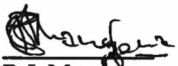
Declaration

I declare that the Master's mini dissertation, which I hereby submit for the degree M Admin (Human Resource Management) at the North West University, is my authentic and original work and has not previously been submitted for a degree at any institution.



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- Questionnaire Respondents at the Hospital
- Colleagues

Abstract

From day's ceremonial, the nursing profession, was held in high esteem and was the most cherished health career amongst the black community. The profession popularised by Florence Nightingale, alias, "The lady with the lamp," highly emphasised absolute virtues, such as selflessness, dedication and hard work, to mention just a few. Some individuals like the late Sister Lekgetha and Cecilia Makiwana later became epitome of the health profession and were marvelled by the community at large.

The paradigm has shifted somewhat, unfortunately, with today's nurses capable of leaving their death-bed-ridden patients in hospital wards, to take to the streets in demand of salary increases. Their hostile attitudes are perceived in community circles as irresponsible and uncaring, culminating in poor health service deliveries at health centres.

Nurses, on the other hand, cite a number of issues that have rendered the health profession a disaster, in which it find itself. These range from the working conditions to the job description as rolled out by the supervisor and the Department.

It is for this reason that a study at the Mafikeng Provincial Hospital was prompted, to try and reach the bottom of the truth.

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List of abbreviations

1. CMO: Chief Medical Officer
2. NSM: Nursing Service Manager
3. P/S/MO: Principal/Senior/Medical Officer
4. C/PN: Chief Professional Nurse
4. S/PN: Senior Professional Nurse
5. S/EN: Senior Enrolled Nurse
6. AD: Nursing: Assistant Director Nursing
7. DD: Deputy Direct1or
8. MPH: Mafikeng Provincial Hospital
9. BOP: Bophelong Psychiatric Hospital

NB: Two synonyms, namely Health Professionals and Nurses are used interchangeably and refer to the same individuals.

CHAPTER I

OVERVIEW OF THE STUDY

1. INTRODUCTION

In workplaces worldwide, employees attitudes relating to job satisfaction stand as one of the major problems in the field of Organisation Behaviour and the practice of Human Resource Management. The term "job satisfaction" refers to an individual's general attitudes, such as feelings, beliefs, and behavioural tendencies towards his or her job (Robbins, 2002:76).

A person's daily job entails more than just the obvious activities of working with papers, waiting on customers, consulting clients/patients and so on. It also involves interaction with co-workers and supervisors, subscribing to organisational rules and policies, meeting performance standards, working conditions which are less than ideal, so forth. These elements or job facets all combined have a say, either positively or negatively on the individual employee's job satisfaction.

A major/significant factor, which impacts on job satisfaction in South Africa, is high unemployment. Having a job has become an ultimate or mandatory goal for individuals across the racial and social lines worldwide (Luthans, 1998:147). Luthans suggests that when things in the labour markets and the economy are going well generally, there will be little unemployment and job opportunities will be in abundance. As a result many employees, irrespective of whether they are satisfied or not, will leave their current jobs for opportunities elsewhere promising better rewards and conditions of employment. When opportunities for work are in abundance people have the tendency not to choose jobs randomly. In most cases, they tend to gravitate towards jobs that are compatible with their interests, values and abilities. The likelihood is that people, who seek jobs that provide a good person-job-fit, will experience high levels of job satisfaction (Luthans, 1998:147).

In health services, most of those who entered nursing did so out of necessity or desperation. They did not follow in the footsteps of nurse luminaries, such as Florence Nightingale, Cecilia Makiwana and Dora Nginza (Mzolo, 2003:47). For many, nursing was not their first choice.

On the other hand, if jobs are tough to get and downsizing and retrenchments are occurring, as it is the case in South Africa, with an estimated percentage of unemployment exceeding 40 percent, then dissatisfied employees will stay where they are irrespective of how dissatisfied they are, because people will not have the freedom to choose. They have a propensity to take anything that comes their way, just for the sake of getting a job. As a Result, they will occupy jobs that do not match their interests, values

and abilities, therefore, the person-job fit will be non-existent, leading to job dissatisfaction.

Generally, people just seek jobs, or are engaged in work for different reasons, influenced by social and economic factors and the fulfillment of certain desires concerned with why they work.

2. PROBLEM STATEMENT

A factor, which impacts negatively towards nurse job attitudes at Mafikeng Provincial Hospital, is lack of job satisfaction.

Lack of nurse job satisfaction:

- Trickles out lack of commitment, with a perception that, there are better jobs elsewhere;
- Causes decreased confidence in supervisor/ manager competency and
- Gives rise to loss of self-esteem and self-worthiness.

3. DESCRIPTIVE HYPOTHESES

i. Nurses' at Mafikeng Provincial Hospital are generally dissatisfied with pay;
ii. Lack of recognition and appreciation impacts on nurses' dissatisfaction;
iii. Salary increases and chances to advance in the organisation (Mafikeng provincial hospital) are stagnant;
iv. Supervisors/ Managers lack experience to provide assistance and managerial support to subordinates;
v. Overall satisfaction with the members of the team (co-workers) is low and
vi. The profession itself and the environment, in which the nurses' work increase job dissatisfaction.

4. OBJECTIVES OF THE STUDY

i. To probe pay satisfaction of Mafikeng Provincial Hospital nurses'.
ii. To investigate how and which job satisfaction factors impacts on nurse dissatisfaction.
iii. To find out whether nurses' are proud of their jobs.
iv. To investigate competency of leadership/supervision at the Mafikeng Provincial Hospital.

5. IMPORTANCE OF THE STUDY

The study of Health Professionals at Mafikeng Provincial Hospital has implications for both policy, theory and practice. The research findings may benefit nurses', hospital managers, researchers and the Department of Health.

Through the results of this study, hospital managers in conjunction with the Department of health, may be able to implement strategies, which will restrain the problems related to poor performance, absenteeism, accidents, neglect and turnover.

6. RESEARCH DESIGN

6.1. The Organisation

This research was conducted at Mafikeng/Bophelong Hospital Complex, situated about two kilometers, South Easterly, of the town of Mafikeng. This hospital, a former psychiatric hospital, became operational in 1965.

Bophelong Hospital (the original name of the hospital) came into existence, as a result of a shortage of nurses' in the Mafikeng area. A proposal was made to Pretoria, that there was a need to institute a hospital, with the aim of training nurses' for the communities around the area. During that time, nurses' from urban areas refused to work in Mafikeng. A requirement, therefore, was to have trained people who could adapt and be prepared to serve the communities around the town.

After the Tswana Territorial Authority (TTA) offices, were moved to the then Bechuanaland (Gaborone, Botswana), the economy of Mafikeng collapsed. Consequently, the construction of this hospital, brought life to the town.

In 1966, the hospital started to accommodate all patients. In other words, the hospital began to operate as a general hospital, catering for both psychiatric and ordinary patients.

After the 1994 elections, many problems occurred within and outside the hospital, which affected the operational efficiency of the hospital. As a result, a Commission of Inquiry was appointed. The commission established that the management of the hospital was ineffective. The commission's recommendation was that the two sections, that is the psychiatric and general patients sections be separated, with each section having its own General Manager, both reporting to the Chief Executive Officer (CEO) . The two sections were then named Bophelong Psychiatric and Mafikeng Provincial Hospital respectively.

Other changes, which were brought about, after the new dispensation, was the decentralisation of hospitals around the country. As a result, each section has a division specifically dealing with corporate services.

This study was conducted at Mafikeng Provincial Hospital within the Mafikeng/ Bophelong Hospital Complex.

6.2. The Organisational Structure of Mafikeng Provincial Hospital

The organisational structure of the complex composed mainly of African female nurse' is shown below:

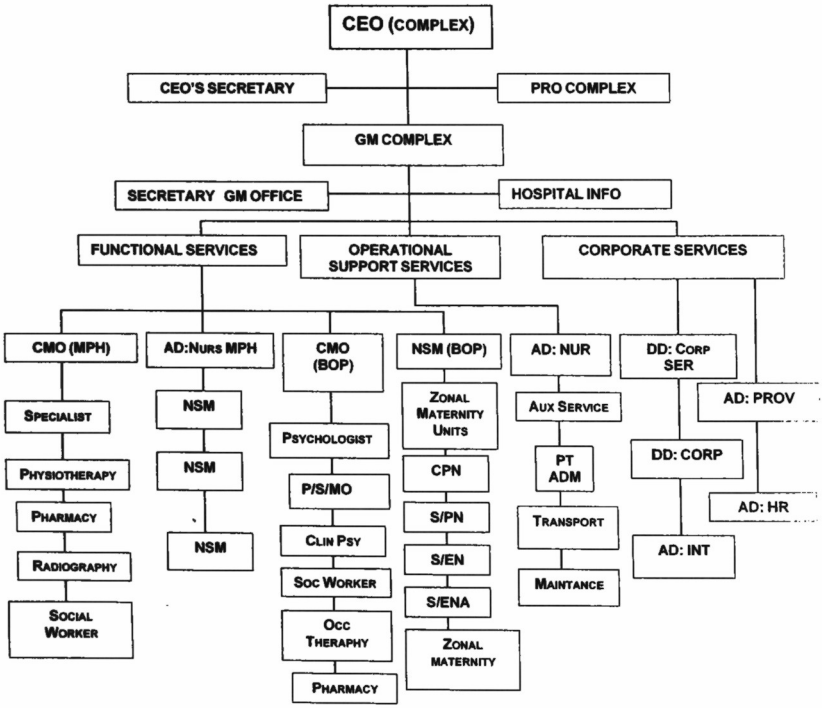

Figure 1: Mafikeng Provincial Hospital Organogram

Abbreviations

1. CMO: Chief Medical Officer
2. NSM: Nursing Service Manager
3. P/S/MO: Principal/Senior/Medical Officer
4. S/PN: Senior Professional Nurse
5. S/EN: Senior Enrolled Nurse
6. AD: Nursing: Assistant Director Nursing
7. DD: Deputy Director
8. MPH: Mafikeng Provincial Hospital
9. BOP: Bophelong Psychiatric Hospital

Outlined below, is the occupational grouping of nurses' at Mafikeng Provincial Hospital:

- Assistant Directors: Nursing;
- Zonal Managers;
- Chief Professional Nurses';
- Senior Professional Nurses';
- Professional Nurses';
- Senior Enrolled Nurses';
- Enrolled Nurses';
- Senior Nursing Auxiliaries and
- Nursing Auxiliaries.

6.3. Sample and Technique

6.3.1. Simple Random Stratified Sampling Technique

The choice strategy for this study was simple random stratified sampling, which involves dividing the population into homogenous groups, each group containing subjects with similar characteristics (Behr, 1988:15). This technique allows for a small minority to be represented properly.

6.3.2. The Sample

The researcher required a sample of 50, composed mainly of female nurses' out of 376 nurses at Mafikeng provincial hospital, using simple random stratified sampling.

6.4. Methods of gathering data

There are many ways of gathering information directly from participants, if such information cannot be obtained from observation (Bless & Higson-Smith, 2000:156).

For this study, combinations of three methods were used namely:

- Questionnaires;
- Interviews and
- Records.

6.5. Methods of Statistical Analysis

Mainly descriptive statistics was used to analyse data, in form of:

- Graphs;
- Percentages and
- Tables.

The reasons, the above-mentioned methods and techniques were chose ahead of others are outlined in chapter 3.

7. LIMITATIONS OF THE STUDY

The research findings are primarily limited to Mafikeng Provincial Hospital nurses'. Therefore, the results cannot be generalised to other hospitals in other provinces.

8. CONCLUSION

The basic assumption of this study, was that nurses' at Mafikeng Provincial Hospital do not experience job satisfaction. This pretext, is based on reported high turnover rates of nurses', accidents and patient's neglect, as well as continuous grievances, especially by unionised nurses'.

Records, questionnaires, and unstructured interviews were employed to gather job satisfaction information from a random stratified sample of 50 nurses'.

The second chapter covers a literature survey on job satisfaction. After the presentation of literature, a roadmap on how the research at Mafikeng Provincial Hospital nurse job satisfaction to be conducted is outlined, followed by chapter four based on statistical analysis of data gathered from the questionnaires. Finally, in the last chapter, chapter five, recommendations about the problem (nurse job satisfaction) are furnished.

CHAPTER 2

LITERATURE SURVEY

1. INTRODUCTION

Individuals possess thousands of attitudes, amongst which only few are essential to workplaces. These are job related attitudes, of which the most well known is job satisfaction. Job satisfaction reflects the extent to which people find gratification or fulfillment in their work (Moorhead, 1998:99).

Riggio (2003:213) reckons that the most important outcome variables for management are variables of job performance/productivity, work quality, and to a lesser extent, employee absenteeism and turnover. Based on Riggio's sentiments, these are variables that translate directly to monetary value for an organisation.

From the employee's perspective, Riggio (2003) stresses that the most significant outcome variable is likely to be job satisfaction. He says that there is increasing evidence that attitudes about one's job, including job satisfaction, are critically important to the functioning of the work organisation.

2. DEFINITION OF JOB SATISFACTION

According to Wilson (1996), the definition and measuring of job satisfaction has been a challenging process, which in the past has been refined through research (http://www.geocities.com/Paris/Café/5839/writings/satisfaction.html). Job satisfaction according to the latter is a relative term, which can mean different things to different people (Beukes, 1990:13).

Gibson (1997:106) explains the construct of job satisfaction as an attitude, which individuals have about their jobs. He says it results from the perceptions of their jobs, based on factors of the work environment, such as the supervisor's style, policies and procedures, work group affiliation, work conditions and fringe benefits.

Wagner (1998) says job satisfaction is "a pleasurable feeling that results from the perception that one's job fulfills or allows for fulfillment of one's important job values." He identifies three key components namely values, importance of values and perceptions (Wagner, 1998: 107).

According to Riggio (2003:213), job satisfaction also consists of feelings and attitudes a job incumbent has about his job, whereby all aspects of a particular job, positive or negative, are a likely to contribute to the development of a feeling of satisfaction or dissatisfaction.

Luthans (1998:143), quoting Locke, pronounce job satisfaction as a "pleasurable or positive emotional state resulting from the appraisal of one's job or job experience". According to Locke, job satisfaction exists as a result of an employee's perception of how their jobs provide things, that are thought to be important. Luthans gives three dimensions to job satisfaction. Firstly, according to Luthans, job satisfaction is an emotional response to a job situation, with the implication of being invisible but inferred. Secondly, he states that job satisfaction is often determined by how well outcomes meet or exceed expectations. He gives an example, of how employees feel that they are working much harder than others in the department, but are receiving fewer rewards, as a result he says that they will probably have a negative attitude towards their work, supervisors and/or co-workers. They will be dissatisfied. On the other hand, if they feel they are being treated very well and paid equitably, they are likely to have a positive attitude towards their job.

Robbins (2002) embraces a slightly different understanding of the term given by Luthans. In fact, Luthans' definition explains why people become satisfied or dissatisfied with their jobs, while Robbins provides an explanation of the term. According to Robbins (2002), the term job satisfaction refers to an individual's general attitude towards his or her job. Robbins further clarifies the concept stating that a person with a high level of "job satisfaction" holds positive attitudes toward the job, while a dissatisfied person have negative attitudes about the job (Robbins, 2003:69). Schultz (1999) shares the same sentiments (Schultz, 1999:250).

Schultz (1999) adds that besides the above-mentioned, personal factors also impact on job satisfaction. These factors, according to Schultz, include health, age, length of experience, emotional stability, social status, leisure activities, family and other social relationships.

From the definitions provided above, job satisfaction can be described briefly, as positive work related attitudes dependant on work-related factors such as co-workers, supervision, working conditions, work policies, rewards as well as non-work related factors such as social relationships, physical and psychological status.

3. BACKGROUND OF NURSES' JOB SATISFACTION

The nursing profession has been concerned with job satisfaction since the late 1930's. A study conducted by Nahm in 1940 found factors, which differentiated satisfied employees from the dissatisfied ones, namely interest in work, general adjustment, relationships with supervisors, family and social relationships, hours of work, income and opportunities for advancement (Cunbey & Alexander, 1998:42).

Even at present job satisfaction continues to be a major concern (Cumbey & Alexander, 1998:42). Using data derived from a national study of rural nurses in Australia, Desley Hegney, for her Ph.D. studies, discussed how job satisfaction might affect recruitment and retention of rural nurses in Australia. The reason for her studies, was to understand what influences on-the-job satisfaction in rural and urban areas and which could be used

by Health Service Managers to attract and retain nurses' (Hegney & McCarthy, 2000:347).

In South Africa, it is reported that skilled nurses', both from urban and rural areas, are leaving the country at an alarming rate to work overseas. The Department of Health is currently unable to retain nurses', especially the skilled. During television investigative report programme "Special Assignment", nurses were interviewed to find out, why they were leaving the country. Most of them cited poor working conditions and low salaries as the main reasons, which lured them to resign or to explore more prestigious offers overseas (Special Assignment: 11 February 2003). Sadly, investigative research bears out that nurses' dissatisfaction with pay and working conditions have been raging through the past number of years without resolution.

At Mafikeng Provincial Hospital alone, since 2000, 23 nurses' retired. Most retired because of old age and ill health. Exit interviews forms of those resigned do not show much of their plans or destinations. Roughly, through investigative research, the researcher found that three nurses' moved to greener pastures overseas.

4. IMPORTANCE OF JOB SATISFACTION

This question, about what makes people like or dislike their jobs is one of the most widely discussed and enthusiastically studied constructs in such related disciplines as Industrial/Organisational psychology, Social psychology, Organisational behaviour and Human Resource Management. One of the rationales, for the popularity of this concept is provided by Spector (1996). Spector says job satisfaction is a central variable in many theories that deal with organisational phenomena, such as nature of work, supervision and job environment (Spector, 1996:214). It thus plays a central role, in the study of behaviour at work.

Furthermore, when allowed to operate freely, job satisfaction can contribute immensely to an organisations' effectiveness, whereby it will contribute to productive output in the form of high quality and quantity of products or services, as well as to maintain organisational objectives which are represented by low absenteeism and turnover (Miner, 1992:122).

Moreover, it provides value for organisations, through its presumed direct relationship to the short-term goals of cost reduction in the course of increased individual productivity, reduced absences, errors, turnover, as well as long term improvements in employee adjustments (Cranny., Cain- Smith and Stone, 1992:2).

It is also helpful, because through its analysis, employee problems can be identified and diagnosed (Bass 1979:103).

5. MODEL OF JOB SATISFACTION

Lawler presented the model of job satisfaction in 1973. According to the model, job satisfaction is largely determined by a discrepancy between what individuals expect to get out of their jobs and what the job actually offers. A person, therefore will be dissatisfied if there is less than the desired amount of a job characteristic in the job. An example is furnished, whereby a person expects to be promoted in 6 months and then is not, the person will be dissatisfied (Feldman 1986:198).

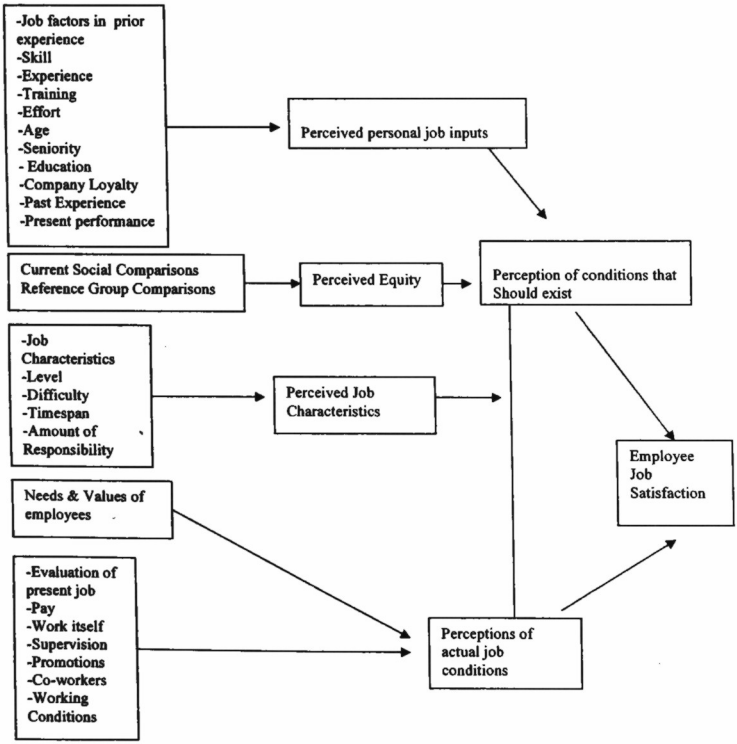

Figure 2: A model of job satisfaction. Source: Figure 4-3,p.75, From E.E Lawlwer, III, Motivation in Work Organization. Reprinted by permission of Brooks/ Cole Publishing Company, Copyright 1973.

6. FACTORS WHICH INFLUENCE JOB SATISFACTION

Mullins (1999:631) is of the idea that job satisfaction consists of a number of separate dimensions, with the implications that some workers may be satisfied with certain aspects of their work and dissatisfied with other aspects of their work. However, he says positive correlations exist between satisfaction and different areas of work.

Firstly, a job characteristic model is discussed. This model shows attributes within a job, which impact on individuals' overall satisfaction.

6.1. Job Characteristics Model

Hackman and Oldham's Job characteristic model, is based on the idea that task itself is the key to employee motivation (Nel, 2004:315). It provides a framework, which jobs can be redesigned to make the incumbents feel, that they are doing meaningful and valuable work. Enriching certain elements of the job leads to altered psychological states in employees, which influence both their work performance ands satisfaction positively.

According to this model, any job can be described in terms of five core job dimensions, defined as follows (Anthony, 2003:307):

- **Skills variety**: the degree to which the job requires a variety of different skills and talent;
- **Task identity**: the degree to which the job requires completion of a whole and identifiable piece of work;
- **Task significance**; the degree of which the job has a substantial impact on the lives or work of other people;
- **Autonomy**: the degree to which the job provides substantial freedom independence, and discretion to the individual in scheduling the work and determining the procedures to be used in carrying it out and
- **Feedback:** the degree to which the job offers information to employees regarding performance and work outcomes.

The figure below presents the model.

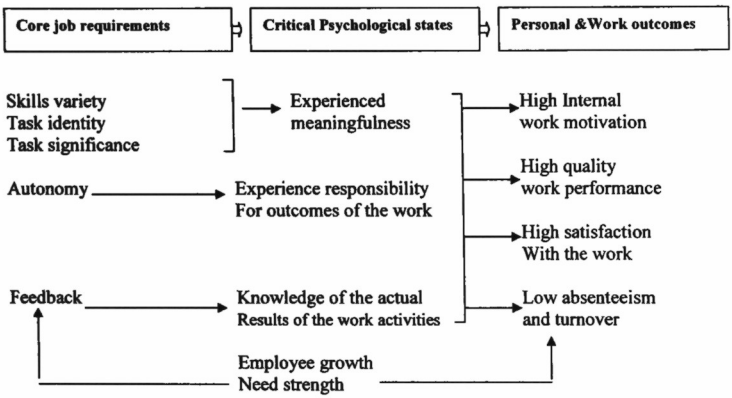

Figure 3: Job Characteristics Model. Source: J.R Hackman and G.R Oldham, Work Design (excerpted from pg 78-80) Copyright 1980 by Addison-Wesley Publishing Co., Inc.

From a motivational standpoint, the implication of the model is that individuals obtain internal rewards through learning. The more this psychological state is present, the greater will be employees' motivation, performance and satisfaction (Robbins, 2002:466).

6.2. Surveys on factors influencing Nurses' Job Satisfaction

Studies have been carried out in the past on nurses' job satisfaction, signaling an interest in this concept.

There has been a trend, throughout the past years, with surveys carried out on nurses' general job satisfaction. Recently, it was conducted among registered, enrolled and auxiliary nurses registered the South African Nursing Council from the end of December 1997 to the beginning of 1998, aimed at obtaining views of females nurses on various aspects of the work place. The most important finding was that nurses' liked working as part of a team and that this contributed the most to their job satisfaction. The item that contributed least to job satisfaction according to the survey was pay. The most important problems nurses' had were, that they felt that they were not paid enough and that they needed enhanced benefits (Erasmus, 1998: 50).

6.3. Theories of job satisfaction

To answer the question "what make some people more satisfied with their jobs than the others." Greenberg (2002) referred to theories of job satisfaction of which the most influencial is Herzberg's Motivation-Hygiene Theory and Value theory.

6.3.1. Herzberg's Motivation-Hygiene Theory and Job Satisfaction

As far back as 1954, Herzberg used the critical incident technique to identify factors that made employees feel exceptionally good or exceptionally bad about their jobs. He developed the two-factor theory of motivation. He identified the two sets of factors that influenced motivation and job satisfaction and he called one set of factors hygiene factors and the other one motivators (Nel, 2004: 314). According to Luthans (1998:173) job satisfiers are related to job content and that job dissatisfiers are allied to job context. He says the term "hygiene" refers to those factors which prevent dissatisfaction.

According to the theory the following motivators increase job satisfaction (http://www.ca lib.com/nccanch/pubs/usermanuals/supercps/sa tisfy.cfm):

- Achievement;
- Recognition for accomplishment;
- Challenging work;
- Increased responsibilities and
- Growth and development.

Spector (1996:86) pronounced, that when the above-mentioned are present in a job, a person basic needs for personal growth and self-actualisation will be satisfied. On the other hand, according to the theory, the following demotivators cause dissatisfaction:

- Company policy and administrative practices;
- Technical quality of supervision;
- Interpersonal relations, especially with supervisors;
- Physical working conditions;
- Job security;
- Benefits and
- Salary.

Nel (2004), referring to the theory, says only satisfiers (motivators) can motivate people. Motivated people exert a bigger effort than what is expected of them in achieving goals. According to Nel (2004:314), it is therefore important that management first give attention to hygiene factors before introducing motivators into employees' jobs (Nel, 2004: 314).

6.3.2. Value Theory

The second important theory of job satisfaction is the value theory. According to Greenberg (2002: 155), this theory is conceptualised from the fact that job satisfaction exists to the extent the job outcomes, such as rewards an individual receives matches the outcomes that are desired. Greenberg (2002) says whenever people receive outcomes they value, the more satisfied they will be but, the less they receive outcome they value less satisfied they become. He adds on that this theory emphasis are on any outcomes that people value, regardless of what they are. In order to attain job satisfaction, according to this approach, the discrepancy between those aspects of the job one has or wants, must be minimised or stopped (Greenberg, 2002:155).

The value theory is supported by research (Greenberg, 2002:155). According to Greenberg, research was conducted to measure how satisfied the respondents were with each of these facets and how important each facet was to them. The findings, thereof was that those aspects of the job, which the respondents experienced the greatest discrepancies were the ones which they were most dissatisfied with, and that those with which they experienced the smallest discrepancies were the ones they had no complaints. Yet, interestingly, the researchers also found that this relationship was greater among individuals who placed a high amount of satisfaction on a particular facet of job. The implications is that the more important a particular facet of the job was believed to be, the less satisfied people were when they failed to get as such of this facet as they wanted (Greenberg, 2002:155).

6.4. Facets of Job Satisfaction

A perception held by the masses is that job dissatisfaction is primarily caused by pay and the nature of work. Different authors however, identified some factors vital for achievement of job satisfaction.

Spector (1996:215) reports two approaches to the study of job satisfaction, which are the global approach and the facet approach. He says that the global approach treats job satisfaction as a single, overall feeling toward the job, whereas the alternative approach, the focus is on job facets or different aspects of the job, such as rewards (pay or fringe benefits), other people on the job (supervision or co-workers), job conditions and the nature of the work. The list of the most studied facets are as follows:

- Work itself;
- Pay;
- Promotion opportunities;
- Supervision;
- Co-workers and
- Working conditions.

According to Spector (1996), the advantage of the facet approach is known to allow for a more complete picture of job satisfaction. He reports that an individual has different levels of satisfaction, meaning that a person might be very dissatisfied with pay and fringe benefits, but at the same time be very satisfied with the nature of the work and supervisors (Spector, 1996:215). Ivancevevich (2002), Luthans (1998), Bass (1979), Robbins (2002) and Mullins (1999), provide factors/facets similar to those given by Spector.

Below is a discussion of the different facets of job satisfaction.

6.4.1. Work itself

According to Luthans (1998:144) work itself entails the extent to which the job provides the individual with interesting tasks, opportunities for learning and the chance to accept responsibility. He says the elements of work are a major source of satisfaction. Individuals demand jobs, which are interesting and challenging, that is work which is not boring but flexible and provides status.

For attainment of job satisfaction, there must be tasks that are challenging or motivating, because individuals prefer some tasks or jobs more than others, and each person finds some of the tasks or jobs more intriguing than others (http//www.employeesatisfaction.com). Robbins (2002:83) adds that people prefers jobs that give them opportunities to use their skills and abilities and offer a variety of tasks, freedom, and feedback on how well they are doing. According to Robbins, employees need jobs that make them believe that the work they are doing is important and meaningful.

In the nursing profession, a source of dissatisfaction is likely to be the routine work inferred with no responsibilities tasks performed by nurses, especially to those at entry/junior levels.` Through observation nurses in South African Public Hospitals are also prone to abuse by rude patients and complaints about poor service delivery.

6.4.2. Pay and Fringe benefits

A reward is formally defined as "a work outcome of positive value to an individual" (Schremerhorn, 1996:145). In most cases people tend to believe that if the money is good, then one would be happy with a job. This is just a hypothetical statement, which is difficult to prove, but it is imperative to note rewards proved, through research, to be a major factor contributing towards job dissatisfaction. In true sense nobody can run away from the fact that money makes the world go around. For example, there are some people who are employed to kill, some work in mines (dangerous conditions) and so on. In most cases, they execute their jobs with passion, because of the love of money.

Based on Luthans' (1998) sentiments, pay is about "the amount of financial remuneration that is received and the degree to which it is viewed as equitable to that of other organisations". He says when pay systems seem fair based on job demands, individual skills levels and community pay standards, satisfaction is likely to result. Although pay

itself is associated to some extent with global satisfaction, it relates more strongly with the facet of pay satisfaction. Spector (1996:226) reckons that pay satisfaction is affected by how individuals salary compares to others in the same job rather than to people in general. Wages and salaries are viewed to be significant factors of job satisfaction. The implications are that if individuals believe that, they are not compensated well, they will be unhappy to work. To curb dissatisfaction, it is suggested in the website that employers should conduct a salary survey or even consult local help-wanted adds to compare the salaries and benefits they offer to those of other competitors (http://www.employeesatisfaction.com).

Monetary rewards help people not only to attain their basic needs, but also are pivotal in providing upper-level need satisfaction. In one way or another employees see pay as a reflection of how management views their contribution to the organisation (Luthans, 1998:144).

Luthans highlights, that even though fringe benefits are important, they are not as influential as salary or wage. The reasons for this, being that some employees are ignorant or not informed enough to know what they are receiving in terms of benefits.

"Many organisations feel that compensation is a dominant factor in employee satisfaction." As a result employers attempt to "buy" employees satisfaction with increased pay benefits. (http/wwww.performance-unlimited.com/satisfy.htm).

It is said that not only pay impacts on job satisfaction. According, to the website (http://www.performance-unlimited.com/satisfy.htm), it was found surveying 200 medium to large companies in 1998, that in an organisation with a high turnover, compensation was the common reason given for dissatisfaction. However, in a company with a very low turnover, 40 percent of the respondents perceived emotional factors (work satisfaction, good relationship with managers and other employees) as complete motivating factors for their retention. The conclusion from the study was that compensation and benefits satisfy only the two lowest levels of Maslow's Hierarchy, while the emotional factors satisfy the three upper needs of the hierarchy (http://www.performance-unlimited.com/satisfy.htm). In addition, the website suggests that organisations must make sure that they have clear policies related to salaries, raises and bonuses. In a way employees see pay as the mirror or reflection of how management views their contribution to the organisation (Luthans, 1998:144).

6.4.3. Promotions

Promotions refer to chances of advancement in an organisation (Luthans, 1998:144). Promotions therefore have different forms and have a variety of accompanying rewards. Some individuals may be promoted on the basis of seniority, while others are promoted on performance. Moreover, lower salary promotion are not as much satisfying as one at high salary scale. It is for this reasons, Luthans clarifies, why executive promotions are more lucrative and more satisfying than promotions that occur at the lower levels of organisations (Luthans, 1998:145).

Robbins (2000) stresses, that individual employee having a perception that promotion decisions are fair are bound to experience satisfaction for their jobs. According to Feldman (1986:195), there is substantial evidence that supports that promotional opportunities do affect job satisfaction. Feldman reports, from a study conducted by Patchen (1960) at Canadian Oil Refinery that people who felt that they deserved to have been promoted were absent more frequently, than those who were not dissatisfied with their promotional opportunities.

Quoting Vroom, Feldman (1986) says promotions to a higher level in the same organisation typically involves changes in supervision, job content, co-workers and pay. He says that jobs, which are of a high level, either in a single organisation or in society as a whole, are generally more highly paid and less repetitive, provide more freedom, and require less physical effort than other jobs of lower levels, hence attainment of satisfaction.

According to Felman (1986), the roots for promotion desires include the desire for higher earnings, the desire for social status and the desire for psychological growth, made possible by greater responsibilities and the desire for justice, if one feels he/she deserves promotion.

In South Africa, a study conducted by Westaway (1996), showed that nurses were least satisfied with promotion and pay and most satisfied with supervision and co-workers (Erasmus, 1998:51).

Records at Mafikeng Provincial Hospital and investigative research shows that some nurses have been unfairly overlooked for promotions. Usually nurses are promoted, by means of leg and rank promotions, informed, by performance, supplementary certificates and experience (after every three years). Problems often arised for leg promotions. The method used for leg promotions was somehow not effective. Best performers were at times overlooked impacting on the nurses' dissatisfaction, articulated through union involvement, absenteeism, neglect and nurses maneuvering to greener pastures.

6.4.4. Leadership and Supervision

A team without a leader is bound to cause confusion and subsequent dissatisfaction. A study conducted in Los Angeles, based on the manner in which the managers influence their nurses' job satisfaction, nurses described managers as satisfaction providers, through their use of leadership skills (Mcneese-Smith, 1997: 48).

Schuitema (2000:22) says people would work willingly for the boss, if the boss cared for them and gave them opportunity to grow. Leader Member Exchange (LMX) Theory, discussed below supports this statement. The theory explains the impact managers have on employee satisfaction.

a. Leader Member Exchange (LMX) Theory

The Leader Member Exchange (LMX) Theory argues that because of time pressures, leaders establish a relationship with a small group of followers. These individuals form an in-group they trust, get a disproportionate amount of the leader's attention, and are more likely to receive special privileges. Other followers, fall into the other group and they get less of their leader's time, fewer of the preferred rewards that the leader controls, and have leader follower relations based on formal authority interactions (Robbins, 2002:324).

As a result leaders have a tendency of associating themselves with employees they believe can deliver the goods. The in-group are likely to be satisfied with their work while the out-of group will not be satisfied. This, then, leads to satisfied employees, subjective to favours such as good assessments for promotions by the managers/supervisors.

b. Supervision

In the past, many people have decided to abscond from work, because of frustrations they had with the supervisors.

Hersey (1997:170) provides interesting statement. Hersey says is that managers give considerable attention to supervising followers, but that some do not pay enough attention to being followers themselves. Feldman (1986) reports that, "Supervisors who establish a supportive personal relationship with subordinates and take a personal interest in them contribute to employee satisfaction." The other two dimension of supervisory style that seem to contribute to employee satisfaction includes influence and participation in decision making" (Feldman, 1986:196).

According to Luthans (1998:145), supervision entails the abilities of supervisors providing technical assistance and behavioural support to their subordinates. He sees supervision as another important source of job satisfaction. According to the, latter supervision has two dimensions namely, supervisory styles that affect job satisfaction and the other one, which is employee-centred, measured by the degree to which the supervisor takes a personal interest in the employees welfare. This is carried out by actions, such as checking to see what the subordinate is doing, provision of advice and assistance to individuals and communicating with the worker on a personal as well as an official level.

In a survey, conducted in the United States, it was found that less than half of the survey respondents felt that their bosses provided them with regular feedback, or tried to solve their problems (Luthans, 1998:145). This seems to be global problem.

6.4.6. Working conditions

Working conditions also impacts on the level of individuals job satisfaction. Luthans (1998:146) gives an example of working conditions, which are good, that is, clean and attractive surroundings. He reports that these conditions will let employees find it easier to carry out their jobs. Feldman (1986:197) says that there seem to be consistently positive correlations between working conditions and job satisfaction. He outlines explicitly the features, which impact on job satisfaction namely temperature, humidity, ventilation, lightning and noise, hours of work, cleanness of the workplace and adequate tools and equipment. Contrary to this, whereby working conditions are poor, that is for example, hot and noisy surroundings, personnel will find it most difficult to get things done. Luthans explains, that the effects of working conditions on job satisfaction are similar to that of the work group. This entails, that if things are good, there may or may not be a job satisfaction problem, if things are poor, there is very likely to be. Luthans adds that this dimension has not been given a great deal of attention (Luthans, 1998:146).

In summary Feldman (1986) says that pay and the work itself are the most important sources of job satisfaction whereas, promotional opportunities and supervision are moderately important sources of job satisfaction, while the work group and working conditions are relatively minor sources of job satisfaction.

Fortunately, Mafikeng Provincial Hospital has been renovated to be a top class hospital amongst public hospitals in the province. Therefore, it is unlikely that employees at the hospital can complain about the working conditions.

Mullins (1999:632) provides additional factors contributing to job satisfaction:

- Alienation at work;
- The nature of technology;
- Stress attached to work;
- Work organisation and individual job design;
- Employee involvement;
- Flexible working arrangements and
- Quality circles.

By scrutinising the above mentioned, it is evitable that some of the factors given by Mullins (1999) are embedded within the job satisfaction factors provided by Ivancevich (2002), Luthans (1998), Bass (1979), Mullins (1999) and Robbins (2000).

6.4.6. Alienation at work

Beadwell (2001:189) says to suffer from alienation is to experience an estrangement from what is assumed to be one's own natural physical, mental and/ or intellectual essence. Mullins provides a definition of alienation expressed through Marx's views. He says it is the detachment of the person from his/her work role. Marx saw the division of labour in

pursuit of profit, and exploitation by employers, as a denial of the workers needs for self-expression, whereby workers became estranged from the product of their work leading to work no longer providing a satisfying experience in itself, but represented a means of satisfying other external demands. Beadwell says that it is argued that human beings have an inherent need to express and control their surroundings so that they may experience fulfillment and development (Beadwell, 2001: 189).

Blauner, in Mullins (1999) provides a description for the term. He says it can be described in terms of four dimensions, namely powerlessness, meaninglessness, isolation and self-estrangement (Mullins, 1999:632).

- **Powerlessness** denotes "the workers lack of control over management policy, immediate work processes, or conditions of employment";
- **Meaninglessness** "stems from standardisation and division of labour. It denotes the in ability to see the purpose of work done, or to identify with the total production process or finished product";
- **Isolation** is "not belonging to an integrated work group or to the social work organisation, and not being guided by group behaviour";
- **Self-estrangement** is "the failure to see work as an end in it or as a central life issue. Workers experience a depersonalised detachment, and work is seen solely as a means to end".

6.4.8. The Nature of Technology

According to Mullins (1999:632) technology relates to both the physical aspects of machines, equipment, processes and work layout and the actual methods and systems and procedures involved in the carrying out of work. He says that technology is for that reason a major influence on the general climate of the organisation and the behaviour of people at work.

Information technology, as part of technology can have a major influence on job satisfaction. Through information technology, a demand for new patterns of work organisation is necessitated, ending up affecting the nature and content of individual jobs, the function and structure of work groups, changes in the nature of supervision, the hierarchical structure of jobs and responsibilities, the employment conditions of staff and the management tasks (Mullins, 1999:636).

6.4.9. Stress associated with work

a. Stress and job satisfaction

Stress is "a dynamic condition in which an individual is confronted with the opportunity, constraint, or demand related to what he or she desires and for which the outcome is perceived to be both uncertain and important" (Robbins, 2003:577).

The nursing profession is one of the most stressful occupations. Nurses are exposed to stressful experiences caused by the exposure to terminally ill patients, responsibilities of doubling as social workers and mean treatment they receive from the patients. Robbins (2003) reports from research evidence, that jobs that provide a low level of variety, significance, autonomy, feedback and identity to incumbents create stress and reduce satisfaction and involvement in the job. Mullins (1999:637) maintains that one of the major adverse influences of job satisfaction, work performance and productivity, absenteeism and turnover is the incidence of stress at work. According to Boase (1997) stress, then is a perceived to be a demand that cannot be successfully dealt with within a reasonable period of time (Boase, 1997:37).

People may feel happy because they are doing well at work, or unhappy because they are performing poorly. Satisfied employees, who are free of stress, may therefore be more productive, and certainly dissatisfied workers may take their displeasure out on the company and produce less.

Robbins (2003) shares the same sentiments with the above authors. He reckons, that there is evidence that when people are placed in jobs that make multiple and conflicting demands or in which there a lack of clarity about the job incumbent's duties, authority and responsibilities, stress and dissatisfaction are increased. Similarly he says that the less control people have over the pace of their work, the greater the stress and dissatisfaction.

Erasmus (1998:51) holds similar views. He is of the idea that the nursing profession is a stressful occupation, whereby anyone will find constant interaction with sick people stressful. He provides factors, which contribute to stress, as frequent changes in policies and procedures.

A source of work stress according to Mullins (1999), arises from role congruence and role conflict, whereby an individuals are not sure of what to do at what time and under which circumstances. Mullins however, warns that role stress can lead to difficulties in communication and that interpersonal relationships in turn having possible effect on morale, performance and effectiveness at work and on health (Mullins, 1999:638).

b. Burnout

Burnout is "a distress psychological state that an employee might experience after being on the job for a period of time" (Spector, 1996: 293). The concept can also be defined as physical, emotional, and mental exhaustion resulting from prolonged exposure to stress situations (Vecchio, 2000:265) Spector says a person suffering from burnout is emotionally exhausted and has low work motivation. In a sense burnout involves being depressed about work and having little energy and enthusiasm for the job. Riggio (2003: 264) outlines what attributes to burnout:

- Unresolved interpersonal conflicts;
- Lack of clearly defined work tasks and responsibilities;
- Extreme overwork;

- Lack of appropriate rewards;
- Presence of inappropriate rewards and
- Presence of inappropriate punishment.

Spector (1996) reckons that job strains caused by burnout leads to job satisfaction.

A figure below shows this relationship.

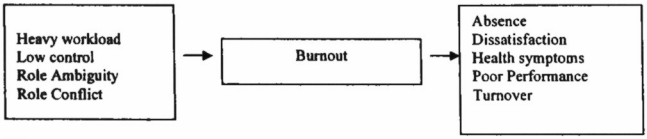

Figure 4. Job Stressors and job strains associated with burnout. Source: C.L. Cordes and T.W. Dougherty, " A review and an integration of research on research on job burnout," Academy of Management Review,18, 1993, p621-656

6.4.10. Individual Job Design

According to Swanepoel (2000) job design refers to the way tasks and responsibilities required to execute a particular job are structured (Swanepoel 2000: 229). Mullins (1999) suggests that it is primarily in the realm of job design that opportunity for constructive improvement of worker satisfaction appears to be high (Mullins, 1999:630). Earlier approaches to job design concentrated on restructuring of individual jobs and the application of three main methods:

- Job rotation;
- Job enlargement;
- Job enrichment.

Job rotation, the most basic form of job design, is all about moving a person from one task to another. Its purpose is to add some variety to remove boredom (Swanepoel 2000:232). Anthony (2003:302), adds that this concept also increases employee skills and duties which can add flexibility to the organisation.

Job enlargement involves increasing the scope of the job and the range a number of related operations, which are not complex, but remain basic and simple (Swanepoel 2000:232).

According to Mullins, job enrichment is the extension of the more basic job rotation and job enlargement methods of job design. He says that it arose out of Herzberg's two factor theory, because of its attempts to enrich the job by incorporating motivating or growth factors such as increased responsibility and involvement, opportunities for advancement and sense of achievement (Mullins, 1999:632). Swanepoel (2000:233) adds that job

enrichment focuses on increasing job depth by giving employees more discretion, autonomy, responsibility and control over their work.

The main methods of achieving job enrichment prearranged by (Mullins, 1999:632) are:

- The permission given to workers for greater freedom and control over the scheduling and pacing of their work as opposed to machine pacing;
- Allowing workers to undertake a full task cycle, build or assemble a complete product or component, or deliver a complete service;
- Providing workers with tasks or jobs, which challenge their abilities and make fuller use of their training, expertise and skills;
- Giving workers greater freedom to work in self managing teams with greater responsibility for monitoring their own performance and their minimum of direct supervision and
- Providing employees with opportunity to have greater direct contact with clients, consumers or users of the product or service.

According to Mullins (1999:645), there is generally minor doubt that restructuring the nature of work, and providing job enrichment by making it more interesting and challenging, do increase job satisfaction. Swanepoel (2000) says as a result of poor job design, work can be meaningless, boring and monotonous, leading to a feeling of apathy, carelessness, alienation and overall dissatisfaction.

6.4.11. Employee Involvement

Employee involvement refers to management initiatives to give employees the opportunity to become involved or to take part in the decision making processes related to their daily work and the operations of the organisation in general (Swanepoel 2000: 701). Robbins (2003;194) highlights that it encompasses popular ideas, such as employee participation or participative management, workplace democracy, empowerment and employee ownership. Mullins (1999) says that many organisations have discovered the benefits of effective employee involvement namely:

- Improved performance and productivity;
- Improved quality and customer care;
- A more co-corporate atmosphere in the workplace;
- Reduced staff turnover;
- Reduced lost time through absenteeism and disputes and
- Added value through drawing on the skills and knowledge of all employees.

Mullins (1999:655) postulates that successful employee involvement can take a number of different forms including:

- Effective communication sharing information and consultation;
- Financial participation;
- Involving staff-solving and commitment to quality management and
- Training and developing of employeesl.

6.4.13. Quality circles

A quality circle is "a group of employees who meet regularly to discuss their quality problems, investigate causes, recommend solutions and take corrective actions" (Robbins, 2003:196). Anthony (1999:305) suggests, that this concept is essentially "of the line" in the sense that those involved do not operate as a team on a daily basis all the time. In essence, Anthony postulates that they take time out periodically to address quality issues.

Venter (1997:25) says that value differences between management and workers in South Africa required high level of participation to bridge the gap. He reports that participation in organisation improvement can be done through quality circles.

Quality circles are essential to the quality of working life. They provide an opportunity for people at work to become more involved in matters, which have a bearing on the jobs (Mullins, 1999; 658). Hence, employee involvement through quality circles increases employees satisfaction.

6.4.14. Recognition and responsibility

Another, important facet not covered mostly in the literature is recognition. Recognition is important on deciding employees satisfaction.

Employee recognition programmes consist of personal attention, expressing interest, approval, and appreciation for a job well done (Robbins, 2003; 192). Recognition is the acknowledgement of an individual's or group's efforts, accomplishments, or contributions. When employees are recognised for their efforts and accomplishments, they experience positive feelings about themselves and their professional competence, which create an increased sense of self-worth (http//www.calib.com/nccanch/pubs/usermanuals/supercps/satisfy.cfm). Robbins (2003) reports that in the past, 1 500 employees were surveyed in a variety of work settings to find out what they considered to be the most powerful workplace motivator, picked up recognition. He adds that, referring to reinforcement theory, that rewarding behaviour with recognition, immediately, following that behaviour is likely to be repetition. According to the above-quoted website, supervisors can recognise staff efforts and accomplishments through:

- Award dinners or lunches;
- Allowing and encouraging staff to attend specialised training programs and conferences;

- Promoting staff or encouraging them to apply for promotions;
- Provision of genuinely positive performance evaluation and
- Highlighting staff efforts and contributions in unit meetings.

From a study held in the USA, based on the manner in which managers influence nurse job satisfaction, nurses' reported that their satisfaction was most influenced by the managers giving them recognition, praise and thanks.

Recognition of nurse efforts and accomplishments are seldom utilised in South Africa. It is imperative to note that recognition is not only limited to managers, but also to those that the nurses render their services to (community). The nursing profession used to be of high-status. As signs of admiration, they used to be offered free accommodation (nurses homes) and positions in the community forums. Adding to that, they were generally treasured just for who they were (social appreciation). Today nurses are no longer treated that way. They are blamed by society at large for poor service delivery. Neglect and failure to provide medication, is what patients more often complains about, not taking into consideration nurses' constraints, concerning medication shortage and understaffing. Positive signs though were exhibited in 2003 when nurses were awarded with Khomanani Health Worker Excellence Awards hosted by the State President at the Presidential Guest House in Pretoria. Nonetheless, this showed that nurses' efforts do not go unrecognised at all, but the question is whether this is enough.

6.4.16. Organisation Culture and job satisfaction

Organisational culture refers to a system of shared meaning held by members distinguishing an organisation from other organisations (Robbins, 2003:525). Bergh (2003:266) defines organisation culture as "the pattern or configuration of these two levels of characteristics that orients or directs organisation members to manage their problems and their surroundings."

According to Hodge (2003), organisation culture exists at two levels in an organisations- the observable traces or indicators and unobservable forces present in an organisation. Hodge says observable traces may include physical characteristics of the organisation such as architecture, artwork, dress patterns, language, stories, myths, behaviour, formal rules, rituals, ceremonies and appearance. Observable characteristics of culture are norms, beliefs, assumptions, ideology, and values and shared perceptions held by members of an organisation (Hodge, 2003:247). Figure 5 shows how organisation culture impacts on performance and satisfaction.

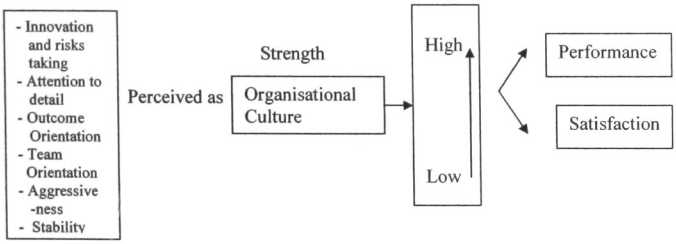

Figure 5: The impact of organisation culture and job satisfaction towards employee performance and satisfaction. Source: Robbins (2003:345), exhibit 18-7

This figure presented by Robbins (2003), depicts organisation culture as an intervening variable. Robbins reports that employee form an overall subjective perception of the organisation based on factors such as degree of risk tolerance, team emphasis and support of the people (Robbins, 2003:545).

7. EFFECTS OF JOB SATISFACTION/ DISSATISFACTION

According to Schermerhorn (2000:120), the importance of job satisfaction can be viewed from the decisions people make about their work. These are decisions to belong, that is, to join and remain a member of an organisation, the decision to perform, which is to work hard in pursuit of high levels of task performance, as well as the decision to be absent from work. Tossi (1995:221) says that the above-mentioned effects of job satisfaction can be expensive when they are out of control.

Examining the outcomes of job satisfaction, Luthans and other authors provide an analysis of specific sub-topics as follows:

7.1. Satisfaction and productivity/ performance

According to (Mullins, 1999:660), an attempt to understand the nature of job satisfaction and links to performance is not easy. Mullins says controversial question has raged over years and will be of continued debate for years. Ivancevich, however warns that job performance and employee productivity would continue to be a major management focus in the 21st century (Ivancevich, 2002:122).

7.1.2. Satisfaction causes productivity argument

A general perception is that a positive relationship exists between the two variables, but research evidence indicates otherwise. Kreitner (1998) highlights, that this has been a major controversy with organisational research. Early studies had prematurely concluded that happy workers are indeed productive workers. As a result, managers become enamoured with the idea of increasing job satisfaction in an attempt to resolve this controversy (Miner, 1992:120). The relationship between the two was examined for from 12 192 respondents sample. It was discovered that satisfaction and performance were slightly related.

According to Robbins, the reason we haven't got strong support for the satisfaction-causes-productivity thesis is because studies have focused on individuals rather than on the organisation and that individual measures of productivity don't take into consideration all the interactions and complexities in the work process. He concludes, by saying while we might not be able to say a happy worker is more productive, it is true that a happy organisation is more productive (Robbins, 2002:80).

Although it is clear, that performance and satisfaction are related, but not strongly, additional questions are posed as to what comes first, that is namely whether satisfaction might lead to performance/ productivity or performance might lead to satisfaction (Spector, 1996: 233). Mullins (1999) reports that a view associated with the early Human Relations approach, is that satisfaction leads to performance and that performance leads to satisfaction or the other way round (Mullins, 1999:630).

Below, the different relationships between the two concepts are analysed.

7.1.3. Relationship of job satisfaction to performance

The general views about the relationship are based on Ivancevich (1999), Schermerhorn (2000) and Boshoff (1994) sentiments and are as follows:

- Job satisfaction cause job performance;
- Job performance causes job satisfaction;
- The job satisfaction-job performance relationship is moderated by other variables such as rewards.

An illustration of the above-mentioned viewpoints are as follows:

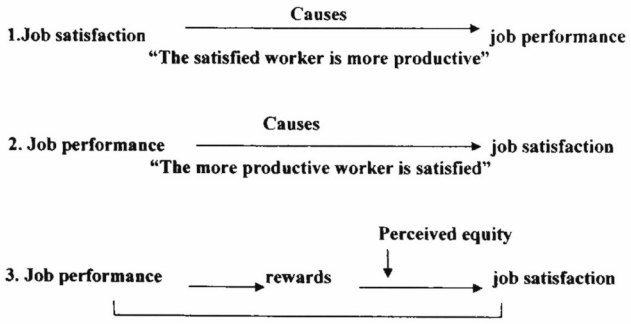

Figure 6: Illustration of job satisfaction and performance relationships

Ivancevich (2002:123), reports that the first two statements have mixed, but generally weak, research support. He says most studies dealing with the performance and satisfaction relationship have found a low association between performance and satisfaction. Schermerhorn (2000), however reports that if job satisfaction is the cause of a high level of performance, the message to managers is to increase employee satisfaction, but he doubt that this can happen, given that there is no simple and direct research evidence to support the satisfaction-causes-performance argument. Schermerhorn however, warned that some evidence suggests that the relationship holds better for professional or higher level employees than for non-professionals or those at lower job levels. The third view, given by Ivancevich, suggests that satisfaction and performance are related only under certain conditions. A number of other factors, such as employee participation, have been posited as affecting the relationship. Most attention, however, is focused on rewards as moderating factor towards the relationship Luthans (1998) & Mullins (2002).

7.1.4. Present-day view of the satisfaction-productivity relationship

A contemporary review of research, indicates that moderating variables improve the strength of the relationship between the two (Robbins, 2000:384).

The most recent evidence provides renewed support for the original satisfaction productivity relationship. According to Robbins (2000:384), when satisfaction and productivity data is gathered for the organisation, more satisfied employees tend to be more effective than the organisation with less satisfied employees.

7.2. Satisfaction and Turnover

Just like absenteeism, there are difficulties in defining and measuring turnover (Riggio, 2003:230). Luthans (1998:147) reports that research has uncovered a positive relationship between satisfaction and turnover, meaning that job satisfaction results in lower turnover rates.

It is said in the website (http://www.performance-unlimited.com) that employees retention and turnover are the most objective measures of employees satisfaction/dissatisfaction in organisation. It is estimated that as a result of turnover, companies incur costs ranging from R 80 000 per person depending on the position, while retention actually increases revenues. According to the Harvard Business Review five percent increase in retention results in 10 percent decrease in costs and a productivity increase ranging from 25 to 65 percent (http://www.performance-unlimited.com).

Turnover is thus costly to organisations, because losing a valuable employee means reduced organisational productivity and increased expenses associated with hiring and training a replacement, thus disrupting organisational continuity (Riggio, 2003:230).This sentiment aptly is echoed by Kreitner (1998), who further contents that this concept is essential for the managers

7.2.1. Different types of turnover

There are two kinds of turnover, namely voluntary and involuntary turnover. Riggio (2003:230) maintains, that involuntary turnover occurs when an employee is fired or laid off. He reports, that if a certain amount of involuntary turnover occurs it can be considered beneficial. Voluntary turnover takes place when employee leaves to work elsewhere. Riggio reckons, that when examining the relationships between job satisfaction and other outcome variables such as turnover, it is important to consider the type of turnover being measured. According to Riggio there is a school of thought, which maintains that voluntary turnover is likely to be influenced by a lack of job satisfaction, while involuntary turnover is not.

A recent survey conducted on 1000 nursing homes, by the American Nurses' Association, estimated the annual turnover among nurses' to be almost 19 percent. To avoid problems, some facilities have resorted to employing temporary agency to fill staff shortages. This predicament, evitable in the first world countries has influenced the job dissatisfied or unemployed nurses in developing countries (South Africa inclusive) to cross the shores in search of greener pastures overseas (http://www.napa.ufl.edu/old news/nurses.htm)

Kaplan, Boshoff and Kellerman cited by Erasmus (1998:51) report, that South African nurses experience less job satisfaction than their counterparts in the Health fraternity, such as Dieticians, Radiographers and Doctors. They reveal that given these low levels of job satisfaction, it is thus not surprising that South African Health care has been compromised by Nurses' strike action, high turnover and drop in student numbers resulting to shortage of nurses.

7.2.2. Factors leading to nurse turnover

A report by Hudson (1991) is that health services in South Africa is in a crisis state. Nurses resign because of the tremendous workload, emotional demands and low salary packages. Kaplan in Erasmus (1998:51) found that South African Nurses have high job involvement, but have low job satisfaction. As a result, the number of nurses leaving the country every year to work overseas has increased sevenfold over the past decade or so (Bateman, 2001:107). Dr Percy Mahlati, CEO of the South Africa Medical Association, says improved local salaries and conditions of service should be priorities (Bateman, 2001:107).

According to Luthans (1998:147), high job satisfaction will not in and of itself, keep turnover low, however it does help to decrease it. On the other hand, if there is considerable job dissatisfaction, there is likely to be turnover.

Miner (1992) reports clear circumstances under which dissatisfied employees do not leave. He provides an instance, whereby labour market conditions are such that jobs are hard to find, and the normal relationship between satisfaction and turnover is disrupted. Robbins (2003), adds that expectations about other opportunities and employee service with an organisation also contribute to an employee's decision to leave. Another point, Miner highlighted is the strong job satisfaction turnover relationship among the low rated employees. A person who is dissatisfied and viewed as a poor worker is particularly likely to leave. In contrast, good performers, both those who are satisfied and those who are not, are likely to leave their jobs, not because they are offered to leave their jobs, but because they are offered strong inducements which seem to override dissatisfaction (Miner, 1992:121-121).

Robbins (2003) adds that the level of satisfaction is less important in predicting turnover for superior performers, because of organisational efforts to keep these individuals. Organisations would increase their salaries, praise them, give them recognition and provide them with promotional opportunities. On the other hand, for poor perfomers almost no attempts are made by the organisation to retain them. They rather encourage them to quit. Robbins conclusions are that regardless of the level of satisfaction, superior performers are likely to remain with the organisation, because of the incentives they are bound to receive such as recognition, praise, and other rewards. A good performance appraisal system, such as Performance Management and Development Systems helps to identify superior performers. This is the newly introduced system for public servants nurses' included. At Mafikeng Provincial Hospital, this system has been initiated, but it is not yet reached advanced stages wherein employees have been rewarded for their good work, hence, superior performers are likely to resign expressing dissatisfaction.

7.3. Satisfaction and absenteeism

7.3.1. The impact of absenteeism on organisations

According to Hamilton-Atwell (2003), absenteeism is considered to be one of the most complex employee problems, associated with a range of variables, as well as an array of classifications.

This construct is costly, and managers are constantly on the lookout for ways to reduce it (Weiten, 1992:640). Reduction of absenteeism is one of the most effective, but often the most overlooked methods of reducing organisations' costs (Hamilton-Atwell, 2003:56).

Research suggests that absenteeism can cost the organisation between one and three times an employees salary/wage (Boase, 1995:84). A recommendation to increase job satisfaction is made. If this is a valid recommendation, there should be a strong negative relationship or negative correlation between job satisfaction and absenteeism. In other words, when satisfaction increase, absenteeism should decrease. In contrast to this, a researcher tracked this prediction by synthesising three separate meta-analysis. Results, revealed a weak negative relationship between satisfaction and absenteeism. It is unlikely, therefore, that managers will realise any significant decrease in absenteeism by increasing job satisfaction (Kreitner, 1998: 208).

7.3.2. Relationship between job satisfaction and absenteeism

An interesting statement given by Spector (1996), is that absence from work is the by-product of employee job dissatisfaction, implying that those who dislike their jobs will be more likely to miss work than people who like their jobs.

Taylor (1992:31) reports that difficulties associated with individual cases of absenteeism are largely centred on the rather vague criteria for granting sick leave, because majority of cases of uncontrollable individual absenteeism manifests itself in the form of sick leave.

Kohler and Mathleu in Spector (1996:234) add that one possible reason for the small relationship, between satisfaction and absenteeism is that a person can be absent for many reasons including illness, family member illness, especially that of children, personal business and fatigue.

Robbins (2002) gives an example of an organisation, which provides liberal sick leave benefits. The provision of leave would encourage all employees including those who are highly satisfied to take days off. Employees would stay off work to enjoy days off with no penalties (Robbins, 2002:78). He also provides an illustration of a study of how satisfaction directly leads to attendance. He gives an example of employees working at the same organisation at two headquarters located at two different cities, whereby one city was hit by a snowstorm, whilst the other one had nice quiet weather. He says, the interesting dimension in that study is that the employees at a city experiencing the

snowstorm gave the employees in that city what he termed a "built-in excuse" not to come to work. The storm had crippled the city transportation, and individuals knew they could miss work that day with no penalty (Robbins, 2002:78). This experience, consequently permitted a comparison of attendance records for satisfied and dissatisfied employees at two locations, one where the employees were expected to be at work (with normal pressures for attendance), and the other where employees were free to choose with no penalty involved.

Nurses' often miss work. The provision for leave in the public service encourage all nurses' to take days off, knowing that the provision of leave, especially sick leave will cover them from possible penalties. Fatigue, social and study commitments are the most frequent reasons for nurses' absences. Therefore, it is difficult to identify those who are satisfied with their jobs and those who are not.

From these statements, Spector (1992) says that, the overall occurrence of absenteeism is not likely to have a strong relationship with job satisfaction. However, if reasons for absence are considered the relationships might be stronger. Those employees who are less satisfied tend to be absent more often. Luthans (1998) however, stresses that research has demonstrated an inverse relationship between satisfaction and absenteeism. Based on this evidence, it has been found that when satisfaction is high, absenteeism tends to be low, when satisfaction is low, absenteeism tends to high. However, he gives moderating variables, such as the degree to which people feel about their jobs. He provides an example of research among government employees, wherein, it was found that those that believed that their work was important had lower absenteeism rates than those who believed that their work was not as important. Furthermore, Luthans reports that it is imperative to remember that while high job satisfaction will not necessarily result in low absenteeism, low job satisfaction is likely to bring about high absenteeism.

7.4. Satisfaction and Union Activity

Recently there has been strikes and disputes almost every year between nurses' unions and the government. According to Miner (1992), the discrepancy between job satisfaction and job dissatisfaction can be clearly indicated through the level of union activities the employees engaged in. He says that dissatisfied employees are more likely to vote for a union and employee groups wherein dissatisfaction is pronounced. Since the 1970's, evidence has been that job dissatisfaction is one of the reasons why employees join unions (Feldman, 1986: 204). The findings from a study conducted in 1976 by Getman, Goldberg and Herman was that employees initial interest in unionisation is based on dissatisfaction with working conditions, more especially when the employers had violated employees expectations by not keeping wages according to inflation rates or by not removing safety hazards and capricious disciplinary measures. In the study of 31 union representative elections, Getman, Goldberg and Herman, found that knowing an employee initial satisfaction allows predicting the employees vote with 75 percent accuracy. Dissatisfaction with wages, job security, fringe benefits, treatment by supervisors and chances for promotions were all significantly correlated with a vote for union representation. Brett (1980), Hammor and Smith (1978) found similar results for

62 000 employee (Feldman, 1986: 204). Provision of job security continues to be an important issue encouraging employees to join unions (Anthony 1999:604). Contrary to the 1960's were jobs were plentiful and employment was steady, job security issues were often considered (Anthony 1999:604). Feldman says, under such circumstances, employees realise that their power is not stronger enough to deal with employers and as a result collective action may only be a solution. Feldman concludes that satisfied employees are seldom interested in unions, given that they don't perceive they need them (Feldman, 1986:204.

Some time around February 2004, there was a dispute on annual salary increases, whereby one of the major nurses' unions namely the National Allied Health and Welfare Union (NEHAWU) proposed five percent against one percent offered by the government. Through the Public Service Co-ordinating Bargaining Chamber, the dispute couldn't be resolved and the dispute was taken to the Labour Court where NEHAWU lost.

Another incident, which almost cause a deadlock around February 2004 at Mafikeng Provincial Hospital was rural allowance, which did not cover the Hospital, though situated in a rural area. During one of the researcher's appointments to the hospital, employees were seen sending a memorandum of grievances to the management about this issue. These two episodes caused a lot of dissatisfaction amongst the nurses, which almost caused a deadlock.

7.5. Satisfaction and Independent features of the job

Schultz (1999:250) pronounces that for some employees, job satisfaction is stable, enduring characteristic and independent features of the job. Schultz reports that changes in job status, pay, working conditions and goals have little effect on the job satisfaction of some people, meaning that their personal tendency towards happiness (satisfaction) or unhappiness (dissatisfaction) varies over time and circumstances.

He provides an example of research, conducted on identical twins. The research concludes that work attitudes and the outcomes or satisfaction may be inherited. The research suggests that these attitudes and outcomes may be influenced more by our generic endowment than by features of our work environment. Research, for that reason indicates that between 30 and 40 percent of job satisfaction may be related to generic factors, but a certain degree of this inherited predisposition toward dissatisfaction or satisfaction has drawn criticism and additional research has been called for (Cropanzo;& James; Newton & Keenan in (Schultz, 1999:250).

Furthermore, according to Schultz (1999), research suggests varied satisfaction patterns, involving both work related and personal attitudes that may characterise people. He gives an example, cited from Shaefer (1987), whereby 360 male college graduates, tested after they had held full time jobs for 5–6 years. The findings suggested that some people are generally more satisfied with life, therefore scoring high in both work and non-work satisfaction.

A handful of studies have confirmed that job satisfaction is related to all aspects of life. Implying that, people with positive attitudes towards their work are likely to have positive feelings about their personal and family life (Schultz, 1999:250).

8. EXPRESSIONS OF JOB DISSATISFACTION

Employees express dissatisfaction in varied ways (Robbins, 2002:79). Through observation, it is possible to conclude, that Mafikeng Hospital nurses' satisfaction status, by monitoring at the first three of those stated below expressions of job dissatisfaction.

- Exit;
- Voice;
- Neglect and
- Loyalty.

Robbins provides a model of responses to job dissatisfaction. According to Robbins (2002), exit and neglect behaviours tie employees performance variable that is productivity, absenteeism and turnover. This model adopted from Rusbult and Lowery (1985) expands employees response to include voice and loyalty, the constructive behaviours that allow individuals to tolerate unpleasant situations or to revise satisfactory working conditions. Response to dissatisfaction model is provided below.

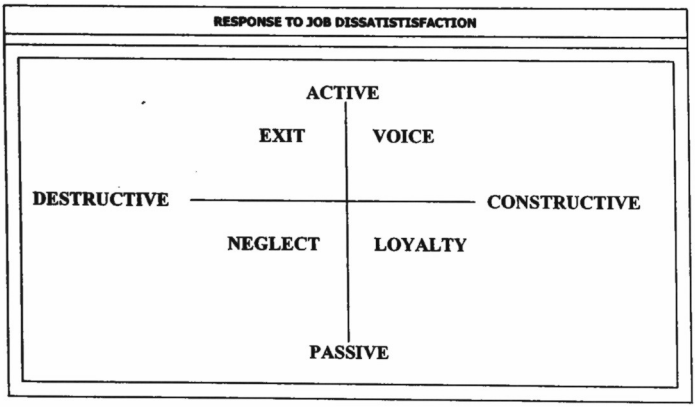

Figure 7: Response to job satisfaction model. Source: C Rusbult and D.Lowery, "When Bureaucrats Get the Blues," Journal of Applied Social Psychology, vol.15, no.1, 1985,p.83.

8.1. Exit

Exit can be defined as "dissatisfaction expressed through behaviour directed towards leaving an organisation" (Robbins, 2002:79). It implies leaving an organisation. It is based upon those employees departing from an organisation, which might be through resignations (Robbins, 2002:79).

8.2. Voice

Robbins defines voice, as dissatisfaction expressed through active and constructive attempts to improve conditions. This expression entails the act of constructive attempts to suggest improvements. An employee actively and constructively attempts to improve conditions. This may include suggestion for improvement, discussion of problems with supervisors and union involvement through grievances procedures and picketing (Robbins, 2002:79).

Unionised employees, in most cases, express dissatisfaction through grievance procedure or through formal contract negotiations. These voice mechanisms allow the union members to continue in their jobs, while convinced that something will be done to improve the situation.

8.3. Neglect

According to Robbins (2002), neglect is dissatisfaction expressed through allowing conditions to worsen. Sometimes employees passively allow conditions to worsen, unlawfully taking days off, coming late to work, reducing their efforts to work assignments and having increased error rate (accidents) (Robbins, 2002:79).

8.4. Loyalty

Loyalty, means dissatisfaction expressed by passively waiting for the conditions to improve, whereby employees passively, but optimistically wait for conditions to improve. According to Robbins, this includes, speaking up for the organisation in the face of external criticism and trusting that the organisation and its management will do something right (Robbins, 2002:79).

9. CONCLUSION

The importance of job satisfaction to the dynamics of the workforce singled it out as one of the most widely discussed and researched topics. Silberstand (1996) reports that satisfied workers have been found to be more committed to organisations, have more favourable attitudes towards work and the organisation, more conscientious, likely to help co-workers, have greater willingness to report unethical behaviours and less likely to leave their jobs, than it is with dissatisfied workers (http://www.geocities.com/Paris/Café/ /5839/writings/satisfaction.html).

The above mentioned attitudes, essential for job satisfaction are accomplished through intrinsic as well as extrinsic work values such as, job security, salary, fringe benefits, and work schedules. The proposition then is that job satisfaction is a desirable outcome in the work environment.

Moreover, in South Africa, indications of possible nurses' job dissatisfaction have been highlighted, through loss of nurse manpower to overseas states and nurses' union involvement. The researcher intentions is to uncover nurse dissatisfaction using these job dissatisfactions expressions, as well as work values essential for realisation of job satisfaction.

The next chapter highlights how nurses' job satisfaction at Mafikeng Provincial Hospital is investigated. Also in chapter three, the researcher explains the reasons for choosing certain research methods ahead of others.

CHAPTER 3

RESEARCH METHODOLOGY

1. INTRODUCTION

Research projects require combination of different types of investigation. However, in social and human sciences, descriptive research precedes other types of research, because before progress can be made in solving certain problems one needs to know what existing facts and prevailing conditions are (Behr, 1988:96). According to Bless and Higson-Smith (2000:37) in descriptive research, the researcher is merely interested in describing a phenomenon. While, this type of research is essentially concerned with the conditions as they are, it nevertheless involves much more than mere fact gathering. Lovell and Lawson in Behr (1988) define descriptive research as research "concerned with conditions that exist, practices that prevail, beliefs and attitudes that are held, processes that are ongoing and trends that are developing" (Behr, 1988:96). It is because of the above-mentioned reasons, that the researcher adopted descriptive research to study the job satisfaction of health professionals at Mafikeng Provincial Hospital.

2. DESCRIPTION OF THE ORGANISATION

2.1. Description of Mafikeng Provincial Hospital

Mafikeng Provincial hospital is incorporated within Mafikeng/Bophelong Hospital Complex and its main service is to render health care services, through health promotion programmes, as well as preventive and curative health care services. Most of Mafikeng Provincial Hospital's employees are female and African. At the time of conducting the study the records showed that the hospital had 365 nurses' on payroll.

2.2. Population of Interest

This study is focused on the nurses. At the time of this conducting this study, the hospital's nursing component was composed the following occupational groupings:

- Assistant Directors: Nursing;
- Zonal Managers;
- Chief Professional Nurses';
- Senior Professional Nurses';
- Professional Nurses';
- Senior Enrolled Nurses';
- Enrolled Nurses';
- Senior Nursing Auxiliaries and
- Nursing Auxiliaries.

Information about occupational groupings, gender and the overall number of nurses is shown in the table below.

Table 1: Description of Nurses' population at Mafikeng Provincial Hospital

OCCUPATION AL GROUPS	AFRICAN		COLOURED		ASIAN		WHITE	
	M	Female	M	F	Male	F	M	F
ASSISTANT DIRECTOR: NURSING								
	1	2	-	-	-	-	-	-
ZONAL MANAGER								
		7	-	-	-	-	-	-
CHIEF PROFESSIONAL NURSE								
	2	82	-	-	-	-	-	-
SENIOR PROFESSIONAL NURSE								
		12	-	-	-	-	-	-
PROFESSIONAL NURSE								
	6	33	-	-	-	-	-	-
SENIOR ENROLLED NURSE								
	2	84	-	-	-	-	-	-
ENROLLED NURSES								
		30	-	-	-	-	-	-
SENIOR NURSING AUXILLIARIES								
	7	107	-	-	-	-	-	-
NURSING AUXILLIARIES								
		1	-	-	-	-	-	-
TOTAL	18	358	-	-	-	-	-	-
GRAND TOTAL	376							

2.3. Sampling Technique

In most research studies, especially in the human and social sciences, the populations being studied are too large, hence one must utilise samples. The researcher selected the stratified sampling technique, in order to provide for all job categories.

The principle of this technique, is to divide a population into different groups, called strata, so that each element of the population belongs to one stratum (Bless & Higson-Smith, 2000:89). Then, within each stratum random sampling for each element in a population is performed, using either the simple or the interval sampling method. For this study, the researcher chose the simple random sampling method, which provides an equal opportunity of selection for each element in a population. According to Bless and Higson-Smith (2000), this technique increases the availability of adequate lists and facilitates selection of a simple random sample without decreasing the quality of the sample in any way (Bless & Higson-Smith 2000:89). Furthermore, the authors say that it allows for any small minority to be properly represented. The researcher selected this method for the above-mentioned reasons.

According to these authors, the most common technique for selecting randomly is a lottery technique, where a symbol for each unit of the population is placed in a container, mixed well and then the "lucky" numbers drawn that constitute the sample. The symbol for each unit of the population can be names of participants, written on identical pieces of paper, or numbers assigned to each participant. A sample size must be established beforehand, otherwise one would not know how many "symbols" to draw.

Utilising the simple random stratified sampling technique the researcher divided 376 nurses' into different groups (occupational groups) or strata. Subsequently, from each and every group/strata sampling was performed, whereby equal opportunity of selection was provided for each element within each stratum of the population consisting of the total of 376 nurses' (Bless, Higson-Smith 2000:87). In this study, a sample of fifty nurses' was required. Gender and age were not considered, but only job categories were considered.

2.4. Sample description of Mafikeng Provincial Hospital Nurses

Bless and Higson-Smith (2000:89-90) say since the proportion of the different strata within the sample must be the same as that for the population, the size of each stratum is calculated in proportion to the total population.

The ratio of the population is given in the following formula:

F=n/N = size of the sample/size of the population

F = 50/376
= 0.133

Table 2: Proportion of Sampled Nurses'

Occupational Groups	No of Nurses'	Sample Proportion	Sample (Rounded Off)
Assistant Directors: Nursing	3	0.3989361	1
Zonal Managers	7	0.9308509	1
Chief Professional Nurses'	84	11.170211	11
Senior Professional Nurses'	12	1.595744	2
Professional Nurses'	39	5.1861693	5
Senior Enrolled Nurses'	86	11.436168	11
Enrolled Nurses'	30	3.989361	4
Senior Nursing Auxiliaries	114	15.159572	14
Nursing Auxiliaries	1	0.1329787	1
TOTAL	376	50	50

3. RESEARCH DESIGN/METHODOLOGY

3.1. Quantitative and qualitative approaches

There are two basic types of research, namely quantitative and qualitative (http://www.Surfwest.org.uk/getting_involved.doc). Quantitative research engage statistical analysis of data, while on the other hand, qualitative research focuses on the way people interpret and make sense of their experiences and the world they live in, by seeking to understand why and how things happen. According to Bless and Higson – Smith (2000) ,quantitative research relies on measurement to compare and analyse different variables, while in contrast, qualitative research uses qualifying words or descriptions to record aspects of the world, this study covers both approaches.

According to website (http://www.Surfwest.org.uk/getting_involved.doc). Information acquired through qualitative research is less structured than in quantitative research, and it is analysed in a non-mathematical way. The data can thus be obtained in various ways, such as through interviews, focus groups, observations and documents (http://www.Surfwest.org.uk/getting_involved.doc).

3.2. Descriptive Research

Descriptive research is a social research method, with the primary aim of describing, rather than explaining a particular phenomenon. The researcher's interest is in describing a phenomenon (Bless & Higson-Smith, 2000:37). Hence, for this study the researcher aims at describing general satisfaction of nurses at Mafikeng Provincial Hospital.

4. DATA COLLECTION INSTRUMENTS AND TECHNIQUES

According to Behr (1988) a number of data gathering instruments can be used in descriptive research. The particular instrument used depends upon the nature of the investigation. In general, questionnaires and interview are used mostly.

4.1. Questionnaires

According to Bless and Higson-Smith (2000), this method is based on "an established set of questions with fixed wording and sequence of presentation, as well as more or less precise indications of how to answer each question". Questionnaires may be classified either according to the kind of questions set, to who answers the questions, about who. According to Behr (1988) questions may be asked in a closed or open form, or in combination. Closed question requires the respondent to place a tick, mark, or draw a line alongside several provided possible answers (Behr, 1988:157). On the other hand, the open form of questions enables the respondent to reply as he likes and does not confine

him to a single alternative. Through the closed form of question, answering is made easier for the researcher to code and classify the responses (Behr, 1988:157). However, the fixed form of alternative answers may have the effect of forcing the respondents to think along certain lines, which he might not have done, had he been left to make his own responses.

Behr (1988:157) strongly advocates for open-ended questions, which mostly suitable to the qualitative approach. He says open-ended questions enables the respondent to state the case freely and possibly give reasons, probing deeper than the closed form. The open-ended or free response questionnaire frequently goes beyond statistical data or factual information, hidden motivations that lie behind attitudes, interests, preferences and decisions. However, the work of tabulating and summarising the responses is time-consuming and often very tricky. In practice though, Behr postulates that questionnaires should contain both the open and closed form of questions so that responses of both forms can be checked and compared (Behr, 1988:157).

4.1.1. Advantages of Questionnaires

Based on Bless and Higsson (2000) sentiments, questionnaires are essential, because a large coverage of population can be realised with little time and cost. Moreover, the two adds that, since the respondents are asked to mail back the filled-out questionnaires without indicating their names, anonymity is assured enabling them to be honest in their answers.

4.1.2. Disadvantages of Questionnaires

Before utilising questionnaires as a method of collecting data, the researcher has to be familarised with its disadvantages. A possibility may be that people other than those sampled complete the questionnaires. Furthermore, Bless and Higson-Smith (2000:109) suggest that the response rate of mailed questionnaires has a tendency of being low. The two say too often from questionnaires sent out, only 20 percent to 40 percent are returned. Another disadvantage outlined by both Bless and Higson-Smith is that mailed questionnaires require respondents to be sufficiently familiar with the language used.

Another data gathering method is discussed herein below.

4.2. Interviews

4.2.1. The Research Interview

Behr (1988:150) views interviews as a direct method of obtaining information in a face-to-face situation. An interview involves direct personal contact with the participant who is asked to answer questions relating to the research problem (Bless & Higson- Smith, 2000:105). Interviews are used in research, personnel selection, vocational guidance, counseling, medical and psychiatric diagnosis. In line with the purpose of this study however, research interview is of interest.

4.2.1.1. Types of research interviews

Research interviews are classified according to their purpose and design. In terms of purpose, interviews seek either objective information in the form of attitudes, beliefs and opinions. In terms of design, interviews can either be structured or unstructured (Behr, 1988:151).

a. The Structured Interview

A structured or standardised interview has a detailed procedure to be followed, the wording of the questions, instructions and the method of coding or categorising the answers (Behr, 1988:151).

b. Unstructured Interview

In this type of interview, Behr says the series of questions to be asked are also prepared beforehand, but the interviewer is permitted to use his discretion and to depart from the set questions (Behr, 1988; 151). Bless and Higson- Smith (2000) state that those interviewed are free to expand on the topic as they see fit, to focus on particular aspects and to relate to their own experiences.

c. Advantages of research interviews

Behr (1988), reports that the flexibility of the approach is particularly valuable when information is sought from children or illiterates. According to Behr (1988) interviews can be used in the initial stages of a project to seek information, or to supplement other findings. Bless and Higson- Smith (2000), add on that interviews can ensure that all items on the questionnaires have been considered and that respondents do not leave out difficult questions, whilst at the same time encouraging and reassuring them to persuade with the process.

d. Disadvantages of research interviews

Generally, research interviews are time consuming, expensive and often difficult to arrange. Interviewers, has to spend number of hours interviewing participants and they may also be obliged to travel extensively to reach their respondents (Bless & Higson-Smith, 2000:1080. One of the disadvantages of this approach is that it is difficult to compare the data obtained from various respondents, so as to arrive at reliable generalisations (Behr, 1988:152). Lastly, according to Bless and Higson the presence of an interviewer can be perceived as a handicap as far as anonymity and respect for private life of the interviewees are concerned. These authors say that respondents may be embarrassed by questions, which touch on confidential and private issues.

e. Conducting research interviews

In conducting an interview, the most important task is to establish rapport with an interviewee.

Interviews as a result, are sometimes preferred to written questionnaires, particularly where complex topics are involved, or where the investigation concerns matters of a personal nature (Behr, 1988:151).

4.3. Records

Records are non-reactive research method. According to Bless and Higson-Smith (2000), the information about the respondent is gathered without direct interaction. The researcher use archival records, published statistics like demographic records of births and deaths, judicial records, like court decisions or election results, crime statistics and educational data.

References are also made to institutional publications, data published by the private sector, as well as personal documents, biographies, historical documents, medical and other scientific records.

In all of these cases, Bless and Higson-Smith postulate that the respondents are not aware that they are the subjects of the study and this eliminates some biases (Bless & Higson-Smith, 2000:123).

4.4. Data collection method and procedure

Questionnaires were the main method that the researcher initially opted for, but unfortunately some of the problems mentioned below were experienced.

According to Behr (1988:162) a serious disadvantage of questionnaires sent either personally or by post is a high proportion of non-replies. A large percentage of nurses failed to respond when questionnaires were distributed to them. Because of this constraint, only a few questionnaires were returned and it was then that the researcher decided to change the data gathering strategy. Even though time consuming, the researcher decided to apply the interview-questionnaire method, whereby sampled nurses were asked to participate in interview sessions. The procedure was to read the questions to sampled nurses and ticking the rating scale for the response for each question. Some nurses, within their respective wards, decided to respond to the questions as a team, giving their general job satisfaction as a unit. Besides the above-mentioned limitations the researcher managed to gather the data required.

In addition, to the above-mentioned method, records were also make use of, to solicit on a wide range of general information about the hospital and its staff. Interviews were also held with the nurses as investigative research tool.

5. Statistical Analysis Techniques

Bless and Kathuria (2000) say that in order to describe a situation, a phenomenon and a group of persons, as well as to test the correctness of a hypothesis or to measure the relationship of variables a method of analysis is required.

According to Bless and Kathuria (2000) statistics have probabilities of either being descriptive or inferential. Descriptive statistics aim at presenting the multiplicity of the collected data in a coherent and functional way. While on the other hand, inferential statistics is concerned with generalisation from a sample to make estimates about the wider population, whereby the reliability of the generalisation will depend on the extent to which the sample mirrors the population (Behr,1988:160).

Descriptive statistical techniques used were:

- Graphs;
- Percentages and
- Tables

According to Riggio (2003:46) the above-mentioned describe data in ways that give the researcher general idea of the results.

6. Conclusion

This study about nurses' job satisfaction at Mafikeng Provincial Hospital is given within the parameters of social science research, with the aim of determining the level of job satisfaction. The two instruments, questionnaires and unstructured interviews were engaged to solicit information on satisfaction, with descriptive statistics selected to the turn raw data, into meaningful construct.

The next chapter covers statistical analysis and presentation of data.

CHAPTER 4

PRESENTATION AND ANALYSIS OF DATA

1. INTRODUCTION

The data was collected mainly by means of written questionnaires (see appendix 1). A total number of 50 nurses (see table 2) were requested to complete questionnaires, which were then analysed to find the general nurse feelings about their job. Nurse progression/ promotion records from 2001 until 2005 were requested from the hospital Human Resources Section. The research questionnaires were distributed and collected from the respondents for the 2003/2004 financial year.

2. QUESTIONNAIRE DEVELOPMENT

Questionnaire's main focus was to obtain information from the target population based on their general feelings within different facets of the job. These questions constituted of fifty questions, based on various facets of the job, such as pay, supervision, co-workers, conditions of the work and nature of the job.

3. DATA COLLECTED FROM QUESTIONNAIRES

The figures below (3.1 - 3.50) shows the degree of satisfaction for each questionnaire response using bar graphs and pie charts from a total number of 50 nurses. The responses were scored on a 5-point scale ranging from very dissatisfied to very satisfied (see Appendix 1).

3.1 PRAISE

Praise can be utilised by the supervisors to acknowledge staff efforts and accomplishments as outlined in the Public Service document of Performance Management Development. According to the document, incentives and rewards are to be awarded to acknowledge employees good performance and to motivate those who are performing above the agreed upon standards. These acknowledgements may be in monetary or non-monetary form. There is a likelihood that employees may not appreciate what has been offered especially if that reward is non-monetary, because there is a tendency by the public to prefer monetary rewards ahead of the rest. According to

Luthans(1998), this is attributed to lack of information or ignorance in terms of what is offered. The figure below confirms.

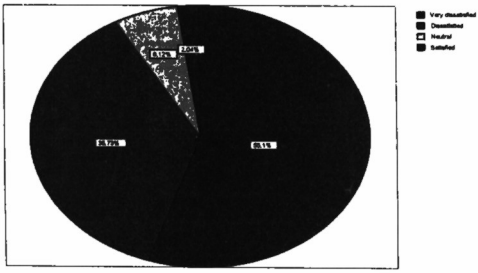

Figure 3.1 Praise

According to the above figure most (92%) of the respondents were not satisfied with the level of appraisal they got for doing a good job. The high percentage of dissatisfaction may be caused by the performance management system, which has not yet reached its advanced stage at the Hospital, in terms of acknowledging performance through praise. Employee preferences/ choice in terms of what they value possibly may be the other reason for dissatisfaction. The response for those who are neutrals or satisfied with praise was very poor constituting only less than (8%) of the sampled population. As a result nothing can be drawn from this.

3.2 CHANCE FOR ADVANCEMENT

Individuals can advance in a job through allocations of new/challenging responsibilities and promotions. The latter is likely to be favoured most, because it involves direct monetary gains. Economically, having to stay in one position for a longer period means that the budget cannot accommodate the future needs in terms of property and capital investments. Moreover, being stagnant impacts negatively on ever-rising inflation rates and the pain of seeing fellow colleagues succeed. Vroom in Feldman (1986) reckons that promotions to a higher level in the same organisation involve changes in supervision, job content co-workers and pay. Vroom says jobs, which are of higher level, are generally

more highly paid and less repetitive, provide freedom and require less physical effort than jobs at lower levels. The analysis from the above is that if people advance from one level to another (promotions) are likely to be satisfied with other facet of the job most notably supervision, pay, job content and co-workers. Therefore, promotions are advocated for. The figure below shows degree of satisfaction aligned with chances of advancement on the job.

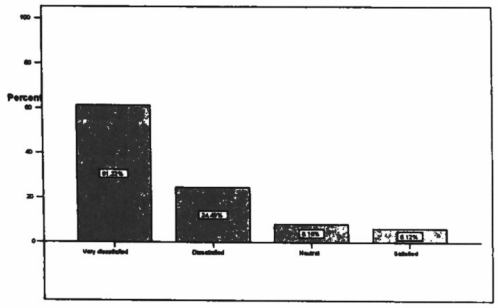

Figure 3.2 Chance for advancement

Majority of the sampled nurses' at Mafikeng Provincial Hospital are those at lower salary levels and are likely to be dissatisfied with the chances of advancement as it is shown on the above figure. This feeling emanates from Luthans findings that promotions for executive promotions (High salary level promotions) are not as much satisfying as lower salary promotions. The other factor influencing dissatisfaction is likely to be education levels and experience of the nurses. Employees are not only promoted through seniority. Qualifications and the will to apply for vacant posts also play a very important role. The discrepancy between the degree of satisfaction and dissatisfaction is vast. Almost the entire populations of the sampled nurses were dissatisfied with the chance of advancement.

Another problem, which seek research intervention for clarity is that more often the young and the learned seemed to be hopping from job to other searching from greener pastures. Least is to be said about the other group. Not much effort is taken to apply for posts, hence dissatisfaction with chance of advancement. Satisfied employees (6%) are likely to be the younger employees or those at managerial positions.

3.3 SATISFIED WITH THE PRIDE

A figure showing the extent to which nurses are satisfied with the pride within a job is furnished below. A feeling of pleasure and satisfaction when one has done well impacts on the overall job satisfaction. With pride in job well-done employees are bound to have positive attitudes towards their work and co-workers. It is an internal feeling, which people are looking for within our social lifes. Promotions impacts on pride, because desires for higher earnings include desire for social status (Feldman, 1986:197). A nurse with pride for the job would be in position to defend, praise and lobby support for the profession. Icon nurses' with pride were the likes of Cecilia Mikiwana and Florence Nightingale. They got into the profession for the love of it and had pride for the work done serving ordinary people.

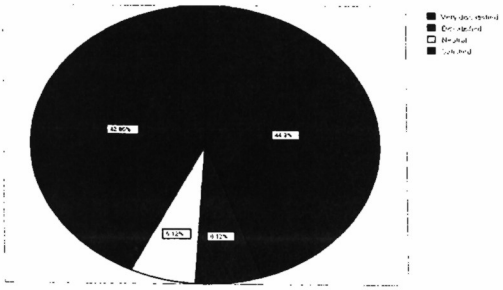

Figure 3.3 Satisfied with the pride

The figure above indicates that small proportion (43%) of the respondents was satisfied with pride in a job well done. A feeling about this is that the majority of nurses did not get pride for their work. In terms of high and lows of satisfaction the figure above shows almost the same percentage with dissatisfaction edging the latter with (9 %). The rest (6%) were not sure where they belong in terms of pride. This also showed that the image of nursing is diminishing as compared to the earlier days when nurses' were boastful about the career choice and the difference they were making rendering services to the community.

Based on the complaints by the communities and the Department of Health about negligence and unprofessional conduct of nurses dissatisfaction about pride is justified.

3.4 DEGREE OF SATISFACTION- RECOGNITION

Showing appreciation to individual workers efforts, accomplishments, or contributions create an increased sense of worth. Recognition can be used as a performance enhancement strategy, in turn, lowering turnover rates and other effects of job dissatisfaction. According to Robbins (2003), the level of satisfaction is less important in predicting turnover for superior performers, because of organistional efforts to keep them. He says organisations would increase their salaries, praise them, give them recognition and provide them with promotional opportunities, whereas nothing is done for poor performers. Below is the sampled nurse responses furnished in a tabular form.

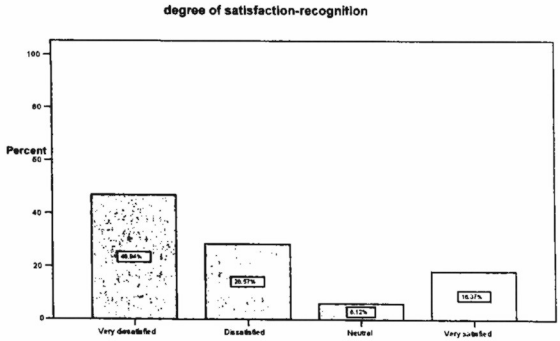

Figure 3.4 Degree of satisfaction- recognition

The above-mentioned figure shows that large proportion (75.5%) of the respondents were not satisfied with the recognition they got for the work they do. A very few (24.5%) felt otherwise. (18%) of the respondents were satisfied and the rest were uncertain. The new Performance Appraisal System, Performance Management and Development System (PMDS) provides the following options as rewards for recognition:

- Certificate of recognition;
- Formal public recognition;
- Informal acknowledgement;
- Letter of appreciation/ praise and
- Being selected to represent the Department at special meetings/ functions.

The above-mentioned rewards for good performance seem not enticing. Upon investigation, none of the nurses' had received any of the above, hence the dissatisfaction. Figure 3.1 based on "praise" also reflects the findings similar to the ones on the above figure about performance management.

3.5 SATISFIED WITH A CHANCE TO MAKE MONEY AS FRIENDS

According to Luthans' (1998) pay systems seem fair when based on job demands, individual skills levels and community pay standards. Therefore, people are likely to compare their pays with those of friends. A question of concern would be "who are friends?" Friends for the nurses', are graduates in social sciences, social work, education, administration and communication. The figure below shows the extent to which the nurses are satisfied with a chance to make as much money as friends.

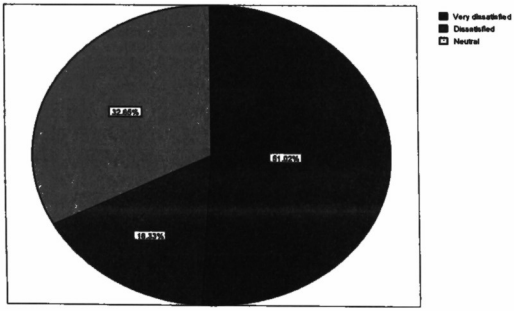

Figure 3.5 Satisfied with a chance

The above figure shows that about (67%) of the respondents were not satisfied with the chance to make as much money as their friends. The response shows that nurses' were not content with what they got. An important fact to note, from the figure above is that none of the sampled nurses' were satisfied with the money they got. Probably (33%) of neutral response ought to be those with academic or performance flaws. Dissatisfied majority would anticipate crossing floors to areas like administration, but because of the experience and qualifications required for such posts, it is unlikely. The records at Mafikeng hospital shows very few nurse transfers to other public service constituencies, because of the above-discussed reasons.

3.6 PAY COMPARED TO OTHER WORKERS

Other workers refer to, are those whose occupations, require minimum qualifications, such as those in military and correctional services. In most cases one would find them earning more than graduate nurses'. A concern would be " I am educated, yet I earn less than somebody with probably matric or less". Spector (1996:226) says pay satisfaction is affected by how individuals salaries compares' to others in the same job rather than people in general, which the researcher bet to differ with. The degree of satisfaction with this regard is shown on the figure below.

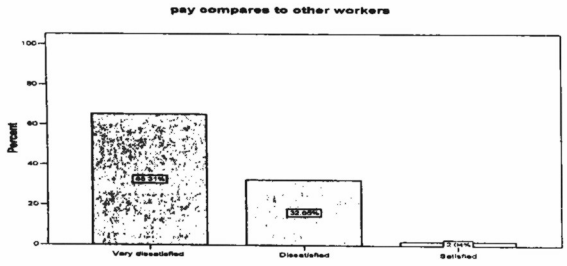

Figure 3.6 pay compared to other workers

The figure above shows that the largest proportion of the respondents were not satisfied with the way they were paid compared to the other workers (98%). The response for this construct was spot on. None of the respondents were neutral, but this was expected because it seems to be a norm whenever pay is mentioned. Looking at people working in military, police and correctional services, especially those with qualifications below the NQF level 4, they would be found on the same levels as professional nurses' who have undergone extensive training at higher learning institutions. As a result, it does make sense that nurses' are dissatisfied with this regard. Another dimension to the problem has to do with job design and job involvement. The other workers especially office bound officials are seldom busy. In most cases they report for duty and wait for knock of time. Come the payday "these workers" smile to the bank earning salaries better than those of nurses'. It is for these reasons nurses; turn to apply for military nursing, but most get rejected because of limited posts. Promotions also relates to this construct, because they determine how much a person would earn in a long run.

Unlike figure 3.5, which shows that at least (67 %) of the nurses were not satisfied with "chance to make money as friends", the above figure shows a very high percentage (98 %) of dissatisfaction. A conclusion, which can be drawn, is that nurses feel better to earn less than educated people (peers) than those who are far less educated.

3.7 AMOUNT OF PAY YOU GET

Pay is central to employee satisfaction, as a result employers would at times try to "buy" employees' satisfaction with increased pay benefits and employees will always complain about their salaries using different channels to get more (http/wwww.performance-unlimted.com/satisfy.htm). People are seldom satisfied with pay. They always want to be paid more. The figure below confirms.

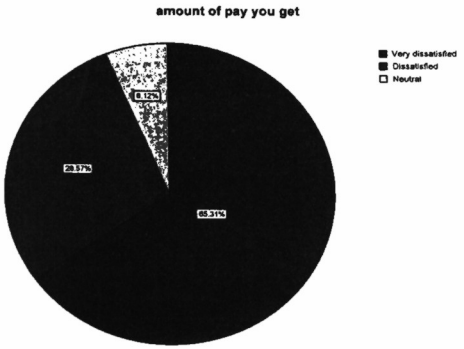

Figure 3.7 Amount of pay you get

It is clear that majority (94%) of the respondents were not satisfied with the amount of pay they got (Figure. 3.7). The respondents omitted satisfaction. It is ironic that people (sampled nurses' inclusive) never get satisfied with the amount of pay they earn (0%).The figure above shows the same. People tend to be dissatisfied with their earnings, because the better a person earns the higher the demands. A person will always require more and more. It is in human nature. There will always be a desire to earn more.

Even though the above percentage (94%) is justified, it is imperative also to survey pay standards offered by the other sectors to validate the level of dissatisfaction. Surprisingly, salaries of the nurses' at Mafikeng provincial hospital earn are market related. Nurses' entry levels salaries equals to in other government Departments depending on their experience and qualifications. Therefore, dissatisfaction in this regard is baseless. Unless, if it is based on the comparison with other workers, wherein some earn a salaries without serious job involvement (eg Military Officials). We are not at war, so what are they doing wasting tax-payer money, except for a few and limited call-ups to mediate as peace keepers in the Democratic Republic of Congo and Sudan.

3.8 DEGREE OF SUPERVISION

According to Luthans (1998:145) subordinates look up to supervisors as knowledgeable people to provide assistance communicating on a personal and official level. Supervisors are like mentors and role models to their subordinates. Unlike, top managers, supervisors are those who will always be seen in company of subordinates. Measures also need to be taken into consideration to ensure that supervisors perform their roles, because failure is likely to cause dissatisfaction. The degree of dissatisfaction in this regard is shown on the figure below.

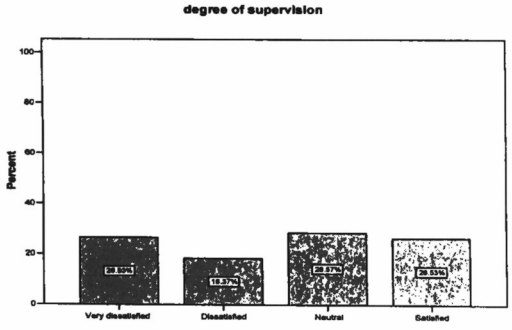

Figure 3.8 Degree of supervision

The above figure shows that only (26.5%) of the respondents were satisfied with supervisor "know how". In terms of the highs and lows of satisfaction, dissatisfaction dominates with (45%).

As it was mentioned earlier employees generally tend to be dissatisfied with their salaries irrespective of their levels. It is unfortunate, though not proven by research, that even if the supervisors are competent subordinates are likely to blame them for this flaw (pay dissatisfaction). Personnel evaluation is one of the mayor problems. During assessments reviews supervisors tend to face the wrath of their subordinates.

The above are some of the factors supervisors are unpopular with. Though not proven it is not about the "know how", but the displacement of other problems, hence the perception.

3.9 STEADY EMPLOYMENT

Steadiness of employment also impacts on satisfaction. People can have positive attitudes towards their job because of steadiness the job provides to a secured future. Casual work, contract work and consultancy fall within the employment considered not steady. Sometimes these jobs do not guarantee one for a secure future. A broader view about this perception is reflected on the figure below.

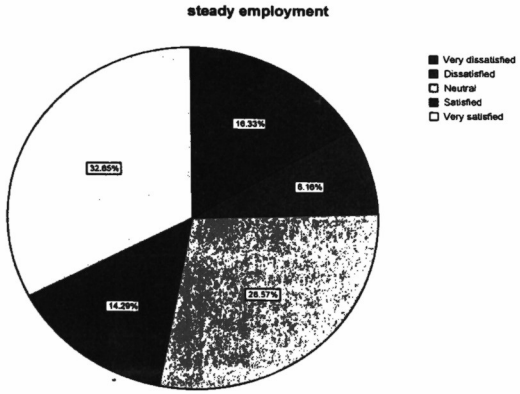

Figure 3.9 Steady employment

Figure 3.9 shows that at least (24.5%) of the respondents were not satisfied with the way their job provides steady employment. Unlike private sector, in Public Administration once an individual is employed chances of lay-offs and dismissals are very minimal, hence (47%) of satisfaction reflects the truth about steady employment provided by nursing profession in public sector. Ironically (28.5 %) were neutral about this obvious predicament. They are likely to be those not conversant with the language used. It is also important to note that the Department of Health does not allow for contractual nursing, volunteer or casual work because of the work ethics attached to the profession, hence the steadiness of employment.

3.10 FEELING ABOUT SUPERVISION

Supervisors provide direction through various actions such as checking to see what subordinates are doing, providing advice and assistance, where it due (Luthans,1998:145). Adherence to the above leads to subordinates believing in themselves and performing to best of their ability. The following figure aims at testing how employees feel about their supervisors.

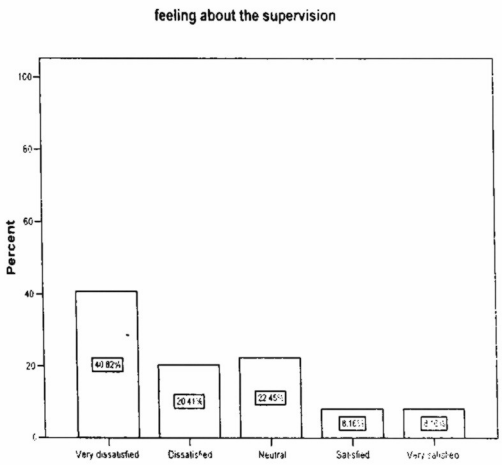

Figure 3.10 Feeling about supervision

The above figure indicates that most (62%) of the respondents were not satisfied with the amount of supervision they got. In terms of the lows only (16%) were satisfied and (22%) had a neutral response. Ironically, figure 3.8 shows less but almost the same percentage of response, showing that the general perception about supervision is poor. Unproven facts furnished there apply.

FIGURE 3.11 HEALTH DEPARTMENT

The following figure shows the degree of satisfaction aligned to policies. The image of the Department has a direct impact on the attitudes employees. Policies particularly. enhance the operations efficiency of organisations. Organisations with sound operational policies are bound to have employees who are content with their jobs. meanwhile avoiding litigation.

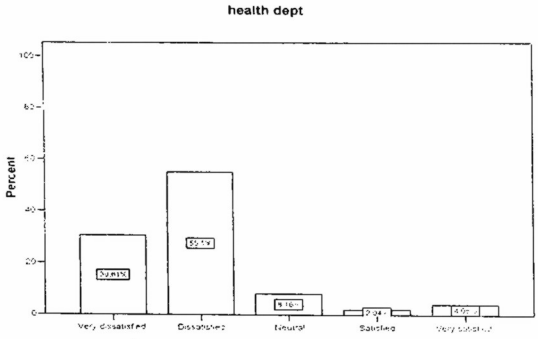

Figure 3.11 Health Department

In terms of highs and lows of satisfaction, dissatisfaction dominates. Almost (86%) of the nurses were not satisfied with the way the Health Department policies were put into place (figure 3.11). The democratisation of the Public Service Systems has transformed discriminatory laws. which were used in the yester years of apartheid. Nowadays we have labour friendly laws. which are there to promote equity and fairness in the workplace. The above percentage of dissatisfaction contradicts the above-discussed facts. However there is a tswana proverb "Go tlhakanyetsa nonyane le setlhare" loosely translated to shoot a bird alongside its shade. Meaning, that one aspect of dissatisfaction does lead to many but unjustified complaints such as complaints about health Department policies. A person end up just complaining with any job related aspect. The above figure confirms.

2.12 USE YOUR OWN ABILITIES

In accordance to the Maslow Hierarchy of needs, people have this dire need to achieve, achieving from the lower level to the upper levels. Subsequently, achievement can be attained through opportunities to use one's own abilities. Robbins (2002:83) reckons that people prefer jobs that give them opportunities to use their skills and abilities and offer a variety of tasks, freedom and how well they are doing. The following figure shows the level of satisfaction aligned the opportunity to use one's abilities.

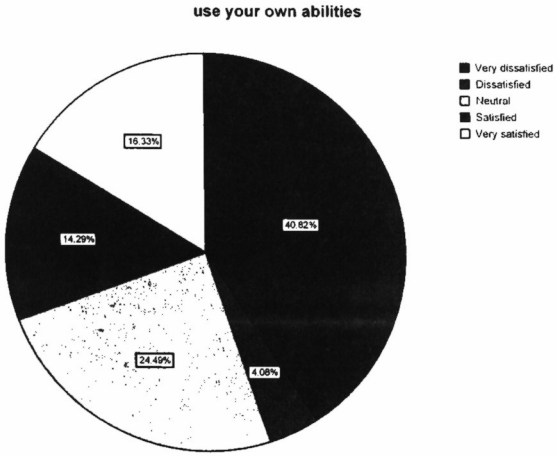

Figure 3.12 Use your own abilities

(45%) of dissatisfaction implies that the nurses at the hospital lack self esteem on their jobs. The hospital management should ensure that they give them more responsibilities to use their abilities.

3.13 FREEDOM –JUDGEMENT

Judgement is directly linked to the usage of ones' abilities. Individuals who are deprived opportunity to use their own abilities cannot use their own judgments. They have limited scope of responsibilities and growth. Feldman (1986) says jobs which are generally

highly paid and less repetitive, provide more freedom, and require less physical effort than other jobs of lower levels, hence the attainment of satisfaction. The figure below aims to verify this.

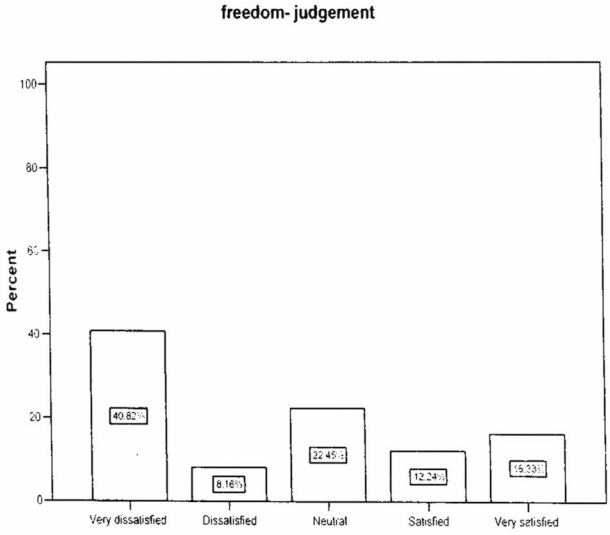

Figure 3.13 Freedom -Judgement

The figures above shows that at least (49%) of the nurses were dissatisfied with the manner in which they are allowed to express their judgements. Figure 3.12 shows that (45%) of the respondents were not satisfied with the opportunity to use their own abilities. The results yield into almost the same degree of dissatisfaction, implying that nurses' felt that they were given less responsibilities to perform their job tasks. But one has to take into cognisance that the profession of nursing is very sensitive dealing with lifes of people. It would then be against the business ethics of the Nursing Council to give nurses' such unwarranted powers.

3.14 COMPETENCE OF MY SUPERVISION

Supervisors or managers are also decision makers. Competent managers have to continuously ensure that they make good decisions for both operational and management reasons. Decisions made must also be uniform to trends set. The figure below serves to confirm the level of dissatisfaction at the hospital with this regard.

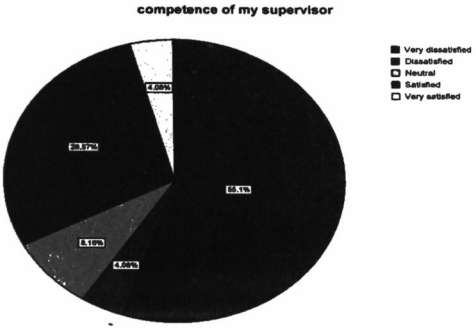

Figure 3.14 Competence of my supervision

Figure. 3.14 shows that most (59%) of the respondents were not satisfied with the competency levels of their supervisor/seniors in decision-making. According to Luthans (1998:145), managers who allow their subordinates to participate in decisions that affect their jobs are likely to be satisfied. Decision-making blunders, such disciplinary decisions directly influence perceptions. Perhaps, it is for these reasons majority of the respondents felt that their supervisors are not clinical. Reverting to the chart, it is evident (33%) were satisfied with decision-making. But this figure is just over half of those who are not happy, meaning almost two times dissatisfied employees were the satisfied nurses.

3.15 AMOUNT OF SUPPORT AND GUIDANCE

Support and guidance are some of the responsibilities of the supervisors. If employees are dissatisfied with supervision, there is possibility that amount of support and guidance to

be dissatisfactory. The following figure aims to show the degree of satisfaction in line with the above.

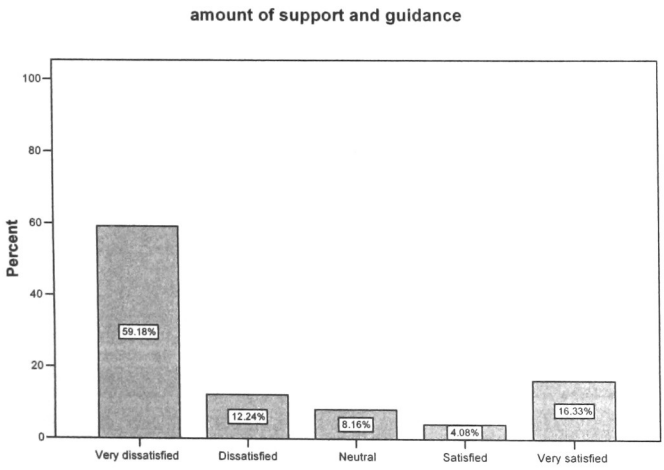

Figure 3.15 Amount of support and guidance

Figure. 3.15 shows that most (71%) were not satisfied with the amount of support and guidance they received. Nothing can be said about the satisfied or the neutral response because of scanty percentage.

Supervision and the amount of support and guidance are correlated. These constructs are interdependent and inseparable, but ironically the respondents degree of dissatisfaction in relation to support and guidance is (71%) more than "supervisors know-how" (45 %), "Supervision received" (62 %) and "Supervisors decision-making" (55%). There is likelihood that the respondents got confused because of the wording.

3.16 SATISFIED WITH JOB SECURITY

Job security is directly linked with steadiness of employment. Steady employment implies that there is job security. Jobs that provides steady employment also provides job security. With reference to the above said, the figure below shows the overall nurse response.

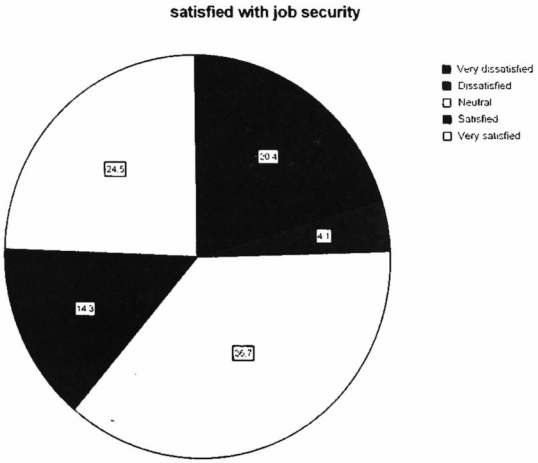

Figure 3.16 Satisfied with job security

At least (24.5%) of the respondents were not satisfied with the job security (figure 3.16). Majority were those on neither-side (37%). A conclusion for the above is that nurses' perceive their jobs to be somehow save. Figure 3.9 also supports this statement.

3.17 CHANCE TO DO MY BEST

There is sometimes barrier disturbing people to perform to their best. It happens when opportunities to use' ones abilities and freedom to express judgement are not given. Another problem is aligned to delegations and protocols.

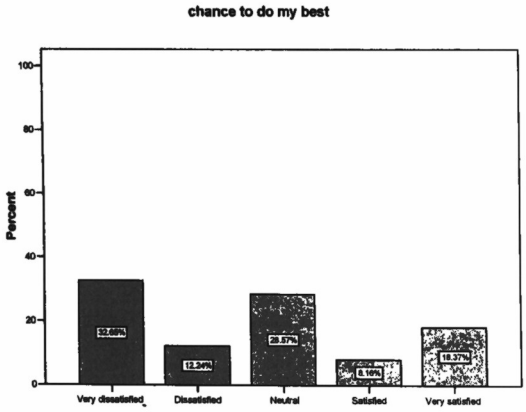

Figure 3.17 Chance to do my best

Majority (45%) of the respondents felt that they were not given the chance to do something that make use of their abilities (figure 3.17). This perception emanates from the fact that the nurses' also felt that they were given little to express their judgment or to use their own abilities (figure 3.13 and figure 3.12).

3.18 ACCOMPLISH SOMETHING WORTHWHILE

Every serious employee will always look back and reflect on achievements. These achievements can be reverted on short-term basis or on long term basis.

Under achievement can be attributed to various reasons with the job itself also implicated. The figure below aims to justify this.

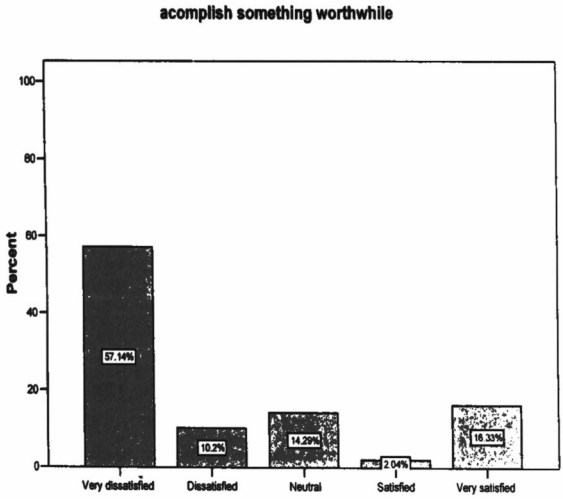

Figure 3.18 Accomplish something worthwhile

The above figure shows majority (67%) of the respondents were not satisfied because they did have a chance to accomplish something worthwhile. Achievements such as "I manage to buy a new house/car, I managed to invest", or even job related accomplishments impact on employee satisfaction. With nurses earning especially those at lower levels (the sampled majority) one can hardly accomplish, hence the response of (67 %) seems to reflect the truth. (14%) of neutral response or satisfied employees (18%), ought to be having different view because of socio- economic backgrounds and their life-career stages.

FIGURE 3.19 MAKE USES OF MY ABILITIES

The below figure is almost the reflection of figure 3.12

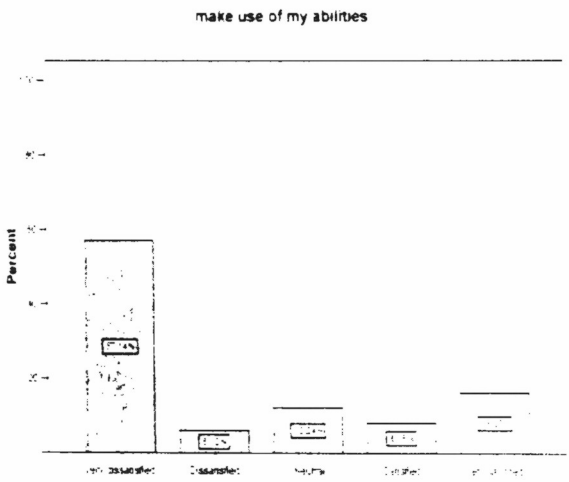

Figure 3.19 Make uses of my abilities

Figure 3.19 indicates that most of the respondents were not satisfied with the opportunity to do something that makes use of their abilities. Prior to the 2008 economic crisis, employees prefer jobs that give them opportunities to use their skills and abilities. However, the crisis has surface as a result of employees not given opportunities to use their skills and abilities which in turn frustrate them in their work activities. This also affects the organization as employees transfers were their skills are not acknowledged. But at times they may be due to other factors not automatic.

FIGURE 3.20 TELL PEOPLE WHAT TO DO

With team work or the work environment suitable to groom employees for senior position, opportunities to tell people what to do is vital. The inputs that ordinary workers, are given in terms of telling other workers, what to do make them feel important, improving job satisfaction. The figure below seeks to clarify this.

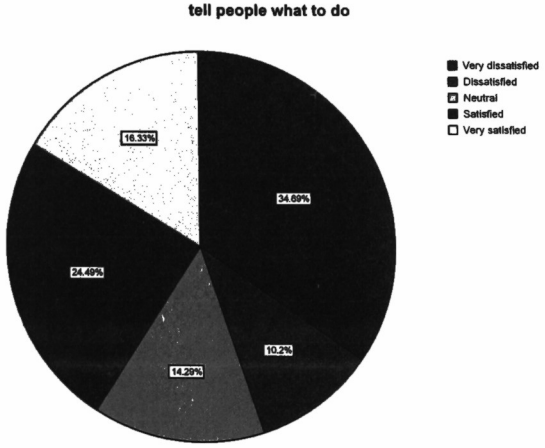

Figure 3.20 Tell people what to do

Figure 3.20 shows that minority (45%) of the respondents were dissatisfied with the chance to tell people what to do. Individual nurses' differ with seniority. Each nurse would then have supervisor within a ward. Therefore, most of nurses have a chance of telling somebody (a subordinate) what to do. As a result, the depiction of the figure is not justifiable based on the above argument.

3.21 RESPONSIBLE FOR PLANNING THE WORK

In the past individual employee used to plan their work on ad hoc basis. Their planning never stated key performance areas, activities as well as the target dates. The below figure shows the nurse dissatisfaction at Mafikeng Provincial Hospital in relation to planning of work.

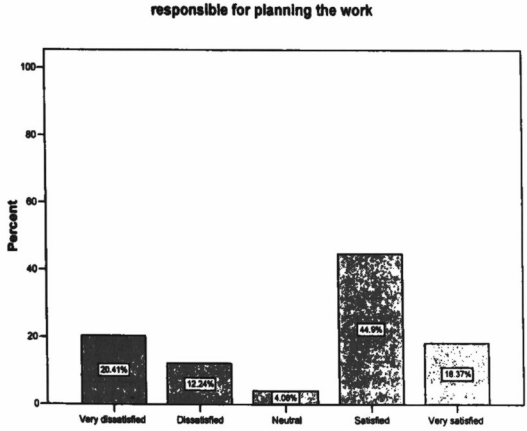

Figure 3.21 Responsible for planning the work

This figure indicates that majority (63%) of the respondents were content with the responsibility to plan their work, probably, because of the new Performance, Management and Development System introduced to the Public service. Nurses' or any public servants plan work with supervisors through a work- plan agreeing on the Key performance areas, activities and the targets of accomplishing these activities. Probably dissatisfaction (the lows) (33 %) with this regard are likely to do with the fact that the system is still new and has not yet been fully implemented.

3.22 DO DIFFERENT THINGS FROM TIME TO TIME

Sometimes executing routine job bores. Employees have to be rotated or have their job enhanced/enriched to increase anxiety and passion (page 23-25). The following figure shows the degree of satisfaction aligned with the anatomy of doing different things from time to time.

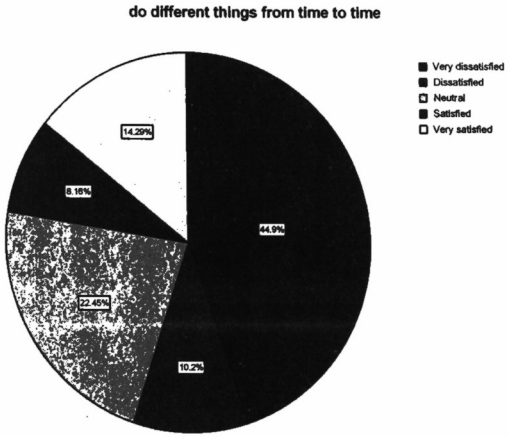

Figure 3.22 Do different things from time to time

Figure 3.22 indicates that about (55%) of the respondents were not satisfied with the chance to do different things from time to time. Research findings tell that job rotation has proven to be one of the strategies, which can be utilised to enhance employee job satisfaction. Rotating individuals within the different positions make employees curious and willing to learn more on how other things are done, hence increasing their performance and satisfaction (Anthony,2003:232).

2.23 PERSON IN YOUR WORK GROUP

Group of people have little to offer to organisations. A general requirement is to have employees, nurses in this case. work as a team to achieve a certain goal- to cure and promote health to the nation. Erasmus (1998) says co-workers contribute mostly to job satisfaction. The aim of the below figure shows the nurses' feelings about each other's company.

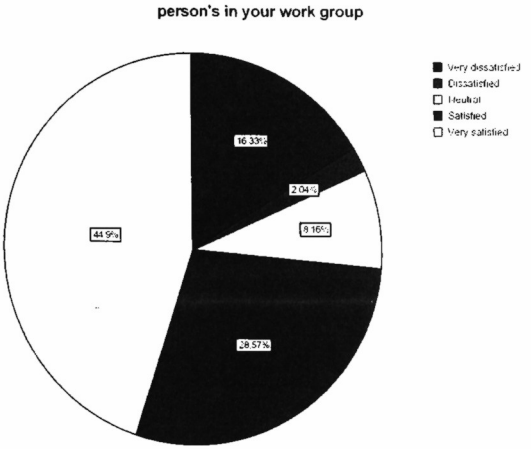

Figure 3.23 Person in your work group

At least a little number (18%) of the respondents were not happy with persons' in the work group. Nurses at Mafikeng Provincial were content with their work groups. The coherence is likely to be made by commonality of problems experienced at work. The figure above shows very few in terms of neutral response (8%).

3.24 SATISFIED WITH THE ORGANISATION

In this case satisfaction with the organisation involves both the managerial systems of the organisation and the physical structure. For this study, satisfaction is inclusive of the overall organisational structure (see the figure below).

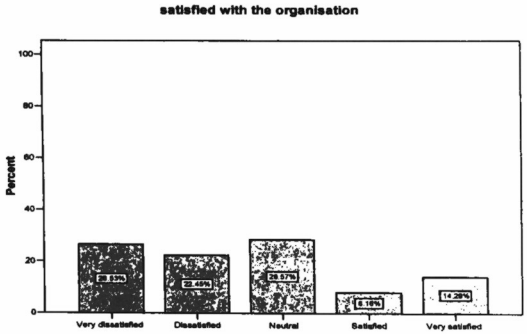

Figure 3.24 Satisfied with the organisation

Figure 3.24 shows that about (49%) of respondents were not happy with the organisation as compared to others. It is difficult to pin point exactly what the nurses are really dissatisfied about. Assumption would be that (49%) of the nurses' were not satisfied with their hospital as compared to other hospitals, in terms of organisational culture, ethics and managerial style.

3.25 FEEL THE PROGRESS

Progress implies advancements in one's job. People can advance through seniority promotions, performance based promotions or by applying for vacant senior positions. Quoting Vroom, Feldman (1986) says promotions to a higher level post in the same organisation typically involve changes in supervision, job content, co-workers and pay. He says that jobs, which are of high level, either in a single organisation or in society as a whole are generally more highly paid and less repetitive, provide more freedom, and require less physical effort than other jobs of lower levels, hence the attainment of satisfaction.

The feeling about progress made is furnished on the below figure.

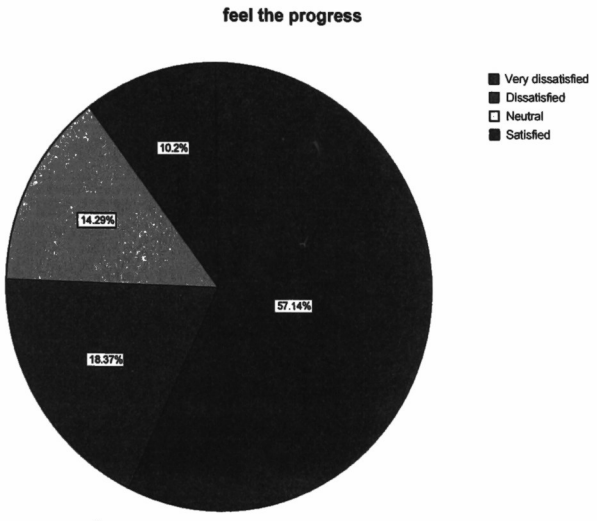

Figure 3.25 Feel the progress

The above figure shows that most (75.5%) of the respondents were not happy with the progress they have made in the organisation. Seniority promotions in public sector have been phased out, hence the majority (75.5%) are resistant to this change. This is a change management resistance symptom, which according to the above figure benefit for a few. There is likelihood that the satisfied minority were the new recruits (the younger nurses). Youngsters are not too resistant to sit for interviews. They are cultured for this progress strategy.

3.26 THE WAY SUPERVISOR BACKS EMPLOYEES UP

The aim of the below figure is to show degree with satisfaction aligned to how supervisors backs up their subordinates during trying times. This question is directly linked to figure 3.8, 3.10, 3.14 and 3.15.

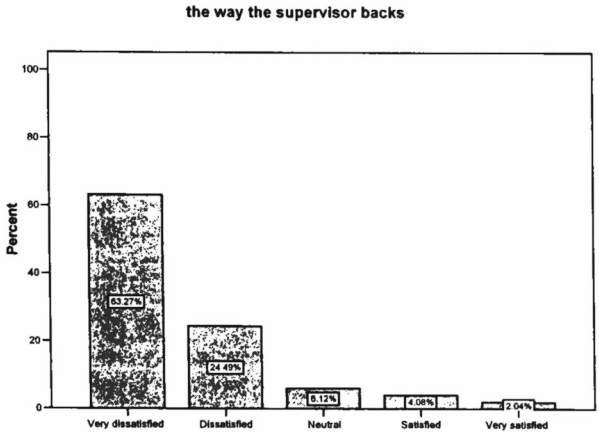

Figure 3.26 The way supervisor backs

The figure above clearly indicates that most (88%) of the respondents were not satisfied with the way their supervisors backed them. One of the supervisors' roles is to cover up for subordinates blunders. Failure, lead to employees not aligning with them. But the percentage of (88%) is very high, raising eyebrows that dissatisfaction with other constructs may be unfairly displaced towards supervisors. Figure 3.15, also shows high level of dissatisfaction aligned to support and guidance received from their supervisors. Figure 3.8 provides contrasting response. According to the figure, only (45 %) of the respondents were not satisfied with the competence of their supervisors. Perhaps, this is led by the lack of sureness as to whether the supervisors were qualified for supervisory work.

3.27 SATISFIED WITH THE JOB

The figure below generalises the overall satisfaction of the nurses' inclusive of all constructs of the job. This is what Spector (1996:215) termed "global approach of job satisfaction".

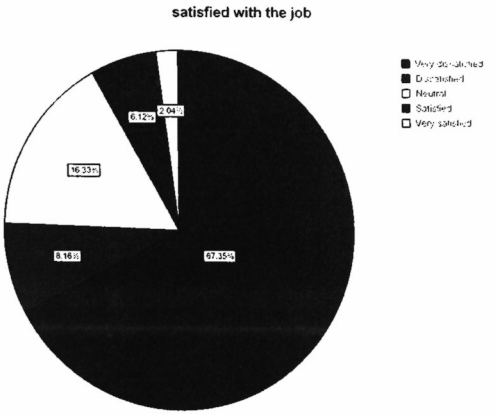

Figure3.27 Satisfied with the job

Majority (75.5%) of the respondents were not happy with their job (figure 3.27). The degree of satisfaction is inclusive of all factors, including pay, and supervision. The average percentage of the two constructs "pay" (93.9 %) and "supervision" (61.23 %), as compared to the above, yields almost the same average percentage of dissatisfaction (77.5). These factors, that is pay and supervision seem to be main attributes of dissatisfaction at Mafikeng Provincial Hospital. The prospect of employment impacts on the general feelings about the job. As a result, some people may just have neutral response (16%), because the trade has taken them out of unemployment pool and poverty.

3.28 PHYSICAL ENVIRONMENT

Occupational, Health and Safety Act (OHSA) provides guidelines and measures to be taken ensuring a safe workplace. Failure to adhere to this arrangement lead to physical environment dissatisfaction. The figure below probes to find satisfaction in this regard.

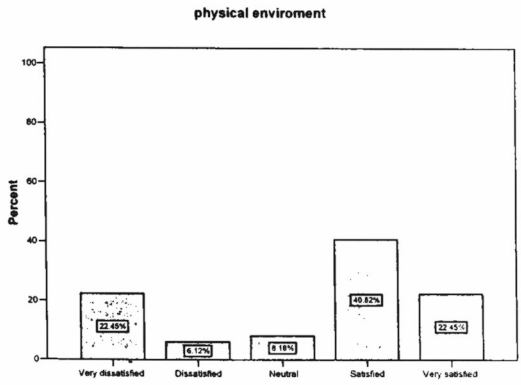

Figure 3.28 Physical environment

Figure 3.28 indicates that at least a little (29%) number of the respondents were not satisfied with the physical environment that they work in. The little percentage is likely to have been persuaded by the recent physical renovations, which were done on the hospital premises. Individuals preferences are likely to play a role for this job facet. Some people may feel that physical environment is not that important as compared to others hence neutral response of (8 %) (Value Theory). The features, which impact on job satisfaction in this regard, are temperature, humidity, ventilation, lighting and noise, hours of work, cleanness of the workplace adequate tools and equipment (Luthans, 1998:146).

3.29 FELLOW-WORKERS

Fellow workers refer to co-workers. They would be the nurse staff members at the hospital irrespective of the wards they belong. The response for this question has potential of showing whether nurses' are in solidarity with each other.

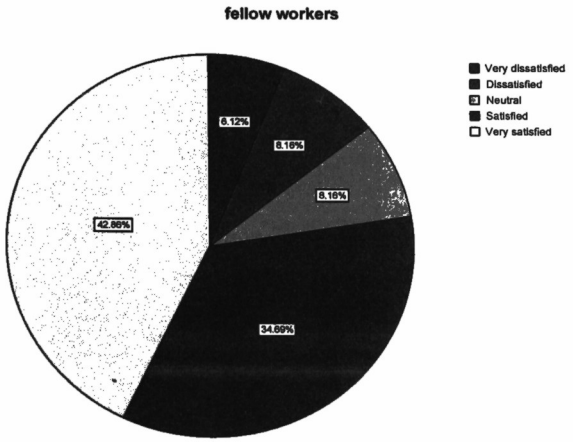

Figure 3.29 Fellow-workers

At least (14%) of the respondents were not happy with fellow workers (figure 3.29). The response for (question 23) shows almost the same results (18%) leading to a generalisation that majority of nurses were satisfied with each others company. The chart shows a very small percentage of both dissatisfaction and neutral response. The dissatisfied few are likely to be the extremists.

3.30 RECOGNITION FOR THE JOB

Public Servants efforts are recognised through the new Performance and Management and Development System (PMDS). The below figure provides nurses' perceptions concerned with recognition.

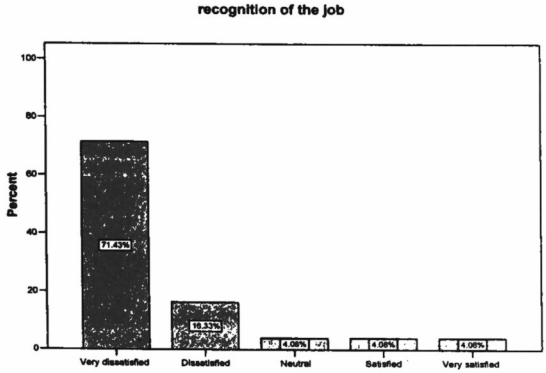

Figure 3.30 Recognition of the job

Reflecting on figure 3.4, employees were also not satisfied with the recognition rewards as per PMDS guidelines. The above figure, shows that most (88%) of nurses' were not satisfied with recognition they got from the job. This percentage of dissatisfaction is justified, because the appraisal system has just been implemented.

3.31 INDUSTRIAL RELATIONS

Sound labour relations practices, harmonies the workplace by minimising grievances and disputes. The following figure, provides the nurses general feelings about industrial relations.

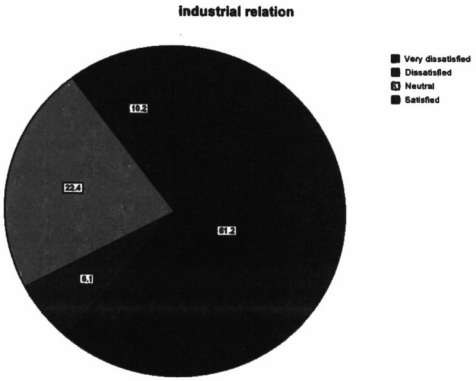

Figure 3.31 Industrial Relations

According to Miner (1992), one of the effects of job dissatisfaction is union involvement. Most (67%) of the respondents were not satisfied with industrial/labour relation between themselves and management (figure 3.31%). To justify dissatisfaction in this regard all of sampled nurses' were unionised (referred to records), showing that they are somehow prepared to be in loggerheads with the employer at any given time. They positioned themselves on the protective side. There is a likelihood that satisfied employees (10%) and the neutral few (22%) were somehow content with democratisation of Labour Relations issues in the workplace.

3.32 MANAGING THE ORGANISATION

Management entails all the processes or activities carried on to ensure that the organisation achieve its objectives. Management styles are as a result very important. For example, some managers ought to use the more democratic management styles. Democratic styles of management are the most welcomed because of consultativeness and the buy-in of the general staff. The following figure aims to verify this.

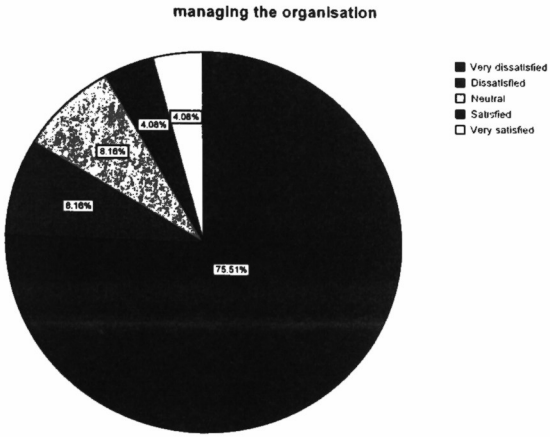

Figure 3.32 Managing the organisation

According to the above figure majority (84%) of the respondents were totally not happy with the way in which the organisation was managed. It is unfortunate that the wrath of dissatisfied employees ought to be displaced to the managers, because sometimes managers have a little to do with work related problems such as budget constraints and others.

3.33 HOURS OF WORK

Many people are used to the idea of working from 8 o'clock in the morning until 5 o'clock in the afternoon. But for essential services such as nursing and emergency services people work irregular hours. According to Feldman (1986:197) hours of work, working conditions features impacts on job satisfaction. The figure below shows how the sampled nurses' responded to hour of work satisfaction.

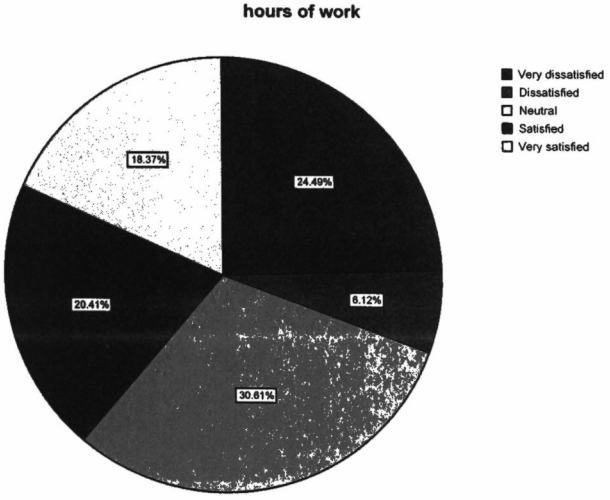

Figure 3.33 Hours of work

In most cases, individuals will be dissatisfied with shifts, but nurses' generally have adapted to the system. The figure above proves this. According to the figure a few (31%) respondents were not satisfied with the hours of work. A further, (31%) of the respondents seemed not to care about irregular shifts and hours of work. They did not commit, meaning that even if the status quo remained, to them it maked no difference

3.34 ATTENTION PAID TO SUGGESTION

Managers are sometimes reluctant to listen to advices given by their subordinates. They often think that they are the ones, who are supposed to on the offering side that on the accepting side.

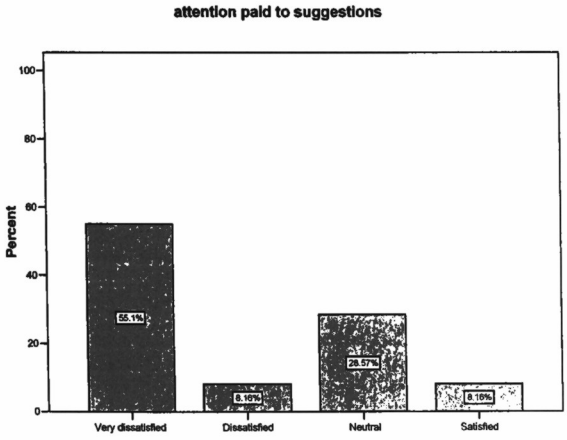

Figure 3.34 Attention paid to suggestion

Attention paid to suggestion made encourages people feel that they are the most sort resources (http://www.geocities.com/Paris/Café/5839/writings/satisfaction.html). Figure 3.34 indicates that about (63%) of the respondents were not happy with the attention paid to the suggestion made, implying that they felt that their presence was not appreciated. Attention paid to suggestion also impacts on supervision. If the nurses' are not satisfied with attention paid to suggestions, they are likely to be dissatisfied with supervision. Figure 3.8, 3.10, 3.14, 3.15 and 3.26 supports this notion.

3.35 FRINGE BENEFITS

Distant from pay, additional benefits ranging from car allowances, subsidies, housing subsidies and medical aid allowances are important. Luthans (1998) reckons that even though fringe benefits are important, they are not as influential as salary or wage. He says this is attributed to ignorance or lack of information. It is common sense that those jobs offering good benefits are likely to have more satisfied employees, particularly considering that benefits are monetary. But it is common sense that the beneficiaries of

allowances depend on the type of a job. A job description, of a job occupant should not be office bound. Office bound officials such as nurses', teachers and office administrators are unlikely to qualify for such benefits. The figure below serves to confirm this notion.

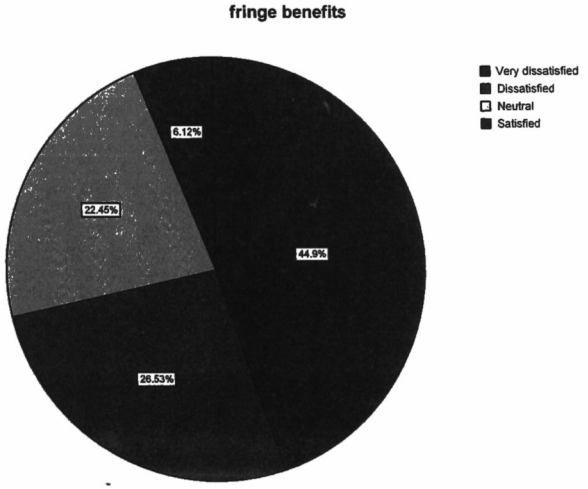

Figure 3.35 Fringe benefits

Generally, in public service benefits, which the employees are entitled to differ. Adding on the earlier discussion, nurses' are not privileged to car and cell-phone allowances. According to the above figure, (71%) of sampled nurses' were not happy with the benefits they receive. This percentage of response makes sense, because of cause nurses' get less as compared to other employees in public service particularly Social workers, the are field workers. Housing subsidies also has decreased from the past few years. Individuals sound economic and financial background are likely to play a role hence (6%) of satisfaction. People from good financial backgrounds can, but unlikely proned to complain about minor stuff, such as cell-phone allowances.

3.36 THE COMPANY POLICIES

The most effective companies are regulated through policies. Policies guide employees on how things ought to be done in a lawful manner. They avoid litigation loopholes. The

figure below shows the degree of satisfaction aligned to the way the employees are informed about company policies.

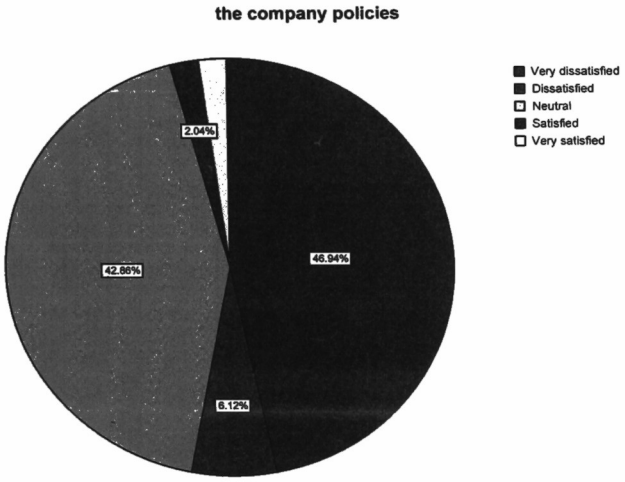

Figure 3.36 The company policies

Reflecting on the above figure, (53%) of the respondents were not satisfied with the manner, in which the employees were informed about the company policies. (43 %) of neutral response confirmed uncertainty and ignorance implying, that these are those with no interest to know. To curb this discrepancy employees should be workshoped about company policies. Induction programmes should also be used for new recruits. Employees must also be responsible enough to ask for the policies and read policies available on the hospital notice boards or through the communication section.

3.37 AMOUNT OF JOB SECURITY

Following earlier discussion, jobs are secured in public service unless under unforeseen circumstances of gross negligence (see the figure below).

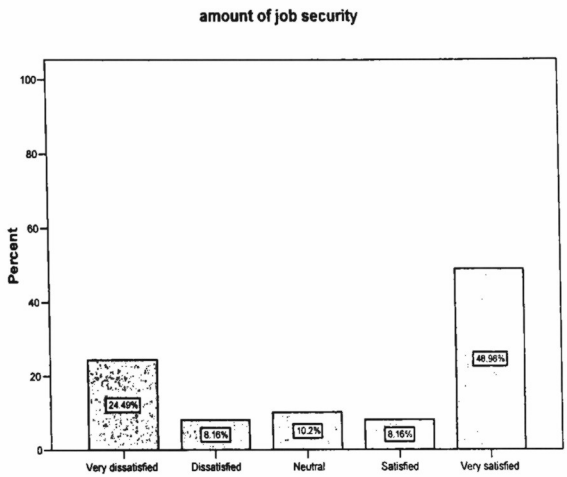

Figure 3.37 Amount of job security

According to the above figure, a few (33%) of the respondents were not happy with the amount of job security. This depicts the truth. Public service offers secured employment in a sense that there are no retrenchments and lay-offs. Employees on the excess list are at times deployed to other sectionss were their services are most sought. The above figure indicates dominance in satisfaction as compare to dissatisfaction.

3.38 PERSONAL GROWTH

The following figure serves to show the level of satisfaction or dissatisfaction built-in within the personal growth and development. Personal growth includes growth through promotions or scope of work (Feldman, 1986:197). People would under normal circumstances reflect back on their service to gauge growth. Apart from service of employment, the progress of peers also impacts.

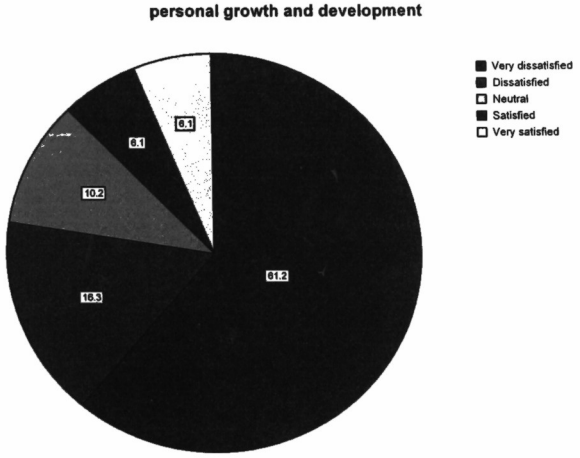

Figure 3.38 Personal growth

Majority (78%) of the respondents were dissatisfied with the amount of personal growth and development they got within the job (figure 3.38). (PMDS) is sought to solve this problem, but its results have not yet been realised. It is also an individual prerogative to ensure development in terms of skills capacity or by applying for higher-level posts. But this pose to be a real challenge to the majority (78%), because they seem not prepared for the new developments. Figure 3.2, 3.25 and 3.30 provides the same problem aligned to personnel development.

3.39 AMOUNT OF CHALLENGE

People generally differ. Some people are content with earning a salary without engaging in a challenging job. Others would get frustrated or even resign if they are offered less in terms of challenge (Luthans,1998:144). That is why some tend to hop around from one job to another.

The figure below aims at showing nurse feelings based on the amount of challenges the profession offers.

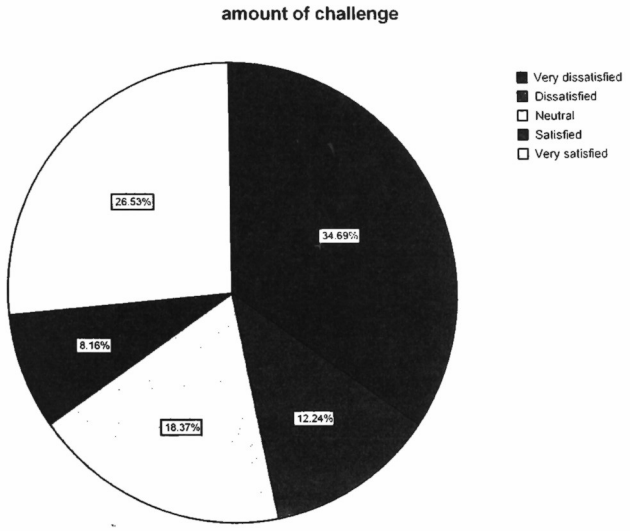

Figure 3.39 Amount of challenge

Nursing profession is too routinal. The duties that the nurses perform on daily basis are almost similar. They are not exposed to new challenges. The figure above, confirms this. It shows a small proportion of the respondents not satisfied with the amount of challenge the job offers. It also needs to be highlighted that to some (minority), nursing was a career choice hence satisfaction (34%).

3.40. HELPING OTHER PEOPLE

Nursing profession is primarily meant to help people with health related problems. The following figure serves to clarify satisfaction in relation to the above.

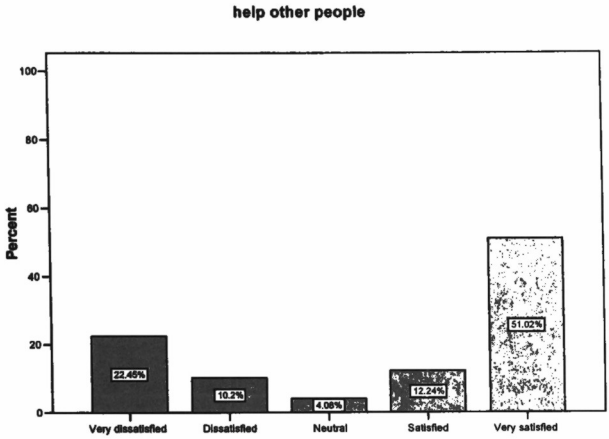

Figure 3.40 Help other people

Figure 3.40 show that (63%) of the sampled nurses' were content with the opportunity to help other people. This shows that everyone prefers to offer a helping hand, especially if a reward is offered for the efforts. The dissatisfied employees (33%) are likely to be those who chose the wrong career, because of different socio- economic reasons (refer to page 1 and 2).

3.41 INDEPENDENT THOUGHT OF ACTION

The following figure, shows the amount of independent thought and action experienced in a job. Independent thought of action, the use of one's ability and the freedom to express one's judgement shows that the employer trust employees. Robbins (2002:83) maintains that people prefer jobs, which provides opportunities to use their skills, abilities and offer a variety of tasks, freedom and feedback on how well they are doing.

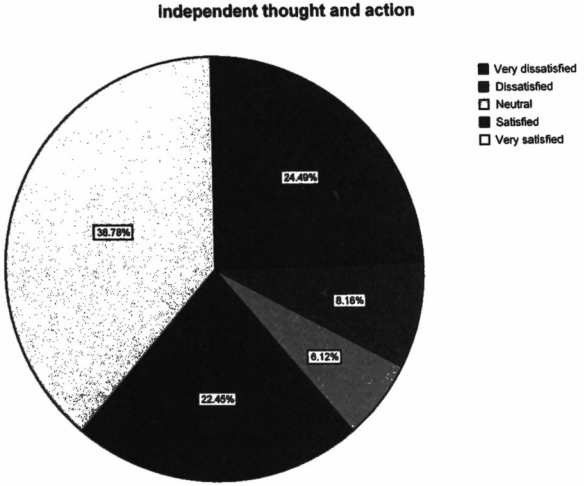

Figure 3.41 Independent thought of action

Occupational levels have an impact on the independent thought of action taken in a job. The higher the level, the higher the autonomy of using independent thought of action. It is unlikely that those at lower levels can complain about this because not much is expected from them. They must always consult with supervisors before they can implement any thought, hence the small percentage of dissatisfaction. It must be noted that for the need of growth, ambitious nurses might feel otherwise (dissatisfied).

3.42 CO-WORKERS GET ALONG

Individuals will always have differences. Differences are inevitable, but when a common interest arises, such as dissatisfaction, "we" and "them" connotations arise showing management antagonising coerciveness. The figure below serves to confirm this notion.

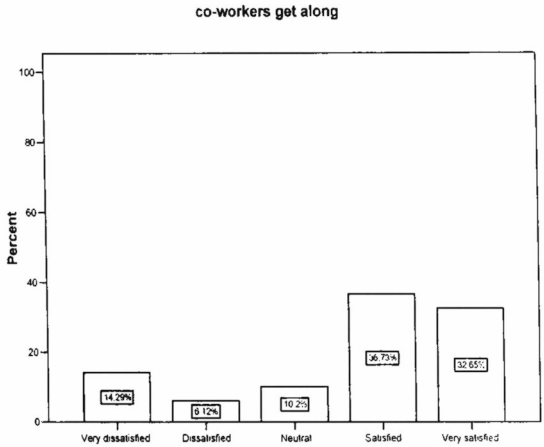

Figure 3.42 Co-workers get along

Figure 3.42 clearly indicates that at least (20%) of the respondents were not satisfied with the manner in which co-workers get along with each other. Most (69%) of the nurses were happy with each other probably, because of the common goals they shared. Personality traits are likely to be influential to nurse general feelings. Introverts or left-wingers are likely to be the dissatisfied few (20%) or the neutrals (7%). Figure 3.29 concerned with "feeling about fellow workers" and figure 3.23 "satisfaction with person in your work group" shows almost the same results showing that the overall nurse-co worker satisfaction is good.

3.43. HAVE A DEFINITE PLACE IN THE COMMUNITY

In times gone by, the nursing career was viewed as a prestigious career. The status quo has since changed. They are now pronounced as "villains" by the community. Robbins (2002:83) says employees need jobs that make them believe that the work they are doing is important and meaningful.

The figure below serves to confirm how they feel.

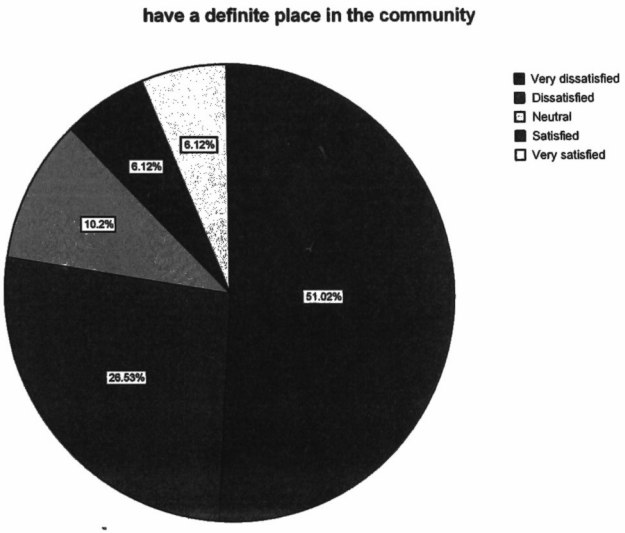

Figure 3.43 Have a definite place in the community

Majority (78%) of the respondents were not satisfied with a place they have in the community, meaning that the nurses' felt that they were no longer important members of the working class. Ages of the respondents in this regard were not included. Through observation, satisfied nurses' (12%) minority were likely to be the yester years. They are the ones still passionate about the profession, because to most of them, nursing was a career choice. (10 %) of the neutral response is likely to be nurses' who have reached the ceiling. To these employees nothing excites. They are likely to be on a threshold with everything. They don't care (mid-career crises).

3.44 TAKE CARE OF COMPLAINTS

The following figure serves to show how the employer takes care of the employees (nurses) complaints. These complaints may be about the working conditions, conflicts, pay, supervision, the work itself and others. Employers from time to time are not in the position to address some of these problems, because of budget and a host of other problems.

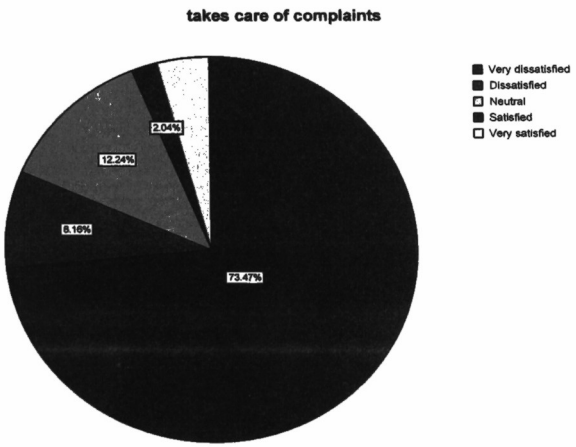

Figure 3.44 Take care of complaints

Complaints are inevitable and somebody is to be blamed, if certain expectations are not met. (82%) of the respondents according, to the above figure were not happy with the way the employers took care of the complaints brought to them. The remainder percentage of the response is likely to be managers or supervisors themselves, because they are the ones viewed as the employers at hospital level.

3.45 LAYOFFS AND TRANSFERS

Following, what has already been mentioned, public sector offers steady employment, whereby ad hoc dismissals and the lay-offs are unheard of. Transfers often occur per individual request. Sometimes transfers occur to comprise disputes, for people who cannot work together. The figure below, gives a picture concerned with the above notion.

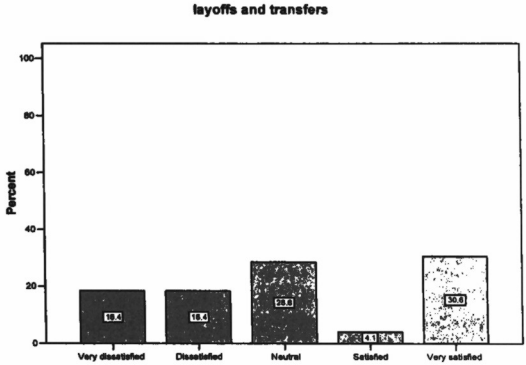

Figure3.45 Layoffs and transfers

In nursing lay-off victims are mostly delinquents engaged in gross negligence. Transfers, on the other hand, often take place on one's will. At times transfers do occur to reconcile excess employees (deployment) or those who are in conflict with each other. The figure above contradicts. It indicates majority that (37%) of nurses were dissatisfied with way the layoffs and transfers were avoided in their jobs, but through the above-mentioned facts the profession does offer a steady employment. This shows a generalised feeling, dissatisfaction with one constructs leads to others.

The impact of unemployment on satisfaction has been discussed. Migrant nurses recruited at hospital are likely to be the dissatisfied with this regard (37%). Generally, people tend to enjoy working closer to place of origins, and transfers are not obvious because, they are procedural, hence dissatisfaction.

3.46 WORKING CONDITIONS

Clean and attractive surroundings helps employees find it easy to carry out their jobs (Luthans,1998:146). Temperature, humidity, ventilation, lightning and noise, hours of work, cleanness of the workplace, adequate tools and equipment are all directly linked to work conditions satisfaction. The following figure was used to test the nurse feelings about the working conditions at the Mafikeng Provincial Hospital.

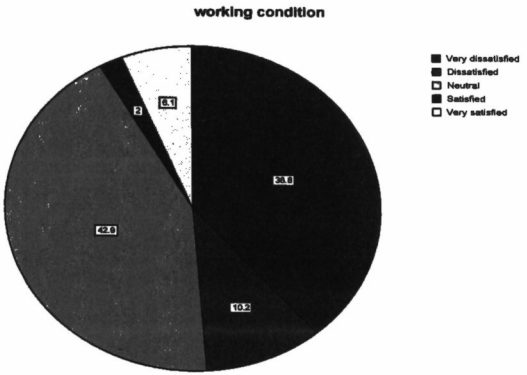

Figure 3.46 Working conditions

(49%) of the satisfied respondents shows negative feelings towards the working conditions. A contrasting response shows that, majority of the nurses were satisfied with the hours of work (figure 3.33) and physical environment (figure 3.28), which are all, elements of working conditions. Perhaps, the respondents associated working conditions to the work-itself because it does not make sense to score favourably elements of a job facet, while itself scored unfavourably. (43%) of the respondents were neither satisfied nor satisfied showing that the working conditions are likely not to be a valued facet of the job.

3.47 GET FULL CREDITS FOR THE WORK

For motivation and performance enhancement, it is imperative to credit nurses for the work that they have done. Failure, to credit good work may lead to the latter not eager to strive for excellence. Full credit for the work is thus directly linked to performance appraisal. Individuals must be credited and rewarded for the good work they have done according to Performance, Management and Development System (PMDS) guidelines (refer to figure 3.1 and 3.30).

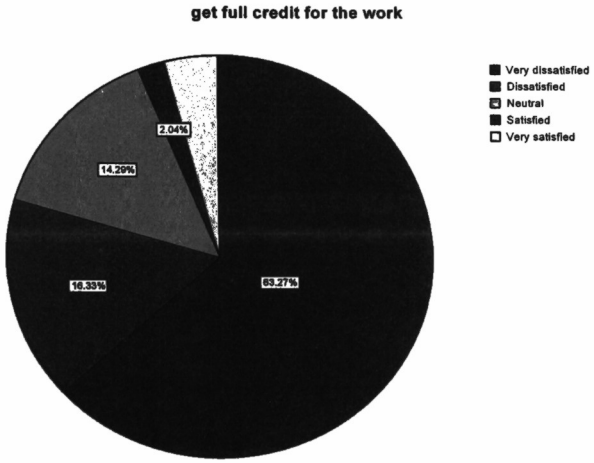

Figure 3.47 Get full credits for the work

Unlike professions in retail or sales consultancy, which offers very clear tangible results, nursing profession offers the opposite. It is therefore not surprising to see that majority (80%) of the respondents were not happy with full credit for the work they do. In nursing, laziness can easily be covered by committed colleagues. In terms of the lows, (14%) of the respondents were not committed to neither side, while the rest were dissatisfied.

3.48 TO DO SOMETHING FOR OTHER PEOPLE

With the sense of "ubuntu" people are obliged to treat others with respect and offer a helping hand whenever a need arises. The figure below presents the general nurse feelings about the above mentioned.

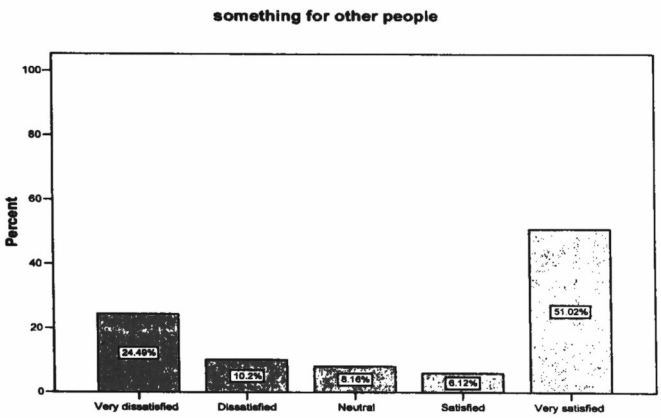

Figure 3.48 To do something for other people

A small proportion (35%) of the respondents felt that they were not given a chance to do something for other people. Health profession is aimed at saving lifes, it is therefore not surprising that the above figure shows that majority of nurses were satisfied about the services they offer helping other people (social responsibility). Ironically, figure 3.40 shows that (63%) of the nurses were not content with the opportunity to help other people. Perhaps this contradiction means that the nurses were happy to do something to other people, but have not yet exerted enough efforts or exploited all the avenues to help people because of varied reasons, which might include the shortage of staff, or low morale they.

3.49 SOCIAL POSITIONS IN THE COMMUNITY

Just to add on what has been discussed on figure 3.43. In the old good days nursing used to be one of the most cherished profession. Women mainly were encouraged to enroll for nursing because during those days the profession was viewed suitable mainly for them. As a result, nurses' used to have a guaranteed noble position within communities because of the job.

Another dimension is that promotions are related to the social positions in the community, because the desire for promotions includes the desire for higher earnings, social status and psychological growth. As a result, if people are dissatisfied with promotions, social status enhancement is unlikely. The figure below shows a paradigm shift with social position the nurses' used to have.

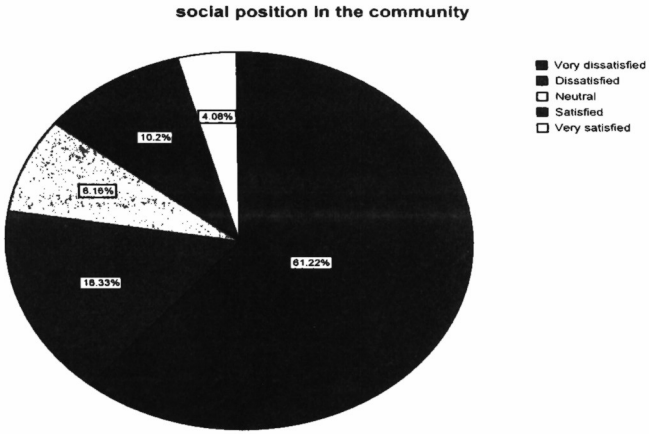

Figure 3.49 Social positions in the community

Now of late, the social position that nurses' used to enjoy has gone down the drain. The figure above confirms. Most (78%) of the nurses' were not satisfied with the social position in the community that goes with their job. Figure 3.43 also confirms this notion with the almost same percentage of dissatisfaction.

3.50 SECURE FUTURE

Steadiness of employment in public sector has already been discussed. Lay-offs and retrenchments are unheard of in government. Public servants, nurses included have the luxury of both steady and secure future depending on investments and pension funds, in terms of years of service and their positions. Nurse response in this regard is shown on the figure below.

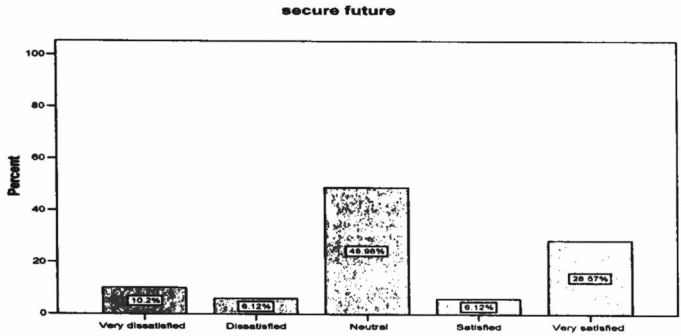

Figure 3.50 Secure future

Just like figure 3.9 (steady employment), figure 3.16 (job security) and figure 3.45 (lay-offs and transfers), the above figure indicates satisfaction with the way the way the job provides for a secure future. The above figure also shows (49%) of neutral response. The reason behind this might be caused by the fact that lower levels employees do not have enticing retirement pension funds irrespective of the years of service. In view of the above, one can say that the nursing profession in public service offers steady and secured future with minimal chances of lay-offs and dismissals.

4. DISCUSSION

Majority (75.5%) of the respondents were not happy with their job (figure 3.27). This percentage of response is inclusive of all facets of the job (global job satisfaction). Therefore, an official percentage of nurse job dissatisfaction at Mafikeng hospital is 75%.

The following discussion gives an outlook on specific job attitudes preordained to validate the study objectives and hypotheses.

The discussion kick starts with the items on low satisfaction, namely performance management, remuneration, supervision, global working conditions and ends with those high on satisfaction in the form of job security, co-workers and working conditions.

FACTORS LOW ON JOB SATISFACTION

4.1. PERFORMANCE MANAGEMENT

4.1.1. PRAISE

According to the website (http//www.calib.com.nccanch/pubs/usermanuals/supercps/satisfy.cfm), when employees efforts are recognised, they experience positive feelings, but it is unfortunate that the respondents indicated (92%) of dissatisfaction. Only a few were either satisfied or neutral. There is a possibility according to value theory, that these might be those who perceive praise not important.

4.1.2. RECOGNITION

Figure 3.4 indicates that large proportion (75.5 %) of the respondents was not satisfied with the recognition they got for work they do. The new Performance Appraisal system, Performance Management and Development System (PMDS) is sought to acknowledge good performance (recognition awards), but problems still exists, because people are still familarising themselves to the system.

4.2. REMUNERATION

4.2.1. PAY

With regard to pay it is clear that majority (94%) of the respondents were not satisfied with the amount of pay they got (Figure 3.7). It is interesting, even though not surprising that not even a single nurse was happy with pay. The respondents were decisive in this regard. Throughout the past decades nurse' have continuously complained about their salaries, though labour involvement and other voice mechanisms. The large percentage of dissatisfaction, consequently reflect what is obviously expected. Reflecting on all factors of job satisfaction, pay seems to be valued mostly. Greenberg (2002) reckons that whenever people receive outcomes they value, the more satisfied they will be but, the less they receive the outcomes they value the less satisfied they become. Therefore, based on this theory and the fact that pay seem to the most valued construct facet of the job, nurses at Mafikeng Provincial Hospital are therefore dissatisfied. Spector (1996) terms this pay satisfaction, which somehow generally influence the general attitude of the job.

4.2.2. FRINGE BENEFITS

Figure 3.35 indicates that (71%) of the nurses' were not satisfied with fringe benefits received. Fringe benefits refer to added favours or services given to a job besides salaries, such as allowances and subsidies. In nursing there are no allowances or subsidies, except

for and paltry uniform allowances, which has been issued in 2004. Other benefits have depreciated. Records (appointment letters) show that subsidies for housing have gone down from R 487.00 to R 374.00 in three years later (2002-2005). Car subsidies and cell-phone allowances are also unheard of in nursing.

4.3. SUPERVISION

(72%) and (88%) of the respondents were not satisfied with "amount of guidance from supervisors" and "the way their managers backs their personnel up to top management" respectively. A further (61%) of the respondents were not satisfied with general supervision. Contrasting response was with "supervisors know-how" (45%) and "supervisors decision making" (55%). The researcher assumption with this regard is that the respondents got confused with terminology. Figure 3.10 generalises these constructs. It shows the generalised feeling about supervision, hence one can say (61%) of the nurses at Mafikeng Provincial Hospital were dissatisfied with supervision.

Minority of the satisfied employees are likely to be those who are not sure about their supervisors. Various reasons attributes to these response, this may be attributed to the fact that they may be supervisors followers in accordance to the (LMX Theory) or ignorance few.

4.4. THE WORK ITSELF

4.4.1. ACHIEVEMENTS AND PROGRESS

Unfortunately majority (67%) of the sample nurses felt that they had not accomplished something worthwhile (figure 3.18). In most cases people gauge accomplishments through the assets accumulated within certain span of time. A further majority of (75.5%) of the respondents were not content with the progress they have made in the organisation (figure 3.25). Progress might be through seniority promotions or by applying for senior posts. Others may view this, in the light of experience gained, but as it has been discussed earlier the prerogative lies with an individual.

Accomplishments satisfaction also depends on life-career stages and other socio-economic problems. The middle aged are bound to be the one's dissatisfied, because at their ages they are expected to have achieved. Career couples also impacts on satisfaction.

Married career couples tend to accomplish more than the other group (Schreuder, Theron: 2001:73). Hence the degree of satisfaction with this regard tends to differ depending on life-career stages and life styles.

4.4.2. WORKING ITSELF

Respondents scored this construct unfavourably, but its elements "hours of work" and "physical environment" were scored favourably. As a result, the researcher opted for the latter, because the two elements explain explicitly about what the scores were for. There is a likelihood that the former may have been confused with work itself a construct which was also scored unfavourably.

FACTORS HIGH ON JOB SATISFACTION

The items that were the highest on job satisfaction list are "How the co-workers get along" (69%), "Person in a work group" (72%) ' The way the job provides for a secured future" (35%) with (49%) of neutral response. " Chance to do something for other people" (57%), "Steady employment offered by the job"(47%) with (28.5%) of neutral response, " Responsibility to plan work" (63%) "Physical environment" (63%), Fellow workers (77.5%), "Hours of work" (39%), lay-offs and transfers (37 %) with 27 % indecisive.

4.5. JOB SECURITY

4.5.1. STEADINESS OF EMPLOYMENT

Figure 3.16 shows that at least about (33%) of the respondents were not happy with job security. In public sector each time there is employees on the excess list, deployment occurs, with individuals are placed elsewhere. The recent example is restructuring of the public service's Resolution 7, which was used to redeploy excess employees, showing that once an individual get employed chances of lay-offs and dismissals are rare. As a result, figure 3.9, 3.16, 3.37 and 3.50 reflect the truth about steadiness of employment provided by nursing profession in the public sector.

4.5.2. LAY-OFFS AND TRANSFERS

The other item, which scored favourably, aligned to job security is "the way the lay-offs and transfers are avoided in their jobs" (35%). (29%) of the respondents were neutral. The favourable response shows that, it is on rear occasions that nurses get dismissed or transferred in public service. Transfers occur per individuals own will or when certain individuals cannot reconcile differences (figure 3.45).

4.6. THE WORKING CONDITIONS

4.6.1. HOURS OF WORK

In most cases, individuals will be dissatisfied with working shifts, but nurses' have adapted to the system with only few (31%) not satisfied. Upon investigating, the researcher realised that, nurses' enjoy working at night, because night shifts guarantees them less workload and extended off-duty days. It gives them chance to do personal

chores during the day. Even though unethical, the researcher noticed that during night shifts, which offers less work load some nurses' ought to study or carry on with personal hobbies such knitting.

4.6.2. PHYSICAL STRUCTURE

In terms of the physical structure of the hospital, (63%) of respondents shows that the renovations efforts taken since 1994 are now paying dividends (fig 3.46). (6%) were undecided with this regard, while only (27%) felt that the physical structure of the hospital was not satisfactory. There is likelihood that may both the (8%) and (27%) of respondents belong to those who see this construct not that important (Value Theory).

4.7. CO-WORKERS

According figure 3.42, as little as (20%) of the respondents were not happy with the person in their work group showing that majority of the nurses' at the hospital were happy about their work-groups. The response is likely to be for those at lower levels (see table 2) because of common goals and needs to provoke their managers or supervisors. Figure 3.23 concerned with the "feeling about a person in a work group" also provides almost the same percentage of satisfaction.

4.8. THE WORK ITSELF

4.8.1. PLANNING OF WORK

According to the new Performance Management and Development System each employee (nurse) must develop work plans and agree upon targets with their supervisors. It is therefore not surprising that majority (63%) of the nurses were satisfied with how their work is planned, because they participate fully on the planning process. The minority (37%) would be those not knowing what they are looking for, probably because of personalities of education deficiencies.

CONCLUSION

In a nutshell majority of responses illustrates that the employees at the hospital are not satisfied with different facets of their jobs such as pay, promotions, leadership and supervision, working conditions, employee involvement as well as the acknowledgement of good performance within their jobs.

Hypotheses testing analyses below was used to validate the objectives of this study.

5. REPORT BACK ON DESCRIPTIVE HYPOTHESES

5.1. HYPOTHESIS (I) "NURSES AT MAFIKENG PROVINCIAL HOSPITAL ARE GENERALLY DISSATISFIED WITH PAY".

Through research, rewards, in terms of pay have proven to be major contributing factor towards job satisfaction. Luthans (1998) reckons that when pay systems seem fair, satisfaction is likely to result (pay satisfaction). Figure 3.7 suggests that majority (94%) of the respondents were not satisfied with the amount of pay they get. Uncertainty only lies with (6%) of respondents who were neither satisfied nor dissatisfied. It is not clear under which category they belonged, but nothing can be read about this. It is only for a few, hence hypothesis is proved to be correct.

The following ought to be noted:

According to Schultz (1999:250) satisfaction with pay also depends on the personal factors, such as age, health, service, emotional stability, social status, leisure activities, family and social relationships. Most of the nurses' where reluctant to furnish some of the information on the questionnaire provided (See Appendix 1).

An interesting fact, however, according to a research findings from a survey which was conducted from small and medium companies was that organisation with high turnover, compensation was common reason given for dissatisfaction, while a company with low turnover respondents perceived emotional factors (work satisfaction, good relationship with managers and other employees) as factors contributing to their retention.

This finding implies that with high rate of nurses' dissatisfied with pay at Mafikeng hospital turnover rates would automatically be high of which is not the case. The contributing factor to this unusual scenario is likely to be attributed to different socio-economic problems such as unemployment and lack of career planning. These are not proven factors, but realistically with our history and unfriendly labour market it is difficult for one to resign for the sake of not being satisfied with pay. Satisfaction with this regard can be noted through absenteeism, poor performance and labour involvement (effects of job satisfaction).

5.2. HYPOTHESIS (II) "LACK OF RECOGNITION AND APPRECIATION IMPACTS ON NURSES' DISSATISFACTION"

A large proportion (75,5%) of the respondents were not satisfied with recognition they got for the work they execute. The other items which were low on job satisfaction related to recognition was " The praise of doing a good job"(92%), "Chance of advancement on the job (86%) and "the pride in job well done"(51%). Generally, the respondents were dissatisfied with how the organisation recognises their efforts, therefore the hypothesis according to the responses is proven, however the following dynamic factors should be known.

According to Luthans (1998:144) individuals can only be promoted on basis of seniority or performance. From 1994 until 2001 public servants were promoted from one rank to another after each and every three years. This system was later phased out. The system (PMDS) requires employees to apply for the vacant posts. Dissatisfaction with this regard can therefore be attributed to poor performance or those with phobia to go for the interviews.

Even though, it is still premature to make conclusions about the system, questions have already been raised about the limited budget. The limited budget means measures are to be taken not to overspend even if the employees have performed. Secondly, scorings according to the work plan are still subjective, because no one cannot isolate from the principles of the Leader Member Exchange Theory (page 18). A manager or supervisor, anywhere at any given time will have favourites.

5.3. HYPOTHESIS (III) "SALARY INCREASES AND CHANCES TO ADVANCE IN THE ORGANIZATION ARE STAGNANT".

To test this hypothesis the researcher required records. It was unfortunate that the hospital Human Resource Section could not provide. The researcher required information about the nurses' profiles to monitor their progress. Salary increases generally occurs around August every year for every Public Servant, whereby the Department of Public Service Administration (DPSA) bargain with trade unions for certain percentage of increase depending on inflation rates and host of other problems. The other problem was based on the fact that some sampled nurses' were new recruits. Nurses' responses in relation to how they felt about their career progress were negative (86%), but the researcher wished to compare this with sufficient facts from the records to support this. The hypothesis was therefore not acceptable, because there were no sufficient records to support it.

5.4. HYPOTHESIS (IV) "SUPERVISORS/MANAGERS LACK EXPERIENCE TO PROVIDE ASSISTANCE AND MANAGERIAL SUPPORT TO SUBORDINATES"

The items which scored unfavourably in relation to supervision were as follows " supervision know how" (45%), " Supervision received" (62%), Supervisors in decision – making" (55%), "Guidance received from the supervisors" (71%) and "The way supervisors back" (88%). The average percentage of satisfaction with this regard was (64%) showing that majority of the nurses were dissatisfied with supervision.

An indication from above is that most nurses' have little confidence on their supervisors. In view of the above the hypothesis is approved.

5.5. HYPOTHESIS (V) "OVERALL SATISFACTION WITH THE MEMBERS OF THE TEAM (CO-WORKERS) IS LOW".

(73%) of the respondents were happy with the persons' in the work group. A further (77.5%) of the respondents were happy with their fellow workers. Also, Figure 3.42

5.5. HYPOTHESIS (V) "OVERALL SATISFACTION WITH THE MEMBERS OF THE TEAM (CO-WORKERS) IS LOW".

(73%) of the respondents were happy with the persons' in the work group. A further (77.5%) of the respondents were happy with their fellow workers. Also, Figure 3.42 indicates that at least (69%) of the respondents were satisfied with the manner in which co-workers get along with each other.

Three of the above-stated responses show the average satisfactory percentage of (73%) showing that nurse Mafikeng Provincial Hospital work harmoniously. This shows that majority of nurses' have positive attitudes towards their fellow co-workers. In view of the above facts, the hypothesis is disproved. According to Luthans (1998:148) when people are difficult to get along with, it may have negative effect to job satisfaction,but since the hypothesis has been disapproved this doesn't cause a concern at Mafikeng hospital.

5.6. HYPOTHESIS (VI) "THE PROFESSION ITSELF AND THE ENVIRONMENT, IN WHICH THE NURSES' WORK, INCREASE JOB DISSATISFACTION".

In this section, respondents were provided with various options and had to indicate their feelings about the work itself and the environment they work in. The items which the nurses were dissatisfied about are as follows: "the amount of growth" (78%), "the ability to help other people" (63%), "independent thought of action (61%)", and "the amount of challenge in my job" (47%).

The items which the nurses were most satisfied were: "the amount of job security" (57%), "hours of work" (39%), "physical environment" (63%), " steadiness of employment" (47%), "the way the job provides for a secure future" (35%) and "chance to do different things from time to time" (63%).

In view of the above the hypothesis is partly proved. A proved hypothesis would be " the profession itself/ nature of the job increase job dissatisfaction", because this is the only area which the nurses are dissatisfied in.

Holistically, the first world countries (Britain, United States of America and Australia) are known to have shortage of nurses. However, is a known fact that the first world salaries offer fair salaries and have state of art facilities. The question then is why the shortage of nurses. This then drives to the point, that there is a problem with the nature of work (nursing). Very few tend to cope with nursing the profession.

6. CONCLUSION

The response of nurses' attitude towards their jobs is generally not satisfactory. Almost all hypotheses were proven except the one on recognition, which was somehow proved even though the records requested were unavailable. The other hypothesis based on co-

workers and work itself was partly proved because the respondents were mostly content with one aspect (co-workers).

The following chapter covers conclusion of the study. The aim of this chapter is to give a summary of the study findings and further highlight other critical issues based on the research as well as recommendations in line with the outcome of the research results.

CHAPTER 5

RECOMMENDATIONS AND CONCLUSION

1. INTRODUCTION

Most respondents prioritised salary as the basis for their discontent, with very few citing it a living wage, especially in comparisons with other related professions. Nevertheless, pay remains on the agenda of the base of job dissatisfaction. However, there seem to be a paradigm shift in the labour disputes and industrial actions. In the general labour disputes of the recent past, the salary issue was central to the disputes. In recent times, the bone of contention is the conditions of employment, maladministration and job security especially in private sector. The two, resides at the heart of the general labour strikes. Nurses' at Mafikeng Provincial, seem to align with the industrial trend, citing lack of incentives and professional guidance from supervisors as the main source of dissatisfaction. Issues of fringe benefits work itself and incompetence in the management line is also perceived to be rampant.

2. STUDY LIMITATIONS

Nursing profession, the work itself, with specific reference to the job descriptions within the profession at the institution, is portrayed as very distressing. According to Luthans (1998:144) work itself refer to the extent to which the job provides an individual with interesting tasks, opportunities to learn and chances to accept responsibility. Most of the nurses' seemed to be dissatisfied with their jobs as a direct result of stress attached to it, citing lack of conducive and stimulating climate of operational areas to express themselves as outlined above. Robbins (2002:83) adds that people prefers jobs that give them opportunities to use their own skills and abilities and offer a variety of tasks, freedom and feedback on how well they are doing. These are the items that the respondents were mostly dissatisfied with (figure 3.12, 3.13, 3.17, 3.18, 3.19, 3.20, 3.22, 3.25, 3.30, 3.34, 3.38, 3.41, 3.47 and 3.48). It has to be noted that the above-mentioned are embodied job demands for individual employee. Therefore, if these demands are not realised within a job situation, tension and stress develop. Granted this backdrop, it becomes absolutely imperative for a further comprehensive study in this area, to establish the relationship between stress attached to the work and job satisfaction with a view to establish a rapport and a harmonious working relations amongst all the stake holders within the nursing profession.

3. SPECIAL FINDINGS OF THE STUDY

3.1 MARKET RELATENESS OF SALARIES

Contrary to one of the recommendations to follow, the truth is that nurse salaries at the hospital are market related, in a sense nurses earn almost equally compared to their peers

in public service except for social workers. It is from this above notion, that the pay satisfaction objective becomes frivolous.

3.2 TURNOVER RATES AT MAFIKENG PROVINCIAL HOSPITAL

It is also important to reveal that, although the national statistics are very high on nurse turnover, especially for nurses migrating to overseas health institutions. Very few have followed the trend at Mafikeng Provincial Hospital. Since the year 2000, only three nurses were reported to have gone overseas on the same mission. It cannot be completely ruled out however, that the reason behind this is likely to be that majority of nurses at Mafikeng hospital do not have scarce skills required abroad. Family commitments and submissive human disposition to stay put in tneir jobs are likely to be other factors contributing to nurses to retaining their jobs despite dissatisfaction.

3.4 PERSONALITY TRAITS AND NURSING

Majority of nurses lack assertiveness, as evidenced by their poor interpersonal relationship with their patients. They often display aggressive tendencies when addressing their patients. It is unfortunate that nurses' decision to follow the profession was not a "calling" but an opportunity get employed, considering unemployment rates in the country.

The other factor concerned personality traits, is that the Department of Health continuously advertise nursing related posts (see appendix 2 and 3) for nursing vacancies, within the hospital and the province. There seems to be a big shortage of nurses' at the hospital, provincially and nationally. The demand is more than the supply of nurses' from colleges and universities. The criterion used for registering student nurse is restrictive, because of varied reasons ranging from the shortage of University/ College supervisors to budget allocations. The researcher has also been told by students at University of North West that upon finishing the programme they get posted without job-hunting. Also, whilst still studying, they get remunerated for doing praticals (internships).

This demand may destabilise nursing fraternity, because nowadays youth are encouraged to study for occupations which are more technology and technically bound, and are generally perceived to be market friendly and have abundance of employment opportunities. Therefore, job-fit cannot be readily realised considering these barriers. This is unique finding at the hospital, but hold sway for the country in general.

3.5 NURSES AND THEIR PEERS

Having gone through almost the same training and duration, but at the end not having the same benefits like cell phones and car subsidies demoralises. The two careers, (Nursing and Social Work) are interrelated, complementary and have commonalities in terms of course contents studied at tertiary, such as psychology and sociology. The more one thinks is better paid the better the performance. Implying that, if nurses' were paid

comparatively the same as their peers and granted the same benefits, then they would to a certain degree get motivated in their jobs. Figure 3.6 confirms the above notion.

4. RECOMMENDATIONS

In line with the findings of the study, it is recommended that:

i. Although, it seems nurse salaries are market related. Pay structures and benefits for nursing fraternity should be re-evaluated in a form of salary surveys and generalised job evaluation processes not only at Mafikeng Provincial hospital, but nationally, because one has to take cognisance that Mafikeng hospital is a public entity. Salary surveys should be conducted to have an idea on how peers are paid in private hospitals, neighbouring countries and overseas. Salary surveys will provide an indication as to why nurses are dissatisfied with pay or tend to seek employment in private hospitals or overseas (a national trend).

   For job satisfaction and retention strategies, salaries should be upgraded following what the Department of Social Development nationally did with Social Workers (a very controversial issue in Public Service), especially in North West (2005). Upgrading of nursing post is urgently required, there ought to be parity and benchmarking in all public service departments.

   Nurses' should also be granted study leaves, with full pay and should be encouraged to study further and improve their qualifications, considering that they are in a demanding career, which calls for constant evaluation and warrant scope for improved medical approaches.

ii. Not favouring supervisors, though, whenever there is a problem (dissatisfaction) certain people are to be blamed. People have a tendency of pointing fingers. It is natural. Nurses would therefore complain about the supervisors even when they are competent. There will always be "we and they". In order to curb dissatisfaction against the supervisors, the following transformational styles (page 19) of supervision are recommended for advocacy:

   - Firstly, echoing on Bing (1996) and Pollack (1996) sentiments supervisors should have "face time" with subordinates in order to exchange ideas, discuss headaches, fears, dreams, to laugh (socialise) evaluate performance regularly by giving individuals personal attention, awakening about certain in dynamics which are difficult to change, broadening responsibilities and by making their work interesting to achieve more. This strategy will "buy in" subordinates attitudes to their supervisors;
   - They must be trained in for mentoring, decision-making and conflict resolution skills;

- They should deal with dissatisfaction (headaches). In turn this will unload the unforeseen burden against them. For example, if employees complain about working conditions, this problem must be addressed promptly and expeditiously, because failure will automatically leads to multiplied dissatisfactions, that is dissatisfaction with working conditions and dissatisfaction with supervisors (caused by failure to address the problem);
- Supervisors should utilise behavioural and technical support making sure that they have marketable and promotable staff members, through personal career development workshops, seminars and both on-the-job-training and off-the-job training;
- Supervisors should receive better training in Human Resource Management and general management practices;
- Nurses' should be informed about the nature of their work through (SWOT Analysis) identifying strengths, weakness, opportunities and threats, prevalent at the Mafikeng Provincial Hospital or in nursing profession, career management inclusive for issues pertaining career choice, development and career ceilings.

iii. The nature of work (nursing) is a major source of nurse dissatisfaction. Nurses' are faced with traumatic stress, caused by attending to critically ill, dying patients and hostility from the patients and community at large. To curb this problem, nurses should be counselled on how to deal with stress and be workshoped to solicit strategies which can be used to progress through the ranks (career development). An open secret is that doors are opened for anyone to progress through the ranks until managerial positions. Nurses' can progress through the ranks to the level of senior managers (Directors) similarly. Former nurses', like Ms. Maureen Modiselle the current MEC of Finance have done it. The list is just endless, even the current managers of the hospital, Mrs N Sehole and Mrs Thwane were nurses. Even though not proven, managers who started, as nurses tend to have high degree of satisfaction than those who are operational, meaning that the perception of the above two about their jobs is likely to be positive. This status quo might be influenced by enhanced job involvement, engagement, enlargement and possibly job rotation, which are all job satisfaction enhancement strategies.

Unproven observation is that, most of the nurses' do not aim high. Most of them have degrees and even higher degrees, but they only aim only until level 8 posts (Chief Professional Nurse level), which results in career plateauing and burn-outs, which are all negative forms of job attitudes. The ball is on everybody's court to decide his destiny.

iv. Although, this may appear to be discriminatory. Based on the first pioneers and doyens of nursing in the calibres of Florence Nightingale and the Cecilia Makiwana's of this world. The hospital managers should use such icons as a model to recruit those with passion to help people. It is unfortunate that those can only be found in convents (nuns) or from passionate retired nurse veterans

pool. Retired nurses of the afore mentioned calibres should be recalled to motivate the current nursing generation even if its on voluntary basis, with stipends paid for services rendered. This is probably an alternative way of ensuring job-fit.

v. Nurse fringe Benefits should be increased. These benefits include, night allowances, cell phones allowances and also if possible car allowances such that nurses can compare with their counterparts (Social Workers). Nurses' at hospital only benefit with uniform allowances. They failed to secure rural allowance, because the hospital is considered not to be based in rural area.

5. CONCLUSION

In my studies, I have endeavoured through contemporary but scientific approach to highlight the state of affairs at the Mafikeng Provincial Hospital pertaining to the working conditions of the health professionals. A variety of issues residing in the job dissatisfaction of these professionals have been touched, and broadly elucidated upon, reflecting at the same time, the cause of their discontent to finally find themselves in a disgruntled state.

This study, however, was only a scratch on the surface. Further research in this area, is highly advocated and emphasised, so as to unearth a deep structure cause, residing at the root of the problem.

There is urgent and dire need, to assert an ideal state at the Health Institution, which will harness employees with positive attitudes towards their job satisfaction. This harmonious and conducive climate will surely be enhanced by identifying constructs individual nurses find gratification in, and drawing from my recommendations broadly outlined above. There is no doubt that these prescriptions will lead to a fulfilling workforce whose performance will equal that of expected standards imperative for the ultimate achievement to the satisfaction of all stakeholders in the Department of Health as underpinned in the "Batho Pele" principle service standards.

The nurses' mishaps are also a functional of the superiors' dictatorial style of imposing administration and management with little engagement of subordinates as stakeholders, for inputs in decision making and resolutions.

REFERENCES

1. Anthony, W.P., Perrewé., Kacmar, K.M. (1999) Human Resource Management: Strategic Approach. (3rd ed). London: Harcourt College Publishers.

2. Bass, B.M. (1979). Organizational Psychology.(2nd ed). Boston: Allyn and Bacon.

3. Bateman, C. (2002). Long-term Strategy of Retain Local Nurses: Izindaba. South Africa Medical Journal. 92:2, p.107, Feb (T/Nat. Alg.(FP)).

4. Bateman, C. (2001). Skills Drain of South Africa Nurses Worsens: Izindaba. South African Medical Journal. 91:2,p.101, Feb (T/Nat.Alg. (FP)).

3. Beardwell. I., Holden, L. (2001). Human Resource Management: A Contemporary Approach. (3rd ed). London: Pearson Education Limited.

4. Behr, A.L (1988). Empirical Research Methods For Human Sciences: An Introduction text for students of Education, Psychology and Social Sciences (2nd ed), Durban: Butterworths.

7. Bergh, Z.C., Theron, A.L. (2003) Psychology in the Work Context. (2nd ed). Cape Town. Oxford University Press.

8. Bless,C., Higson-Smith, C. (1995).Fundamentals of Social Research Methods An African Perspective. (2nd ed). Kenwyn: Juta & Co.

9. Bless, C., Kathuria, R. (2000). Fundamentals of Social Statistics: An African Perspective. (3rd ed). Kenwyn: Juta and Company, Ltd.

9. Bester, C.L., Boshoff, A.B. (1997). Prediction of Nurses' Job Satisfaction level. Curations: South African Journal Of Nursing. 20:4, p.59-63, Dec (t/Verpl.(FP)).

10. Beukes, M.(1990). Job Satisfaction in Nursing. Nursing RSA. 5:6, p.13-6., Jun.(T/Verpleegk.(FP)).

11. Boase, N. (1995) Reducing absenteeism in the workplace. People Dynamics. 13:11, p 84, Nov/Dec.

12. Boase, N. (1997). Dealing with stress in the workplace. People Dynamics. 15:1, p 37,Jan..

13. Boshoff, C. & Mels, G. (1995). Role stress and job satisfaction: their supervisory Antecedents an their influence on organizational commitment. Journal Of Industrial Psychology. 21:1, p.25-32, (T/Ekon.(FP);(ABKS)).

14. Boshoff, C. & Mels,G. (1994). The influence of supervision, organizational

Commitment and job satisfaction on performance: a path-analytical study. Management Dynamics. 3:3,p.1-34, (T/Ekon.(FP); ABKS(ABKS)).

15. Cranny, C. J., Cain- Smith, P., & Stone, E. F. (1992). How people feel about their jobs and how it affects their performance (Job Satisfaction). Lexington Books.

16. Cumbey, D.A., Alexander, J.W. (1998). The relationship of job satisfaction with organizational variables in public health nursing. Journal of Nursing Administration (Jona). 28:5, p 42, May.

17. Davis, K.(1996) Human Behaviour at work: Organizational Behaviour. (6th ed). Mcgraw-Hill, Inc.

18. Du Bruin, A. J. (2000). Applying Psychology: Individual and Organizational Effectiveness. (5th ed). Upper Saddle River, NJ: Prentice-Hall.

19. Erasmus, B.J. (1998). Nursing Professionals' views on the Workplace: Survey Results. Curations: The South African Journal of Nursing. 21:4, p.50-57, Dec (T/Verpl.(FP)).

20. Feldman, D.C. (1986). Managing Individual and Group Behavior in Organizations. New York: Mc Graw-Hill Series Management.

21. Fletcher, C.E (2001,June). Hospital RN's job satisfactions and dissatisfactions. Journal of Nursing Administration, 31(6), 324-31.

22. Gibson, J.L.,Ivancevich, J.M.,Donnelley, J.H (Jnr) .(1997). Organizational Behavior. (9th ed). Structure, Processes, Mcgraw-Hill.

23. Hamilton-Atwell,A. (2003). Absenteeism: managing it for organisational improvement. Management today. 18:10,p.56/61, (T/Ekon.(fp);T/Ekon.(VK); ABKS (ABKS)).

24. Hegney, D.A., McCarthy, J.W. (2000). Job Satisfaction and Nursing in rural Australia. Journal of Nursing Administration (Jona). 30:7/8, p 347, Jul/Aug.

25. Hellriegel, D. (1979). Organizational Behaviour. (2nd ed). St Paul: West Publishing Company.

26. Hersey, P., Blachard, K.H & Johnson, D.E. (1996). Management of Organisational Behavior, Utilizing Human Resources. (7th ed). Upper Saddle River, New Jersey: Prentice-Hall.

27. Hodge, B.J., Anthony ,W.P., Gales,L.M. (2003). Organization Theory: A Strategic Approach. 6th edition. Prentice Hall, Upper Saddle River, New Jersey 07458.

28. Ivancevich, J.M & Matterson M.T. (2002). Organisational Behavior and Management. (6th ed). Mcgraw-Hill.

29. Joubert, A 1987. Great job satisfaction. Nursing RSA (1987) 2:3,P.11-3, Mar (T/Verpleegk.(FP)).

30. Kreitner, R., Kinicki, A. (1998). (4th ed). International Edition, Organizational Behavior. London: Mcgraw-Hill.

31. Luthans, F. (1998). Organizational Behaviour. (8th ed). Boston, Mass: Irvin/ McGraw-Hill International, Management and Organization Series.

32. Mcneese-Smith, D.K. (1997). The influence of manager behaviour on nurses job satisfaction, productivity and commitment. Journal of Nursing Administration (Jona). (1997) 27:9. p 47-48. Sept.

33. Miner, J.B. (1992). Industrial Organizational Psychology. The State University of New York: McGraw-Hill, Inc.

34. Moorhead, G., Griffin, R.W. (1998). Managing People and Organizations, Organizational Behavior. (5th ed). Boston. New York: Miflin Co.

35. Mullins, L.J. (1999). Management and Organisational Behavior. 5th edition. London: Financial Times: Financial Times Pitman Publishing.

36. Mzolo, B. (2003). What the future holds for nurses. Nursing Update. 27:7, p.49).

37. Nel, P.S:, Van Dyk, P.S., Haasbroek, G.D., Schultz, H.B., Sono, T., Werner, A. (2004). Human Resource Management. (6th ed). Cape Town: Oxford Southern Africa.

38. Special Assignment. (11 Feb 2003). Nurses' Turnover. South African Broadcasting Authority (SABC).

39. Riggio, R.E. (2003). Introduction to Industrial/Organisational Psychology. (4th ed). New Jersey: Upper Saddle River.

40. Robbins, S.P. (2000). Managing Today. (2nd ed). New Jersey: Prentice-Hall, Upper Saddle River.

41. Robbins, S. (2002). Organisational Behaviour. (9th ed). New Jersey: Upper Saddle River, Prentice Hall.

42. Schermerhorn,J.R (Jnr)., Hunt,J.G., Osborn R.N. (1994). Managing Organizational Behaviour. (5th ed) New York: John Wiley & Sons. Inc.

43. Schermerhorn, J.R (Jnr). (1996). Management and Organisational Behavior Essentials. New York:John Wiley & Sons, Inc.

44. Schermerhorn, J.R (Jnr).,Hunt, J.G & Osborn, R.N. (2000). Organizational Behavior. (7th ed). New York: John Wiley & Sons, Inc.

45. Schreuder, A.M.G., Theron, A.L (2001). Careers, An Organizational Perspective. (3rd ed). Kenwyn: Juta & Co Ltd.

46. Schuitema, E. (2000). Retain your staff through care and Growth. People Dynamics.18:10, p22, Oct.

47. Schultz, D., Schultz, S.E. (1999). Psychology & Work Today: An Introduction to Industrial and Organizational Psychology. (7th ed). New Jersey 07458 Simon & Schoster / A Viacom Company: Upper Saddle River, Prentice- Hall.

48. Spector, P.E. (1996). Industrial & Organizational Psychology: Research and Practice. (2nd ed). New York: John Wiley & Sons.

49. Swanepoel, B., et al. (2000). Southern African Human Resource Management: Theory and Practice. (2nd ed). Kenwyn: Juta & Co Ltd.

50. Taylor. (1992) The cost of absenteeism. People Dynamics. 10:12, p 31, Sept.

51. Tossi, H.L.,Rizzo, J.R & Carroll, S.J. (1995). Managing Organizational Behavior. (3rd ed). New York: Harper Collins.

52. Venter, J. (1997). Participation and productivity: where are we in the race?. People Dynamics. 15:1, p24-25, Jan.

53. Wagner,J.A & Hollenbeck, J.R. (1998). Organizational Behavior, Securing Competitive Advantage. (3rd ed). International Edition), Prentice-Hall, Inc.

54. Weiten, W. (1992). Psychology, Themes & Variations. (2nd ed). London: Thomson and learning.

55. Worldonline:[http://www.employeesatisfaction.com] October 2000

56. Worldonline:[http://www.calib.com/nccanh/pubs/usermanuals/supercps /satisfy.cfm] 09 January 2003

57. Worldonline:[http://www.juns.nursing.edu/articles/fall%202002/kettle.html]

58. Worldonline:[http://www.geocities.com/Paris/Café/5839/writings/satisfaction.htm]

59. Worldonline:[http://www.performance-unlimited.com/satisfy.html]

59. Worldonline:[http://www.calib.com/nccanch/pubs/usermanuals/supercps/satisfy.cfm]

60. Worldonline:[http://www.allnurses.com/forums/showthread.php?threade50.d=381193] 11 July 2003.

61. Worldonline: [http://www.napa.ufl.edu/oldnews/nurses.htm] 11 July 2002

62. Worldonline: [(http://www.findarticles.com/cf_0/m0961/2002Annual/83789642/_print.jhtml)

APPENDIX 1

Questionnaire on job satisfaction

The purpose of this questionnaire to give you a chance to explain **how you feel about your present job,** what things are you satisfied with and what things you are not satisfied with.

On the following pages you will find questions concerning your present job. You are to record your answers to each question on a 5- point scale, with

1 = Very dissatisfied

2=Dissatisfied

3=neither satisfied nor dissatisfied

4= Satisfied

5 = Very satisfied.

- Read each question carefully.
- Note that the descriptions at the end points of each scale and then decide where on the scale to mark your response.
- There are no right or wrong answers.
- Using a cross, mark the number on the scale that reflects your feeling.
- Do this for all questions. Please answer every item.
- Be frank and honest. Give a true feeling concerning your present job.
- Do not spend too much on any particular question; rather be spontaneous by giving your first response to each question.

	Very Dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied
1. The praise I get for doing a good job.	1	2	3	4	5
2. The chance for advancement on this job.	1	2	3	4	5
3. To what extent are you satisfied with the pride in a job well done?	1	2	3	4	5
4. What is your degree of satisfaction with the	1	2	3	4	5

recognition you get for the work you do?					
5. To what extent are you satisfied with your chance for doing as much things as your friends?	1	2	3	4	5
6. What is your degree of satisfaction concerning how your pay compares with that of other workers?	1	2	3	4	5
7. How satisfied are you with the amount of pay you get?	1	2	3	4	5
8. What is your degree of supervision with your supervisor's know how?	1	2	3	4	5
9. The way my job provides for steady employment.	1	2	3	4	5
10. How do you feel about the pay you receive?	1	2	3	4	5
11. The way the Health Department policies are put into place.	1	2	3	4	5
12. Your opportunity to use your own abilities.	1	2	3	4	5
13. The freedom to use my own judgment.	1	2	3	4	5
14. The competence of your immediate supervisor in decision-making.	1	2	3	4	5
15. The amount of support and guidance you receive from my supervisor.	1	2	3	4	5
16. To what extent are you troubled with your job security.	1	2	3	4	5
17. How much chance does your job give you to do things you are best at.	1	2	3	4	5
18. How satisfied are you with the chances you have to accomplish something worthwhile.	1	2	3	4	5
19. The chance to do something that makes use of my abilities.	1	2	3	4	5
20. The chance to tell peoples what to do.	1	2	3	4	5
21. To what extent are you satisfied with your chance to be responsible for planning your work?	1	2	3	4	5
22. The chance to do different things from time to time.	1	2	3	4	5
23. All in all, how satisfied are you with the person's in your work group?	1	2	3	4	5

24. All in all, how satisfied are you with the organisation, compared to most others?	1	2	3	4	5
25. How satisfied, do you feel with the progress you have made in this organisation up to now?	1	2	3	4	5
26. To what extent are you satisfied with the way your supervisor backs his/her personnel up with top management?	1	2	3	4	5
27. How satisfied would you say you are with your job?	1	2	3	4	5
28. What is your degree of satisfaction with the physical environment that you work in?	1	2	3	4	5
29. Your fellow workers.	1	2	3	4	5
30. The recognition you get from the job.	1	2	3	4	5
31. How satisfied are you with industrial/labour relations between management and the workers at work?	1	2	3	4	5
32. The way your organisation is managed.	1	2	3	4	5
33. How satisfied are you with hours of work?	1	2	3	4	5
34. The attention paid to suggestions you make.	1	2	3	4	5
35. How satisfied are you with the fringe benefits you receive?	1	2	3	4	5
36. What is the degree of your satisfaction with the way the employees are informed about company policy?	1	2	3	4	5
37. How satisfied are you with the amount of job security you have?	1	2	3	4	5
38. The amount of personal growth and development I get during my job.	1	2	3	4	5
39. The amount of challenge in my job.	1	2	3	4	5
40. The chance to help other people while at job.	1	2	3	4	5
41. The amount of independent thought and action I can exercise in my job.	1	2	3	4	5
42. The way my co-workers get along with each other.	1	2	3	4	5
43. What is the degree of your satisfaction with your chance to have a definite place in the community?	1	2	3	4	5
44. What is your degree of satisfaction with the way your employer takes care of complaints	1	2	3	4	5

brought to him/ her by his/ her subordinates?					
45. To what extent are you satisfied with the way layoffs and transfers are handled in your job?	1	2	3	4	5
46. What is the degree of satisfaction with your working conditions?	1	2	3	4	5
47. What is the degree of your satisfaction with the way you get credit for the work you do?	1	2	3	4	5
48. The chance to do something for other people?	1	2	3	4	5
49. To what degree are you satisfied with the social position in the community that goes with your job?	1	2	3	4	5
50. What is your degree of satisfaction with the way your job provides for a secure future?	1	2	3	4	5

Comments:.....

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APPENDIX 2

VACANT PROFESSIONAL NURSES ADVERTS AT THE COMPLEX

Senior Nursing Assistant (2 posts)
Nursing Assistant (5 posts)
Centre: Bophelong Psychiatric Hospital

Salary: R51 492/R43 875 p.a.

Requirements: • Grade 10 plus 2 - 5 years experience as a nursing assistant • Grade 12 plus 1 - 2 years experience as a nursing assistant • Registration with South African Nursing Council • Enrolment Certificate as Nursing Auxiliary.

Duties: • Provide comprehensive basic patient care to meet the Psychiatric Hospitals objectives of service delivery • Provide continuous observation of Psychiatric patient • Continuous monitoring and recording of patient care activities • Adherence to policies and guidelines • Perform according to identified KPA'S • Render Nursing support service to Nursing Professional.

Applications should be forwarded to: The Chief Executive Officer, Mafikeng/Bophelong Psychiatric Hospital, Private Bag X2031, Mafikeng 2745. For attention MT Moche. **Enquiries:** TA Tyolo, tel: (018) 383 2005 ext 335.

Ref No.: NWDoH/0210/03

General Manager
Salary: R233 394 p.a.

Centre: Bophelong Psychiatric Hospital

Requirements: • An appropriate Bachelor's degree (or equivalent) in the field of Administration and Management • Knowledge of Human Resource Management and Financial Management • Relevant management experience in the health sector.

Knowledge, skills, training and competencies required: • Analytical thinking • Leadership and good interpersonal skills • Computer literacy • Conflict management skills • Skills in planning and performance management • Good communication skills • Project management • Strategic and lateral thinking skills.

Duties: • Provide leadership for the management team to ensure efficiency and caring • Establish and/or maintain relevant management systems in the hospital • Formulate and execute institutional strategic and operational plans • Manage all hospital resources in line with the applicable policies and regulations • Ensure Total Quality Improvement and Management(TQM) in all corporate and clinical processes in the entire hospital • Ensure Management By Walking Around (MBWA) • Ensure appropriate structures are in place and functioning effectively.

Applications should be forwarded to: The Chief Executive Officer, Mafikeng/Bophelong Hospital Complex, Private Bag X2031, Mafikeng 2745 for attention: Ms GS Molobi. **Enquiries:** Dr Manaka, tel: (018) 383 2005 Ext 468.

Ref no.: NWDoH/0304/13

Professional Nurse/Senior (20 posts)
Salary: R75 411/R93 936 p.a.

Centre: Bophelong Psychiatric Hospital

Requirements: • Grade 12 • Diploma/Degree in General Nursing, Midwifery, Psychiatry & community • Current registration as professional nurse with SA Nursing Council and proof of registration • Between 0 and 2 years experience in nursing.

Duties: • Render promotional, preventive, curative and rehabilitative care to patients and educate patients, families and the community • Draw teaching programmes and ensure implementation • Ensure effective supervision of patients and guides subordinates • Ensure effective Financial Management • Ensure effective and efficient implementation of Performance Management Development System • Evaluate patient's progress • Assess patient's needs • Implement therapeutic programmes.

Enquiries: T A Tyolo, tel: (018) 383 2005 Ext 335. Applications to be forwarded to: The Chief Executive Officer, Mafikeng/Bophelong Psychiatric Hospital, Private Bag X2031, Mafikeng 2745, Attention Moche M T.

(Ref No: 1806/19)

Professional Nurse
(Two posts) *(Ref. 3511/0)*

Bophelong Psychiatric Hospital

Salary: R53 898 per annum.

Requirements: •Registration with the SA Nursing Council •Diploma/degree in Nursing/Psychiatric Nursing.

Duties: •Render promotive, preventive, curative and rehabilitative care to patients and relevant patients, families and the community •Draw teaching programmes and ensure implementation •Supervise and guide subordinates •Evaluate patients' progress •Assess patients' needs •Implement therapeutic programmes.

Applications should be forwarded to: The General Manager, Bophelong Psychiatric Hospital, Private Bag X2031, Mafikeng 2745. **Enquiries:** M.T. Moche, tel, (018) 383-2005 ext. 325/326/328/335.

APPENDIX 3

VACANT PROFESSIONAL NURSES ADVERTS WITHIN THE PROVINCE

Chief Professional Nurse
(Facility Manager)
Centre: Ganyesa Health Centre

Salary: R111 528 p.a. plus Rural Allowance

Requirements: • Grade 12 • Diploma/Degree in General Nursing, Midwifery, Psychiatry and Community Nursing • Current registration with the South African Nursing Council and proof of registration.

Duties: • Render patients education and training of subordinates • Render advanced nursing care and needs analyses • Ensure capacity of junior officials • Set general standards • Assess, diagnose, prescribe, educate and advise patients and refer if necessary • Supervise, support, evaluate sub ordinates and develop staff • Implement objectives of the Hospital • Facilitate community participation.

Applications should be forwarded to:The Sub-district Manager, Ganyesa and Mahopo Health Sub-district, Private Bag X520, Ganyesa 8613. Enquiries : Mr TJ Hoekstra, tel : (053) 998 9800. *Ref no.: NWDH/0304/25*

Professional Nurses (4 posts)
Salary: R72 066 p.a, plus Rural Allowance

Centre: • Kekanastad Clinic (3)

• Cyferskuil Clinic (1)

Requirements: • Registration with the SANC • Diploma in General Nursing and Midwifery • Additional qualifications such as Psychiatry and PHC will be added advantage.

Duties: • Render 24-hour comprehensive PHC services that will include Midwifery, in line with the Batho Pele Principles and the Patients Rights Charter.

Applications should be forwarded to: The Sub-district Manager, Moretele Health Sub-district, Private bag X454, Hammanskraal 0400. Enquiries : Mmelesane Mabo/Semile, tel : (012) 717 2079. Fax: (012) 717 8712. *Ref no.: NWDH/0304/26*

Senior Nursing Assistant
Centre: Lichtenburg Sub-district

Salary: R58 236 p.a.

Requirements: • Grade 12 and experience as a Nursing assistant • Registration with South African Nursing Council • Nursing Auxiliary certificate.

Duties:• Provide comprehensive patient care to meet the Sub-district's objectives of service delivery • Administration and record keeping • Adherence to policies and guidelines • Perform according to identified KPAs.

Applications should be forwarded to: The Sub-district Manager, Private Bag X13051, Lichtenburg 2740. Enquiries: Ms NE Sembatsebe/Ms PPE Molale, tel: (018) 632 4059/1812/7067/7078. Fax: (018) 632 4930. *Ref no.: NWDH/0304/20*

Nursing Assistants (8 posts)
Salary: R49 927.00 pa

Centre: Various Clinics in Lichtenburg Sub-district.

Requirements: • Grade 12 Certificate • Auxiliary Nursing Certificate • Registration with South African Nursing Council.

Duties: • Provide comprehensive patient care to meet the sub-district's objectives of service delivery • Administration and record keeping • Perform according to identified KPAs • Adherence to policies and guidelines.

Applications should be forwarded to: The Sub-district Manager, Private Bag X13051, Lichtenburg 2740 Enquiries: Ms NE Sembatsebe/Ms PPE Molale, tel: (018) 632 4059/1812/7067/7078. Fax: (018) 632 4930. *Ref no.: NWDH/0304/21*

Professional Nurse
(FOUR posts) *(Ref. 35/10)*

Nic Bodenstein Hospital

Salary: R53 898 per annum.

Requirements: •Registration with the SANC as a Professional Nurse •Diploma in General Nursing and Midwifery •Diploma in psychiatric nursing science will be an added advantage.

Duties: •Identify the needs for nursing care •Formulate and implement nursing programmes •Be actively involved in training •Manage and develop manpower and material resources.

Applications should be forwarded to: The Superintendent, Nic Bodenstein Hospital, Private Bag X2, Wolmaransstad 2630. Enquiries: Mrs R.S. Theis, tel. (018) 596-1100.

Senior Nursing Assistant (2 posts)
Nursing Assistant (5 posts)
Centre: Bophelong Psychiatric Hospital

Salary: R51 492/R43 875 p.a.

Requirements: • Grade 10 plus 2 - 5 years experience as a nursing assistant • Grade 12 plus 1 - 2 years experience as a nursing assistant • Registration with South African Nursing Council • Basement Certificate as Nursing Auxiliary.

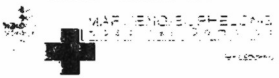
Duties: • Provide comprehensive basic patient care to meet the Psychiatric Hospitals objectives of service delivery • Provide continuous observation of Psychiatric patients • Continuous monitoring and recording of patient care activities • Adherence to policies and guidelines • Perform according to identified KPA'S • Render Nursing support services to Nursing Professional.

Applications should be forwarded to: The Chief Executive Officer, Mafikeng/Bophelong Psychiatric Hospital, Private Bag X2051, Mafikeng 2745. For attention MT Marks. Enquiries: TA Tyobi, tel: (018) 383 2095 ext 2167 *Ref No.: NWDoH/032109*

APPENDIX 4

ATTACHMENT OF LETTER GRANTING PERMISSION TO CONDUCT A RESEARCH PROJECT

DEPARTMENT OF HEALTH
North West Province



MAFIKENG PROVINCIAL HOSPITAL

Ref: .....
Enq: MRS. N.L. THWANE
Extension 226

Mafikeng Provincial Hospital
Private Bag X2031
MAFIKENG 2745

Tel.: (018) 383 2005
Fax.: (018) 383 3503/207

07th July 2003

Mr. Bongani Josiah Mangena
P.O. Box 1754
MAFIKENG
2745

Sir

Re: Application to conduct research study

The Ethics Committee has granted you permission to conduct your research study entitled Job satisfaction : A study of Health Professionals at **Mafikeng Provincial Hospital**

The hospital assures you of their support and assistance.

Thank you

Mrs. N.L. Thwane
Ethics Committee Scriber