TABLE 4.9 MEANS OF THE CONSEQUENCES OF JUDGEMENT FACTOR EXPRESSED AS A PERCENTAGE (n=80)**

<table>
<thead>
<tr>
<th>BON GROUPING</th>
<th>MEAN %</th>
<th>N</th>
<th>SD</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>74.074</td>
<td>27</td>
<td>13.54</td>
<td>Surgical</td>
</tr>
<tr>
<td>A</td>
<td>70.062</td>
<td>27</td>
<td>14.85</td>
<td>Paediatric</td>
</tr>
<tr>
<td>A</td>
<td>68.590</td>
<td>26</td>
<td>15.51</td>
<td>ICU</td>
</tr>
</tbody>
</table>

In viewing the means of the selected units, it appears that there is no significant difference (p=0.3720) between the way the professional nurses in the three units responded to the questions related to the consequences of judgement. The responses of the surgical units were 4% above the responses of paediatric units, while the responses of the paediatric units were 1.4% higher than the mean of the intensive care units in terms of consequences of judgements.

In practice, all professional nurses are expected to use their discretion and judgement in reducing health hazards, prevent patients from injuries and safeguard the patients against threats.

4.3.3 Factor 3: Work pressure

This relates to the pressure that can be expected to affect the nurses while rendering their daily routine. This factor examines the extent to which professional nurses in the selected units experience pressure in relation to the activities that they carry out as indicated in Table 4.10.

**TABLE 4.10 MEANS OF THE WORK PRESSURE FACTOR EXPRESSED AS A PERCENTAGE (n=80)**

<table>
<thead>
<tr>
<th>BON GROUPING</th>
<th>MEAN %</th>
<th>N</th>
<th>SD</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>68.343</td>
<td>26</td>
<td>11.58</td>
<td>ICU</td>
</tr>
<tr>
<td>A</td>
<td>66.667</td>
<td>27</td>
<td>13.32</td>
<td>Surgical</td>
</tr>
<tr>
<td>B</td>
<td>58.689</td>
<td>27</td>
<td>13.52</td>
<td>Paediatric</td>
</tr>
</tbody>
</table>
The results in Table 4.10 show a significant difference (p=0.0169) between the responses of ICU and surgical units as opposed to paediatric units respectively. Both professional nurses in ICU and surgical units had more work pressure in terms of the results compared to the paediatric unit. The professional nurses working in the ICU had an average percentage of 9.6% and the surgical unit 7.9% above the responses of professional nurses in paediatric units which indicate a significant difference in means.

In practice, ICU exert more pressure on the staff working there because of the numerous pieces of advanced technological equipment used and typical conditions of patients where they may have multiple conditions such as head injuries and fractures simultaneously. One patient can be connected to different devices such as monitors and ventilators at the same time. Because of the high patient turnover in surgical units and the need to safeguard semi-conscious patients post-operatively, work pressure is also high in surgical wards.

4.3.4 Factor 4: Knowledge

This includes the knowledge which professional nurses should possess in order to carry out their daily activities. The respondents were asked to indicate to what extent they agreed with activities that were listed in the questionnaire. The mean results of this factor were converted into percentage as explained before and are indicated in Table 4.11.

**TABLE 4.11 MEANS OF THE KNOWLEDGE FACTOR EXPRESSED AS A PERCENTAGE (n=80)**

<table>
<thead>
<tr>
<th>BON GROUPING</th>
<th>MEAN %</th>
<th>N</th>
<th>SD</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>89.316</td>
<td>26</td>
<td>11.54</td>
<td>ICU</td>
</tr>
<tr>
<td>A</td>
<td>89.300</td>
<td>27</td>
<td>13.25</td>
<td>Paediatric</td>
</tr>
<tr>
<td>A</td>
<td>87.674</td>
<td>27</td>
<td>16.40</td>
<td>Surgical</td>
</tr>
</tbody>
</table>

The results of this factor shows that there are no significant differences (p=0.8813) between the means in terms of knowledge required from professional nurses working in the three units. Although there is a slight decrease in the average percentage of the surgical units, which is 1.6% lower than the other two units.

All professional nurses are expected to possess sufficient knowledge and skills of the procedures, terminology and concepts relevant to the units in which they function.
4.3.5 Factor 5: Job impact

The fifth factor examines the extent to which professional nurses in the selected units view their activities in relation to job impact.

**TABLE 4.12 MEANS OF THE JOB IMPACT FACTOR EXPRESSED AS A PERCENTAGE (n=80)**

<table>
<thead>
<tr>
<th>BON GROUPING</th>
<th>MEAN%</th>
<th>N</th>
<th>SD</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>72.802</td>
<td>26</td>
<td>11.07</td>
<td>ICU</td>
</tr>
<tr>
<td>A</td>
<td>70.899</td>
<td>27</td>
<td>9.89</td>
<td>Surgical</td>
</tr>
<tr>
<td>B</td>
<td>62.963</td>
<td>27</td>
<td>14.01</td>
<td>Paediatric</td>
</tr>
</tbody>
</table>

In viewing the results of job impact in Table 4.12, it shows a significant difference (p=0.0074) in terms of job impact experienced by professional nurses working in ICU and surgical units as opposed to paediatric units. The responses from ICU were 9.8% and those of surgical units were 7.9% above the responses of professional nurses working in paediatric units. This indicates that the professional nurses in ICU and surgical units experience greater job impact than professional nurses working in the paediatric units.

The results can be regarded as being congruent with what occurs in the services. In the ICU there are numerous pieces of intricate equipment and if not connected properly, may have an effect on the rendering of care, or cause the death of a patient. The other units also have advanced equipment, but ICU is equipped with more complicated life saving equipment. In ICU, there are lots of procedures to be performed and patients are usually severely ill, likewise surgical units usually have to cope with patients that have not completely recovered from anaesthesia after operation and their patient turnover is usually high and fast depending on the type of operations performed.

Professional nurses working in surgical units are involved in the process of obtaining consent pre-operatively. If mistakes occurred (wrong site for operation or wrong patient), it can have a serious impact on the patients, the responsible health practitioner(s) and the hospital.
4.3.6 Factor 6: Understanding

This factor examines the extent to which professional nurses in the selected units are required to understand the activities of the units in which they are working. See Table 4.13.

**TABLE 4.13 MEANS OF THE UNDERSTANDING FACTOR EXPRESSED AS A PERCENTAGE (n=80).**

<table>
<thead>
<tr>
<th>BON GROUPING</th>
<th>MEAN%</th>
<th>N</th>
<th>SD</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>96.154</td>
<td>26</td>
<td>6.89</td>
<td>ICU</td>
</tr>
<tr>
<td>A</td>
<td>94.949</td>
<td>27</td>
<td>9.87</td>
<td>Surgical</td>
</tr>
<tr>
<td>B</td>
<td>82.155</td>
<td>27</td>
<td>18.09</td>
<td>Paediatric</td>
</tr>
</tbody>
</table>

The above results show a significant difference (p=0.0001) between responses of professional nurses working in ICU and surgical units as opposed to the responses of professional nurses working in the paediatric units. The ICU responses were 13.9% and the surgical units 12.7% above the responses of the paediatric units. This indicates that activities and tasks in ICU and surgical units require a higher level of understanding from professional nurses than what is generally expected from paediatric nurses.

All professional nurses need to understand the procedures, policies and routines of their units in order to carry out their tasks. Professional nurses in ICU also need to understand how the advanced equipment should be operated and how multiple conditions are managed with the use of the equipment. In the surgical units, nurses need to understand the after effects of anaesthesia on patients and care of patient’s pre- and post-operatively.

4.3.7 Factor 7: Education

The seventh Peromnes factor examines the educational qualifications professional nurses have working in the three selected units. The means of the results in this factor are reflected in Table 4.14.
TABLE 4.14 MEANS OF THE EDUCATION FACTOR EXPRESSED AS A PERCENTAGE (n=80)

<table>
<thead>
<tr>
<th>BON GROUPING</th>
<th>MEAN%</th>
<th>N</th>
<th>SD</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>80.220</td>
<td>26</td>
<td>15.69</td>
<td>ICU</td>
</tr>
<tr>
<td>A</td>
<td>77.778</td>
<td>27</td>
<td>15.51</td>
<td>Surgical</td>
</tr>
<tr>
<td>A</td>
<td>76.190</td>
<td>27</td>
<td>20.20</td>
<td>Paediatric</td>
</tr>
</tbody>
</table>

The results of this factor show that there are no significant differences (p=0.6960) in the acquired education and qualifications of professional nurses working in any of the three selected units. All professional nurses have a basic qualification (diploma/degree) in general nursing that have equipped them to care for patients with different conditions. The response to items under the biographical sections indicated that all the respondents had at least one additional qualification. Management usually allocates professional nurses to specific units according to their qualifications, expertise and preferences.

4.3.8 Factor 8: Training/Experience

The last Peromnes factor examines aspects related to training and experience relevant to the professional nurses working in the three selected units (Table 4.15).

TABLE 4.15 MEANS OF THE TRAINING/EXPERIENCE FACTOR EXPRESSED AS A PERCENTAGE (n=80)

<table>
<thead>
<tr>
<th>BON GROUPING</th>
<th>MEAN%</th>
<th>N</th>
<th>SD</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>87.179</td>
<td>26</td>
<td>17.87</td>
<td>ICU</td>
</tr>
<tr>
<td>A</td>
<td>86.008</td>
<td>27</td>
<td>14.97</td>
<td>Paediatric</td>
</tr>
<tr>
<td>A</td>
<td>85.185</td>
<td>27</td>
<td>16.88</td>
<td>Surgical</td>
</tr>
</tbody>
</table>

The results of the above-mentioned factor show that there is no significant difference (p=0.9086) between the means in terms of training and experience related to the professional nurses working in the identified units. There was just a slight difference in terms of the percentages obtained.

It can thus, be concluded that professional nurses working in the three selected units, all require some form of additional training relevant to their fields of expertise.
4.4 SUMMARY OF THE PEROMNES FACTORS

In reviewing the responses of the professional nurses in relation to the above-mentioned eight Peromnes factors in the identified units i.e. paediatric, surgical and ICU, there were five factors that showed no significant differences in the means of responses pertaining to their roles and functions, while three factors indicated a significant difference.

Factors that indicated no significant difference were the following:

- Problem solving;
- Consequences of judgement;
- Knowledge;
- Education; and
- Training and experience.

The following factors showed a significant difference between the means of the different units and these include:

- Work pressure;
- Job impact; and
- Understanding.

The units that experienced the most work pressure, job impact and understanding were ICU and surgical units. Apart from these factors, it thus appears as if the roles and functions required of professional nurses in these three disciplines, do not vary much in content and intensity.

4.5 THE MOTIVATING FACTORS

The third section of the questionnaire contains items that are motivational in nature. These were designed to ascertain the respondent’s views on what actually causes satisfaction or dissatisfaction while they are doing their work in the units.

This section contains forty items. For the purpose of clear analysis of this data, the items were grouped into six different motivational factors. These include recognition, autonomy, growth, conditions of services, money and safety in the work place.

As this is a comparative study aiming to distinguish between the activities related to motivating professional nurses working in the paediatric, surgical or ICU units respectively, the results of each group will be provided separately in terms of each factor and the means will be compared by way of Analysis of Variance to determine whether there are significant differences between the responses.
4.5.1 Recognition

The items for this factor examined the extent to which professional nurses working in the selected units i.e. paediatric, surgical and ICU units enjoyed respect from colleagues and which aspects attempted to bring about recognition during their daily routines. Refer to Table 4.16 for results.

**TABLE 4.16 MEANS OF RECOGNITION EXPRESSED AS A PERCENTAGE (n=80)**

<table>
<thead>
<tr>
<th>BON GROUPING</th>
<th>MEAN%</th>
<th>N</th>
<th>SD</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>65.278</td>
<td>27</td>
<td>26.48</td>
<td>Paediatric</td>
</tr>
<tr>
<td>A</td>
<td>58.654</td>
<td>26</td>
<td>29.07</td>
<td>ICU</td>
</tr>
<tr>
<td>A</td>
<td>56.944</td>
<td>27</td>
<td>17.60</td>
<td>Surgical</td>
</tr>
</tbody>
</table>

The results above show no significant difference ($p=0.4365$) in the means of the above factor in the three units. This can be interpreted as a possible limitation in the coding of information as a difference of 8.3% was detected between the means of paediatric and surgical units while 6.6% difference was observed between the means of paediatric and intensive care units.

Professional nurses often receive recognition from patients in the form of compliments such as “thank you letters and messages”. Management recognises professional nurses achievements by acknowledging courses or projects on completion.

4.5.2 Autonomy

The second factor examines the extent to which professional nurses work independently in the execution of their tasks in the three units. Refer to Table 4.17.

**TABLE 4.17 MEANS OF AUTONOMY EXPRESSED AS A PERCENTAGE (n=80)**

<table>
<thead>
<tr>
<th>BON GROUPING</th>
<th>MEAN%</th>
<th>N</th>
<th>SD</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>82.692</td>
<td>26</td>
<td>22.9</td>
<td>ICU</td>
</tr>
<tr>
<td>A</td>
<td>76.852</td>
<td>27</td>
<td>49.93</td>
<td>Surgical</td>
</tr>
<tr>
<td>A</td>
<td>75.926</td>
<td>27</td>
<td>26.39</td>
<td>Paediatric</td>
</tr>
</tbody>
</table>

The results indicate no significant difference ($p=0.4930$) in the means of the three units in respect to autonomy.
These results indicate a possible limitation in the coding and analysis of the data because a difference of 6.7% was obtained between the means of ICU and paediatric units, while a difference of 5.8% was noted between the means of ICU and surgical units.

4.5.3 Growth

These items in the questionnaire relating to growth examined the extent to which professional nurses in the selected units considered certain activities as important to bring about growth and advancement for them as individuals in their units. Refer to Table 4.18.

**TABLE 4.18 MEANS OF GROWTH FACTOR EXPRESSED AS A PERCENTAGE (n=80)**

<table>
<thead>
<tr>
<th>BON GROUPING</th>
<th>MEAN%</th>
<th>N</th>
<th>SD</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>77.219</td>
<td>26</td>
<td>22.24</td>
<td>ICU</td>
</tr>
<tr>
<td>A</td>
<td>74.359</td>
<td>27</td>
<td>20.90</td>
<td>Paediatric</td>
</tr>
<tr>
<td>A</td>
<td>70.085</td>
<td>27</td>
<td>22.61</td>
<td>Surgical</td>
</tr>
</tbody>
</table>

The results show no significant difference (p=0.4938). There was, however, a difference of 7.1% between ICU and surgical units, indicating that professional nurses working in ICU experience more professional growth than those working in surgical units.

Professional nurses working in ICU, experience growth while dealing with high technological equipment, the machines keep the professional nurses up to date with new developments and the challenges of advanced equipment increases their knowledge and skills of performing tasks in the units.

Erroneous coding and analysis might again be responsible for this result.

4.5.4 Working conditions

This factor examines the condition of service professional nurses are exposed to in their respective units. Working conditions includes the environment which may impinge on the employee's senses and are related to their lower order needs such as security and belonging which may have a direct effect on the employee’s performance, which in turn, affects their physiological functioning (Booyens 1998:235). Refer to Table 4.19.
TABLE 4.19 MEANS OF WORKING CONDITIONS EXPRESSED AS A PERCENTAGE (n=80)

<table>
<thead>
<tr>
<th>BON GROUPING</th>
<th>MEAN%</th>
<th>N</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>62.693</td>
<td>27</td>
<td>Paediatric</td>
</tr>
<tr>
<td>A</td>
<td>61.538</td>
<td>26</td>
<td>ICU</td>
</tr>
<tr>
<td>A</td>
<td>57.531</td>
<td>27</td>
<td>Surgical</td>
</tr>
</tbody>
</table>

There is no significant difference (p=0.1767) in the means of the three selected units in relation to working conditions. There was however, a difference of 5.1% between paediatric and surgical units, indicating that professional nurses working in paediatric units experience their working conditions more positively than surgical nurses. The findings also indicated a limitation in the coding of data because a difference of 5.1% had been seen between the means of the paediatric and surgical units.

4.5.5 Money

The items related to money in the questionnaire aims to determine professional nurse’s views about pay and remuneration systems. Refer to Table 4.20.

TABLE 4.20 MEANS OF MONEY EXPRESSED AS A PERCENTAGE (n=80)

<table>
<thead>
<tr>
<th>BON GROUPING</th>
<th>MEAN%</th>
<th>N</th>
<th>SD</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>60.26</td>
<td>26</td>
<td>42.18</td>
<td>ICU</td>
</tr>
<tr>
<td>A</td>
<td>50.62</td>
<td>27</td>
<td>45.64</td>
<td>Paediatric</td>
</tr>
<tr>
<td>B</td>
<td>41.98</td>
<td>27</td>
<td>40.92</td>
<td>Surgical</td>
</tr>
</tbody>
</table>

The results show a significant difference (p=0.0370) between the means of the three units. The responses from ICU were 18.28% and those of paediatric units were 8.6% above the surgical unit’s professional nurse’s responses. A significant difference exists between the means of intensive care and paediatric units in comparison with surgical units. Thus, indicating that the intensive care and paediatric nurses expressed more positive views about the remuneration systems than their colleagues in surgical units.

4.5.6 Safety

This factor examines the extent to which the respondents view and regard their environment as safe. This impinges on the employee’s senses and is related to their lower order needs such as
as safety, security and belonging which may have a direct effect on the employee’s performance. Refer to Table 4.21.

TABLE 4.21 MEANS OF SAFETY EXPRESSED AS A PERCENTAGE (n=80)

<table>
<thead>
<tr>
<th>BON GROUPING</th>
<th>MEAN%</th>
<th>N</th>
<th>SD</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>79.630</td>
<td>27</td>
<td>27.48</td>
<td>Paediatric</td>
</tr>
<tr>
<td>A</td>
<td>78.848</td>
<td>26</td>
<td>26.06</td>
<td>ICU</td>
</tr>
<tr>
<td>A</td>
<td>74.974</td>
<td>27</td>
<td>27.86</td>
<td>Surgical</td>
</tr>
</tbody>
</table>

The results from the above-mentioned table showed no significant differences (p=0.7201) between the responses of the professional nurses in the three selected units. There is, however, a difference of 4.6% between the responses of paediatric and surgical units, demonstrating that professional nurses in paediatric units feel safer in their environment than those working in the surgical units.

4.6 SUMMARY OF THE MOTIVATING FACTORS

In reviewing the responses of professional nurses in relation to the six motivating factors in the identified units, of the six factors, five showed no significant difference between the means of the responses pertaining to their motivational role in relation to professional nurses, while only one factor indicated a significant difference. Factors that indicated no significant difference were the following:

- Recognition;
- Autonomy;
- Growth;
- Working conditions and
- Safety

The only factor that showed a significant difference between the means of the three units is money.

The units that expressed more positive views about the remuneration system are the intensive care and paediatric units. Apart from the money factor, it thus appears as if the motivating factors related to professional nurses in the three identified units, does not differ much in their contribution to improve the morale of nurses in these units.

4.7 THE ROLES AND FUNCTIONS OF PROFESSIONAL NURSES

The fourth section of the questionnaire deals with the roles and functions of professional nurses working in the three identified units i.e. paediatric, surgical and ICU respectively.
This involves the activities that they carry out during their daily routine while they are providing nursing care to patients in their units. The questionnaire contains sixty-six items which are related to the activities that are based on patient’s basic care, management of nursing care, teaching of both staff members and patients, handling abused patients and caring for patients with specific conditions in the units. The same method of analysis was used as that explained for the Peromnes and motivational factors.

4.7.1 Basic care

These items examined the extent to which professional nurses in the three selected units provided activities relevant to basic care in their daily routine. Refer to Table 4.22.

<table>
<thead>
<tr>
<th>BON GROUPING</th>
<th>MEAN%</th>
<th>N</th>
<th>SD</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>92.692</td>
<td>26</td>
<td>7.79</td>
<td>ICU</td>
</tr>
<tr>
<td>A</td>
<td>90.185</td>
<td>27</td>
<td>13.85</td>
<td>Surgical</td>
</tr>
<tr>
<td>B</td>
<td>82.593</td>
<td>27</td>
<td>15.89</td>
<td>Paediatric</td>
</tr>
</tbody>
</table>

The results indicate a significant difference (p=0.0152) between the means of ICU and surgical units in comparison with paediatric units in relation to the delivery of basic nursing care. The responses from the ICU were 10.1% and those of surgical units were 7.5% above the responses of professional nurses working in the paediatric units. This indicates that the professional nurses in the ICU and surgical units were exposed to higher volumes of basic patient care.

This can be expected as the patient workload and technological inputs are very high in ICU, likewise the surgical units usually have to care for patients with different reactions, post-operation and their patient turnover is usually high and fast depending on the type of operation.

The reason for paediatric nurses to be lower than the two units is that the parents of children are encouraged to assist in the feeding, bathing and changing of clothes of children while they are in the units.

4.7.2 Management of nursing care

These items examined the extent to which professional nurses manage nursing care of patients in the three selected units. Refer to Table 4.23.
The results pertaining to the management of nursing care showed a significant difference (p=0.0036) between the means of ICU and surgical in comparison with paediatric units. The difference of 13.4% between ICU and paediatric units was noted. This indicates that the professional nurses working in ICU experience a greater need to manage the nursing care of their patients than paediatric nurses. However, surgical nurses also do so at a greater (7.7%) extent than paediatric nurses.

4.7.3 Teaching of staff and patients

These items examined the extent to which professional nurses in the selected units perform teaching activities for staff members and their patients in their respective units. Refer to Table 4.24.

There is no significant difference (p=0.9017) in the means of the three selected units in terms of teaching responsibilities. The difference of 1.8% between ICU and paediatric discloses that, ICU staff probably do a little more teaching than their paediatric colleagues. This can relate to the fact that the ICU units in training hospitals are responsible for training of intensive care nurses.

4.7.4 Handling abuse

These items aimed at determining the extent to which professional nurses in the three selected units had to handle patients who had been subjected to abuse. Refer to Table 4.25.
TABLE 4.25: MEANS OF HANDLING ABUSE
EXPRESSED AS A PERCENTAGE (n=80)

<table>
<thead>
<tr>
<th>BON GROUPING</th>
<th>MEAN%</th>
<th>N</th>
<th>SD</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>89.744</td>
<td>26</td>
<td>24.53</td>
<td>ICU</td>
</tr>
<tr>
<td>A</td>
<td>88.889</td>
<td>27</td>
<td>22.65</td>
<td>Paediatric</td>
</tr>
<tr>
<td>B</td>
<td>79.012</td>
<td>27</td>
<td>26.39</td>
<td>Surgical</td>
</tr>
</tbody>
</table>

According to means of the three selected units, there are significant differences (p=0.0129) between the means of ICU and paediatrics as apposed to surgical units in relation to the handling of abused patients. There is a difference of 10.7% between ICU and the surgical units and the difference of 9.8% between paediatric and surgical units. This discloses that ICU and paediatric professional nurses handle more patients who have been subjected to abuse than the surgical unit’s professional nurses.

4.7.5 Specific conditions

This factor examines the extent to which professional nurses in the selected units provide care to patients with specific conditions such as feeding disorders, HIV/AIDS patients and patients with brain defects in their units. Refer to in Table 4.26.

TABLE 4.26 MEANS OF SPECIFIC CONDITIONS
EXPRESSED AS A PERCENTAGE (n=80)

<table>
<thead>
<tr>
<th>BON GROUPING</th>
<th>MEAN%</th>
<th>N</th>
<th>SD</th>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>100.00</td>
<td>27</td>
<td>00.00</td>
<td>Surgical</td>
</tr>
<tr>
<td>A</td>
<td>98.077</td>
<td>26</td>
<td>9.81</td>
<td>ICU</td>
</tr>
<tr>
<td>A</td>
<td>90.741</td>
<td>27</td>
<td>24.17</td>
<td>Paediatric</td>
</tr>
</tbody>
</table>

According to the above results, there is no significant difference (p=0.0661) between the means of the three selected units. However, a difference of 9.26% between means of surgical and paediatric units and 7.3% between the means of ICU and paediatric units were detected.
The high differences of percentages and sequence of percentages appear incongruous with reality and may thus be interpreted as a limitation as most of the conditions identified in the questionnaire were mostly relevant to paediatric units.

According to the statistics contained in the admission books and hospital registers, the conditions of patients admitted to the units are evident, for instance patients with rumination disorders and cerebral palsy are common in the paediatric units, while surgical units have surgery conditions, intensive care units have patients with multiple conditions.

4.8 SUMMARY OF THE ROLES AND FUNCTIONS OF PROFESSIONAL NURSES

In reviewing the responses of professional nurses in relation to the five factors of the roles and functions of professional nurses in the three identified units, two factors indicated no significant difference between the means, while three factors showed a significant difference between the means. Factors that indicated no significant difference include the following:

- Teaching responsibilities;
- Care of specific conditions.

Factors that indicated a significant difference include the following:

- Basic care;
- Management of nursing care and handling of abuse.

The units that expressed the highest scores pertaining to basic care, management of nursing care and handling of abuse are the intensive care units. Apart from these factors, it thus appear as if the roles and functions required of professional nurses in the three disciplines, do not vary much in content and intensity.

4.9 ASPECTS AFFECTING THE RESPONDENTS

The professional nurses of the three identified units were asked to list additional activities that they were supposed to do. Their responses identified non-nursing duties such as:

- activities as porters and general workers;
- doing clerical duties.
Some aspects related to poor motivation were identified; these include the following:

- favouritism by the superiors;
- problems in shift discrepancies;
- poor orientation of staff in the units; and
- bias related to management.

The above aspects may lead to low morale and burn-out of the professional nurses in the selected units.

### 4.10 CONCLUSION ENCAPSULATING THE FINDINGS

In concluding this chapter on data analysis, one notes that the respondents comprised of a group of professional nurses from the paediatric, ICU and surgical units who fall predominantly in the age group of 31 to 51. All of them have at least one additional qualification.

With regard to the Peromnes factors, three items namely work pressure, job impact and understanding showed significant difference in their means. For all the other five factors, some differences in mean percentage were evident, but not significant in nature.

In the motivating factors, one item namely money showed a significant difference between the means. For all of the other five factors, some differences in mean percentages were evident, but not significant in nature.

However, incongruencies in the findings of some of the motivating factors were evident which could be due to inconsistencies in the coding and analysis of data.

With regard to the last items relating to the roles and functions of professional nurses in the three selected units, three items namely basic care, management of nursing care and handling abused patients showed significant differences between their means. Teaching responsibilities and care of specific conditions showed no significant differences in the mean of percentages of the three units.

However, care of specific conditions was interpreted as a limitation in this study because of the high margin in differences in the means in the three selected units. This limitation might be due to the formulation of some questions which may have been unclear and thus lead to doubtful information and coding of questions during the data analysis process which might have lead to incorrect interpretations.
CHAPTER 5

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

A summary of the findings, the conclusions drawn from the study and recommendations have been included in this chapter.

5.2 THE PURPOSE AND THE METHOD OF THE STUDY

The main purpose of this study was to compare the key factors within the roles and functions of professional nurses working in the three different nursing units in three academic hospitals of the Gauteng Province. The objectives of the study were to:

- Determine the roles and functions professional nurses in the paediatric nursing units need to carry out in their daily caring of children;
- Compare the roles and functions of professional nurses working in paediatric units with those of other professional nurses working in intensive care and surgical units;
- Determine the possible effect of perceived discrepancies between the compensation received by professional nurses working in the three identified units on the morale of professional nurses working in the paediatric unit;
- Determine if there is a valid reason for professional nurses working in the paediatric units to feel that they deserve additional remuneration when comparing their roles and functions with professional nurses working in intensive care and surgical units.

5.3 PROFILE OF THE PROFESSIONAL NURSES

Sixty percent of the professional nurses who participated in this study were in their middle age years, they included both males and females. The majority (55; 68.7%) of the respondents were married. Most (65; 81.2%) of the respondents had completed their basic training at a diploma level, while (15; 18.8%) of the respondents had completed their basic training at a degree level. All (80; 100%) of the respondents have at least one additional nursing qualification. Midwifery seems to be the most popular additional registration with 71 (88.8%) of the respondents having obtained this qualification while more than half (47; 58.8%) have community nursing and nearly a third (26; 32.5%) have intensive care. An equal number of respondents namely (19; 23.8%) have a qualification in nursing administration and paediatric nursing science. An equal number of respondents, namely one (1.3%) had a qualification in advanced midwifery nursing, orthopaedic nursing and ophthalmological nursing science respectively. Eight (10.00%) had nursing education as an additional qualification.
The respondents consist of three groups, those who work in paediatric, surgical and intensive care units. Twenty seven (33.8%) worked in paediatric and surgical wards respectively, while 26 (32.4%) worked in ICU.

The respondents indicated that they have many years of experience in their current positions. Thirty five (43.7%) had more than ten years experience. Most had been promoted to the position of chief professional nurse. It was noted that all eighty (100.0%) of the professional nurses who participated in this study have teaching experience. This indicates that professional nurses are involved in the training of nurses as well as patient education in addition to giving nursing care to patients.

5.4 LIMITATIONS OF THE STUDY

The study was subject to a number of limitations which were as follows:

- Formulation of some questions which may have been unclear and thus led to doubtful information. For example in section B of the questionnaire relating to the Peromnes factors, work pressure item 28 and 29 were unclear and incorrectly stated, which might have led to doubtful information.

- Section D of the questionnaire, the sequence of response alternatives was incorrect but this was taken into account during data analysis.

- Coding of questions during the data analysis process which may have led to incorrect interpretations such as items dealing with care of specific conditions, where surgical (100%) and ICU (98.1%) appeared above the means of paediatric (97%) nurses in relation to care of specific conditions. This can be interpreted as a limitation as most of the conditions listed were relevant to paediatric units, for example, rumination disorders and cerebral palsy, thus the paediatric unit should have scored higher means than the other two types of units, surgical and ICU.

5.5 FINDINGS

Herzberg’s two-factor motivational theory was applied as paediatric nurses appeared despondent about the number of activities they had to perform in caring for children from infant to 12 years of age. Herzberg postulates that two groups of factors namely motivators and hygiene factors affect employee’s sense of well-being at work.

The roles and functions of paediatric, intensive care and surgical nurses were discussed in chapter two and substantiated by the literature.
The findings of the empirical study performed as part of this research will now be discussed under the following headings when comparing the views of the three groups of professional nurses:

- Peromnes factors:
- Motivation factors and
- Roles and functions of professional nurses.

5.5.1 Peromnes factors

Eight factors are applicable. In comparing the three groups of professional nurses, only three factors indicated a significant difference between the means of the groups i.e. work pressure, job impact and understanding. For some of the factors, there were differences between means, but not sufficient to substantiate arguments for higher workload by paediatric nurses.

5.5.1.1 Problem solving

The problem solving factor dealt with aspects such as:

- applying one solution after another until the problem is solved or appears to be improving;
- when there is a problem in the unit, permitting the problem to run its natural course without intervention;
- analysing the problems at hand in order of priority to determine solutions;
- gathering and analysing information until it has been sorted into some orderly arrangement.
- listing problems in order of priority;
- when making decisions, first review the list of potential solutions, then select the one that is most feasible and satisfactory;
- considering the frequency, complexity and nature of the problems relevant to specific units before coming up with a solution;
- defining and identifying actual or potential problems and taking appropriate action;
- identifying and planning nursing care for patients with several complaints;
- alternative solutions are limited in number and variety, but demand a moderate degree of reasoning to be able to make a choice;
- a minimal degree of freedom is allowed without reference to a supervisor;
alternative solutions are clear and varied and require interpretation and independent reasoning, guided by circumstances. A number of non-routine alternatives are allowed, without reference to a supervisor and
- using their independent judgement to carry out procedures without considering the unit policy, rules and regulations.

No significant difference between the means of the units were recorded although paediatric nurses recorded a slightly higher mean of 69.2 percent in comparison with surgical (66.3%) and ICU (64.7%) nurses. This indicates that paediatric nurses appear to have to deal with problem solving more often than their colleagues in the other two units.

5.5.1.2 Consequences of judgement

The consequences of judgement dealt with aspects such as:

- being allowed a fair amount of discretion in caring for patients in the unit;
- working hard to reduce risks in the unit;
- working hard to prevent environmental health related risks or hazards;
- working so that they can be remunerated more than what they receive now by means of merit rewards;
- facilitating fair interaction between patients and staff;
- using judgement in caring for patients in the unit;
- judgements have a very limited impact which is confined to the unit in which they work;
- judgements have a significant impact on the functioning of the unit in which they work;
- judgements can affect the life and well-being of a patient and
- rectification of adverse effects due to their judgements involves middle management.

No significant difference between the means of the units were recorded, although surgical nurses recorded a slightly higher mean of 74 percent in comparison with paediatric (70%) and ICU (68.5%) nurses. Thus showing that surgical nurses appear to have to deal with consequences of judgement slightly more than their colleagues in the ICU and paediatric units.
5.5.1.3 Work pressure

Work pressure relates to factors such as:

- approaching new situations with flexibility and willingness;
- handling stressful situations without undue agitation;
- undertaking extra activities such as mothering and nurturing should be carried out as a daily routine without compensation;
- being provided with clear accurate guidelines and well arranged procedures to carry out their activities;
- handling demands from nursing staff and patients in a polite manner;
- believing that the amount of paperwork, number of patients and time constraints increase pressure and should be in line with more remuneration;
- nursing patients with congenital diseases and sexual transmitted illness such as HIV/AIDS;
- and performing activities that are over and above the content of their job descriptions.

A significant difference (p=0.0169) exists between the means of intensive care (68.3%) and surgical (66.6%) nurses in comparison with paediatric (58.6%) nurses. It is clear that both ICU and surgical nurses expressed higher levels of work pressure than the levels experienced by the paediatric nurses. This can be expected as the patient load and technological input are very high in ICU, likewise surgical units usually have to deal with semi-conscious patients after operations and their patient turnover is usually high and fast depending on the type of operations.

5.5.1.4 Knowledge

Knowledge relates to factors such as:

- setting the standards of performance and communicating them to the nurses;
- keeping notes of incidents regarding patient injuries, negligence and reporting to the relevant authority;
- managing, assessing and caring for patients with multiple conditions such as congenital defects, disorders and abuse;
- organising work activities effectively in the unit;
- completing tasks within the set time limits;
- using science and advanced technology in the execution of their daily duties;
- using equipment required for certain procedures such as dressings only for that purpose;
- safeguarding patients and nurses against danger in the unit; and
- working hard because they know that if they do more that their actual job description, the supervisor will recognize their achievements.

No significant difference between the means were recorded, although the ICU and paediatric nurses recorded a slightly higher mean of (89.3%) each in comparison with surgical nurses (87.6%).

5.5.1.5 Job impact

Job impact relates to aspects such as:

- believing that what is considered insufficient remuneration has an influence on their performance;
- checking and using equipment effectively;
- feeling that additional remuneration given to nurses in other units affects their performance negatively when rendering care to patients;
- feeling that promotion in the unit will improve performance;
- feeling procedures, policies and rules that are rigid, hamper performance in the unit;
- proper channels should exist in their unit/department for complaints; and
- feeling external factors such as government legislation have an impact on job performance.

A significant difference (p=0.0074) exists between the means of intensive care (72.8%) and surgical (70.8%) nurses in comparison with paediatric (62.9%) nurses. It is clear that both ICU and surgical nurses expressed higher levels of job impact than that experienced by the paediatric nurses. This can be expected as the patient load and technological inputs are very high in ICU, and the surgical units usually have to deal with semi-conscious patients post-operatively.
5.5.1.6 Understanding

Understanding relates to factors such as:

- understanding communication at a technical or semi-professional level in manuals, data sources, plans or specifications;
- understanding communications involving terminology within a particular discipline. Such communications are highly valued and form the basis for continual assistance in problem-solving;
- questioning patients effectively to elicit information and increase understanding about their diagnosis and treatment;
- conveying responses and statements with an appropriate degree of confidence;
- offering advice and criticism in a manner unlikely to cause offence;
- discussing issues and problems in the unit in order to make sick patients understand; and
- enabling all patients to understand the unit routine, explain treatment procedures and teach them about health matters.

A significant difference (p=0.0001) exists between the means of intensive care (96.1%) and surgical (94.9%) nurses in comparison with paediatric (82.1%) nurses. It is clear that both ICU and surgical nurses expressed a higher need for understanding than that expressed by the paediatric nurses. This can be expected in ICU as patients have multiple conditions and advanced technological equipment is common place in ICU. Surgical units usually have to deal with patients who were under anaesthetic and their patient turnover is usually high and fast depending on the type of operations.

5.5.1.7 Educational qualification

The educational qualification factor dealt with aspects such as:

- believing further formal education will be the only way of obtaining additional compensation;
- feeling no further formal education is needed for them to care for patients in their units;
- needing to educate patients to have understanding and knowledge of treatment every time;
• educating patients about their conditions and plan their treatment accordingly;
• requiring post basic education to better care for patients in their units;
• having to possess a basic diploma/degree to work in the nursing units; and
• feeling that compensation should be in line with educational qualifications.

No significant difference between the means were recorded, although ICU nurses recorded a slightly higher mean (80.2%) percent in comparison with surgical (77.7%) and paediatric (76.1%) nurses. Thus, indicating that intensive care nurses appear to have a slightly stronger focus on education than their colleagues in the other two units.

5.5.1.8 Training and Experience

Training and experience factor dealt with aspects such as:

• believing nurses should be trained in specific areas and shown what to do in the caring of patients;
• training received, assists the nurses to be competent in carrying-out procedures;
• experience enables nurses to perform at an acceptable level in the unit;
• committed to education to update knowledge in new developments;
• feeling that compensation for advancement in training and education should be given rather than compensation for additional activities performed;
• feeling that when nurses receive training on a weekly basis, their competence increases;
• believing that nurses should be sent to attend symposia instead of being given additional compensation for updating their knowledge; and
• believing that instead of additional compensation for workload, nurses should be given more training.

No significant difference between the means was recorded, although intensive care nurses recorded a slightly higher mean of 87.1 percent in comparison with paediatric (86%) and surgical (85.1%) nurses.
Thus, indicating that intensive care nurses appear to have a slightly stronger focus on training and experience than their colleagues in the other two units.

5.5.1.9 Review on Peromnes factors

In reviewing the findings of the eight Peromnes factors, where only three of the eight factors indicated a significant difference between the means, it is evident that there is no real difference between the job requirements of the different units.

The significant difference relating to work pressure, job impact and understanding, indicate that professional nurses working in ICU and surgical units appear to be experiencing a slightly higher work pressure, job impact and a higher level of understanding than their colleagues in the paediatric units.

5.5.2 Motivating factors

Forty questions were applicable. In comparing the results of the three groups of professional nurses, the motivational factors were grouped as follows; recognition, autonomy, growth, working conditions, money and safety in the workplace. Only money factor indicated a significant difference (p=0.0370) between the means of some of the groups.

For the other factors, there were differences between the means, but not sufficient to substantiate arguments for low morale by paediatric nurses.

5.5.2.1 Recognition

Recognition relates to factors such as:

- achievements such as completing projects in time is celebrated in the unit;
- a party is held to celebrate special successes;
- a “thank you” message is received from supervisors after completing a task;
- the organisation affords recognition for good performance;
- enjoying respect among colleagues in the organisation;
- achievements, such as completing a course, is recognised by management;
- efforts for publishing an article in the newsletter is recognised in the organisation; and
* feeling proud of their job as a nurse.

No significant difference exists between the means of paediatric (65.2%), ICU (58.6%) or surgical (56.9%) nurses. It is clear that both paediatric and ICU nurses experienced higher levels of recognition than that experienced by the surgical nurses.

5.5.2.2 Autonomy

Autonomy factor dealt with aspects such as:

- accepting responsibility for tasks;
- having more autonomy and control in the unit;
- allocated tasks are more interesting and challenging than those allocated to other categories such as junior nurses;
- training offered in the units are applicable to the performance of tasks;
- the work being done at present prepares them for a higher position;
- in their unit, there are orientations, for example, before working in the unit, orientation is provided.
- tasks are combined to make it more meaningful and challenging e.g. such as oral medication and injection\textsuperscript{A} to be given by one person; and
- tasks allocated eliminate monotony and boredom.

No significant difference between the means were recorded, although intensive care nurses recorded a slightly higher mean of (82.6%) in comparison with surgical (76.8%) and paediatric (75.9%) nurses. Thus, indicating that intensive care nurses appear to have more autonomy than their colleagues in the surgical and paediatric units.

5.5.2.3 Growth

The growth factor dealt with aspects such as:

- promotion opportunities are equally applied to all personnel with the relevant requirements;
- promotions are based more on seniority than on performance;
- promotions are affected by personal relationships rather than by performance; and
- enjoying respect from peer group for knowledge and skills.
No significant differences between the means were recorded. Although the intensive care nurses recorded a slightly higher mean (77.2%) in comparison with paediatric (74.3%) and surgical (70.0%) nurses. Thus, indicating that intensive care nurses appear to have a stronger view about growth opportunities than their colleagues in the other two units.

5.5.2.4 Working conditions

Working conditions relate to aspects such as:

- labour relation policy is exercised fairly and equally in the organization;
- the amount of work done is supported by the availability of equipment in the unit; and
- communication is clear to all staff members.

No significant difference between the means were recorded, although the paediatric nurses recorded a slightly higher mean of (62.6%) in comparison with intensive care (61.5%) and surgical (57.5%) nurses. Thus, indicated that the paediatric nurses appear to experience their working conditions slightly more positively than their colleagues in the intensive care and surgical units.

5.5.2.5 Money

Money relates to factors such as:

- Pay they receive which is based on merit drives them to perform better;
- Compensation systems such as financial bonus system are implemented in the unit;
- Compensation schemes are applied to all personnel in the organization.

A significant difference (p=0.0370) exists between the means of intensive care (60.2%) and paediatric units (50.6%) in comparison with surgical (41.9%) nurses. Thus, indicating that intensive care and paediatric nurses expressed much more positive views about the remuneration systems than the other colleagues in the surgical units.
5.5.2.6 Safety

Safety relates to factors such as:

- protective clothes are available for all staff who render services in the unit;
- the unit is well ventilated for fresh air;
- lights are adequate in the unit;
- space is adequate for providing nursing care;
- equipment and appliances are sufficient for the execution of their tasks.

No significant difference between the means were recorded, although the paediatric nurses recorded a slightly higher mean of (79.6%) in comparison with intensive care (78.8%) and surgical (74.9%) nurses. Thus, showing that paediatric nurses appear to be slightly more positive about safety than their colleagues in ICU and surgical units.

5.5.2.7 Review on motivating factors

In review the findings of the motivating factors, where only one of the six factors that is money indicates a significant difference between the means, it is clear that there is no real difference between the expressions of the different units in terms of motivation. The significant differences related to money indicate that ICU and paediatric nurses expressed a more positive view about the remuneration systems than the nurses in the paediatric and surgical units.

5.5.3 Roles and functions

Sixty questions were applicable to this section. The items were grouped into factors such as basic care, management of nursing care, teaching responsibilities, handling of abuse and care of specific conditions.

In comparing the results of the three groups of professional nurses, basic care, management of nursing care, handling of patients subjected to abuse indicated a significant difference between the means of the selected units.
5.5.3.1 Basic care

Basic care factor dealt with aspects such as:

- massaging patient’s pressure parts;
- providing basins for patients during vomiting;
- bathing and washing helpless patients in their unit;
- feeding and supporting unconscious patients;
- providing bed pans for excretions;
- inserting IV’s and administering intravenous fluids to patients;
- caring for patients with severe bed sores.

A significant difference (p=0.0152) exists between the means of intensive care (92.6%) and surgical (90.1%) nurses in comparison with paediatric (82.5%) nurses relating to these aspects.

Both ICU and surgical nurses expressed a higher need for basic care in their units than that experienced by the paediatric nurses. This can be expected in ICU as the patient’s conditions require close observation and continuous monitoring and nursing inputs are very high. Likewise surgical units usually have to deal with semi-conscious patients after operations and they require close monitoring and observation in the form of quarter to half hourly observations.

5.5.3.2 Management of nursing care

Management of nursing care relates to the factors such as:

- monitoring intake and output of patients with intravenous infusion;
- administering lemon juice whenever feeding disorders occur;
- providing passive and deep breathing exercises for the patients;
- operating mechanical ventilators, cardiac monitor, ECG machines, defibrillator and pacemakers to care for patients;
- providing resuscitation according to the patient’s condition;
- preparing resuscitation equipments and diagnostic machines;
- monitoring intravenous infusion in the units.
A significant difference \((p=0.0036)\) exists between the mean of intensive care (95.2\%) and surgical (89.4\%) nurses in comparison with paediatric (81.7\%) nurses. It is evident that both ICU and surgical nurses expressed a higher need for management of nursing care than that expressed by paediatric nurses. This can be expected as the patient load and technological inputs are very high in the ICU and surgical units as these units usually have to use highly advanced technological equipment while resuscitating patients post-operatively.

5.5.3.3 Teaching of staff and patients

Teaching responsibilities relates to aspects such as:

- teaching patients about safety measures;
- teaching and guiding patients on health matters;
- toilet training patients;
- teaching patients about a normal diet;
- teaching co-workers to plan a patient’s meal properly;
- advising patients to take a well-balanced diet.

No significant differences between the means were recorded, although intensive care nurses recorded a slightly higher mean of 90.3 percent in comparison with surgical (89.8\%) and paediatric (88.5\%) nurses. This indicates that intensive care nurses appear to have a larger input in teaching patients and staff members than their colleagues in the other two units.

5.5.3.4 Handling abuse

The handling abuse factor dealt with aspects such as:

- reporting abuse of all sorts to the relevant authority;
- reporting the patient’s injuries, bruises and cuts related to abuse to the doctor; and
- detecting early signs of abuse such as discharge from external genitalia, redness and sores on the body.

A significant difference \((p=0.0129)\) exists between the means of intensive care (89.7\%) and paediatric (88.8\%) nurses in comparison with surgical (79.0\%) nurses.
It is evident that both ICU and paediatric nurses experience more cases of abuse to patients than that experienced by the surgical nurses.

5.5.3.5 Specific conditions

The specific condition factor relates to aspects such as:

- care for, and support of HIV/AIDS infected patients;
- care for patients with cerebral palsy;
- clean patients with feeding disorders; and
- care for patients with multiple conditions.

No significant difference exists between the means of surgical (100.0%), intensive care (98.0%) nurses and paediatric (90.7%) nurses.

A limitation might have occurred as most conditions listed under this factor were related to paediatric units. For example, rumination disorders and cerebral palsy. Thus paediatric units should have scored a higher mean than the other two units, surgical and ICU.

5.5.3.6 Review on the roles and functions

In reviewing the findings of the factors in the roles and functions of professional nurses working in the selected units, basic care, management of nursing care and handling of abuse showed significant difference between the means. It is evident that there is a difference between the means of the three different units in relation to the roles and functions. The significant differences relating to these factors indicate that intensive care nurses experience more responsibilities than the nurses from the other two units, this can be expected due to the patient load and technological equipment in the intensive care units.

5.6 CONCLUSION

The conclusions are formulated in terms of the objectives of the study. The objectives are:
Objective 1:

To determine the roles and functions professional nurses in the paediatric nursing units need to carry out in their daily caring of children

- This was determined by means of the literature review which was based on an extensive, thorough and systematic examination of books, publications and articles relevant to this research study.

The roles encompassed the following:

- caring for children with cerebral palsy and supporting their mothers;
- caring for HIV/AIDS children;
- caring for children with rumination or feeding disorders;
- safeguarding children against risks or medico legal hazards, reporting children abuse and negligence;
- mothering and nurturing roles.

Objective 2:

To compare the roles and functions of professional nurses working in paediatric units with professional nurses working in ICU and surgical units.

- In order to do the comparison, a survey was done focusing on the eight Peromnes factors and specific aspects related to their roles and functions within specific working environments.

- With regard to the eight Peromnes factors, only three showed a significant difference between the means those include work pressure, job impact and understanding.

- The significant differences relating to work pressure, job impact and understanding indicate that professional nurses working in ICU and surgical units appear to be experiencing a slightly higher level of work pressure, job impact and understanding than their colleagues in the paediatric units.
Apart from these three factors, it thus appears as if the roles and functions required of professional nurses in these three disciplines, do not vary much in content and intensity.

Objective 3:

To determine possible effect of the perceived discrepancies between the compensation received by professional nurses working in the three identified units on the morale of professional nurses working in the paediatric units.

- The content of Herzberg’s two-factor theory was applied to determine the professional nurse’s views relating to motivating and hygiene factors within their work environment.

- The results were categorised in the following six factors such as recognition, autonomy, growth, working conditions, money and safety in the workplace.

- A significant difference exists between the mean of ICU (60.2%) and paediatric (50.6%) units in comparison with surgical (41.9%) nurses. Thus, indicating that ICU and paediatric nurses expressed more positive views about the remuneration system than the other colleagues in the surgical units. The findings indicate that only money indicate a significant difference in the means of the three selected units namely, between ICU and the other two units.

Thus, there does not appear to be a substantial difference between the factors motivating nurses working in paediatric, ICU and surgical units.

Objective 4:

To determine if there is a valid reason for professional nurses working in the paediatric units to feel that they deserve additional remuneration when comparing their roles and functions with other professional nurses working in intensive care and surgical units.
In practice, paediatric professional nurses appear to be disgruntled about the so-called extra activities they have to perform when taking care of children. The additional activities include nurturing, mothering, comforting and assistance of children in their daily living.

The results have, however, indicated that there does not appear to be a significant difference in favour of paediatric nurses when compared with ICU and surgical professional nurses in terms of the Peromnes factors such as work pressure, job impact and understanding.

In contrast, ICU and surgical professional nurses frequently indicated a higher score on these Peromnes factors. For example, with regard to work pressure, ICU measured (68.3%), surgical (66.6%) and paediatric (58.6%). Regarding job impact, ICU measured (72.8%), surgical (70.8%) and paediatric (62.9%).

As motivating factor, money was the only factor indicating a significant difference between the means of the three units, where ICU (60.2%) and paediatric nurses (50.6%) seem to be more positive about their remuneration than the nurses working in the surgical units (41.8%).

In the roles and functions, basic care indicated ICU measured (92.6%), surgical (90.1%) while paediatric nurses had measured (82.5%). Management of nursing care measured ICU (95.2%), surgical (89.4%) and paediatric (81.7%) and teaching of staff and patients, ICU measured (90.3%), surgical (89.8%) and paediatric (88.5%).

From the findings of this study, it therefore, does not appear as if the professional paediatric nurses have a valid reason for expecting additional monetary rewards in view of their roles and functions.

5.7 RECOMMENDATIONS

The following recommendations are made to assist professional nurses working in paediatric units to accept their roles and functions and responsibilities within the standardised remuneration system of their situations.

- Interview for employment

Emphasis should be placed on patient care as a concept of wholeness and the need for total patient care so that candidate's commitment can be questioned in relation to the institutional vision and mission.
• **Induction and orientation**

Orientation should be based on total patient care. The fact that patients have varying needs should be taken into account during the orientation process. During orientation of nurses working in the paediatric units, they should be made aware of the children's needs which involve care of helpless or totally dependent patients who need comforting and assistance at all times. The same applies to other units such as ICU and surgical units.

• **Rotation**

Rotation between units should be practiced as it can assist nurses to be aware of what is happening in the other units. This can be done by means of the change list when allocating nurses to rotate to the ward of interest on a three monthly basis. Requests from nurses to work in other units should be granted if possible.

- Work hours should be discussed and agreed upon by management and the nursing staff;
- Emphasis should be put on the need to move from one unit to another in order to acquire a broader experience;
- These rotations would be beneficial for the nurses in exposing them to other activities in the other units.

• **In-service education**

- Emphasis should be on professional practice, codes of practice and conduct and the ethics of beneficience which encompasses above all the aim not to harm and freedom from exploitation;

- Emphasis should be on mentoring and professional socialization of nurses;

- The nurses should be made aware of continuing commitment to quality patient care which includes wholeness of care, total care and dealing with dependency care;

- Emphasis should be on the aims of performance appraisal – dealing directly with the strengths and weaknesses, development and rewards of the employee.
• **Sufficient equipment and support**

  - It is recommended that management should assist in assembling the necessary equipment that will assist in the performance of activities.
  - Management should continue to provide support, comfort and assistance to the professional nurses where possible.

• **Stress and burn-out**

  - It is also recommended that management should identify early signs of stress and burn-out amongst staff members so that assistance can be provided immediately.
  - Nurses should be made aware of the factors responsible for stress and burn-out. They should be equipped with the necessary knowledge and skills to deal with the signs and symptoms of stress and burn-out.

5.8 **RECOMMENDATIONS FOR FURTHER RESEARCH**

The following areas require further investigation:

- Stress and burn-out as the possible causative factor for lower morale in the paediatric unit;
- Identification of a reward system for motivation of nurses in the wards;
- Compare the roles and functions of professional nurses in different institutions as in this study, the sample was relatively small and only based on three units in three hospitals;
- Direct observation of the roles and functions of professional nurses working in different nursing units;
- Time and motion study for the roles and functions of professional nurses in the different units.

5.9 **FINAL COMMENTS**

The purpose of the study was to compare the key factors within the roles and functions of professional nurses working in different nursing units i.e. paediatric, surgical and intensive care units. Performance factors, motivating factors and specific activities within the different units were used to compare the roles.
The scope of the survey included professional nurses working in the three selected units, in the three training hospitals around Pretoria. One questionnaire with four sections, A, B, C and D, was compiled and used to collect data from the participating groups.

Findings of the study indicate that there were fewer factors that showed a significant difference between the means of the three selected units when compared, while most of the factors showed no significant difference between the means of the three identified units. A significant difference was observed in certain factors such as work pressure, job impact and understanding in the Peromnes factors while the remaining five factors showed no significant different.

A significant difference was also indicated in the means of money as a motivating factor; the remaining five factors, i.e., recognition, autonomy, growth, working conditions, and safety at the workplace, showed no significant difference.

Basic care, management of nursing care, and handling of abuse, indicated a significant difference between the means in relation to the roles and functions of professional nurses in the three identified units.

The remaining two factors, teaching responsibility and care of specific conditions, showed no significant difference between the means.

Apart from these significant differences, it thus appears as if the roles and functions required of professional nurses in the three disciplines do not vary much in content and intensity.

From the findings of this study, it therefore, does not appear as if paediatric professional nurses have a valid reason for expecting additional monetary rewards in view of their roles and functions.
LIST OF SOURCES


ANNEXURE A

LETTERS FOR REQUESTING PERMISSION TO GAUTENG PROVINCE
The Deputy Director  
Department of Health  
Gauteng Province  
Private Bag X 085  
MARSHALLTOWN  
JOHANNESBURG  
2107

Dear Sir/Madam

RE: PERMISSION TO CONDUCT RESEARCH

Masters Study: Comparative study on the key factors within the roles and functions of professional nurses working in different nursing units.

I am a student at UNISA doing Masters in Nursing Science.

The purpose of the study is to compare the key factors within the roles and functions of professional nurses working in the paediatric, surgical and intensive care units.

Respondents (professional nurses will be requested to each complete the relevant questionnaire.

May I please be granted a permission to collect the necessary data from the professional nurses at the following hospital; Kalafong, Pretoria Academic and Ga-Rankuwa Hospital. I would like to request permission to perform pilot study to test the reliability of the instrument at Mamelodi Hospital.

Copies of proposal and provisional questionnaires are appended.

Yours sincerely

KHOZA K.P. (Mr)
Dear Sir/Madam

RE: PERMISSION TO CONDUCT RESEARCH

Research Topic: Comparative study of the key factors within the roles and functions of professional nurses working in different nursing units.

I am a student for Masters Degree at UNISA. I, hereby, request permission to collect data for my research project from professional nurses working at your hospital.

The study involve professional nurses working in paediatric, surgical and intensive care units. Appointments will have to be made with them for completion of a set administered questionnaire.

You have my undertaking that the hospital name and names of the respondents will not be disclosed. A copy of the letter from the Deputy Director General, Department of Health, Gauteng permission for the research is enclosed as well as copies of the questionnaires.

Your assistance in this matter is very much appreciated

Yours faithfully

KHOZA K.P. (Mr)
The Superintendent  
Ga-Rankuwa Hospital  
Private Bag X 4226  
PRETORIA  
0001

Dear Sir/Madam  

RE: PERMISSION TO CONDUCT RESEARCH  

Research Topic: Comparative study of the key factors within the roles and functions of professional nurses working in different nursing units.  

I am a student for Masters Degree at UNISA. I, hereby, request permission to collect data for my research project from professional nurses working at your hospital.  

The study involve professional nurses working in paediatric, surgical and intensive care units. Appointments will have to be made with them for completion of a set administered questionnaire.  

You have my undertaking that the hospital name and names of the respondents will not be disclosed. A copy of the letter from the Deputy Director General, Department of Health, Gauteng permission for the research is enclosed as well as copies of the questionnaires.  

Your assistance in this matter is very much appreciated  

Yours faithfully  

KHOZA K.P. (Mr)
The Superintendent General
Kalafong Hospital
Private Bag X 396
PRETORIA
0001

Dear Sir/Madam

RE: PERMISSION TO CONDUCT RESEARCH

Research Topic: Comparative study of the key factors within the roles and functions of professional nurses working in different nursing units.

I am a student for Masters Degree at UNISA. I, hereby, request permission to collect data for my research project from professional nurses working at your hospital.

The study involve professional nurses working in paediatric, surgical and intensive care units. Appointments will have to be made with them for completion of a set administered questionnaire.

You have my undertaking that the hospital name and names of the respondents will not be disclosed. A copy of the letter from the Deputy Director General, Department of Health, Gauteng permission for the research is enclosed as well as copies of the questionnaires.

Your assistance in this matter is very much appreciated

Yours faithfully

KHOZA K.P. (Mr)
Dear Colleagues

I am doing a research about the comparative study of key factors within the roles and functions of professional nurses working in different nursing units for my MA Cur project. I wish to request your contribution in this matter.

Please answer the questionnaire provided according to the instructions given on the next page.

No name is requested. Confidentiality and anonymity will be ensured.

Your contribution in this regard will be highly appreciated.

Yours sincerely

[Signature]

KHOZA KHAZAMULA PHINEAS
ANNEXURE B

NAMES OF HOSPITALS SELECTED FOR THE STUDY
NAMES OF HOSPITALS SELECTED FOR THE STUDY

A: KALAFONG
B: PRETORIA ACADEMIC
C: GARANKUWA
ANNEXURE C

QUESTIONNAIRE
QUESTIONNAIRE FOR PROFESSIONAL NURSES IN THE THREE HOSPITALS ON THEIR ROLES AND FUNCTIONS THAT THEY CARRY ON THEIR DAILY ROUTINE

THE OBJECTIVE ARE TO:

- Determine the roles and functions professional nurses in the paediatric nursing units need to carry out in their daily caring of patients;
- Compare the roles and functions of professional nurses working in paediatric nursing units with those of professional nurses working in surgical and intensive care units;
- Determine the effect of the possible discrepancies between the compensation received by professional nurses working in the three different units on the morale of professional nurses working in the paediatric units;
- Determine if there is a valid reason for professional nurses working in the paediatric units to feel that they deserve additional remuneration when comparing their roles and functions with other professional nurses working in ICU and surgical units.

UNDERTAKING:

All information provided will be treated in confidence. You are not required to provide your name in the questionnaire.

INSTRUCTIONS:

1. Please answer all the questions;
2. Complete the questions either by placing an X in the appropriate answer box or by providing information requested;
3. Please complete questions as honestly, frankly and objectively as possible;
4. Please answer the questions as they apply to you personally;
5. Please place your completed questionnaire in the box provided.
 SECTION A

Please write the number that you have chosen for each question's response in the square to the right of the questionnaire, except where otherwise indicated. The numbers on the right of these squares are for official use only.

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<td>= 1</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>= 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Divorced</td>
<td>= 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Widow</td>
<td>= 4</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Basic Nursing Qualification:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diploma</td>
<td>= 1</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Degree</td>
<td>= 2</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Additional Nursing Qualification:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paediatrics</td>
<td>= 1</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Midwifery</td>
<td>= 2</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Orthopaedics</td>
<td>= 3</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Intensive Care</td>
<td>= 4</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Community</td>
<td>= 5</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Psychiatric</td>
<td>= 6</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Nursing Administration</td>
<td>= 7</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Nursing Education</td>
<td>= 8</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Other (Specify)</td>
<td>= 9</td>
<td>17</td>
</tr>
<tr>
<td>6</td>
<td>In which unit do you work:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paediatrics</td>
<td>= 1</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Surgical</td>
<td>= 2</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Intensive Care</td>
<td>= 3</td>
<td>21</td>
</tr>
</tbody>
</table>
### Experience

#### 7.1 Length of time (experience) in your current unit

<table>
<thead>
<tr>
<th>Duration</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>0 - 5 years</td>
<td>= 1</td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>= 2</td>
</tr>
<tr>
<td>10 years and above</td>
<td>= 3</td>
</tr>
</tbody>
</table>

#### 7.2 What previous teaching experience do you have?

<table>
<thead>
<tr>
<th>Experience</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No teaching experience</td>
<td>= 1</td>
</tr>
<tr>
<td>Nurse tutor</td>
<td>= 2</td>
</tr>
<tr>
<td>Preceptor</td>
<td>= 3</td>
</tr>
<tr>
<td>Clinical instructor</td>
<td>= 4</td>
</tr>
<tr>
<td>Patient teaching</td>
<td>= 5</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>= 6</td>
</tr>
</tbody>
</table>

### Current position at your job:

<table>
<thead>
<tr>
<th>Position</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief professional nurse</td>
<td>= 1</td>
</tr>
<tr>
<td>Senior professional nurse</td>
<td>= 2</td>
</tr>
<tr>
<td>Functional professional nurse</td>
<td>= 3</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>= 4</td>
</tr>
</tbody>
</table>
SECTION B
PEROMNES FACTORS

To what extent do you agree with the following statements?
Please place an X in the appropriate column according to the following designations:

<table>
<thead>
<tr>
<th></th>
<th>1 Strongly agree</th>
<th>2 Agree</th>
<th>3 Uncertain</th>
<th>4 Disagree</th>
<th>5 Strongly disagree</th>
</tr>
</thead>
</table>

FACTOR 1: PROBLEM SOLVING

1. I apply one solution after another until the problem is solved or appear to be improving

2. When there is a problem in my unit, I permit the problem to run its natural course without intervention

3. I analyse the problems at hand in order of priority to determine solutions

4. I gather and analyse information until it has been sorted into some orderly arrangement

5. I list problems in order or priority

6. When I make a decision, I first review the list of potential solutions then select the one that is most feasible and satisfactory

7. I consider the frequency, complexity and nature of the problems relevant to my specific unit before coming up with a solution

8. I define and identify actual or potential problems and take appropriate action

9. I identify and plan nursing care for patients with several complaints

For Official Use Only
<table>
<thead>
<tr>
<th></th>
<th>In my job, alternative solutions to problems are limited, but after appropriate training are virtually prescribed or obvious</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>In my job, alternative solutions are limited in number and variety, but demand a moderate degree of reasoning to be able to make a choice. A minimal degree of freedom is allowed without reference to a supervisor</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>In my job, alternative solutions are clear and varied, and require interpretation and independent reasoning, guided by circumstances. A number of non-routine alternatives are allowed, without reference to a supervisor</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>I use my independent judgement to carry out procedures without considering the unit policy, rules and regulations</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>FACTOR 2: CONSEQUENCE OF JUDGEMENT</strong></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>I apply one solution after another until the problem is solved or appear to be improving</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>I work hard to reduce risks in the unit</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>I work hard to prevent environmental health related risks or hazards</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>I work so that I can be remunerated more than what I receive now by means of merit awards</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>I facilitate fair interaction between patients and staff</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>I use my judgement in caring for patients in the unit</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>I wait for the Nursing Service Manager to tell me what to do before I give care to patients</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>My judgements have a very limited impact which is confirmed to the unit in which I work</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>My judgements have a significant impact on the functioning of the unit in which I work</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>My judgements can affect the life and wellbeing of a patient</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Rectification of adverse effects due to my judgements involved middle management</td>
<td></td>
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<td>---</td>
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</tr>
<tr>
<td>25</td>
<td>Rectification of adverse effects due to my judgements involves top management</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>I approach new situations with flexibility and willingness</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>I handle stressful situations without undue agitation</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>I feel extra/additional activities such as nurturing warrant rewards or additional money</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>I think extra activities such as mothering should be carried out as a daily routine without compensation</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>I am provided with clear accurate guidelines and well arranged procedures to carry out my activities</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>I handle demands from nursing staff and patients in a polite manner</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>I believe that the amount of paper work, number of patients and time constraints increase pressure and should be in line with more remuneration</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>I nurse patients with congenital defects, multiple diagnosis and infectious diseases such as HIV/AIDS and sexual transmitted illness</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>I perform activities that are over and above the content of my job description</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>The flow of work in my unit is subject to unforeseen circumstances for which plans cannot be made in advance</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>It is sometimes necessary to take immediate decisions</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Unforeseen deadlines occur regularly and deviations from normal procedures occur</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>There are considerable interruptions, though usually with the context of the discipline</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>There are frequent peak periods during which immediate decisions must be made</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Prolonged periods of having to cope with many diverse conflicting activities with the same time span are usual</td>
<td></td>
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</tbody>
</table>
### FACTOR 4: KNOWLEDGE

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>41</td>
<td>I set the standard of performance and communicate them to the nurses</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>42</td>
<td>I keep notes of incidents of patient injuries, negligence and report to the relevant authority</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>I am able to manage, assess and care for patients with multiple conditions such as congenital defects, disorders and abuse</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>44</td>
<td>I organize work activities effectively in the unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>45</td>
<td>I complete tasks within the set time limits</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>46</td>
<td>I use science and advanced technology in the execution of my daily duties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>I use equipment required for certain procedures such as dressings, only for that purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>I safeguard patients and nurses against dangers in the unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>I work hard because I know that if I do more than my actual job description, my supervisor will recognize my achievement</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### FACTOR 5: JOB IMPACT

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>I believe that what is considered insufficient remuneration has an influence on my performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>I approach activities and situations in the unit, taking cognizance of the unit procedures, policies and rules</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>I check and use equipment effectively</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>I feel additional remuneration given to nurses in other units effect my performance negatively when rendering care to patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>My activities are virtually limited to the job itself with little influence on other jobs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>I am not expected to impart superior knowledge to others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Score</td>
<td></td>
<td></td>
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<td>------</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>56</td>
<td>I participate in discussion with superiors and transfer knowledge and experience to them</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>I experience resentment about the fact that nurses in another unit receive an additional allowance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>I perceive the working environment in my unit a health risk because of the number of equipment and closeness of the beds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>I feel additional remuneration in relation to the job carried out can improve job performance in the unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>I feel that promotion in the unit will improve performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>I feel procedures, policy and rules that are rigid hamper performance in the unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>62</td>
<td>Proper channels should exist in my department/unit for complaints</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>I feel external factors such as government legislation have an impact on job performance</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>64</td>
<td>My job requires understanding at a technical or semi-professional level of communications in manuals, data sources, plans or specifications</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>My job requires understanding of communications involving terminology within a particular discipline. Such communications are highly valued and form the basis for continual assistance in problem-solving</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>66</td>
<td>I question patients effectively to elicit information and increase understanding about their diagnosis and treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>67</td>
<td>My responses and statements are spoken with an appropriate degree of confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>68</td>
<td>I offer advice and criticism in a manner unlikely to cause offence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>69</td>
<td>I discuss issues and problems in the unit in order to make sick patients understand</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>I enable all patients to understand the unit routine, explain treatment procedures and teach them about health related matters</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>71</td>
<td>I question the prescribed treatment before it is given to patients</td>
<td>75</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>72</td>
<td>I discuss issues or problems in relation to basic nursing care to increase understanding</td>
<td>76</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73</td>
<td>I advise colleagues, patients and patient's relatives about the patient's condition and change in medication</td>
<td>77</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>74</td>
<td>I teach and guide colleagues and patients to increase their understanding of the problem that affect the unit</td>
<td>78</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FACTOR 7: EDUCATION**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>75</td>
<td>I believe further formal education will be the only way of obtaining additional compensation</td>
</tr>
<tr>
<td>76</td>
<td>I feel no further formal education is needed for me to care for patients in my unit</td>
</tr>
<tr>
<td>77</td>
<td>I need to educate the patients to have understanding and knowledge of treatment every time</td>
</tr>
<tr>
<td>78</td>
<td>I educate patients about their conditions and plan their treatment accordingly</td>
</tr>
<tr>
<td>79</td>
<td>I require post basic education to better care for patients in this unit</td>
</tr>
<tr>
<td>80</td>
<td>I have to have a basic diploma/degree to work in the nursing unit</td>
</tr>
<tr>
<td>81</td>
<td>I feel compensation should be in line with educational qualifications</td>
</tr>
</tbody>
</table>

**FACTOR 8: TRAINING / EXPERIENCE**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>82</td>
<td>I believe nurses should be trained in specific areas and shown what to do in the caring of patients</td>
</tr>
<tr>
<td>82</td>
<td>I require post basic education to better care for patients in this unit</td>
</tr>
<tr>
<td>83</td>
<td>The training I have received assist me to be competent in carry-out procedures</td>
</tr>
<tr>
<td>84</td>
<td>My experience enables me to perform at an acceptable level in the unit</td>
</tr>
<tr>
<td>Number</td>
<td>Statement</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>85</td>
<td>I am committed to education to update my knowledge on new developments</td>
</tr>
<tr>
<td>86</td>
<td>I feel that when nurses receive training on a weekly basis their competence level increases</td>
</tr>
<tr>
<td>87</td>
<td>I feel that when nurses receive training on a weekly basis their competence level increases</td>
</tr>
<tr>
<td>88</td>
<td>I believe that nurses should be sent to attend symposiums instead of being given additional compensation for updating their knowledge</td>
</tr>
<tr>
<td>89</td>
<td>I believe that instead of additional compensation for workload, nurses should be given more training</td>
</tr>
<tr>
<td>90</td>
<td>I feel training in the related job, area/field will increase competence and performance</td>
</tr>
</tbody>
</table>
**GENERAL COMMENTS**

PLEASE ANSWER THE FOLLOWING SECTION BY PROVIDING THE INFORMATION REQUESTED

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Any additional comments about your activities/skills?</td>
<td>21-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Are there additional responsibilities that you carry out during your daily activities that cause stress in your unit?</td>
<td>23-24</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>What are the discrepancies in relation to remuneration between you and other nurses in other nursing units?</td>
<td>25-26</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>How does the differences in remuneration packages affect your moral/attitude?</td>
<td>27-28</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SECTION C

**MOTIVATING FACTORS**

To what extent do you agree with the following statements? Please place an X in the appropriate column according to the following designations:

1. Strongly agree
2. Agree
3. Uncertain
4. Disagree
5. Strongly disagree

<table>
<thead>
<tr>
<th>MOTIVATION FACTORS</th>
<th>1 Strongly agree</th>
<th>2 Agree</th>
<th>3 Uncertain</th>
<th>4 Disagree</th>
<th>5 Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 RECOGNITION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Achievements such as completing projects in time is celebrated in the unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>2 An afternoon party is held to celebrate special successes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>3 A &quot;Thank You&quot; message is received from supervisors after completing a task</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>4 The organization affords me recognition for good performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>5 Enjoying respect among colleagues in the organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>6 Achievements, such as completing a course, is recognized by management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>7 The effort for publishing an article in the newsletter is recognized in the organization; and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>8 Feeling proud of their job as a nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>9 The achievements, such as completing a course, is recognized by management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13</td>
</tr>
</tbody>
</table>
### 2 AUTONOMY

| 10 | Accepting responsibility for my tasks is increased by giving me more autonomy and more control | 14 |
| 11 | Having more autonomy and control in the unit | 15 |
| 12 | Allocated tasks are more interesting and challenging than those allocated to other categories such as junior nurses | 16 |
| 13 | Training offered in the units are applicable to the performance of tasks | 17 |
| 14 | The work I am doing at present prepares me for a higher position | 18 |
| 15 | In the unit, there are preparations such as orientation | 19 |
| 16 | Tasks are combined to make it more meaningful and more challenging, eg such as oral and injections just to be given by one person | 20 |
| 17 | Tasks eliminate monotony and boredom | 21 |

### 3 GROWTH

| 18 | Promotion opportunities are equally applied to all personnel with the relevant requirements | 22 |
| 19 | Promotions are based more on seniority than on performance | 23 |
| 20 | Promotions are affected by personnel relationships rather than by performance | 24 |
| 21 | Enjoying respect from peer group for knowledge and skills | 25 |

### 4 WORKING CONDITIONS

| 22 | Labour relation’s policy is exercise fairly and equally in the organization | 26 |
| 23 | The amount of work done is supported by the availability of equipment in the unit | 27 |
### 5 MONEY

| 24 | Pay received which is based on merit drives to perform better                                                                 |
| 25 | Compensation systems such as financial bonus system are implemented in the unit                                                |
| 26 | Compensation schemes exercised applied to all personnel in the organization                                                    |

### 6 SAFETY

| 27 | Protective clothes are available for all staff who render services in the unit                                                 |
| 28 | The unit is well ventilated for fresh air                                                                                   |
| 29 | Lights are adequate in the unit                                                                                             |
| 30 | Space is adequate for providing nursing care                                                                              |
| 31 | Equipment and appliances are sufficient for the execution of the tasks                                                    |
SECTION D

ROLES AND FUNCTIONS FOR PROFESSIONAL NURSES ON THE UNIT

To what extent do you agree with the following statements? Please place an X in the appropriate column according to the following designations:

1 Always  
2 Sometimes  
3 Seldom  
4 Often  
5 Never

<table>
<thead>
<tr>
<th>BASIC CARE</th>
<th>1 Always</th>
<th>2 Sometimes</th>
<th>3 Seldom</th>
<th>4 Often</th>
<th>5 Never</th>
<th>Line 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Massaging patient's pressure parts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Providing basins for patients during vomiting</td>
<td></td>
<td></td>
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<tr>
<td>3 Bathing and washing helpless patients in the unit</td>
<td></td>
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<td>7</td>
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<tr>
<td>4 Providing bed pans for excretions</td>
<td></td>
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<td>8</td>
</tr>
<tr>
<td>5 Inserting IV's and administering intravenous fluids to patients</td>
<td></td>
<td></td>
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<td>9</td>
</tr>
<tr>
<td>6 Caring for patients with severe bed sores</td>
<td></td>
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<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MANAGEMENT OF NURSING CARE</th>
<th>1 Always</th>
<th>2 Sometimes</th>
<th>3 Seldom</th>
<th>4 Often</th>
<th>5 Never</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Monitoring intake and output of patients with intravenous infusion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>8 Administering lemon juice whenever feeding disorders occurs</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>13</td>
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<tr>
<td>9 Providing passive and deep breathing exercises for patients</td>
<td></td>
<td></td>
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<td></td>
<td>14</td>
</tr>
<tr>
<td>10 Operating mechanical ventilators, cardiac monitor, ECG machines, defibrillator and peacemakers to care for patients</td>
<td></td>
<td></td>
<td></td>
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<td>15</td>
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<tr>
<td></td>
<td>Providing resuscitation according to the patient's condition</td>
<td></td>
<td></td>
<td></td>
<td>16</td>
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<tr>
<td>12</td>
<td>Preparing resuscitation equipment and diagnostic machines</td>
<td></td>
<td></td>
<td></td>
<td>17</td>
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<tr>
<td></td>
<td><strong>TEACHING OF STAFF AND PATIENTS</strong></td>
<td></td>
<td></td>
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<tr>
<td>13</td>
<td>Teaching patients about safety measures</td>
<td></td>
<td></td>
<td></td>
<td>18</td>
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<tr>
<td>14</td>
<td>Teaching and guiding patients on health matters</td>
<td></td>
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<td>19</td>
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<tr>
<td>15</td>
<td>Teaching patients toilet training</td>
<td></td>
<td></td>
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<td>20</td>
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<tr>
<td>16</td>
<td>Teaching patients about a normal diet</td>
<td></td>
<td></td>
<td></td>
<td>21</td>
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<tr>
<td>17</td>
<td>Teaching subordinates to plan a patient's meal properly</td>
<td></td>
<td></td>
<td></td>
<td>22</td>
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</tr>
<tr>
<td>18</td>
<td>Advising patients to take a well-balanced diet</td>
<td></td>
<td></td>
<td></td>
<td>23</td>
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<tr>
<td></td>
<td><strong>HANDLING ABUSE</strong></td>
<td></td>
<td></td>
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<tr>
<td>19</td>
<td>Reporting abuse of all sorts to the relevant authority</td>
<td></td>
<td></td>
<td></td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Reporting the patient's injuries, bruises and cuts related to abuse to the doctor</td>
<td></td>
<td></td>
<td></td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Detecting early signs of abuse such as discharge from external genitalia, redness and sores on the body</td>
<td></td>
<td></td>
<td></td>
<td>26</td>
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<tr>
<td></td>
<td><strong>SPECIFIC CONDITIONS</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>22</td>
<td>Caring for and support HIV/AIDS infected patients</td>
<td></td>
<td></td>
<td></td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Caring for patients with cerebral palsy</td>
<td></td>
<td></td>
<td></td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Cleaning patients with feeding disorders</td>
<td></td>
<td></td>
<td></td>
<td>29</td>
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</tr>
<tr>
<td>25</td>
<td>Caring for patients with multiple conditions</td>
<td></td>
<td></td>
<td></td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>
### GENERAL COMMENTS

**PLEASE ANSWER THE FOLLOWING SECTION BY PROVIDING THE INFORMATION REQUESTED**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Any additional comments about your roles and functions?</td>
<td>31–32</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Any additional activities you care for an not mentioned above?</td>
<td>33–34</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>How does your functions and roles in the unit improve or degrade your satisfaction?</td>
<td>35–36</td>
</tr>
<tr>
<td></td>
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<tr>
<td>4</td>
<td>How does factors under 2 affect the work environment?</td>
<td>37–38</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Mr. K.P. Khosa  
Lecturer: Nursing Science Department  
MEDUNSA  
Tel: (012) 521 - 4664  
Fax: (012) 521 - 4481  

RE: Permission to conduct Research  

Your letter not dated refers:  

You are hereby granted permission to conduct your research at institutions within Gauteng Province, with the understanding that permission will still have to be obtained by yourself from the various managers of the institutions where the research will take place.  

Best wishes with your research.

Lenie van Wyk  
Deputy Director
ANNEXURE D

LETTER GRANTING PERMISSION
Mr. K.P. Khosa  
Lecturer: Nursing Science Department  
MEDUNSA  
Tel: (012) 521 - 4664  
Fax: (012) 521 - 4481  

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Deputy Director
ANNEXURE E

DIRECTORATE LETTER
TO
SUPERINTENDENT
Mr. K.P. Khosa
Lecturer: Nursing Science Department
MEDUNSA
Tel: (012) 521 - 4664
Fax: (012) 521 - 4481

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Mr. K.P. Khosa  
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[Signature]  
Lenie van Wyk  
Deputy Director
ANNEXURE G

HOSPITAL A RESPONSE
FOR ATTENTION:

Mr. K P KHOSA
P.O. Box 140
PRETORIA
0002

APPLICATION: RESEARCH AT PRETORIA ACADEMIC HOSPITAL

"COMPARATIVE STUDY OF JOB EVALUATION OF PROFESSIONAL NURSES WORKING IN DIFFERENT NURSING UNITS."

Your letter regarding the above mentioned refers.

1. The Superintendent hereby grants permission for the above-mentioned research project to be launched at Pretoria Academic Hospital.

2. Permission is subjected to the conditions contained in Circular Letter No 4 of 1989 namely:
   * Research should be completed within 8 (eight) months.
   * The final results may not be published or announced during a symposium or a congress.
   * Permission from the Superintendent General should be obtained in order to announce the results.

3. Distribution, completion and collection of questionnaires may only take place with the knowledge of the Assistant Director of the area concerned and should not interfere with patient care or any ward activities.

4. The final results of the project to be made known and accessible to this office.

Good luck with the proposed project!

Yours sincerely

DR G.J. MARAIS
ASSISTANT DIRECTOR: NURSING
PERSONNEL DEVELOPMENT
DATE: 2003.03.12
ANNEXURE H

HOSPITAL B
RESPONSE
Re: PERMISSION TO CONDUCT RESEARCH AT GA RANKUWA HOSPITAL

Dear Mr. Khosa

Your letter dated March 04 2003, bears reference to above Subject.

The Management of Ga Rankuwa Hospital has granted you permission to conduct Research at the Hospital

Hoping that you will be given the support you require

Many thanks

MRS. F.L. KUYPERS
DEPUTY DIRECTOR: NURSING
Dear Sir/Madam

PERMISSION TO CONDUCT RESEARCH

RESEARCH TOPIC: COMPARATIVE STUDY ON KEY FACTORS WITHIN THE ROLE AND FUNCTIONS OF PROFESSIONAL NURSES WORKING IN DIFFERENT NURSING UNITS

I am a student for a Masters Degree in Nursing Science at the University of South Africa. I request permission to collect data for my research project from professional nurses in ICU, surgical and paediatric nursing units.

The study involves professional nurses working in paediatric, ICU and surgical units. Appointments will have to be made with them for completion of a self administered questionnaire.

You have my undertaking that the hospital name and the names of the respondents will not be disclosed.

A copy of the letter from UNISA that verifies that I am a student as well as proof of the permission obtained from the Department of Health are enclosed.

Yours faithfully

Khosa K.P. (MR)
LECTURER: NURSING SCIENCE DEPT
MEDUNSA

March 04th, 2003