

## CHAPTER ONE

### RATIONALE AND OVERVIEW OF THE STUDY

#### 1.1 INTRODUCTION

Provincial hospitals are institutions which render a variety of services to communities namely emergency, preventive, promotive and curative services. These institutions are used as clinical training facilities for nursing students doing the comprehensive, bridging and midwifery courses in order to correlate theory into practice. These hospitals also conduct pupil nurse and auxiliary nurse training. The government funds provincial services. The focus of this study is provincial hospitals situated in the Mpumalanga Province.

Organisational climate serves as a measure of individual perceptions or feelings about an organisation (Booyens, 1997:202). Organisational climate include management and leadership styles, participation in decision-making, provision of challenging job to employees, reduction of boredom and frustration, provision of fringe benefits, personnel policies, provision of good working conditions and creation of suitable career ladder for nurses (Booyens, 1998:203).

It appears, in general, as if the nursing staff is dissatisfied. This is based on the researcher's observations and the interactions of the researcher with other members of the nursing staff. In general, the nursing staff, indicate that there is some form of dissatisfaction. Nurses view their organisational climate as characterised by the following factors:

- unchallenging jobs;
- shortage of personnel where nurses are expected to perform responsibilities which were supposed to be performed by other employees;
- lack of feedback about performance;
- lack of recognition of work done well through merit or announcement in meetings;

- lack of material resources which makes it difficult for employees to carry out duties;
- poor communication where there is no two-way communication between managers and subordinates; and
- lack of staff development activities which prevents personnel from being equipped with knowledge and skills that they need in order to provide quality care.

Dissatisfaction in the workplace manifests when the above-mentioned problems are perceived.

The climate, in which healthcare workers are functioning, can facilitate job satisfaction. Nurses normally achieve satisfaction from their jobs if the job is challenging; when managers recognise employees' achievements; and when they can be involved in decision-making on collegial bases with other health professionals (Booyens, 1998:202).

According to Booyens (1998:203) nurses achieve satisfaction if the work environment encourages the use of a variety of skills and talents to achieve the patient's health needs. Based on the above information, environments that do not facilitate challenging jobs, might lead to job dissatisfaction.

It is also important for the organisation to prevent side-effects of personnel problems because they can influence the performance of employees. These side-effects of personnel problems include ineffective management, poor working relationships, boredom, lack of control over decisions affecting one's life, and overwork (Marriner-Tomey, 1996:413).

Within the workplace, employees are to carry out their responsibilities in order to achieve the organisation's goals. For the employee to carry out his/her responsibilities, good working conditions should be provided in order to enable the employee to function to his/her full potential. Working conditions may include provision of adequate equipment and supplies in addition to a safe work environment (Morrison, 1993:126).

The organisational climate can promote good relationships between the supervisor and the subordinates if the supervisor is perceived as competent, but if the supervisor is incompetent and uncaring, it leads to dissatisfaction (Greenberg & Baron, 1993:169).

It is important for organisations to facilitate job satisfaction if they want to achieve their goals and objectives. When nurses' interests are matched to the organisational goals, they feel appreciated; they are likely to have increased job satisfaction (Marriner-Tomey, 1996:73). On the other hand, the workplace that is characterised by poor relationships with co-workers and supervisors and unclear work policies, affect the extent to which an individual is fulfilled in his/her work. A dissatisfied nurse can experience stress that disrupts co-workers (Douglas, 1998:99). Within the organisation there are thus many factors that influence job satisfaction negatively: they include an inappropriate administrative style, lack of support from supervisors, work overload, lack of feedback about performance, unclear lines of communication, unrealistic salary packages and a lack of promotional opportunities.

## **1.2 PROBLEM STATEMENT**

Organisational climate differ from one hospital to the other. Organisational climate is the employees' subjective impression of the organisation in which they work (Booyens, 1998:202).

Gunter and Furnham (1996:194) state that organisational climate can directly influence (cause) work outcomes that are both positively or negative. Positive work outcome lead to productivity, satisfaction and motivation. Negative work outcomes lead to increased absenteeism, turnover, and accidents.

Based on the above information public hospitals' organisational climate also have both positive and negative work outcomes that influence the behaviour of employees within the organisation.

Public services are characterised by a shortage of staff and thus nurses are expected to work long hours to cover all the work that is supposed to be done.

Other factors that appear to affect effective functioning of organisations include poor communication with supervisors, poor planning, inadequate explanations of decisions affecting the job, excessive workload, non-nursing duties, unclear rules and regulations, unqualified managers, understaffing and reduced productivity (Marriner-Tomey, 1996:342). Owing to these circumstances, employees tend to absent themselves from the workplace that causes anxiety and stress.

Nurses feel that communication and decision-making problems exist in their institution because their seniors take certain decisions without involving subordinates, which in turn creates a negative environment. The researcher has also observed that unhappiness result from a lack of feedback regarding personnel evaluation reports, which further increases job dissatisfaction among employees. Other issues that affect nurses negatively include unfair disciplinary practices.

It is evident that many factors exist in the public health care services, which contribute to job dissatisfaction among the nursing staff.

Thus the following questions arise:

- Is there a relationship between organisational climate and job dissatisfaction?
- Which factors – that is experienced by nurses – contribute to job dissatisfaction?
- Is there a difference in the way nursing managers and nursing staff experience their organisation's climate?

### **1.3 ASSUMPTIONS**

Assumptions are propositions or statements whose truth are either considered self-evident or have been satisfactorily established by earlier research (Polit & Hungler, 1991:88). According to Burns and Grove (1997:48) assumptions are statements that are taken for granted or considered true, even though these statements have not been tested.

The following assumption is relevant to this research:

- The organisational climate, as perceived by employees, will have an effect on their well being within the organisation.

## **1.4 GOAL OF THE STUDY**

The purpose of the study is to identify elements within the organisational climate that may cause dissatisfaction among nursing staff and to provide guidelines for improving the situation.

### **1.4.1 Objectives of the study**

The objectives are to:

- Determine what organisational climate encompasses;
- Ascertain which factors related to organisational climate can cause dissatisfaction among nurses;
- Determine whether there is a difference in the way nursing managers and their nursing staff perceive the existing organisational climate;
- Determine if there is a difference in the way different hospitals perceive the organisational climate; and
- Make recommendations for health service managers to improve the organisational climate in order to facilitate greater job satisfaction among their subordinates.

### **1.4.2 Theoretical framework**

Organisational climate differs from one institution to another. Since this study is concerned about how the nursing staff perceive their organisational climate it is appropriate to use Herzberg's two-factor theory as a framework, because this theory

sees people as having two sets of needs namely satisfiers and dissatisfiers within the organisation where employees are working.

Herzberg identifies these two sets of needs as responsible for job satisfaction and job dissatisfaction. Herzberg indicates that an individual's relation to his work is a basic one and that his attitude to his work can determine his success or failure (Robbins, 1988:31). Herzberg also argues that there are two separate dimensions that contribute to an employee's behaviour at work. The first dimension is hygiene factors, which involves the presence or absence of job dissatisfiers such as working conditions, salary, company policies, interpersonal relationships, personal life, status and security.

The second dimension is motivators. When motivators are absent, workers are neutral towards work, but when motivators are present, workers are highly motivated and satisfied. Motivational factors include recognition, responsibility, achievement, work itself and advancement. This theory will be discussed in more detail in chapter two because it forms the foundation of the study.

## **1.5 SIGNIFICANCE OF THE STUDY**

The aim of the study is to find out how the nursing staff is affected by the organisational climate within their institutions. Then guidelines can be provided as to how the organisational climate could possibly be improved to facilitate greater job satisfaction or to remove job dissatisfaction, thus decreasing the negative effects of dissatisfaction. After the study has been carried out the researcher and the nurse managers of the nine selected hospitals will have to come together so that the researcher can discuss the findings with managers, in order to try and find ways of facilitating job satisfaction among employees and also find ways of eliminating dissatisfaction from their organisations.

## 1.6 DEFINITIONS OF KEY CONCEPTS

- **Attitude**

Attitude means the way a person thinks and feels about something (Concise Oxford Dictionary, 1999:86). According to Ellis, Gates and Kenworthy (1995:51) an attitude is a response to something either positive or negative, for example a manager may have a negative attitude about a new colleague because of his lack of job-related experience. On the other hand, Robbins (1988:12) sees attitudes as evaluative statements either favourable or unfavourable concerning objects, people or events.

- **Climate**

Climate refers to the prevailing trend or public attitude (Concise Oxford Dictionary, 1999:267).

- **Culture**

Culture refers to the customs, institutions and achievements of a particular nation, people or group (Concise Oxford Dictionary, 1999:348). Culture also includes beliefs, values and behaviour patterns common to a particular group of people. This definition indicates that in an organisation there are values, beliefs and common patterns that are followed and shared by all its members (Tappen, 1995:22).

- **Dissatisfaction**

Dissatisfaction means lack of satisfaction (Concise Oxford Dictionary, 1999:414).

- **Extrinsic motivation**

Extrinsic motivation includes aspects like satisfactory pay, adequate supervision, job promotion, special perks, enlightened policies and administration, good working conditions and job security (Booyens, 1998:463). This means that an individual becomes motivated by what is happening in his environment.

- **Intrinsic motivation**

Intrinsic motivation is related to psychological rewards like a sense of challenge and achievements, receiving appreciation, positive recognition and being treated as a human being in ones' own right (Gerber, Nel & Van Dyk, 1998:257). Intrinsic motivation causes a person to identify his strengths and weaknesses and then take action to meet his or her needs, for example an employee who needs to develop academically takes actions to apply for study leave in order to improve his/her skills.

- **Job**

A job is a task, piece of work, duty or responsibility (Concise Oxford Dictionary, 1999: 762).

- **Job satisfaction**

Job satisfaction is a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences (Luthans, 1998:126).

- **Job dissatisfaction**

Job dissatisfaction is dysfunctional outcomes such as increased turnover and absenteeism (Ivancevich & Matteson, 1996:662).

## **Leadership**

According to Mondy and Premeaux (1995:345) leadership is seen as influencing others to do what the leader wants them to do. On the other hand, Robbins (1988:117) sees leadership as an ability to influence a group towards the achievement of goals.

- **Management**

Management is the process of managing people or an organisation (Concise Oxford Dictionary, 1999:864). It is also the process of getting work done through others

Gillies (1994:1) and Moorhead and Griffin (1998:468) indicate that management includes the following functions: organising, command, coordination and control.

- **Manager**

A manager is a person who manages an organisation or groups of staff (Concise Oxford Dictionary, 1999:864).

- **Motivation**

Motivation is a concept used to describe both the extrinsic conditions that stimulate certain behaviours and the intrinsic responses that demonstrate behaviour in human beings (Swansburg, 1996:442).

- **Nursing**

Nursing is a profession with different categories of nurses who provide nursing care. Nursing is also explained as interpersonal in nature, which means that it exists through interaction between human beings (Mellish & Paton, 1994:4). This definition means that nursing can only exist through interaction. The nurse interacts with his/her patients – for example when taking a nursing history from patients – and with other health team members as they give report to each other when they change shifts. The nurse should possess knowledge and skills to ensure attainment of organisational goals.

On the other hand, the South African Nursing Council defines nursing as a caring profession which supports and assists the patient – ill or well – at all stages of life, to achieve and maintain his/her potential for health optimally. Where this is not possible, the patient is cared for so that he/she lives in dignity until death (Mellish & Paton, 1999:13).

- **Nursing staff**

Nursing staffs are persons who are registered or enrolled with the South African Nursing Council (SANC) and who work in health services providing nursing care.

Nursing staff may consist of different categories of nurses such as registered nurses, staff nurses, student nurses and auxiliary nurses.

- **Nurse manager**

Nurse managers are professional nurses registered with the SANC and may hold a nursing diploma or degree in nursing administration, however, this is not so in all cases yet. They function as departmental managers and nursing service managers, who serve as heads of health care institutions.

- **Organisation**

According to the Concise Oxford Dictionary (1999:1004) organisation refers to an organised body of people with a particular purpose such as government departments.

- **Organisational climate**

Organisational climate acts as a measure of individual perception or feeling about their organisation.

Organisational climate can be explained as the employees' subjective impression of the organisation in which they work (Booyens, 1998:202). On the other hand, Luthans (1998:550) describes organisational climate as an overall "feeling" that is conveyed by the physical layout, the way participants interact and the way members of the organisation conduct themselves to customers or other outsiders.

- **Organisational culture**

According to Marriner-Tomey (1996:153) organisational culture is the customary way of thinking and behaving that is shared by all members of the organisation and must be learned and adopted by newcomers before they can be adopted into the agency, for example organisational policies like admission procedures within an organisation and referral procedures of clients to hospitals where clients need further medical attention. Organisational culture includes organisational rituals that are day-to-day

routines that show employees how they are to behave. Organisational rituals include inductions, promotions, planning retreats and retirements.

On the other hand Booyens (1998:195) sees organisational culture as focusing on organisational life, and is the combination of the symbols, languages and behaviours that are openly manifested in the values and norms of an organisation. The cultural values and norms are reflected in policies and practices related to dress, personal appearance, social behaviour, the physical environment, communication, status symbols, rituals and rules.

Organisational culture is often confused with organisational climate. The organisation's climate and culture may differ, however the phenomenon is the same, it is only the perspective that is different. In one organisation the people in the same organisation may perceive the same organisation differently (Marquis & Huston, 2003:166).

- **Registered nurse**

Registered nurses are professional nurses who are registered with the SANC and possess a nursing diploma or degree in general nursing. They may also *inter alia* hold a diploma in midwifery, psychiatric, intensive care nursing and in health services management. They act in a supervisory capacity to all other categories of nursing personnel.

- **Satisfaction**

According to Collins English Dictionary (1995:1475) satisfaction means the pleasure that a person feels when he/she does something or gets something that he/she wants. Satisfaction can also focus on work climate, interpersonal relationships within the work environment, as well as with the job itself. On the other hand, Moorhead and Griffin (1998:99) say that job satisfaction is the extent to which persons are gratified or fulfilled by their work.

- **Staff**

Staff refers to the employees of a particular organisation (Concise Oxford Dictionary, 1999:1396).

- **Staff nurses**

Staff nurses are persons who are enrolled with the SANC and function under the supervision of a professional nurse.

- **Student nurses**

Student nurses are persons who are still training to become registered nurses; they are registered with the SANC as students in training at an approved training institution.

## **1.7 RESEARCH METHOD**

The researcher will use the questionnaire method to obtain the views of the nursing management group and the nursing staff respondents regarding the organisational climate (Thomson, 1997:134).

### **1.7.1 Research design**

The research design for this study is a quantitative approach. The researcher chose this approach because it uses structured procedures and formal instruments to collect information. This approach emphasises objectivity in the collection of data and analysis of information. It also allows the researcher to analyse data using numerical information through statistical procedures (Brink, 1996:13).

This research study complies with the requirements of this approach; because a large enough sample will be used for this study, and the sample will be randomly selected to represent the phenomenon (Brink, 1996:142).

The research design for this study is descriptive, comparative and exploratory. It is therefore non-experimental.

### **1.7.2 Descriptive design**

According to Brink (1996:11) descriptive study aims at obtaining complete and accurate information about the phenomenon through observation. Descriptive designs provide information about the phenomenon through observation; provide a picture of situations as they naturally happen; and they are also used to identify problems with current practice (Burns & Grove, 1997:250). This design is appropriate to this study because the researcher's aim is to obtain information about the organisational climate and to find ways to improve the organisational climate in order to facilitate job satisfaction among nurses.

### **1.7.3 Exploratory design**

This type of design explores the dimensions of a phenomenon, the manner in which it is manifested and the other factors with which it relates (Brink, 1996:11). Exploratory research focuses on a phenomenon of interests but pursues the factors that influence, affect, cause or relate to the phenomenon (Polit & Hungler, 1991:19). This design is relevant to this study since the researcher aims at ascertaining which factors related to organisational climate can cause dissatisfaction among nurses, and what organisational climate encompasses.

### **1.7.4 Comparative design**

A comparative design describes differences in variables in two or more groups that occur naturally in the setting, to see if they differ on some variables. A comparative design is relevant to this study because the researcher wishes to determine whether there is a difference in the way health service managers and their subordinates perceive the existing organisational climate (Brink, 1996:109).

### **1.7.5 Population**

According to Brink (1996:132) a population is the entire group of persons that is of interest to the researcher, and which meets the criteria. The researcher is interested in studying the population from which the sample was drawn, consisted of professional nurses in charge of wards/units up to top management, and auxiliary nurses up to professional nurses. A random sampling will be used to capture members of the target population who complied with the inclusion criteria.

#### **The population is defined as:**

All hospitals with more than 200 beds in the Mpumalanga Province.

#### **The units of analysis within the population will be:**

All nursing staff, where nursing staff include nurse managers, departmental supervisors, registered nurses, staff nurses, student nurses and auxiliary nurses in the Mpumalanga Province. A distinction is made between nursing management and nursing staff.

#### **Nursing management is defined as:**

Professional nurses in charge of wards/units up to top management.

#### **Nursing staff is defined as:**

Auxiliary nurses up to professional nurses.

### **1.7.6 Sampling approach**

A probability sampling approach will be utilised for this study.

According to Burns and Grove (1997:791) probability sampling refers to random sampling techniques in which each member in the population should have a greater than zero opportunity to be selected for the sample.

Probability random sampling allows the researcher to estimate the sampling error, reduces bias in the sample and makes it possible for the researcher to use inferential statistics (Brink, 1997:134). Probability sampling use random selection when choosing sample units and this allows the researcher to make sure that each element of the population has a chance of being included in the study. Probability sampling is more likely to result in a representative sample (Burns & Grove, 1997:298). Probability random sampling is relevant to this study because the researcher has given each member in the population a chance to be included in the study in order to ensure a representative sample.

### **1.7.7 Sampling method**

The sampling method chosen for this study is stratified random sampling.

#### **1.7.7.1 Stratified random sampling**

Stratified random sampling means that the population is divided into subgroups or strata according to some variable or variables of importance to the study, so that each element of the population belongs to one stratum (Brink, 1996:138). In this study, the population is divided into strata that are according to the position that a member holds in an organisation.

### **1.7.8 Sample**

A sample is a subset of the population that is selected to represent the population (Brink, 1996:214).

### 1.7.9 Sample size

The sample size is planned as follows, indicating the tentative numbers of respondents in each group from each district:

**Table 1.1 Tentative numbers of respondents in selected hospitals**

	<b>Hospital A</b>	<b>Hospital B</b>	<b>Hospital C</b>
<b>Nursing management – Group A</b>	7	7	7
<b>Nursing staff – Group B</b>	15	15	15
<b>Total</b>	22	22	22
	<b>Hospital D</b>	<b>Hospital E</b>	<b>Hospital F</b>
<b>Nursing management – Group A</b>	7	7	7
<b>Nursing Staff – Group B</b>	15	15	15
<b>Total</b>	22	22	22
	<b>Hospital G</b>	<b>Hospital H</b>	<b>Hospital I</b>
<b>Nursing management – Group A</b>	7	7	7
<b>Nursing Staff – Group B</b>	15	15	15
<b>Total</b>	22	22	22

Stratified random sampling will be utilised for this study, because participants will be divided into subgroups according to their qualifications or positions. The selection criteria for participants are that participants should have worked at the same hospital for at least a years and be registered or enrolled with the SANC. Participants will be selected randomly; using the ward/unit allocation list of personnel on duty on the day the study is carried out.

### 1.7.10 Data collection approach

A structural approach will be used to collect data that is open-ended questions and close-ended questions (Polit & Hungler, 1991:282)

### **1.7.11 Data collection method**

In this study data will be collected by means of a structured questionnaire.

#### **1.7.11.1 Questionnaire**

According to Polit and Hungler (1991:653) a questionnaire is a method of gathering self-report information from respondents through administration of questions in a paper-and-pencil format. A questionnaire refers to a self-report instrument where the respondent writes his/her answers in response to printed questions on a document (Brink, 1996:154).

The researcher will utilise one structured questionnaire for both nursing management (Group A) and one to the nursing staff (Group B) groups.

Questionnaire is chosen data collection instrument because it is a simple method of obtaining data: it allows respondents to contemplate his/her response to the questions in their own time. It also facilitates gathering of data from a widely scattered sample (Treece & Treece, 1986:277).

### **1.7.12 Data analysis**

According to Brink (1996:178) data analysis entails categorising, ordering, manipulating and summarising the data and describing them in meaningful terms.

#### **1.7.12.1 Descriptive statistics**

Descriptive statistics will be used to describe and summarise data. They convert and condense data into an organised, visual representation of data in a variety of ways, so that the data have some meaning for the readers of research reports. A descriptive approach employs measures such as frequency distribution, measures of Central tendency and dispersion of variability and measure of relationships (Brink, 1996:179). The researcher will use descriptive statistics to provide answers to the research questions.

### **1.7.12.2 Correlation coefficients**

Correlation coefficients are descriptive statistics that expresses the magnitude and direction of the association between variables (Brink, 1996:187).

Cronbach's alpha is a widely used reliability index that estimates the internal consistency or homogeneity of a measure composed of several subparts and it is also referred to as coefficient alpha.

In this study, Cronbach's alpha will be used to analyse the data. Another descriptive statistic that will be used is a t-test. A t-test is a test of differences between means, a method to determine if the differences are significant and the probability such a difference could have occurred by chance (Treece & Treece, 1986:437). A t-test will be used to determine whether there is a difference between the nursing management and the nursing staff in the way they perceive the organisational climate.

### **1.7.13 Reliability and validity of the research**

- **Validity**

Validity is the ability of an instrument to measure the variable that it is intended to measure (Brink, 1996:215).

- **Internal validity**

Internal validity refers to interpretation of findings within the study. Interpretation of the study results will be done by making use of descriptive statistics, correlation coefficients, (Treece & Treece, 1986:266).

- **External validity**

According to Burns and Grove (1997:234) external validity is concerned with the extent to which the study findings can be generalised beyond the sample used in the study. After data has been collected and interpreted by the researcher, the

researcher will be able to determine the depth of job satisfaction or job dissatisfaction, and only then the researcher will know whether the results can be generalised to other settings or samples other than the eight (8) selected hospitals that took part in the study (Brink, 1996:124).

## **1.8 ETHICAL PRINCIPLES**

The study will take into consideration the relevant ethical principles when conducting the research. These ethical principles include the following: principle of beneficence, the principle of respect for human dignity, the principle of justice, anonymity, confidentiality and informed consent. These ethical principles will be discussed with participants before the study is conducted (Polit & Hungler, 1991:31).

## **1.9 PERMISSION**

The permission to conduct the study will be requested from the relevant health authorities of the selected institutions. Formal letters will be written to make an appointment to explain the aim of the study in detail.

## **1.10 SCOPE AND LIMITATION OF THE STUDY**

The research is supposed to be conducted in nine (9) hospitals within the Mpumalanga Province. Limitations could be that results obtained cannot be generalised to other health institutions that did not take part in the study.

The study focuses on job dissatisfaction that could arise because of poor organisational climate. Poor organisational climate can have an impact on employees' job satisfaction, which in turn, could lead to a decrease of productivity among employees. The researcher will concentrate on finding out the causes of dissatisfaction among nurses and determine whether there is a difference in the way health service managers and their subordinates perceive the existing organisational climate. Guidelines will be developed for the health service manager to improve the organisational climate in order to facilitate greater job satisfaction and decrease job dissatisfaction among the subordinates.

The limitations of the study are as follows:

- The study will be confined to nine (9) selected hospitals within the Mpumalanga Province, thus results obtained cannot be generalised to other hospitals that did not take part in the study.
- Participants might not feel free to express their perceptions concerning the organisational climate because they don't want to jeopardise their relationships with the seniors.

## **1.11 STRUCTURE OF THE DISSERTATION**

### **CHAPTER ONE**

Chapter one provided a motivation for and introduction to the research topic under study and gave an explanation of the research problem, aim and objectives and planned research methodology.

### **CHAPTER TWO**

This will serve as the literature review in which the theoretical framework will be explained. Its aim is to produce a conceptual background against which the study of the problem will be done. This will be achieved by reviewing relevant literature about organisational climate, job satisfaction, job dissatisfaction and strategies that could be utilised to improve the organisational climate of public institutions.

### **CHAPTER THREE**

In this chapter the research methodology will be discussed. These methods are the research design, population and sample, data collection, pilot study and sampling methods.

## **CHAPTER FOUR**

This chapter will focus on analysis of data and discussion or research findings.

## **CHAPTER FIVE**

Chapter five will be the final chapter of the investigation. It will present a summary of the findings discussed in chapter four. On the basis of the research findings, some recommendations will be made, a workable plan of action will be proposed and conclusions will be made in this chapter.

### **1.12 CONCLUSION**

Each organisation has a formal and informal structure that governs workflow and interpersonal relations. The organisation has its own climate, which influence the performance of employees. The study will be conducted in the Mpumalanga Province using the three (3) districts and its nine (9) hospitals. The purpose of this study is to identify elements that may cause job dissatisfaction and try to provide possible solutions and recommendations to improve the organisational climate, and in so doing, reverse job dissatisfaction. The main components discussed in this chapter are: background to the problem; problem statement; assumptions; goal, objectives, significance, theoretical framework and key concepts that will be used in the study. The research method, ethical considerations, permission and the structure of the dissertation are also included in this chapter.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

The aim of this chapter is to review the literature on organisational climate and to find out how organisational climate can influence the behaviour of employees within the workplace. Hence, to find out whether organisational climate can lead to job satisfaction or job dissatisfaction and indicate how managers can create an environment that will promote job satisfaction, motivation as well as achievement of organisational goals and objectives. It also aims at discussing factors that contribute to job satisfaction or job dissatisfaction and describe how these factors affect the behaviour and work performance of employees/nursing staff.

The literature encompasses a review that seeks to identify elements that may cause job satisfaction or job dissatisfaction among the nursing staff. Job satisfaction is very important in an organisation, because if employees are not satisfied, their work performance, productivity, commitment, as well as the interpersonal relationships among nurse managers and their subordinates, tend to be lowered. For example, in an organisation where work performance is not recognised through promotion and salary increases, productivity of employees tend to be lowered.

As Herzberg's two-factor theory forms the theoretical framework on which the study is based, it is necessary to stipulate that this theorist does not see satisfaction and dissatisfaction as direct opposites.

#### **2.2 HERZBERG'S TWO-FACTOR THEORY**

Herzberg's two-factor theory will be used as a framework for this study. This theory is concerned with factors that are responsible for job satisfaction and job dissatisfaction. Herzberg argued that an individual's relation to his work is a basic one and that his attitude to his work can determine his success or failure. He carried out a study on "what do people want from their jobs?" He asked people to describe –

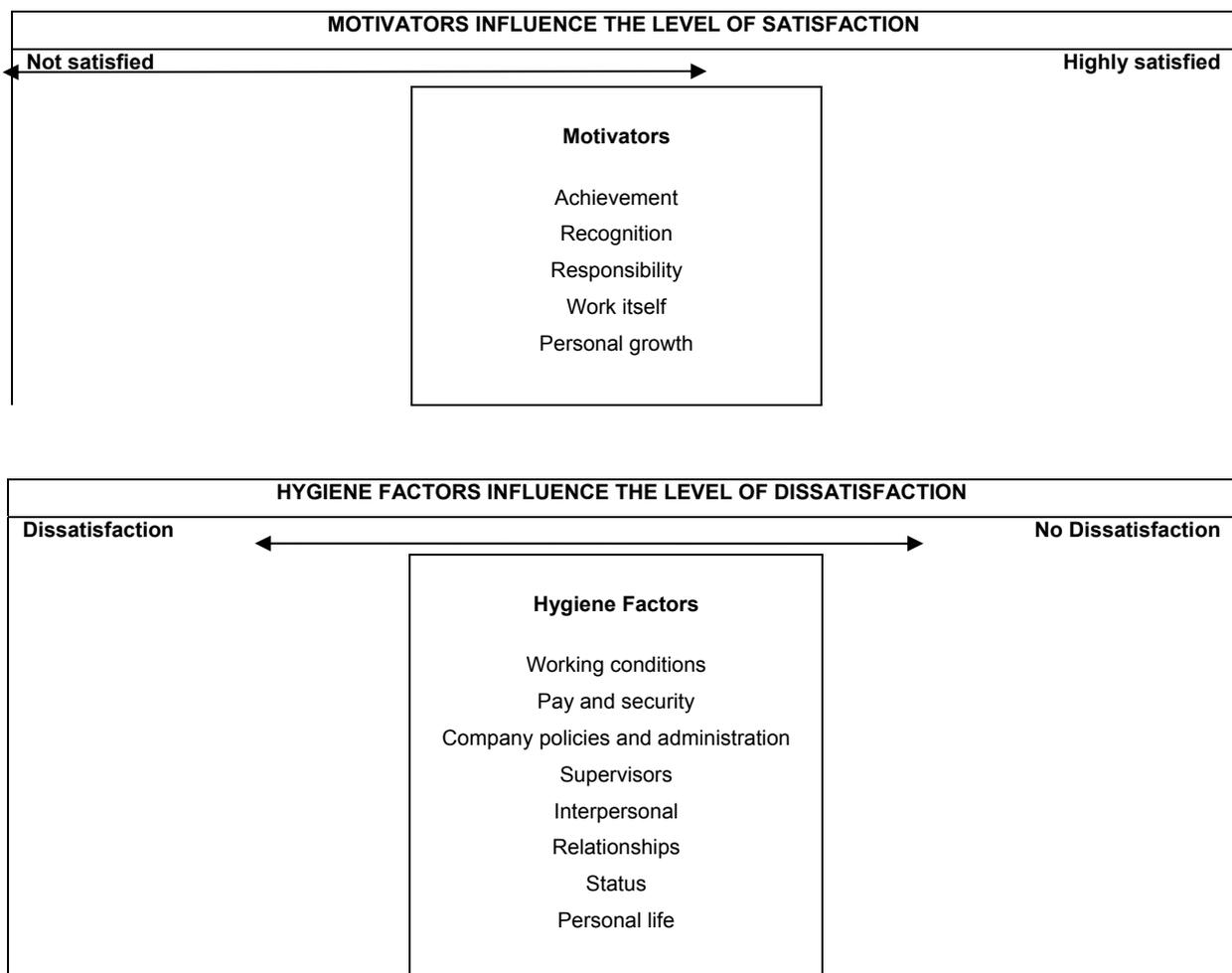
in detail – situations in which they felt good or bad about their jobs. He then categorised the responses and discovered that replies given by people who felt good about their jobs were significantly different from the replies given by those who felt bad. Certain characteristics tend to be related to job satisfaction e.g. achievement, recognition, the work itself, advancement, responsibility and growth. Others tend to be related to job dissatisfaction e.g. supervision, company policy and administration, working conditions and interpersonal relations (Robbins, 1996:217).

Herzberg believed that two separate dimensions contribute to an employee's behaviour at work. The first dimension is the **hygiene factors**, which involves the presence or absence of job dissatisfaction and relates to factors such as supervision, status, security, personal life, working conditions, pay, company policies and interpersonal relations with supervisors and subordinates. If hygiene factors are poor, work is dissatisfying. When there are good hygiene factors, dissatisfaction is removed. Good hygiene factors simply remove the dissatisfaction and do not cause people to become highly satisfied and motivated in their work. The second set of factors is **motivators**, which influence job satisfaction. Motivators are high-level needs and include aspects such as achievement, recognition, responsibility and opportunity for growth. When motivators are absent, workers are neutral toward work, but when motivators are present, workers are highly motivated and satisfied. Therefore hygiene factors and motivators represent two distinct factors that influence motivation. Hygiene factors concentrate only in the area of job dissatisfaction, while motivators focus on job satisfaction. Interpersonal conflicts will cause people to be dissatisfied and the resolution of interpersonal conflicts will not lead to a high level of motivation and job satisfaction. Whereas motivators such as challenging assignments, and recognition must be in place before employees will be highly motivated to excel at their workplace (Daft, 2000:540).

Morrison (1993:125) argues that there are other motivators that do not promote a sense of growth because they do not provide significant meaning to the worker. They include the group feelings, job security, status, and feelings about fairness, unfairness, pride and shame. Based on the above information the researcher's observation in the workplace is that the mentioned factors are important to

employees. Employees do raise dissatisfaction if the organisation does not provide job security and status and if unfairness is practiced.

Herzberg discovered that **intrinsic factors** such as achievement, recognition, the work itself, responsibility and advancement seem to be related to job satisfaction. On the other hand, when employees were not satisfied they tended to cite extrinsic factors such as company policy and administration, supervision, interpersonal relations and work conditions as reasons for them not being satisfied. According to Herzberg satisfaction is not the absence of dissatisfaction, because removing dissatisfying characteristics from the job does not necessarily make the job more satisfying. He further argues that the opposite of “satisfaction” is “no satisfaction” and the opposite of “dissatisfaction” is “no dissatisfaction” (Robbins, 1988:31).



**Figure 2. 1 Herzberg’s Two-Factor Theory (Marriner-Tomey, 1996:289)**

### **2.2.1 Job satisfaction**

According to Newstrom and Davis (1997:256) job satisfaction is a set of favourable feelings and emotions with which employees view their work. Schermerhorn, Hunt and Osborn (1994:144) see job satisfaction as the degree to which individuals feel positive or negative about their jobs. According to this definition the individual expresses satisfaction as he interacts with his work environment and attaches meaning to what is happening around him.

Bester, Richter and Boshoff (1997:59) say job satisfaction is the match between what the employee wants from the employer and the job and what he receives. It is the extent to which the job meets the individual's needs, expectations and requirements. It is further indicated that if employees are happy, it leads to higher productivity, improved physical and psychological health and promotes a more positive attitude towards the organisation. This results in staff remaining at the same institution instead of leaving frequently.

On the other hand, Silver, Poulin and Manning (1996:3) see job satisfaction as a multidimensional system of interrelated variables that are divided into three categories, that is:

- characteristics related to personal factors such as attitudes, values, etc.
- intrinsic rewards related to characteristics of job tasks such as opportunities to be creative, problem solving challenges; and
- extrinsic rewards having to do with organisational characteristics such as wages, working hours, benefits, organisational climate, and so forth.

Marriner-Tomey (1996:73) views job satisfaction as a match between the nurses' interest with the organisational goals. Job satisfaction includes aspects like satisfaction with work, supervisor, work conditions, pay, opportunities and practices in the organisation. In practice the views of these authors are appropriate, as employees generally feel satisfied when they receive good pay and good supervision.

Gibson, Ivancevich and Donnelly (1997:106) and Luthans (1998:144) identify dimensions that are associated with job satisfaction, namely salaries; job promotion opportunities, supervision and co-workers.

### **2.2.1.1 Promotion of job satisfaction**

To facilitate achievement of organisational goals, promotion of job satisfaction is important in the work environment. According to Louw (1997:520) job satisfaction is promoted when the individual is work-oriented and invests energy and effort in his/her work. If an individual is work-oriented it becomes easier for him/her to work towards attainment of the organisation's goal, because he/she is aware of the work procedures of the organisation. Provision of opportunities for promotion makes employees experience satisfaction, because they feel a sense of achievement if they move from one level of experience to another and because it shows professional growth. The job is experienced as interesting if employees are given power to exercise autonomy, allowed to participate in decision-making and are also allowed to be creative in their respective jobs.

Based on the above explanation of job satisfaction, it is therefore important to explain what motivation is, because it influences the behaviour and performance of the individual in a positive way to enable job satisfaction.

### **2.2.1.2 Motivating factors**

Motivation is seen as a set of processes that arouse, direct and maintain human behaviour towards attaining a goal (Greenberg & Baron, 1993:114). According to Beaufort and Longest (1996:254) motivating factors are typically intrinsic factors because they drive a person to perform the work itself. They are related to the sense of achievement, recognition for achievement work itself, responsibility, advancement potential and possibility for growth (Marriner-Tmey, 1996:341 being treated as a human being in one's own right (Gerber *et al.*, 1998:257). Herzberg's motivating factors are also supported by McClelland's three-needs theory because he also identifies achievement as one of the factors that directs a person's behaviour in the

workplace (Robbins, 1988:34). Maslow's hierarchy also supports Herzberg's theory since he also stresses the esteem needs, which includes achievement, status and recognition. The latter further supports Herzberg's theory when it addresses the self-actualisation need that includes growth – achieving one's potential (Robbins, 1988:29).

#### **2.2.1.2.1 Achievement**

According to Robbins (1988:34) achievement is a drive to excel, to achieve in relation to a set of standards and strive to succeed. On the other hand, Newstrom and Davis (1997:567) see achievement as a drive to overcome challenges and obstacles in the pursuit of goals. Achievement is present when employees have feelings of personal accomplishment or the need to accomplish. For achievement to be present as a motivation factor, job must be challenging and interesting. For the individual to experience achievement he/she must be able to succeed, have abilities to solve job related problems and perform effectively. The manager can increase opportunity for on-job achievement by delegation of authority and responsibility, involvement in planning and goal-setting, availability of information concerning performance and individual control of the quality of job performance.

Achievement-oriented employees enjoy getting things done and moving to the next objective. They place greater value on the level of their own capabilities. They seek job mastery, take pride in developing and using their problem-solving skills and strive to be creative. When confronted with obstacles in their work, these employees perform their jobs capably because of the inner satisfaction they feel for a job well done.

It is important for managers to realise that duties should be delegated to their subordinates in order to increase their desire to achieve more. In turn their subordinates' motivation will increase. Delegation of duties helps employees to utilise their talents and also contribute to personal growth and development (Marriner-Tomey, 1996:67).

Based on the above information on achievement, managers that implement the above points in their organisations facilitate job satisfaction. Employees tend to work

hard and are motivated to accomplish the organisation's goals. In turn, managers that do not take into consideration the above-mentioned points demotivate employees and they fail to work towards achievement of the organisation's goals. In such situations, employees experience a lack of satisfaction and may absent themselves from the workplace.

#### **2.2.1.2.2 Recognition**

According to Gerber *et al.* (1998:42), recognition refers to the respect an employee enjoys among colleagues at the organisation, which is the result of the status value of the job. It also refers to the recognition an organisation affords an employee for good performance. Recognition can come from the organisation, managers, fellow employees or the public (Costley & Todd 1987:205). Recognition may be provided in many forms such as verbal or written praise, pay increases and bonuses.

Generally, in practice, when nurse managers recognise work done well, employees are encouraged to aspire more for perfection in their work. It promotes achievement of organisational goals and objectives and thus – in a way – motivates other employees to improve their performance. When managers use recognition and rewards to encourage desired behaviours in their organisation, they keep good employees in their organisation.

The nurse manager can use the following rewards to recognise and promote good work: give positive feedback, increase in salary, autonomy, opportunity to participate in goal-setting and decision-making as well as peer recognition by announcing achievements at staff meetings and using the organisation's news letter to recognize achievements. The nurse manager can also give employees challenging assignments and seek interesting opportunities for them either within the unit or somewhere else within the organisation. Recognition promotes self-confidence and raises the self-esteem of employees whereby productivity is increased (Tappen, 1995:67).

In clinical situations employees are to be made aware that their seniors appreciate their efforts. If good work is recognised – either through giving positive feedback or

announcement of good work at staff meetings – They experience a sense of satisfaction if his/her peers are aware of his/her achievement.

Organisations that do not give back positive feedback and do not involve employees in decisions regarding their jobs, increases a sense of no satisfaction among employees. Employees may feel that they are not seen as active members of the organisation but passive participants in contrast to employees who function better when they receive constructive feedback about their performance (Tappen, 1995:418).

### **2.2.1.2.3 Responsibility**

Responsibilities refer to what must be done to complete a task and the obligation created by the assignment (Marriner-Tomey, 1996:69) These are normally determined by the employer to facilitate achievement of goals (Muller, 1996:161). Nurse managers and supervisors of units should make sure that responsibilities are allocated according to expertise and abilities of the individual practitioner. Unit responsibilities should be specific as to whether they are daily or weekly responsibilities that employees should perform to prevent a person from being overloaded. The manager must make sure that responsibilities are standardised for each job level and that each employee has a copy of his/her job description (Muller, 1996:163).

Generally in clinical practice, managers encourage subordinates to accept responsibility by making sure that they are aware of the capabilities and characteristics of their subordinates (Marriner-Tomey, 1996:68). If subordinates physical abilities are ignored during delegation of responsibilities in the unit, demotivating consequences may occur (Muller, 1996:205). When managers consider subordinates' knowledge and skills, they promote feelings of pride in the subordinate and in turn facilitate independent functioning (Muller, 1996:206). If subordinates' capabilities, knowledge and skills are considered, employees enjoy their work and thus productivity will be raised to higher levels among employees (Muller, 1996:207).

In clinical situations it is imperative that responsibilities are delegated according to the scope of practice and to people with the necessary skills to perform the job. If employees' capabilities are not recognised, or are inappropriate for the responsibilities delegated, they may feel frustrated because they lack the skill to carry out delegated responsibilities and may experience no satisfaction. If they have the required skill and they know what to do, they tend to work hard and they become motivated in what they do (Muller, 2001:144).

#### **2.2.1.2.4 Work itself**

According to Morrison (1993:125) work itself should be a challenging experience that encourages creativity and self-expression.

Luthans (1998:145) cites that work itself can be a source of satisfaction. If this is true, it is imperative that managers create organisational climates that facilitate satisfaction in the execution of jobs. Gibson *et al.* (1997:106) indicate that employees should be given opportunities to advance in their field of work so that they can accept responsibilities entrusted on them. Study leave can be provided for those employees, with the desired skill and willingness to perform the job, who want to improve their skills and knowledge. Managers should make sure that employees are given adequate feedback on performed tasks to motivate them to work harder and better, as well as to point out areas that need attention and provide assistance when needed. Managers should also give employees bigger responsibilities, allow them to exercise autonomy and offer them challenging tasks as a means of enhancing the quality of work life. Employees should also exercise independent judgement on their jobs. The organisational climate should provide promotional opportunities to motivate the employee to work harder and strive for excellence in his/her job. Thus, rewards attached to the job make the job more enjoyable and improve performance. A job should always be interesting and challenging – never boring! Furthermore, a job or the work itself should also provide a sense of status and achievement.

Work allocated to employees should be such that it encourages creativity and self-expression, because in such an environment employees are able to use their creativity as they provide patient care. Employees tend to see their work as a

challenge and then experience satisfaction when performing it diligently. If the organisational climate is not challenging, employees tend to be bored, because they are only expected to implement their senior's plan of action and they thus feel less satisfied.

#### **2.2.1.2.5 Growth and development**

Growth and development means the need to know more than yesterday, to put new knowledge into context, and to maintain one's individuality even when under pressure (Morrison, 1993:125). Personal development refers to the personal and professional development of the nursing practitioner by means of formal and informal training in line with his/her job requirements (Muller, 1996:316).

Growth and development of employees are of importance to the organisation in order to ensure achievement of organisational goals. Marriner-Tomey (1996:222) sees staff development as continuing liberal education of the whole person to develop his/her potential fully. Managers of institutions are there to identify staff development needs in relation to organisational needs. With reference to the above-mentioned information, organisations should make sure that staff development does take place at unit level and staff members should be encouraged to share information with each other. Sharing of ideas can be done at the bedside, in conferences and in meetings. The sharing of ideas will promote personal and professional growth.

Development of staff increases the employee's abilities to perform effectively in other jobs as well as the current job. Managers have the responsibility to see that employees are trained to promote the quality of life of their workers, their prospects of work and labour mobility, to improve productivity in the workplace and to provide employees with the opportunities to acquire new skills (Skills Development Act 1998:6). To emphasise the latter, an employee that has the necessary knowledge and skills feels comfortable because he/she is geared with the knowledge and skills and can take good decisions when faced with job-related problems. Organisational climate must also be characterised by good interpersonal relationships among employees in order to facilitate growth and development. Clear work procedures and

work policies direct the employee's actions and contribute to satisfaction because he/she knows what is expected of him/her.

Based on the researcher's observations at the workplace, employees that are not given the chance to improve their knowledge and skills, feel frustrated when faced with new situations that affect their jobs, because they do not have up-to-date knowledge to intervene in order to meet patient's needs. On the other hand, if employees are given a chance to develop professionally and personally, they feel motivated and they can provide relevant patient care. Promotional opportunities also play a major role in an employee's development, because an employee develops personally and professionally as he/she climbs the ladder of success.

### **2.2.2 Job dissatisfaction**

Morrison (1993:125) states that dissatisfiers are present in the organisation. Herzberg called them hygiene or maintenance factors because they are motivated by the need to avoid unpleasantness.

According to Marriner-Tomey (1996:336) dissatisfaction occurs when people perceive that they are being treated unfairly with salaries, benefits, job security, supervision and when they experience poor interpersonal relationships. When people are highly motivated and find their jobs interesting and challenging, they will tolerate dissatisfaction (Chung, 1977:23). A reward system that is not clear to all employees leads to dissatisfaction. It is important for employees to know the criteria and procedures that are followed when employees are being rewarded for their good work.

Marriner-Tomey (1996:342) further states that poor planning, poor communication, inadequate explanations of decisions affecting jobs, unclear rules and regulations, unreasonable pressure, excessive work, understaffing, uncooperative physicians, non-nursing duties and unqualified managers are all sources of dissatisfaction within the organisation.

On the other hand Chung (1997:123) sees dissatisfaction as arising from two aspects namely external and internal barriers. This means that job dissatisfaction can arise from the individual himself. These internal barriers include intelligence, which is necessary for a person to be able to make decisions in his/her workplace, and skills, which refer to the ability of the employee to perform the job by using acquired skills.

The employer has the responsibility to see to it that each employee has the skill to perform his job. Lack of training for the job leads to frustration, especially when a person cannot perform the job for which he is hired (skills Development Act 1998:6). Salaries that are low promote job dissatisfaction and salaries can act as a motivator if employees feel that they are being adequately paid (Morrison, 1993:126).

Chung (1977:123) further states that there are barriers leading to dissatisfaction within the organisation that are:

- **Organisational structure:** Each organisation has a structure and this organisational structure can include human resource policies that play a major role in attracting and satisfying employees. A mismatch can hamper the attainment of both personal and organisational goals, thus leading to dissatisfaction (Gerber et al., 1998:13).
- **Rules, regulations and policies:** that are inconsistently applied and not made known to employees cause misunderstanding in the workplace and contributes to feelings of bias, preferential treatment and unfairness (Marriner-Tomey, 1996:153).
- **Supervision and leadership:** Supervision and leadership in an organisation help employees in performing their jobs, because where there is good supervision employees are made aware of their strengths and weaknesses and they are also assisted in improving their performance. Where supervision is not promoted, employees tend to feel lost in their workplace. Due to lack of direction they become dissatisfied, especially if the supervisor lacks assertiveness and unwillingness to make decisions, and if supervisor lacks planning skills (Gerber et al., 1998:477).

- **Work groups:** Work groups in the workplace are formed in order to make-work interesting and promote creativity and/or the sharing of ideas, but these workgroups can also lead to job dissatisfaction if there is a poor relationship between colleagues (Gerber et al., 1998:229).
- **Interpersonal conflicts:** Interpersonal conflicts that arise within the work environment lead to job dissatisfaction. Lack of friendliness and lack of team spirit among employees also contribute to dissatisfaction. Conflicts in the work situation can result from a lack of managerial support, lack of participation in decision-making and too much responsibility (Booyens, 1998:530).
- **Poor work environment:** Generally, in practice, Poor work environment contribute to dissatisfaction because employees find it difficult to carry out their work under dirty, noisy, and unsafe surroundings.

### **2.2.2.1 Hygiene factors**

Beaufort and Longest (1996:254) claim that hygiene factors are those factors that relate to the organisational climate. They are: organisational policy and administration, working conditions, salaries, supervision and interpersonal relations. Marriner-Tomey (1996:341) support Longest's view on hygiene factors, because they also see job dissatisfaction as associated with factors like company policy and administration, supervision, salary, interpersonal relations and working conditions. In addition Morrison (1993:126) identifies three other hygiene factors that the above two authors did not mention and that is personal life, status and security.

#### **2.2.2.1.1 Organisational policy and administration**

Organisational policy is a guide that clearly spells out responsibilities and prescribes action to be taken under a given set of circumstances (DiVincenti, 1986:105). Managers should make sure that policies are consistently applied because inconsistency leads to uncertainty, feelings of bias and preferential treatment and unfairness. Policies can be implied or expressed. Furthermore, policies can either be

written or in an oral form. Written policies indicate the integrity of the organisation's intentions and generate confidence in management because their application is the same to all employees. It is the duty of the manager to see that policies are reviewed periodically to ensure that they apply to current situations within the organisation (Marriner-Tomey, 1996:153).

Policies can be developed at unit level to help direct the functioning of employees in that unit. They can also be developed at organisational level. It is important that when these policies are formulated, subordinates are given the chance to make their inputs so that they can feel that they were part of the development of those policies. It will then also be easier for them to follow such policies (Marriner-Tomey, 2000:182).

It is important that nurse managers make sure that each employee is aware of any changes that are taking place within the organisation as well as policies. Communication of policies can be done orally and should then be followed up by written copies of these policies, which can be sent to employees to keep for further referral (Marriner-Tomey, 1996:164). Communication of policies to staff members, in written format, eliminates breakdowns that occur when policy actions are passed only by mouth.

Policies should be applied fairly to all employees so that they do not feel that they are treated unfairly. The latter might lead to dissatisfaction. Employees will have a sense of belonging to an organisation if they feel that policies are applied consistently to all employees (Marriner-Tomey, 1996:153).

Poor communication and inadequate explanations of decisions affecting jobs will lead to dissatisfaction. Employees should participate in decision-making. When employees are allowed to make their inputs they will feel free to participate in decision-making and will see themselves as part of the organisation. When decision authority is concentrated in the hands of a few people, employees feel that they are relatively powerless and thus feel frustrated (Greenberg & Baron, 1993:169). To ensure that all employees are well informed of policies and procedures within their organisation, two-way communication is to be practiced in organisation to allow

dissemination of policies and any changes that are taking place (Booyens, 1998:274).

With reference to the above statement, communication of policies to employees is important. If policies are not communicated, employees find themselves in a difficult situation as they are expected to accomplish the organisation's goals. Employees may feel frustrated because they do not have guidelines that spell out their responsibilities or form of action and they might experience job dissatisfaction. Communication of policies can be at unit and organisational level. Some organisations do not involve their employees in policy formulation, which makes it difficult for employees to implement such policies, because they were not involved in decision-making and do not always understand the reason behind set policies. Involvement of employees in policy formulation promotes understanding and motivation and leads to job satisfaction.

#### **2.2.2.1.2 Supervision**

According to McFarland and Morris (1984:91) supervision is a dynamic process in which employees are encouraged to participate regarding activities designed to meet organisational goals and aid in the development of an employee. Supervisors are also there to control work in their units, for example the patient care provided by staff members. McFarland and Morris (1984:91) further state that supervision is divided into technical skills, which include the use of knowledge, procedures, techniques and equipment to perform the task. These skills can be learned through training and education. Employees should possess these skills to ensure achievement of organisational goals and to prevent hazards that might arise due to lack of knowledge.

In addition, McFarland et al. (1984:91) describe conceptual skill as another important part of supervision, which involves knowledge, and understanding of the job, based on organisational goals and objectives. It is therefore important for managers to create a positive organisational climate in which employees are encouraged to update their skills in order to provide quality care to patients. Employees can be given opportunities to update their knowledge through induction training, orientation

procedures and also by providing in-service education and on-the-job training (Gillies, 1982:257).

Supervisors and managers of units should identify areas of weaknesses and create opportunities where employees can be trained to improve their skills. If employees lack the skills of doing the job properly they feel frustrated and dissatisfied. A supervisor who is perceived to have poor supervisory skills and is believed to be incompetent, selfish and uncaring will promote dissatisfaction in his/her unit. Since supervisors should possess good supervisory qualities, it is important for them to attend workshops and in-service education in order to promote subordinate-supervisor relationships (Greenberg & Baron, 1993:169).

According to Carrell, Elbert and Hatfield (1998:56) satisfaction is promoted where there is good supervision and the employee perceives the supervisor as helpful, competent and effective. Poor supervision may arise within the work environment when the supervisor is insensitive, incompetent and uncaring, leading to a negative effect on employees' job satisfaction. Poor supervision includes unfair treatment by the supervisor and failure to respond to employees' problems, which in turn will lead to job dissatisfaction (Chung, 1997:23). An effective supervisor recognises his employees' needs for responsibility, recognition and growth. A good supervisor supplies information and advice to employees when necessary and also emphasises personal responsibility and accountability while providing a climate of freedom for work accomplishment.

Supervision is the process in which the subordinates is encouraged to participate in activities designed to meet organisational goals and to develop as an employee and as a perso (Mcfarland et al., (1984:128). If the work climate is such that employees do not get the support that they need from their supervisors, or they feel that they are treated unfairly, employees tend not to trust their supervisors and fail to deliver as expected - they end up experiencing job dissatisfaction. In situations where employees receive support from their supervisors, they feel less dissatisfied and want to achieve more.

### **2.2.2.1.3 Working conditions**

According to Gerber *et al.* (1998:44) working conditions are created by the interaction of employees with their organisational climate. Working conditions include: psychological work conditions and the physical layout of the job. The physical working conditions include the availability of facilities like protective clothing, equipment and appliances. Failure to provide these facilities make it impossible for employees to carry out their jobs and thus promote job dissatisfaction, because employees cannot perform their jobs in an easy non-obstructive way.

The psychological contract includes the psychological expectations of both employees and their employers. Employees will perform better when they know what the employer expects from them and vice versa. They will be productive because they know the benefits that they will get from their employer if their performance is satisfactory. If employees are not aware of what the employer expects from them, they will be unsure and less productive and feel dissatisfied.

Physical layout of the job refers to the neatness, organisation, convenience and attractiveness of the work environment. Luthans (1998:146) says that if working conditions are good – for example clean and attractive surroundings – employees will find it easier to carry out their jobs. On the other hand, if the working conditions are poor – like hot and noisy surroundings – employees will find it difficult to get their work done, and will experience dissatisfaction.

### **2.2.2.1.3 Salaries**

According to Morrison (1993:126) low salaries promote dissatisfaction and will make workers to feel frustrated. Salaries are offered by the employer to compensate employees for the work provided. It is important that employees are informed how they will be compensated for good work. Gibson *et al.* (1997:106) indicate that the amount of pay received by an employee may be perceived by an employee as fair or unfair. Employees normally expect equity among the salaries that are received by them and their colleagues who hold the same post description. Employees often view their salaries as a reflection of how management views their contribution to the

organisation. Managers should communicate to employees how good performance is rewarded. Greenberg and Baron (1993:168) argue that organisations' reward systems are highly related to job satisfaction, which means that it is important for the organisation to make employees aware of these rewards so as to eliminate misunderstanding among the employer and employees. Unclear reward systems lead to conflict and unfair practices within the workplace. Poor salaries that are uncompetitive lead to unhappiness and discontent (Chung, 1977:23).

Organisations can – if possible – try to make salaries competitive because a salary does motivate employees to work hard and to experience job satisfaction. Uncompetitive salaries demotivate employees and lead to job dissatisfaction. Employees that find themselves in organisations that provide uncompetitive salaries, tend to leave their organisations and move out to organisations that provide competitive salaries.

#### **2.2.2.1.4 Status**

According to Greenberg and Baron (1993:285) status in organisation is recognised as both formal and informal in nature. Formal status refers to attempts made to differentiate between the degree of formal and informal authority given to employees by an organisation. This is accomplished through the use of status symbols, for example symbols that reflect the position of an individual within an organisation's hierarchy. Some status symbols include job titles such as 'Director' and reserved parking spaces. Status symbols serve to remind organisational members of their relative roles, thus reducing uncertainty and providing stability to the social order. Informal status refers to prestige-accorded individuals with certain characteristics that are not formally dictated by the organisation.

Halloran and Brenton (1987:177) state that receiving a higher status is a symbol of success, thus people feel that they only experience success when they attain a higher status. Achieving a higher status brings feelings of true success, but only when feelings of genuine achievement are experienced.

Genuine achievement requires constant challenge. When genuine challenges are not offered, it will result in stagnation and frustration. Lower level status does affect achievement because there is little opportunity for creativity, judgement and initiation to come into play. The higher the job levels, the greater the opportunity will be to tackle new problems. Fielding (1997:39) states that people with a high need to achieve are likely to seek tasks where they are fully responsible, they set goals for themselves and value competent colleagues.

Based on the above information, if a person moves from one level of job position to another, he/she tends to experience motivation because he/she sees himself/herself in another level of job hierarchy, feeling honoured and tending to work harder. If no promotional opportunities are available, employees experience burnout and tend to be dissatisfied.

### **2.3 ORGANISATIONAL CLIMATE**

Organisational climate is the employees' subjective impressions of the organisation in which they work (Booyens, 1998:202).

According to Moorhead and Griffin (1998:516) organisational climate is seen as referring to current situations in an organisation and the linkages among work groups and their performance. According to this statement, organisational climate is seen as having current situations that are taking place in the organisation and current situations can influence employees' performance, depending on how these employees view their current situation in organisations as positive or negative. e.g. unfair labour practices. Employees can thus view their current situations in organisations as positive or negative. Their views will depend on how they perceive their organisational climate. Management can manipulate the climate, which in turn affects the behaviour of employees (Moorhead, & Griffin, 1998:516).

Based on the above definition, employees interacting with each other can also reveal the climate of the organisation. If there are no good linkages between workgroups, the climate will be full of conflict, poor communication, and lack of commitment and understanding among the groups. Organisational climate can have positive and

negative effects on employees. A climate that does not promote communication upwards, downwards and laterally leads to fear of expression of ideas and opinions. Lack of an open-door policy – where employees are not allowed to come to the manager with anything that is troubling them – can also have negative effects on the climate.

Organisational climate is different from organisational culture. Organisational climate is seen as a feeling that is conveyed by the physical layout, the way participants interact and the way members of the organisation conduct themselves with customers or other outsiders (Luthans, 1998:550). This definition emphasises interaction among employees since people can see for themselves if the climate of the organisation is positive or negative by looking at how the employees of that institution interact with each other.

On the other hand, organisational culture is the customary way of thinking and behaving that is shared by all members of the organisation and must be learned and adopted by newcomers before they can be accepted in the agency. Culture is learned, shared and transmitted. It is also a combination of assumptions, values, symbols, language and behaviours that manifest the organisation's norms and values (Marriner-Tomey, 1996:152). Managers transmit organisational culture to all members of the organisation so that they are sure that all employees have the same understanding of their culture. Employees are expected to internalise the organisational culture so that they all function at the same level.

Bunker and Wijnberg (1985:59) view organisational climate differently from the other authors because it is seen as a generalised perception of the organisation that the person forms as a result of numerous experiences in the workplace. According to this definition, organisational climate is seen as comprising of different meanings to different employees working in a particular situation, because employees attach different meanings to different situations. Climate can influence the behaviour of people found within the organisation. For example, an employee experiencing job dissatisfaction may absent himself/herself from the workplace. Keuter, Byrne, Voell and Larson (2000:46) support Bunker and Wijnberg (1985:447) because they see organisational climate as a set of measurable properties of the work environment

perceived directly or indirectly by the people who work in that environment and assumed to influence their motivation and behaviour. Both authors see organisational climate as influential to the behaviour of employees in an organisation.

Peterson (1995:23) views work environments in a different way and postulate that organisational climate cannot be described as psychologically neat and orderly if they represent ambiguous and conflicting stimuli. Organisational members should be viewed as active perceivers and interpreters of their organisational climate. These perceived environments could be viewed as psychologically meaningful descriptions of contingencies that individuals use to apprehend, order and predict outcomes and gauge the appropriateness of their behaviour.

### **2.3.1 Dimensions of organisational climate**

Work organisations are characterised by a variety of dimensions related to organisational climate. These dimensions embody criteria such as means emphasis, goal emphasis, reward orientation, task support and social support (Peterson, 1995:23).

- **Means emphasis** relates to the extent to which managers inform employees of methods and procedures they are expected to observe when performing their jobs.
- **Social support** relates to the extent to which managers take into consideration the personal welfare of their employees, for example granting sick leave to employees who are not feeling well.
- **Goal emphasis** is concerned with the way managers' make their employees aware of organisational outcomes and standards that they are expected to achieve.
- **Rewarding orientation** refers to the way rewards are conferred to employees. These awards are determined on how well the employee performs his/her job based on the standards set by the organisation.

- **Task support** is the dimension that emphasises that managers should provide employees with the necessary equipment, services and resources in order to be able to perform the allocated duties.

In an organisation employees may perceive their environment as positive or negative; it is the duty of the nurse manager to utilise certain actions that can promote a positive organisational climate. When managers utilise these actions the attitudes of the employees will change and focus on the goal of the organisation.

### **2.3.2 Activities that promote organisational climate**

A positive organisational climate is important for the smooth running of the organisation and promotes a high level of performance and satisfaction among employees. The nurse manager has a duty to make sure that the workplace climate is always positive to prevent job dissatisfaction among employees and create a sense of well being. The nurse manager can take certain actions to change the environment. Booyens (1998:204) identifies actions that can be utilised by the nurse manager to create a positive organisational climate.

- **The development of the organisation's vision, mission statement, goals and objectives:** The nurse manager can promote a positive climate by allowing full use of input from employees in the formulation of the organisation's vision, mission statement, goals and objectives. Making use of employees' input will make them feel that they are active participants of their organisation and that will make them highly motivated.
- **Keeping morale high by establishing trust and openness through communication including frequent feedback:** In an organisation there should be trust and openness between the nurse manager/supervisor and the employees. Through communication employees can raise problems that they encounter in the workplace as well as problems relating to them as individuals. Prompt feedback helps employees to know their strengths and weaknesses so that they can improve their performance.

- **Provision of an open-door-policy:** Communication improves interpersonal relationships between managers and their subordinates. Communication can be promoted upwards, downwards and laterally. This can be achieved by encouraging free expression of ideas, constructive criticism and opinions. Employees should thus be allowed to express their views freely.
- **Provision of a workable career ladder:** Managers should provide promotion opportunities for their employees. A career ladder will help the nurse manager to identify employees whose performance is exceptionally and such employees can be promoted to higher positions, which will make them fight for higher performance in their units.

Swansburg (1996:337) supports Booyens' (1998:204) view as he also indicates that development of organisational goals, openness through communication and the provision of opportunities for growth and an adequate career ladder, will promote positive organisational climate.

McNeese-Smith (1999:59) reported in her study that nurses indicated that they become more productive when the atmosphere in the unit is pleasant, because they like coming to work where the employer helps them to do their best. Some nurses indicated that they value a manager who makes sure that the staff is kept informed and updated and when they complain, helps them to solve their problems.

## **2.4 CONCLUSION**

This chapter also looked at a framework on which the research will be based. The chosen theoretical framework is Herzberg's two-factor theory, which sees people as having two sets of needs: motivators and hygiene factors. The hygiene factors are also known as dissatisfiers, are aspects such as organisational policy and administration, supervision, salary and work conditions. Satisfiers are aspects such as achievements, recognition, work itself, responsibility and development.

This chapter also focused on a literature review that addressed issues pertaining to organisational climate. The aim is to identify factors within the organisational climate

that can lead to job satisfaction or job dissatisfaction and to see how these factors can influence the performance of employees.

The above factors evaluate to what extent managers can utilise the organisational climate to increase job satisfaction and use these factors to eliminate job dissatisfaction in the workplace. Key concepts of the study have been identified and explained in this chapter to facilitate understanding of all the necessary concepts.

## **CHAPTER THREE**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **3.1 INTRODUCTION**

The purpose of this chapter is to discuss the study design and the research methodology, the aims and objectives of the study, assumptions, development of data collection instrument, ethical principles, the sampling process and the procedure followed to carry out the study. The methods used to analyse the data are also outlined.

#### **3.2 THE GOAL OF THE STUDY**

The purpose of the study is to identify elements within the organisational climate that may cause job dissatisfaction among nursing staff and to make recommendations for improving the situation.

#### **3.3 OBJECTIVES OF THE STUDY**

The objectives of this study are to determine:

- what organisational climate encompasses;
- which factors related to organisational climate can cause dissatisfaction among nurses;
- whether there is a difference in the way nursing management and the nursing staffs perceive the existing organisational climate;
- if there is a difference in the way nursing staff specific hospitals perceive the organisational climate; and to
- make recommendations for health service managers to improve the organisational climate in order to facilitate greater job satisfaction among their subordinates.

### **3.4 ASSUMPTIONS**

According to Polit and Hungler (1991:88), assumptions are propositions or statements whose truth are considered self-evident or have been satisfactorily established by earlier research. Brink (1996:30) states that assumptions are basic principles that are accepted on faith or assumed to be true, without proof or verification. Assumptions determine the nature of concepts, definition, purpose and relationships.

The following assumption is relevant to this research:

- The organisational climate, as perceived by employees, will have an effect on their well being within the organisation.

### **3.5 RESEARCH DESIGN**

A quantitative research approach with an exploratory and descriptive design was used. Exploratory and descriptive designs focus on the phenomenon of interest, which according to this study, it is to find out whether there is a difference in the way nursing management and nursing staff perceive the existing organisational climate, and help in identifying factors relating to organisational climate that cause job dissatisfaction among nurses. According to Polit and Hungler (1991:19) exploratory research is concerned about the phenomenon of interest and pursues the factors that influence, affect, cause or relate to the phenomenon. It is also important to establish if nursing service management and the nursing staff experience the existing organisational climate differently.

### **3.6 THE TIME PERIOD OF THE RESEARCH PROJECT**

The research project was undertaken over a period of three years. Literature review includes information drawn from organisational climate, job satisfaction, job dissatisfaction and research publications.

### 3.7 DATA COLLECTION INSTRUMENT

A questionnaire was selected as data collection instrument for this study. A questionnaire as a data collection instrument has advantages and disadvantages.

The advantages of a questionnaire are:

- it is a rapid and efficient method of data-gathering;
- respondents can remain anonymous;
- it offers the easiest way for testing reliability and validity;
- respondents have enough time to complete their responses to each question; and
- it enhances measurements because all respondents are exposed to the same question (Treece & Treece, 1986:227).

The disadvantages of questionnaires are:

- they do not give the researcher an opportunity to interact with the subject;
- special effort must be made to test reliability and validity;
- printing may be costly if the questionnaire is lengthy;
- some items may be misunderstood;
- respondents may omit or disregard items without giving an explanation; and
- the researcher cannot observe the subjects' non-verbal cues (Treece & Treece, 1986:227).

Despite the disadvantages of questionnaires, it was still regarded as an appropriate instrument of data collection for this study. Another reason is that it was easier and more cost effective to reach hospitals all over the Mpumalanga Province through a questionnaire. Due to the size of the sample, the distance between chosen hospitals and the time involved, it was impossible to conduct personal interviews with the respondents.

### **3.7.1 Development of data collection instrument**

One questionnaire was developed. The same questionnaire was used for both groups, that is Group A (Nursing Management) and Group B (Nursing Staff). The questionnaire was divided into three (3) sections: Section A: Personal Information, Section B: questions on organisational climate directed at nursing management and nursing staff, and Section C: open-ended questions on organisational climate directed to nursing management and nursing staff.

The questionnaire required approximately 45 minutes to complete. It was written in English and was taken to different hospitals by the researcher.

### **3.7.2 The questionnaire**

The questionnaire included: general information, as well as information concerned with organisational climate, job satisfaction and job dissatisfaction.

Respondents completed the questionnaire on their own. After sampling was done, a meeting was arranged where the researcher could first discuss the content of the questionnaire with management and the respondents and then gave them sufficient time (45 minutes) to complete the questionnaire. A specific final date was set for completion of all questionnaires.

## **3.8 ETHICAL PRINCIPLES**

When people are used as participants, great care must be exercised in ensuring that the rights of those humans are protected (Polit & Hungler, 1991:29).

To ensure that the study will be conducted with the necessary approval from the authorities, a written proposal was forwarded to the designated people of authority, namely the Ethics Research Committee of the Department of Health, in the Mpumalanga Province.

The researcher considered the following ethical principles during this study. According to Brink (1996:39) ethical principles underlying protection of human rights include:

### **3.8.1 The principle of respect**

People involved in this research are seen as autonomous participants. The researcher informed the respondents about the proposed study and allowed them to voluntarily choose to participate or not to participate. Respondents were informed about their rights to withdraw from the study at any time without a penalty (Burns & Grove, 1997:200).

### **3.8.2 The principle of beneficence**

This principle of beneficence means to do well and not to harm. The researcher prevented emotional harm to all respondents by making sure that everything was well explained to all participants. It was further explained that there were no financial gain for taking part in the research (Brink, 1996:40).

### **3.8.3 The principle of justice**

The researcher practiced fairness when selecting the population for the study. Hospitals and participants were randomly selected from three districts. Because one of the districts had only three hospitals that met the criteria for inclusion in the sampling, all three hospitals were included. The researcher respected the participants' privacy and confidentiality and all agreements made with the participants were maintained throughout the study (Brink, 1996:40).

### **3.8.4 The principle of anonymity**

According to Brink (1996:41) anonymity refers to the act of keeping individuals nameless in relation to their participation. The researcher practiced anonymity because participants were not required to write their names on their questionnaires.

### **3.8.5 The principle of confidentiality**

Brink (1996:41) defines confidentiality as the researcher's responsibility to protect all data gathered within the scope of the project, from being divulged or made available to any other person. Therefore it is important for the researcher to practice confidentiality when conducting research.

The information provided by the participants was not used against them in any way (Polit & Hungler, 1991:32), and the names of the hospitals were not used, instead alphabetical letters were used when referring to hospitals.

## **3.9 INFORMED CONSENT**

According to Polit and Hungler (1991:36) informed consent means that participants have adequate information regarding the research, and are able to comprehend the information. They have the power of free choice, enabling them to voluntarily consent to participate in the research or decline participation.

Based on the above information, the researcher protected the rights of all participants, and confidentiality of information given by participants was dealt with in accordance with the guidelines outlined in Polit and Hungler (1991:36).

When meeting with participants prior to the distribution of the questionnaire, informed consent was accomplished. Participants were informed that a study was to be conducted. The following aspects were discussed in order to recognise and protect each participant's rights as mentioned above.

### **The purpose of the study was explained:**

- The researcher wanted to gather information on how nursing management and nursing staff perceive the organisational climate.

### **Criteria for inclusion comprise:**

- all participants should have worked in one of the selected hospital within the Mpumalanga Province for at least one year; and
- participants must be registered or enrolled with the SANC.

### **Participants were given the following information:**

- Assurance that confidentiality will be maintained by not revealing the identity of participants in the study.
- Information given by them will not be discussed with outsiders.
- Participation was seen as voluntary and there would be no penalty for refusal.
- They have a right to withdraw from the study before completion if they so wish.
- Procedures to be followed during collection of data.
- The research was done for a master's degree in the Department of Health Studies at the University of South Africa.

## **3.10 RESEARCH METHOD**

The researcher will use the questionnaire method to obtain the views of the nursing management group and the nursing staff respondents regarding the organisational climate (Thomson, 1997:134).

### **3.10.1 Population**

The population is the entire set of individuals or elements that meet the sampling criteria (Burns & Grove, 1997:293). To obtain a spread of hospitals throughout Mpumalanga, in an effort to achieve a representative sample, Mpumalanga Province was divided into three districts, each district having a number of hospitals. Only hospitals with more than 200 beds were included in the study. All districts were represented by three hospitals per district to facilitate generalisation of the results. Ehlanzeni had 4 hospitals, Eastvaal had 5 hospitals and Enkangala had only 3 hospitals. To facilitate understanding, the districts were assigned numbers. Ehlanzeni

was District 1, Eastvaal District 2 and Enkangala District 3. From the first two districts, that is Ehlanzeni and Eastvaal, hospitals were assigned numbers, which were placed in a hat, and from each district random sampling of three hospitals was done. District number 3 – which is Enkangala District – had only 3 hospitals with more than 200 beds; all three hospitals were therefore included in the study.

**The population is defined as:**

All hospitals with more than 200 beds in the Mpumalanga Province.

**The units of analysis within the population were:**

All categories of nursing staff from the three (3) selected districts were included. Thus, nursing staff included nurse managers, departmental supervisors, registered nurses, staff nurses, student nurses and auxiliary nurses in the Mpumalanga Province. A distinction is made between nursing management and nursing staff.

**Nursing management is defined as:**

Senior professional nurses in charge of wards/units up to top management.

**Nursing staff is defined as:**

Auxiliary nurses up to professional nurses.

### **3.10.2 Sample**

A sample is a subset of a population selected to participate in a research study (Polit & Hungler, 1991:654). Three (3) hospitals were used from each of the three (3) districts. These hospitals were chosen randomly.

- **Sampling method**

Sampling is a process of selecting subjects who are representative of the population being studied (Burns & Grove, 1997:41). The sampling method describes the strategies that the researcher used to obtain a sample for the study. A random sampling method was used to increase representativeness, decrease systematic

bias and decrease sampling errors (Burns & Grove, 1997:298). Samples were drawn from the population because it is often impossible to do research on the entire population due to constraints of time and money. To ensure that the sample was as representative of the population as possible and that results could be generalised, a large enough sample was needed for analysis (Brink, 1996:142).

- **Probability or random sampling**

A probability sampling approach was used for this study. Probability or random sampling refers to the fact that every member of the population has a probability higher than zero of being selected for the sample. This sample was more likely to be representative of the population than a non-probability sample. In this method there was less opportunity for systematic bias if subjects were selected randomly (Burns & Grove, 1997:298).

- **Stratified random sampling**

The researcher used a stratified random sampling method. Stratified random sampling ensures that all levels of the identified categories of nurses were adequately represented in the sample. Stratified random sampling is where the population is first divided into two or more strata or subgroups (Polit & Hungler: 231). Participants were divided into subgroups according to their qualifications or positions. Criteria for selection were that they should have worked in the same hospital for at least a year as registered nurses, registered student nurses or enrolled as staff nurses or auxiliary nurses with the SANC.

- **Sample size**

To facilitate statistical comparison between the nursing management and nursing staff, large enough sample sizes in each group were recommended. The larger the sample the more representative of the population it was likely to be (LoBiondo-Wood & Haber, 1994:302).

The following sample sizes were planned for each district indicating the tentative number of respondents in each group:

Table 3.1 Number of nursing management and nursing staff respondents from each hospital

	<b>Hospital A</b>	<b>Hospital B</b>	<b>Hospital C</b>
Management (Group A)	7	7	7
Nursing staff (Group B)	15	15	15
<b>Total</b>	<b>22</b>	<b>22</b>	<b>22</b>
	<b>Hospital D</b>	<b>Hospital E</b>	<b>Hospital F</b>
Management (Group A)	7	7	7
Nursing staff (Group B)	15	15	15
<b>Total</b>	<b>22</b>	<b>22</b>	<b>22</b>
	<b>Hospital G</b>	<b>Hospital H</b>	<b>Hospital I</b>
Management (Group A)	7	7	7
Nursing staff (Group B)	15	15	15
<b>Total</b>	<b>22</b>	<b>22</b>	<b>22</b>

Hospitals in each district had Group A and Group B respondents. Group A represented nursing management which included senior registered nurses who are in charge of units up to top management, and Group B represented nursing staff which included auxiliary nurses up to professional nurses. The sample size of each group depended on the number of nurses available in each hospital, but a 10% sample of subjects for Group A and a 50% sample of subjects for Group B were drawn at each hospital. Once the hospitals were identified, a list of all the nursing management and nursing staff were used. The selection was done on the basis that every second nurse on duty on that specific day took part in the study.

The following hospitals were randomly selected to participate in the study:

Hospital names were not used; instead alphabetical numbering was used to identify the hospitals, thus ensuring confidentiality, and anonymity of respondents.

- Ehlanzeni district: Hospitals E, F and I.
- Eastvaal district: Hospitals G, D and B.
- Enkangala district: No random sampling was carried out for this district because it had only three hospitals with 200 beds. These were Hospitals A, H and C.

### **3.10.3 Pre-testing Instrument**

A pilot study is a small-scale version or trial run, done before the main study on a limited number of subjects from the same population as that intended for the eventual project. Such a pilot study was carried out to investigate the feasibility of the proposed study and to detect possible flaws in the data collecting instruments – such as ambiguous instructions or wording, inadequate time limits and whether the variables defined by operational definitions were actually observable and measurable (Brink, 1996:174).

For pre-testing, the questionnaire was given to supervisors, senior colleagues and a statistician, and thereafter a pilot study was conducted. Ten (10) questionnaires were distributed to nurses of the Rob Ferreira Hospital nursing management (Group A) and nursing staff (Group B).

### **3.10.4 Data collection**

Data collection is a process of identifying subjects and gathering data from these subjects (Burns & Grove, 1997:393). Data collection was done by using a questionnaire. The researcher herself presented the questionnaires to all respondents in selected hospitals. The value of the study and the instructions were explained to the respondents. Respondents were requested to complete the questionnaires and were collected personally by the researcher from individual respondents to ensure a high return rate of questionnaires and to encourage freedom of expression from the respondents.

- **Data collection approach**

The researcher used a structured data collection instrument. A structured questionnaire gives respondents a number of alternative options from which they must choose the one that most closely approximates the view of the respondent (Polit & Hungler, 1991:282).

### **3.10.5 Data analysis**

Collected data was analysed by making use of descriptive statistics, which enabled the researcher to synthesise and summarise the quantitative data. The differences between the views of the nursing management and the nursing staff groups were established by comparing the means of the groups with regard to similar variables. A mean is a descriptive statistic that is a measure of central tendency computed by summing all the scores and dividing by the number of subject (Polit & Hungler, 1999:648).

#### **3.10.5.1 Descriptive statistics**

The descriptive statistics used to describe the sample in terms of the responses to the questions were frequencies, means and standard deviations. Frequencies are the number of times a response has occurred (Salkind 2000:150). A mean is the sum of a set of scores divided by the number of scores. A standard deviation measures variability around the mean (Salkind 2000:154).

#### **3.10.5.2 Inferential statistics**

To correctly understand the interpretation of the statistics, the concept of statistical significance is important.

- **Statistical significance**

Samples are drawn from the population when hypotheses cannot be tested directly on the population (constraints of time and money usually make this impossible). A

result observed in the sample data might in reality (in the real population) not exist. The level of significance is a guideline to help determine what results can be considered “real” for the population and not only due to a chance occurrence in the sample data. Most frequently used levels of statistical significance are 0.05 and 0.01. For the purpose of this study, the significance level of 0.05 is considered adequate.

- **T-test**

When two mean scores (for instance on stress factor) are compared, the t-test is used. An independent t-test measures the difference between two independent, unrelated groups. The mean scores of nursing staff and management were compared by means of an independent t-test.

- **Analysis of variance**

The analysis of variance (ANOVA) is used when data from multiple groups (such as the different job levels) is compared to determine if they differ. If, however, a significant result is found between groups, it does not tell us between which groups the difference exists. For that purpose a *post hoc* analysis is done to compare the mean. The hospitals were compared with regard to their views on organisational climate by means of an ANOVA test: (<http://www.statsoft.com/textbook/stathome.html>).

- **Correlation coefficient**

According to Brink (1996:188) correlation coefficient is a descriptive or number that expresses the magnitude and the direction of the association between two variables. A positive correlation is denoted by a plus sign (+) and a negative correlation by a minus sign (-). A positive correlation means that the two variables tend to increase or decrease together. A negative correlation denotes an inverse relationship and indicates that as one variable increases, the other variable decreases. Values of correlation coefficient range from +1 to -1 where +1 means a perfect positive correlation, 0 means no correlation and -1 a perfect negative correlation.

### **3.10.5.3 Reliability and validity of the research instrument**

Measurement such as content validity and face validity was used to ensure internal validity. Data collected from participants during the pilot study was evaluated to make sure that instruments measured the variables they intended to measure.

- **Validity**

Validity refers to the degree to which an instrument measures what it is supposed to measure (Polit & Hungler 1991:374). According to Polit and Hungler (1991:375) there are four types of validity for measuring the validity of the measuring instruments designed to collect quantitative data: construct validity, content validity, criterion validity and face validity. However, for this study content validity and face validity were applicable and important as discussed below.

Content validity of an instrument is the degree to which a test appears to measure a concept by a logical analysis of the items. Experts who reviewed the objectives of the study and questionnaire items were asked to decide on the appropriateness of the test items. The following took part in the evaluation of the content validity: statistician, my supervisor and co-supervisor from the department of Health Science Studies from the nursing profession at UNISA. They were then asked to examine each item and to make judgements to see if test items represent adequate hypothetical content in correct proportions (Polit & Hunger, 1991:375). According to Brink (1996:168) content validity is an assessment of how well the instrument represents all the different components of the variable to be measured.

Face validity or logical validity involves an analysis of whether the instrument appears to be on a valid scale. By just looking at the instrument the investigator decides if it has face validity. Face validity should be included in every test for validity (Treece & Treece, 1986:265). In this study, face validity was done to check whether the instrument contained the important items to be measured.

In order to establish content validity, a literature review was conducted and key concepts were identified and used in the formulation of questions. The developed questionnaire was given to the methodologist, statistician, my supervisor and co-supervisor from the department of Health Studies from the nursing profession of UNISA. It was accompanied by a document stating the title, the research proposal and the questionnaire, in order to evaluate the content and items against the specific study.

- **Internal validity**

Internal validity is the extent to which the effects detected in the study are a true reflection of reality other than being the result of the effects of extraneous variables. Threats to internal validity can be found in any study and these threats can lead to a false positive or false negative conclusion. Threats to internal validity can include history, which pertains to events that are not related to the planned study, and instrumentation effects that can arise due to changes that take place in measurement instruments between the pre-test and post-test, rather than an effect of the treatment.

Another threat occurs when subjects drop out of a study before completion, especially when those who drop out of a study are different types of persons from those who remain in the study (Burns & Grove, 1997:230).

- **External validity**

External validity is concerned with the extent to which the study findings can be generalised beyond the sample in the study (Burns & Grove, 1997:234). The researcher will use the results obtained from the samples used in the study to generalise the perceptions of the nursing management and the nursing staff, to those selected hospitals within the Mpumalanga province that took part in the study.

#### **3.10.5.4 Reliability**

Reliability is the degree of consistency with which an instrument measures the attribute it is designed to measure (Polit & Hungler, 1991:653). In this study a set of

questions was used to measure the organisational climate in selected hospitals in the Mpumalanga province. According to Burns & Grove (1997:229) a measure is reliable if it gives the same results each time a factor is measured under the same conditions. Reliability was measured by doing a correlation coefficient or Cronbach's Alpha.

According to Brink (1996:170) reliability refers to the degree to which the instrument can be dependent upon to yield consistent results if used repeatedly over time on the same person or if used by two different investigators.

Salkind (2000:105) describes **reliability** as when a test measures the same thing more than once and results in the same outcome. The following types of reliability can be used:

Test-retest reliability: here reliability between the same test, taken over time by the same group, provides the stability of the measurement instrument.

Parallel forms of reliability: here different forms of the test are given to the same group, and this measures equivalence of the test's consistency between forms of a test.

Inter-raters reliability: this is a measurement of the consistency between different raters of a test.

Internal consistency: this examines the reliability within a particular set of items. How well they measure the same things, in other words, how well they belong together.

The current study will make use of the **internal reliability consistency**. According to Lemker and Wiersma (1976:99) "internal consistency means the degree to which the items inter-correlate, or the degree to which the items measure the same trait."

The higher the Alpha is, the more reliable the test is. There isn't a generally agreed cut-off point. Usually 0.700 and above is acceptable. It is a common misconception that if the Alpha is low, it must be a bad test. Actually your test may measure several

attributes / dimensions rather than one and thus the Cronbach Alpha is deflated (<http://www.ats.ucla.edu/stat/spss/faq/alpha.html>).

#### **3.10.5.5 Statistical Computer Package**

All statistical analyses in the present study were computed using the SPSS statistical package for Windows version 11.1 (SPSS, 2001).

### **3.11 CONCLUSION**

This chapter is concerned with the research methodology. The chosen design for this study is quantitative approach with a descriptive and exploratory design. This chapter also includes the sampling method, data collection instrument, data collection and data analysis.

## **CHAPTER FOUR**

### **RESEARCH RESULTS**

#### **4.1 INTRODUCTION**

The purpose of this chapter is to provide the results of the empirical research findings. The main aim of the research was to investigate the organisational climate in selected hospitals within the three districts that met the selection criteria. Nine (9) hospitals were approached, one refused to cooperate, and 140 nurses responded from the remaining eight (8) hospitals.

The first section in the current chapter provides a demographic profile of the sample. During the analysis of the demographic characteristics, the data of both groups, namely nursing management and nursing staff are combined to provide a single presentation of each characteristic.

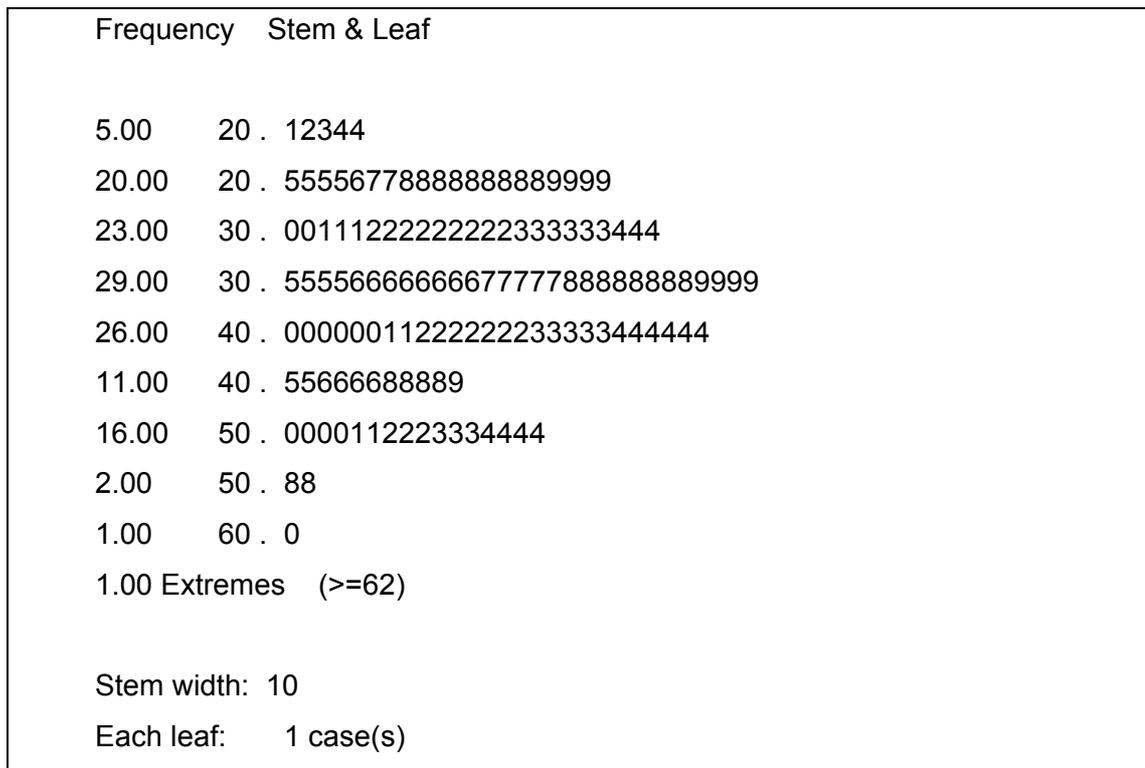
#### **4.2 DEMOGRAPHIC PROFILE**

In this section the researcher will present a demographic profile of the sample, showing the sample's distribution in terms of age, gender, and position.

##### **4.2.1 Age distribution of the sample**

Responding nurses were asked to indicate their exact age. As the age variable is continuous in nature, one appropriate method of presenting the data graphically is by means of a stem-and-leaf plot. This plot is given in figure 4.1. Six (6) respondents omitted to answer the age question and the sample size for the age variable is 134 and not 140.

The minimum age of the respondents is 21 years while there was one nurse older than 62 years. The average age of respondents is 38.49 years.



**Figure 4.1 Age stem-and-leaf plot of nursing management and nursing staff respondents (n = 134)**

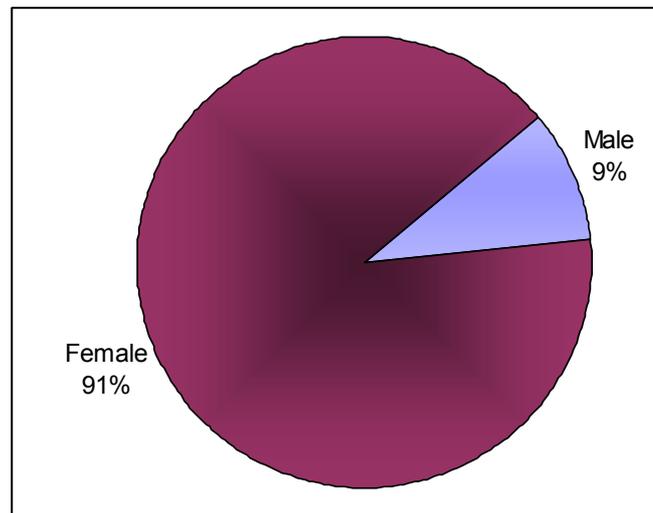
The stem-and-leaf plot gives an indication of how many people are in each age group. Each single figure on the plot represents the age of a respondent, and in this fashion each respondent's age is represented.

As can be seen from the plot, most respondents are between 30 and 50 years old. Of those respondents older than 50 years of age, four are 54 years, and the one respondent of 62 is considered an extreme value.

The respondents were asked to indicate their ages as to check whether there is a relationship between age and employees perceptions with regard to organisational climate.

#### 4.2.2 Gender

The gender distribution is given in figure 4.2. The respondents are mostly female (125) 91%, which is consistent with the gender distribution of nurses in general. The aim of including gender of respondents was to establish whether there is a difference in the way female nurses and male nurses perceive the organisational climate. According to the South-African Nursing Council Statistics 2002, the grand total of nurses was 183 240 and out of this number, 93.2% are female nurses and 6.8% are male nurses. Three (3) respondents did not provide information regarding their gender.



**Figure 4.2** Gender distribution of nursing management and nursing staff respondents (n = 137)

#### 4.2.3 Tenure

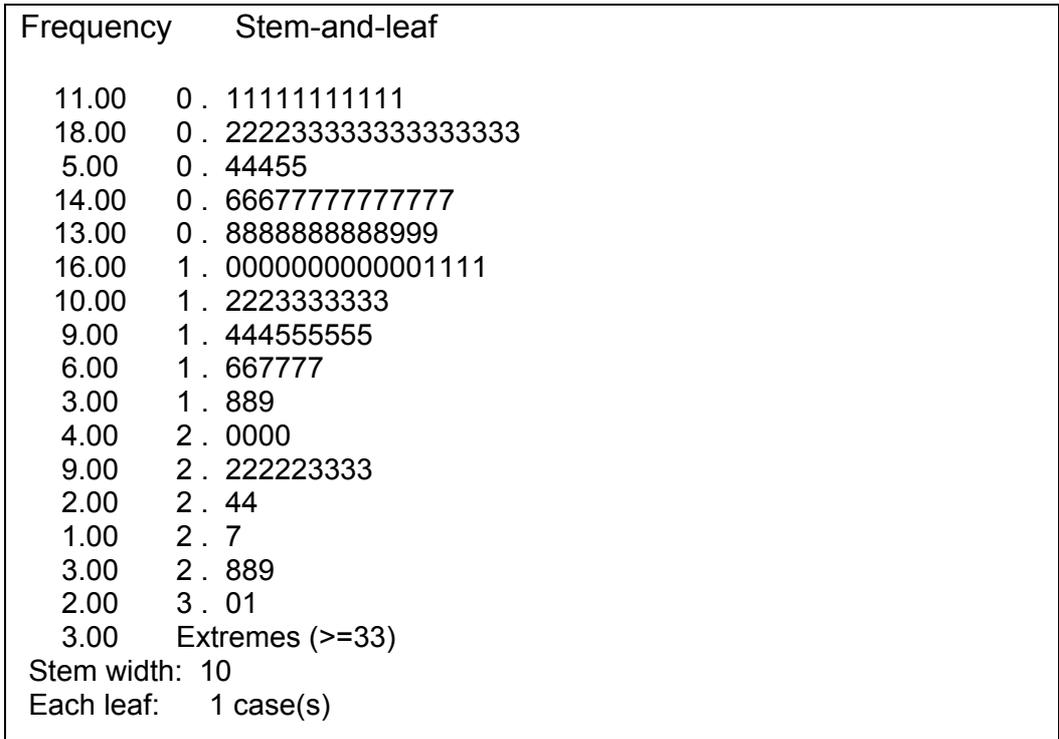
Respondents were asked to indicate how long they have been working for the hospital they are currently employed at.

The average tenure (employment period) is given below in table 4.1. Only 129 respondents answered this question. Eleven respondents did not indicate how long they have been working in the hospital where they are currently employed.

**Table 4.1 Descriptive information on tenure of nursing management and nursing staff respondents (n = 129)**

	N	Minimum	Maximum	Mean	Std. Deviation
Tenure	129	1	34	11.37	8.24

On average, respondents have been working a relatively long period of time (11.37 years) at the hospitals that they rated for. There are some respondents who have only worked there for one year, while the maximum number of years at one hospital is 34 years. Tenure is a continuous variable, similar to age, and a stem-and-leaf plot indicates the distribution of years worked at the hospital.



**Figure 4.3 Tenure stem-and-leaf plot of nursing management and nursing staff respondents (n = 129)**

According to figure 4.3 most of the respondents worked in one hospital for a long time e.g. 14 respondents have worked in one (1) hospital for six to seven (6-7) years, 13 respondents worked eight to nine (8-9) years and three (3) worked 28 to 29 years.

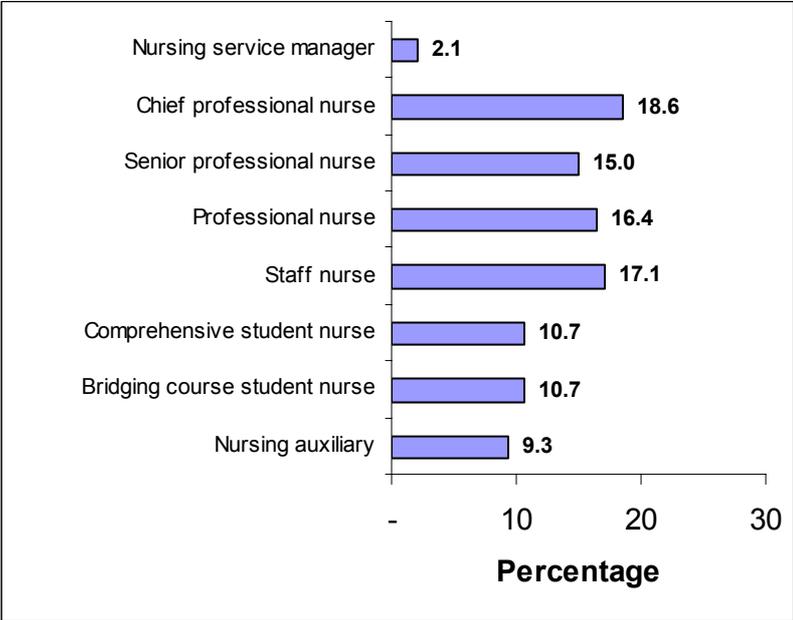
There is a strong positive correlation (Pearson Correlation of 0.763) between age and tenure as seen from table 4.2. The positive correlation indicates that the older a respondent is the longer they have been working at the hospital. This indicates that respondents remain mostly at the same hospital for a long period of a time and do not change jobs/hospitals often.

**Table 4.2 Correlation between age and tenure of nursing management and nursing staff respondents (n = 128)**

		Tenure
<u>Age</u>	Pearson Correlation	.763
	Sig. (2-tailed)	.000

**4.2.4 Job position**

The position of respondents in the hospital is given below in figure 4.4.



**Figure 4.4 Positions of nursing management and nursing staff respondents in their hospitals (n = 140)**

The respondents for this study fall in eight (8) categories, which were grouped into two main groups: nursing management and nursing staff. These two groups are compared with regard to their perceptions regarding the organisational climate.

The nursing positions that comprise each of the two groups are:

**Nursing Management; GROUP A**

- Nursing service manager
- Chief professional nurse
- Senior professional nurse

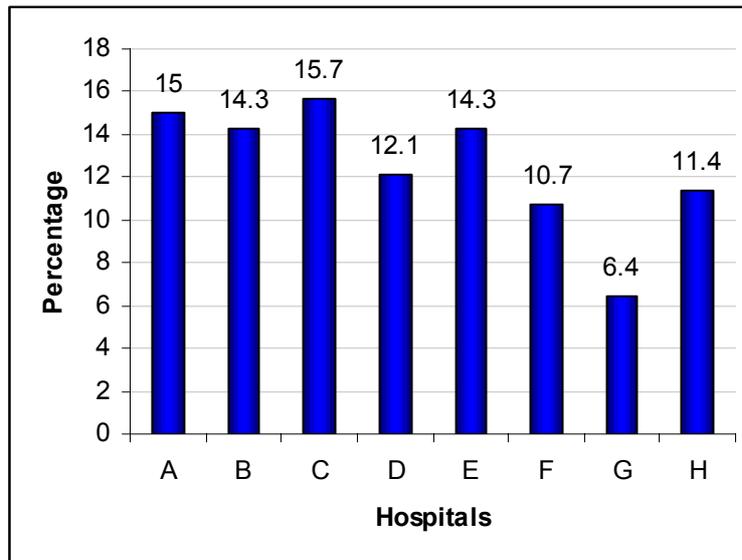
**Nursing staff: GROUP B**

- Professional nurse
- Staff nurse
- Comprehensive student nurse
- Bridging course student nurse
- Nursing auxiliary

As seen from figure 4.4, the nursing service management group has a very small representation (2.1%) in the sample. A possible reason for the low response rate of “nursing service managers” is that in most of the institutions the nursing service managers were attending workshops or hospital meetings and were therefore unavailable to complete the questionnaire.

**4.2.5 Hospitals sampled**

The hospitals from which the sample was drawn are given in figure 4.5. The names of the hospitals have been replaced with alphabetical letters to ensure confidentiality.



**Figure 4.5 Participating training hospitals in the Mpumalanga Province and total representation of respondents (n = 8)**

The representation of respondents from seven (7) of the eight (8) hospitals varies between 10.7 and 15.7 of the total sample. Even though hospital G has only nine (9) respondents and constitutes 6.4% of the total sample, this hospital was used in the statistical comparison.

The low representation of respondents in hospital G was due to communication problems in the hospital. The nursing service manager in charge did not inform the nurses about the research project even though the nursing service manager had been informed about the project well in advance, allowing adequate time for information distribution. This lack of communication together with a lack of involvement of staff in issues that take place in their work place (as observed by the researcher) is a possible cause that may have led to hospital G's poor representation.

Nurses in this institution (hospital G) were dissatisfied because they were not told about the research project. According to Booyens, (1998:206) the nurse manager should ensure that information flows from top to bottom in an effective way to ensure successful communication. Despite a lower representation for hospital G, their results provided valuable information about their hospital's organisational climate.

In general, an issue that hindered participation in the research was the shortage of staff. Some nurses could not take part in this research study even though they were willing to do so because they were often alone in the ward. Thus, not being able to leave their duties, they could not partake in the research.

#### **4.3 IDENTIFICATION AND RELIABILITY OF THE ORGANISATIONAL CLIMATE FACTORS**

The questionnaire was designed by the researcher to measure organisational climate. Seventy (70) test items were provided about the climate/work environment to which respondents had to indicate their level of agreement. The five-point agreement scale measured from **1 – Strongly disagree** to **5 – Strongly agree**.

For the most part a high score indicated a positive attitude towards the climate, yet some of the items were written in the reverse order (i.e. a high score indicated dissatisfaction/negative attitude). The reasoning behind negatively written items in a questionnaire is usually to try and break the response set. Response set is a “mode” that respondents fall into where they only mark down one side, like agree, without reading the questions attentively (Whitley, 2002:370). One would expect a respondent who is satisfied to mark the negative item with a disagree rather than an agree response.

Creating factors has the main aim of reducing data, 70 test items in this case, into more manageable and understandable “groups” of items that have a similar meaning – it is basically a data reduction technique. A factor is therefore a combination of items with similar meaning or which tests similar constructs. A mean is obtained over all the items in a factor and it is therefore essential that all the items in a factor measure in the same direction, i.e. where a 5 (strongly agree) is answered, that it gives the same underlying meaning than if a 5 is answered on the other items (Whitley, 2002:253).

Therefore the first step in the extraction of the organisational climate factors for this study was to identify the negative items in the questionnaire. Although a factor

analysis will not be performed on the data due to the fact that there are too few respondents relative to questions (Whitley, 2002: 253), a single factor solution was done with the sole purpose of indicating which items correlates negatively with the questionnaire as a whole.

The single factor solution is given in table 4.3 and the negative factor loadings (correlation values with the test total) are identified by a red highlight.

**Table 4.3 Single factor solutions for the organisational climate questionnaire (n = 140)**

<b>Item number</b>	<b>Item description</b>	<b>Factor 1.000</b>
1	Supervisors share ideas with nursing staff	0.550
2	Nurses are given sufficient instruction on how to operate the equipment	0.356
3	Supervisors schedule work for all nurses	0.368
4	Supervisors help to solve personal problems of nurses	0.504
5	We spend too much time in meetings	<b>-0.051</b>
6	My unit provides sufficient material for job use	0.221
7	Supervisors look out for my personal welfare	0.408
8	Nurses work together when doing routine duties	0.051
9	Supplies are available when needed	0.311
10	I never question rules set by superiors	0.144
11	Supervisors explain reasons for his/her criticism	0.427
12	My colleagues interrupt each other at group meetings	<b>-0.197</b>
13	Supervisors sometimes do personal favours for nurses	<b>-0.284</b>
14	Nurses in this unit talk about leaving the hospital	<b>-0.282</b>
15	I have a good deal of loyalty towards the hospital/employer	0.277
16	Supervisors check on the capability of all nurses performing their duties	0.406
17	Supervisors encourage nurses to take initiative in solving problems	0.462
18	I feel that this organisation sets very high standards of performance	0.531
19	Nurses cooperate well with each other in the unit/hospital	0.070
20	My work is evaluated according to the organisation's set standards	0.588
21	Recognition given for work done is fairly provided to all nurses	0.547
22	Supervisors show appreciation for my work	0.733
23	Supervisors ensure high performance among staff	0.625
24	I am allowed autonomy in carrying out my duties	0.167

25	My abilities are taken into consideration when duties are delegated in my unit	0.058
26	Supervisors provide me with opportunities to overcome any limitations in knowledge	0.645
27	Delegated duties are challenging to me	0.167
28	Delegated duties allow me to develop problem solving skills	0.350
29	I am facilitated to overcome limitations in my experience	0.265
30	I find delegated duties interesting	0.434
31	My job is arranged in such a way that I can do an entire task without disturbance	0.403
32	My superior creates a challenging environment for me	0.548
33	I am given the opportunity to attend workshops and/or courses to expand my knowledge	0.340
34	My job is challenging	0.437
35	My job allows for the use of my own discretion/judgment	0.225
36	Appropriate in-service education programmes are available	0.594
37	Duties delegated to me are sometimes outside my scope of practice	<b>-0.300</b>
38	I am reimbursed for any achievements that I obtain through staff development programmes	0.463
39	I am involved when the organisational or unit policies are reviewed	0.430
40	Supervisors are willing to listen to job related problems	0.713
41	I am informed about any new or revised policies	0.645
42	I am given an opportunity to express my professional developmental needs	0.777
43	I think my unit policies facilitate the achievement of goals	0.487
44	I receive guidance on how to improve my performance	0.535
45	I am ranked based on my performance	0.514
46	My performance appraisals are fair	0.622
47	My employer provides the equipment and resources necessary	0.507
48	My workplace is a noise-free environment	0.294
49	My workplace is characterized by sufficient workspace	0.283
50	I feel that my workplace is a safe environment	0.472
51	I have been made aware of rules and regulations that I have to follow	0.463
52	I am encouraged to make inputs with regards to my job	0.676
53	I am given enough information to protect myself against hazards	0.556
54	I would like my supervisor to change his/her leadership style	<b>-0.230</b>
55	It is easy for me to talk with my superior	0.446
56	I am aware of the hospital's goals and objectives	0.610
57	I am made aware of communication channels available to me	0.512
58	I have access to senior management	0.332

59	I know the hospital's mission statement	0.129
60	I feel that I have opportunities for career advancement	0.521
61	My level of education and experience is used	0.437
62	I am aware of the benefits that are available to me	0.387
63	I am satisfied with the fringe benefits that I receive	0.358
64	I am in a dead end job	-0.141
65	I have a good chance to be promoted	0.503
66	Time spent in meetings keeps me from doing my best on the job	-0.022
67	I know exactly what is expected from me	0.449
68	My workload is often increased because my co-workers are not doing their jobs	-0.051
69	Nurses socialize together in small selected groups	0.006
70	Nurses usually eat lunch by themselves	-0.053

The negative items, seen in red highlight in the table, to be rescaled are:

5 12 13 14 37 54 64 66 68 70

Rescaling will involve changing the responses to these items as follows:

- 5 into an 1
- 4 into a 2
- 3 remains 3
- 2 into a 4
- 1 into a 5.

Items 5, 8, 19, 25, 66, 68 and 70 had particularly low correlations with the questionnaire as a whole, indicating that they are probably not measuring any aspect of organisational climate and it was therefore decided to exclude these items from the analysis.

As the researcher compiled the items based on the literature, it might be that some items do indeed not work as well as expected, and part of the goals of this analysis is to only identify the best questions to use.

The next step in the factor creation process was to group items/questions together that the researcher considered to be measuring the same basic concept. The factors that were tentatively created were: **management, physical environment, career**

**development, performance management, motivation, empowerment, and organisational alignment.**

Before finalising the factors and creating one mean score on all the items in a factor, they were examined by means of an item-analysis. An item-analysis involves the following:

- An internal reliability consistency value (measured by a Cronbach Alpha) is obtained for the factor. (See section 3.10.5.3 for theory on reliability analysis).
- Each item's contribution to that Alpha is shown by indicating what the Alpha of the factor will be if that question is left out of the factor.
- If the Alpha increases by a large margin when the item is left out, based on the discretion of the researcher, it will be decided to leave that question out of any further analysis.

Tables 4.4 - 4.10 indicate the name of the factor, the items incorporated in each factor, the Alpha of the factor if each item is left out, and finally the Cronbach Alpha (reliability) of each factor.

### ***Factor 1: Management***

The management factor refers to issues pertaining to management / supervision. From table 4.4 it can be seen which items are included in this factor and that the exclusion of none of these items will significantly increase the Cronbach Alpha from an already high value of 0.817.

A very high Cronbach Alpha of 0.817 was found and all the items were included in the factor.

**Table 4.4 Item analysis of the management factor (n = 140)**

Item number	Item description	Alpha if item is deleted
1	Supervisors share ideas with nursing staff	0.793
3	Supervisors schedule work for all nurses	0.810
4	Supervisors help to solve personal problems of nurses	0.792
7	Supervisors look out for my personal welfare	0.800
11	Supervisors explain reasons for his/her criticism	0.801
13	Supervisors sometimes do personal favours for nurses	0.822
23	Supervisors ensure high performance among staff	0.795
40	Supervisors are willing to listen to job related problems	0.800
54	I would like my supervisor to change his/her leadership style	0.810
55	It is easy for me to talk with my superior	0.801
57	I am made aware of communication channels available to me	0.810
58	I have access to senior management	0.809
<b>Cronbach Alpha of the Management factor 0.817</b>		

**Factor 2: Physical environment**

This factor pertains to physical aspects of the workplace, like availability of facilities such as protective clothing, equipment and appliances. The items comprising this factor are given in table 4.5.

**Table 4.5 Item analysis of the physical environment factor (n = 140)**

Item number	Item description	Alpha if item is deleted
2	Nurses are given sufficient instruction on how to operate the equipment	0.7536
6	My unit provides sufficient material for job use	0.7490
9	Supplies are available when needed	0.7585
31	My job is arranged in such a way that I can do an entire task without disturbance	0.7677
47	My employer provides the equipment and resources necessary	0.7298

48	My workplace is a noise-free environment	0.7560
49	My workplace is characterised by sufficient workspace	0.7496
50	I feel that my workplace is a safe environment	0.7326
53	I am given enough information to protect myself against hazards	0.7410
<b>Cronbach Alpha of the physical environment factor 0.770</b>		

All the items contribute to the Alpha and no items were excluded. A high Cronbach Alpha of 0.770 was obtained.

### **Factor 3: Career Development**

This factor includes all items pertaining to career development, education opportunities and promotion. Refer to table 4.6.

**Table 4.6 Item analysis for the career development factor (n = 140)**

<b>Item number</b>	<b>Item description</b>	<b>Alpha if item is deleted</b>
26	Supervisors provide me with opportunities to overcome any limitations in knowledge	0.7490
29	I am facilitated to overcome limitations in my experience	0.7881
33	I am given the opportunity to attend workshops and/or courses to expand my knowledge	0.7681
36	Appropriate in-service education programmes are available	0.7413
37	Duties delegated to me are sometimes outside my scope of practice	0.7541
38	I am reimbursed for any achievements that I obtain through staff development programmes	0.7381
42	I am given an opportunity to express my professional developmental needs	0.7498
44	I receive guidance on how to improve my performance	0.7365
60	I feel that I have opportunities for career advancement	0.7865
65	I have a good chance to be promoted	0.7490
<b>Cronbach Alpha of the career development factor 0.778</b>		

Although the exclusion of some of the items would lead to a very slight increase in the Alpha, the change was not considered large enough to validate the exclusion of the items and the final Alpha of 0.778 (including all the items) is considered high.

#### **Factor 4: Performance management**

Issues such as performance appraisals and evaluations are included in this factor. It refers to the views of respondents regarding being evaluated fairly based on performance. Refer to table 4.7.

**Table 4.7 Item analysis of the performance management factor (n = 140)**

<b>Item number</b>	<b>Item description</b>	<b>Alpha if item is deleted</b>
16	Supervisors check on the capability of all nurses performing their duties	0.786
18	I feel that this organisation sets very high standards of performance	0.775
20	My work is evaluated according to the organisation's set standards	0.768
21	Recognition given for work done is fairly provided to all nurses	0.769
22	Supervisors show appreciation for my work	0.750
45	I am ranked based on my performance	0.781
46	My performance appraisals are fair	0.752
67	I know exactly what is expected from me	0.801
<b>Cronbach Alpha of the performance management factor 0.796</b>		

All the items contribute well to a Cronbach Alpha and a high internal reliability of 0.796 was found, making it unnecessary to exclude any items from this factor.

#### **Factor 5: Empowerment**

This factor involves the degree to which the respondent has autonomy and is involved in decision-making. Refer to table 4.8.

**Table 4.8 Item analysis of the empowerment factor (n=140)**

<b>Item number</b>	<b>Item description</b>	<b>Alpha if item is deleted</b>
17	Supervisors encourage nurses to take initiative in solving problems	0.437
24	I am allowed autonomy in carrying out my duties	0.531
35	My job allows for the use of my own discretion/judgment	0.577
39	I am involved when the organisational or unit policies are reviewed	0.524
52	I am encouraged to make inputs with regards to my job	0.428
<b>Cronbach Alpha of the empowerment factor 0.559</b>		

All items were included in this factor and are acceptable, although tending towards a low internal reliability, a Cronbach Alpha of 0.559 was found.

#### **Factor 6: Motivation**

The degree to which respondents found their jobs challenging and interesting leads to job satisfaction. A reasonably high Cronbach Alpha of 0.737 was found and all items were included in the factor as is indicated in table 4.9.

**Table 4.9 Item analysis of the motivation factor (n = 140)**

<b>Item number</b>	<b>Item description</b>	<b>Alpha if item is deleted</b>
25	My abilities are taken into consideration when duties are delegated in my unit	0.735
27	Delegated duties are challenging to me	0.682
28	Delegated duties allow me to develop problem solving skills	0.677
30	I find delegated duties interesting	0.679
32	My superior creates a challenging environment for me	0.703
34	My job is challenging	0.697
61	My level of education and experience is used	0.760
64	I am in a dead end job	0.741
<b>Cronbach Alpha of the motivation factor 0.737</b>		

## Factor 7: Organisational alignment

The issue of this factor is the degree to which the respondent identifies and understands the organisational mission and goals, agrees with its benefits and feels loyalty towards the organisation. Refer to table 4.10.

**Table 4.10 Item analysis of the organisational alignment factor (n = 140)**

Item number	Item description	Alpha if item is deleted
15	I have a good deal of loyalty towards the hospital/employer	0.727
41	I am informed about any new or revised policies	0.616
43	I think my unit policies facilitate the achievement of goals	0.693
51	I have been made aware of rules and regulations that I have to follow	0.659
56	I am aware of the hospital's goals and objectives	0.642
62	I am aware of the benefits that are available to me	0.680
63	I am satisfied with the fringe benefits that I receive	0.717
<b>Cronbach Alpha of the organisational alignment factor 0.712</b>		

A reasonably high Cronbach Alpha of 0.712 was found and this factor is considered to have a high internal reliability.

## 4.4 ORGANISATIONAL CLIMATE IN THE HOSPITALS

Before comparing the different nursing groups and hospitals with one another on the factors to determine if any differences exist, the overall views of the sample were obtained.

### 4.4.1 Factor scores for all respondents

The overall scores of all respondents, for both groups, on each of the factors are illustrated graphically in table 4.11.

**Table 4.11 Descriptive information on the seven factors representing organisational climate  
Based on the combined scores of nursing management and nursing staff (n=140)**

	<b>Mean</b>	<b>Std Deviation</b>	<b>Maximum</b>	<b>Minimum</b>
Management	3.13	0.72	4.83	1.09
Physical environment	3.05	0.75	4.89	1.00
Career Development	3.11	0.76	4.60	1.00
Performance Management	3.16	0.83	5.00	1.00
Motivation	3.63	0.73	5.00	1.00
Empowerment	3.33	0.75	5.00	1.00
Organisational alignment	3.48	0.69	5.00	1.57
Total over all factors	3.27			

The mean scores of the seven factors pertaining to organisational climate, ranges from 3.05 to 3.63. The highest score of 3.63 was achieved in terms of the motivation factor, and the lowest score of 3.05 relates to the physical environment.

The motivation factor refers to the actual type of work that nurses do and whether they found it challenging and interesting. Seeing as this factor achieved the highest mean score (3.63), it can be concluded that the intrinsic characteristics of the job is not one of the factors causing dissatisfaction and discontent amongst nurses. The respondents appear to be enjoying what they are doing, and it is rather the extrinsic factors such as the physical environment (3.05) that is the cause of discontent.

The physical environment, with which they are the least satisfied, refers mostly to the availability of materials to do their work with. To illustrate these mean scores graphically, figure 4.6 plots the means of each factor.

Empowerment (3.33) and organisational alignment (3.48) were the other factors where respondents indicated relative satisfaction, seeing that these scores are above 3.27 which is the mean of the seven scores.

**Method used for comparing the data**

The seven factors as set out above were extracted to serve as a **data reduction technique** – making it possible to interpret the 70 questions more easily. As one factor combines items that have the same meaning, it is not necessary to interpret the individual items, but only the mean score over all the items in one factor. The purpose of the factor creation was not to determine if there are in fact underlying factors, it was created with this assumption in mind – not as an end goal, therefore the aim was to reduce data to make interpretations easier.

In order to compare the views of the groups with regard to the organisational climate, the mean score of all the items in a factor was determined.

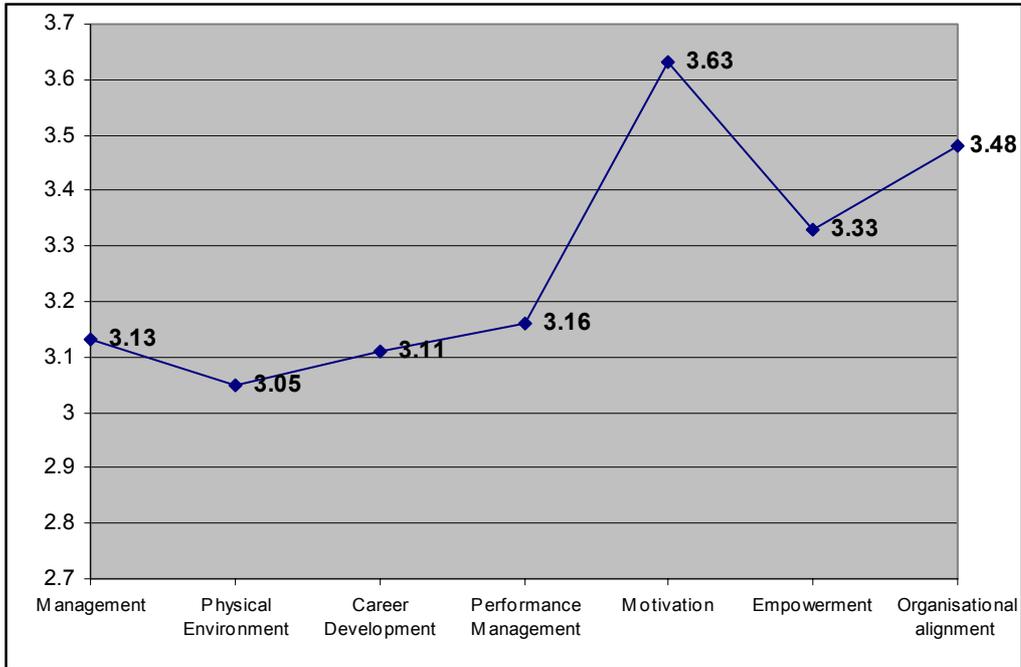
The mean score over all the seven factors is 3.27. This could serve as a benchmark to aid interpretation. Mean scores below the total mean could be considered low and those above as high.

**Table 4.12 Scale explaining the interpretation of means in relation to respondents’ satisfaction versus dissatisfaction**

<b>VERY DISSATISFIED</b>	<b>DISSATISFIED</b>	<b>SATISFIED</b>	<b>VERY SATISFIED</b>
2.27	2.77	3.27	3.77

Only these mean scores or factor values are used to compare the views of different nursing groups and hospitals with one another in the next section.

The chosen significance level for interpretation of the data is set at 0.05. (See section 3.10.5.2 for a discussion on the significance level).



**Figure 4.6 Mean scores of each of the seven organisational climate factors (n = 140)**

The satisfaction with management is low (3.13) when compared to the other scores (or using the benchmark score of 3.27). The Career Development (3.11) and Performance Management (3.16) are also low relative to the total mean. Physical environment (3.05) scores the lowest.

Empowerment (3.33), organisational alignment (3.48) and motivation (3.63) were the other factors where respondents indicated relative satisfaction, seeing that these scores are above the total mean of 3.27.

#### **4.4.2 Factor scores for the different hospitals**

The total scores on the seven factors differ from hospital to hospital. Table 4.13 gives the descriptive information on the seven factors for each of the 8 hospitals.

**Table 4.13 Descriptive information on the factor scores for each hospital (n = 8)**

Factor	A (n = 21)		B (n = 20)		C (n = 22)		D (n = 17)	
	Mean	Std Deviation						
Management	3.13	0.85	2.86	0.62	2.95	0.60	3.20	0.50
Physical environment	2.69	0.80	2.74	0.58	3.24	0.35	3.12	0.74
Career Development	2.86	0.96	3.05	0.71	2.82	0.71	3.25	0.57
Performance Management	3.07	0.98	3.05	0.71	2.97	0.70	3.22	0.78
Motivation	3.66	0.73	3.42	0.75	3.46	0.68	3.82	0.82
Empowerment	3.38	0.68	3.22	0.78	3.17	0.63	3.27	0.71
Organisational alignment	3.37	0.91	3.52	0.57	3.42	0.50	3.46	0.54

Factor	E (n = 20)		F (n = 15)		G (n = 9)		H (n = 16)	
	Mean	Std Deviation	Mean	Std Deviation	Mean	Std Deviation	Mean	Std Deviation
Management	3.25	0.57	3.63	0.63	2.50	1.08	3.38	0.71
Physical environment	3.18	0.58	3.59	0.86	2.41	1.12	3.28	0.60
Career Development	3.23	0.68	3.58	0.67	2.76	1.03	3.35	0.54
Performance Management	3.22	0.66	3.70	0.76	2.71	1.32	3.27	0.72
Motivation	3.69	0.66	3.83	0.63	3.12	1.12	3.92	0.40
Empowerment	3.53	0.57	3.64	0.59	2.93	1.46	3.40	0.78
Organisational alignment	3.52	0.62	3.84	0.62	2.84	1.21	3.64	0.42

Hospital G appears to have consistently lower scores than the other hospitals, particularly on the management factor. Although some differences are evident from table 4.13, the appropriate statistical test to examine these – the significance of differences – is an analysis of variance test (ANOVA). See section 3.10.5.2 for a discussion on this test.

The results of the ANOVA test are given in Table 4.14 below.

**Table 4.14 Comparing the hospitals by means of analysis of variance (ANOVA) on the organisational climate (n=140)**

	Sum of Squares	df	Mean Square	F	Sig.
Management	10.86	7	1.55	3.31	0.003
Physical environment	16.02	7	2.29	4.79	0.000
Career development	9.01	7	1.29	2.46	0.021
Performance management	7.79	7	1.11	1.69	0.117
Motivation	6.58	7	0.94	1.83	0.087
Empowerment	4.67	7	0.67	1.18	0.316
Organisational alignment	6.49	7	0.93	2.06	0.052

There are significant differences between the hospitals on the management, ( $p = 0.003$ ), physical environment ( $p = 0.000$ ) and career development factors ( $p = 0.021$ ).

The remaining factors show no statistical difference between the hospitals and it can be concluded that all hospitals share **similar views** on performance management (mean = 3.16), motivation (mean = 3.63), empowerment (mean = 3.33) and organisational alignment (mean = 3.48).

To examine the factors – where there are significant differences between the hospitals – more closely, a post-hoc bonferroni test (see section 3.10.5.2) was done (Whitley, 2002:204). Table 4.13 provides the mean scores of the different hospitals.

Hospital B and hospital G scored very low on the management factor (2.86 and 2.50 respectively) while hospital F scored the highest (3.63). On the physical environment it is once again hospital F that scored the best (3.59), and hospitals G (2.41), A (2.69) and B (2.74) were dissatisfied.

Hospital F's respondents appeared to be more satisfied with the career development factor (3.58) than Hospital G who scored lower (2.76).

Whilst some differences were found between the hospitals, the question is raised whether the different nursing groups differ in their views about the organisational climate. The next section compares the scores of the nursing groups on the seven factors.

#### 4.4.3 Factor scores for the different nursing groups

Table 4.15 indicates that there were almost twice as many nursing staff members who participated in comparison with the nurse managers.

**Table 4.15 Descriptive information on the two groups of respondents (n = 140)**

	Frequency	Percent
Nursing management	50	35.71
Nursing staff	90	64.29

Table 4.16 gives the descriptive information for the nursing management and nursing staff groups in relation to the organisational climate factors.

**Table 4.16 Comparison between the mean scores of nursing management and nursing staff related to the seven organisational climate factors (n=140)**

Organisational climate factors	Nursing Management (n = 50)		Nursing Staff (n = 90)	
	Mean	Std Deviation	Mean	Std Deviation
Management	3.14	0.71	3.13	0.74
Physical Environment	2.91	0.63	3.13	0.80
Career Development	3.05	0.81	3.14	0.74
Performance Management	3.00	0.82	3.24	0.82
Motivation	3.57	0.68	3.66	0.76
Empowerment	3.43	0.71	3.28	0.78
Organisational alignment	3.40	0.66	3.53	0.70

Very similar scores are observed for the two groups, with nursing management being slightly more negative towards the physical environment (2.91) than the nursing staff (3.13).

To determine whether any of the differences between mean scores were significantly different, an independent t-test for differences in means was performed (see section 3.10.5.2). Table 4.17 contains the results of the t-test.

**Table 4.17 Comparison between the mean scores related to organisational climate of nursing management and nursing staff by means of an independent t-test (n = 140)**

	<b>t</b>	<b>df</b>	<b>Sig. (2-tailed)</b>
Management	0.112976	138	0.910
Physical environment	-1.6303	138	0.105
Career Development	-0.67747	138	0.499
Performance Management	-1.6707	138	0.097
Motivation	-0.68772	138	0.492
Empowerment	1.103591	138	0.271
Organisational alignment	-1.04598	138	0.297

Although some minor differences in means were evident according to the t-values in table 4.17, none are significant and it can be concluded that nursing management and nursing staff have similar views regarding the seven factors of organisational climate.

Seeing that there were no significant differences between the nursing management and nursing staff groups (no p-values below 0.05), the dissatisfaction observed from table 4.16 with the physical environment (mean of 3.05) is universal to all nurses, whether they belong to the nursing management (mean of 2.91) or nursing staff (mean 3.13) groups. However, both nursing management (3.57) and nursing staff (3.66) are almost equally positive about the motivation factor.

**4.4.4 Correlation between age and organisational climate factors**

To examine the relationship between two continuous variables, such as age and the mean factor scores, a correlation will give an indication of the linear relationship between variables (Terre Blanche & Durrheim, 1999:89). Table 4.18 gives the correlation between age and the organisational climate factors.

**Table 4.18 Correlation between age and the organisational climate factors (n = 134)**

Organisational climate factors	Age		
	Pearson Correlation	Sig. (2-tailed)	n
Management	0.18	0.037	134
Physical environment	0.02	0.828	134
Career Development	0.01	0.926	134
Performance Management	0.10	0.232	134
Motivation	-0.04	0.657	134
Empowerment	0.29	0.001	134
Organisational alignment	0.09	0.299	134

The chosen significance level is 0.05 (see section 3.10.5.2). Two significant positive correlations are seen between age and the management factor ( $p = 0.037$ ) as well as between age and the empowerment factor ( $p = 0.001$ ).

These positive and significant correlations indicate that the younger a respondent is the more they tend to be negative/dissatisfied about empowerment and management factors.

#### 4.4.5 Correlation between tenure and organisational climate factors

The number of years a respondent has been working in a particular hospital might influence their perception of the organisational climate. As tenure is a continuous variable, the appropriate method of examining any relationship is to compute a correlation. Table 4.19 gives the correlation between tenure and the organisational climate factors.

**Table 4.19 Correlation between tenure and the seven organisational climate factors (n = 129)**

Organisational climate factors	Tenure		
	Pearson Correlation	Sig. (2-tailed)	n
Management	0.15	0.086	129
Physical environment	0.02	0.784	129
Career Development	0.10	0.259	129
Performance Management	0.06	0.518	129
Motivation	-0.07	0.435	129
Empowerment	0.21	0.019	129
Organisational alignment	0.00	0.956	129

Only one significant correlation is seen between tenure and empowerment ( $p = 0.019$ ). This is the only factor with a p-value below the chosen 0.05 level of significance.

It appears that the longer a respondent works at a hospital, the more they are satisfied with empowerment activities. It was sometimes mentioned by respondents in the open-ended sections that they are consulted because of their experience, although they did not have a formal higher nursing position. Nurse managers can empower employees by letting those nearest to management be involved in decision making, to promote personal growth and achievement of organisational goals (Marriner-Tomey 2000:95).

#### **4.5 RESPONSES TO THE OPEN-ENDED QUESTIONS**

Respondents were asked how they felt about the promotion of personal and professional career development. They could indicate in their own words what they felt and their responses were categorised into themes. The number and percentage of people that mentioned any particular theme is given in table 4.20, 4.21 and 4.22.

Percentages are based on the total sample and not only on those who answered the questions.

A respondent might have mentioned more than one aspect and the frequencies and percentages will thus not add up to 100 percent.

**Table 4.20 Responses to the open-ended question about the respondents' satisfaction with current career development initiatives (n = 140)**

Themes/Answers	Frequency	Percentage of total (140)
Yes satisfied (no further comment)	15	10.71
There are different courses available	28	20
Promotion opportunities are seen	2	1.43
An intake of students is seen	2	1.43
Training for everyone/all categories	3	2.14
ABET even to cleaners	2	1.43
Study leave is given/get time for development	6	4.29
Bursaries are given/Budget for training	2	1.43
In-service training	2	1.43
Committee to make decisions	2	1.43
No not satisfied (no further comment)	18	12.86
They are not involved in personal career	3	2.14
Too few people allowed to do training/waiting list too long	13	9.29
Reject applications for no good reason	3	2.14
Only favourites get selected/ favouritism	7	5.00
Shortage of staff restricts opportunity	13	9.29
Not promoted duly/as expected/promised	3	2.14
Process of personnel development is too slow	6	4.29
Only management gets to go	4	2.86
No in-service training	4	2.86
No help for students	4	2.86
Worked many years without any training	1	0.71
Nurses taken to visit out patients – exposure outside hospital	1	0.71
Poor communication between nurse management and nursing	2	1.43

staff		
Have to use own time to study	2	1.43
No HR director	2	1.43
No training for unit manager	1	0.71
Other	2	1.43
<b>Not answered</b>	<b>12</b>	<b>8.57</b>

There were considerably more negative issues raised regarding career development (89) than positive (64) one's. Those that feel that it is adequate, do so because they know that training and workshops are available and they know that study leave is given.

The main reasons why respondents consider the development to be insufficient is that too few people are allowed to go on training courses, mostly due to shortages of staff and because the career development process is slow. Favouritism is also felt to be a big problem.

The second open-ended question asked respondents directly how they felt about their work environment.

**Table 4.21 Responses to how respondents view their current work environment (n = 140)**

Themes/answers	Frequency	Percentage of total (n = 140)
Good/comfortable	6	4.29
Good yet...	10	7.14
No noise/noise free	8	5.71
Safe environment	11	7.86
Clean environment/wards are clean	12	8.57
There is unity/working together	3	2.14
People treat me good/nurses are willing to help	4	2.86
Other	6	4.29

Negative/not good	9	6.43
Not enough staff	39	27.86
Not enough materials	17	12.14
Shortage of transport	2	1.43
Over crowded wards/ too many patients	11	7.86
No nurse toilets/rest rooms/kitchen	6	4.29
Nurses have to work without supervision	1	0.71
Students treated badly by sisters	1	0.71
No overtime paid/not allowed to moonlight/no incentives	8	5.71
No ward for psychiatric patients/they share with other patients	9	6.43
Cold/no ventilation/leakage	5	3.57
No team work/staff not respecting each other	2	1.43
No appreciation for your efforts	2	1.43
No sport facilities for nurses	3	2.14
No security- to protect nurses and patients during visiting hours	5	3.57
Hospital is old/needs repair	3	2.14
Not answered	8	5.71

There were more negative issues (123) – regarding work environment – raised than positive issues (60).

Based on the results in table 4.21 respondents raised complaints about scarcity of human and material resources. Respondents expressed their concern over aspects like shortage of staff, lack of equipment, shortage of transport.

Respondents also complained about the safety of their patients, which included aspects such as over crowded wards, and the lack of psychiatric wards for mentally disturbed patients who are expected to share wards with mentally sound patients.

On the positive side some of the respondents felt that they form a good team, and staff members are willing to help each other. Eight (8) respondents did not answer this question.

**Table 4.22 Responses to open-ended question on how satisfied respondents are with decision-making (n =140)**

Themes/answers	Frequency	Percent (n = 140)
Yes satisfied (no further comment)	20	14.29
Yes but decisions come to nothing	4	2.86
Opinions considered	4	2.86
Attend meetings /get together as a group	3	2.14
Allowed to do things on my own/make own decisions	3	2.14
In my unit only	8	5.71
As a union member	3	2.14
Involvement in making policies	1	0.71
Organise our own duty register	1	0.71
No not satisfied (no further comment)	29	20.71
Decision making is autocratic	6	4.29
Just told about decisions later	21	15.00
I am lower level so not involved	12	8.57
Suggestions are not taken into consideration	1	0.71
Management make decisions on issues that does not involve them	1	0.71
Students are oppressed	1	0.71
You are reported if you disagree	2	1.43
Sometimes - but mostly not	12	8.57
Not answered	8	5.71

According to table 4.22 there are more respondents that felt they are not involved in decision-making, 85 negative versus 47 positive comments. The respondents feel that decision-making is autocratic: they are just told about decisions later, are

mostly not involved in decision-making. Some of the respondents indicated that they are at a lower level, which is why they are not involved.

On the other hand there are respondents who feel that they are involved in decision-making but their inputs come to nothing, and they are only involved in ward / unit decisions.

## **4.6 INTERPRETATION OF THE RESEARCH RESULTS**

Interpretation of results is based on the research findings as reflected in different tables. The mean scores will be used to interpret the results. Each table will be discussed separately. The researcher will interpret the perceptions of nursing management and nursing staff from selected hospitals within the Mpumalanga province by making use of the benchmark mean of 3.27 and the following tables:

- Table 4.11, which is the descriptive information on the seven (7) factors for nursing management and nursing staff respondents combined.
- Table 4.13, which is descriptive information on the factor scores for each hospital.
- Table 4.16 that is a comparison of the mean scores related to the seven (7) organisational climate factors for the nursing management and the nursing staff groups.

The open-ended questions from which respondents were requested to express their perceptions regarding career development (table 4.20), work environment (table 4,21) and decision-making (table 4.22) by explaining their perceptions.

### **4.6.1 Interpretation of results on the seven factors for nursing management and the nursing staff groups' combined scores on organisational climate**

Table 4. 11 will be used to interpret the seven (7) factors on combined scores.

#### **4.6.1.1 Management factor**

The management factor refers to issues pertaining to management and supervision. According to table 4.11 the management factor scored a mean of 3.13, which is below the mean of mean scores (3.27). The results indicate that nursing management and the nursing staff are generally dissatisfied with the management factor of the organisational climate.

Morrison (1993:281) supports the findings of the study as he indicates that the most important factor in the work environment is the manager or supervisor, since the manager establishes the atmosphere under which the employees work, and Booyens (1998:203) states that the work climate is determined – to a large extent – by the management and the leadership style adopted in an organisation.

#### **4.6.1.2 Physical environment factor**

The physical environment refers to the availability of human resources and material resources, transport and other facilities. Table 4.11 depicts that the physical environment factor scored a mean of 3.05, this factor is rated the lowest out of all the seven (7) factors in table 4.11. Some aspects that respondents are not satisfied with include shortage of staff to do the job, shortage of material and over crowding of patients, as indicated in table 4.21. These results indicate that respondents are generally dissatisfied with the physical environment of the organisational climate.

#### **4.6.1.3 Career development factor**

The career development factor includes availability of promotional opportunities, career counseling, education and training.

With reference to table 4.11 career development scored a mean of 3.11 that is also low according to the mean of the mean scores, which is 3.27. The combined scores indicate that respondents are dissatisfied with the career development factor of the organisational climate. The respondents raised the following aspects as causes of

dissatisfaction: due to shortage of staff, opportunities for development are restricted and the process of career development is also slow.

#### **4.6.1.4 Performance management factor**

Performance management factor means improving the performance of individuals and the organisation as a whole (Booyens, 1998:15).

Table 4.11 indicates that the performance management factor of the organisational climate scored a mean of 3.16, which is lower than the mean score of 3.27. This combined score of the nursing management and nursing staff groups indicate that the respondents are generally dissatisfied with the performance management factor of the organisational climate.

#### **4.6.1.5 Motivation factor**

Motivation refers to intrinsic and extrinsic motivation. Extrinsic motivation includes aspects like adequate supervision, job promotion and good working conditions. Intrinsic motivation relates to positive recognition and achievements (Robbins, 1988:31).

According to table 4.11 motivation scored a mean of 3.63, which is the highest score in comparison with the mean score of 3.27. The combined scores indicate that all the respondents are satisfied with the way the motivation factor of the organisational climate is conducted in each hospital.

#### **4.6.1.6 Empowerment factor**

Empowerment refers to aspects such as delegation of authority, use of one's discretion and involvement in decision-making.

With reference to table 4.11 the empowerment factor scored a mean of 3.33, that is above the mean of scores 3.27. The results indicate that the respondents are satisfied with the way empowerment is handled in their institutions.

#### **4.6.1.7 Organisational alignment factor**

Organisational alignment refers to the knowledge of and identification with the organisational mission, goals and being loyal to the organisation. Table 4.11 indicates that organisational alignment factors reflect a combined mean score of 3.48. The results indicate that respondents are satisfied with the organisational alignment factor.

#### **4.6.2 Comparison of results on the organisational climate factors for the nursing management and the nursing staff groups**

The results will be interpreted by using table 4.16, and the overall mean score of 3.27 will be used as a benchmark to interpret the results.

##### **4.6.2.1 Management factor**

According to table 4.16 the nursing management group scored a mean of 3.14 and the nursing staff scored a mean of 3.13 in relation to the management factor. Both scores are below the mean of scores, which is 3.27. These results indicate that both groups are almost equally dissatisfied with the management factor of the organisational climate, as there is only a slight difference in scores of the two groups. It seems as if the management level is aware of problems relating to supervision of subordinates.

##### **4.6.2.2 Physical environment factor**

With reference to table 4.16 nursing management scored a mean of 2.91 and the nursing staff scored a mean of 3.13. Both scores indicate that the respondents are dissatisfied with the physical environment factor of the organisational climate. The results also indicate that the nursing management group is more dissatisfied than the nursing staff group. The nursing management group is more aware of the shortage of human resources and material resources.

#### **4.6.2.3 Career development factor**

Table 4.16 depicts that nursing management's mean score is 3.05 and nursing staff group scored 3.14. Both groups are dissatisfied with the career development factor, even though there is a difference in scores. The nursing management group is more dissatisfied. It appears that the top management might be experiencing problems regarding promotions as they have reached the top level of the nursing profession, and it might also be that they are not well informed about the career development procedures for their subordinates. According to table 4.20 nurses are apparently dissatisfied because it appears that those who are in high positions are the one's that get opportunities to be selected for career development.

#### **4.6.2.4 Performance management factor**

According to table 4.16 the nursing staff management group scored a mean of 3.00 and the nursing staff scored a mean of 3.24 in relation to the performance management factor. Both groups fall below the means scores. Which is 3.27. Respondents from both groups are dissatisfied with the performance management factor of the organisational climate. Again the nursing management group is more dissatisfied than the nursing staff group. The dissatisfaction might be that nursing management groups are just told about decisions taken by those in higher positions later. This is indicated in table 4.22. The nursing staff's dissatisfaction might be arising because respondents indicated that favouritism is being practiced when nurses are selected for career development. This is depicted in table 4.20.

#### **4.6.2.5 Motivation factor**

With reference to table 4.16 it is evident that both the nursing management group and the nursing staff groups are satisfied with the motivation factor of the organisational climate. Both groups' scores are above the mean of scores, which is 3.27. Nursing management obtained a mean score of 3.57 whereas the nursing staff respondents obtained a mean score of 3.66 in relation to the motivation factor – this is the highest score. Even though both groups experience satisfaction they differ in

scores. Marriner-Tomey (1996:342) indicates that sources of satisfaction include recognition, challenging work and responsibility. The nursing staff respondents appear to be more satisfied with the motivation factor than the nursing management group as the nursing staff scored 3.66, which is higher than the nursing management groups' score of 3.57.

#### **4.6.2.6 Empowerment factor**

Research findings in table 4.16 reveals that both groups of respondents, that is the nursing staff, are satisfied with the empowerment factor of the organisational climate. The nursing management group scored a mean of 3.43 and nursing staff respondents scored a mean of 3.28 on the empowerment factors of the organisational climate. Even though both groups are satisfied with the empowerment factor they differ in scores. The nursing management group scored higher than the nursing staff respondents; this indicates that the nursing management group is more empowered than the nursing staff respondents. Even though forty seven (47) respondents are satisfied, table 4. 22 indicate that eighty five (85) respondents felt that they are not involved in decision-making.

#### **4.6.2.7 Organisational alignment factor**

According to table 4.16 nursing management scored a mean of 3.40 and the nursing staff scored a mean of 3.53, indicating that both groups are aware of the organisational alignment factor of organisational climate. These results indicate that the nursing staff respondents are more aware of, and identify with the goals, mission and objectives of the organisation, and they know what is expected from them as employees of the organisation.

### **4.6.3 Interpretation of combined nursing management and nursing staff responses to open-ended questions**

Responses to open-ended questions by the nursing management group and the nursing staff respondents will be used to interpret the results. Table 4.20, table 4.21 and table 4.22 will be used to interpret the results. By using the content in the

identified tables the researcher managed to identify aspects related to organisational climate that cause dissatisfaction among the respondents.

#### **4.6.3.1 Management factor**

Seeing that in this section no open-ended question was specifically asked on management issues, the researcher identified those aspects originating from the three (3) open-ended questions that pertain to the management factor and which cause dissatisfaction among the respondents. These aspects included lack of overtime payment, not allowed to moonlight, lack of incentives, lack of appreciation of nurses' efforts, autocratic leadership style and poor communication. These aspects lead to dissatisfaction of employees.

Booyens (1998:153) states that employees should receive recognition and rewards for excellent service apart from their normal salary, such as increments or merit increases, and that management should display a philosophy that the staff is the most important asset s of the organisations.

#### **4.6.3.2 Physical environment factor**

According to table 4.21 respondents indicated dissatisfaction as thirty nine (39) respondents indicated that there is shortage of staff, seventeen (17) respondents indicated that there is shortage of material resources, eleven (11) respondents indicated that there is overcrowding of patients in the wards, eight (8) indicated that there is lack of overtime payment / not allowed to moonlight, nine (9) respondents indicated that there is lack of psychiatric wards, nine (9) respondents also indicated that the environment is negative. Based on the research results the researcher concludes that the physical environment factor of the organisational climate is not conducive for the respondents and the patients.

Booyens (1998:116) states that a good working environment attracts staff, and if staff feels that the environment has been created to support them, they feel valued and motivated.

On the other hand some respondents also pointed out areas that indicate satisfaction: twelve (12) respondents indicated that the environment is clean, ten (10) indicated the environment is good, and eight (8) as noise free, and eleven (11) respondents indicated that the environment is safe. Eight (8) respondents did not answer the question on physical environment.

#### **4.6.3.3 Career development factor**

According to table 4.20 sixty four (64) respondents indicated that they are satisfied with career development, whereas eighty nine (89) respondents indicated that they are dissatisfied with career development. Respondents indicated their satisfaction with career development opportunities and portray their feelings as follows: Twenty eight (28) respondents indicated that different courses are available for nursing staff, six (6) respondents indicated that study leave is provided for career development.

Other respondents felt very negative about the opportunities for career development at their hospitals. Thirteen (13) respondents indicated that few people are allowed to train and the waiting list is too long, thirteen (13) respondents indicated that a shortage of staff restricts opportunities for development; six (6) respondents indicated that the process of career development is too slow and seven (7) respondents indicated that only favourites get selected.

Booyens (1998: 391) emphasises that career development requires formal action by an organisation to ensure that employees with appropriate qualifications and experience are available when the organisation requires their services.

Based on the results on table 4.20 the researcher concludes that the respondents are dissatisfied with career development on the basis that eighty nine (89) respondents indicated that they are not satisfied with career development. Twelve (12) respondents did not answer the question on career development.

#### **4.6.3.4 Decision- making factor**

According to table 4.22 forty seven (47) respondents indicated that they are satisfied with empowerment, whereas eighty five (85) respondents indicated that they are dissatisfied with the decision-making factor of the organisational climate. Many respondents were dissatisfied with the decision-making factor, and verbalised the following aspects as the source of their dissatisfaction: twenty one (21) respondents indicated that they are just told about decisions later, twelve (12) respondents indicated that they are lower level and that is why they are not involved in decision-making, six (6) respondents indicated that decision- making is autocratic, and twelve (12) respondents indicated that sometimes they are involved in decision-making but mostly they are not involved. Eight respondents did not answer the question.

Other respondents felt positive about decision-making at their hospitals. Eight (8) respondents indicated that they are only involved in ward / unit decision-making, three (3) respondents indicated they are involved because they are union members, four (4) respondents indicated that their opinions are considered, and four (4) respondents indicated that they are involved but their decisions come to nothing. Based on table 4.22 the researcher concluded that respondents are dissatisfied with the decision-making factor of the organisational climate.

#### **4.6.4 Interpretation of results on organisational climate for the eight hospitals who took part in the research study**

Table 4.13 provides results of the combined groups' views on the seven (7) factors in the different hospitals. The interpreted results will be based on the mean of scores that is 3.27.

##### **4.6.4.1 Management factor**

According to Table 4.13, six (6) hospitals scored below the mean of scores (3.27) on the management factor of organisational climate. These hospitals are A, B, C, D, E and G. Only two hospitals obtained a mean score that is above the mean of scores,

that is hospital F with 3.63 – which is the highest score among all the scores – and hospital H with 3.38.

There is a difference in the way the different hospitals perceive the management factor in their hospitals. These results indicate that six (6) hospitals are dissatisfied with the management factor. The lowest score was obtained by hospital G with a mean score of 2.50. These results indicate that each hospital's management functions are performed differently from the other hospitals.

#### **4.6.4.2 Physical environment factor**

With reference to table 4.13, six (6) hospitals obtained a mean score lower than the mean of scores, which is 3.27. These hospitals are dissatisfied with the physical factor of organisational climate and they are hospitals A, B, C, D E and G. Two hospitals indicated their satisfaction with the physical environment and obtained scores that are above the mean of scores, that is hospital F with a mean score of 3.59, and hospital H with a mean score of 3.28. These results made the researcher to conclude that the physical environment of the hospitals involved in the study differ from one another. Some hospitals might be having enough human and material resources, whereas some of the hospitals might not be having enough human and material resources.

#### **4.6.4.3 Career development factor**

Table 4.13 depicts that six (6) hospitals obtained a mean score that is below the mean of scores (3.27). These hospitals are A, B, C, D, E and G. The lowest score is 2.76 and it is obtained by hospital G. Only two hospitals obtained a score above the average mean score and they are hospital F (3.58) and hospital H (3.35).

#### **4.6.4.4 Performance management factor**

According to table 4.13 six (6) hospitals scored below the mean of scores, which is 3.27. These hospitals are A, B, C, D, E and G. These hospitals are dissatisfied with the performance management factor of organisational climate. Two hospitals

obtained mean scores that are on or above the mean of scores and these hospitals are F – with a score of 3.70 – and H – with a mean score of 3.27. These two hospitals appear satisfied with the performance management factor.

#### **4.6.4.5 Motivation factor**

According to table 4.13, research findings indicate that seven (7) hospitals are satisfied with the motivation factor of organisational climate. These hospitals obtained a mean score that is above the mean of scores, which are 3.27. These hospitals are A, B, C, D, E, F and H. The only hospital indicating dissatisfaction with the motivational factor was hospital G with a score of 3.12.

#### **4.6.4.6 Empowerment factor**

Table 4.13 depicts that five (5) hospitals obtained a mean that is on or above the mean of scores 3.27. These hospitals are A, D, E, F and H. Respondents from these hospitals indicated that they are satisfied with the empowerment factor of the organisational climate. The highest score is 3.64 obtained by hospital F, and the lowest score is 2.93, was obtained by hospital G, only three hospitals, B, C and G are dissatisfied with the empowerment factor.

#### **4.6.4.7 Organisational alignment factor**

Table 4.13 shows that seven hospitals are satisfied with the organisational alignment factor and they are hospitals A, B, C, D, E, F and H. One hospital is dissatisfied with organisational alignment and that is hospital G. This hospital obtained a mean of 2.84, which is the lowest score.

### **4.7 SUMMARY OF HOSPITALS' SATISFACTION VERSUS DISSATISFACTION WITH ORGANISATIONAL CLIMATE FACTORS**

The hospital that is generally dissatisfied is hospital G, and the hospitals that are generally satisfied are hospitals H and F.

From the results in table 4.13 it is evident that there are differences in the way the respondents perceive each of the seven factors in each of the eight hospitals.

**Table 4.23 Summary of hospital’s satisfaction versus dissatisfaction with the seven factors of the organisational climate (n=8)**

<b>FACTOR</b>	<b>SATISFIED</b>	<b>DISSATISFIED</b>
Management	F, H	A, B, C, D, E, G
Physical environment	F, H	A, B, C, D, E, G
Career development	F, H	A, B, C, D, E, G
Performance management	F, H	A, B, C, D, E, G
Motivation	A, B, C, D, E, F, H	G
Empowerment	A, D, E, F, H	B, C, G
Organisational alignment	A, B, C, D, E, F, H	G

Table 4.23 is a summary of results of the satisfaction of the different hospitals as displayed in table 4.13.

Table 4.23 indicates that organisational climate differ from one organisation to the other. The results obtained indicate that organisational climate can facilitate job satisfaction or job satisfaction within the organisation.

This table further indicates that only two hospitals are satisfied with all the seven factors of the organisational climate. Table 4.23 depicts that nurse managers of both hospitals are trying their best to promote job satisfaction in their organisations.

According to table 4.23 six (6) hospitals are dissatisfied with all the seven factors of the organisational climate. The nurse managers of these hospitals have to implement new strategies in order to change the present organisational climate in order to eliminate job dissatisfaction.

## 4.8 CONCLUSION

Data analysis and interpretation of results were discussed in this chapter. The results are discussed according to the seven (7)-identified factors of organisational climate, which are:

- Management factor;
- Physical environment factor;
- Career development factor;
- Performance management factor;
- Motivation factor;
- Empowerment factor; and
- Organisational alignment factor

All the above factors were used to interpret the results. In the next chapter findings, summary, conclusions and recommendations will be discussed.

The results indicate that respondents nursing management (Group A) and nursing staff (Group B) in selected hospitals within the Mpumalanga province are dissatisfied with the organisational climate.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

This chapter presents the summary of the findings, the conclusions, recommendations based on the findings, recommendations for further research and limitations of the study.

The purpose of the study was to identify elements within the organisational climate that may cause dissatisfaction among nursing staff and provide guidelines for improving the situation. In specific terms, the study sought to:

- Determine what organisational climate encompasses;
- Ascertain which factors, related to organisational climate, can cause dissatisfaction among nurses;
- Determine whether there is a difference in the way nursing management and the nursing staff perceives the organisational climate;
- Determine if there is a difference in the way the different hospitals perceive the organisational climate; and
- Make recommendations for health service management to improve the organisational climate in order to facilitate job satisfaction among nursing staff.

In the previous chapter, the data analysis was discussed. The views of the nursing management group and the nursing staff group on how they perceived the organisational climate was provided.

The hospitals' organisational climate of the three districts within the Mpumalanga Province had not been evaluated since the birth of the new South Africa in 1994. It appeared in general as if the nursing staff was dissatisfied with the work environment. This is based on the researcher's observations during interaction with the nursing staff.

In chapter one the observed views of the nurses, with regard to factors that lead to their dissatisfaction, were generally identified. The theoretical framework of this research was briefly introduced, namely Herzberg's two-factor theory or Motivation-Hygiene Theory. The goal and the objectives of the study were also provided in this chapter.

In chapter two, the literature review with regard to organisational climate, was discussed. This chapter also included a discussion on the relevant literature regarding Herzberg's two-factor theory as it forms the theoretical framework for this study. Promotion of job satisfaction, job dissatisfaction, motivating factors, hygiene factors, and organisational climate were dealt with. Towards the end of this chapter activities that promote organisational climate were discussed.

Chapter three focused on the research methodology. A quantitative, exploratory and descriptive approach was used. The survey method was used to gather data regarding the organisational climate. The population consisted of nursing management that included senior professional nurses in charge of wards/units to top management, and nursing staff that included auxiliary nurses to professional nurses. The research design, population and sample were explained. The research instrument, namely a structured questionnaire was discussed, and the validity and reliability of the instrument were explained.

In chapter four the analysis and interpretation of data were dealt with. The researcher used tables 4.11, 4.13, 4.16, 4.20 4.21, 4.22 and 4.23 to interpret the views of all respondents concerning the organisational climate in terms of the seven factors, namely the management, physical environment, career management, performance management, motivation, empowerment and organisational alignment factors. Table 4.16 indicated the difference in the way the nursing management and the nursing staff groups perceived the organisational climate.

Table 4.13 was utilised in order to find out whether there were differences in the way the combined nursing management and nursing staff respondents perceived the organisational climate in each of the eight (8) hospitals according to the seven (7) factors.

The researcher also used open-ended questions, which were exhibited in tables 4.20, 4.21 and 4.22. These tables gave the researcher a richer picture of the organisational climate of the selected hospitals in Mpumalanga Province and will enable the researcher to make specific and relevant conclusions.

In chapter five the researcher draws conclusions from the findings and comes up with recommendations which address the factors that contributed to job dissatisfaction among nursing staff, and indicate how these negative factors can be prevented in future.

## **5.2 SUMMARY OF THE FINDINGS OF THE STUDY**

The summary of the research findings will be based on the data analysis and will be presented step by step, using the seven (7) factors namely management, physical environment, career development, performance management, motivation, empowerment and organisational alignment. The mean of scores, which is 3.27, as indicated in table 4.11, will be used as the margin to distinguish between satisfaction and dissatisfaction.

### **5.2.1 Management factor**

According to table 4.11 the mean scores of all the hospital's respondents on the management factor was 3.13. Table 4.16 indicated that the nursing management group obtained a mean score of 3.14 and the nursing staff respondents obtained a mean score of 3.13. These results indicate that both groups share the same views about the management factor of organisational climate and appear to be dissatisfied in this regard.

Table 4.13 indicates scores obtained by each hospital on each of the seven factors. The scores ranged from 2.50 to 3.63, the highest score being obtained by hospital F. The lowest score was obtained by hospital G. The ANOVA indicated that there is a difference in the way that nurses in different hospitals perceive the management factor in their individual hospitals, it can thus be deduced that management performs its functions differently in each hospital.

There were no specific open-ended questions asked under the management factor but there are certain aspects that relate to management that have been included in table 4.21 which the respondents are not satisfied with. These aspects relate to lack of incentives, shortage of staff as well as shortage of material.

### **5.2.2 Physical environment factor**

The research report in table 4.11 pointed out that the hospitals' physical environment has a mean score of 3.05 and table 4.16 indicated that nursing management respondents obtained a mean score of 2.91 whilst nursing staff obtained a mean score of 3.13. The ANOVA indicated that there is a significant difference in the way the nursing management groups and the nursing staff groups perceived the physical environment factor. It is thus concluded that the nursing management is more dissatisfied as its mean is below 3.27.

Table 4.13 revealed that there is a difference in the way nursing staff from different hospitals perceived their physical environments. The highest score obtained was 3.59 by hospital F, and the lowest score (2.41) was obtained by hospital G. The latter hospital's staff thus being the most dissatisfied with the physical environment of their hospital.

Table 4.21, which contains data from open-ended question, revealed that there are certain aspects that affect the functioning of the respondents negatively. These are shortage of staff (39), overcrowding in the wards (11), lack of facilities for the personnel e.g. nurses toilets, lack of psychiatric wards for mentally ill patients (9) and shortage of material (17).

### **5.2.3 Career development factor**

The research findings in table 4.11 showed that the hospitals scored 3.11 on the career development factor. Table 4.16 pointed out that the nursing management group obtained 3.05 whereas the nursing staff respondents obtained 3.14. These scores indicate that both groups are experiencing dissatisfaction in comparison with the mean of scores, which is 3.27, in relation to career development activities. The

nursing management group is, however, more dissatisfied than the nursing staff group.

Table 4.13 pointed out that there is a difference in the way respondents from different hospitals views the career development factor. The mean scores ranged from 2.76 to 3.58. The hospital that scored the highest was hospital F with 3.58 and the lowest score was obtained by hospital G with 2.76. Six hospitals are dissatisfied with career development and only two hospitals are satisfied with career development elements.

Data from open-ended questions presented in table 4.20 indicated that many respondents (64) were satisfied with career development. However a large number of respondents (89) indicated some dissatisfaction with career development. Some aspects that the respondents are dissatisfied with are that the process of development is very slow and that shortage of staff restricts opportunities for development.

#### **5.2.4 Performance management factor**

According to table 4.11 performance management scored a mean of 3.16. In table 4.16 the mean scores of the nursing management group and the nursing staff respondents are pointed out. The nursing management group obtained a mean score of 3.00 and the nursing staff respondents obtained a mean score of 3.24. The results suggest that both groups are dissatisfied with the way performance management is handled but nursing management more so than the nursing staff.

In table 4.13, hospital scores range between 2.71 and 3.70, the hospital that got the highest score is hospital F with a mean of 3.70 and the hospital that got the lowest score is hospital G with a mean of 2.71. Six hospitals are dissatisfied with performance management, whereas only two hospitals are satisfied with performance management.

#### **5.2.5 Motivation factor**

The research results in table 4.11 indicated that the hospitals scored a mean of 3.63. Table 4.16 depicted that nursing management respondents obtained 3.57 and the

nursing staff group obtained 3.66. Thus these results indicate that both groups are satisfied with the motivation factor, however, the nursing staff group appears to be more satisfied than the nurse management group.

Table 4.13 indicated that the respondents from the seven hospitals are satisfied with the motivation factor, except for one hospital, which is dissatisfied. This dissatisfied hospital is hospital G.

### **5.2.6 Empowerment factor**

According to the research findings in table 4.11 the respondents received a mean score of 3.33, and in table 4.16 the nursing management group received a mean score of 3.43 and the nursing staff group got a mean of 3.28. These results indicate that the two groups are satisfied with the empowerment factor. It is understandable that the nursing management group is more satisfied as they probably receive empowering opportunities.

Table 4.13 pointed out that five (5) hospitals experience satisfaction with the empowerment factor and only three (3) hospitals are dissatisfied with the empowerment factor.

Responses to open-ended questions in table 4.22 indicated that 47 respondents indicated that they are satisfied with empowerment, and 85 respondents indicated their dissatisfaction with empowerment. It is evident that most of the respondents are dissatisfied with the way empowering opportunities are dealt with in their hospitals. Eight (8) respondents did not answer the question on decision-making.

### **5.2.7 Organisational alignment factor**

Table 4.11 indicates that the combined scores for nursing management and the nursing staff respondents is 3.48, and table 4.16 revealed that the nursing management group scored a mean of 3.40 while the nursing staff respondents scored a mean of 3.53. It is evident that both groups are satisfied with the

organisational alignment factor of their organisational climate, none the less, the nursing staff appear more satisfied than the nurse managers.

According to table 4.13 almost all the respondents indicated that they were satisfied with their organisational alignment factor except hospital G, with a mean score of 2.84, indicating that the respondents from this hospital are not aware of their organisational goals, mission and objectives.

### **5.3 FINAL CONCLUSIONS REGARDING RESEARCH FINDINGS**

The final conclusions regarding the research findings will be discussed by making use of the seven factors. These final conclusions – drawn from this study – are indicated below:

#### **5.3.1 Management factor**

The results indicated that there was no difference in the way the nursing management group and nursing staff respondents perceived the organisational climate in relation to the management factor that is indicated in table 4.16.

Table 4.13 indicates that differences exist between hospitals in relation to the management factor. The differences suggest that each hospital carries out its management functions in a unique way.

The data stipulated in table 4.21 indicate that lack of incentives, lack of overtime payment, lack of moonlighting, poor communications and poor supervision are some of the aspects that affect nurses negatively, resulting in dissatisfaction.

#### **5.3.2 Physical environment factor**

According to table 4.16 the nursing management group obtained a mean score of 2.91 and the nursing staff group obtained a mean score of 3.13. The results of the two groups of respondents indicated that the respondents are experiencing dissatisfaction with regard to the physical environment factor of organisational

climate. The nursing management group is more dissatisfied than the nursing staff group.

Table 4.13 pointed out that there are differences between hospitals in relation to the physical environment factor. The conclusion is made that most of the hospitals might not be having enough personnel in terms of numbers, enough material to execute their duties, and might be lacking facilities which are necessary for rendering patient care. Six (6) hospitals are dissatisfied with the physical environment factor and only two hospitals are satisfied.

Table 4.21 indicated that personnel and patient safety is at risk since there are few psychiatric wards and no psychiatric hospitals for mentally ill patients. Nurses who might not be in possession of a qualification in psychiatric nursing nurse these patients in general wards. Overcrowding of wards is another concern pointed out: this problem could lead to cross infection.

Lack of facilities for nurses were also identified as a problem e.g. lack of rest rooms and toilets. There are also positive aspects that respondents pointed out such as noise free environments and the cleanliness of the physical environment.

### **5.3.3 Career development factor**

Table 4.13 indicated that only two (2) hospitals are satisfied with the career development factor and six (6) hospitals are dissatisfied with career development. In table 4.20 respondents indicated that they are dissatisfied with career development, of which eighty-nine (89) respondents raised their dissatisfaction. Certain negative factors related to career development were identified e.g. staff shortage restricts career development, waiting lists that are too long and the development process is very slow. These results indicate that thorough planning is necessary to overcome the stumbling blocks.

#### **5.3.4 Performance management factor**

In table 4.16 the nursing management group obtained a mean score of 3.00 and the nursing staff respondents obtained a mean score of 3.24. Results indicate that the two groups are experiencing dissatisfaction with regard to the performance management factor. The nursing management group appears to be more dissatisfied than the nursing staff respondents. Table 4.13 depicts that only two (2) hospitals are satisfied with performance management and six (6) hospitals are dissatisfied with performance management.

#### **5.3.5 Motivation factor**

Table 4.13 indicates that seven (7) hospitals are satisfied with the motivation factor of organisational climate, and that only hospital G is dissatisfied. Table 4.16 reveals that both the nursing management and nursing staff respondents are satisfied with motivation, but the nursing staff is more so than the management group.

#### **5.3.6 Empowerment factor**

Table 4.11 indicates that respondents are satisfied with the empowerment factor. Table 4.13 indicates that five (5) hospitals are satisfied with empowerment and three (3) hospitals are dissatisfied. The most dissatisfied hospital is hospital G with a mean of 2.93. Table 4.16 reveals that both groups, that is the nursing management and the nursing staff groups, are both satisfied with the empowerment factor, but the nurse management group is more satisfied than the nursing staff group.

#### **5.3.7 Organisational alignment factor**

According to table 4.11 the mean score for all the respondents was 3.48, which indicate that there is a general feeling that the management group and nursing staff respondents are aware of the organisational alignment factor. The organisational alignment factor in table 4.13 pointed out that there is only one (1) hospital that shows more dissatisfaction than the other hospitals, and that is hospital G. Table 4.16 depicts that both the nursing management and the nursing staff respondents are

satisfied with the organisational alignment factor, however, the nursing staff group tends to be more satisfied than the nursing management group.

**The researcher's conclusions about the organisational climate in selected hospitals are that:**

- The nursing management and the nursing staff groups do share similar perceptions about the management factor.
- The nursing management and the nursing staff groups both perceive the work environment as dissatisfying.
- Both the nursing management and the nursing staff groups experience dissatisfaction with the career development factor of organisational climate.
- Both groups, the nursing management and nursing staff respondents are dissatisfied with performance management
- The nursing management and the nursing staff respondents are satisfied with the way motivational aspects are handled.
- Differences exist in the way respondents from each hospital viewed the organisational climate.
- Two hospitals revealed satisfaction with their organisational climate in general as they had high scores in all seven factors: they are hospitals F and H.
- Hospital G appears highly dissatisfied. This hospital got the lowest scores in all seven factors.

## **5.4 RECOMMENDATIONS**

5.5 The recommendations will be discussed by using the seven factors, which is management, physical environment, career development, performance management, motivation, empowerment and organisational alignment.

The following recommendations are made:

### **5.4.1 Management factor**

The management factor includes factors like supervision, leadership and communication.

#### **5.4.1.1 Supervision factor**

The management team should design an in-service education programme in order to update those nurses who are holding supervisory positions with regard to management skills.

#### **5.4.1.2 Leadership factor**

The management team should conduct workshops or seminars to update managers about different leadership styles so that they can select the most appropriate leadership style in accordance with a particular situation and the maturity of their subordinates.

#### **5.4.1.3 Communication factor**

- Managers should facilitate communication in their institutions by creating an open-door policy so as to allow nurses to access their offices whenever they need help, or when they want to give their inputs. Booyens (1998:205) indicates that an open-door policy should be provided for employees.

- Managers can also have monthly meetings to promote communication between supervisors and the nursing staff.
- Managers can use circulars as means of communication to ensure that all nurses have received the same information.

#### **5.4.2 Physical environment factor**

The physical environment in hospitals is important for both nursing personnel and patients. An important factor in the physical environment is resources, namely human and material resources.

##### **5.4.2.1 Shortage of personnel**

- Managers should ensure that existing benefits for employees are fairly and justly allocated to those employees who deserve them.
- Managers should try and allocate employees according to their skills and preferences so that nurses do not leave the organisation because they are allocated to jobs that they don't feel comfortable with.
- The management team should conduct a survey in order to identify causes that lead to staff shortages and then motivate for filling of vacant posts or create more posts where applicable.

##### **5.4.2.2 Shortage of material resources**

- The management team should conduct a survey within their hospitals in order to determine the availability and adequacy of resources so that remedial action can be negotiated with the authorities.
- Strict control over existing material resources should be taken to prevent unnecessary wastage and loss.

### **5.4.3 Career development factor**

- The management team should design a year plan regarding career development for all categories of nursing staff to ensure that all nurses are given a fair opportunity to develop.
- Management should design criteria for selecting those employees who are to be sent for career development and training, and administer these selection criteria fairly.
- Managers should not practice favouritisms when employees are selected for career development. A selection committee can be established with representatives from the different groups of nursing staff e.g. managers, different categories of nursing personnel and union representatives.
- Policies and opportunities regarding career development should be compiled and communicated to all employees through circulars and meetings to ensure that all the employees are well informed.

### **5.4.4 Performance management factor**

- The management team should conduct seminars and workshops to update all employees about the aspects related to performance management such as new changes in policies and assessment criteria in order to prevent misunderstanding.
- Provide in-service training/education to all groups of nursing staff regarding performance management policies, processes and procedures.

#### **5.4.5 Motivation factor**

- The management team should show recognition and appreciation for work well done by acknowledgement and provision of incentives to facilitate job satisfaction e.g. announcement in meetings, personal letters and a rotating trophy. Marriner-Tomey (1996:402) states that positive reinforcement increases the probability of a recurrence of the desired behaviour.

#### **5.4.6 Empowerment factor**

- The management team should design a system that will encourage employees to put forward their inputs regarding empowering possibilities by creating suggestion boxes that can be placed in prominent areas.
- Managers should acknowledge good ideas put forward by subordinates by giving credit privately and publicly.
- Managers should create opportunities for growth e.g. by giving nurses challenging assignments.

#### **5.4.7 Organisational alignment factor**

- The management team should involve employees when developing or revising the goals and objectives of the institution through workshops, so that employees' suggestions can form part of the development process, thus enabling successful implementation.
- Conduct workshops on cultivating and emphasising ethical standards, loyalty and value clarification.

## **5.5 RECOMMENDATIONS FOR FURTHER RESEARCH**

Further research is recommended, in order to reassess the perceptions of the nursing staff regarding the organisational climate in order to re-evaluate whether the situation is improving and also to determine the true workload of different categories of nursing staff in public hospitals.

## **5.6 LIMITATIONS OF THE STUDY**

The researcher identified the following as weaknesses of this study:

- The limitations of the study are that the researcher will not be able to generalise the results to all the hospitals within the Mpumalanga Province because the study was conducted in eight (8) selected hospitals within the three districts of the Mpumalanga Province.
- It appears that the interpretation of questions was a problem for some of the respondents, especially the nursing auxiliary category.

## **5.7 CONCLUSION**

In this research, the organisational climate as a cause of job dissatisfaction in selected hospitals within the three districts of Mpumalanga Province was studied. Various positive and negative aspects were identified and suggestions were made in relation to the seven factors that were identified as part of the organisational climate in public hospitals.

The results of the study indicate that there is a relationship between organisational climate job dissatisfaction. This relationship is depicted in table in table 4.23. This table indicates that only t six hospitals are dissatisfied with the organisational climate and only two hospital are satisfied with organisational climate

It is hoped that the findings and the recommendations of this research will have a positive influence on the organisational climate of the selected hospitals within the three districts of the Mpumalanga province.