

NURSING PROFESSIONALS' VIEWS ON THE WORKPLACE SURVEY RESULTS

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**"CERTAIN ISSUES SHOULD
BE ADDRESSED IN ORDER
TO RESHAPE WORKFORCE
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POTENTIAL."**



ABSTRACT

This article reports on a survey done among registered, enrolled and auxiliary nurses registered with the South African Nursing Council. The survey was carried out in the period from the end of December 1997 to the beginning of 1998. The purpose of the survey was to obtain the views of female nurses on various aspects of the workplace. The important findings were the fact that nurses liked working as part of a team and that this contributed the most to their job satisfaction.

The item that contributed least to job satisfaction was pay. The most important problems were that they felt that they were not paid enough and that they need better benefits. The majority of nurses were however positive about their jobs and the items the highest on the list of career expectations were job satisfaction, followed by a need for recognition.

INTRODUCTION

The task of identifying and describing the emergence of the role of nursing in the history of humankind is a truly monumental one. Nursing has been essential to the preservation of life, from the very dawn of civilisation. Throughout time there have been basic needs essential to the maintenance of life and concern for these needs continues to challenge families, communities and deliverers of health care (Dolan 1982:1). The purpose of the nursing profession is to meet the health needs of the people. Hence, as health needs change, so too must health care. Unprecedented changes have occurred in the structure of our society, in life styles, and in scientific and technological advances. These changes have altered the traditional and therapeutic approaches as

OPSOMMING

Die artikel fokus op die resultate van 'n opname wat gedoen is onder geregi-streerde, ingeskrewe en hulpverpleeg-sters wat by die Suid-Afrikaanse Verpleegstersraad geregistreer is. Die opname was gedurende Desember 1997 en die begin van 1998 uitgevoer. Die doel met die opname was om die menings van vroulike verpleegsters te bekom oor verskeie aspekte van die werkplek. Van die belangrikste bevindings was dat verpleegsters daarvan hou om as 'n span saam te werk en die item was ook die grootste bydraer tot werksbevre-diging. Die item wat die minste bygedra het tot werksbevre-diging was besoldiging. Die belangrikste probleme in die werksplek was dat die respondente voel dat hulle nie genoeg betaal word nie en dat meer voordele nodig word. Die meeste verpleegsters voel baie positief oor hul werk en die grootste verwagting van hul loopbane is dat hulle werkbevre-diging wil ervaar en dat hulle erkenning sal kry vir wat hulle doen.

well as the concept of health care and society's expectations of the health professions. Today, health is considered more than a basic human right; it has become a matter of public concern, national priority and political action. Nurses have always been regarded as nurturers and today still publicly identify their desire to help, serve and care for people.

With the evolution of nursing, women's freedom has enabled them to develop and participate without constraints in various areas in which they were interested and had the ability to contribute. Women demonstrated that they could develop a profession and they achieved recognition. It is true that the fight for professional advancement has become embroiled with the struggle for

political, social, economic and educational freedom of women. In no other field has the emancipation of women been of greater importance.

Nursing has developed from "to put the patient in the best condition for nature to act upon", as Nightingale wrote, to a art and a science; to a profession with unprecedented challenges, opportunities and demands (Brunner & Suddarth 1980:1).

With the changes in our country, the only certainty for nurses will be the certainty of change. Shifting attitudes, inflationary pressures, cost consciousness and a revolution of rising expectations will influence health care - therefore certain issues should be addressed in order to reshape workforce policy, so that nurses can fulfil their potential.

In South Africa people are not becoming healthier, and Kaplan, Boshoff and Kellerman (1991) reported that South African nurses experienced significantly less job satisfaction than South African dieticians, radiographers and doctors. Given this low level of job satisfaction, it is not surprising that South African health care has been compromised by nurse's strike action (Glatthaar 1992), high turnover (Ehlers 1991) a drop in student numbers and a shortage of nurses.

Purpose of the study

The purpose of the study is to report on the views of nurses on certain workplace issues such as problems and barriers in the workplace, possible changes in the workplace, feelings about the job and level of job satisfaction.

NURSES AND THE WORKPLACE

Historically, research on job satisfaction dates back to the 1930s and since that time, job satisfaction has been defined as an affective response to a job situation (Locke 1976). As reported by Hudson (1991), health services in South Africa are in a crisis and the South African Nursing Council is deeply concerned about the decline in services. Many nurses resign because of the tremendous work load, emotional demands and unrealistic salary packages. Kaplan et al (1991) found that South African nurses have high job involvement, but low job satisfaction (Westaway, Viljoen, Booysen & Wolmarans 1996:17).

A study by Westaway et al in 1996, showed that nurses were least satisfied with promotion and pay and most satisfied with supervision and co-workers

(Westaway et al 1996:17-18).

Another study by Bester, Richter and Boshoff (1997) found that career orientation is a valid predictor of the level of job satisfaction in nursing and that dedication to service was a valid predictor of job satisfaction. Apart from dedication to service, the following career orientations also appear to be significant predictors of job satisfaction of nurses: autonomy, challenges and management orientation. The principal contribution of their study was to prove that self-concept and career orientations are indeed significant predictors of job satisfaction (Bester, et al 1997:59-60).

It is clear that if employees are happy, this leads to higher productivity, improved physical and psychological health, lower labour turnover and a more positive attitude.

Several studies have found interpersonal relationships to be a strong source of job satisfaction. The literature also supports the positive effects of co-workers and a work group's cohesiveness and morale. A study by Papandrea (1997) reinforced the significance of working conditions and interpersonal relations as well as recognition, achievement and advancement that can make a difference in staff morale.

Stress may also contribute to poorer job satisfaction. Nursing is a stressful occupation and anyone will find constant interaction with sick people stressful. The main factors that contribute to

stress and burnout are: organisational factors such as frequent changes in policies and procedures and the multiple roles of the married nurse - she experiences conflict when she has to make the quick role shift from working as a professional in the hospital and then coming home and playing the roles of mother, lover and parent. The rapidly changing environment of health-care institutions, which include technological changes, liability issues and increased pressure for efficiency because of competition among institutions, is making the role of nurses more difficult (Booyens 1992:134).

According to Andrica (1997), compensation should be aligned with an organisation's culture, values and objectives. A fair reward will help to raise the morale and self-esteem of a person, as pay is a powerful motivator and enhances employee satisfaction and self-worth (Andrica 1997; Scott & Walters 1997). It

will also lead to improved rates of recruitment and retention (Scott & Walters 1997). Pay inequity exists when workers receive unequal pay for equal work or for work of comparable value (Tiffany & Lütjens 1993). According to Michael, Hartman and O'Farrel (1989), jobs pay less if they are held mainly by women than by men. The image of nursing as a profession is damaged by the inequity that afflicts all women's professions.

According to Scott and Walters (1997), nurses' pay in the United Kingdom is now as much as 20 percent behind other public sector professionals, and in the United States of America a woman only earns 72 cents to a man's dollar (Tiffany & Lütjens 1993).

RESEARCH METHODOLOGY

TARGET POPULATION

The target population for this study consisted of registered, enrolled and auxiliary nurses from the South African Nursing Council. A random sample of 400 was drawn from a possible 87 783 registered nurses and a random sample of 800 was drawn from a possible 84 737 enrolled and auxiliary nurses - hereafter referred to as enrolled nurses.

QUESTIONNAIRE DEVELOPMENT AND PILOT STUDY

The questionnaire's main focus was to obtain information from the target population on certain experiences in the workplace. The questionnaire consisted of two sections, namely section A which focussed on factors such as job satisfaction, problem areas in the workplace, feelings about the job, possible changes in the workplace, barriers in the workplace and expectations from the workplace. Section B dealt with biographical details. A pilot study was executed and ten nurses were identified to complete the initial questionnaire. Four statements were included in the section dealing with problems in the workplace and one statement was included in the section dealing with possible changes in the workplace.

RESPONSE TO THE QUESTIONNAIRE

The questionnaires were posted to the respondents during November 1997, and two follow-up questionnaires were sent out during January/February 1998. A total of 83 registered nurses responded, representing 21 percent of the sample, and 128 enrolled nurses responded, representing 16 percent of the sample. In total 211 nurses responded, repre-

senting 18 percent of the total sample of 1 200.

BIOGRAPHICAL DETAILS

A high percentage (41,4 percent) of respondents were employed by the government and 41,9 percent were employed in large (5 000 and more) and medium-sized (more than 100 but fewer than 5 000) organisations.

Most of the respondents were employed full time (86,6 percent), while only 7,2 percent were employed part time.

A large percentage (43,3 percent) of the sample represented the age group 30 to 39 years and 41 percent were between the ages of 40 and 65 years. The majority of respondents (71,3 percent) have children under the age of 18 living at home, of which 59,4 percent were not satisfied with their current child care arrangements.

Regarding the marital status of the sample, the distribution was almost equal with 49,5 percent being married and 50,5 percent being single, divorced, separated or widowed. The majority (58,0 percent) of the respondents were black women, while Asian and coloured groups were represented by only 12,2 percent. White women constituted 29,8 percent of the sample. The gross income per month of 60,5 percent of the respondents were constituted by the income group of R2 000-R4 999, and 28,0 percent earned less than R1 999 per month. Regarding the place of residence, the highest concentration of respondents were found in Gauteng (23,8 percent) and in KwaZulu-Natal (20,5 percent). The majority of respondents (56,1 percent) possessed a matriculation certificate, while 24,9 percent reached the level of standard 8. Only 14,2 percent had university degrees. The majority of respondents (60,7 percent) were enrolled nurses and 39,3 percent were registered nurses.

STATISTICAL ANALYSIS

The Statistical Package for Social Science (SPSS) was used to analyse the data. Frequencies, arithmetic means and standard deviations were initially used to analyse the data. Further statistical analyses were used to determine whether significant differences (at 0,05) existed between registered and enrolled nurses with regard to the various issues related to the workplace. The Cronbach Alpha-coefficient provided an acceptable reliability score of 0,79 for the whole questionnaire.

RESULTS

In this section the results of the survey will be discussed.

JOB SATISFACTION

In this section respondents were requested to indicate to what extent various statements contributed to their job satisfaction. The five-point rating scale they had to use started with 1 "strongly disagree" to 5 "strongly agree".

The item that contributed most to their job satisfaction was "I like working as part of a team" (92,0 percent), followed by "I like what I do" (84,6 percent), "I enjoy the company of my co-workers" (81,7 percent), "I learn new things" (72,0 percent) and "I can be creative and innovative" (68,6 percent). The items that contributed least to their job satisfaction were "I am well paid" (74 percent), "I receive good benefits" (55 percent), "my hours are flexible" (44,6 percent) and "I have job-training opportunities" (42,3 percent). (See Figure 1.)

PROBLEMS AT WORK

In this section respondents were provided with various issues (potential problems) and had to indicate the seriousness of the issues in their workplace. The rating scale started with 1 "not at all serious" to 5 "one of the most serious".

The most serious problems at work were as follows: "I am not paid what I think my job is worth" (66,0 percent), "I need better benefits" (63,5 percent) and "I am under too much stress" (40,0 percent). The issues that do not apply and were not serious were "I am sexually harassed" (97,5 percent), "I have lost a job or promotion because of my sex" (96,4 percent), "My workplace is male dominated" (94,7 percent), "I am overqualified" (92,3 percent), "I travel and sleep away from home too much" (84,6 percent) and "It's hard to find quality child or elder care that I can afford" (58 percent). (See Figure 2.)

How do you feel about your job?

In this section respondents were provided with various options and had to indicate their feelings about the job. A large percentage (45,5 percent) said that they "love their jobs" and "they liked their jobs" (31,3 percent). A very small percentage (6,2 percent) indicated that "they would rather do something else" and that the job was "totally miserable" (3,8 percent). The majority (76,8 percent), however, were very positive about their jobs.

POSSIBLE CHANGES FOR A BETTER WORKPLACE

In this section respondents were provided with a list of changes (statements) that might provide them with a better

workplace. By using a ten-point scale starting from 1 (not important) to 10 (very important) they had to decide how important each statement was. The responses are provided below in order of priority. The arithmetic mean (\bar{x}) and standard deviation (SD) are given in brackets after each statement.

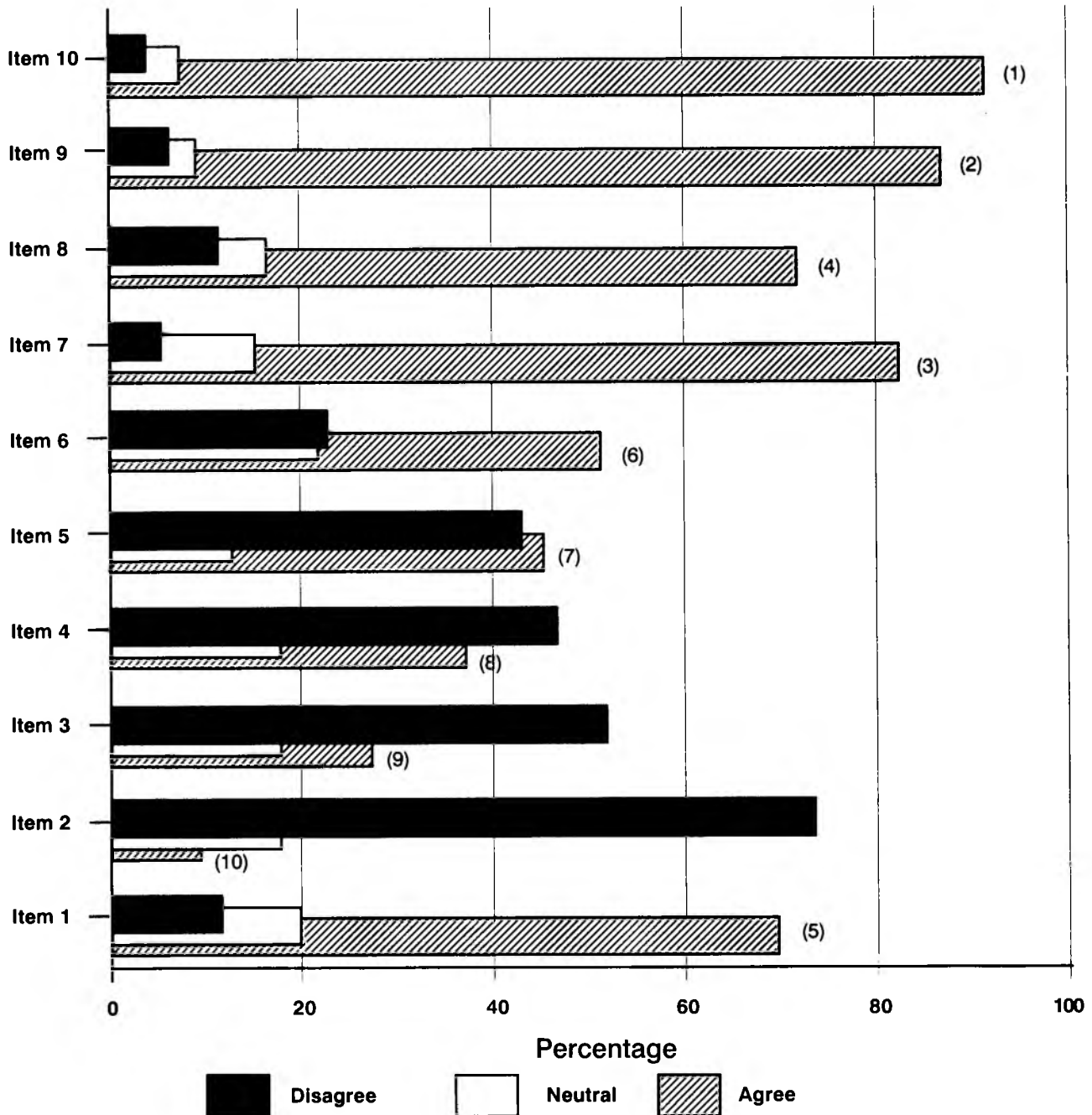
- 1 Being paid according to extra experience, responsibilities and qualifications (\bar{x} = 9,41 SD = 1,75)
- 2 Improving pay scales (\bar{x} = 9,26 SD = 1,93)
- 3 On-the-job training opportunities to learn new skills (\bar{x} = 8,90 SD = 2,40)
- 4 Medical-care insurance for all employees (\bar{x} = 8,55 SD = 2,96)
- 5 Student loans for courses to give me new job skills (\bar{x} = 8,03 SD = 3,31)
- 6 Giving employees more responsibility for how they do their jobs (\bar{x} = 7,85 SD = 2,91)
- 7 Retraining opportunities exist (to update me after a period of absence or a career break) (\bar{x} = 7,87 SD = 3,96)
- 8 Ensuring equal opportunities in the workplace (\bar{x} = 7,63 SD = 3,47)
- 9 Paid leave to care for newborns or seriously ill relatives (\bar{x} = 7,46 SD = 3,54)
- 10 More flexible work hours (\bar{x} = 7,05 SD = 3,65)
- 11 Information about support for child or dependant care (\bar{x} = 6,63 SD = 3,82)
- 12 Informing men about what sexual discrimination means (\bar{x} = 6,35 SD = 3,96)
- 13 Job-sharing opportunities exist (two people sharing the same job) (\bar{x} = 5,86 SD = 3,85)

BARRIERS IN THE WORKPLACE

In this section respondents had to indicate the importance of possible barriers which they believed impeded their career prospects by using a scale of 1 (not important) to 10 (very important). The following were the barriers in order of priority (arithmetic mean (\bar{x}) and standard deviation (SD) are in brackets) which impeded the career prospects of the respondents:

- 1 Low salaries which cannot support child-care payments (\bar{x} = 8,35 SD = 3,16)
- 2 Lack of recognition and respect for work completed (\bar{x} = 8,19 SD = 3,04)
- 3 Restriction of type of work given thus limiting experience (\bar{x} = 6,86 SD = 3,81)
- 4 Little allowance made for family commitments (\bar{x} = 6,85 SD = 3,70)
- 5 Prevention from being creative and innovative (\bar{x} = 6,71 SD = 3,75)
- 6 Lack of flexibility in working hours (\bar{x} = 6,17 SD = 4,02)
- 7 Lack of female mentor support (\bar{x} = 5,86 SD = 3,97)
- 8 Requirement of working long hours (\bar{x} = 5,63 SD = 4,02)

Figure 1 : Job satisfaction



Item 1 : Creative and innovative
 Item 2 : Well paid
 Item 3 : Receive good benefits
 Item 4 : Hours are flexible

Item 5 : Job-training opportunities
 Item 6 : Job is secure
 Item 7 : Enjoy company of co-workers
 Item 8 : Learn new things

Item 9 : Like what I do
 Item 10 : Like working as part of a team

9 Perceived gender bias by supervisors (\bar{x} = 4,02 SD = 3,86)
 10 Male culture within the organisation (\bar{x} = 2,71 SD = 3,13)

CAREER EXPECTATIONS

In this section of the questionnaire respondents were required to indicate their expectations for their career. They could indicate more than one possibility in the list provided. The main expect-

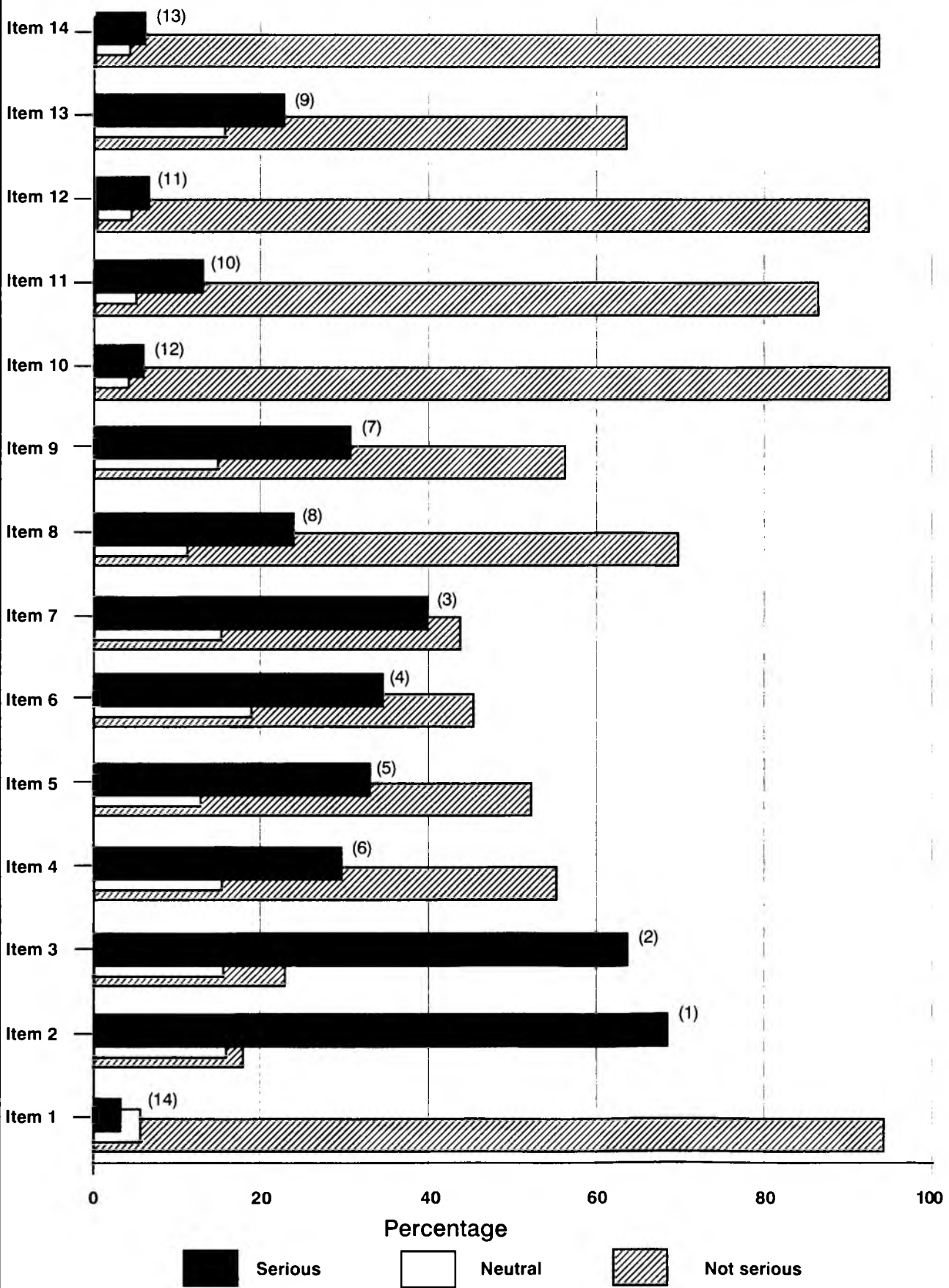
tations were as follows (the percentage of respondents choosing an option are given in brackets):

- 1 = Job satisfaction (93,4 percent)
- 2 = Recognition (81,5 percent)
- 3 = Professional support (75,4 percent)
- 4 = Promotion (73,9 percent)
- 5 = Balanced professional/private life (67,8 percent)
- 6 = Remuneration (60,7 percent)
- 7 = Power and status (36,0 percent)

SUGGESTIONS TO THE NURSING COUNCIL

Respondents were requested to indicate which services the Nursing Council could provide for those members who have temporarily left the profession. Respondents could indicate more than one option from the list provided. The following were the services required in order of priority (the percentage of

Figure 2 : Problems at work



- | | | |
|-------------------------------------|---|--|
| Item 1 : Sexually harassed | Item 6 : No flexibility | Item 11 : Away from home too much |
| Item 2 : Not paid what job is worth | Item 7 : Too much stress | Item 12 : Overqualified |
| Item 3 : Need better benefits | Item 8 : Don't have skills for a better job | Item 13 : Not receiving money for post grade |
| Item 4 : Work too many hours | Item 9 : Hard to find child care | Item 14 : Workplace is male dominated |
| Item 5 : Worry about losing job | Item 10 : Lost a job or promotion | |

respondents choosing an option are given in brackets):

- 1 = Annual refresher courses (83,4 percent)
- 2 = Discussion groups (64,5 percent)
- 3 = Greater discounts on membership fees than those currently offered (60,7 percent)
- 4 = A network group of professional women mentors (54,5 percent)

Differences between registered and enrolled nurses

Significant differences between registered and enrolled nurses on the 0,05 percent level were found on an independent-samples t-test on the following items (see table 1).

- I don't have the skills to get a better job. Enrolled nurses found this item a bigger problem in the workplace than registered nurses.
- Feeling about the job. Enrolled nurses felt more positive about their jobs than registered nurses.
- Information about support for child or dependant care. Enrolled nurses had a bigger need than registered nurses for information about child or dependant care and would like to see such a change in the workplace.
- Paid leave to care for newborns or seriously ill relatives. Both groups felt that they need paid leave to look after newborns or seriously ill relatives but the need was higher for enrolled nurses than for registered nurses.
- Medical-care insurance for all employees. Both groups need this practice to improve, but once again enrolled nurses' need for this to improve was higher than that of registered nurses. Respondents rated this item as fourth on the priority list for changes that could improve their workplace (see section : **Possible changes for a better work-place**). Medical-care insurance specifically refers to the benefits they receive from their respective medical aid schemes. Possible problem areas are that the medical scheme does not adequately cover their specific categories of ailments, that it might be too expensive and that it does not include all family members.
- Restriction on types of work given, thus limiting experience. Enrolled nurses felt that more restrictions were placed on the type of work they do, with the result that their experience is limited and a career barrier is created, compared with registered nurses.
- Lack of recognition and respect for work completed among enrolled nurses. Enrolled nurses experienced the aforementioned as a bigger career barrier than registered nurses.
- Male culture within the organisation. Enrolled nurses felt that this was more of a problem for them than for registered nurses. This item has to do with perceptions on the part of women that male viewpoints are dominant in the workplace and that women are not respected by men for their unique contribution.

- Not being able to be creative and innovative. Enrolled nurses felt that they were not being afforded the opportunity to be creative and innovative in the workplace and that this is seen as bigger career barrier compared with registered nurses.

Discussion

From the results it appears that nurses do have a positive attitude towards their job in that "they like what they do" and that the majority of respondents (74,9 percent) "love or like their jobs". It is also important to note that the career expectation highest on the list is job satisfaction. The items that were the highest on the job satisfaction list, for example "I like working as part of a team" (92,0 percent), "I enjoy the company of my co-workers" (81,7 percent), indicate that this group of nurses place team work high on the list of priorities followed by "I learn new things" (72,0 percent) and "I can be creative and innovative" (68,6 percent). The fact that this group did not consider issues such as pay, benefits and flexible work hours as motivators was because their pay and benefits were not adequate to serve as a motivator, but more importantly because the majority of the respondents in this survey were black and that team work plays a more important role than individual efforts. The results could also be explained in the light of the fact that nurses are not doing the job for the sake of money but as a service to the community. Their job is a "calling" and pay and benefits do not therefore play such a crucial role could be an

Table 1 T-test : Registered and enrolled nurses

Item	F-value	P*	Registered (\bar{x} **)	Enrolled (\bar{x} **)
I don't have skills to get a better job	4,998	,027	1,2740	2,1596
Feeling about the job	13,036	,000	2,3467	1,8812
Information about support for child or dependant care	4,923	,028	5,6912	7,4177
Paid leave to care for newborns or seriously ill relatives	6,426	,012	6,9859	8,1628
Medical-care insurance for all employees	7,987	,005	8,1389	8,8824
Restricting on type of work, given this limiting experience	12,746	,000	6,1803	7,4133
Lack of recognition and respect for work completed	12,144	,001	7,7077	8,8378
Male culture within the organisation	5,201	,024	2,1167	3,0845
Not being able to be creative and innovative	14,596	,000	5,8438	7,7397

* P = Level of significance $p < 0,05$

** \bar{x} = Means

explanation.

It should however be emphasised that pay as a factor cannot be ignored and downplayed by employers as unimportant because it does not significantly contribute to job satisfaction. The same group of respondents indicated very clearly that one of the biggest problems at work was that "they are not paid what the job is worth" (66,0 percent), and secondly, that "they need better benefits" (63,5 percent). If there is a perception that they are not adequately paid it is no surprise that they experience too much stress (40,0 percent). It therefore comes as no surprise that improved pay has been indicated as a possible change in the workplace and that low pay contributes to the fact that they cannot afford child-care payments, and was thus considered as a career barrier.

Pay may be lower on the items that contribute to job satisfaction but this does not imply that the development of scientifically based pay structures should be ignored. Nurses in particular should be catered for as a group when adjusting remuneration packages for the future. The issue of nurses' salaries has been going on for years and little has been done to deal with complaints. Nurses are leaving the country for bigger salaries and improved benefits abroad, and something should be done to stop this. Nursing pay packages in South Africa should be made more attractive in order to retain them.

Items which did not appear to be problems in the workplace were "sexual harassment", "male domination" and a "lack of skills". This may be true if one looks at the face value of the results, but a note of caution: supervisors should be aware that "sexual harassment" can manifest in various forms and should be closely monitored to avoid disruptions on a psychological level in the workplace.

Possible changes in the workplace, other than pay structures, as suggested, were the fact that the respondents should be paid according to extra experience, responsibilities and qualifications; that improved medical-care insurance should be introduced; on-the-job training opportunities should be provided and that loans for further training should be made available. These respondents were experiencing frustration because they are encouraged to further their qualifications and skills but received no support (specially financially), and once the qualification is obtained, there is no recognition. Lack of recognition was also given as an important career barrier together with a lack of opportunity to be creative and innovative. It is under-

standable that nurses cannot be given the freedom to be too creative and innovative when caring for the sick for such action, if allowed, may not have the desired results. Conditions which could be considered to accommodate this frustration are job enrichment and job enlargement. Empowerment, on the other hand, should be encouraged in the organisation. Empowerment incorporates and maximises the values of autonomy, beneficence and nonmaleficence. Practical applications of this could be for example goal formulation by staff, patient management (eg patient-controlled analgesia and ventilation strategies) and participative decision making instead of authoritative decision making (eg working hours) can be illustrated. The core of care is empowerment.

There seems to be a drastic need for job satisfaction, recognition and professional support if one considers the list of job expectations. Proper supervisory involvement could satisfy the needs of nurses specially when recognition is given to employees who desire it, but there may also be a need for the community at large to be made aware of this particular need to provide recognition for the occupation as a whole.

The general assumption can be made that there are not really that many differences in the views of registered and enrolled nurses, however, statistically significant differences between various items do exist. Generally, enrolled nurses experienced some of the issues more severely than registered nurses. Enrolled nurses, however, are generally more positive about the job than registered nurses even though they are probably receiving less remuneration.

CONCLUSION AND RECOMMENDATIONS

This survey studied the views of registered, enrolled and auxiliary nurses on job satisfaction, problems at work, feelings about the job, possible changes for a better workplace, barriers in the workplace, career expectations, suggestions to the Nursing Council and differences between registered and enrolled/auxiliary nurses. The results of this study should be evaluated against the following background: the target group consisted of female nurses; the majority of respondents (58%) were from the black population group; and 211 nurses responded, representing 18 percent of the sample of 1 200. There is generally, a positive feeling about the workplace. Job satisfaction is experienced by most nurses and the fact that

co-workers contribute most to job satisfaction highlights the importance of healthy interpersonal relations among workers. Pay does not contribute as much to job satisfaction, but the respondents indicated that pay and benefits need to be improved as this group of respondents feels that it is one of the biggest problems in the workplace.

Recognition and the opportunity to be innovative and creative are issues that management need to investigate. Nurses should be empowered and a framework of possibilities should be introduced to ensure that nurses, as critical role players in the South African community, should be recognised for what they do. This will help to improve their self esteem.

It is recommended that :

- the pay structures and benefits of the nursing profession should be re-evaluated
- on-the-job and off-the-job training opportunities should be provided
- nursing supervisors should receive better training in human resource management (especially general management practices)
- nurses should be informed about the nature of their work opportunities, threats, challenges and limitations
- the Nursing Council should introduce annual introductory courses for those who left the service temporarily
- child-care facilities should be made available in the workplace
- job enlargement and job enrichment should be introduced as part of an overall plan to make the workplace more attractive
- plans should be developed to build on the very positive attitudes that nurses generally have about their jobs

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