

THE ATTITUDE OF REGISTERED NURSES AT ADDINGTON HOSPITAL TOWARDS THEIR PROFESSION

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OPSOMMING

'n Opname oor die houding van geregistreerde verpleegkundiges teenoor hulle beroep is by die Addington-hospitaal, Durban, gemaak. Altesaam 212 geregistreerde verpleegkundiges het op 'n vraelys reageer. Die belangrikste bevinding is dat verpleegkundiges hulle werk geniet, dat hulle wesenlik sorgsame mense is wat, om humanistiese redes besluit het om te verpleeg.

Hulle is egter ontevrede met ontoereikende salarisse, ongereelde werkure en algemene administratiewe probleme wat deur swak kommunikasie binne hulle werkomgewing vererger is. Hulle meen ook dat daar nie genoeg aanmoediging vir die jong verpleegster is om in die beroep te bly nie. Dit onderstreep die moeilikheid om verpleegpersoneel te behou nadat hulle gewerf is. Sekere aanbevelings om ontevredenheid te verminder, blyk uit die resultate.

INTRODUCTION

Several investigations into the nursing profession have demonstrated that a significant number of registered nurses leave the profession or are dissatisfied with it^(1,2,3). The student nurse drop-outs of the 1979 intake in the Republic of South Africa amounted to 2,120⁽⁴⁾. Similarly, recent public reports have noted widespread dissatisfaction amongst nurses in South Africa, particularly with regard to salary and conditions of employment. At Addington Hospital a rapid change-over of registered nurses on the staff was also noted. Preliminary

enquiries revealed that the cause is not that nurses do not want to nurse, but that they are simply no longer willing to make the major compromises expected of them if they choose to stay in the profession.

In view of the above it was decided to conduct an investigation into the attitudes of registered nurses locally. To this end a special committee consisting of eight members of the hospital staff was formed. This report reflects the findings of the investigation and raises certain suggestions, which should go a long way to assist in alleviating the situation.

SAMPLE AND METHOD

After obtaining the necessary permission to conduct the research, the Committee set to work.

Various full meetings of the Committee were held during February, March, April and May 1981 to determine procedure, discuss findings, make decisions, consider portions of the draft report and to collate and draft the final report. The Committee decided to limit the investigation to registered nurses employed at Addington Hospital, Durban, South Africa.

It was felt that, allowing for staff absence through, for example, sick

leave and vacation leave, a total of at least 340 registered nurses could be reached, the total number of registered nurses on the staff being 385.

The Committee then designed a structured questionnaire in order to elicit the required data pertaining to the nursing profession. This questionnaire was distributed by hand to ensure maximum participation and eventually 355 registered nurses (92,2 % of the total employed) were reached. Of these, 59,7 % (N=212) subsequently responded with returned completed questionnaires. This report is based on the responses of these 212 respondents.

Confidentiality and anonymity of respondents were strictly adhered to at all times.

RESULTS

Respondents

Demographic information about the respondents is provided in table 1. Most respondents were caucasian (92,92 %) females (98,6 %), 31 years or older (45,41 %) and married (40,5 %). Male respondents were proportionate to their number on the nursing staff of Addington Hospital (1,4 %), as were Coloured and Black respondents (7,06 %). The increasing number of males

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TABLE 1
RESPONDENTS — DEMOGRAPHIC INFORMATION
(N = 212)

| Demographic information | Number | % |
|-------------------------|--------|-------|
| SEX | | |
| Male | 3 | 1,4 |
| Female | 209 | 98,6 |
| AGE | | |
| 19—21 years | 13 | 6,13 |
| 22—24 years | 30 | 14,15 |
| 25—27 years | 25 | 11,79 |
| 28—30 years | 20 | 9,43 |
| 31—33 years | 24 | 11,32 |
| 34 + years | 74 | 34,9 |
| MARITAL STATUS | | |
| Married | 86 | 40,5 |
| Single | 71 | 33,4 |
| Divorced | 23 | 10,8 |
| Estranged | 3 | 1,4 |
| Widow/er | 2 | 0,9 |
| Live together | 5 | 2,35 |
| POPULATION GROUP | | |
| White | 197 | 92,92 |
| Coloured | 11 | 5,18 |
| Black | 4 | 1,88 |

Dependants

Since a large proportion of the respondents were married females it was not unexpected that many of them indicated that they would leave due to pregnancy (16,5 %) or to attend to the needs of their children (26,9 %). A smaller number also indicated that they might leave to care for other dependants (16 %).

Residence

The main problems centering around residence which might motivate respondents to leave, were if they moved further away from the hospital (18,9 %), because their present residence is too far away from the hospital (15,6 %), rising travelling costs (19,8 %) and lack of accommodation at the hospital (12,3 %).

Personal

Indications were that apart from marriage (13,7 %) and retirement due to ill health (18,9 %) there were no major personal reasons which would motivate the respondents to leave.

entering the profession which is noted overseas, is not being experienced in South Africa, hence the low percentage response of males.

These findings were not contrary to expectation in view of the nursing population sampled for the study.

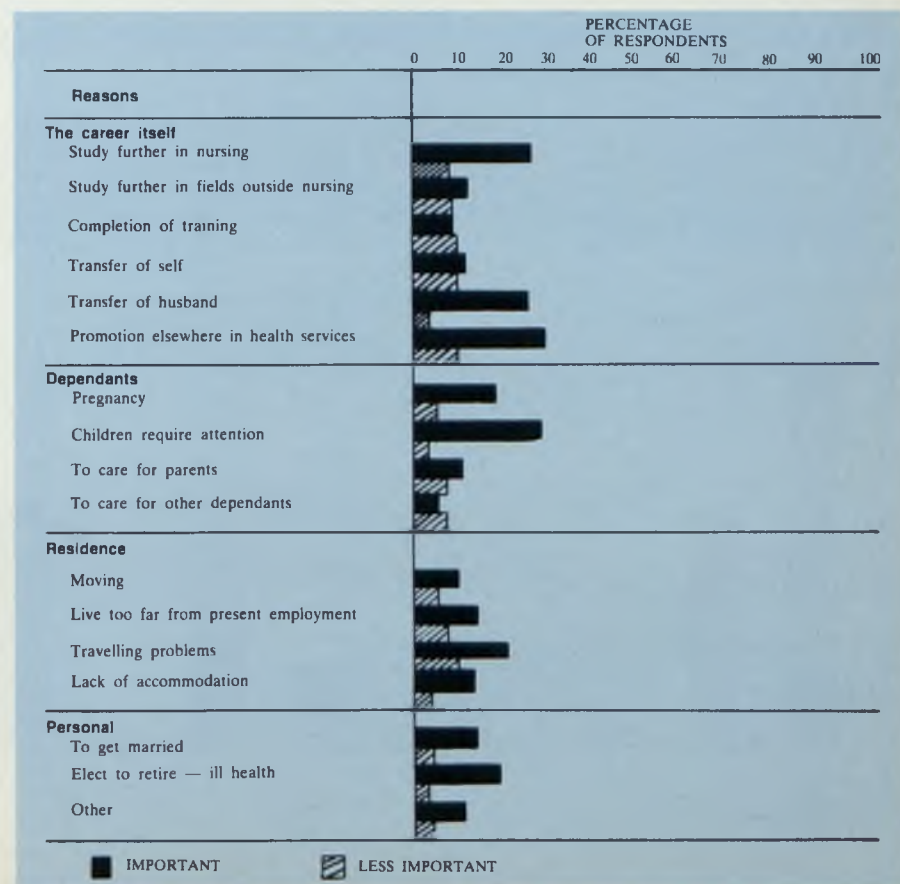
The reasons that might cause the respondents to leave Addington Hospital

The non-hospital environment related reasons that might cause the respondents to leave Addington Hospital, and their relative importance, are shown in figure 1.

The career itself

Positive reasons advanced were as expected, that is, to further their studies in nursing (25 %) or outside nursing (10,8 %), upon completion of training (8 %), if either the respondent (11,3 %) or her/his spouse were transferred (24 %) and if they were to accept promotion elsewhere (27,4 %).

Figure 1
NON-HOSPITAL ENVIRONMENT RELATED REASONS THAT MIGHT CAUSE RESPONDENTS TO LEAVE ADDINGTON HOSPITAL



Dissatisfaction within the working environment

Reasons related to the working environment that might cause respondents to leave Addington Hospital, and their relative importance, are shown in figure 2.

More than three quarters (77,8 %) of the respondents felt that salaries were a major cause of dissatisfaction. Next, they listed irregular hours of duty (49 %) and lack of status (46,2 %) as areas for dissatisfaction. Following closely were discipline often being too lax (39,1 %) and a generally unpleasant working atmosphere (30,2 %). A number of minor, but statistically insignificant irritations within their current working environment were also reflected by respondents.

Other studies have reported acceptable working hours and schedules to be highly related to job satisfaction.

Status too in these studies was found to be of importance with regard to nurses' job satisfaction, the indication being that where professional respect exists it seems half the battle is won.

There does, however, seem to be a discrepancy between professional status as viewed from within their

current working environment, as opposed to professional status generally (cf. Major Disadvantages of Nursing In General, table 2). Whereas 46,2 % of the respondents questioned their professional status as seen from within the hospital, only 16,5 % of them complained about the lack of professional status as a major disadvantage generally.

Attitude when leaving nursing (See figure 3)

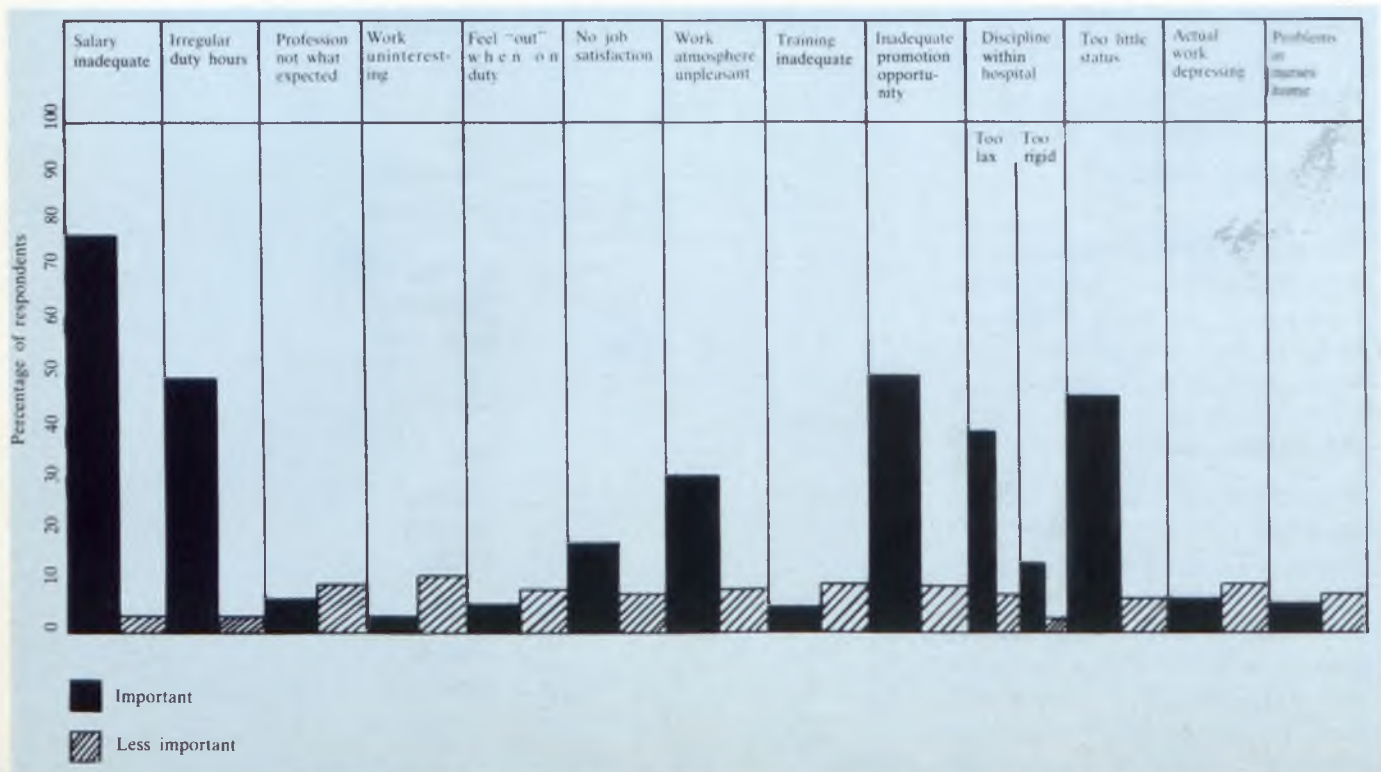
Most respondents (62,74 %) indi-

cated that they would refrain from discussing their decision to resign with someone in authority within the hospital nursing administration. Most of the respondents (74,53 %) did not feel so depressed about any personal or working problems related to their decision to resign that they saw any reason to consult a psychologist on the hospital staff about it. Respondents were about evenly split about the question whether they would seek a psychological consultation should the need arise (39,62 % indicated they would

**TABLE 2
MAJOR DISADVANTAGES OF NURSING
(N = 212)**

| Disadvantage | Number indicating | % |
|--|-------------------|------|
| Inadequate salaries | 111 | 52,3 |
| Irregular hours and long schedules | 80 | 37,7 |
| General administrative difficulties (Including: poor human relations; staff problems; ward administration; too much responsibility too soon; working conditions). | 71 | 33,4 |
| Professional status | 35 | 16,5 |
| Conditions of service | 27 | 12,7 |

**Figure 2
DISSATISFACTION WITHIN THE WORKING ENVIRONMENT THAT MIGHT CAUSE RESPONDENTS TO LEAVE ADDINGTON HOSPITAL
(N = 212)**



not, as opposed to 34,91 % who would). Slightly more than half (57,07 %) of the respondents indicated that they might re-enter the nursing profession at a later stage should they resign now.

Reasons given for being reticent to discuss any pending resignation with the authorities reflect a genuine belief that their superiors are disinterested in the plight of the nursing sister and accordingly lacked sympathy for their problems. An individual item analysis of respondents' responses indicated that this problem appears to be closely related to poor communication within the system, a problem also evident from other studies.

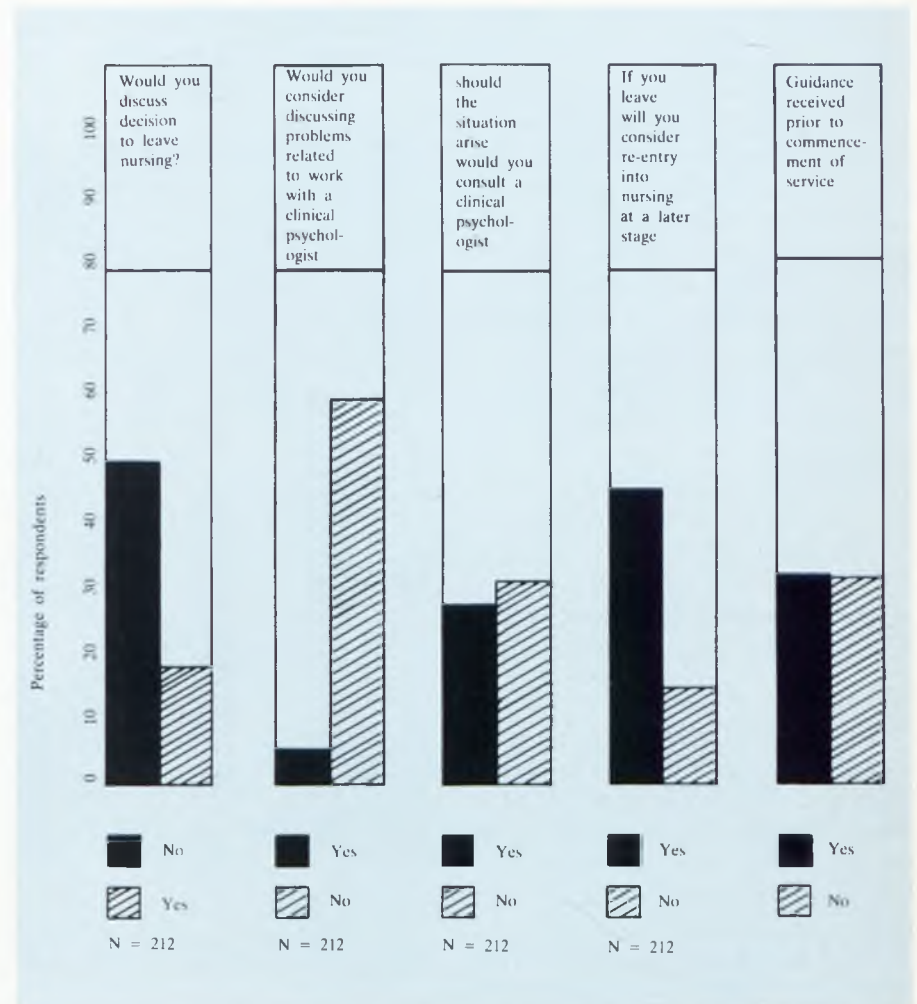
Major disadvantages of nursing in general

Results obtained regarding the respondents indications of the major disadvantages of nursing are shown in table 2. Consistent with findings elsewhere, the major disadvantages of nursing were indicated as being inadequate salaries (52,3 %) irregular and long schedules and hours (37,7 %) and general administrative difficulties (33,4 %) such as poor human relationships, staff office problems (such as disbursement of salary cheques), general staff problems, ward administration difficulties and too much responsibility given to the individual too soon. Complaints about professional status (16,5 %) and unsatisfactory conditions of service (12,7 %) as viewed from outside the hospital appeared to be less important than one might have suspected. This gave the impression that attitudes about prestige accorded the profession were not as negative as findings elsewhere indicated and varied between different working environments. It must be noted though that these disadvantages are associated with the nursing profession in general. Dissatisfactions associated specifically with the general hospital setting were discussed and compared with these findings previously (Cf. *The Reasons That Might Make The Respondents Leave Addington Hospital*, figures 1 and 2).

With regard to irregular hours, it seems that the biological havoc imposed on the body by rotating

Figure 3

ATTITUDE WHEN LEAVING NURSING AND GUIDANCE PRIOR TO ENTERING THE PROFESSION



shifts, (particularly night duty) and the lack of self-participation in the allocation of off duties are the major problems. Interestingly enough, few of the respondents complained about excessive paperwork, inefficient staff, poor team work, poor job description and problems with doctors — items which other investigators found relevant.

Major advantages of nursing

The aspects indicated by the re-

spondents as the major advantages of nursing are shown in table 3.

The most pleasant part about nursing remains job satisfaction (59,3 %) derived from providing physical care for the sick, alleviating pain, providing emotional support. (Cf. *Reasons For Entering The Profession*, figure 5). Again this proved to be similar to what nurses elsewhere feel about the aspects of nursing which provide the most individual satisfaction. It appears,

TABLE 3
MAJOR ADVANTAGES OF NURSING
(N = 212)

| Advantage | Number indicating | % |
|----------------------|-------------------|------|
| Job satisfaction | 126 | 59,3 |
| Benefits accrued | 52 | 24,5 |
| Personal development | 22 | 10,3 |
| Working with people | 15 | 7 |
| Professional status | 8 | 3,7 |

therefore, that nurses still enjoy their work.

Nearly a quarter of the respondents (24,5 %) also felt that the benefits accrued in nursing were a distinct advantage. Perhaps this latter finding can also be explained by the needs of the more mature sample surveyed. Other major advantages listed were opportunities nursing provided for personal development (10,3 %), the satisfaction of working with people (7 %) and the significance of the professional status of nursing generally. With regard to the last point however, there seems to be some divergence of opinion in respect of the professional status nurses enjoy from within the general hospital, as pointed out before.

Guidance prior to entering the profession (See figure 3)

Do nurses still enter the profession with unrealistic career expectations based on ignorance? The respondents in this study were divided more or less evenly on whether the guidance and information they received prior to entering the profession were adequate. Not all the subjects in the survey responded to this item, but of those who did, 41 % felt adequately prepared as opposed to 40 % who felt they were not adequately prepared before choosing nursing as a career.

Many respondents indicated that they had received inadequate career guidance. It would seem, therefore, that this is still an issue in the recruitment of nurses which deserves urgent attention. The present study shows that a major problem facing the organised profession is that of retaining nurses after recruitment, rather than the recruitment of numbers *per se*. The inordinately high student nurse drop-out rate in South Africa was noted previously in this report.

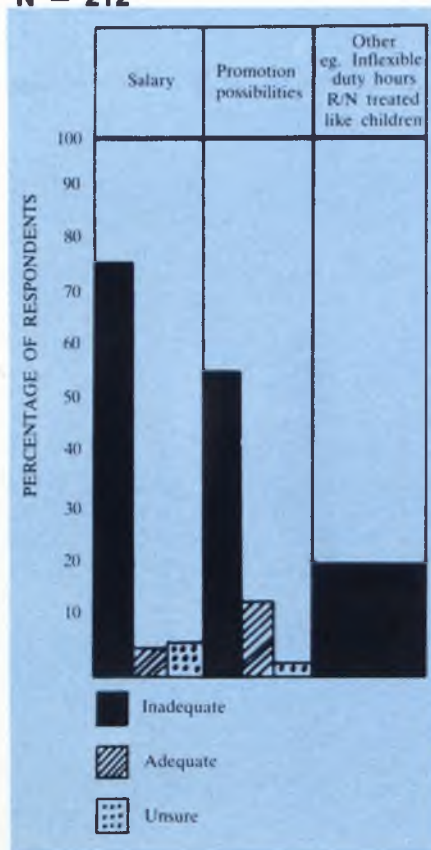
Is there enough encouragement for the young nurse to remain in the profession?

The respondents views regarding whether there is enough encouragement for the young nurse to remain in the profession is shown in figure 4. The preponderance of respon-

Figure 4: RESPONSE TO QUESTION:

"DO YOU THINK THAT THERE IS PRESENTLY ENOUGH ENCOURAGEMENT FOR A YOUNG NURSE TO REMAIN IN THE SERVICE?"

N = 212



dents answered with an enthusiastic NO to this question. Highest on the list of poor motivations to remain in the profession was, predictably, poor or inadequate financial remuneration (76 %) followed by inadequate promotional prospects (56 %). Other reasons given (21 %) included the difficult and inflexible working hours and communication problems previously mentioned. Many respondents felt that despite their responsible positions they were *treated like children* by the authorities.

Reasons for entering the profession

Why, then, do nurses enter the profession? Reasons indicated by the respondents are shown in figure 5. Most of the respondents felt it to be a lifelong ambition (32 %), or chose a nursing career for humanistic reasons such as caring for other people (22 %). A small number were influenced by others in their choice (7,5 %), predicted future job

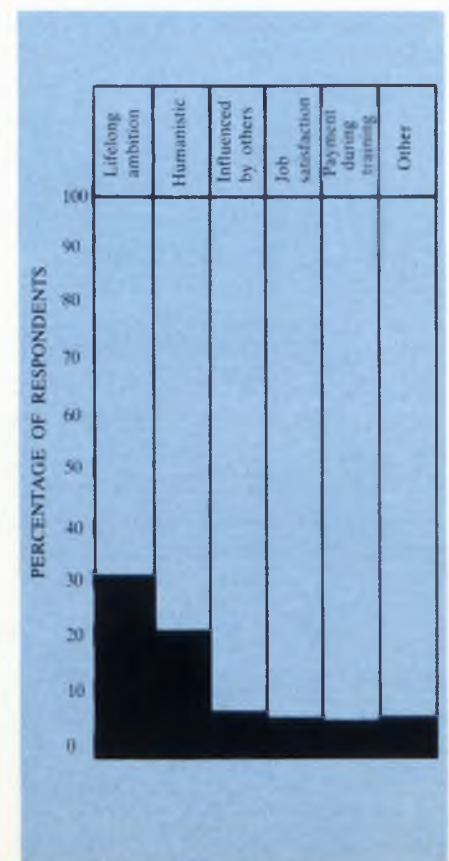
satisfaction (6,5 %) or were impressed by the fact that they would receive payment while training (6,5 %).

DISCUSSION

One of the main thrusts of the investigation under discussion was to minimise bias in order to obtain a better grasp of causal factors in the rapid and extensive nursing turnover noted. The researchers are aware that the country as a whole is entering a critical period in respect of manpower shortage in many spheres of activity, particularly nursing. The study has demonstrated that there are a number of problem areas which contribute to the dissatisfaction of nurses. Some of these, such as salaries, need to be dealt with on a national level, whilst others can be dealt with on local level. The following suggestions and recommendations are submitted:

- in addition to urgent attention to salaries, a bonus system could perhaps be introduced for unpopular shifts, night duty, week-

Figure 5: RESPONSES TO QUESTION: WHY DID YOU DECIDE TO ENTER THE PROFESSION?



- ends, and public holidays
- as a corollary to the above, complaints about salary inconveniences should receive immediate attention, staff who have money due to them should, for example, not be further aggravated by undue delays or misunderstandings
- more flexible working hours should be considered. A possibility raised is for example 5 x 8 hour shifts (40 hrs) without split shifts. If a nurse wants to work overtime she can then do another 8 hr shift which would facilitate control. At the same time actual allocation of hours should be re-considered, bearing in mind the needs of the employee as well
- promotion opportunities should be re-examined
- there appears to be a need for a nurse counsellor/personnel officer. The incumbent's job description would, however, have to be carefully defined so that her functions would be to the maximum benefit of the nurse

- communication within the hospital involving the nurse, should be enhanced. It would appear that one of the major functions for a nurse counsellor would be to facilitate communication and so endeavour to avoid many of the dissatisfactions noted.

CONCLUSION

The authors would like to reiterate that the findings clearly indicate that nurses do enjoy their work, for many reasons, but particularly because they are caring people, who like to help others. They believe that they are members of a good profession, but lack of appreciation for their efforts, unpleasant working schedules and poor communication are pivotal in contributing to the critical problems facing the nursing profession. Given this, then, it is obvious that the expected exacerbation of the present crisis within the profession can be averted if appropriate and timely action is taken.

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VOLTOOIDE NAVORSING COMPLETED RESEARCH

A STUDY TO IDENTIFY THE NURSE'S ROLE IN THE PREVENTION, EARLY DIAGNOSIS AND TREATMENT OF POST-OPERATIVE ARRHYTHMIAS IN CARDIAC SURGERY.

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It became apparent from a pilot study that the post-operative complication of cardiac surgery with which the nurse is most commonly concerned, is arrhythmias. Arrhythmias can have fatal results unless immediate remedial action is taken. The role of the nurse is, therefore, of cardinal importance in dealing with this problem. The suggested role of the nurse and the role played by the nurse in the research unit are described in this dissertation.

In Section 1 the researcher attempts to extrapolate the role of the nurse from available overseas literature on rheumatic fever prevention. Rheumatic fever is known to be the most common cause of acquired valvular disease. This leads to the need for corrective surgical intervention which in turn predisposes to the occurrence of arrhythmias. This study would therefore, have been incomplete if this primary prevention aspect had been ignored.

In Section 2 the predisposing causes of arrhythmias during the pre-operative period are discussed. This dis-

ussion is based on data obtained from observations, nursing experience of the researcher and available literature. Prevention of the possible causes is considered.

In Section 3 the intra-operative period is considered. Possible contributing factors to the occurrence of post-operative arrhythmias and their prevention are discussed. The discussion is based upon observation, experience derived as a scrub nurse, and available literature. The role of the nurse during surgical procedure is mainly directed to aspects of efficiency.

In Section 4 the role of the nurse in the post-operative period is considered. The discussion on the prevention of the possible causes of arrhythmias, the diagnosis of an arrhythmia when it occurs and the nursing treatment of the arrhythmia, is based on data collected from a sample of 101 patients who had undergone open heart surgery over a period of six months in the research unit, observations in that unit, nursing experience in the research unit and elsewhere, and available literature.

Section 5 is the conclusion, in which the importance of additional educational requirements to enable the nurse to fulfil her role in the prevention of arrhythmias at all four levels, as well as the diagnosis and treatment of arrhythmias, is emphasised. Nursing should be goal-directed and should be directed to the prevention of the possible causes of post-operative arrhythmias in cardiac surgery rather than to the treatment of existing arrhythmias. The nurse must, therefore, know the possible causes of arrhythmias in order to fulfil her role.