

Exploring the resilience of generation Y professional nurses in a private hospital group in Gauteng, South Africa

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DEDICATION

THIS STUDY IS DEDICATED TO

My late sister **Jeanette Brewis**

Thank you for being there for me all your life. Thank you for your unconditional love, acceptance and support during all these years.

You made me believe that I can accomplish anything in life.

I love you very much.

Your sister

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*“Do not judge me by my successes,
judge me by how many times I fell down
and got back up again.”
Nelson Mandela*

ABSTRACT

The nursing shortage is a huge concern in the healthcare sector both worldwide and in South Africa. This shortage of nurses can have an impact on the quality of patient outcomes in the healthcare sector. The current nursing force consists of three generations of nurses, each with different needs, values and attitudes (Keepnews *et al.*, 2010:155).

It is crucial to retain the current nursing force for the private healthcare sector, especially generation Y professional nurses who form a large part of this workforce. One of the factors that is important for retaining nurses in the nursing profession is resilience. Several studies have been done on the impact of resilience on nurse retention. It is evident from research on the resilience levels of professional nurses in South Africa that attitude and ability are improved by resilience. A resilient nurse experiences job satisfaction, builds relationships, and therefore contributes to a conducive work environment. Management can play an important role in supporting generation Y professional nurses by understanding their needs and nurturing their resilience.

Considering the composition of the current nursing force, it is important to examine resilience and a conducive work environment from the viewpoint of generation Y professional nurses.

The purpose of this study is to:

- ❖ Explore and describe the perceptions of generation Y professional nurses working in a private hospital group in Gauteng regarding resilience.
- ❖ Explore and describe the perceptions of generation Y professional nurses working in a private hospital group in Gauteng regarding a 'conducive work environment'.

This inquiry is qualitative and descriptive in nature. Purposive sampling was used to select the population of generation Y professional nurses in a private healthcare group in Gauteng. In this way, it could be ensured that participants possess knowledge of the phenomenon being studied. Data collection was done by conducting semi-structured focus group interviews.

Sample size was determined by data saturation, namely after five semi-structured focus group interviews. Two main categories were identified after data analysis. These categories revealed themes such as staying resilient, strategies to maintain resilience in the workplace, barriers preventing a conducive work environment, and strategies to maintain a conducive work environment.

The findings of this study indicate that generation Y professional nurses possess some of the characteristics of resilience, such as adapting to negative situations and remaining positive, coping skills, the ability to handle emotions, being caring, and being proud to be a generation Y professional nurse. Furthermore, it was also found that the following barriers prevent a conducive work environment: high workload due to staff shortages, poor work relationships, family demands, lack of respect and authority, long working hours, and unprofessional behaviour and lack of support from management. Certain recommendation will be made by introducing strategies to maintain and develop a conducive work environment for generation Y nurses.

Conclusions can be drawn in terms of generation Y professional nurses' perceptions regarding resilience and a conducive work environment. The overall conclusion is that generation Y professional nurses in a private hospital group can be retained if they are resilient and functioning in a conducive work environment. Resilience can be further developed and strengthened by the management of the private hospital group in Gauteng through the identification of programmes, workshops, and role modelling. Furthermore, management needs to support generation Y professional nurses by addressing the barriers identified, thereby maintaining a conducive work environment.

Based on the findings, literature integration and conclusions reached in the present study, recommendations are formulated for nursing education, nursing research and nursing practice in order to develop and strengthen generation Y professional nurses' resilience and create a conducive work environment. An understanding of the differences in values held by different generations of nurses will help managers to develop a conducive work environment for generation Y professional nurses.

Key words: resilience, generations, private hospital group, job satisfaction, conducive work environment, nursing shortage, professional nurse

OPSOMMING

Die tekort wêreldwyd sowel as in Suid-Afrika aan verpleegpersoneel is 'n groot bron van kommer in die gesondheidsorgsektor. Dié tekort aan verpleegkundiges kan 'n negatiewe impak op pasiënt uitkomstê in die gesondheidsorgsektor. Die huidige verplegingsberoep bestaan uit drie verskillende generasies, elk met verskillende behoeftes, waardes en houdings (Keepnews *et al.*, 2010: 155).

Dit is daarom van kardinale belang om die huidige verpleegkundiges in die privaat gesondheidsektor te behou, veral die generasie Y professionele verpleegkundiges wat tans 'n groot deel van die verplegingsberoep vorm. Veerkragtigheid is een van die belangrikste faktore vir die behoud van verpleegkundiges in die verpleegberoep. Verskeie studies is gedoen oor die impak van veerkragtigheid op die behoud van verpleegkundiges. Dit blyk uit navorsing oor die vlak van veerkragtigheid van professionele verpleegkundiges in Suid-Afrika, dat veerkragtigheid hul houding en vermoëns verbeter. 'n Verpleegkundige met veerkragtigheid ervaar werkstevredenheid, bou verhoudings en kan dus 'n positiewe bydrae tot 'n bevorderlike werksomgewing maak. Die bestuur van 'n fasiliteit kan 'n belangrike rol in die ondersteuning van generasie Y professionele verpleegsters speel deur begrip te betoon aan hul spesifieke behoeftes en hul veerkragtigheid te bewaar en te versterk.

Met inagneming van die samestelling van die huidige verplegingsberoep, is dit belangrik om veerkragtigheid en 'n bevorderlike werksomgewing uit die oogpunt van generasie Y professionele verpleegkundiges te ondersoek.

Die doel van hierdie studie is:

- ❖ Om die persepsie van generasie Y professionele verpleegkundiges in 'n private hospitaalgroep in Gauteng oor veerkragtigheid te ondersoek en te beskryf.
- ❖ Om die persepsies van generasie Y professionele verpleegkundiges in 'n private hospitaalgroep in Gauteng met betrekking tot 'n 'bevorderlik werksomgewing' te ondersoek en te beskryf.

Die populasie is kwalitatief en beskrywend van aard. Doelgerigte steekproeftrekking is gebruik om die bevolking van generasie Y professionele verpleegkundiges in 'n private gesondheidsorggroep in Gauteng te kies. Dit metode verseker dat die deelnemers die nodige kennis het van die verskynsel wat bestudeer word. Data-insameling is gedoen deur die uitvoer van semi-gestruktureerde fokusgroeponderhoude.

Steekproefgrootte is bepaal deur dataversadiging, dataversadiging was bereik na vyf semi-gestruktureerde fokusgroeponderhoude. Na data-analise is twee hoof kategorieë geïdentifiseer. Hierdie kategorieë wys temas soos hoe om veerkragtig te bly, strategieë om veerkragtigheid te handhaaf in die werksplek, hindernisse wat 'n bevorderlike werksomgewing verhoed en strategieë om 'n bevorderlike werksomgewing te handhaaf.

Die bevindinge van hierdie studie dui daarop dat die generasie Y professionele verpleegkundiges 'n paar van die eienskappe van veerkragtigheid besit, soos om aan te pas by negatiewe situasies en positief te bly, hanteringsvaardighede te hê, die vermoë om emosies te hanteer, om om te gee, en daarop trots te wees om 'n generasie Y professioneel verpleegkundige te wees. Verder is dit ook gevind dat die volgende hindernisse 'n bevorderlike werksomgewing verhoed: hoë werkklas weens personeeltekorte, swak werksverhoudinge, familie eise, 'n gebrek aan respek en gesag, lang werksure, onprofessionele gedrag en 'n gebrek aan ondersteuning van bestuur. Sekere aanbeveling sal gemaak word deur die bekendstelling van strategieë om 'n bevorderlike werksomgewing vir generasie Y verpleegkundiges te ontwikkel en te handhaaf.

Gevolgtrekkings kan gemaak word in terme van die persepsies wat generasie Y professionele verpleegkundiges het met betrekking tot veerkragtigheid en 'n bevorderlike werksomgewing. Die algemene gevolgtrekking is dat die generasie Y professionele verpleegkundiges in 'n privaat hospitaalgroep behou kan word indien hulle veerkragtig is en funksioneer in 'n bevorderlike werksomgewing. Die bestuur van die private hospitaalgroep in Gauteng kan veerkragtigheid verder ontwikkel en versterk deur die identifisering van programme, werkswinkels, en rolmodelle. Verder moet bestuur die generasie Y professionele verpleegkundiges ondersteun deur die geïdentifiseerde struikelblokke aan te spreek en sodoende 'n bevorderlike werksomgewing te handhaaf.

Op grond van die bevindinge, literatuur integrasie en gevolgtrekkings in die huidige studie, is aanbevelings geformuleer vir verpleegonderrig, verpleegnavorsing en verpleegpraktyk om veerkragtigheid te ontwikkel en te versterk in generasie Y professionele verpleegkundige en die skep 'n bevorderlike werksomgewing. 'n Begrip van die verskille in waardes wat die verskillende generasies van verpleegkundiges het, sal bestuurders help om 'n bevorderlike werksomgewing vir generasie Y professionele verpleegkundiges te ontwikkel.

Slutelwoorde: veerkragtigheid, geslagte, private hospitaalgroep, werkstevredenheid, bevorderlike werksomgewing, verpleegster tekort, professionele verpleegkundige.

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

The nursing profession, both globally and in South Africa, is facing a critical shortage of professional nurses (SANC, 2013). A global trend analysis was done in 2005 and it is expected that the worldwide shortage may rise to 340 000 professional nurses by 2020 (Auerbach *et al.*, 2007:178-185). It is also reported that in the first year of employment, 17,3% of new graduates in the UK leave the nursing profession, and more than 50% do so within six and half years (Kovner *et al.*, 2014:26, 34). Similar studies have been done in the UK by Leiter *et al.* (2009:100-109), who concur that some new graduates leave the nursing workforce within one to two years of employment. The principal reason appears to be a conflict between nurses' expectations and the reality of the high nursing workload.

Concerning global developments, research shows an increase in the employment of professional nurses between the ages of 50 and 64 years for the period from 2001 to 2008. This increase is estimated to constitute 70% of the total increase in employment of professional nurse (Auerbach *et al.*, 2007:178-185). It is estimated that the employment of professional nurses between the ages of 35 and 49 years over that same period did not grow significantly. However, the employment of younger professional nurses under the age of 35 years did increase to 28% of total employed professional nurses (Auerbach *et al.*, 2007:178-185; Buerhaus *et al.*, 2007: 178-185). It is similarly reported that in the UK, the proportion of nurses under the age of 30 in the nursing force is gradually increasing (HRSA, 2013). This correlates with statistics from research done by the South African Nursing Council in 2013, which indicates that the current entry age into the nursing profession is, on average, 30 years (SANC,2013).

In addition, in 2015, statistics from the South African Nursing Council indicated that the ratio of patients to nurses was 369:1 in Gauteng and 402:1 in South Africa as a whole (SANC, 2015). Therefore, it is crucial to retain professional nurses in order to prevent further global shortages of nurses (Wagner, 2010:2071). Furthermore, the prevention of a high nursing turnover is crucial to managing the global nursing shortage. The patients to nurses ratio also reflects negatively on the private hospital sector in Gauteng. High nursing staff turnover amongst professional nurses in the private sector in South Africa is seen as one of the foremost factors contributing to nursing shortages (Breier *et al.*, 2009).

When considering the causes and effects of high nursing shortages and turnover, "nursing turnover intention" as described by Takase (2010:3-7) may play a role. This process consists of psychological, cognitive, and behavioural components. For example, the cognitive

component involves the nurse's decision to leave, and this will contribute to behavioural responses such as withdrawal from the unbearable situation (Takase, 2010:3-7). However, nursing turnover is difficult to forecast due to intervening factors such as family, personal, and financial needs (Stone *et al.*, 2005). Nursing satisfaction, on the other hand, is easier to forecast. An increase in patient activities, inadequate staffing, nursing satisfaction and emotional exhaustion, also known as burnout, contribute to poor patient outcomes (Blendon *et al.*, 2002:347). It is further evident from research on job-related burnout in nurses that stressors in a work environment are an important factor that contribute to burnout and lead to high turnover (Aiken *et al.*, 1997:453-477). Studies done in the government sector in South Africa similarly show that increased nursing dissatisfaction and compromised well-being are the result of staff shortage, high work-load and unsatisfactory and negative work environments (Bester & Engelbrecht, 2009:104-117; Hall, 2004:28-36; Kekana *et al.*, 2007:24-35; Nyathi & Jooste, 2008:28-37; Uys *et al.*, 2004:50-56). According to a similar study in the private sector (Van der Westhuizen, 2008:1-69), 60% of nurses in the private sector leave the profession to seek employment elsewhere as a result of better salaries, patient overload, high work load and safety risks. It is therefore evident that staff shortage, high work-load and an unsatisfactory, negative work environment are factors that contribute to high levels of stress and turnover among nurses. The vast amount of research on the stressful work environment of professional nurses makes it ever more evident that nurses are vulnerable to stress and burnout. From personal experience as a Nurse Manager in a private healthcare group for the last eight years, the researcher is well aware that healthcare is more challenging than ever before.

In an attempt to improve the situation, organisations are starting to focus increasingly on the development and strengthening of resilience in the workplace. Resilience has been acknowledged as an important concept in the nursing profession (Stephens, 2013:125-133). According to Taylor and Reyes (2012:1-13) resilience is a skill that is necessary to survive in the nursing profession. Resilience refers to the ability to adjust to adversity and is related to numerous factors such as emotional insight, life and spiritual balance, reflexivity, being able to resort to a supportive professional network, and being able to remain optimistic and alert to the positive elements even in very difficult and challenging situations (Jackson *et al.*, 2007:1-9). Research among professional nurses in the private and governmental sector in Gauteng identifies the following additional characteristics of resilience: a sense of purpose, being thankful, having self-respect, overcoming obstacles, taking responsibility, being self-disciplined, being able to handle emotions, striving to improve and being caring, as well as being proud to be a professional nurse (Koen *et al.*, 2011:1-11).

Research on the resilience levels of professional nurses in South Africa indicates that attitude and ability are strengthened by resilience (Koen *et al.*, 2011:1-11). Resilience can therefore lead to positive outcomes that enable professional nurses to overcome difficulties, adjust, and become tougher and more committed to the profession (Koen *et al.*, 2011:1-11). In related research, McDonald (2010:134-143) describes workplace adversity in nursing as “the cluster of negative, stressful, traumatic or difficult situations or hardships stemming from working conditions, the work environment and the daily challenges encountered in a working setting”. Nurses hence need to be resilient. According to Hodges *et al.* (2005:548-554), resilience can be developed, and by doing so, nurses can be retained. This will positively affect nursing turnover. Resilient nurses have the ability to transform a stressful day into a growth experience, and to benefit from the experience rather than quit their profession.

Considering the current composition of the nursing force, it is important to examine the level of resilience in the different generations of the nursing workforce. A ‘generation’ is a group of people that shares not only the same birth years, but also other characteristics, needs, values, and attitudes (Keepnews *et al.*, 2010:155).

The Baby Boomer generation was born between 1943 and 1960 and is now between the ages of 54 and 71 years (Zemke, 1999; McNeese-Smith & Crook, 2003:200; Stuenkel *et al.*, 2005:283-285). This generation is the largest that society has ever seen and plays a significant role in the current leadership in the private healthcare sector. Generation X was born between 1961 and 1981 and is the smallest generational cohort. This generation is currently growing in their career and entering the management level of nursing. Generation Y was born between 1982 and 2000. This generation lives in an era of drugs, violence and terrorism. During their childhood years, their parents ensured the safety and security of this generation and provided nurturance and structure in their lives (Hutchinson *et al.*, 2012:444-450). According to McCready (2011:12-15) there are two major differences in behaviour that distinguish generation Y from other generations. Firstly, a high level of technology skills connects this generation with the rest of the world. Secondly, generation Y expects organisational accommodation, an expectation related to the way in which its members were treated and “mothered” throughout their education (McCready, 2011:12-15). According to Andrews (2013:152-159), generation Y expects regular feedback and more coaching from their employer than any other generation in the workplace.

Table 1.1 summarises the characteristics of the generations that currently form part of the nursing profession.

Table 1.1: Characteristics of the three generations of professional nurses

Baby Boomers (1946-1960)	Generation X (1961-1981)	Generation Y (1982-2000)
Workaholic	Balance between work and life	Work-life balance
Loyal and dedicated to employer	Loyal to the goals of the team, not the organisation	Change positions and professions several times during their career
Value learning and training opportunities	Challenging projects make them feel good	Pursue lifelong learning and want to advance education
Expect recognition for achievements	Utilise promotion opportunities	Expect promotional opportunities after short time in a position
Facilitate rapport building and social cohesion in teams	Work independently and are self-reliant	Lead groups or teams
Involvement in work	Fun and humour at work	Constructive feedback and praise
	Resist being micro-managed	Require lengthy orientation
	Comfortable with technology	Technological advantage

(Carver & Candela, 2008:984-991; Frandsen, 2009:34; Thompson, 2007:564-587; Weston, 2006:1-10; Wieck, 2005:27-31)

It is clear that an organisation needs to take the diverse values, beliefs, characteristics and attitudes of the different generations into consideration as this will enable the organisation to manage challenges and opportunities and to understand the importance of a cohesive workplace for the different generations (Cogin, 2004). Similarly, Kupperschmidt (2000:65-76) indicates the importance of acknowledgment of the different generations in an organisation. Generation Y is the largest generation to enter the nursing profession since the Baby Boomer generation (Hutchinson *et al.*, 2012:444-450). Taking into consideration the increasing numbers of this age group amongst professional nurses as well as the high nursing turnover and other challenges, especially in the private sector, generation Y is an important group to examine in terms of their resilience in the workplace.

1.2 PROBLEM STATEMENT

The worldwide shortage of professional nurses has been researched extensively (Auerbach *et al.*, 2007:178-185; Kovner *et al.*, 2014:26, 34; Wagner, 2010:2071). The private healthcare industry is highly concerned about the retention of professional *nurses*, as this has a direct impact on the quality of patient outcomes. A stressful work environment is one of the factors contributing to the high nursing turnover. Professional nurses are under high levels of stress that make them vulnerable to emotional, physical, and mental fatigue (Dean, 2012:16-18). It is also evident that healthcare staff have a higher than average tendency to develop stress related illnesses (Dean, 2012:16-18). It is important to study the well-being of generation Y professional nurses as they are the largest generation to enter the nursing profession since the Baby Boomer generation (Hutchinson *et al.*, 2012:444-450). Therefore, it is important for an organisation to support the generation Y professional nurse by creating and sustaining a conducive work environment in which nurses can apply positive and effective coping skills such as resilience. However, no studies were found to support the idea that effective coping skills such as resilience do indeed contribute to a conducive working environment.

Although clinical research on resilience is increasing (Simeon *et al.*, 2007:1149), studies on resilience in nurses are scarce. For example, it is found by Gillespie *et al.*, (2007:427-423 & 2009:968) that a significant relationship exists between resilience and years of operating room experience in operating room nurses in Australia. However, no relationship is found between resilience and age or education. Gillespie *et al.* (2007:427-438) find that hope, self-efficacy, control, coping, and competence also affect resilience.

The above background discussion and the lack of research in this area call for a study on the perceptions of generation Y professional nurses regarding resilience and a conducive work environment in a private hospital group in Gauteng. Studies indicate that a person can learn to deal with adversity (Palmer, 2013:48-50). The present research may thus result in recommendations for strategies to maintain resilience and a conducive work environment in the nursing workplace in a private healthcare group in Gauteng.

1.3 RESEARCH QUESTIONS

The research questions that guide this study are:

- ❖ What are the perceptions of generation Y professional nurses in a private hospital group in Gauteng regarding resilience?
- ❖ What are the perceptions of generation Y professional nurses working in a private hospital group in Gauteng regarding a 'conducive work environment'?

1.4 RESEARCH PURPOSE

The purpose of this research is:

- ❖ To explore and describe the perceptions of generation Y professional nurses working in a private hospital group in Gauteng regarding resilience.
- ❖ To explore and describe the perceptions of generation Y professional nurses working in a private hospital group in Gauteng regarding a 'conducive work environment'.

1.5 PARADIGMATIC PERSPECTIVE

The researcher must explain her beliefs and assumptions about the world that may impact on the research process. The paradigmatic perspective consists of meta-theoretical assumptions, theoretical assumptions and methodological assumptions (Botma *et al.*, 2010:187).

The researcher has been working as Nurse Manager in private healthcare groups for the last eight years. One of the researcher's biggest challenges has been the retention of professional nurses in the workplace. The researcher has noted that the professional nurses entering the profession are becoming younger and are leaving their positions quickly.

The researcher has been directly involved in the interviewing of professional nurses and in exit interviews. Therefore, employees have shared their experiences and reasons for leaving with the researcher.

The above-mentioned aspects place the researcher in an ideal position to understand and explore the resilience of generation Y professional nurses.

1.5.1 Meta-theoretical assumptions

According to Botma *et al.* (2010:187) the term 'meta-theoretical assumptions' refers to a researcher's philosophical orientation as it comprises the researcher's beliefs about the person as a human being. The concept also includes his or her views of society, the discipline, and the purpose of the discipline. The researcher's general assumptions about the world and the nature of research contribute to this concept, too.

Therefore, the researcher's own world view and personal observation regarding her own inner reality may influence the exploration of generation Y professional nurses' experiences. The researcher's philosophical views are thus described below:

1.5.1.1 Person

Traditionally, a person is seen as a holistic human being who has acquired status and is involved in social interaction. The researcher believes that a person is made as a holistic individual in the image of God. Biological, psychological, social and cognitive subsystems are in constant interaction within each individual. The Holy Bible states in Genesis 1:26-27 "God said, 'Let us make man in our image, after our likeness, and let them have dominion over the fish of the sea, and over the birds of the heavens, and over all the earth, and over every creeping thing that creeps upon the earth.' So God created man in his own image and likeness, both male and female" (Bible, 1995). This view is strongly linked to Florence Nightingale's description of a person as multidimensional and consisting of biological, psychological, social and spiritual components (Selanders, 2010:81). Diagram 1.1 provides an illustration of these components.

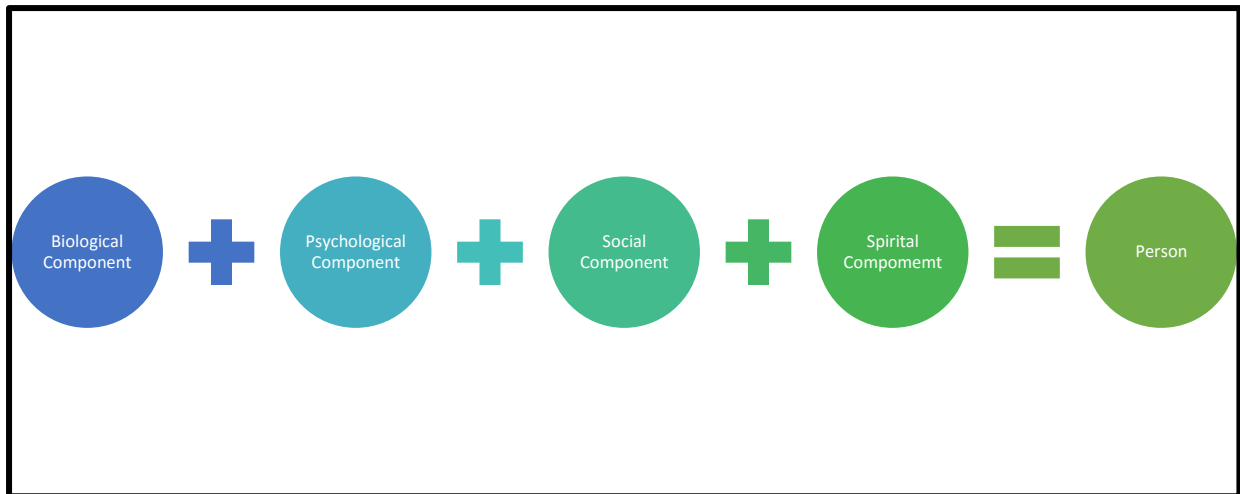


Diagram 1.1: A Person (as adapted from Selanders, 2010:81)

In this study, ‘person’ refers to the generation Y professional nurse. The researcher believes that the generation Y professional nurse is a unique human being that has the potential to have resilience and to work well in a conducive work environment.

1.5.1.2 Environment

The word ‘environment’ is derived from the French word ‘*environ*’, which means ‘surrounding’. A surrounding is a place in which people live, interact and work. Environment is therefore the natural place in which a person lives and works. Environment refers to a person’s physical, social, spiritual and psychological components, including the values and beliefs of a person that can influence how people feel and how effectively they work. The researcher agrees with Florence Nightingale’s view that “[p]oor or difficult environments lead to poor health and disease”, and that the “[e]nvironment could be altered to improve conditions so that the natural laws would allow healing to occur” (Selanders, 2010:81).

The environment in this study is the workplace for generation Y professional nurses, namely a private hospital group in Gauteng.

1.5.1.3 Health

The World Health Organization defines ‘health’ as a state of complete physical, mental and social wellbeing, and not only the absence of diseases or illnesses (WHO, 2006). The body, in maintaining homeostasis, must constantly adjust and adapt when it responds to stress and changes in the environment. This can then be identified as a dynamic condition of health. According to Florence Nightingale’s theory, health is “not only to be well, but to be able to use well every power we have” (Selanders, 2010:81).

In this study, health refers to generation Y professional nurses' resilience and coping skills when dealing with their current stressful current work environment in a private hospital group in Gauteng.

1.5.1.4 Nursing

The International Council of nurses define nursing as: "Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles" (ICN, 2015). The Nursing Act (33 of 2005) describes nursing as a profession, practised by a person registered with the South Nursing Council.

Nursing in this study refers to the ability of generation Y professional nurses in a private health group in Gauteng to take care of a person in such a way as to promote health and prevent illness.

1.5.2 Theoretical assumptions

The central theoretical statement of the present study is described below, followed by conceptual definitions.

1.5.2.1 Central theoretical statement

The focus of this study is the exploration and description of generation Y professional nurses' perceptions regarding resilience and a conducive work environment. This information will contribute to the formulation of recommendations about strengthening nurses' resilience and to improving the work environment for generation Y professional nurses in the private hospital group in Gauteng, with the aim of increasing the retention of nurses.

1.5.2.2 Conceptual definitions

1.5.2.2.1 Resilience

The word 'resilience' stems from the Latin word *resilia*, which means the 'action of rebounding'. Atkinson *et al.* (2009:137) describe resilience as the "capacity to recover from extremes of trauma, deprivation, threat, or stress". Gillespie *et al.* (2007:133) describe the concept using similar terms, but also add that resilience is a continuing process not giving up on the face of adversity. Resilience is a state of recovery after an adverse event or stressful

situation (Atkinson *et al.*, 2009:137-145, Dyer & McGuinness, 1996:276, Garmezy, 1991:459, Rutter, 1985:598).

Resilience refers to the “ability to adjust to adversity” and is related to numerous factors such as emotional insight, life and spiritual balance, reflexivity, being able to resort to a supportive professional network, and being able to remain optimistic and alert to the positive elements of even very difficult and challenging situations (Jackson *et al.*, 2007:1-9).

In this research, resilience refers to the ability of generation Y professional nurses in a private hospital group in Gauteng to cope in their stressful work environment.

1.5.2.2.2 Generations

The term ‘generation’ refers to a grouping of people born within a defined sequence of birth years, i.e. the same time of history and culture (Palese *et al.*, 2006:173-193). A generation traditionally encompasses approximately 20 years or less if a vast difference in culture exists. This research focuses on the generation born in the period from 1982 to 2000, called generation Y, which is characterised by having a work-life balance, changing positions and professions several times during their careers, being comfortable with multi-tasking, leading groups and teams, wanting constructive feedback and praise, and having a technology advantage (Carver & Candela, 2008:984-991; Frandsen, 2009:34; Thompson, 2007:564-587; Weston, 2006:1-10; Wieck, 2005).

1.5.2.2.3 Private healthcare group

In this study, ‘private healthcare group’ refers to a hospital group that is registered on the JSE and primarily serves privately insured clients. The study focuses on a private hospital group in Gauteng province.

1.5.2.2.4 Nursing shortage

In this study, ‘nursing shortage’ refers to a situation where the demand for professional nurses exceeds their supply in a private hospital group in Gauteng.

1.5.2.2.5 Professional nurse

A ‘professional nurse’ is a person who is registered with the SANC in terms of Part 31(1) (a) of the Nursing Act (33 of 2005), who is qualified and competent to practice comprehensive nursing independently “to the prescribed level”, and who can assume responsibility and accountability for such practice.

In this study, a professional nurse is a nurse who is registered with the SANC in terms of Part 31(1) (a) of the Nursing Act (33 of 2005), and, in particular, who was born between the

period from 1982 to 2000 (generation Y workforce) who works in a private healthcare group in Gauteng.

1.5.2.2.6 Job satisfaction

Job satisfaction according to Greenberg and Baron (2000) is determined by the overall positive and negative perceptions of employees regarding their work environment. Together with organisational commitment and intention to remain employed, nursing satisfaction contributes to quality work (Ingersoll *et al.*, 2002:250-263; O'Biren-Pallas, 2010).

In this study, 'job satisfaction' refers to the overall perception of generation Y professional nurses in a private healthcare group in Gauteng regarding their work environment.

1.5.2.2.7 Conducive work environment

A work environment is an important factor in retaining generation Y professional nurses. Aiken and Patrician (2000:146-153) claim that a good-quality work environment promotes professional autonomy and provides employees with necessary control over their work environment. Furthermore, Chandrasekar (2011) states that employees are more productive if the organisation focuses on creating a conducive work environment.

In this study, a 'conducive work environment' refers to the desired place of work of the generation Y professional nurse.

1.5.3 Methodological assumptions

A research methodology is defined as the overall strategy that encompasses everything from the identification of the research problem to the development of the research design and the final plans for data collection and analysis (Burns & Grove, 2009:223). It involves logically planning, ordering and conducting the research, using scientific decision-making and choosing methods which will result in the most valid findings (Denzin & Lincoln, 1994; Mouton & Marais, 1996).

The research methodology has an influence on the quality of the research findings; therefore, the method and findings need to be recorded thoroughly. In this study, the researcher makes use of the scientific research process as described by Botma *et al.*, (2010:38-39). The scientific research process consists of four phases, namely the conceptual phase, research design, analysing and interpreting data, and communication and dissemination of findings.

During the first phase, the researcher formulates and defines the problem, conducts a literature review, formulates the research question or questions and defines concepts related

to the research. During the second phase, the researcher selects a research design that enables the researcher to examine the problem, followed by the identification of the population, sampling methods, and data collection. The third phase requires data analysis and the interpretation of the findings. During the fourth phase, the researcher writes the report and disseminates the study's findings and recommendations.

1.6 RESEARCH DESIGN

The study relies on a qualitative approach as this was the most appropriate method for gaining an in-depth understanding of the world of the generation Y professional nurses in a private healthcare group in Gauteng (Botma *et al.*, 2010:194). Using this methodology, the researcher remains close to the data and the results are based on direct descriptions from people who have experienced the phenomenon.

The purpose of qualitative, descriptive research is to identify, observe, know, and clarify the nature of and relationship between phenomena as they exist in real life, and for results to be close to the truth as possible (Burns & Grove, 2009:3; Polit & Hungler, 1997:20; Mouton & Marais, 1996:44).

Therefore, a qualitative, descriptive inquiry is appropriate for this study as a relatively new topic is being investigated, and the meaning that participants attach to the phenomenon is being explored and described (Botma *et al.*, 2010:194). A descriptive design helps the researcher to answer questions such as who, what, when, where, and how in relation to the research problem. This study relies on a descriptive design to explore and describe the perceptions of generation Y professional nurses working in a private healthcare group in Gauteng regarding their resilience and a conducive work environment. A detailed discussion on the research design follows in Chapter 2.

1.6.1 Research method

The research method refers to the population, setting, sampling method, data collection method, data analysis, and steps to ensure that the research is rigorous (Botma *et al.*, 2010:199). The role of the researcher also forms part of the research method. A more detailed discussion of this will follow in Chapter 2.

1.6.1.1 Population

A population is the entire group of persons that a researcher has an interest in (Brink *et al.*, 2012:131). The target population in this study will be generation Y professional nurses in a private hospital group in Gauteng that owns a total of fourteen hospitals and plus minus 3350 beds in this province. The population consists of approximately 92 generation Y professional nurses in these private hospitals which are located in Pretoria, Roodepoort, Johannesburg, Randfontein, Benoni, Brakpan, Springs, Germiston, and Heidelberg.

1.6.1.2 Sampling

Sampling refers to the process of selecting participants from a population in order to obtain information regarding a phenomenon in such a way that the sample represents the population (Brink *et al.*, 2012:132). In this study, purposive sampling, also referred to as 'judgemental sampling', is used (Botma *et al.*, 2010:201). When using this technique, the researcher selects the sample based on their knowledge of the phenomenon being studied, in this case generation Y professional nurses that have been working in a private healthcare environment for more than twelve months.

1.6.1.3 Sample size

The researcher did not know in advance how many participants would be required. The sample size was determined by data saturation. Data saturation is reached when the researcher hears the same themes repeatedly without learning anything new (Monette *et al.*, 2005:242). Data saturation was reached after the fifth focus group. Generation Y professional nurses from one large, three medium-sized and one small private healthcare facility participated.

1.6.2 Data collection

1.6.2.1 Method of data collection

Data was collected through a planned semi-structured focus group interview and field notes. The semi-structured focus group interview entailed discussions between the researcher and the participants, i.e. listening to generation Y professional nurses talking about their perceptions regarding resilience and a conducive work environment (Botma *et al.*, 2010:210). The semi-structured focus group interviews were conducted in English, and open-ended questions were asked (see Chapter 2 for more detail). All interviews were audio recorded and transcribed afterwards (see Annexure J).

The researcher made use of field notes (see Annexure I) during her interviews with the participants. The researcher produced these field notes as part of the interviews in order to

ensure richer and more descriptive data. The notes were divided into three types: descriptive notes, reflective notes, and demographic information (Creswell, 2009:181-192).

1.6.2.2 Role of the researcher

The researcher obtained approval for the research from the Scientific Committee of the INSINQ Research Focus Area of the Faculty of Health Sciences at North-West University (see Annexure A). Ethical clearance was obtained from the Health Research Ethics Committee of the Faculty of Health Sciences at North-West University, Potchefstroom Campus, reference number NWU-00192-15-S1; 09/02/2016 to 08/02/2017 (see Annexure B). The researcher furthermore obtained permission to conduct the research from the private hospital group (see Annexure D). Nurse Managers of the private healthcare facilities in the hospital group were contacted via email. Each Nurse Manager, or a person delegated by the Nurse Manager, recruited participants who volunteered to participate in the study. The Nurse Manager recruited the participants based on the inclusion criteria (discussed in section 2.2.1.3 below) sent by the researcher. The researcher explained the purpose and importance of the study to the Nurse Managers via email in order to gain their assistance in obtaining written consent from the participants; the Nurse Managers also acted as mediators between the researcher and the participants. The mediators obtained written consent from the participants two weeks before the commencement of the semi-structured focus group interviews.

The Nurse Manager introduced the study to the participants when obtaining the informed consent and the following were discussed with the participants: What is the purpose of the research, what is required from the participants, how will nurses be contacted about the time and venue of semi-structured focus groups interviews, availability of support if needed, and right to withdraw at any time during the focus group interview (Botma *et al.*, 2010:203-204). The researcher arranged a venue that ensures privacy and precludes the possibility of interruptions.

1.6.2.3 Data analysis

The process of data analysis involves the preparation of data, delving into deeper data layers in order to extract meaning, and representing data in such a way that its meaning can be interpreted (Creswell, 2009:183). Data collection in this study included field notes (see Annexure I) and transcribed semi-structured focus group interviews (see Annexure J). Data analysis needs to be organised and prepared in order to make sense to the researcher. There is no clear demarcation in qualitative research between where data collection stops and where data analysis begins (Botma *et al.*, 2010:221).

The data in the present study was analysed by using Creswell's (2009:185) steps in data analysis. These steps are described in more detail in Chapter 2.

1.7 TRUSTWORTHINESS

The researcher must ensure trustworthiness throughout the research. The four components used by the researcher to enhance the trustworthiness of this study are credibility, transferability, dependability and conformability (Guba & Lincoln, 1985:294). These components are discussed in detail in Chapter 2.

1.8 ETHICAL CONSIDERATIONS

It is required of the researcher to conduct research in an ethical manner, from the planning until the final dissemination phase (Brink *et al.*, 2012:32). The researcher obtained ethical clearance from North-West University's Health Research Ethics Committee before the commencement of the study (reference number: NWU-00192-15-S1) (see Annexures B and C).

The researcher applied the three fundamental principles of ethical considerations, namely respect for people, beneficence, and justice (Brink *et al.*, 2012:34). A detailed discussion of the ethical considerations follows in Chapter 2.

1.9 LITERATURE INTEGRATION

The researcher consulted literature at the beginning of the study to explore the background to the topic and to determine existing knowledge about the topic (Brink *et al.*, 2012:72). She refrained from an in-depth literature search, to prevent being influenced regarding the research topic before starting with the study (Brink *et al.*, 2012:72). The researcher conducted a detailed literature search after data collection and analysis. The purpose of this

literature search was to compare and integrate the research results with current literature (Grove *et al.*, 2013:265).

1.10 SIGNIFICANCE OF THE STUDY

A conducive work environment is very important to retain generation Y professional nurses in the healthcare industry. This study intends to contribute to the nursing profession by learning about and understanding generation Y professional nurses' perceptions regarding resilience and a conducive work environment. Based on the results and conclusions of the study, recommendations are formulated to support strategies that aim to maintain a conducive work environment for generation Y professional nurses and that at the same time maintain resilience in the current private healthcare work environment.

1.11 DISSERTATION OUTLINE

The dissertation outline is as follows:

Chapter 1: Overview of the study

Chapter 2: Research design and method

Chapter 3: Findings

Chapter 4: Conclusions, limitations and recommendations

Annexures

1.12 SUMMARY

Chapter 1 has served as an introduction to and orientation of this study. This section has discussed the problem statement as well as the purpose, research question, research objectives, research methodology, trustworthiness, and ethical considerations of the study. More details about the research design, method, trustworthiness and ethical considerations will follow in Chapter 2.

CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

Research methodology is defined as an overall strategy that encompasses everything from the identification of the research problem to the design and final plans for data collection and analysis (Burns & Grove, 2009:223).

The identification of the problem has been discussed in Chapter 1. Therefore, the purpose of this chapter is to provide a comprehensive description of the research design and method, population and sampling, data collection and data analysis. The trustworthiness and ethical considerations are also discussed in detail in this chapter.

2.2 RESEARCH DESIGN

This study relies on a qualitative, descriptive inquiry research design. This design allows the researcher to gain an in-depth understanding of the world of generation Y professional nurses in a private hospital group in Gauteng while remaining close to the participants (Botma *et al.*, 2010:194). This design also enables the researcher to pursue descriptive validity, or an exact rendition of the meanings of events as perceived by participants that they would agree is accurate. It also allows the researcher to seek interpretive validity, or again, a true accounting of the significance that participants attribute to those events that they would agree is accurate (Maxwell, 1992). Furthermore, this design allows to answer questions such as who, what, and where of events.

Qualitative and descriptive studies aim to identify, observe, know, and clarify the nature and relationships between phenomena as they exist in real life in order to be as close to the truth as possible (Burns & Grove, 2009:3; Polit & Hungler, 1997:20; Mouton & Marais, 1996:44). The purpose of this study is to explore and describe the perceptions of generation Y professional nurses in a private hospital group in Gauteng regarding resilience and a conducive work environment. The selected private hospital group in Gauteng was deemed suitable for this purpose because the current professional nurses working force includes generation Y professional nurses.

Descriptions always depend on the perceptions, likings, sensitivities, and sensibilities of the describer (Sandelowski, 2000). The selected research design led the researcher to make

use of semi-structured focus group interviews to explore and describe nurses' perceptions. Therefore, the design enabled the researcher to explore and describe the perceptions of generation Y professional nurse's working in a private hospital group in Gauteng regarding resilience. It also enabled the researcher to explore and describe the perceptions of generation Y professional nurses working in a private hospital group in Gauteng regarding a conducive work environment.

2.2.1 Research method

The study's population, sampling technique, data collection and data analysis are discussed in this section.

2.2.1.1 Population

A population is the entire group of persons that the researcher has an interest in (Brink *et al.*, 2012:131). The target population in this study consists of generation Y professional nurses from fourteen hospitals in a private hospital group in Gauteng with plus minus 3350 beds in total. The population consists of approximately 92 generation Y professional nurses in these private hospitals. The relevant hospitals are located in Pretoria, Roodepoort, Johannesburg, Randfontein, Benoni, Brakpan, Springs, Germiston, and Heidelberg. The researcher has worked in the private hospital group and in order to avoid a conflict of interest, the hospital in which the researcher has been employed has been excluded from the sample. The researcher has not been employed in the hospitals that were selected for the study.

The private hospital group categorises its facilities according to number of beds into small, medium-sized, and large hospitals. A small hospital's total number of beds ranges from 150 to 199 beds, a medium-sized hospital's from 200 to 299, and a large hospital's number of beds exceeds 300. Disciplines can differ from hospital to hospital and can range from surgical units to medical, specialist, maternity and trauma units.

The private hospital group in Gauteng was selected for this study because of its high staff turnover of generation Y professional nurses. A stressful work environment is one of the factors contributing to a high staff turnover. Adversities in the workplace of professional nurses are associated with high workloads and other organisational factors. Furthermore, the generation Y professional nurses in this private hospital group must be able to manage and must be knowledgeable in all of the disciplines mentioned above, and ensure that quality care is provided for all patients. This study's relevance lies in the exploration of the resilience of generation Y professional nurses to enable them to bounce back from stressful working conditions, as well as the description of a conducive work environment in a private hospital group in Gauteng.

2.2.1.2 Sampling

Sampling refers to the process of selecting participants from a population in order to obtain information regarding a phenomenon in such a way that the sample represents the population (Brink *et al.*, 2012:1312). The recruitment of participants for the sample was fair and participants decided themselves whether they wanted to be part of the research. The principle of distributive justice was used during the recruitment process and included the use of a mediator to ensure fair selection and treatment of participants. The participants were identified in such a way as to meet the inclusion criteria according to the research questions.

This study relied on purposive sampling, also referred to as 'judgemental sampling' (Botma *et al.*, 2010:2001). This technique was used in order to enable the researcher to select the participants based on their knowledge of the phenomenon being studied, the phenomenon being the resilience and conducive work environments of generation Y professional nurses in a private hospital group.

2.2.1.3 Recruitment and sampling criteria

The recruitment of participants for this study was done by mediators. The mediators appointed for this study were the Nurse Managers of the selected facilities in a private hospital group in Gauteng. These Nurse Managers acted as mediators between the researcher and the participants. The researcher communicated via email with the relevant Nurse Managers and the purpose and importance of the study were explained. The recruitment of voluntary participants was done by a Nurse Manager or a person delegated by the Nurse Manager. To ensure that suitable participants were identified, these Nurse Managers were provided with the following criteria for identifying participants.

Inclusion criteria for participants:

To be included, nurses had to:

- ❖ be a professional nurse registered with the SANC;
- ❖ have been permanently employed for more than twelve months in the current position; and
- ❖ belong to the group known as generation Y (born between the years 1982 and 2000).

Nurses were excluded from the study if they were:

- ❖ nurses of other categories at a private hospital group in Gauteng;
- ❖ professional nurses employed for less than twelve months as permanent professional nurses;
- ❖ nurses not belonging to generation Y; or
- ❖ not willing to participate.

The Nurse Managers provided the researcher with the names of potential participants that were willing to participate in the study. A total of 21 participants were identified by the mediators. The mediators handed out information leaflets and consent forms to the potential participants (see Annexure F). After obtaining informed consent, the mediator kept the signed consent forms and handed them over to the researcher on the day of the semi-structured focus group interview. Appointments for the semi-structured focus group interviews were arranged by the researcher via the nurse managers. The venues were free from any interruptions and privacy was ensured. The researcher confirmed the focus group interviews a day before the time. The researcher did not meet with the participants before the focus group interviews.

2.2.1.4 Sample size

Participants were sampled from five facilities of a private hospital group in Gauteng, and data was collected via semi-structured focus group interviewing as well as field notes. The sample size was determined using data saturation. Data saturation occurs when the researcher hears themes repeatedly without learning anything new (Monette *et al.*, 2005:242). Data saturation was reached after five semi-structured focus group interviews with a total of 21 participants (generation Y professional nurses) from one large, three medium-sized and one small healthcare facility, including rich field notes.

2.2.2 Data collection

Data collection is discussed under the following headings: data collection method, namely semi-structured focus group interviews and field notes, and role of the researcher.

2.2.2.1 Data collection method

In this study the researcher applied planned semi-structured focus groups interviews and field notes as data collection methods.

2.2.2.1.1 Semi-structured focus group interviews

The semi-structured focus group interviews were discussions between the researcher and the participants: listening to generation Y professional nurses' perceptions regarding resilience and regarding what they considered a conducive work environment (Botma *et al.*, 2010:210).

Semi-structured focus group interviews were chosen as data collection method as they present the advantage, according to Holloway and Wheeler (2002:110-119) as well as Creswell (2009:179), that the researcher can control the line of questioning and discussion and obtain rich data from a group that shares perceptions. The semi-structured focus group

interviews were supplemented with field notes compiled during the focus group interviews which, together with the other data collected, provided a comprehensive and descriptive data base. All this was done in English, which was understood by all participants.

Before the commencement of the semi-structured focus group interviews, the research supervisor evaluated the researcher's skills at conducting a focus group interview during a role-play session with the researcher and non-participants in order to confirm that the researcher was able to collect the data. The semi-structured focus group interviews were conducted in English, audio recorded, and transcribed afterwards (see Annexure J). A co-facilitator assisted with the logistics, managed distractions, operated the audio recorder and also took preliminary field notes (see Annexure G) (Botma *et al.*, 2010:218). At the beginning of the interviews, the researcher explained the purpose of the study and clarified any concerns or questions from the participants. The first semi-structured focus group interview served as a trial run and, due to the relevant information shared during that session, the data from this interview could also be included in the study. Another four focus group interviews were done, and altogether 21 professional nurses participated (see Table 2.1). Although the researcher and mediator clearly explained the inclusion criteria to the participants in facility three, the researcher discovered near the end of the interview that three participants had not been working as professional nurses for twelve months, although they were generation Y professional nurses. The researcher explained to these nurses that they did not meet the inclusion criteria of the study and that therefore, their data would not be included in the study. However, the researcher valued the remaining participants' input and continued with the interview.

Table 2.1: Participants in semi-structured focus group interviews

	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Total
No. of participants invited	4	7	7	7	6	31
No. of participants in focus group	2	2	4	7	6	21
No. of participants not attending focus group	2	5	0	0	0	7
No. of participants not meeting inclusion criteria	0	0	3	0	0	3
Average age of participants	30 years	31 years	30 years	32 years	30 years	
Average years of experience as a professional nurse	6 years	4 years	5 years	5 years	7 years	

These interviews were conducted in 33 minutes; 22 minutes; 25 minutes; 35 minutes; and 25 minutes respectively. The focus group interviews were held at the different facilities' boardrooms. The researcher used clarification, summarising and reflection during the interview to facilitate the discussion (Kneisl *et al.*, 2004). The participants needed to feel comfortable and at ease with the researcher, therefore the researcher made use of open ended questions to start the discussions. The researcher also included ground rules, which if adhered too, ensure confidentiality. The following group rules were set out before the starting of the semi-structured focus group interviews: What was said in the room would stay in the room; a number reference is allocated to each participant; and lastly, the semi-structured focus group interviews were audio-recorded and transcribed. Based on the research purpose and advice from the research supervisor and peers the following open-ended questions were asked:

- ❖ What is your perception of resilience?
- ❖ What would you say is enabling you to maintain resilience in your workplace?
- ❖ Describe your reaction to an adverse event or a stressful situation in your workplace.
- ❖ Why do you choose to stay in your current role as a professional nurse?
- ❖ What do you see as a conducive work environment?

Great value was found in the use of minimal verbal responses such as “Mmmm”, “Yes” “Do I understand correctly”, “To summarise”, and “In conclusion”, as these indicate to the participants that the researcher was listening.

Rich and comprehensive data collection resulting in data saturation was reached with the focus group interviews.

2.2.2.1.2 Field notes

The researcher made use of field notes (see Annexure I) during her interviews with the participants. In this study, the field notes were divided in three sections: descriptive notes, reflective notes, and demographic information (Creswell, 2009:181-192). Table 2.2 illustrates the contents of the field notes.

Table 2.2: Contents of the field notes

Field note sections	Field note contents
Section 1: Descriptive notes	Description of the physical setting, the dialogue and the activities of the participants (Botma <i>et al.</i> , 2010:218).
Section 2: Reflective notes	The researcher attached meaning to the observations on her methodology notes and theoretical notes.
Section 3: Demographic information	Time, place and date as well as demographic information about the participants (Creswell, 2009:181-192).

2.2.2.2 Role of the researcher

Before the commencement of the study, the researcher obtained approval from the Scientific Committee of the INSINQ Research Focus Area of the Faculty of Health Sciences at North-West University (see Annexure A) to conduct research on the resilience of generation Y professional nurses in a private hospital group in Gauteng.

The research proposal was submitted to the Health Research Ethics Committee of North-West University, Potchefstroom Campus, to obtain ethical clearance. Ethical clearance was obtained from the Health Research Ethics Committee of North-West University, Potchefstroom Campus, reference number NWU-00192-15-S1; 09/02/2016 to 08/02/2017 (see Annexure B). The researcher furthermore obtained permission to conduct the research from the private hospital group (see Annexures D and E).

The researcher appointed the Nurse Managers of the selected facilities in the private hospital group as mediators for this study and these Nurse Managers recruited voluntary participants. The mediators also handed the information leaflets and consent forms for the semi-structured focus group interviews to the participants. Venues and appointments for the interviews were arranged by the researcher with the relevant Nurse Managers.

2.2.2.3 Data analysis

According to Creswell (2009:183), data analysis involves the organising of data, delving into deeper data layers in order to extract meaning, and representing data in such a way that its meaning can be interpreted. Data were generated through field notes (see Annexure I), and semi-structured focus group interviews (see Annexure J). The data analysis was organised and prepared to make sense to the researcher.

Data was analysed using Creswell's (2009:185) steps in data analysis (see table 2.3 below).

Table 2.3: Data analysis steps used in study

Steps	Actions
Step 1 Organise and prepare the data for analysis	Semi-structured focus group interviews were held and field notes were taken. The field notes serve as a backup and provide context for the interviews. The recordings were transcribed after each semi-structured focus group interview. To make sense of the data, it was the transcriptions and field notes were sorted.
Step 2 Read though all the data and listen to focus group interviews	To gain insight into the participants' experience, the researcher repeatedly read through all transcriptions of focus group interviews and field notes and listened to the audio recorded data to identify similarities or patterns that started to develop.
Step 3 Detailed analysis, begin with coding process	To shape the data, the researcher coded the data. During the coding process, the researcher divided the data into segments, and codes were assigned which relate to the development of meaningful themes and categories. Furthermore, sub-themes were included to identify meaningful connections, relationships and trends. The codes were evaluated against the research purposes. Data was coded into categories and themes (see Chapter 3). The researcher made use of 2 columns: one on the left side of the transcriptions for personal thoughts and comments, and one on the right side of the transcriptions for identifying words and phrases that resemble the focus of this research, namely the perceptions of generation Y professional nurses regarding resilience and a conducive work environment in a private hospital group in Gauteng.
Step 4 Description of setting, participants, categories and themes	See Chapters 2 and 3.

Step 5 Represent descriptions and themes	See Chapter 3.
Step 6 Make an interpretation or attach meaning to data	The interpretation of data from field notes and semi-structured focus group interviews contributed to the finalisation of the results as described in Chapter 3, and to the formulation of a conclusion (see Chapter 4).

The researcher and an independent co-coder analysed the data independently. A consensus meeting with the independent coder was held in order to verify the data analysis.

2.3 TRUSTWORTHINESS

According to Botma *et al.* (2010:110-112), the researcher needs to set aside her own experiences in order to understand the experiences of participants in the research. Throughout the study, the researcher did not allow her own experience to influence her analysis of the participants' perceptions.

The four components the researcher used to enhance the trustworthiness of the study are: credibility, transferability, dependability and conformability (Guba & Lincoln, 1985:294).

2.3.1 Credibility

Credibility relates to the "standards of truth value as well as the neutrality of the research" (Rossouw, 2013:178).

Credibility was ensured in this study through prolonged engagement with generation Y professional nurses in a private hospital group in Gauteng. This engagement with the participants happened during the semi-structured focus group interviews. During these interviews, generation Y professional nurses reflected on their perceptions regarding resilience and a conducive work environment. To add further truth value to the study, the semi-structured focus group interviews were recorded and transcribed.

Field notes were used for verification, to ensure triangulation and to increase the trustworthiness of the data and the findings (Guba & Lincoln, 1985:294). In this study, the field notes were divided into three types: descriptive notes, reflective notes, and demographic information (see Table 2.3) (Creswell, 2009:181-192) (see Annexure I).

The triangulation of data collection methods, namely semi-structured focus group interviews and field notes, provided the researcher with rich data and data saturation, and therefore increased the credibility and truth value of the study.

2.3.2 Transferability

Transferability refers to the generalisation of findings, namely inductive generalisation from the sample to the target population (Rossouw, 2013:178). In this study, purposive sampling, also referred to as 'judgemental sampling', is used (Botma *et al.*, 2010:2001). The researcher used inclusion criteria to recruit participants based on their knowledge of the phenomenon, in this case generation Y professional nurses who have been working in a private hospital group in Gauteng for more than twelve months. In this study, participants were selected by the Nurse Managers who had signed informed consent (see Annexure F).

Furthermore, transferability was achieved once data saturation was reached; therefore, the researcher concluded data collection when she heard themes being repeated without learning any new information (Monette *et al.*, 2005:242). To ensure that the study was aligned with the existing body of knowledge, the researcher made use of existing literature on the topic.

Generalisation of findings from the sample to the target population can be achieved through data saturation. However, other researchers may decide to transfer the findings to similar contexts based on the results, conclusions, limitations and recommendations of the research. It is clear then that this transfer of the findings is not the responsibility or intention of the researcher.

2.3.3 Dependability

Dependability is one of the criteria used to establish trustworthiness of the study (Brink *et al.*, 2012:127). Dependability is used to ensure logical consistency throughout the study and also to indirectly ensure the credibility of the study.

To ensure trustworthiness in this study, a comprehensive description of the research design and method (see headings 2.2.1 and 2.2.2) and of the ethical considerations (see heading 2.4) has been given. Therefore, an audit trail is necessary for the researcher to ensure that the same protocol be followed for data collection and analysis (Rossouw, 2013:188). In this study, data was collected through semi-structured focus group interviews and field notes. The first semi-structured focus group interview served as a trail run to ensure participants understand the questions and to add value to the study. However, due to the significance of the information received during this interview, the data was added to the study. An independent coder was used (see Annexure H) for the analysis of the data and the

triangulation of data collection methods (Klopper, 2008:69; Botma *et al.*, 2010:233). The researcher and the independent coder met to discuss the findings. Performing this procedure repeatedly creates the opportunity to repeat the research in order to determine the reliability and consistency of the data.

2.3.4 Confirmability

Conformability refers to the objectivity or neutrality of the data ensured by agreement between two or more independent people regarding the data's relevance (Polit & Beck, 2008). Neutrality was ensured by the researcher by analysing the data with an independent coder (see Annexure H). A consensus meeting was held between the researcher and independent coder to compare and discuss the results.

Furthermore, the researcher's interpretation of the data and the actual interviews confirms that the data obtained in this study supported the findings, conclusions and recommendations.

2.4 ETHICAL CONSIDERATIONS

The researcher obtained approval for this study from the Scientific Committee of the INSINQ Research Focus Area of the Faculty of Health Sciences at North-West University (see Annexure A). Before the commencement of the study, the researcher obtained ethical clearance from North-West University's Ethics Committee (reference number: NWU-00192-15-S1) (see Annexures B and C). The researcher furthermore obtained permission to conduct the research from the private hospital group (see Annexures D and E).

The researcher applied the three fundamental principles of ethical considerations, namely beneficence, respect for people, and justice (Brink *et al.*, 2012:34).

The rights of the participants were acknowledged by the researcher. The participants' rights were respected as follows:

2.4.1 Principle of beneficence

The researcher strives to secure the well-being of the participants in this study by protecting them from physical, emotional, psychological, spiritual, moral, or any other harm (Pera & Van Tonder, 2011:56; Brink *et al.*, 2012:35). The researcher has taken the document "Ethics in Health Research Principles, Processes and Structures" of the Department of Health into

consideration. This document emphasizes “the ethical obligation to maximize benefit and to minimize harm, and requires that the risks of harm posed by the research must be reasonable in light of anticipated benefits; that research design must be sound, and that researchers must be competent to carry out the proposed research activities. Beneficence prohibits deliberate infliction of harm on persons; sometimes expressed as a separate principle: non-maleficence (do no harm). Research that involves human participants should seek to improve the human condition. If the research cannot do this, then it is unlikely to be ethical” (DOH, 2015:14). The researcher therefore collected the data within the participants’ safe and secure work environment. In the information leaflets and informed consent forms (see Annexure 6), the researcher clearly stated that the participants will benefit indirectly from the research due to the opportunity to share their perceptions regarding resilience, and that participants will also gain a deeper understanding of how generation Y professional nurses are coping in their work environment and of the conditions that will make it worthwhile for them to stay in their current position and in the nursing profession.

In this study, the researcher ensured that participants were given full disclosure of the study’s informed consent information. The participants’ level of understanding was very important in order to obtain consent, and participants must be well aware that they have a choice between giving or refusing consent (Brink *et al.*, 2012:38). Informed written consent (see Annexure F) was obtained from the participants via the mediator, in this case the Nurse Manager, at least two weeks before the focus group interviews take place. The informed consent contains the following information:

- ❖ Title of the study;
- ❖ Research objectives and questions to the participants to prepare for the interview;
- ❖ Reason why participant was invited;
- ❖ Selection of participants: inclusion criteria for the study;
- ❖ Voluntary participation;
- ❖ Indirect benefits;
- ❖ Risk identification;
- ❖ Confidentiality through use of codes;
- ❖ Anonymity;
- ❖ Researcher’s contact details;
- ❖ Health Research Ethics Committee’s contact details; and
- ❖ Space for signatures of the researcher, the participant, the mediator and the witness.

The participants were monitored throughout the semi-structure focus group interviews for any signs of discomfort or stress. To secure the wellbeing of the participants, the researcher ensured that counselling was available if needed.

A crucial aspect was for the research to consider the ethical risk to the participants. Literature states that the risks should not exceed the potential benefits to be gained from the study (Brink *et al.*, 2012:42-43). In this study, the ethical risk was minimal and mainly consisted of partial loss of anonymity due to the semi-structured focus group interview process; therefore; the potential benefits exceeded the potential risks.

It was made clear to the participants that anonymity and confidentiality could not be assured as group members may know one another and will hear one another's statements. However, to limit this risk, code identification was used and information was stored on a code protected computer. The researcher also made use of a code system for the facilities did not identify any facility at any time. Furthermore, the information was only available to the research team and will be destroyed seven years after completion of the research. In the recommendations, the participants were also respect as no names or other references to any participant were given.

2.4.2 Respect for human dignity

This principle includes the right to self-determination, the right to privacy, the right to anonymity and confidentiality, the right to fair treatment, and the right to protection from discomfort and harm (Brink *et al.*, 2012:35). The Department of Health document "Ethics in Health Research: Principles, Processes and Structures" also requires persons to be treated with respect and "that persons capable of deliberation about their choices must be treated with respect and allow self-determination." (DOH, 2015:15). The participants received an information leaflet and informed consent form stipulating the purpose of the proposed study and the data collection method, and also assuring them that there are no inherent risks to the study. Furthermore, participants were informed that their participation is voluntary without any risk of prejudicial treatment.

In order to ensure that all information was kept confidential and that the identities of the participants remained anonymous, anonymity codes were allocated to the facilities and the participants (Brink *et al.*, 2012:35). Personal information was only made available to the research team. The research team consists of the mediator, the co-facilitator, and the independent coder (see Annexures G and H for signed confidentiality agreements). The informed consent form also clearly stated that participants agreed to the recording of the semi-structured focus group discussions and that these recordings will be stored on a

password protected computer for seven years after publication of the research. Hardcopies of the research study and the field notes will be stored in a code protected safe.

2.4.3 Justice

The participants have the right to fair selection and treatment and the right to privacy (Brink *et al.*, 2012:36). The researcher made use of mediators to select the participants according to the inclusion criteria, therefore the researcher ensured that there was no discrimination in identifying the participants. In this study, the mediators were Nurse Managers at the hospitals of a private healthcare group in Gauteng. The participants' right to privacy were maintained by voluntary consent to participate in the study (see Annexure F), therefore their human rights were protected, and it was made clear in the consent form that participants were free to participate or not.

The right to partial anonymity and confidentiality serves to ensure that the identities of participants will remain secret (Brink *et al.*, 2012:37). Anonymity was explained in the consent form as follows: Anonymity "will only be partial due to focus groups but group rules will be set to protect participants. Anonymity codes will be used during transcribing of data to ensure that no link can be made to a specific participant. Confidentiality would be ensured by any personal information about participants that would only be available for the research team. Reporting of findings would be anonymous by a signed confidentiality contract with the research team. Only the researchers and the person transcribing the focus group (namely the researcher) would have access to the data. Data will be kept safe and secure by locking hard copies in locked safe and for electronic data it will be password protected. Data will be stored for seven years in a password protective safe and on a password protected computer after publication of research."

2.5 SUMMARY

In this chapter, the researcher has given a comprehensive description of the research design, method, trustworthiness and ethical considerations relevant to this study.

In the next chapter, the researcher will discuss the findings related to the generation Y professional nurses' experience regarding their resilience and a conducive work environment.

CHAPTER 3

FINDINGS

3.1 INTRODUCTION

The researcher presented in the previous chapter a comprehensive description of the research design, method, trustworthiness, and ethical considerations relevant to this study.

In this chapter, the researcher discusses the findings with regard to the generation Y professional nurses' perceptions of their resilience and of a conducive working environment. This study's findings are generated from the semi-structured focus group interviews and field notes taken during the interviews, and are integrated with relevant literature.

3.2 DATA COLLECTION AND ANALYSIS

Data was gathered during semi-structured focus group interviews in five facilities with a total of twenty-one participants. These participants' attendance is described in Chapter 2 (2.2.2.1.1), Table 2.1, and in the field notes from the co-facilitator and researcher. The interviews were conducted at the facilities where the participants are working.

During data analysis, numbers were allocated to the participants, including those participants that were invited but did not attend the semi-structured focus group interviews. Facilities were numbered from F1 to F5. The numbers allocated to the facilities and the participants will be used for quotes in this chapter in order to indicate who shared a word or statement, e.g. F1P2.

3.3 RESEARCH FINDINGS AND LITERATURE INTEGRATION

Data analysis was done independently by the researcher and an independent coder upon completion of the semi-structured focus group interviews and field notes. Consensus was reached between the coder and researcher on the categories, themes and sub-themes that emerged from the data.

Two categories were identified from the semi-structured focus interviews and field notes: Category 1 with three themes, each with two to four sub-themes, and Category 2 with two themes, theme one with four sub-themes and theme two with five sub-themes (see Table 3.1).

Table 3.1: Categories, themes and sub-themes

Category 1: Perceptions of generation Y professional nurses regarding resilience		
Theme 1: Staying resilient	Theme 2: Strategies to maintain resilience in the workplace	Theme 3: Reactions to adversity and stressful situations
Sub-themes: (4) • Ability to bounce back and recover • Adapting to stressful situations • Coping with challenges and remaining positive • Passion and love for nursing	Sub-themes: (4) • Building relationships • Open communication channels • Respect/trust for one another • Maintaining positive attitudes	Sub-themes: (2) • Major challenges and demotivation • Emotional reactions
Category 2: Perceptions of generation Y professional nurses regarding a conducive work environment		
Theme 1: Barriers preventing a conducive work environment	Theme 2: Strategies for maintaining a conducive work environment	
Sub-themes: (4) • Working conditions/relationships • Family demands • Staff shortages • Authority/delegation restraints	Sub-themes: (5) • Need for support and understanding from management • Establishing positive work relationships • Feeling valued and being listened to • Opportunities for growth and development • Need for appreciation and acknowledgement	

3.3.1 Category 1: Perceptions of generation Y professional nurses regarding resilience

The participants shared their perceptions of resilience during the semi-structured focus group interviews. What is important, according to them, is to stay positive and bounce back from difficult situations. The researcher and independent coder were able to identify three themes with sub-themes (see Table 3.1).

3.3.1.1 Theme 1: Staying resilient

The participants experienced numerous difficulties and challenges in their everyday work. It is not easy for them to work under these conditions. Participants shared their perceptions of staying resilient in their current working conditions, and the following sub-themes were identified: being able to bounce back, ability to recover, adapting to stressful situations, coping with challenges, staying positive, passion and love for nursing. Taylor and Reyes (2012:1-13) confirm that resilience is a skill needed to survive in nursing.

The sub-themes are discussed below.

3.3.1.1.1 Sub-theme 1: Being able to bounce back and recover

Participants indicated during the semi-structured focus group interviews that they see resilience as the ability to bounce back and to stretch. It is important to be familiar with one's own personal and work related abilities in order to be able to bounce back and stretch. Participants mentioned that it would be more difficult for them to stay resilient when experiencing challenges at work if they did not have any knowledge or skills in their professional context.

The following quotes give an indication of the participants' perceptions about the ability to bounce back:

"So it's just the way of bouncing back you know, if something happens along the way, then just being able to come over that hurdle and then be able to continue. And, hopefully, also learn something from it." F1P2

"So it's important to know yourself and know what drives you." F1P1

"O, yes the way when you are down and be able to bounce back." F2P2

Furthermore, participants reported that personal motivation is an important factor in their ability to bounce back.

“Become strong you know. Sometimes you feel like crying, but when you cry and the families cry it’s also you know... yea. So just motivate yourself and bounce back.” F2P2

“It’s motivation because if you come to that and you have everything one, two, three available ag then it’s just easier, it’s for me it’s easier.” F5P6

Participants also mentioned that in order to maintain resilience, one needs to adjust to negative situations and to recover from and overcome the difficulties. Participants mentioned that in their experience, the way in which negative situations are managed differs from person to person. By allowing oneself some alone time, sharing one’s negative experiences with someone else, and overcoming the emotion, one can recover and move on.

The following quotes give an indication of the participants’ perceptions of their ability to recover from a negative situation:

“You try to adjust.” F3P2

“To overcome those hurdles.” F1P1

“Talking about it.” F5P4

“Uhm, it is your ability to recover, to stretch.” F3P1

During the semi-structured focus group interviews, it was also mentioned that participants had learned from other people how to handle similar situations, which had equipped them with the skills necessary to recover from difficulties.

“...skills that you’ve developed and learnt from other people doing the same in that situation you can always learn with your eyes and see how they’ve handled it and take out the good out of that and imply it in your situation.” F5P5

These findings are in line with the definition of resilience, which states that it is a state of recovery after an adverse event or stressful situation (Atkinson *et al.*, 2009:137-145; Dyer & McGuinness, 1996:276; Garmezy, 1991:459; Rutter, 1985:598). In addition, Zautra *et al.* (2010:3-34) also state that resilience is used to describe a situation in which a person recovers easily and quickly from setbacks that occur during his or her life.

In support of the above statements, previous research states that resilience is the “ability to adjust to adversity”, and that it relates to numerous factors such as emotional insight, life and

spiritual balance, reflexivity, being able to resort to a supportive professional network, and being able to remain optimistic and alert to the positive elements, even in very difficult and challenging situations (Jackson *et al.*, 2007:1-9).

In addition to above literature findings, Carver (1998:245-266) as well as Tusaie and Dryer (2004) refer to resilience as the ability to bounce back and recover from stress in the event of adversity, to adjust to stressful circumstances, to not become ill, and to still function normally despite the stress or adversity. Furthermore, physiological resilience is also characterised as the ability to bounce back from negative emotional experiences and the flexible adjustment to the changing demands of stressful experiences (Block & Block, 1980; Block & Kremen, 1996; Lazarus, 1993). According to Wagnild's (2009) five-feature model, a person is resilient when she has a personal goal in life, when she is determined to fight adversity in order to achieve her goal, when she maintains a balanced perspective on life, and when she uses humour to face life's stressors. Moreover, the concept of self-reliance refers to the person's ability to rely on herself to achieve her goals. A person with high levels of self-reliance often knows her strengths and weaknesses and efficiently uses these strengths to make successful decisions.

3.3.1.1.2 Sub-themes 2 and 3: Adapting to stressful situations and Coping with challenges and remaining positive

Participants described adversity as an obstacle that has to be overcome. Participants reported that some of the negative experiences encountered in their work can be traumatic for them, therefore they reflect on the situation and stretch to stay positive, coping with the challenges and adapting according to the specific situation.

The following quotes give an indication of the participants' perceptions of: adapting to stressful situations, coping with challenges, and remaining positive:

"Adapting to a specific situation, it could be traumatic, it could be anything. But you yourself need to adapt to that specific situation." F3P1

"I can say I cried, yes I just let my emotions to go through so that tomorrow I can be prepared for, for work." F5P3

Unique to this study, faith as a support system for coping and staying positive was mentioned by the participants when they referred to praying in a quiet space:

"I go and I find quiet space and then I pray." F5P4

"Pray." F2P2

Participants enthusiastically shared their perceptions of how to cope with challenges while still remaining positive in their workplace. They found their everyday work environment vastly challenging; however those challenges also provide learning opportunities and make them tougher. Participants also mention the importance of a positive environment; therefore, they need management's support and appreciation. Their ability to cope with challenges is also strengthened by their skills and qualifications and by being trusted to make decisions. Furthermore, it is very important for these participants to evaluate the level of difficulty of the negative situation as this enables them to shift to a positive state.

"It's challenging every day, and it makes me learn and be strong about the challenges that we face here." F1P2

"Almost like I can say is like a negative situation that's coming towards you like how do you cope from that situation." F5P2

"She supports us a lot, so that keeps you going, even when you are sad, she can send, she'll call you in, you'll cry... you'll cry and she'll be there give you a sweetie, it's fine, you cry, she gives you tissues... don't worry man, it will be fine, it will pass you know." F1P2

"...to know that you trust my abilities as what I am qualified for." F4P5

"Trying to evaluate the situation, seeing the positive, the course of why this negative situation did happen and trying to take the positive out of it." F5P4

"I think it's staying on even in difficult times, continuation, I think so." F2P1

"Sometimes we short staffed and all that, but the positive environment can make you stay." F2P2

Lastly, participants also believe that having the necessary skills and knowledge will enable you to adapt more easily to difficult situations. Continuous professional improvement was also mentioned as a means to equip nurses with the necessary skills.

"I think it's important to know yourself, your worth, your morals and values and everything and specifically in a working context, you know if you find any difficulty, try to resolve it so

that you can continue with your work.” F1P1

“Getting acquainted to books like studying, and you encounter something new and you have to go back and continue to research it so that you can adapt yourself.” F3P1

Literature confirms the need to adapt to different situations. According to Edwards (2009), resilience can also be seen as accepting a new reality, even if it is not as positive as other experiences. One can either lament a loss, or one can accept it and try to learn something positive from it.

Koerner (1996:69-77) supports these findings by indicating that it can be very stressful and exhausting to live in contradiction with one’s values, because this creates a conflict between one’s inner and outer worlds which can contribute to stress.

Research has been done on the “[i]ntriguing empirical relations between teachers’ resilience and reflection on practice” and according to Patterson *et al.* (2004), professional development is seen as a priority in resilient teachers. This links with the above statements by participants that skills and knowledge are essential in assisting them to adapt to difficult situations.

The literature confirms that the development of resilient behaviour in nurses in response to an overwhelming workplace is related to an increased quality of life, better health, and effective use of adaptive coping strategies (Gillespie *et al.*, 2007).

It is evident from research in South Africa on the resilience levels of professional nurses that attitude and ability are strengthened by resilience. This may lead to positive outcomes that will enable professional nurses to overcome difficulties, to adjust, and to become tougher and more committed to the profession (Koen *et al.*, 2011:1-11).

3.3.1.1.3 Sub-theme 4: Passion and love for nursing

Participants report a passion and love for nursing. Therefore, one of the factors contributing to the resilience of generation Y professional nurses is passion and love for their work. Nurses indicate that they chose nursing as a career because of their desire to serve others and to help people, and the fulfilment, joy and satisfaction derived from the positive outcomes of their patients.

The following quotes give an indication of the participants’ perceptions of passion and love for nursing:

“So but I think the love and the passion as well is the one that is keeping us here.” F2P2

“It’s the passion and I love... I think I love midwife a lot.” F2P1

“Because if you don’t love it, then one day you are supposed to be on duty, you just decide to resign without giving notice, because somebody offended you yesterday without even trying to solve it.” F2P2

“We love what we are doing.” F1P2

“The fulfilment after you saved someone and you did something good for someone who cannot do it for themselves. It closes that void, to pursue a better person.” F4P2

“For me it’s a calling.” F5P5

“My fulfilment first of all I love nursing.” F4P5

“You know what, first of all nursing is dynamic.” F4P5

Field notes confirm the finding that participants have passion and love for their work. Observing their facial expressions and body language revealed this intensive emotional feeling in participants talking about nursing.

Literature confirms that one of the characteristics of resilience is being “proud to be a nurse”. The following characteristics of resilience were identified by research done among professional nurses in the private and governmental sector in Gauteng: a sense of purpose, being thankful, having self-respect, overcoming obstacles, taking responsibility, being self-disciplined, being able to handle emotions, striving to improve, and being caring and proud to be a professional nurse (Koen *et al.*, 2011:1-11).

3.3.1.2 Theme 2: Strategies to maintain resilience in the workplace

Participants shared their perceptions of how to remain resilient in their demanding daily work life. The researcher and independent coder were able to identify four sub-themes (see Table 3.1).

3.3.1.2.1 Sub-theme 1: Building relationships

Participants describe the building of relationships with colleagues as an important factor in maintaining resilience due to the fact that colleagues can support one another and reflect on difficulties. Furthermore, the participants made every effort to build relationships within their own team. They mentioned that if they support one another, they perform better. Participants report that it is very important to remember not only to receive support but also to provide

support to colleagues. The feeling of belonging to the family is also highlighted several times and therefore nurses need support from their colleagues to be able to cope in a stressful work environment. The participants also mention that by empowering their team, they can learn to support one another and lighten the work load.

The following quotes give an indication of the participants' perceptions of building relationships with colleagues and the team:

"The people around you if they give you support and the environment also plays a good role and the patient that you have." F2P2

"So you find that you've got this one that you can bond with, and when you tell her that you need to do this, she does it, so you can't move from this person because she's your only pillar, because once she's not there, then you feel the pressure, you feel it." F1P2

"For me, what keeps me here is we are like a family, my colleagues have also become kind of like my friends, so the relationships that you build up when you're at work is what makes it fun for me." F1P1

"You have to be good in teamwork, so that you can also buy ideas from other people." F3P3

"A team has conflict, so you have to put certain strategies into place so that you can sort out those conflicts. It is important for the team to be strong." F3P3

"As a team working together." F1P1

The importance of building relationships for generation Y professional nurses is confirmed in the literature. Mowbray (2011:19) indicates that people with resilience have relationships that give them support at times of need. McGee (2006:54-57) also stresses the importance of giving guidance and support to one's colleagues as these provide encouragement, emotional support, respect, and understanding for one another. Furthermore, teamwork is seen to be crucial in nursing and will, in collaboration with multidisciplinary teams, produce better quality care and reduce the risk to patients (Rathert & Fleming, 2008:323-331). This links with Forsyth (2014:418), who describes that a team needs to have knowledge of its individual abilities and energy to enable them to maximise their performance.

3.3.1.2.2 Sub-theme 2: Open communication channels

Participants strongly emphasized that communication skills are necessary to handle difficulties in the workplace. Difficulties can be overcome by having the necessary

communication skills when managing employees, and therefore these skills can contribute to maintaining resilience in the work environment.

Participants also express the need for management to listen to them and to give them feedback after adverse events or negative comments, as this will help them to cope with the many problems and challenges with which are faced on a daily basis.

The following quotes give an indication of the participants' perceptions on open communication channels:

"...communication skills as well." F4P2

"I'll talk about." F3P1

"...your management, to have them give you feedback." F1P1

"I need them to listen to me." F4P5

"They need to listen to us." F3P7

"...they're not listening to you." F5P5

These findings are compatible with other literature which finds that communication skills are essential for healthcare providers and health team members in the nursing profession and in working with patients (Norgaard *et al.*, 2012:90-97). The findings also relate to Harrington (2012:27-30), who stresses the importance of "[d]eveloping and maintaining trusted, valued relationships and friendships that are personally fulfilling and foster good communication including a comfortable exchange of ideas, views and experiences". These findings are confirmed by the Joint Commission (2010) which maintains that the main root causes of Sentinel Events (adverse events) are ineffective communication and a lack of optimal teamwork.

3.3.1.2.3 Sub-theme 3: Respect/trust for one another

Participants consider it important to be respected by seniors and other colleagues. They explain that transferring knowledge, skills and previous experience to your colleagues and thereby building a strong and cohesive team may contribute to maintaining resilience in the workplace. Furthermore, participants acknowledge that trust gained through mutual respect is paramount to team building, which in turn will contribute to maintaining resilience.

In addition to the above-mentioned findings, participants also explain that their superiors do not trust their skills and abilities to perform their duties which leads to a lack in confidence that breaks down mutual trust.

The following quotes give an indication of the participants' perceptions of respect/trust for one another:

"...respect also from our seniors. Respect is very important." F1P1

"...when I want my staff, my team to respect me, then I show them that I know what I am doing. As long as they trust you, they are going to respect you, but if they don't trust you they won't respect you." F3P6

"...to know that you trust my abilities." F4P5

"...unit managers don't support us because there would be these junior nurses that are so stubborn and they will take tea time maybe thirty minutes or an hour lunch, two hours."
F1P2

Several studies find that respect is associated with an individual's self-esteem and well-being as well as physical and mental health in the workplace (Huo *et al.*, 2010; Oore *et al.*, 2010). A study by Mowbray (2011:9) indicates that by using different strategies and adaptive techniques, a person has the ability to generate commitment and trust in a relationship.

Furthermore, Jean Watson's Theory of Human Caring (Watson, 2009) also emphasizes the importance of caring for oneself, one's colleagues and others as an advantage in creating a more conducive work environment.

3.3.1.2.4 Sub-theme 4: Maintaining positive attitudes

Some participants in the semi-structured focus group interviews share their perceptions of how to stay resilient in their workplace. They maintain that one needs to have a positive attitude in life and to focus on the positive aspects of a negative situation. According to the participants, these perceptions result mainly from negative situations that present daily challenges at work.

Furthermore, one participant (F5P1) stated that "I don't let anything to spoil my day so every situation that comes I just take it with a smile then I know I will handle it nicely because I know I don't like to be crossed so every situation I just... I will keep quiet first and be calm then after that then I will talk to that person nicely." It therefore seems that the maintaining of

resilience in the workplace depends on one's evaluation of the specific situation, one's effective coping skills and one's positive attitude in life.

The following quotes give also an indication of the participants' perceptions of maintaining a positive attitude:

"...it goes both down to your attitude in life and even if some things don't go your way you just stay positive." F2P1

"Trying to evaluate the situation seeing the positive, the course of why this negative situation did happen and trying to take the positive out of it." F5P4

"With me I normally assess if it really needs my senior's attention or I can manage it myself." F4P4

These findings are in line with Fredrickson's theory that a positive attitude increases the chances of a person discovering and building their personal resources over time Fredrickson (1998) also identifies ten forms of positivity, namely joy, gratitude, serenity, interest, hope, pride, amusement, inspiration, awe, and love. This theory has implications for the ability of participants to remain resilient in their workplace.

Literature also confirms that in case of workplace adversity, personal resilience can be used as a resource that may protect individuals (Jackson *et al.*, 2007).

3.3.1.3 Theme 3: Reactions to adversity and stressful situations

Participants indicate that their reactions to an adverse event or a stressful situation depend on the severity of the incident, its effect, and on how it is managed by the relevant role players. They report that they tend to be negative if it is a blaming incident, which then negatively influences their working performance and makes them regret being a nurse.

"You find that negative things, you also after feels negative that things building in my system do you see, you find that you become not interested to your work anymore, just like that." (F5P3)

3.3.1.3.1 Sub-theme 1: Major challenges and demotivation

Although some participants report that they stay positive after an adverse event or stressful situation, they find this very challenging and sometimes get demotivated in the process of overcoming that negative situation. Participants state that they need to continue to function,

no matter what, as they do not want to disappoint their families and colleagues. Furthermore, participants mention that the people managing them do not understand and support them which contributes to a feeling of demotivation.

“It’s a big challenge to get over that, it’s a huge challenge.” F1P2

“It’s very demotivating as well, I think...” F1P1

“Me personally makes me angry and makes me, really put me off demotivate me completely, ja so.” F4P1

“Always try to keep it low, try to solve it in the unit before it get out and if it gets out of hand, it is a big issue.” F4P1

3.3.1.3.2 Sub-theme 2: Emotional reactions

The field notes and semi-structured focus group interview analysis reveal that participants experience adverse events or stressful situations as traumatic and may become frustrated, angry and depressed. These negative experiences result in disrespect, negative attitudes, and a lack of trust and teamwork. Participants are also afraid to report such cases due to the blaming culture in nursing subsequent to an incident. Participants also mention that after an adverse event or stressful situation has occurred, they want to leave their position.

“When I just started, it was something that was so traumatic to me.” F3P1

“I don’t want to work for this facility, and another thing it was so traumatic.” F3P9

“Just managing the frustrations, you know, if you’re air your frustrations to your unit manager or to your management, to have them give you feedback on it.” F1P1

“...it’s just, I was also frustrated because we were there, we were also there.” F3P4

“...if it was a big incident there is always a feeling of anger and depression, you want to leave.” F4P2

“...you feel angry and we want to leave.” F4P3

Literature suggests that workplace adversity is seen as a cluster of negative, stressful, traumatic or difficult situations emanating from working conditions and daily challenges in the work setting (McDonald, 2010). Similarly, Engel *et al.*, (2006:86-93) discuss that even experienced healthcare professionals may be negatively affected after an adverse event.

They experience feelings of distress, guilt, self-doubt, and frustration or anger because they feel that they caused an adverse event or a near miss. Furthermore, Johnston and Kanitsakie (2006:367-376), specify that one of the reasons why nurses do not report adverse events is because they fear that they will become a victim and receive disciplinary actions.

3.3.2 Category 2: Perceptions of generation Y professional nurses regarding a conducive work environment

The participants shared their perceptions about a conducive work environment during the semi-structured focus group interviews. The researcher and independent coder were able to identify two themes with several sub-themes (see Table 3.1).

3.3.2.1 Theme 1: Barriers preventing a conducive work environment

Professional nurses face stressful situations on a daily basis and it is occasionally difficult to adapt and move on. Some of the challenges include excessive workloads, poor work relationships, staff shortages, family demands, and lack of respect and authority. Participants report that adverse working conditions such as heavy workload, exhausting work pressure, hostile environment, and long working hours negatively impact on a conducive work environment. The participants consider a conducive work environment a safe place with sufficient resources.

3.3.2.1.1 Sub-theme 1: Working conditions/relationships

According to the participants, it is important for nurses to work in an environment that is conducive to delivering the best patient outcomes. Participants feel that their superiors do not always handle situations professionally, which contributes to unfavourable working conditions. Participants also believe that while some generation Y nurses can manage stressful working conditions, many simply leave the current work environment in an attempt to find better working conditions elsewhere. Nurses furthermore feel that it is not always easy to work with people of the same or a younger age, as these tend to compare them with the older employees.

Participants also feel that patients are getting more demanding and do not appreciate what nurses are doing for them. They believe that management does not support nurses if a negative situation has occurred or even becomes verbally abusive in front of patients and other staff. A positive environment is seen by them as a place where they feel like a family.

“Not all of them but some of the unit managers, I feel like that they are not professional. You know to get shouted in front of the patient, in front of the staff, the patient won’t trust you anymore, the patient just thinks this stupid nurse.” F3 P4

“So I think quite few of our generation really want to find themselves in our situation. They prefer to go to clinics or to work in the office work. Because there is a lot of opportunities if you are a professional nurse.” F2P2

“If you are new. They just challenge your mind. How far do you know? And they compare you to the older person. This person was doing this thing like this. So they want to know how far you know.” F3P2

“I think is appreciation from our patients. Because sometimes you go all the way out and you get a slap in the face from the same patients. For our patients to know that we are there to help them and not to injure or harm them and also support from management that would actually going a long way, because sometimes you are here alone at night things happen incidents happen. The first thing they come and provide you with so many questions. If you can get more support from our superiors it would be better.” F4P3

“For me, what keeps me here is we are like a family. Sometimes we short staffed and all that, but the positive environment can make you stay.” F2P1

Participants indicate that financial remuneration is also very important to them, and if they receive a better offer, they will leave. Some feel that they are not getting fair remuneration for the work that they have done.

“Obviously when I move it will definitely be because of money because I am also human I need to ends meet, and if they meet the salary I will stay so that is the reason.” F4P5

“...it's a big thing if you get the opportunity of changing environment and you think it's conducive and they give you more money then you're going to go.” F5P5

“The salary is not so good, that is why sometimes we just do what we can. We want to give our all, but at the end of the day you give your all and you get nothing back. They need to meet us half way. And which is why one of the reasons why people are resigning every now and then, you get a staff member, they don't stay for a long time. Once they go to school, get their qualifications, they leave to another place where they will get the other salary that is better.” F3P3

Research confirms that poor working conditions and uncompetitive remuneration are some of the reasons for the attrition of professional nurses (Gillespie & Melby, 2003:842-851; Mhlambi, 2002:62-64). These findings are also in line with a study by Smith (2000) which

finds that employees usually leave their work because of their bosses and not because of the company itself. Furthermore, Oosthuizen (2005:117) claims that nurses leave South Africa due to poor working conditions and heavy workloads.

3.3.2.1.2 Sub-theme 2: Family demands

Participants are not happy with their current working conditions as they are mostly single mothers or breadwinners and their current working hours are not convenient for their families. They feel that the current working hours are too rigid and long and that they need more flexibility in their hours to support and attend to their families.

However, one participant mentions that her current working hours suit her very well as she can be with her family if they need her.

“Flexibility. Because it’s eight/four, you know that when your children leave for school, you are there. When they come back, you are there, so you know that it’s better, you are there you are present. When there are sports days you are present, when it’s the meetings at school, you are present.” F1 P2

“So that’s why we are leaving, these twelve hours because it’s not working, I think maybe if your kids now maybe at the universities and all that you are certain you can come back and do this twelve-hour shift. But if you’ve got small kids it’s not working at all.” F1P2

“I don’t physically work on the floor; my job suits me very well because I work a seven to four.” F1P1

Literature supports this sub-theme. Price (2000:600-624) states that individual factors such as age, sex and marital status play an important role in turnover. According to Zboril-Benson (2002), long working hours cause job dissatisfaction amongst nurses and absenteeism from work.

Furthermore, Alnems (2005:1-31) points out that nurses do not only deal with stressful factors such as casualty and death on a daily basis, but also with long working hours and shift work. The literature also confirms that poor or inflexible work schedules are one of a variety of reasons for nurse turnover (Simons, 2008:48-59).

3.3.2.1.3 Sub-theme 3: Staff shortages

According to the participants, sufficient resources are important in ensuring optimal delivery of nursing care to patients. The lack of resources, in this case shortage of nursing staff, poses a huge challenge and causes unhappiness of staff members in their work

environment. This does not only pose challenges, but also adds to their workload as they are expected to render total nursing care.

Moreover, participants express their experiences of staff shortages that contribute to long working hours as they do not have enough time to finish their tasks.

Based on their experience as generation Y professional nurses, some participants state that staff shortages can motivate employees to perform on a higher level in order to achieve the same output as with normal staffing. However, this seems to be a cognitive decision taken by the generation Y professional nurse. Participants further mention that support from management with regard to staff shortages will add value to their roles, and thereby contribute to a more conducive work environment.

"I am, but, for me the hours are long and there has been a shortage staff." F2P1

"And the workload as well they must make sure that always there is enough stuff so that we can be productive. Because if there is less staff we won't be productive because we will struggle we won't meet the patient's names, that's the problem." F5P6

"Though sometime we work short staff but you get motivated, I want to do this. And then also the patients as well sometimes, they are people that are from the same level of environment as you. So they understand us, we understand them, they know where you are coming from. So it also makes the environment quite conducive for working." F2P2

"Staffing, staffing yester I work with four patients alone three were major." F4P3

Literature confirms that the nursing profession, both globally and in South Africa, is facing a critical shortage of professional nurses (SANC, 2013). A global trend analysis was done in 2005 and it is expected that the worldwide shortage may rise to 340 000 professional nurses by 2020 (Auerbach *et al.*, 2007:178-185). In addition, statistics from the South African Nursing Council indicate that in 2012 the ratio of patients to nurses in Gauteng was 379:1 (SANC, 2013).

In addition, studies in the government sector in South Africa confirm that the increased dissatisfaction and compromised well-being amongst nurses are the result of staff shortages, high workloads and unsatisfactory, negative work environments (Bester & Engelbrecht, 2009:104-117; Hall, 2004:28-36; Kekana *et al.*, 2007:24-35; Nyathi & Jooste, 2008:28-37; Uys *et al.*, 2004:50-56). Similarly, Van der Westhuizen (2008:1-69) finds that 60% of nurses in the private sector leave their positions due to patient overload, high workload, safety risks, and better salaries elsewhere.

It is the responsibility of hospital managements to ensure that nurses have the resources necessary to practice in a safe and efficient way. Generally unacceptable conditions in hospitals and a shortage of personnel put patients and nurses at risk and influence turnover rates (Oosthuizen, 2005:209).

3.3.2.1.4 Sub-theme 4: Authority/delegation restraints

Participants report that management does not allow them to take ownership of their work and to take decisions. They feel that, as generation Y professional nurses, they are the ones that do the work and therefore have the knowledge necessary to handle relevant situations; however, management's interference deprives them of authority. It seems that management uses their authority to take decisions that are not favourable to a conducive work environment for generation Y professional nurses.

Furthermore, generation Y professional nurses find it very challenging to work with their own as well as with older generations. They experience resistance from these colleagues and therefore find it challenging to delegate task and responsibilities to them. Participants articulate that in order to ensure that tasks are completed and patients receive care, they build individual relationships with some of the team members. These negative challenges contribute to a high workload and have an influence on the work environment.

"...they interfere. [...] I think the wrong is they decide on their own and do not know what is happening on the floor, must come to us. [...] They do not know how we working even in ER cannot cope only one Rn and ENA. If you get two P1 cannot cope. [...] If I can compare from where I came, we were three Rn's two ENA flexible, you can drink tea and lunch. I think if they can come to us and ask us what strategy what can work for you. In my unit this and this can change, they not listing. Does not seems right." F4P4

"Like they specialist. I'm Medical ward most 27 people only five staff member a Rn that shift lead and taking patients and that for me it is so unfair." F4P1

"It's difficult. It's very challenging, especially as me, I am a registered nurse and all this subordinate they're... we are at the same age." F1P2

"Yes, very big challenge, they don't listen and they know that oh... it's... shift, we know we are going to relax, because she won't tell us anything. So you find that you've got this one that you can bond with, and when you tell her that you need to do this, she does it, so you can't move from this person because she's your only pillar, because once she's not there, then you feel the pressure, you feel it." F1P2

The literature supports these findings. A study conducted by Hanson *et al.* (1990:302.316) shows that the level of autonomy and participation in decision making was predictive of job satisfaction and the intent to stay.

3.3.2.2 Theme 2: Strategies for maintaining a conducive work environment

Participants mention that through their experience as generation Y professional nurses, they perceive the following factors as important to maintaining a conducive work environment: need for support and understanding, establishing positive work relationships, feeling valued and listened to, open door policy from management, opportunities for growth and development, need for appreciation and acknowledgement, and being part of the multidisciplinary team. These factors are very similar to the description of the needs of Generation Y employees, as outlined in Chapter 1 (Table 1.1, p. 5), and support the view of Cugin (2004) that organisations need to take the diverse values, beliefs, characteristics and attitudes of different generations into consideration as this will enable them to manage challenges and opportunities and to create a cohesive workplace for the different generations.

3.3.2.2.1 Sub-theme 1: Need for support and understanding from management

Participants feel that management does not provide support or understand their generation. This makes leads them to become very demotivated and to regret being a nurse. In the field notes as well as the semi-structured focus group interviews, the participants indicated feeling not cared for while management expects them to care for their patients.

Furthermore, participants also believe that their life can be made easier through support from management after an incident. Support and understanding are seen as a factors contributing to a conducive work environment. This can definitely be extended to emotional understanding and support.

Lastly, participants feel that management does not notice the value in what they are doing but rather concentrate on the negative aspects.

“So it’s not that easy, I don’t know when we can get the support or the understanding.” F1P2
“We’ve got that attitude with... we are stubborn but I think, maybe if also there are that ones can support us and understand.” F1P2

“I think what happens as well, us nurses are so used to taking care of our patients but forget that we also need someone to take care of us.” F1P1

“So it will eventually make our lives very easy if there is an incident that happened and

then you get the support of your unit manager.” F3P2

“Feel that there was no support with the whole incident you feel angry and we want to leave but if there was support in management of the incident it is better.” F4P3

“Getting a little of a support, especially when you lose kind of things, because you see so much death.” F2P2

“Do not see the extra we do, just the wrong you do or the thing you could not do.” F4P1

The literature confirms that a manager needs to know the values that motivate a person as this is an important tool in enhancing employee productivity, developing an efficient team, and providing guidance and support (Hagenstad, 1995:16-26).

3.3.2.2.2 Sub-theme 2: Establishing positive work relationships

Participants report that the establishment of positive work relationships is an important part of a conducive work environment. It is important for them to have a feeling of belonging, similar to that of a family. Based on their own experiences, participants believe that good work relationships will contribute to better work performance and improve to their knowledge and skills. They also feel that it is worthwhile for generation Y professional nurses that are team leader to do their own orientation in their units to ensure that they perform as required.

Participants also make it very clear that teamwork and communication positively add to a conducive work environment.

Positive work relationships in a multi-disciplinary team have contributed to a conducive work environment as these lead to a better understanding of the challenges that generation Y professional nurses encounter. However, some participants state that in their experience, doctors do not see themselves as part of the multi-disciplinary team but rather above it and this frustrates the participants.

“For me, what keeps me here is we are like a family.” F2P1

“...you know the people and you’ve got good relationships with the people that also assists you to perform better and grow to go out and experience new things at the end of day with more confidence.” F5P4

“I will orientate my own staff to ensure they know what they are doing.” F4P5

“I think as leaders, it’s teamwork, communication.” F3P2

“And then the other thing as well, we... most of our hospitals, it feels like to me, is driven by the doctors, where as we aren’t seen as a multi-disciplinary team, we are seen as being underneath the doctor, and that is also, I think one of the work frustrations for us.” F1P1

The literature review confirms that a positive work relationship is very important to establish a positive work environment. According to Hujala (2012:118-136), although the manager takes the main responsibility for management issues, the worker is an equal partner who is also responsible for issues.

3.3.2.2.3 Sub-theme 3: *Feeling valued and being listened to*

Participants feel that management needs to value them, listen to them, and also trust them. By doing that it can instil confidence and built trust and mutual respect, therefore automatically influencing a person’s perception of a conducive work environment. Participants see themselves as valued resources able to manage their shifts, but believe management is not listening to them and instead wants to take its own decisions.

Participants also feel that patient demands and complaints are very challenging and that management tends to listen to patients rather than acknowledging the input of the nursing team.

The above factors create feelings of negativity in the workplace leading to non-conductive work environments.

“If there’s any issues, just to get the basic feedback from them you know, and to... just to feel that you are valued and listened to, that your opinion counts.” F1P1

“They need to listen to us instead of the patient.” F3P7

“I need them to listen to me when I find a place where I know there is taking risk I need them to trust me to say this could be a risk not a financial risk a risk to a human life because this is what I am qualified for.” F4P5

3.3.2.2.4 Sub-theme 4: *Opportunities for growth and development*

Participants mention based on their experience that opportunities for growth and development are very important to them. They gain more confidence through growth and development, and can therefore better handle challenges and assist other colleagues. Some participants also verbalise the perception that there are more opportunities for growth in the

private than in the government sector, which is one of the reasons why they are still in their current roles in a private healthcare facility in Gauteng.

It is also evident that participants feel valued by their families and community as professional nurses due to various growth and development opportunities in nursing.

“Opportunity for growth.” F5P4

“And you have a chance to grow. You are not staying here in one place and you count maybe five years that you have been in this company. Every year you do something as a promise.” F3P5

“It’s very nice and there’re lots opportunities here...” F1P2

“...one day I was an ENA, and then I was an EN, RN and later ICU trained and now even a Night Supervisor. See the milestones.” F2P2

This sub-theme is supported by Feeney and Collins (2015: 113–147), who mention that relationships are not only useful in coping with adversity, but also assist people in taking up opportunities for growth and development. Furthermore, Butler (2000:5) states that the best place to function is a place that provides training and development opportunities. Therefore, ongoing education leads to improved professional practice and the development of clinical competencies, which may in turn increase retention and job satisfaction.

3.3.2.2.5 Sub-theme 5: Need for appreciation and acknowledgement

Participants feel that appreciation and acknowledgement are not always available to them. They face many challenges in their workplace and management questions them in case of negative events or when goals are not being achieved. Participants feel that management does not understand what is happening on the floor. Despite these challenges, they continue to perform their duties.

Participants also mention that management does not give recognition to generation Y professional nurses but instead perceives and judges them as “moaners”. Management should remember that nurses are also humans who need to be cared for and looked after. A simple ‘thank you’ to show appreciation and acknowledge good work can positively influence nurses’ behaviour.

Due the fact that generation Y professional nurses are seen as multi-skilled, too many tasks and responsibilities are allocated to them, making it impossible for them to complete tasks timeously and correctly.

Lastly, participants are also feeling unappreciated by the patient.

“We need to be recognised.” F3P6

“Even without salary a simple thank you will do you know whatever they are... appreciation... but they don’t show appreciation whenever you’ve done something, a simple thank you... just to show a little bit of appreciation.” F3P4

“I also think that our generation are the go-getters, we jump in and we get things going and then I sometimes feel that there’s a lot of pressure being put up on us.” F1P1

“...conducive working environment I can say is an environment that is peaceful, there’s harmony and you are appreciated.” F2P2

“I think is appreciation from our patients. Because sometimes you go all the way out and you get a slap in the face from the same patients.” F4P3

“Recognise me as a nurse.” F2P2

The literature confirms that young nurses want management’s recognition, flexible working hours, professional growth, and clear and proper instructions (Lavoie-Tremblay *et al.*, 2010:2-8). Generation Y, or Millennials, need frequent recognition and like to be empowered through development opportunities. They like challenging project but require clarity and need specific feedback. Gravett and Throckmorton (2007) and Porter Novelli (2008) advise not to micromanage these nurses. Upenieks (2003:573) also highlights the importance for nurses to be appreciated and respected by management and doctors.

3.4 CLOSING REMARKS

The data analysis, literature integration and findings of the study on the perception of generation Y professional nurses regarding resilience and a conducive work environment in a private hospital group in Gauteng have been discussed. In the next chapter (Chapter 4), the study’s conclusions, limitations, and recommendations with reference to nursing education, research and practice will be discussed.

CHAPTER 4

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

In the previous chapter, a detailed description on the perceptions of generation Y professional nurses in a private hospital group in Gauteng regarding resilience and a conducive work environment was presented together with supporting quotations from field notes and semi-structured focus group interviews. The subsequent literature integration strengthens and verifies the findings of the study. The conclusions and limitations are presented in this chapter. In addition, recommendations will be made to support generation Y professional nurses in improving their resilience and applying strategies for the creation of a conducive work environment.

The research questions that guided this study are:

- ❖ What are the perceptions of generation Y professional nurses in a private hospital group in Gauteng regarding resilience?
- ❖ What are the perceptions of generation Y professional nurses working in a private hospital group in Gauteng regarding a 'conducive work environment'?

The purpose of this research is:

- ❖ To explore and describe the perceptions of generation Y professional nurses working in a private hospital group in Gauteng regarding resilience.
- ❖ To explore and describe the perceptions of generation Y professional nurses working in a private hospital group in Gauteng regarding a 'conducive work environment'.

4.2 CONCLUSIONS

Conclusions are drawn based on the literature, participants' perceptions, and field notes. During data analysis, two categories were identified: Category 1 with three themes and several sub-themes, and Category 2 with two themes and several sub-themes. These findings have been discussed in Chapter 3. Below, conclusions can be drawn about the perceptions of generation Y professional nurses regarding resilience and a conducive work environment. A general conclusion is also presented.

4.2.1 Conclusions on perceptions of generation Y professional nurses regarding resilience

The participants in this study experience many challenges in their everyday work life. They believe that in order to stay resilient despite these challenges one must be able to bounce back and recover, adapt to stressful situations, cope with challenges, stay positive, and have passion and love for nursing.

4.2.1.1 Staying resilient

The participants demonstrate resilience in their workplace, adapt to negative situations, and remain positive through, as also described in existing literature (Koen *et al.*, 2011:1-11), namely through a sense of purpose, being thankful, having self-respect, overcoming obstacles, taking responsibility, being self-disciplined, being able to handle emotions, striving to improve, and being caring and proud to be a professional nurse. Participants consider their existing knowledge, skills and self-motivation an important foundation for staying resilient. They acknowledge having learnt strategies for managing adversity from others and managing to stay resilient by relying on reflection, strong spiritual beliefs, and their love for the nursing profession. Management's support and appreciation can positively contribute in generation Y professional nurses' work environment, allowing them to cope with adverse experiences.

4.2.1.2 Strategies to maintain resilience in the workplace

Relationship building between participants in the work environment is identified as an important factor in maintaining resilience. Supportive relationships experienced by generation Y professional nurse in the workplace are characterised by open communication channels, mutual respect and trust, leading to better teamwork and resilience. These experiences have a positive and supportive influence on generation Y professional nurse and contribute to building relationships and improving resilience.

In addition, an empowered team is able to support one another and to lighten the workload, as it team shares equal responsibilities.

Furthermore, participants describe factors that negatively influence their resilience and which have a negative impact on their work environment. These negative elements include a lack of communication skills, lack of management support and understanding, disrespect from junior colleagues, and lack of trust from superiors.

4.2.1.3 Reactions to adverse effects or stressful situations

Participants experience adverse effects and stressful situations as very traumatic; these situations therefore negatively influence the work environment by triggering feelings of demotivation, frustration, anger, and depression. Participants assimilate and overcome negative such situations by expressing themselves emotionally, including talking or crying about the events.

4.2.2 Conclusions about perceptions of generation Y professional nurses regarding a conducive work environment

Participants endure daily challenges at work and these challenges add to a non-conducive work environment. This is the reason why generation Y professional nurses sometimes feel that they cannot adapt to negative work situations.

4.2.2.1 Barriers preventing a conducive work environment

Participants believe a conducive work environment is a safe place with sufficient resources and a feeling of belonging. They feel that they are subject to huge demands and pressures and consider the following as contributing factors that prevent a conducive work environment: high workload due to staff shortages, poor work relationships, family demands, lack of respect and authority, long working hours, and unprofessional behaviour and lack of support of management.

Participants mention that they have found colleagues from their own younger generations difficult to work with as these do not respect them as seniors. Furthermore, one of the greatest stumbling blocks for generation Y professional nurses were unreasonable demands and behaviour is bordering on verbal abuse from patients. It also becomes apparent in this study that financial remuneration is important to generation Y professional nurses as they will leave a position for a better salary.

4.2.2.2 Strategies to maintain a conducive work environment

Participants are of the opinion that teamwork not only amongst the nursing staff but within a multi-disciplinary team can contribute to a conducive work environment. Communication within the multi-disciplinary team positively adds to a positive work environment. Teamwork and communication must therefore form an integral part of a conducive work environment; these two concepts cannot be separated as they contribute to positive work relationships in the workplace.

Furthermore, generation Y professional nurses believe that opportunities for professional growth and development contribute to a positive work environment. Such opportunities add

to nurses' knowledge and skills, making them more confident when handling challenges in their workplace and making them feel valued by their families and communities as they are looking up to them and thereby enhancing the nurses' self-esteem.

Participants mention that appreciation and acknowledgement from management is not always available, which creates a negative feeling and contribute to a non-favourable work environment.

4.2.3 General conclusions

It is evident that the participants have characteristics typical of those attributed to generation Y: a need for work-life balance, changing positions and professions several times during their careers, the ability to multi-task, pursuing lifelong learning and wanting to advance education, expecting promotional opportunities even if not long in a position, leading groups or teams, need for constructive feedback and praise, requiring lengthy orientation, and having a technological advantage.

Similarly, a study by Abdul and Raheela (2015) titled "Impact of Work environment on Job Satisfaction" tests a conceptual model in which the independent variable is the work environment in which employees work and the dependent variable is job satisfaction, as portrayed in Table 4.1.

Table 4.1: Conceptual model of work environment and job satisfaction

Work environment		Job satisfaction
Working hours Job safety & security Relationship with co-workers Esteem needs Top management		Employee loyalty Sense of ownership Level of commitment Efficiency & effectiveness Productivity

(Adapted from Adbul & Raheela, 2015)

Similarities are found between this study and the above conceptual model regarding work environment and job satisfaction: Participants in this study consider working hours to not be flexible enough, relationships with co-workers lacking in teamwork, respect and trust, management unsupportive and without appreciation for what they are doing. Efficiency and effectiveness as well as nurses' level of commitment and sense of ownership are influenced by a lack of development and training.

Furthermore, it is evident that a golden thread runs through the sub-themes, which overlap and form a whole in which each one is inextricable from the other. This confirms the in-depth

and complex nature of resilience, the work environment, and the characteristics of the generation Y professional nurse.

It therefore seems that nurses' resilience can be strengthened even further by management by providing support and motivation and opportunities for growth and learning.

4.3 LIMITATIONS AND CHALLENGES

The limitations of this study are discussed below.

- ❖ This research study was done only on generation Y professional nurses and therefore cannot be generalised to the larger nursing population. To address this limitation, a comprehensive description of the research method and findings was given.
- ❖ Time for data gathering was limited due to Nurse Managers' lack of urgency in responding and giving approval for the study. To address this limitation, the researcher approached the regional Nurse Managers for assistance.

4.4 RECOMMENDATIONS

It has been argued throughout this study that resilience and a conducive work environment are fundamental in retaining generation Y professional nurses in the nursing profession. Based on the findings, literature integration and conclusions, recommendations are made for nursing practice, nursing education, and future nursing research in order to improve resilience and develop a conducive work environment with the aim of increasing the retention of nurses. Executives and hospital managers need to be made aware of the recommendations formulated in this study in order to successfully implement them.

4.4.1 Nursing practice

'Nursing practice' in this section refers to a private hospital group in Gauteng as well as other healthcare facilities where generation Y professional nurses are employed. 'Recommendation' relates to the central theoretical statement (see section 1.5.2.1), which refers to the formulation of a recommendation to develop and strengthen the resilience of generation Y professional nurses in a hospital group in Gauteng and to develop a conducive work environment to retain them in the nursing profession.

4.4.1.1 Team building activities

The researcher recommends that team building activities be employed in this private hospital group. Activities should be divided into teamwork amongst nursing staff only, and teamwork for the multi-disciplinary team.

Team building activities can range from short activities and exercises in the workplace to more formalised team building sessions that are aimed at building interrelationships with other departments in the hospital.

Team building will allow employees to acquire new skills and approaches while improving their relationships with one another. It will furthermore encourage discussions and interactions within the multi-disciplinary team and improve cohesion between the employees.

Making team building activities funny must also be considered as this can have an uplifting effect on the emotional and physical state of the employees.

These team building sessions can be used as a strategy to maintain resilience in the workplace by building relationships within the team while at the same time maintaining a conducive work environment due to improved work relationships between generation Y professional nurse and the multi-disciplinary team.

4.4.1.2 Appreciation and acknowledgement of generation Y nurses

The researcher recommends that programmes to make generation Y nurses feel appreciated be put in place. It must not be assumed that everyone knows how to show appreciation, and specific programs should be implemented to equip managers with the necessary skills to show appreciation.

Keeping generation Y nurses happy and motivated is critical in this private hospital group. It is evident that employees perform better and work harder when receiving recognition for their work from their superiors.

Managers often fail to remember that saying 'thank you' to employees can have a priceless impact on performance. It is therefore clear that appreciation and acknowledgement form an integral part in maintaining a conducive work environment.

4.4.1.3 Effective communication

Communication, and especially open communication channels, have an important impact on the ability of generation Y nurses to maintain resilience in the workplace.

Communication in the workplace can either be your best friend or your worst enemy. It has been generally accepted that effective communication in the workplace can increase

productivity and output. It has also been argued that good communication in the workplace is what distinguishes leaders.

Communication skills development programs for managers and for generation Y nurses should be considered in this private hospital group. These programs should enhance open communication as well as one-to-one interactions. Program facilitators must create an environment in which generation Y nurses can voice their concerns, fears and opinions without being judged.

These open communication channels can be used to give guidance during problem solving, which will encourage mutual respect and trust, therefore enhancing relationships. Proper communication can create an opportunity for generation Y nurses to share the problems and challenges that they experience. This can result in a conducive work environment in added resilience in the workplace as generation Y nurses will feel that they are valued and being listened to.

4.4.1.4 Staff shortages

Staff shortages are mentioned by generation Y professional nurses as one of the key issues that contribute to nursing turnover. An increase in resources will enhance the quality of patient care and nurses' levels of job satisfaction. It is therefore vital for the health industry to understand generation Y professional nurses' values and behaviours. Executives and management in this private hospital group need to put in place aggressive recruitment and retention strategies. Furthermore, they need to ensure that sufficient resources and equipment are available.

4.4.1.5 Opportunities for growth and development

The healthcare organisation needs to focus intensively on generation Y professional nurses' training needs and must provide them with the necessary soft skills training as the characteristics of generation Y professional nurses include multi-tasking and they will pursue lifelong learning in order to advance themselves for promotional purposes. Other avenues and possibilities for training and development must also be explored comprehensively in an attempt to satisfy generation Y nurses' desire for self-advancement. These nurses expect to be remunerated according to their qualifications, skills and knowledge, and therefore it is important to also assess their current salary packages.

4.4.2 Nursing research

Based on the study's findings and the literature, further research is needed on resilience and conducive work environments of generation Y professional nurses. Therefore, further research is recommended in several areas:

- ❖ Further research is recommended on the resilience levels of generation Y professional nurses that have already left the private hospital group can help to determine the reasons why they left the private hospital group and, more specifically, the influence of their work environment and lack of resilience.
- ❖ Research on generation Y professional nurses that have been working in a private hospital group for less than twelve months may serve to determine the perceptions of resilience and conducive work environments of young newcomers to the nursing profession. Such research is important as that these young professional nurses have not yet experienced that many challenges that could have caused them to become biased in their perception.
- ❖ The present study was only conducted in Gauteng; therefore, it is recommended that similar studies be conducted covering larger areas.

4.4.3 Nursing education

Recommendations for nursing education need to be appropriate to theoretical and clinical elements. Participants confirm that generation Y professional nurses require resilience. Therefore, nursing curricula need to include the following components as part of the management module:

- ❖ Elements necessary for developing and strengthening resilience. This should include relationship building, communication skills, teamwork, and mutual respect. These components can be discussed theoretically and acted out during roleplay in the classroom settings.
- ❖ The Department of Education needs to involve other departments from the private hospital group in Gauteng in interactive meetings on improving the resilience of generation Y nurses.

This recommendation may contribute to a conducive work environment and the retention of generation Y professional nurses.

4.4.4 Closing remarks

The overall purpose of this study has been achieved. The study concludes that factors related to resilience and poor working conditions may influence the retention of generation Y

professional nurses. The following aspects need to be addressed in order to strengthen and develop resilience in generation Y professional nurses: work relationships, communication, appreciation and acknowledgement of generation Y nurses, staff shortages, salaries, and professional growth and development. Creating a conducive work environment in which a multi-generational nursing workforce feels valued will improve the retention of generation Y professional nurses. In an effort to enhance the retention of generation Y professional nurses, executives and hospital management need to acknowledge the multi-generational environment and the need to implement changes and to listen to and value nurses at the same time. Generation Y professional nurses need to be empowered to take decisions and management must respect their decisions; in turn, generation Y professional nurse need to empower their subordinates.

Recommendations have been made for nursing education, research and practice. These recommendations have the potential to adequately equip both management and generation Y professional nurses for developing and strengthening the resilience of generation Y professional nurses and maintaining a conducive work environment.

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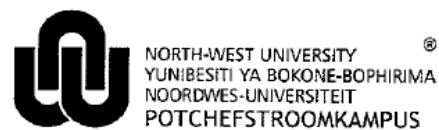
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ANNEXUREA: APPROVAL FROM SCIENTIFIC COMMITTEE OF INSINQ



Privaatsak X05, Noordbrug
Suid-Afrika 2522

Tel: 018 299-2000
Faks: 018 299-2999
Web: <http://www.nwu.ac.za>

23 March 2015

Proposal Review: J.E. Swart 24200034

Title: Enhancing the resilience of generation Y professional nurses in a private hospital group in Gauteng

PERC decision	
Accepted as is	
Accepted with minor revisions	X
Proposal not accepted and needs to be resubmitted	
Other (specify): The student is invited to a meeting with the panel, to discuss the feedback on the proposal.	

Karin Minnie

Dr. Karin Minnie
North-West University, Potchefstroom Campus

Members of the Committee:

- | | |
|---|---------------------------------|
| 1. Dr Antoinette du Preez _____ | 2. Dr Ronel Pretorius _____ |
| 3. Dr Welma Lubbe <u>W Lubbe</u> | 4. Dr Rina Muller <u>Siek</u> |
| 5. Dr Richelle van Waltsleven <u>Richelle</u> | 5. Mr Sipho Sojane <u>Sipho</u> |

ANNEXURE B: ETHICAL APPROVAL



NORTH-WEST UNIVERSITY
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09/02/2016

Prof E du Plessis
Nursing

Dear Prof du Plessis

HREC APPROVAL OF YOUR APPLICATION

Ethics number: NWU-00192-15-S1

Kindly use the ethics reference number provided above in all correspondence or documents submitted to the Health Research Ethics Committee (HREC) secretariat.

Project title: Exploring the resilience of generation Y professional nurses in a private hospital group in Gauteng South Africa

Project leader/supervisor: Prof E du Plessis

Student: JE Swart

Application type: Full Single

Risk level descriptor: Medium

You are kindly informed that at the meeting held on 21/10/2015 of the HREC, Faculty of Health Sciences, the aforementioned was approved.

The period of approval for this project is from 09/02/2016 to 08/02/2017.

After ethical review:

Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HREC (if applicable).

The HREC requires immediate reporting of any aspects that warrants a change of ethical approval. Any amendments, extensions or other modifications to the protocol or other associated documentation must be submitted to the HREC prior to implementing these changes. Any adverse/unexpected/unforeseen events or incidents must be reported on either an adverse event report form or incident report form.

A progress report should be submitted within one year of approval of this study and before the year has expired, to ensure timely renewal of the study. A final report must be provided at completion of the study or the HREC must be notified if the study is temporarily suspended or terminated. The progress report template is obtainable from Carolien van Zyl at

Carolien.VanZyl@nwu.ac.za. Annually a number of projects may be randomly selected for an external audit.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.

Please note that for any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HREC. Ethics approval is required BEFORE approval can be obtained from these authorities.

The HREC complies with the South African National Health Act 61 (2003), the regulations on Research with Human Participants of 2014 of the Department of Health and Principles, the Declaration of Helsinki, 2013, the Belmont Report and the Ethics in Health Research: Principles, Structures and Processes (SANS document).

We wish you the best as you conduct your research. If you have any questions or need further assistance, please contact the Ethics Office at Carolien.VanZyl@nwu.ac.za or 018 299 1206.

Yours sincerely



Dr Wayne Towers
HREC Chairperson



Prof Minrie Greeff
Ethics Office Head

Current details: (12686417) C:\Users\13210572\Documents\HREC\HREC - Applications\2015 Applications\Applications 09 - 21 October 2015\NWU-00192-15-S1 (E du Plessis-JE Swart)\NWU-00192-15-S1 (E du Plessis-JE Swart) - AL\NWU-00192-15-S1 (E du Plessis-JE Swart) - AL.docm
9 February 2016

File reference: 9.1.5.3

ANNEXURE C: ETHICAL APPROVAL CERTIFICATE



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom
South Africa 2520

Tel: (018) 299-4900
Faks: (018) 299-4910
Web: <http://www.nwu.ac.za>

Institutional Research Ethics Regulatory Committee

Tel +27 18 299 4849
Email Ethics@nwu.ac.za

ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by **Health Research Ethics Committee (HREC)**, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby approves your project as indicated below. This implies that the NWU-IRERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: Exploring the resilience of generation Y professional nurses in a private hospital group in Gauteng South Africa.																																							
Project Leader: Prof E du Plessis																																							
Student: JE Swart																																							
Ethics number:		<table border="1"><tr><td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>1</td><td>9</td><td>2</td><td>-</td><td>1</td><td>5</td><td>-</td><td>A</td><td>1</td></tr><tr><td colspan="3">Institution</td><td colspan="6">Project Number</td><td colspan="3">Year</td><td colspan="3">Status</td></tr></table>								N	W	U	-	0	0	1	9	2	-	1	5	-	A	1	Institution			Project Number						Year			Status		
N	W	U	-	0	0	1	9	2	-	1	5	-	A	1																									
Institution			Project Number						Year			Status																											
Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation																																							
Approval date: 2016-02-09					Expiry date: 2017-02-08					Risk		Medium																											

Special conditions of the approval (if any):

- Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HREC (if applicable).
- Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HREC. Ethics approval is required BEFORE approval can be obtained from these authorities.
- Any further information and any report templates is obtainable from Carolien van Zyl at Carolien.VanZyl@nwu.ac.za.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-IRERC and HREC:
 - annually (or as otherwise requested) on the progress of the project, and upon completion of the project
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the HREC and NWU-IRERC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-IRERC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-IRERC and HREC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project;
 - to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the NWU-IRERC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.

The IRERC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the IRERC for any further enquiries or requests for assistance.

Yours sincerely

Prof LA
Du Plessis

Digitally signed by Prof LA Du Plessis
DN: cn=Prof LA Du Plessis, o=North-West University, ou=Campus Rector,
email=Linda.DuPlessis@nwu.ac.za,
c=ZA
Date: 2016.02.11 09:56:18 +0200

Prof Linda du Plessis

Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)

ANNEXURE D: PERMISSION FROM PRIVATE HOSPITAL GROUP TO DO RESEARCH

Registered with the National Health Research Ethics Council: REC 251015-048

07 March 2016

ATTENTION: H SWART

REQUEST TO CONDUCT RESEARCH WITHIN GROUP FACILITIES

RESEARCH TITLE:

Exploring the resilience of generation Y professional nurses in a private hospital.

Approval Number: 20160202

Valid until: 31 January 2017.

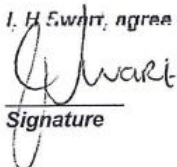
This letter serves to confirm that authorisation has been approved for the above mentioned study to be conducted within group facilities as specified in your application.

The approval is conditional to your agreement of the following provisos:

1. Presentation of this letter to the Hospital or Nurse Manager when seeking permission (in writing) at the specific facility(ies) where you will be conducting your research.
2. Should patient or institutional confidentiality be compromised, has the right to withdraw this permission and take legal action.
2. An electronic copy of your research report is submitted to the Research Ethics Committee prior to publication.
3. No direct reference is made to or its various institutions in your research report or any publications thereafter. The Company and its facilities are not in any way identifiable in the study.
4. The research is conducted within one year of permission being given by the Company.
5. Placement of the electronic research report and any publications on the Company's research register after approval by the associated Higher Education Institution.
6. will not be liable for any costs incurred during or related to this study.

Please sign below indicating that you agree to the above provisos and return the signed copy to me.

I, H Swart, agree to the above provisos


Signature

07/03/2016
Date

We wish you the best with your studies and look forward to the results.

Yours sincerely



Anne Roodt

on behalf of the Research and Scientific Committee.

ANNEXURE E: EXAMPLE OF APPROVAL FROM FACILITY

From: [REDACTED]
Sent: 23 March 2016 07:25
To: 'Kobus Swart' <jj.swart@telkomsa.net>
Subject: RE: Permission to conduct research

Good Morning Hannelie

You are more than welcome to do research in our Hospital. We are a very small hospital, with very few staff members, but i'm sure the answers to your questions from our staff compliment, will be insightful.

Looking forward to meeting with you.

Kind regards

[REDACTED]
Nursing Manager
[REDACTED] Hospital

From: Kobus Swart [<mailto:jj.swart@telkomsa.net>]
Sent: 23 March 2016 05:19 AM
To: [REDACTED]
Subject: Permission to conduct research

Good evening [REDACTED]

My name is Hannelie Swart and I am registered as a Master's student at the North West University. I shall appreciate it if permission can be granted to conduct my research study to explore the resilience of generation Y professional nurses in [REDACTED] hospital. I already obtained permission for the [REDACTED] ethical committee.

The global shortage of professional nurses is a concern in the healthcare industry and therefore the retention of professional nurses is vital important for the industry, as it directly has an impact on the quality outcomes of patients. A stressful working environment is one of the contributing factors to the high nursing turnover. It is therefore important to look into the well-being of the generation Y professional nurses as they are the largest generation to enter the nursing profession since the Baby Boomer generation.

The research questions that will direct this research are:

- What are the perceptions of generation Y professional nurses in a private hospital group in Gauteng on resilience?
- What are the perceptions of generation Y professional nurses regarding working in a private hospital group in Gauteng on a “conducive working environment”?

The objectives of this research are:

- To explore and describe the perceptions of generation Y professional nurse’s working in a private hospital group in Gauteng on resilience.
- To explore and describe the perceptions of generation Y professional nurses working in a private hospital group in Gauteng on a “conducive working environment”?

I shall appreciate it if you allow me the opportunity to do the research in [REDACTED] hospital. I believe that this research can benefit and add value to the nursing profession.

I will contact you within the next two weeks to arrange a meeting to discuss the research.

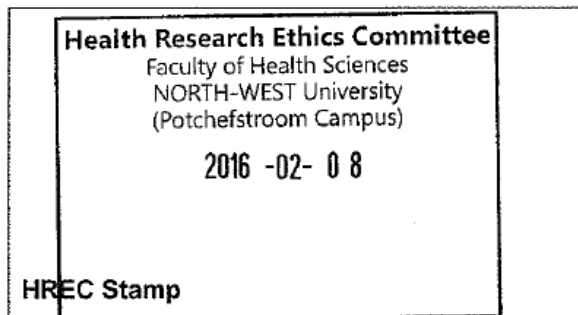
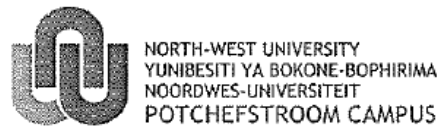
Thank you for look into this request.

Kind regards,

Hannelie Swart

[REDACTED]

ANNEXURE F: INFORMED CONSENT FROM PARTICIPANT AND MEDIATOR



PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE RESEARCH PROJECT:

Exploring the resilience of generation Y professional nurses in a private hospital group in Gauteng in South Africa.

REFERENCE NUMBER: NWU-00192-15-A1

RESEARCHER:

Mrs Hannelie Swart

ADDRESS:

North-West University
Faculty of Health Sciences
Private bag X6001
Potchefstroom
2522

CONTACT NUMBER:

082 922 0520

You are being invited to take part in a research project that forms part of my Magister Curationis degree in Health Service Management at the Potchefstroom Campus of the North-West University .Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00192-15-A1)** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

1 What is this research study all about?

- This study will be conducted in a private hospital group in Gauteng and will involve semi-structured focus groups and field notes with generation Y professional nurses. A generation Y person is born between 1982 and 2000. The size of these focus groups will be between 6 to 8 participants.

The objectives of this research are:

1. To explore and describe generation Y professional nurse's working in a private hospital group in Gauteng on resilience.
 2. To explore and describe the perceptions of generation Y professional nurses working in a private hospital group in Gauteng on a 'conducive working environment'?
- Questions to be asked:
 1. What is your perception of resilience?
 2. What would you say are enabling you in maintaining resilience in your workplace?
 3. Describe your reaction on an adverse event or stressful situation in your workplace?
 4. Why do you choose to stay in your current role as a professional nurse?
 5. What do you see as a conducive working environment?

2 Why have you been invited to participate?

- You have been invited to participate because you are one of permanent employed generation Y professional nurses in a private hospital group in Gauteng with significant experience as a professional nurse.
- You have also complied with the following inclusion criteria: A professional nurse permanently employed for more than twelve months in current position; belonging to the generation group known as generation Y (born between the years 1982 and 2000); a participant who is not in a work related subordinate position with me as the researcher conducting the research; willing to participate in the research through informed consent; willing to have the semi-structured focus group digitally recorded; and able to communicate freely and express yourself adequately.
- You will be excluded if: you are working less as twelve months as a permanent professional nurses; not generation Y and not willing to participate.

3 What will your responsibilities be?

- You will be expected to attend one semi-structured focus group with other generation Y professional nurses to share your perception of resilience, how you cope in a stressful working environment and what makes it worthwhile for you to stay in your current position. The focus groups will be between forty-five minutes and an hour. I will try my best to arrange it at a convenient time.

4 Will you benefit from taking part in this research?

- The in direct benefits will be the opportunity to share their perception of resilience and gain a deeper understanding how generation Y are coping in their working environment and what is needed to make it worthwhile for them to stay in their current position and in the nursing profession. .

5 Are there risks involved in your taking part in this research?

- The risks in this study are minimal and will mainly be due to partial loss of anonymity due to the focus group process and maybe being uncomfortable to talk in front of others, or feeling that your contribution is less than others'. Codes and confidentiality agreements will be used to limit loss of anonymity and will limit participants being uncomfortable or difficult situations not being managed. No participants will be included that are in a subordinate work related position with the researcher. The researcher will, by not mentioning the identity of the different facilities, ensure that the facility or company image or reputation is not harmed at any time.

6 What will happen in the unlikely event of some form of discomfort occurring as a direct result of your taking part in this research study?

- Should you have the need for further discussions after the focus group due to possible psychological discomfort an opportunity will be arranged by the researcher for you to contact a professional support organization

7 Who will have access to the data?

- Anonymity will only be partial due to focus groups but group rules will be set to protect participants. Anonymity codes will be used during transcribing of data to ensure that no link can be made to a specific participant. Confidentiality will be ensured by any personal information about participants will only be available for the research team. Reporting of findings will be anonymous by a signed confidentiality contract with the research team. Only the researchers and the person transcribing the focus group (namely the researcher) will have access to the data. Data will be kept safe and secure by locking hard copies in locked cupboards in the researcher's office and for electronic data it will be password protected. Data will be stored for seven years in a password protective cabinet and on a password protected computer after publication of research.

Will you be paid to take part in this study and are there any costs involve?

- No, you will not be paid to take part in the study but refreshments will be available after the focus group. The only cost involve is for a telephone call if you need to phone the researcher.

Is there anything else that you should know or do?

- You can contact Hannelie Swart at 082 922 0520 if you have any further queries or encounter any problems.
- You can contact the Health Research Ethics Committee at 018 299 1206; if you have any concerns or complaints that have not been adequately addressed by the researcher.
- You will receive a copy of this information and consent form for your own records.

How will you know about the findings?

- The findings of the research will be shared with you during a feedback session in a PowerPoint presentation.

Declaration by participant

By signing below, I agree to take part in a research study entitled: Exploring the resilience of generation Y professional nurses in a private hospital group in Gauteng in South Africa.

I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions to both the person obtaining consent, as well as the researcher and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.
- I agree to be digitally recorded.

Signed at (place) on (date) 20....

.....
Signature of participant

.....
Signature of witness

Declaration by person obtaining consent

I (name) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter.

Signed at (place) on (date) 20....

.....
Signature of person obtaining consent Signature of witness

Declaration by researcher

I (name) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter.

Signed at (place) on (date) 20.....

ANNEXURE G: CO-FACILITATOR CONFIDENTIALITY AGREEMENT



CO-FACILITATOR CONFIDENTIALITY AGREEMENT

TITLE OF THE RESEARCH PROJECT:

Exploring the resilience of generation Y professional nurses in a private hospital group in Gauteng in South Africa

REFERENCE NUMBER: NWU-00192-15-A1

RESEARCHER:

Mrs Hannelie Swart

ADDRESS:

North-West University
Faculty of Health Sciences
Private bag X6001
Potchefstroom
2522

CONTACT NUMBER:

082 922 0520

I, Nelisa Swart [name of research co-facilitator], agree to assist the researcher with this study. As a member of this research team I understand that I may have access to confidential information about the participants and organizations. I agree to maintain full confidentiality when performing these tasks.

I agree to:

1. keep all research information shared with me confidential by not discussing or sharing the information in any form or format with anyone other than the researcher;
2. hold in strictest confidence the identification of any individual that may be revealed during the course of performing the research tasks;
3. not make copies of any documents, unless specifically requested to do so by the researcher;
4. keep all documentation that contains identifying information secure while it is in my possession;
5. give, all documentation to the researcher when I have completed the research tasks;
6. destroy all research information in any form or format that is not returnable to the researcher(e.g., information stored on my computer hard drive) upon completion of the research tasks.

Printed name of Co-facilitator Nelisa Swart

Address: 44 Glendrive, Vuurwerdpark, Alberton

Telephone number: 082 971 9029

Signature of Co-facilitator Swart

Date 08/06/2016

Printed name of researcher Johanna Elizabeth Swart

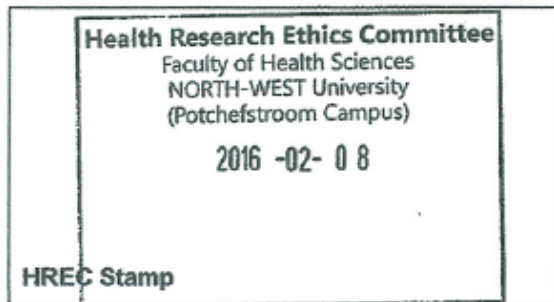
Signature of researcher J Swart

Date 08/06/2016

ANNEXURE H: INDEPENDENT CODER CONFIDENTIALITY AGREEMENT



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS



INDEPENDENT CODER CONFIDENTIALITY AGREEMENT

TITLE OF THE RESEARCH PROJECT:

Exploring the resilience of generation Y professional nurses in a private hospital group in Gauteng in South Africa.

REFERENCE NUMBER: NWU-00192-15-A1

RESEARCHER:

Mrs Hannelie Swart

ADDRESS:

North-West University
Faculty of Health Sciences
Private bag X6001
Potchefstroom
2522

CONTACT NUMBER:

082 922 0520

I, K. FRONEMAN [name of Independent Coder], do hereby agree to maintain full confidentiality when serving as a Coder for this research project.

I will be do independantly the coding of the focus groups, and will gove the information to the researcher..

I verify that I possess the qualifications to accurately perform the coding of research Information

I agree to:

1. keep all research information shared with me confidential by not discussing or sharing the information in any form or format with anyone other than the researcher;
2. hold in strictest confidence the identification of any individual that may be revealed during the course of performing the research tasks;
3. not make copies of any documents, unless specifically requested to do so by the researcher;
4. keep all documentation that contains identifying information secure while it is in my possession;
5. give, all documentation to the researcher when I have completed the research tasks;
6. destroy all research information in any form or format that is not returnable to the researcher(e.g., information stored on my computer hard drive) upon completion of the research tasks.

Printed name of independent coder KATHLEEN FRONEMAN

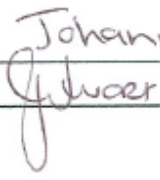
Address: NIWU : POTCHEFSTROOM CAMPUS

Telephone number: 0834822503

Signature of independent coder 

Date 26/9/16

Printed name of researcher Johanna Elizabeth Swart

Signature of researcher 

Date 26/9/2016

ANNEXURE I: FIELD NOTES OF SEMI-STRUCTURED FOCUS GROUP INTERVIEWS

Section 1: Description of the physical setting, the dialogue and the activities of the participants

Meeting the participating generation Y professional nurses in a place which was convenient for them, minimize the stress and fear factor they indicated that might affect them. Most of the generation Y professional nurses seem to be very comfortable with the researcher and is relax and confident. They were participating in the conversation with confidence and interest and were fully engaging. Participants answered question with detail and express their emotions to the fullest.

Section 2: The researcher attached meaning to the observation on her methodology and theoretical notes.

In the private hospital group in Gauteng the average age of the participants were 30 years and worked for more than 12 months as professional nurse therefore, they fit in the inclusion criteria of: "a professional nurse register with the SANC, permanently employed for more than twelve months in current position; belonging to the generation group known as generation Y (born between the years 1982 and 2000)".

Most of the participants were English and was only once necessary to translate the word "resilience" for one participants from English to Afrikaans. Conversations were slow to start by all the participants. Discussions were usually started with one or two direct questions answered with direct answers but as the participants felt more comfortable, they started to contribute more openly and willingly.

I did find at one facility that the participants were very unhappy with their management and they were talking freely from the start but mostly with negative comments and opinions. It is my feeling that conversations like this must be observed with objectivity as the participants tend to be overly negative.

At the end, it seems that the participants were well informed and knowledgeable. They could contribute without prompted in what they personally perceived what resilience and a conducive work environment is, although the comment must be made that they tend to comment more on the conducive work environment than on resilience.

Section 3: Consists of, time, place and date and the demographic notes about the participants

Semi-structured focus groups interviews were conducted in five hospitals where generation Y professional nurses were interviewed from 08 June 2016 to 18 August 2016 on their perception of resilience and a conducive working environment.

Interviews was conducted per arrangement at a place and time convenient for the generation Y professional nurse. Researcher met the generation Y professional nurses in the area arrange by the mediator, four facilities were in the hospital board room and one in the clinical department. All the facilities were in the Gauteng area.

Indicate the demographic areas the participants were from.



ANNEXURE J: EXAMPLE OF A TRANSCRIPTION OF A RECORDING OF A SEMI-STRUCTURED GROUP INTERVIEW

R = RESEARCHER

P = PARTICIPANT

R: Your Nurse Manager did went through the consent, before the time. Did you understand... Any clarity you want to know of the consent, do you understand all the detail? I just want to make you aware about the confidential, I've got the approval from the North-West University and then I've got a co-facilitator: her duty is mainly to man the tape recorder for me, she's also taking notes on the side ... I'm not mentioning names; I've signed an agreement with the university that we will keep you everything anonymous. I don't mention which company you are in, I won't mention your names or anything while I'm busy with research so if I give feedback to the university it will be number 01, you will see I started the number process okay. Your confirmed...consent written in here and you make sure that's yours and what happened now from here is... I do have a laptop that's code protected so all this information is just going on one laptop, as a researcher who's got that code, just to make you that early information and will be what we're saying in this room will be...only staying in this room.

Once I'm done with my research, I will give you feedback. I can do it in a power point presentation and then you can then see what was the impact of this research. Do you understand?

P01: Yes.

P02: Yes.

R: you are chosen because you are Generation Y.

P01: Okay.

R: The reason for this is I want to explore your resilience. Why are you still working, as a professional nurse?. I want you as...working, more than year in the profession to share it with me your experience. Why are you here and your difficulties, at the end of the research we can make recommendation, going forward in our profession? Can you, share what me your perception about resilience...what do you think is resilience?

P01: The tough gets going, you also get going, so if you face some difficulties and everything, I think it's important to know yourself, your worth, your morals and values and everything and specifically in a working context, you know if you find any difficulty, try to resolve it so that you can continue with your work. So it's just the way of bouncing back you

know, if something happens along the way, then just being able to come over that hurdle and then be able to continue. And, hopefully, also learn something from it.

R: Anything you would like to add on?

P02: Nothing.

R: Okay, so if I can conclude it's really like difficult situations you are in and you're able to bounce back, and then get over that hurdle again. Share with me how can you maintain to be resilient in your work place.

P01: Do you want to take this one? You know I can talk a lot.

P02: You can talk Sister, it's fine.

P01: I think it's a lot to do with your work ethic, I think if you are a professional person, like we know nursing is a professional you know...work that you do, I think that's...it depends on what drives you as well, because if you are in it for the patient and if you're in it for the improvement of life in general, I think that is what drives you and that is what makes you more resilient. So if you face any difficulties, like I said, just to know yourself and to know what your goal as a professional person is at the end of the day, although you might meet these hurdles along the way, just to know that is the reason that you face these hurdles so that you want to still improves your patient's outcomes and yes, I think that's what it's all about. So it's important to know yourself and know what drives you to overcome those hurdles.

R: Can you share with me how are you getting over an advert event.

P02: It's a big challenge to get over that, it's a huge challenge, I don't even know how to answer that because on our age group we have kids, the families that we need to attend to and we've got work here, and the tempers of the people who are managing us that we still have to understand, so it's so challenging, I don't know, it's very challenging that's why the other young generation, they are leaving these twelve hour shifts and all that, because we've got a family of your own that you need to be there for them, to raise your kids because they are still young, like now, the school area closed and we are not there, they are alone. And, we don't have nanny's, we can't afford all of that, so they are there, so you take that pressure, you bring it here and you can't just say, no, when I get to that door I'm leaving everything behind, because those are your kids, and they keep on phoning you during the day that this one is doing this, this is doing this, they keep on reporting and you've got this situation also at the hospital that you need to attend to. Smile also, you know all those things, it's too much for us I think.

So it's not that easy, I don't know when we can get the support or the understanding...

R: Understanding.

P02: ...that also our managers can understand what is happening in our brains while we are here and there are things that you can leave at the gate, there are things that you can't...you bring them here and they can't even see you today that you're not okay, that means we don't even know each other. What is happening, are you okay, is everything alright? Then I think then it will be...I don't know, but it's a challenge... it's very challenging, we cannot lie and say that it's easy blah, blah, blah ...if you're on the floor you'll see that it's...

P01: It's very demotivating as well, I think...

P02: You end up [inaudible: 0:07:52.2] being a nurse and all that, regretting...

P01: Yes.

P02: : ...because no one appreciates... We're also stubborn because we are still young, that attitude because we are still young. We've got that attitude with...we are stubborn but I think, maybe if also there are that ones can support us and understand, that I've been on her age, I've been on that stress, let me call this one and find out, stop judging and concluding and say, no, she's like this, blah, blah, blah...call her and find out what's the problem, what's bothering you...I think maybe it would be better. We love what we are doing, it would be so happy to wake up in the morning and come to work, because I'm telling you, it's a big challenge to come to work, it's a very big challenge. Because you think now, oh Sister is there, she's going to start, and definitely she's going to start, so we are also stubborn, I don't say we are perfect, we are stubborn, we are all that we are teenagers, we are very naughty in the wards, but I think they must also...

P01: I think what happens as well, us nurses are so used to taking care of our patients but forget that we also need someone to take care of us.

P02: Yes.

P01: And I think like the points thatis making is very valid, I don't physically work on the floor, my job suits me very well because I work a seven to four. One day we work seven to seven, which is already a problem for me because my husband has to come from the farm, we have to switch cars because the car seats are in my car, then he needs to go fetch the kids, they arrive home late, so there's all these types of dynamics happening in our lives and I think that's also the reason why our generation can't stay here, we rather go for a job like a rep job, or something that is...

P02: Yes, the clinics...

P01: ...more flexible...

P02: Because it's eight/four, you know that when your children leave for school, you are there. When they come back, you are there, so you know that it's better, you are there you are present. When there are sports days you are present, when it's the meetings at school, you are present. We are never there...

P01: With the current work shifts...

P02: ...we just hear stories from the diaries that your child is so naughty, just...you can't even attend to that because you are not there. Like my other colleague now that I've left in the ward, her kid opened the heater and then he burnt the speaker there, so now they are phoning her, hey it's burning here. They are not doing anything because they are all kids....

P01: Kids...in the home.

P02: ...it's a problem.

R: Can hear it is very stressful for you.

P01: Stressful.

P02: So that's why we are leaving these twelve hours because it's not working, I think maybe if your kids now maybe at the universities and all that you are certain you can come back and do this twelve hour shift. But if you've got small kids it's not working at all.

R: So if I can also just summarise. You as a professional nurse, you like your job...

P02: I love it.

R: ...but the...you love it, but you also feel that the older people, the managers, so you feel also that they don't understand your younger generation...

P02: Yes.

P02: Support.

R: ...actually what you want is that they must support you. Do I understand that right?

P02: Yes.

R: Your input is very valid for me. How can we in our profession make it more conducive for you? What do you think we can do different to keep you here?

P01: Just managing the frustrations you know, if you're air your frustrations to your unit manager or to your management, to have them give you feedback on it. To get that feedback

back, because at the moment we are maybe seen as well as moaners and groaners. You know they phone us...ag can you come work over time...no, I can't...ag yes, that one doesn't want to do anything for us. Or, can you come in earlier? You know, they don't know how this affects us for instance, just to...If there's any issues, just to get the basic feedback from them you know, and to ...just to feel that you are valued and listened to, that your opinion counts. I think... I don't know if we're very opinionated as well, which comes with stubbornness, but we are unfortunately, and the reason why we are like that specifically with the working conditions, is likesaid, we have families at home as well. And I am loyal to my job, I love my job, but I'm sorry, my family comes first. So just having them understand that, and then my other point I wanted to make was, I was very fortunate to go to Sweden in my third year of studying...an exchange program, and like I said, the shifts are completely different, they work a morning shift from seven to one, then there's a shift that overlaps with that from twelve to six, and then six until eleven I think, and then there's another night shift, so there's about three or four shifts in a day. And yes, I think that will be much more conducive you know, to be able to work just in another type of shift you know, to accommodate all your other responsibilities, because, yes, I think it's important. I think that will definitely make a big change. And then the other thing as well, we...most of our hospitals, it feels like to me, is driven by the doctors, where as we aren't seen as a multi-disciplinary team, we are seen as being underneath the doctor, and that is also, I think one of the work frustrations for us. Our opinions don't count and they just...they can do whatever they want to do, and we must just follow them. So, I think that management, time-shifts and just getting that multi-disciplinary team.

R: ...team.

P01: As a team working together, I think if we can just leave that idea that the doctor is your boss behind, I think that will also be...not in a disrespectful way...

P02: Yes...

P01: ...obviously, we you know, see them as a professional as well...

P02: That's right, yes...

P01: ...but we are also, professionals so...

P02: And respect also from our seniors. They need to respect us because they don't. Respect is very important. I think if that can be done, even our mind sets can change you know, we can start working as a team and loving being...because nursing, we love it, and love being here in or wherever. Respect.

P02: Like if you see, like when I come to Sister and say, Sister,did this and this, we are all nurses in the ward, I th

ink you need to call, that is what I like about my unit manager, if I can say, hey, this one has done blah, blah, blah,...she calls you, both of you, and says please explain what's the story, so you can say whatever, and she can say whatever, and I'm telling you the lies will come out and you'll see. So if I'm going to go to you as a unit manager then I gossip, then you take that story, you come with attitude toward me and definitely, the one who was gossiping is going to come to me and say, you know, the unit manager said one, two, three when that one said one, two, three and that ward will be so tense and no one will be...

P01: Your working relationships will be...

P02: ...to be chaotic, so I think respect and ... I don't know how to put it.

Researcher: Listing to you respect is seeing to be very important.

P02: Yes.

P02: Yes, call a person and say, you know what, this is what I've heard, please explain your side, what happened. Then you explain yourself, then she calls that person immediately so that you can stop causing and unite...

P01: Yes, so you can resolve the issue immediately...

P02: : ...then we can resolve it, then it's done.

R: Done

P02: Yes.

R: Okay.

P02: Respect. Because the insubordinations that's there...if the unit manager is going to gossip with the ENA about you and...then what's that? Are they going to listen to you? No, they won't, so it will be chaotic and then we start saying, no I'm focussing on my patients only...that's it what I'm doing.

R: Doing.

P02: So respect I think, it would be better. And the leadership must try to involve us as the young RN's that this is what I'm going to do. I'm not interested to see this or blah, blah on whatever.

R: So it seems that they don't understand you young RN;s ne? Shar with me why did you choose to be still in this role as a professional nurse?

P02: I love it and it's challenging every day, and it makes me learn and be strong about the challenges that we face here, so that you know that when you go older and you go to another facility maybe, or you get married, you go to Cape Town... wherever. When you face some of the challenges you say no, this is just a small thing, I've faced a lot, so it definitely makes us strong.

P02: Yes, it makes us strong.

P01: Yes, here we go.

R: That why it is important for me to explore your resilience and to understand your working environment

P01: Yes,is better because I have already moved on from being a RN on the floor into infection control and everything, not because...I actually do miss being on the floor. Yes, the day before yesterday we had a resus in ICU and it was ...I was in my element, I was so ...not enjoying that it was a resus, but just being in contact with your patient again, because at the moment, I am in contact with patients, I talk to them, but I'm not doing one on one nursing care and that's something I really miss. And I think that just shows that, you know, you always wonder am I really...do I really want to do this, why did I study nursing and why did I go into the nursing profession? And I think for our generation it was still a hard decision

R: A hard decision yes.

P02: Decision, yes.

P01: It's not like, ag what am I gonna be, ag let me be a nurse, it's not a mind decision, I think it's still you know, for our generation it's still a hard decision. So the reason I'm still here is because of my working hours...

R: It seems that your hours is at this stage the most important aspect for you to stay in your current position

P01: ...they're so much better than working twelve hour shifts, weekends, night shift because I've got two toddlers at home, so it's definitely why I'm still here. My working conditions has changed to such a degree that I, you know it fits in with my life-style at the moment. You know I've had some of the management asking me, there's a position opening at better hospitals, you know, don't I want to progress in my career at the moment. And to be honest, I really told

them, right now, this suits me, I'm happy where I am. In the future I would like to go and study, go to a bigger hospital, you know develop myself, but at this specific time and frame of my life, you know, my children and family is kind of my priority at the moment. So that's why I'm still here where I am because it really is actually...it suits me well. I am on call for the hospital 24/7 because of the infection control part of my job, but you know, I don't mind, you know most of the times it's just a phone call that I have to make, I don't physically have to come into the hospital or anything, so that suits me very well. But I am...you know I can make a plan to make sure that I can come in if there is an emergency.

P01: So that is why I am still where I am today.

R: Alright, and unfortunately you still sitting with the twelve-hour shift...

P02: Yes.

P02: [Inaudible: 0:20:54.8] ...it's challenging every day.

R: Can you share with me your challenge with your own generation.

P02: It's difficult. It's very challenging, especially as me, I am a registered nurse and all this subordinate they're...we are at the same age..

R: Age.

P02: So you can't tell them that you need to do this or that.

P02: 'Cause we are friends mos.

P02: Like now, after the bridging course, I didn't do the D4 so you know your colleagues are still down there...

R: Colleagues, you were down there?

P02: Yes ENA, now you are a registered nurse, you must change the mind sets now, you are the senior, you won't take that positively to be a big challenge.

P01: But it's simply also with the older generation as well...

P02: Yes, very big challenge, they don't listen and they know that oh...it's shift, we know we are going to relax, cause she won't tell us anything...

R: Okay.

P02: Yes, that's the biggest challenge. And when the unit managers come in they don't understand, they think you allow them, and you can't be rude in my culture, as us blacks, we

can't say, oh you need to do this ...I cannot tell them that, no, it's not like that, so they take that advantage...

R: Of you...

P02: ...so it's a big challenge, a very big challenge...yes.

P02: It's an challenge. So you find that you've got this one that you can bond with, and when you tell her that you need to do this, she does it, so you can't move from this person because she's your only pillar, because once she's not there, then you feel the pressure, you feel it. I'm telling you, you feel it and then the incidents...there will be all that and they are all coming back to you because you're the registered nurse..

P02: It becomes too much, so at least if you've got that one pillar that you know, when I have this one, even if when we can work together with dirty patients, I know we'll manage...

P02: ...and everything will be done, there won't be any incidents, you know, it's a big challenge, it's so difficult, it's a ...

R: So you feel it's better to build the relationship with the one...

P02: Yes.

P02: Yes and even when you tell her that, please run to the pharmacy, I really need this and you can't be out of the ward, she understands you and then she'll run. The others, they won't...you tell them you have to take that thing and go there yourself and when they come in, they say this one is angry, this Sister is angry and they don't understand the pressure that you are in. You say then please do the HGT, please do the this vitals, repeat the blood pressure, they don't and they say why, what's the reason, but Sister so and so doesn't tell us to do this, doesn't tell us to repeat, but why when we are working with you specifically, we need to do this and that and that, so it's a big challenge. It's so challenging, it's so challenging.

R: And in the end you want patient care.

P02: Yes...

P02: The unit managers don't support us because there would be this junior nurses that are so stubborn and they will take tea time maybe thirty minutes or an hour lunch, two hours and the [inaudible: 0:24:31.1] manager keep quiet, ne... and then this one who's strong will work, when she goes for lunch, she take an hour, there'll be chaos.

P02: And we're over worked and it's a problem. Sometimes I feel sorry for that pillar because she'd be the only one, and you find that they are not recognized those people. The ones that are not doing anything, they are being recognized by the Unit Manager.

R: So you feel that the Unit Manager recognized people that not working but the other that's working, is not recognized.

P02: Yes. So it's a challenge and there's nothing that motivates them, you know, to keep on doing this because we need to know those things so that a person can be encouraged that, okay they can see what I'm doing, because really, it's a problem when you work with the same age, it's not nice.

P02: It's not...

P02: Or the managers come and say, but you're not a strict Sister, why...how do you let this happen when you are here? Did you see that they are sitting and.....

P02: Old people, house, black, they are married, they've got husbands, you can't tell her that go and do your job, she knows why she's here. Immediately when she clocked in there, she came upstairs, she knows why she's here, but now I have to run after her and remind her that you know, you need to do this, so it's very challenging, you get tired, by twelve o'clock you are so dead tired, you can't even smile. As you can see, I'm so tired.

R: I can see, and you must still work the whole weekend.

P01: And we must still go for lunch.

P02: It's so challenging but you manage, that's how we learn and we go in this profession.

R: How long are you now at this facility?

P02: Six years, so... it's over six years?

P01: Yes, it's six, you and I kind of started together.

P02: Six.

R: Okay, so yes, tell me what ...to be six years there, there must be some positive things also, why you are ...

P02: A lot...

R: Can you share that because it's maybe that positive things that can make a difference.

P02: There's a lot. On Nurses Day, we are pampered...

P02: On our birthdays we get presents and in other hospitals they don't. Our unit managers, even when you've done something wrong, my unit manager I love her so much, she call you, you sort that out, she'll help you, assist you...

P02: She supports us a lot, so that keeps you going, even when you are sad, she can send, she'll call you in, you'll cry...you'll cry and she'll be there give you a sweetie, it's fine, you cry, she gives you tissues...don't worry man, it will be fine, it will pass you know.

R: And for how long is she your unit manager now?

P02: For a year now.

P01: I'm here for two years so exactly....

P02: So those things keep us going, it's bad on the other side, but you know this side is fine.

R: That's what I want to hear, what are the positive things also.

P02: It's very nice and there're lots opportunities here...

P02: ... you go to school, they're training us, I'm a big nurse now, I've been to the training so it's very nice. You can do whatever it's there, it's available. And their doors are open every time, like Sister every time, but her door is always open, there is...so it's nice.

R: You see that's nice to hear the positive. And you, why are you still know your hours now and all of that...

P01: I think my colleagues have become...I think it's because we are a small hospital, by colleagues have also become kind of like my friends, so the relationships that you build up when you're at work is what makes it fun for me. We can go...we can be silly and we can make simple jokes and everything, and when we work, we work hard, and when we have a day that we go for team building or we go and do something together after hours, which doesn't happen regularly, but you know, I think that's why I like working here as well, it's the atmosphere, it's the people. You get your ups and your downs, work related specifically, but all in all, I think being here, at is...it feels almost like a little family you know, everybody knows everybody you know, you'd walk down the corridor you'll see someone, how's your kids doing, no they're fine, this one did this, so it's a very much relaxed and close atmosphere that we are experiencing at our hospital specifically, and that's what I also enjoy working here. I enjoy my work, I love what I do and I think just having nice people around just makes it a bit of a bonus as well, so...yes.

R: That's nice to hear. Okay, anything else you want to add, did your opportunity as a generation Y? You are so important in this research. You must also remember the benefit you get out of this research is that we can better the conditions of your working environment.

P01: I think for me like we said, first try to understand and then to be understood. I think that's what's very important for me. We have all these frustrations in our life and as well, working here, and I think it's important for us to understand what management expects from us, but to understand what they expect from us, but also that they understand why we are the way we are, and that we sometimes... I don't want to say be passive-aggressive kind of in a way, so that we don't notice that parting extra, in extra, because we... I also think that our generation are the go-getters, we jump in and we get things going and then I sometimes feel that there's a lot of pressure being put up on us, not just the normal work that we do but taking on projects and being like you and [Linkenhuis? 0:31:08.0] or taking extra...

P01: ...because they identify us as being some of the go-getters and then the work start piling up and they kind of ...it's just like the snow ball effect, so you know, so that's why I think there has to be a mutual understanding of what part, or what area or what time of our life we are in, that we are also females and mothers, and we have families and husbands and all those other responsibilities, but also that we really do love what we do.

P01: So I think it's just important to find a balance there and for them to understand that.

R: Any thing from your side...still something?

P02: No...[inaudible: 0:31:49.6]

R: I think from my side I just want to thank you. This research is very important for me.. I got a passion for your generation and as a nurse manager I saw how Generation Y is coming and going and some of them are leaving totally the nursing profession.

P01: We're looking forward to getting feedback as well.

R: I will come and give feedback and say what was the results and you know, of the research. I want to thank you, and please thank management, for allowing me to be here and it was an honour for me sit here.

P01: Thank you very much.

P02: Thanks.

R: Right, thank you.

ANNEXURE K: DECLARATION OF LANGUAGE EDITING

Stefanie Dose
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14 November 2016

To whom it may concern

This serves to confirm that I have edited Ms. J.E. Swart's M. Cur. dissertation entitled *Exploring the resilience of generation Y professional nurses in a private hospital group in Gauteng, South Africa*. The edited dissertation was returned to Ms. J.E. Swart on 14 November 2016.

I hold an MA degree in Applied Linguistics (cum laude) and am currently studying towards a PhD in Translation and Interpreting Studies. I am also a lecturer in the Department of Linguistics at the University of Johannesburg. Please find attached a copy of my qualification.

Please do not hesitate to contact me should you have any queries in this regard.

Yours sincerely,



Stefanie Dose



We certify that

STEFANIE DOSE

*having complied with the requirements of the Higher Education Act
and the Institutional Statute, was admitted to the degree of*

MASTER OF ARTS

in Linguistics in Translation Studies

*at a congregation of the University
on 15 June 2011*

CUM LAUDE

Vice-Chancellor

University Registrar



Executive Dean

