

Staff dissatisfaction in the theatre complex of a private hospital

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The evident job dissatisfaction of nursing personnel in a theatre complex of a private hospital has seemingly led to an extremely high turnover rate of personnel. Several factors appear to be responsible for the discontent among nursing staff such as low staff levels, the continuous quest for cost-effectiveness in terms of staffing numbers, the flexi-time system, insufficiently experienced staff and inadequate care and maintenance of equipment.

As a requirement of the C3-Workbook (which sets requirements for staff appraisal) a quantitative, exploratory and descriptive research study was undertaken among all the nursing staff and technicians of a theatre complex in a private hospital. A questionnaire was employed to gather data in this census survey. The aim of the research was to identify the problems in this theatre section in order to take remedial steps in an attempt to re-establish a stable personnel corps which would not only benefit the functioning of the unit but could also contribute to the well being of staff.

The findings indicate that dissatisfaction and negative feelings were experienced by the respondents as a result of working conditions, management's lack of support and understanding, unequal distribution of work, unavailability of stock and supplies, remuneration not in line with actual hours worked, the seemingly unfair flexi-time system and insufficient staff numbers. Recommendations were made relevant to management's role, the motivation of staff, shortage of personnel and physical environment.

Introduction

A positive attitude toward one's job is called job satisfaction. In general, people experience this attitude when their work matches their needs and interests, when working conditions and rewards are satisfactory, when employees like their co-workers, and when there are opportunities for growth, development and autonomy (Daft 2000: 470). Job satisfaction results in higher productivity, reduced labour turnover, reduced absenteeism and a better worker corps enabling the realisation of the organisational goals (Gerber, Nel & van Dyk 1998: 229).

Job dissatisfiers, on the other hand,

encompasses aspects such as inadequate working conditions and pay, ineffective company policies, poor interpersonal relationships, and unsupportive supervisors resulting in work being experienced as dissatisfying. As a consequence, employees may react by leaving the organisation, or actively and constructively attempt to improve the conditions by voicing their concerns. They may also wait passively for the conditions to improve, or by passively allowing conditions to worsen, their resentment would be evident in chronic absenteeism or lateness, reduced effort, and an increased error rate (Robbins 1996: 196-7).

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It is therefore important for the organisation to deal with issues that cause dissatisfaction as they can negatively impact on the performance of many employees. The side effects of work related problems and dissatisfiers include ineffective management, poor working relationships, lack of control over decisions affecting one's life, and overwork (Marriner-Tomey 1996:413). Employees are expected to assist in achieving the organisations' goals. For the employee to carry out this responsibility, good working conditions should be provided, which include the provision of adequate personnel, equipment and supplies, in addition to a safe and relatively stress free environment (Morrison 1993:126).

Only a small percentage of nurses choose to work in the operating theatre. Nonetheless, it is safe to state that a high percentage of the permanent nursing staff working in theatre are there out of choice. This however, does not guarantee a stress-free and positive environment. It appears in general as if the nursing staff working in this particular theatre complex is dissatisfied, this is based on observation and interaction of the researcher with members of the nursing staff.

Background

The selected private hospital in Pretoria at which the research was performed, is a 352 bed hospital which caters for medical conditions over a wide spectrum, and has been in existence for eight years. This study was focussed on the theatre complex and its personnel.

The theatre complex consists of 13 theatres which are divided into two separate entities. The study was aimed at one of these sections comprising multiple disciplines in eight theatres. The staff establishment for this section of theatre consists of 24 professional nurses (of which ten have a theatre technique qualification), seven staff nurses, five auxiliary nurses and 3 surgical technicians. With a number of first and second year students passing through for learning experiences.

Initially the staff for this hospital was handpicked for their knowledge, skills, personality and experience. Since the takeover of the hospital by a large corporation, the organisational culture and climate has changed considerably

with apparent detrimental effects on patient care standards and personnel well being. This is substantiated by patient complaints identified during pre- and post-operation visits by theatre staff.

Due to the number of specialised services provided by the different surgeons at this hospital, the unpredictability of time frames related to theatre list completion and unplanned theatre cases, there is always a measure of uncertainty regarding the required coverage to ensure adequate, safe nursing practice standards in theatre. While an attempt is made to consider the acuity levels of patients established by staffing norms, the absolute minimum of staff members for booked cases are rostered, in order to strive for cost effectiveness. In practice, this however, leads to a sense of immense pressure for nursing staff and general dissatisfaction because it leads to crisis management of theatre cases.

The implementation of the "*Hands-on-time-management-system*", which requires that nurses have to clock in and out when reporting for duty, takes into account all hours worked on each day per month but does not specifically indicate *a-social hours* worked after hours or weekends. The effect thus, of being offered time off, when the units allow it, results in the *a-social hours* worked being considered as "normal time" depriving employees of the special rates remuneration. If a nurse worked *a-social hours* during the month but requires hours to make up her minimum requirements because she was requested not to come on duty due to a slack time at work, this results in special tariff hours being considered normal working time.

Other factors leading to staff dissatisfaction in this theatre section are amongst others the following:

- nurses are required to work in several theatres per day as the need arises without taking cognisance of their skills and preferences and without allowing them sufficient time to complete and wind up activities in a specific theatre;
- a large component of unskilled personnel who are not able to perform effectively, resulting in frustration of the skilled nurses who do not have time to teach and train them adequately;
- rationalisation of working hours

(to a bare minimum) leads to a lack of time for adequate training of students and inexperienced theatre personnel; resulting in inadequate knowledge, care and maintenance of equipment; causing doctors to complain about poor standards;

- the unwillingness of doctors to be involved in the training of personnel;
- the management styles of unit managers are adversely affected by the corporate requirements as their individuality is compromised;
- nurses who find it difficult to abide by the current situation and extreme demands either leave the hospital or the profession;
- maintaining discipline is problematic as rights of individuals are heeded instead; and
- job security of employees is questionable.

The effect has been that since 1997, 121 members of the nursing staff in this theatre section have resigned and during the last eight years, there have been six different unit managers, which in itself is indicative of the stressful situation that exists. The reason for the high turnover is often expressed by top management as a normal trend of events and that nurses migrate abroad due to financial reasons only, however, this does not appear to be the only reason.

Problem statement

It is evident that several factors exist which contribute to job dissatisfaction amongst the nursing staff which leads to a lowering of standards, a sense of not being good enough and conflict at home due to long and unpredictable working hours and consequently to a high staff turnover in this theatre section. Unfortunately, resigning employees do not always provide the true reasons for their dissatisfaction and subsequent departure.

Research questions

From the previous discussion the following research question arises:

Which factors contribute to staff

dissatisfaction, a negative attitude and lowering of standards?

Aim of the research

The aim of this study was to identify the problems in this theatre section in order to take remedial steps so that a stable personnel corps could be re-established who are recognised for their inputs and loyalty, who are enthusiastic about the challenges in their day-to-day jobs, and which in turn should lead to an improvement in morale and standards.

Objectives

The objectives of this study were to

- determine the reasons for job dissatisfaction amongst nurses in this particular unit
- make recommendations for improvement of working conditions of these nurses

Assumption

Assumptions refer to basic principles that are assumed to be true without proof or verification (Polit & Hungler 1993: 13). The following assumption serves as point of departure for this study:

- Fulfilled and content employees within a given, fair and just structure will be driven to perform optimally.

Research methodology

The research methodology describes the design and methods to be implemented during the research project.

Research design

Mouton (2001:55) defines the research design as a plan of how one intends to conduct the research. The quantitative approach with an exploratory and descriptive design was used for this study. The quantitative approach allows the researcher to analyse data, using numerical information through statistical procedures (Brink 1996:13).

Explorative research explores the dimensions of a phenomenon, the manner in which it is manifested and the other factors with which it relates, thus the aim is to gain insight into a specific situation (Rubin & Babbie 2001:123).

A descriptive design aims at obtaining complete and accurate information through observation, in order to provide

a picture of the situation as it naturally happens, the descriptive design is also used to identify problems within current practice (Burns & Grove 1997: 250).

Instrumentation

The survey method was applied by using a self-compiled questionnaire to obtain the views of the staff in relation to problems experienced in the workplace. Compilation of the questionnaire was based on the literature, the researcher's longstanding experience and involvement in this theatre unit and problems related by staff on a day-to-day bases.

The questionnaire consisted of 13 questions with either a YES or NO response, and provided the opportunity for further comments.

Validity

Validity is the ability of an instrument to measure the variable that it is intended to measure (de Vos, Strydom, Fouche & Delpont 2002: 166). The questionnaire was given to an experienced unit manager to assess the face and content validity of the questions. There were no alterations suggested.

Reliability

Reliability relates to the accuracy and precision of an instrument as the degree of consistency or agreement between two independently derived set of scores from the same instrument. Reliability thus refers to the dependability, stability, consistency, predictability and accuracy of the instrument (de Vos et al 2002:168). In an attempt to ensure reliability of the data collection instrument for this study, the formulation of questions were clear and to the point, striving to avoid any ambiguity.

Population

The population refers to the entire group of persons who are of interest to the researcher and which meets the criteria (Brink 1996: 132). The population for this study consisted of all the nurses and surgical technicians working in this theatre unit. This group of nurses consisted of the unit manager, professional nurses, enrolled nurses and auxiliary nurses.

Sample

As the mentioned staff component comprises 36 nurses (from different

categories) and three surgical technicians, it was envisaged to use the entire component. Thus a sample was not drawn but a census was done. Thirty nine questionnaires were distributed, of which all were returned but one, as the particular staff member was on leave at that point in time, giving a response rate of 97 percent.

Data gathering

The questionnaires were distributed by the researcher to all nurses and surgical technicians according to the roster list. Respondents were requested to mail the completed questionnaires in a sealed container provided for this purpose by a set date.

Data analysis

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

Ethical considerations

A requirement of the C3-Workbook is that a research project be performed. In view of this requirement it was decided to use the theatre unit and its problems as a focus area. Permission was granted by the unit manager. The theatre staff were informed by the unit manager at a general personnel meeting of the pending research and all were invited to participate if they felt so inclined thus providing for informed consent.

The following relevant ethical principles were taken into consideration in conducting this research, namely respect for anonymity and confidentiality. These principles were discussed with the participants and could be maintained as the respondents were not required to put their names on the questionnaire (Polit & Hungler 1993:31).

Definition of terms

• A-social hours

A-social hours refer to the working hours of nurses which are required after normal 8 am to 4 pm shifts, during night time, over weekends and public holidays.

• Dissatisfaction

Dissatisfaction in terms of this study refers to job dissatisfaction in the work environment. Job dissatisfaction is the

negative attitude experienced by employees due to the way they are treated at work, their conditions of service or the limited opportunities they are given for growth and development.

- **Fad Focus**

Fad focus is an abbreviation for *fanatical attention to detail*. Each member of staff in the theatre unit is responsible for a specific item/aspect/issue on which he/she focuses to ensure quality control throughout the theatre complex, and serves as an ongoing in-service training programme.

- **Hands-on-management-system**

The Hands-on-management-system refers to a clock in process whereby staff members press their hand against an electronic device to record the time of their arrival and departure from the work unit.

- **Maximising performance**

Maximising performance is a performance assessment system, containing the following five performance areas, on which staff have to submit assignments in order to be assessed and rated:

- Managing work
- Building customer loyalty
- Quality orientation
- Adaptability
- Work standards
- C3- Workbook

The C3 - Workbook contains basic standards of performance for the different categories of staff, each staff member has to comply with the basic standards set for his/her category. Deficiencies in performance are indicative of training and developmental needs.

- **Staff**

Staff refers to the personnel members working in a particular unit or organisation.

Results

The results will be discussed according to the 13 questions contained in the questionnaire. Where participants responded by ticking both the YES and NO options to the same question, their response was considered as 'uncertain' or 'undecided.' Due to the rounding of percentages the totals to all questions do not amount to exactly 100 percent.

- Based on the question regarding the existence of negative feelings in the place of work, half (20; 53%) of the participants indicated that this was in fact not so, however it must be noted that sixteen (42%) of the respondents noted that they experienced negative feelings in theatre. Two (5%) respondents were undecided.

- More than half (21;55%) of the respondents ascribed the negativity they experienced to their work circumstances, while 14 (37%) did not feel this was the case. Three (8%) respondents were undecided. Several additional administrative tasks related to performance appraisal such as pre-and post-op visits, audits of files, peer reviews and 'fad-focus' activities contribute to frustrations but is not a true reflection of one's work performance. Implementation of the 'maximising performance' system is very time consuming and dividends and success appear extremely limited.

- More than half (21;55%) of the participants felt that the clinical field such as scrub nurse, anaesthetic- or floor nurse, had an influence on whether negative feelings were experienced, three (8%) respondents were undecided, while fourteen (37%) participants were of the opinion that the clinical field made no difference to their feelings of negativity. Frustrations experienced in all three the mentioned clinical areas are due to expectations which are not congruent with reality.

- More than half (21;55%) of the participants conveyed the view that they in fact did receive adequate support and understanding from their colleagues. Fourteen (37%) of the respondents disagreed while three (8%) respondents were undecided. Where nurses work in fixed teams or fixed disciplines, such as orthopaedic, spinal and ophthalmic surgery, there is a greater possibility to streamline their work, form cohesive groups and aim for perfection in service delivery.

In contrast, the self-esteem of nurses is negatively affected when their placement in theatre is constantly changed, as they then do not appear to have the necessary accountability for a particular work station and its equipment.

- Almost three-quarters (28;74%)

of the participants stated that they did not receive adequate support from hospital management, while nine (24 %) were of the opinion that they did receive sufficient support from hospital management. One (2%) respondent was uncertain. The respondents' views are that management is removed and distant from the reality of working circumstances in theatre. Management's expectations appear to be on the increase while the staff component decreases all the time.

- More than half (20;53%) of the participants expressed that they felt their workload was just and fair, while fifteen (39%) of the respondents disagreed, three (8%) respondents were undecided. The satisfied respondents appear to be those who practice in a discipline or environment which they favour and feel secure in.

- More than two-thirds (27;71%) of the participants indicated that the total workload is not justly distributed, while eight (21%) of the respondents disagreed and appear to be satisfied with the workload distribution, three (8%) respondents were undecided. In allocating staff for call purposes it is not always possible to divide the workload equally amongst all the relevant personnel members due to the lack of skills and experience. Which places more pressure on the skilled personnel to get the work done, and at the same time, the poorly skilled staff are dissatisfied because they do not benefit equally from the call allowance.

- As alternative reasons for frustrations in the work area, almost three-quarters (27;71%) of the participants named the unavailability of stock (including linen) and pharmacy stock as their biggest problems. Eleven (29%) of the participants did not indicate a problem with stock. Despite many staff changes in the pharmacy store room, supposedly for improvement purposes, there remains a lack of communication in regard of stock required and availability on continuous bases.

- Almost two-thirds (23;61%) of the participants were of the opinion that teamwork was not in place regarding after hours work, relief and call. Fourteen (36%) participants felt that teamwork was sufficiently in place and one (3%) of the respondents was undecided. The

workload cannot be justly distributed in view of relief and call purposes, because of the skill differentiation. Often it occurs that staff are trained and equipped with the necessary skills, only to lose them for better offers elsewhere.

- The greater majority (31;82%) of the participants clearly stated that they felt their remuneration was not fair in accordance with the work expected, stress levels, hours worked and responsibilities in the work area. While seven (18%) were satisfied with their remuneration. A reason for this discontent is the fact that nurses often have to work long hours after their scheduled time, and are regularly expected to recommence the next shift early on the following day. If one accepts flexi-time when the unit is slack it often adversely affects the remuneration for *a-social hours* worked as overtime.

- The majority (24;63%) of the participants felt burnt out and overworked, whereas twelve (32%) seemed to be coping. Two (5%) respondents were undecided. Even though staff works a significant number of extra hours and are subsequently tired, the flexi-time arrangements do not clearly show this and in actual fact affects the remuneration adversely.

- Three-quarters (30;79%) of the participants were decidedly negative about the flexi-time system as it was currently practised in the unit, whereas eight (21%) accepted the flexi-time arrangements. This negativity is due to the unfairness created by the flexi-time system in comparison with previous practice where nurses were remunerated for overtime in accordance with overtime rate of pay.

- The greater majority (34;90%) of participants were strongly of the opinion that the current staff establishment was inadequate to render safe and high quality patient care. Two (5%) respondents felt that the staff establishment was adequate while two (5%) were undecided. This situation has two sides, firstly the inexperienced respondents feel resentful because the experienced staff appears reluctant to teach them, whereas the experienced staff feel extremely pressurised to carry the responsibility of the work situation and teach simultaneously. Doctors show

resentment when the pace is delayed due to teaching endeavours and slow learning curves.

- More than half (21;55%) of the participants conveyed the view that they in fact did receive adequate support and understanding from their colleagues. Fourteen (37%) of the respondents disagreed, while three (7%) respondents were undecided.

Findings

From the results discussed above, the following findings are apparent:

- More than half of the respondents indicated that it was not their place of work but their working circumstances which created a negative feeling in theatre
- More than half of the respondents experienced adequate support from their colleagues, whilst 74% experienced a lack of support and understanding from hospital management
- More than half of the respondents are satisfied with their personal workload, whereas 71% feel that the total workload is not justly distributed
- Almost three quarters of the respondents experienced great frustration in respect of the availability of stock and supplies
- Two-thirds of the respondents regard teamwork to be in place with regards to relief, call and after hours work, whereas 82% of all respondents felt that the remuneration is not in accordance with hours worked, stress and responsibility expected from them
- Almost two-thirds of the respondents felt burnt out and overworked
- Great negativity was expressed by 79% of the respondents with regard to the flexi-time system as it was implemented at present
- An overwhelming 90% of the respondents do not regard the staff compliment as adequate to render safe and excellent patient care, in other words, they do not

feel safe in their practice provision.

Recommendations

In view of the results and findings, the following recommendations are made in order to alleviate the staff crisis in theatre:

Management

- Management should facilitate optimal communication by creating an open door policy, and by being accessible and approachable to all staff members. Showing a true understanding for the problems and difficult working circumstances their employees are faced with, will serve to enhance loyalty and commitment from their subordinates.
- Managers can promote communication between themselves and the nursing staff by allowing access to their offices when either help is needed, or for allowing staff to give their inputs. An open-minded approach to the said input, may lead to solutions for otherwise unresolved matters.
- Managers should endeavour to gain a true perspective into the actual working circumstances in the theatre units, so that the real problems can be addressed with due speed.

Motivation

- The management team should show recognition and appreciation for work well done by acknowledgement and the provision of incentives to facilitate job satisfaction. Marriner-Tomey (1996:402) states that positive reinforcement increases the probability of recurrence of the desired behaviour.
- Management should display a philosophy that their staff is the most important asset of the organisation. Booyens (1998:116) postulates that a good working environment attracts staff, and if staff feels that the environment has been created to support them, they feel valued and motivated.

- The current implementation of the flexi-time system needs to be seriously reconsidered as it infringes on employee rights, long standing practice and creates a sense of uncertainty about working hours and remuneration.

Shortage of personnel

- Managers should ensure that existing employee benefits are fairly and justly allocated to those who deserve them.
- Managers should try to allocate employees according to their skills and preferences in so far as it is possible. This will prevent nurses from leaving the organisation because they are allocated to jobs they do not feel comfortable with.
- Management should identify the true causes and reasons that lead to staff shortages, and the very high staff turnover, so that these reasons can be dealt with in a pro-active manner. And if need be, to motivate for the filling of vacant posts or create more positions to ensure sufficient staff for safe patient care. Sufficient, adequately trained and committed staff are essential to facilitate realisation of the organisational goals, and should not be compromised by profit gain.

Physical environment

- Management should conduct a survey to determine the availability and adequacy of resources so that remedial action can be taken timeously. This is especially important to facilitate prompt rendition of quality service as well as avoiding unnecessary frustrations of doctors and staff affected by the problem.

Conclusion

In view of many problems experienced by the nurses working in a theatre section of a private hospital, a quantitative, exploratory and descriptive study was done to ascertain what the real reasons were for job dissatisfaction amongst these nurses.

From the findings it is evident that several

factors are responsible for feelings of negativity, frustrations and burnout. These nurses work long and strenuous hours and their conditions of service appear to have been changed unilaterally especially related to the implementation of flexi-time and overtime remuneration. It is therefore not surprising that the turnover in this unit is so extremely high.

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