

AN EVALUATION OF JOB DEMANDS AND THE IMPACT ON ORGANISATIONAL COMMITMENT OF ENROLLED NURSES AT A PRIVATE HOSPITAL IN DURBAN, KWA-ZULU NATAL

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ABSTRACT

There is a need to nurture, develop and retain Enrolled nurses as the availability of Registered nurses in the healthcare environment is becoming scarce.

Research problem

A review of the literature revealed that the job demands on nurses are not unique to South African nurses alone, but a worldwide problem. This study focused on identifying the Enrolled nurses' perception of job demands and to relate it to the level of organisational commitment.

Research methods

The study was conducted with permanently employed Enrolled nurses at a private healthcare institution in Durban, KwaZulu Natal. A quantitative design was used with a structured questionnaire as the data collection instrument. The total population of 130 Enrolled nurses were chosen as the sample. A total of 82 questionnaires were completed and returned.

Research findings

The findings of the study indicated that the Enrolled nurses reported that they experienced increased job demands but still demonstrated a high level of organisational commitment to the healthcare facility that they were employed at.

Recommendations

Recommendations included increasing the ratio of Registered nurses to Enrolled nurses as well as creating specific training and development programmes for when this cannot be achieved.

Key Words: Evaluation; Impact; Organizational Commitment; Nurses; Private Hospital

Introduction

Registered Nurses are constantly leaving the country for better remuneration. Clemens and Pettersson (2008:5) cite the Health Minister of South Africa Tshabalala-Msimang's speech of 2002 "if there is a single major threat to our overall health effort, it is the continuing outward migration of key health professionals, particularly nurses."

Health services in South Africa present a challenging work environment for nurses. Aucamp (2003:1) offers that these challenges include staff shortages, lack of training, overcrowded

hospitals, insufficient health service management, lack of support by supervisors, long work hours and task overload.

The shortage of healthcare professionals is not unique to South Africa. The European Commission (2002:1) supports this by stating that the shortage has reached such an extent that some hospitals are offering bonuses to lure healthcare workers from other employers. The concerns are that the industry-wide shortages will create the possibility that patients will receive sub-standard care or even be placed in danger. These shortages also create an environment that is not conducive to retaining the most qualified and experienced healthcare professionals (European Commission, 2002:1).

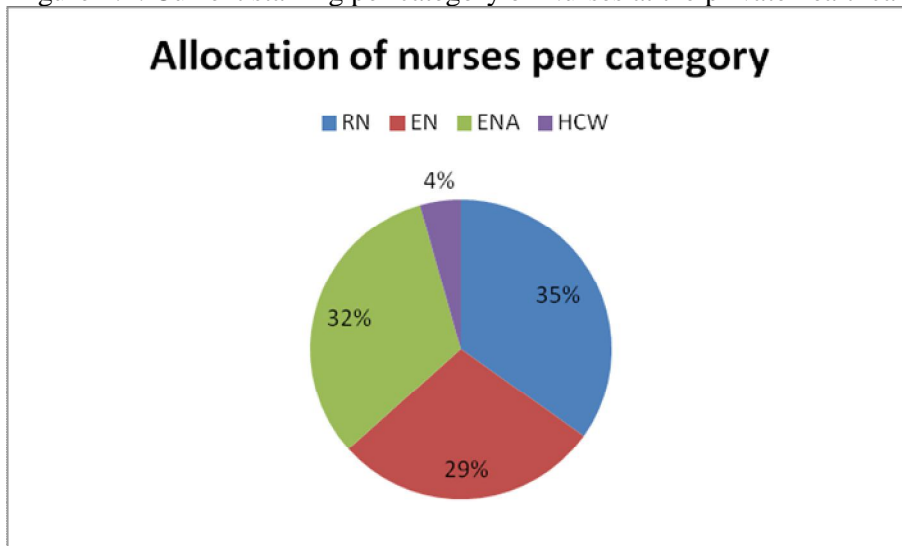
The European Commission (2002:1) further states that the healthcare industry requires a more skilled workforce as a result of advancement in medical technology and the demand for more sophisticated patient care. The focus needs to be on job satisfaction and quality improvement programmes. Low job satisfaction can result in increased staff turnover and absenteeism, which affects the efficiency of health services. The European Union has called the attention of member states to the quality aspects of work and highlighted the importance of improving job quality to promote employment and social inclusion (European commission, 2002:1). This places an extra burden on the Enrolled Nurses to assist and sometimes fulfil the role of the Registered Nurse in the workplace.

Background to the Problem

The private healthcare facility under study is situated in Berea, Durban, and Kwa-Zulu Natal. It is the second largest private healthcare facility in South Africa. The 464 bed facility on average cares for approximately 4500 patients monthly. The workforce is made up of 760 full time employees of whom 459 are nurses.

The nurses are further sub- categorised as Registered Nurses (158), Enrolled Nurses (ENs) (135), Enrolled Nurse Auxiliaries (146) and Health Care workers (20). The graph below illustrates the numbers of staff per category.

Figure 1.1: Current staffing per category of Nurses at the private healthcare facility



In the institution under study the ratio of Registered nurses to Enrolled nurses is 1:2 in most wards and 1:1 in the smaller wards. In theory this appears balanced; however when one considers the actual role and the skill allocation of staff, this ratio is inadequate. To further explain, a larger amount of Registered nurses are required in the Intensive Care and Operating Theatre areas as patients in these units are critically ill and require a category of nurse that is trained in that specific discipline. There are four Intensive Care areas and fifteen Operating theatres at the institution under study, which requires on average a total of approximately

eighty registered nurses. This leaves a balance of seventy eight registered nurses to be allocated to the remaining fourteen wards; which translates to five permanent registered nurses per area having to cover four shifts.

The impact of this on the organisation is as follows:

- There is a potential risk to the business by not having the appropriate nursing coverage per ward.
- The increased use of agency or sessional staff.
- The burden created on the Enrolled nurse category and the potential for burnout or intent to leave.

Objectives of the Study

- To establish the job demands of the Enrolled nurses at the private healthcare facility.
- To examine the effect of job demands on organisational commitment of Enrolled nurses.
- Offer suitable recommendations to the management team of the healthcare facility to address the job demands of Enrolled nurses based on the findings.

LITERATURE REVIEW

Introduction

Job Demands

Definition of Job Demands

Job demands are the physical, social or psychological aspects of the job that require sustained physical or mental effort from individuals (Bakker, Demerouti, de Boer and Schaufeli, 2003:343). Every employee is given a job description which forms a framework in which they function. When the daily activities become overwhelming and the person cannot fulfil their duties for that allocated period of time, it becomes demanding. This can be referred to as job demands.

Factors that Contribute to Job Demands

a) Working conditions

The working conditions has an effect whereby a positive level of stimulation is needed for performance, but when the stimulation exceeds over ability to meet the demand placed on the employee, a feeling of exhaustion is experienced. In contrast, when employees are not stimulated by a job, or do not believe that their contribution is valued, poor morale ensues (Butt, 2009:38).

b) Qualitative excess/under load

According to Butt (2009:38), qualitative excess is linked to low levels of self-esteem because individuals lack the necessary ability to do a new job. In contrast, qualitative under load is damaging, as the individual is not given the chance to use acquired skills and abilities resulting in feelings of powerlessness to demonstrate talents. Butt (2009:38) comments that a person's physical and psychological wellness could be adversely exaggerated by work that is dull and repetitive.

c) Role ambiguity

Role ambiguity refers to the degree to which employees are short of clarity about their role or the task at work. It occurs when an employee does not know or realise the prospect and demands of the job. Nyathi and Jooste (2008:33) found that younger nurses are more prone to role ambiguity than the older nurses. This lack of clarity regarding job responsibility contributes to absenteeism in the workplace. Nyathi and Jooste (2008:33) state that during orientation and after nurses have received a job description; they develop a preconception of what the job entails. If the nurse's expectations are different from the job demands, they may lose interest in the job and resort to absenteeism.

d) Role conflict

Butt (2009:38) proposes that role conflict happens when an employee experiences mismatched stress or incompatible goals or tasks that are linked to their jobs. As a result, the employee perceives the inability to do the job as ineffective and a negative emotional response may present. Furthermore, having to do tasks that are not perceived to be part of one's job role can potentially lead to stress linked with role conflict. Leiter (2006:130) offers that the burnt-out individual cannot maintain their mental balance and most often quarrels and argues without any specific reason.

e) Role overload

Role overload occurs when the number of dissimilar roles an individual has to complete lead to extreme demands on the individual's time and may create doubt about the ability to do these roles adequately (Butt, 2009:39). In the study conducted by Bria (2013:10), results confirmed workload and emotional demands as salient burnout risk factors. Ernst, Franco, Messmer and Gonzalez (2004:222) also reported

Job Demands and the Impact on the Individual

One of the results of increased job demands is stress and burnout. Butt (2009:40) defines stress as "a state of worry that arises from an actual or apparent demand that calls for a change in behavior".

Stress, according to Butt (2009:39), presents itself to the employee as an upset psychological state; pain from exhaustion and burnout; has low work motivation; and involves having little energy and keenness for the job. Chuo (2003:25) offers three aspects to better understand the concept burnout; that is, burnout is a response to emotional and situational stress; burnout is physically, psychologically and emotionally destructive; and burnout can become worse and worse unless there is an effective intervention in this regard. According to Shirazi, Beiki, Zamanian and Esapour (2011:1381), studies have shown that personnel who are in direct contact with people face more stress and become emotionally and physically exhausted. Nursing involves direct interaction with patients', doctors' and relatives' and are often faced with emotional and psychological challenges due to the environment in which they work in.

Strachota, Normandin, O'Brien, Clary and Krukow (2003:113) explain that age contributes to nurses' decisions for leaving an institution as the younger nurses still need to explore fields other than nursing. Nurses in the older age bracket, intended staying with their employers until retirement, even if conditions are unfavourable. Leiter (2006:130) reported that Generation X nurses experience more symptoms of job burnout and are more inclined to change their jobs than their colleagues of the Baby Boomer generation.

Chuo (2003:25) offers that burnout incorporates emotional and situational stress; as well as the physical, psychological and emotional stress. Kwag and Kim (2009:67) studied the effect of job burnout on job performance. The results of this research reveal that role overload and role conflict can be considered the main determinants of job burnout.

Job demands and the Impact on the Organisation

Burnout can lead to an increase in absenteeism and resignation as well as decrease in organisational commitment, and at the service level, it can negatively affect the services provided for clientele (Kwag and Kim, 2009:67).

Leiter (2006:134) comments that burnout disturbs the individual's balance first, and then the organisational balance; thereby disrupting efficiency, productivity and effectiveness.

In a pan-Canadian study, O'Brien- Pallas et.al (2010:1076) report that higher levels of role ambiguity and role conflict in nursing units are associated with higher turnover rates for nurses. Perceived role discrepancy in nurses and their task delegation needs, are also associated with turnover intention. With commonly occurring heavy workloads, inability to delegate some tasks may cause frustration and stress, leading to a greater turnover intention. The intention to leave or probable turnover of staff has a negative impact on the organisation.

Butt (2009:40) offers that individual behavior can affect the organisation with absence due to sickness; poor task performance; labour turnover; low group-morale; and poor labour-relations. Job satisfaction and organisational commitment can be damagingly affected by stressful circumstances. If an appropriate action is not taken it can result in reduced productivity and high turnover, which results in losses in profits and a dent in the bottom line of the organisation.

Stress can lead to early retirement, medical boarding and dismissal of often competent employees. The costs to employ and train new employees reduce efficiency and disrupt other workers. The estimated cost of labour proceeds is five times an employee's monthly salary (Butt, 2009:40).

Organisational Commitment

Definition

Dude (2012:27) defines organisational commitment as "the relative strength of an individual's identification with and involvement in a particular organisation". Butt (2009:39) confirms this definition as the extent that an individual accepts, internalises, and views his or her role based on organisational values and goals.

Porter Steers and Mowday (2005:171) further contribute that organisational commitment is a well-built belief in an organisation's goals and values, a willingness to put forth considerable effort on behalf of an organisation and a strong desire to stay a member of the organisation. Employees who exhibit high organisational commitment are better-off at their work, spend less time away from their jobs and are less likely to leave the organisation.

Factors Influencing Affective Commitment

Butt (2009: 50) offers that personal characteristics and organisational characteristics influence affective commitment.

Personal characteristics related to the employees in general include age, experience, job position, gender, qualification, income and marital status. Butt (2009:50) found that age is a positive predictor of organisational commitment. As employees age, alternative employment options generally decrease, making their current job more attractive. Older individuals may have more commitment to the organisation because they have a deep investment and greater history with the organisation than younger workers do (Butt, 2009:50). Butt (2009:50) further comments that effects on gender and organisational commitment are inconsistent. It appears as if gender makes no difference on the organisational commitment levels.

Shaver and Lacey (2003:166) indicate that the length of time of a nurse in a current position is not a significant predictor of the nurse's level of job satisfaction. Butt (2009:50) however, offers that middle tenure employees exhibit less measured commitment than new or senior employees. Employees with a longer tenure have a higher degree of organisational commitment than that of their complement.

Although the relationship between gender, age and tenure and educational level and organisational commitment has been extensively studied; the literature has yet to provide strong and consistent evidence to enable an unequivocal understanding of the association (Butt, 2009:51). Butt (2009:50) further cautions that one cannot assume that growing older makes one develop senior affective commitment. The older employees might have more positive work know-how than younger employees. Overall, empirical evidence suggests that age and affective commitment is significantly related (Butt, 2009:50)

Organisational characteristics develop as the result of experiences that satisfy workers need to feel physically and psychologically at ease in the organisation. Employees who perceive a high level of support from the organisation are more likely to feel an obligation to repay the organisation in terms of affective commitment (Butt, 2009:51).

Effects of Low Organisational Commitment

Simone (2003:1067) comments that low organisational commitment can bring about numerous undesirable adverse effects on work outcomes. There have been numerous past studies on organisational commitment that associate low commitment with absenteeism and intention to leave.

Absenteeism

Low organisational commitment results in higher absenteeism. When employees are not present, employers have to bear the costs linked with absenteeism at the place of work. This can be dysfunctional and financially expensive; it could disrupt the daily process of an exaggerated work force. Organisations have to bear the extensive cost of absenteeism, which includes direct and indirect price such as loss of output and the use of sessional and over time workers. Problems also arise when the replacement employees are not skilled or familiar with the job tasks thus giving rise to frustrations on the part of the clients/patients and the employee concerned. Eventually, they feel angry, exhausted and stressed giving rise to lower motivation, increased job dissatisfaction and poor job performance. Thus, this kind of escape-avoidance behavior would not be beneficial to any profession (Butt, 2009:75).

Turnover Intentions

Over time employees attrition can give rise to many other effects such as undermining teamwork, bringing about a demoralising impact on new employees, creating negative relationships, causing disruptions to day-to-day activities, and lowering performance caused by operational disruptions (Butt, 2009:75).

According to Kooij, Jansen, de Langa and Dijkers (2011:6), staff between the 21-30 year categories is more flexible to shift from task to task. This could be both beneficial and dangerous. Beneficial in that they would be flexible enough to carry out tasks without feeling overwhelmed and dangerous because the chance of them leaving for better prospects will be higher.

Brule (2008:88) comments that older people may have a greater level of competence than the younger ones because they have had more years of experience than the younger generation of nurses. This age category is also less likely to leave the organisation as readily as the below 40 age group. This was supported by a study in North Carolina by Shaver and Lacey (2003:171), who indicated that nurses closer to retirement were less satisfied, and even if these nurses were dissatisfied, they still decided to stay with their organisation.

Performance

Butt (2009:75) suggests that individuals who are committed to the organisation tend to perform better. This is because committed employees usually put on a better effort in the workplace. High organisational commitment as opposed to low organisational commitment also entails a thoughtful attention, stewardship and preciseness towards the relationship that the employee is in. Therefore, having a committed workforce is a worthwhile goal to pursue due to its potential impact on both individual and organisational performance.

Lipley (2012:5) conducted a survey of nearly 3,000 nurses that reveal that their workloads have raised to levels that compromise safety. The possibility of high workload may lead to exhaustion and burnout which directly affects performance. Lipley (2012:5) suggests that this be given further attention.

Henderson and Tulloch (2008:18) appropriately state that the workforce is the most important resource of any healthcare organisation and has a strong impact on its overall performance.

Long working hours

Working long hours in high pressure environments is considered appropriate and acceptable in many areas of the workplace. However, it has been well established that a heavy workload and work-related pressures are key factors in the development of work-related stress. High workloads have also been linked with lower job satisfaction, increased anxiety, frustration, and depression and ultimately low organisational commitment (Butt, 2009:75).

Pekkarinen, Elovainio, Sinervo, Heponiemi, Aalto, Noro and Finne-Soveri (2013:212) state that health care organisations should carefully account for the physical workload as appraised by the nurses. Nyathi and Jooste (2008:34) further comment that long working hours and missing tea breaks with high workload can increase nurses' stress levels and this may lead to absence from work.

Hodgskiss (2009:34) believe that occupational stress at work is a well-known factor for low motivation and morale, decrease in performance, high turnover and sick-leave, low organisational commitment, low quality products and services, poor internal communication and conflicts.

Conflict in the workplace

Butt (2009:75) found that employees who experienced more conflicts are less committed to the organisation and individuals who participated in and enjoyed extra-mural activities are more committed to their organisation.

Butt (2009:75) further comments that employees who participated in decision making authority and the use of rational cognitive coping skills report a relatively higher level of organisational commitment.

Pekkarinen et al. (2013:212) offer that across health care and other industries, managers should focus on the fairness of their reward systems, thereby helping employees to cope with their mental workload and possibly also their concurrent health symptoms.

Autonomy

Butt (2009:75) cites Laschinger's (2001) study which found workplace autonomy to be positively related to enrolled nurses organisational commitment. Individuals displaying higher level of affective commitment are more resistant to job strain and burnout.

Workload, time pressure, poor relationships with staff, pressure from patients, organisation management problems and career issues had a negative correlation between source of occupational stress and organisational commitment. The research indicated that understanding the above relationship led to beneficial consequences such as organisational effectiveness, improved performance, reduced turn over and reduced absenteeism (Butt, 2009:75)

Khowaja, Merchant and Hirani (2005:34) indicate that nurses' lack of autonomy, inadequate staffing and work overload could affect their levels of job satisfaction and may increase turnover rates among nurses.

According to Tang (2003:8) autonomy encourages and promotes a sense of control over the job and the ability to make decisions about daily nursing practices. In the study done by Upenieks, Kotlerman, Akhavan, Esser and Ngo (2007:9) nurses were found to have autonomy and were empowered; thereby providing professional consistent patient care.

Ayers (2005:2) suggests that enhancing work conditions and creating a good work environment will motivate employees to perform at their best and to show commitment to the organisation which also leads to job satisfaction.

Schaufeli and Bakker (2004:11) comment that job resources motivate employees positively, thus they are found to be related to work engagement, organisational commitment and the decreased turnover intention.

RESEARCH METHODOLOGY

Introduction

Abrahams (2011:1) defines research as an organised, structured and purposeful investigation, aimed at discovering, interpreting and revising human knowledge on different aspects of the world by someone first hand.

Rationale for the Methodology

Wilson (2010:4) states that research can be used to identify opportunities and threats, and often the success or failure of a business is dependent on the actions undertaken as a result of conducting research. From an organisational perspective, strategic decisions are made on the

basis of research findings. The rationale for choosing the quantitative method was that the respondents could remain anonymous and the researcher could address the total population with the aid of a standardised questionnaire.

Target Population

Cooper and Schindler (2003:179) state that a population is the total collection of elements from which a researcher wishes to make inferences. It should include all the people whose opinions, behaviours, preferences and attitudes that are of interest to the researcher. Burns and Grove (2009:806) further add that a research population or target population refers to all elements that meet the sample criteria for inclusion in a study.

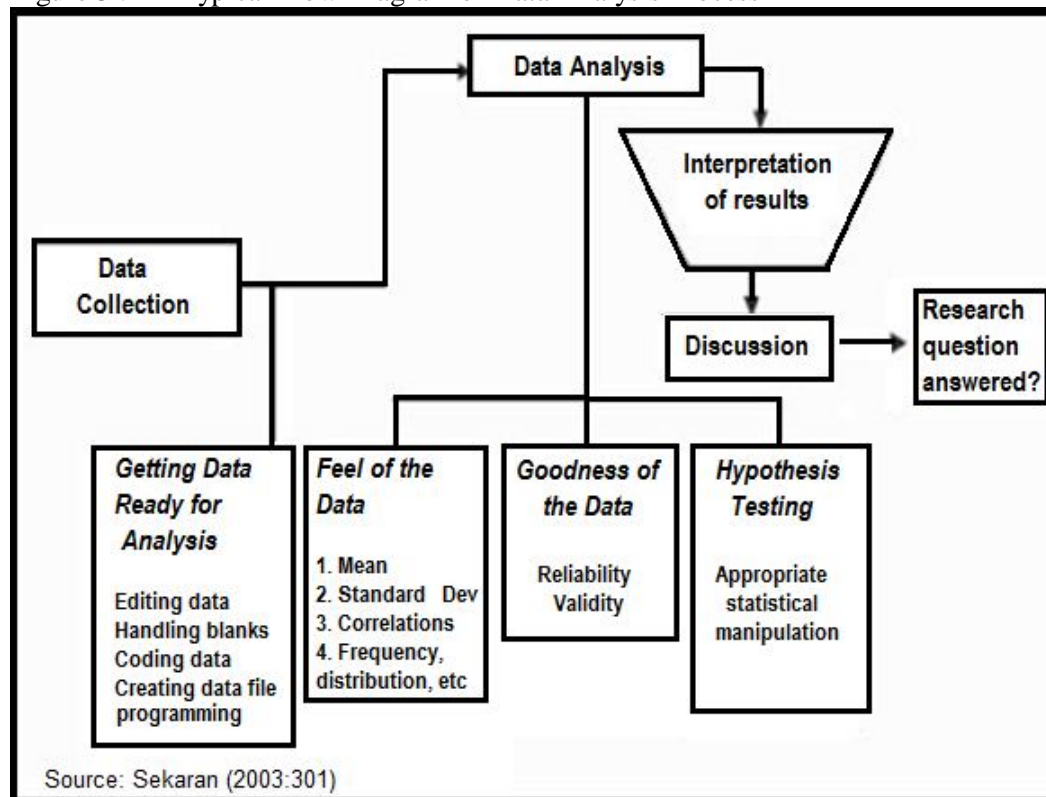
The sample is obtained from the accessible population which is a segment of the population. The total population of Enrolled nurses comprised of one hundred and thirty five (135) and the researcher chose the entire population to represent the

Sample size

The entire population of Enrolled nurses was chosen for the study which made up the sample; therefore no sampling done. The census method was used. A census is a study of everyone in a population. According to the Australian Bureau of Statistics (2013:1), it is known as a complete enumeration or a complete count. This method was used due to the small population of Enrolled nurses. The total number of questionnaires that were handed out was one hundred and thirty (130), as five were used for the pilot study. Only eighty two responded which yielded sixty three percent (63%) response rate. Hence the sample size was 82.

Statistical analysis and quantitative data is useful in making comparisons across relatively large numbers of people, events or objects. Distributions, central tendencies, aggregate patterns, probabilities and correlations are best researched with quantitative analysis (Gerhardt, 2004:5). Sekaran (2003:301) offers a simple diagrammatic representation of the data analysis process.

Figure 3.1 A Typical Flow Diagram of Data Analysis Process



Adapted from: Sekaran (2003:301)

The data from this study was analysed using the Statistical Package for the Social Sciences software (SPSS). The responses to each question had to be coded to facilitate entry into the SPSS software package.

According to Eysenck (2004:8) measures of central tendency describe how the data cluster together around a central point.

Limitations of the Study

The study was limited to the Enrolled nurse population of one healthcare facility and can therefore not be generalised to the rest of the nursing population.

The survey was voluntary and this did not guarantee a 100% response rate.

Section A: Demographic Data

The analysis begins with the demographic profile of the respondents and includes the graphical representation for each question is shown in figures or tables.

Age of respondents

Figure 4.1 Age of respondents (n=82)

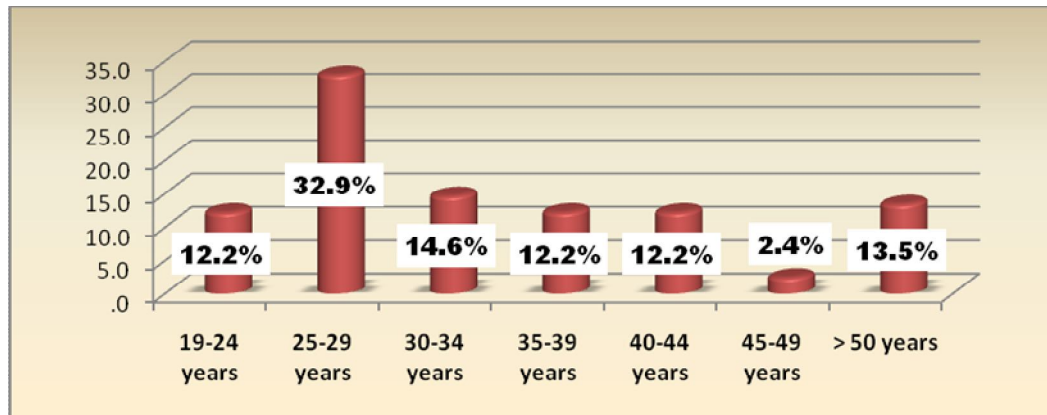


Figure 4.1 shows that 45.1% of the respondents are between the ages 19-29 years. 26.8% are between the ages 30 – 39 years and 14.6% belong to the age group 40-49 years. 13.5% of the respondents are 50 years and older.

A closer look at the age distribution reveals that 75% of the respondents are 40 years and younger while 25% are older than 40. The mean age of the respondents is 36, 3 years and the standard deviation is 1.41.

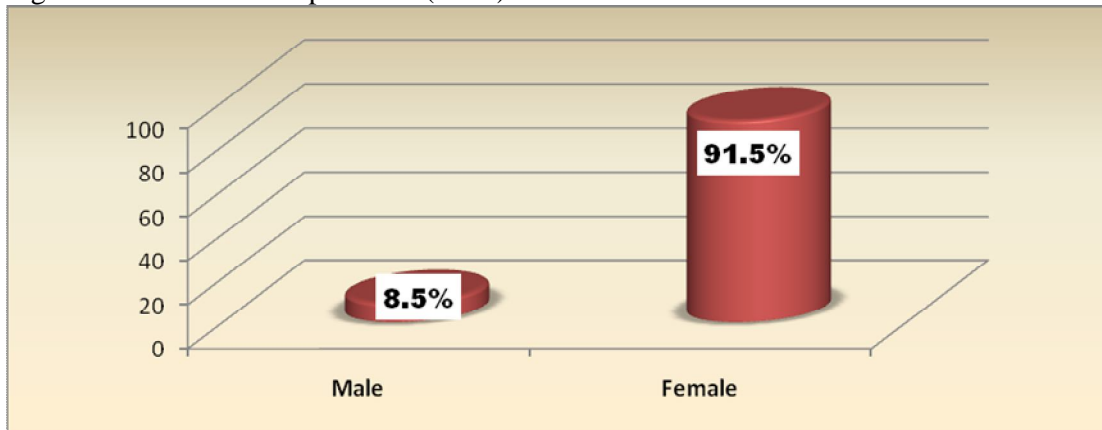
According to Kooij et.al (2011:6) staff between the 21-30 year categories is more flexible to shift from task to task. Forty five percent of the Enrolled nurse population are under 30 years which allows for the flexibility but also the potential to leave for better prospects should that become available.

Maurer and Barbeite (2011:4) state that the decline in the abilities of the 41-60 year groups is offset by experience and knowledge. Although the physical ability may be slightly slower; the experience of this category benefits the institution as they have the technical knowledge necessary to guide, support and teach the younger generation. 28.1% of the Enrolled nurses belong to this category.

Brule (2008:88) supports this concept that older people may have a greater level of competence than the younger generation because they have more years of experience. This age category is also less likely to leave the organisation as readily as the below 40 year old age group. This was supported by a study in North Carolina by Shaver and Lacey (2003:166) who indicate that nurses closer to retirement are less satisfied, and even if these nurses were dissatisfied, they still decided to stay with their organisation.

Gender of respondents

Figure 4.2: Gender of respondents (n=82)



The male gender makes up 8.5% of the respondents whilst a large percentage (91.5%) of the respondents' is female. Nursing has traditionally been seen as a female dominated profession and although recent times have shown a larger number of males entering this profession there still remains a large imbalance.

Shift

Figure 4.3: Representations of shifts worked by the Enrolled nurses (n=82)

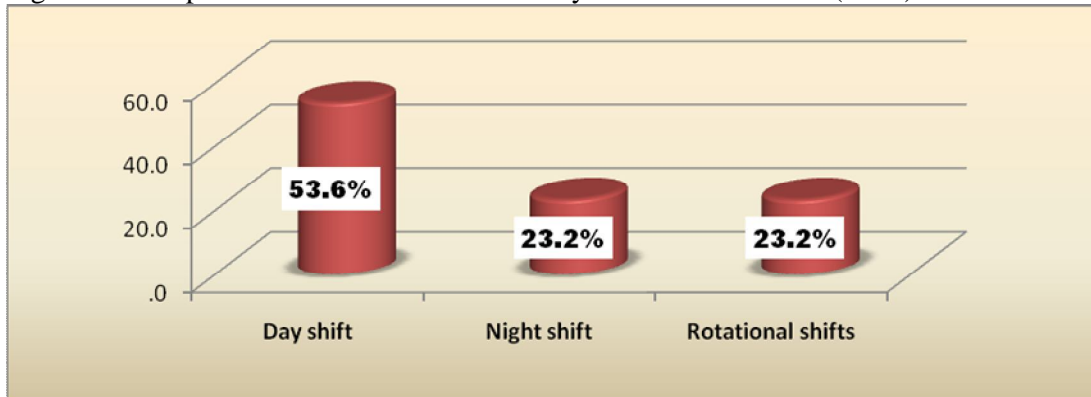
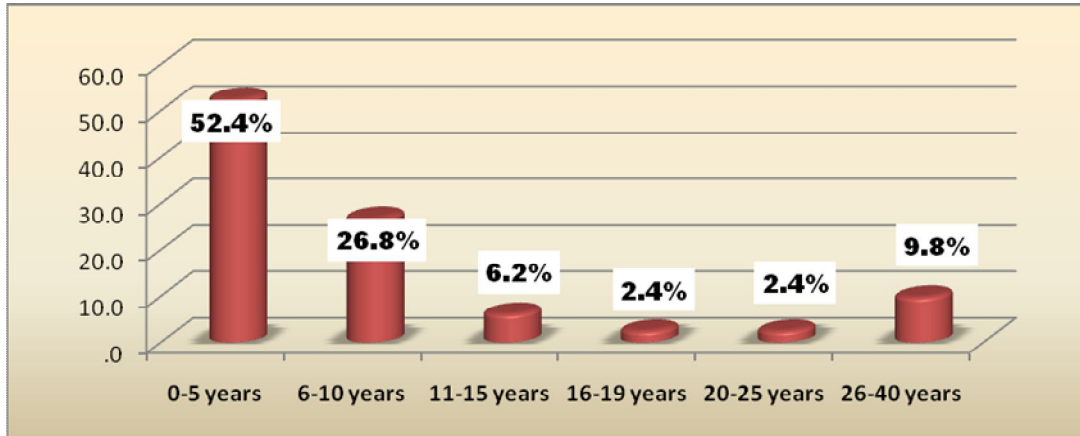


Figure 4.3 reveals that 53.6% of the respondents worked day shift whilst 23.2% worked night and 23.2% rotational shifts. The nursing care is divided so that sixty percent of staff is allocated on day shift and forty percent of staff on night shift. The reason for this is that the nursing activity in the day incorporates patients' visiting hours and Doctor Visits. The result obtained from the study is in keeping with this.

Years of experience

Figure 4.4 Years of experience (n=82)

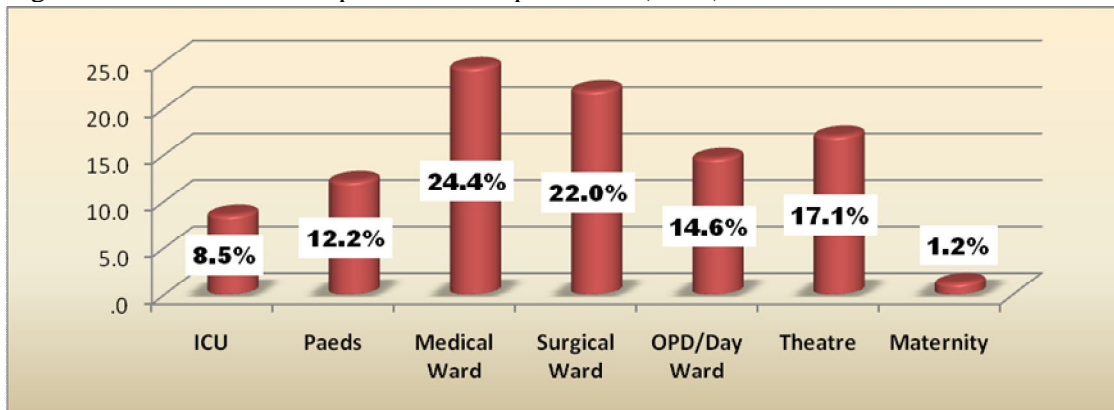


The survey revealed that 52.4% of the respondents' have work experience of five years and less, 26.8% have 6-10 years' experience, 11% have 11-25 years' experience and 9.8% have 26-40 years' experience.

A contributory factor for the high percentage (52.4%) of less than five years of experience may be that the study site is a training hospital for nurses. There is initially a surge of Enrolled nurses qualifying and being employed at the study site and after one year of work experience they are given the opportunity to pursue their academic careers. The added benefit here is that the Enrolled nurse has the opportunity to study whilst being employed at the hospital. Some Enrolled nurses chose to study further to become Registered nurses whilst others chose to remain as Enrolled nurses as is evident by the 11% in the 11-25 year experience category and the 9.8% in the 26-40 year experience category.

Departments

Figure 4.5 Allocation of respondents to departments (n=82)



The survey revealed that the majority, 24.4% of the respondents are from the medical ward, followed closely by 22.0% belonging to the surgical ward; 8.5% from ICU; 12.2% from the paediatric ward; 14.6% from outpatients department/Day ward; 17.1% from theatre and 1.2% from maternity ward.

To create a better understanding of this data, an explanation regarding the bed allocation per discipline is required. The ICU departments account for 80 beds; the paediatric ward 32; medical wards 58; surgical wards 256 (also may accommodate medical patients' overflow); OPD/Day ward 26 beds; 15 operating theatres and 29 maternity beds. The allocation of nurses per ward is determined by the number of beds and the occupancy of that department.

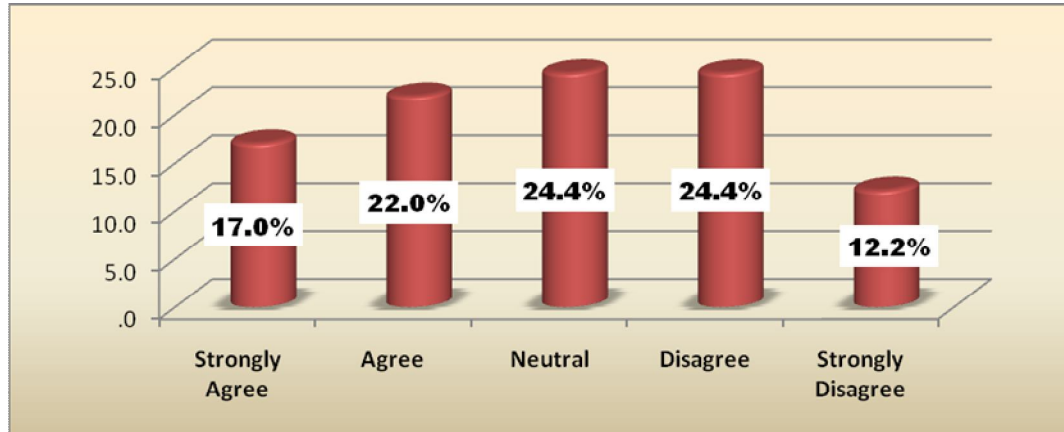
This indicates that the sample is representative of all departments at the hospital. The high absenteeism rate (as discussed in Chapter 1) contributes to the demand placed on the nurses.

As the study reveals that the majority of the Enrolled nurses work in the medical and surgical wards, it can be concluded that these respondents experience a level of job demands.

Section B: Questions relating to Job Demands

4.5.1 My daily workload is at a manageable level.

Figure 4.6 My daily workload is at a manageable level (n=82)



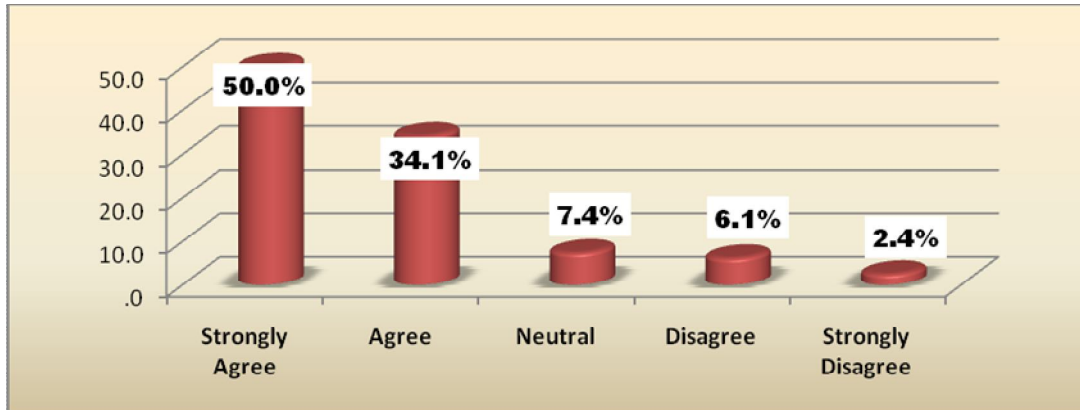
Respondents were required to rate their perception of their workload. Seventeen percent strongly agree whilst 22.0% agree that their work load is at a manageable level. Twenty four point four percent of the respondents chose to remain neutral. As this survey was voluntary it is difficult to ascertain if the respondent found the workload to be unmanageable or merely chose not to answer.

A collective 36.6% (24.4% + 12.2%) of respondents disagree and strongly disagree that their daily workload is manageable. Unmanageable workloads have a negative connotation in that staff may feel that they are not coping with their daily duties which may lead to exhaustion; and for the patient, there may be potential risks of treatment not being rendered accordingly. Lipley (2012:1) conducted a survey of nearly 3,000 nurses that reveal that their workloads have raised to levels that compromise safety. Lipley (2012:1) suggests that this be given further attention.

Chi-square test analysis revealed a strong relationship between shift worked and workload. (Chi square = 22.135, $p = 0.036$). Hence, it may be concluded that shift played a significant role in daily work load being at a manageable level. As the majority of respondents worked on day shift it can be concluded that respondents working on day shift found the workload to be more manageable than night or rotational shifts. This is due to more staff being available on day duty as well as the availability of managers that assist in leading the Enrolled nurses in their tasks.

Turnover and absenteeism of other nurses increases the number of tasks that I have to perform.

Figure 4.7 Turnover and absenteeism of other nurses increases the number of tasks that I have to perform (n=82)

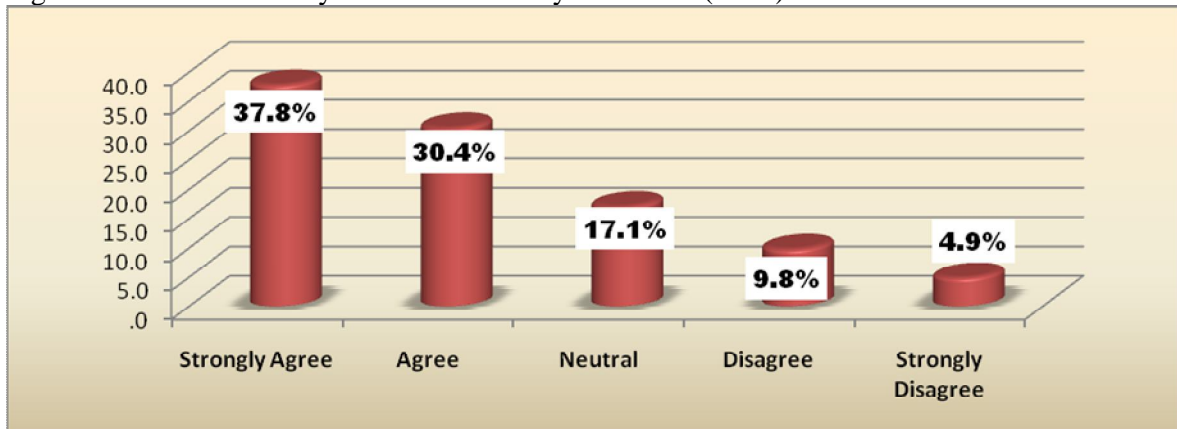


A collective 50% of respondents strongly agree that turnover and absenteeism of other nurses increase the number of tasks they have to perform and a further 34.1% of respondents agree. 7.4% of the respondents remain neutral whilst 6.1% disagree and 2.4% strongly disagreed. Cohen and Golan (2007:416) state that absenteeism exacerbates the difficulty of health service delivery in many countries where the number of nurses available is insufficient to meet all the healthcare demands of the population and the health care sector in South Africa is no exception to this problem.

Chi-square test analysis revealed a strong relationship between turnover and absenteeism and the ward in which the Enrolled nurses worked in. (Chi square = 46.553, $p = 0.004$). At the time of the study the absenteeism rate amongst the nursing staff was three percent (3%). The results suggest that ENs found that the tasks they had to perform increased due to the turnover rate and the ward they worked in.

At the end of my shift I am mentally exhausted.

Figure 4.8 at the end of my shift I am mentally exhausted (n=82)



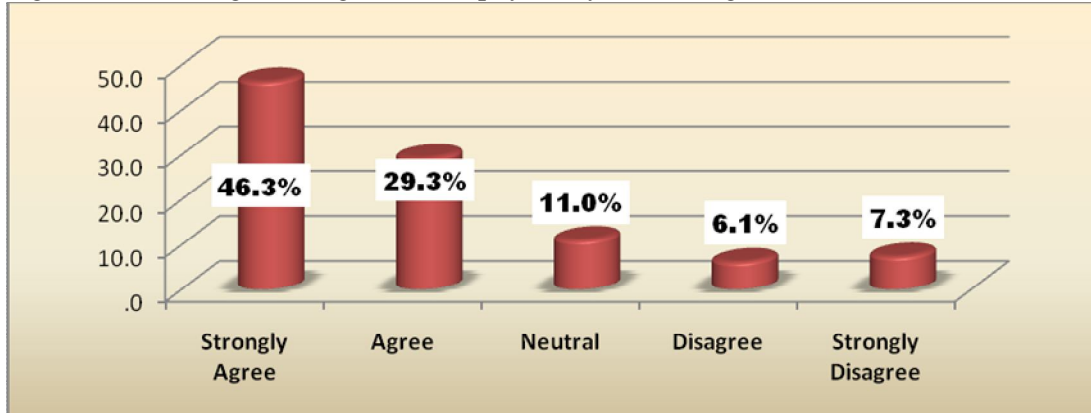
The majority, 37.8% of the respondents strongly agree that they are mentally exhausted at the end of their shifts whilst 30.4% agree; 17.1% remained neutral whilst 9.8% disagree and 4.9% strongly disagree.

Chi-square test analysis revealed a strong relationship between mental exhaustion and the ward in which the Enrolled nurses worked in (Chi square = 42.961, $p = 0.010$). The test further showed a relationship between mental exhaustion and the shift worked (Chi square = 22.047, $p = 0.037$). As most respondents were from the high occupancy and high activity medical surgical wards, these findings are significant. These units have a higher patient to staff ratio. For example a 41 bedded ward with occupancy of 90% may have two Registered nurses to three Enrolled nurses.

Nel, Van Dyk, Haasbroek, Schultz, and Sono (2004:100) comment that the extent to which employees experience psychological or personal job satisfaction within the job environment determines the quality and quantity of their outputs.

The long working hours are physically exhausting.

Figure 4.9 The long working hours are physically exhausting (n=82)



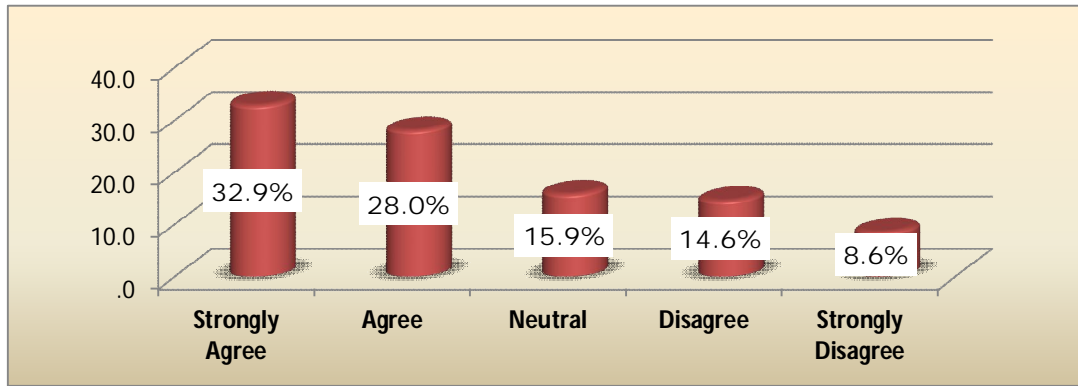
In response to the long working hours and the physical exhaustion, 46.3% respondents strongly agree and 29.3% agree; 11.0% of respondents chose to remain neutral whilst 6.1% disagreed and 7.3% strongly disagreed.

The Enrolled nurses duties on day shift begins at a quarter to seven in the morning (06h45) and ends at seven o'clock (19h00) in the evening; on night shift it begins at quarter to seven (18h45) in the evening and ends at seven o'clock (07h00) in the morning. This translates to a twelve hour workday with a lunch break of forty-five minutes and two tea breaks of fifteen minutes. Stone, Yunling, Cowell, Amsterdam, Helfrich and Linn (2006:1102) conducted a study on fatigue in nurses and the findings showed that the twelve hour shift and shift work were identified as key contributing factors to fatigue in nursing.

Chi-square test analysis revealed a strong relationship between long working hours worked and the ward worked in. (Chi square = 47.622, $p=0.003$). The results suggest that dependent on the ward worked in; the nurses find that they are physically exhausted by the end of the shift. The majority (46.4%) of respondents work in the medical and surgical departments. These are usually the busiest areas in the hospital. As a direct result of the high occupancies in the surgical ward, the theatre department becomes equally busy. The results (17.1% respondents from theatre) confirm this. ICU departments have ill patients and require one nurse to one patient nursing; high care departments have one nurse nursing two patients whereas the general ward may require one nurse nursing four patients. The reason for this is the level of care that is required based on the assessment and diagnosis of the patients. The demand from the physical aspect is greater in the general wards especially if there is a shortage of staff due to absenteeism.

I have sufficient material resources to do my job.

Figure 4.10 I have sufficient material resources to do my job (n=82)



It is encouraging to note that a collective 69% (32.9% strongly agree + 28% agree) that there is sufficient material resources to conduct their job.

Sixteen percent of respondents remain neutral and the reasons for this were not explored as the respondents remained anonymous.

Hakanen ET. Al (2008:225) defines job resources as the benefits of work to reduce the job demands which are functional to fulfil the tasks and duties in work and reinforce personal development.

Chi-square test analysis revealed a strong relationship between the ward and the availability of material resources (Chi square = 48.027, p =0.003). The test further revealed a relationship between the shift worked and the availability of material resources (Chi square = 26.628, p =0.009). The respondents have indicated that certain wards have adequate amount of available resources for all shifts worked whilst other departments demonstrate deficiency here (As shown by a 14.6% disagree and 8.6% strongly disagree).

Bakker et.al. (2003:345) reiterate that resources are crucial for yielding work engagement. Job resources are important to deal with the sustaining job demands; because they provide extrinsic motivation to employees and help to exhibit productive job behaviour.

I am often expected to carry out the role of the registered nurse in the department.

Figure 4.11 I am often expected to carry out the role of the registered nurse in the department (n=82)

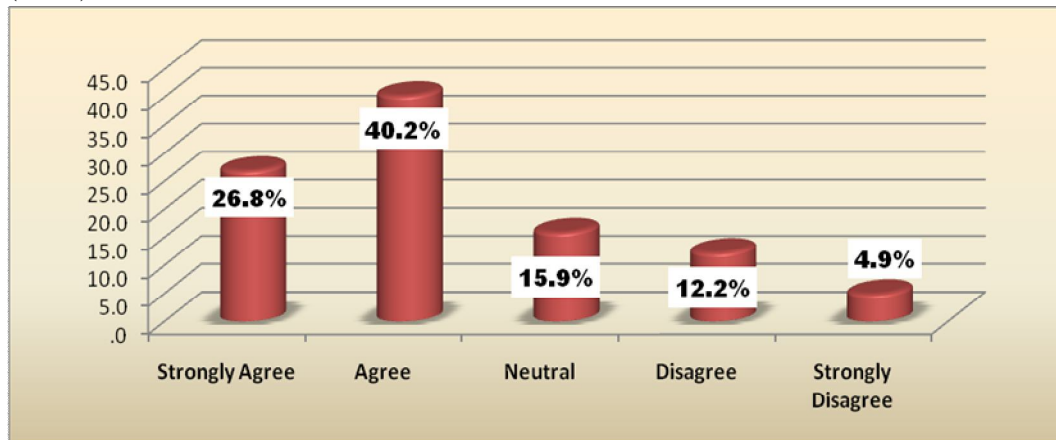


Figure 4.11 shows that 26.8% of the respondents' strongly agree that they carry out the role of the registered nurse whilst a 40.2% agree; 15.9% remained neutral; 12.2% disagreed and 4.9% strongly disagreed.

The representation from the general medical and surgical ward combined yielded a response of 46.4%. It is in these wards that the ratio of nurse to patient is 1:4. When a Registered nurse is absent from work the Enrolled nurse is expected to take on the task of the Registered nurse.

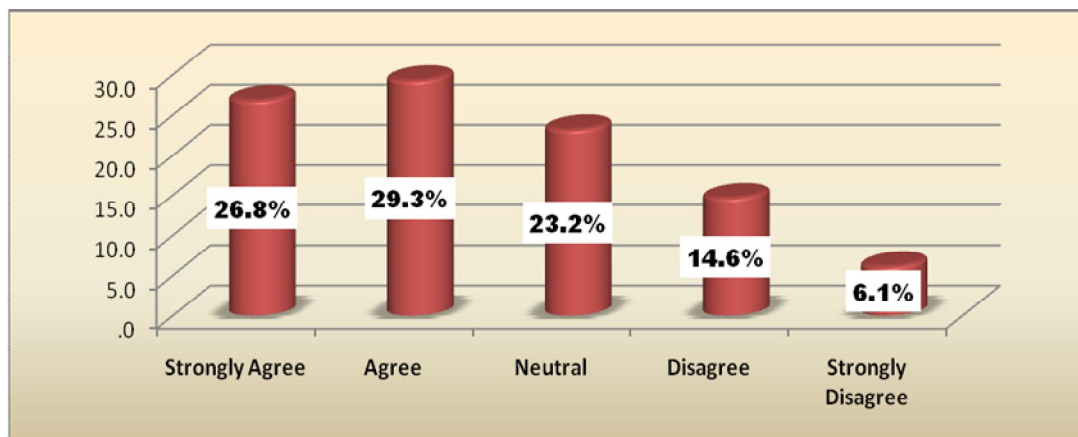
Nyathi and Jooste (2008:33) found that younger nurses are more prone to role ambiguity than the older nurses. This lack of clarity regarding job responsibility contributes to absenteeism in the workplace.

Chi-square test analysis revealed a strong relationship between the ward and that of taking on the role of the Registered nurse (Chi square = 41.780, $p = 0.014$). The test further revealed a relationship between the shift worked and taking on the role of the Registered nurse (Chi square = 22.875, $p = 0.029$). The results suggest that in the general wards where there is minimal allocation of Registered nurses, the Enrolled nurse is expected to carry out the task of that of a Registered nurse in their absence irrespective of which shift worked.

Section C: Questions relating to Organisational Commitment

4.6.1 I have strong ties with my present job which would be difficult to break.

Figure 4.12 I have strong ties with my present job which would be difficult to break (n=82)



Respondents were required to rate the level of commitment to the organisation. Twenty seven percent of the respondents strongly agree that they have strong ties with their job which would be difficult to break and a further 29.3% agree.

A concerning 23.2% of the respondents remain neutral whilst 14.6% disagree and a further 6.1% strongly disagree.

There is a significant relationship between shift work and the feeling of having strong ties with their present jobs that is difficult to break (Chi square = 21.929, $p = 0.038$).

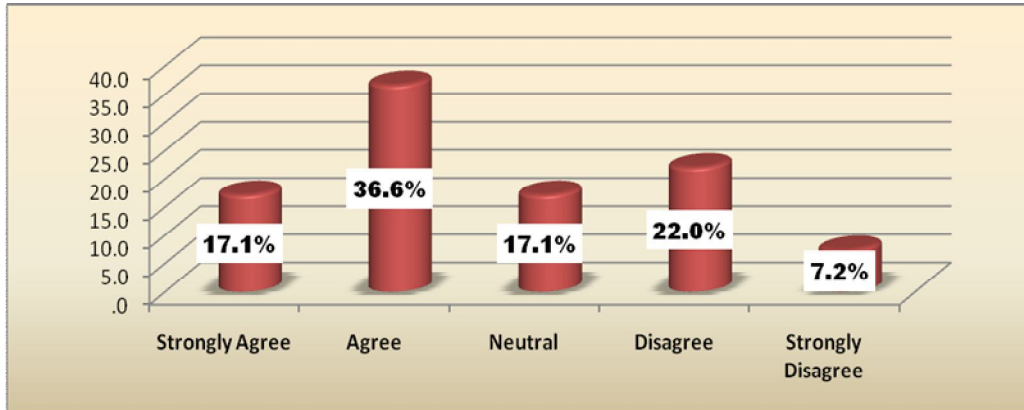
As the majority (53.6%) of the respondents worked day shift, it can be concluded that Enrolled nurses working the day shift have strong ties with their present jobs.

McCrarey (2005:55) asserts that people are an organisation's greatest resource. Attracting and retaining the right people is critical to the success of an organisation, particularly service-oriented organisations.

Henderson and Tulloch (2008:18) further states that the workforce is the most important resource of any healthcare organisation and has a strong impact on its overall performance.

The level of responsibility expected of me makes me want to remain in the organisation.

Figure 4.13 The level of responsibility expected of me makes me want to remain in the organisation (n=82)



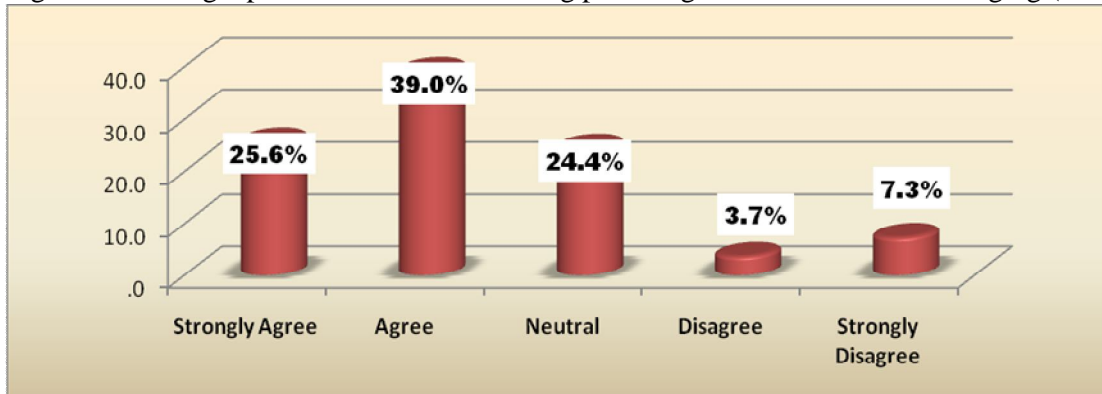
Seventeen percent of respondents strongly agree that the level of responsibility makes them want to remain in the organisation and 36.6% strongly agree. This implies that a collective 53.7% feel empowered in their jobs and this makes them want to remain within the organisation.

In a study conducted by Buciuniene, Blazeviciene and Bliudziute (2003:6) it is reported that participants are satisfied with their responsibilities and autonomy; the work environment that provided more autonomy and less monotony are likely to influence job satisfaction.

Seventeen percent remain neutral; 22.0% disagree and 7.2 % strongly disagree. This implies that a significant (46.3%) of Enrolled nurses do not believe that the level of responsibility entices them to remain in the organisation.

Being a part of the decision making process gives me a sense of belonging.

Figure 4.14 being a part of the decision making process gives me a sense of belonging (n=82)



A collective 64.6% (25.6% strongly agree + 39% agree) of respondents believe that being a part of the decision making process gives them a sense of belonging.

Twenty four point four percent of respondents chose to remain neutral.

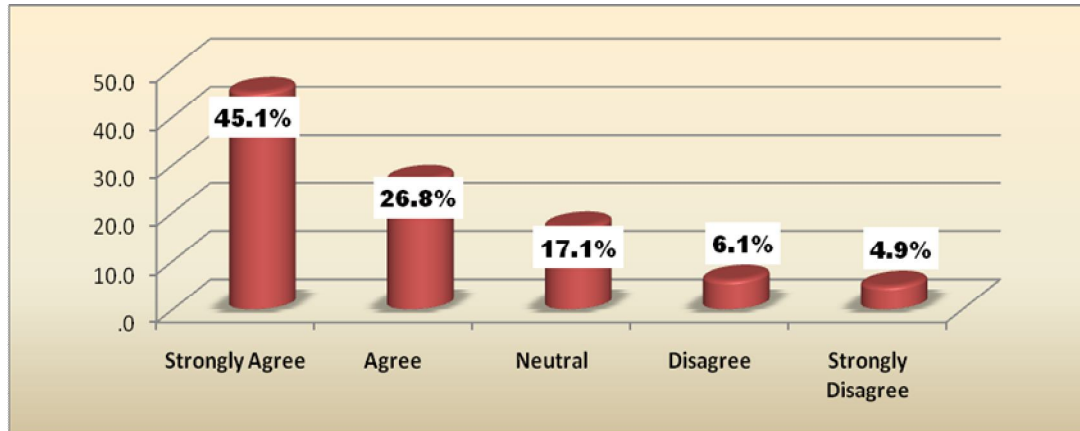
Three point seven percent of respondents disagreed and 7.3% strongly disagreed that being a part of the decision making process gives them a sense of belonging.

Khowaja et.al (2005:34) indicated that nurses' lack of autonomy, inadequate staffing and work overload can affect their levels of job satisfaction, increasing turnover rates among nurses.

According to Tang (2003:8) autonomy encourages and promotes a sense of control over the job which includes the ability to make decisions about daily nursing practices.

Having the opportunity for training and development empowers me to do my job

Figure 4.15 Having the opportunity for training and development empowers me to do my job (n=82)



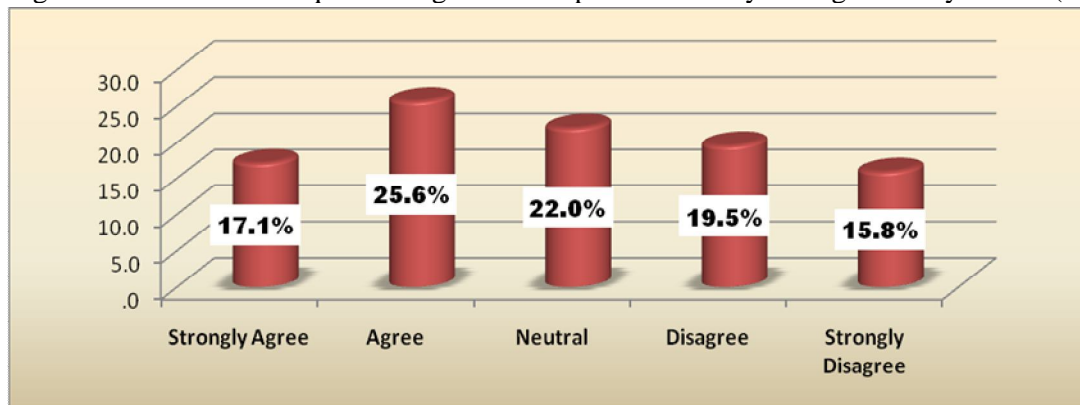
Forty five point one percent of respondents strongly agree that having the opportunity for training and development empowers them to do their job and a further 26.8% agree. 17.1% remain neutral; whilst 6.1% disagree and 4.9% strongly disagree with this statement.

Ali-Mohammed (2004:53) offers that the opportunity to develop is a significant predictor of job satisfaction among participants and proposes that Herzberg's two-factor theory succinctly explains that intrinsic work factors such as employee recognition and skills development may increase job satisfaction.

In a study in England, Cartledge (2001:352) found that professional development amongst nurses working in intensive care units is important. It is suggested that without updates and education, there would be less knowledge and less motivation to continue working in these units.

I receive adequate recognition and praise from my manager for my efforts.

Figure 4.16 I receive adequate recognition and praise from my manager for my efforts (n=82)



The study revealed that 17.1% of respondents strongly agreed that they received recognition and praise from their manager and 25.6% agreed. A large percentage 22.0% of respondents chose to remain neutral and this may be attributed to them not wanting to implicate their manager. 19.5% of respondents disagree that they receive praise and recognition and a further 15.8% strongly disagree.

Strachota et al (2003:117) found that nurses value recognition which may serve as motivation and enhance their intentions to stay longer within a specific organisation.

Khowaja et al (2005:35) conducted a study in Pakistan; the findings are that most participants indicated that there was a lack of appreciation for good performance by managers. It appears that this concern is not unique to the South African environment. Khowaja et al (2005:35) further states that if managers are supportive and respect and recognise nurses' achievements, this will boost nurses' morale and lead to higher levels of job satisfaction and motivation.

Mrayyan (2005:42) reported that nurses working in hospitals require autonomy and responsibility and they prefer to be led by a nurse manager with a participative leadership style. Nurses also reported that increased autonomy was influenced by supportive management, education and experience.

My job allows me to use personal initiatives which increase my commitment.

Figure 4.17 My job allows me to use personal initiatives which increase my commitment (n=82)

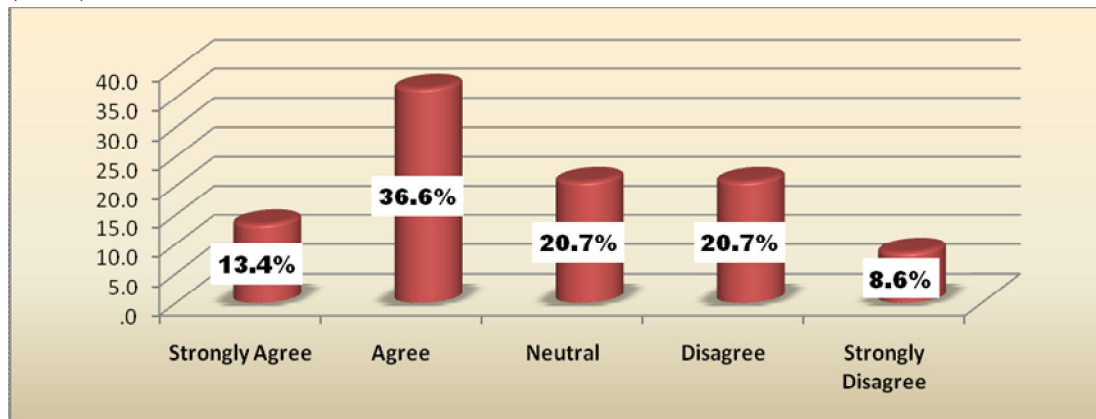


Figure 4.17 shows that 13.4% of the respondents strongly agree that their job allows them to use personal initiatives which increase their commitment and 36.6% agree.

An amount of 20.7% of respondents remain neutral 20.7% disagree whilst 8.6% strongly disagree that their jobs allow them to use personal initiatives.

Section D: General

Respondents were asked to add any other comment that would assist in understanding the job demands and to suggest any recommendations that would assist in alleviating some of these demands.

The two recommendations that were put forward by the majority of the respondents were to continue with training and development program and to reduce the amount of sessional workers currently utilised in the departments.

CONCLUSIONS AND RECOMMENDATIONS

The intention of this study was to identify the job demands experienced by the Enrolled nurses and to check if there is a relation to the level of organisational commitment. The literature sources that were consulted revealed that various challenges are encountered in the current health care environment, amongst them being job demands. Enrolled nurses are an essential skill in the nursing field and they need to be recognised as such. The questionnaire, which was the primary instrument used to gather the type of data evaluated the job demands and the impact on the level of organizational commitment. The tool proved as an effective measurement tool as it measured what it was intended to.

Findings from the Study

Findings from the study include findings from the literature review and findings from the primary research.

Findings from the Literature Review

Job Demands

Job demands are the physical, social or psychological aspects of the job that require sustained physical or mental effort from individuals (Bakker et al, 2003:343). The factors that contribute to job demands is summarised as the environmental or working conditions, role ambiguity, role conflict and the over stimulation or under stimulation in the work environment. Nyathi and Jooste (2008:33) found that younger nurses are more prone to role ambiguity than the older nurses. This lack of clarity regarding job responsibility contributes to absenteeism in the workplace.

Bakker et al. (2003:343) reiterate that resources are crucial for yielding work engagement. Job resources are important to deal with the sustaining job demands; because they provide extrinsic motivation to employees and help to exhibit productive job behaviour.

The effect of job demands on the individual presents itself to the employee as an upset psychological state; pain from exhaustion and burnout; has low work motivation; and involves having little energy and keenness for the job (Butt, 2009:39).

According to Shirazi et.al (2011:1381) studies have shown that personnel who are in direct contact with people face more stress and become emotionally and physically exhausted.

Leiter (2006:130) reported that Generation X (born 1966-1976) nurses experience more symptoms of job burnout and are more inclined to change their jobs than their colleagues of the Baby Boomer generation.

Stress and burnout can lead to an increase in absenteeism and resignation as well as decrease in organisational commitment, and at the service level, it can negatively affect the services provided for clientele (Kwag and Kim, 2009:67).

Organisational Commitment

Organisational commitment is a well-built belief in an organisation's goals, and values, a willingness to put forth considerable effort on behalf of an organisation and a strong desire to stay a member of the organisation. Employees who exhibit high organisational commitment are better-off at their work, spend less time away from their jobs and are less likely to leave the organization. An employee who has a strong affective organisational commitment to an organisation stays with the organisation because he or she needs to continue working in the organisation. The best forecaster of affective organisational commitment is work experience (Dude, 2012:27).

Butt (2009:49) asserts that employees who perceive a high level of support from the organisation are more likely to feel an obligation to repay the organisation.

Age is a positive predictor of organisational commitment. As employees age, alternative employment options generally decrease, making their current job more attractive. Older individuals may have more commitment to the organisation because they have a deep investment and greater history with the organisation than younger workers do (Butt, 2009:50).

Butt (2009:50) further comments that effects on gender and organisational commitment are inconsistent. It appears as if gender makes no difference on the organisational commitment levels.

Shaver and Lacey (2003:166) indicate that the length of time of a nurse in a current position is not a significant predictor of the nurse's level of job satisfaction. Butt (2009:50) however, offers that middle tenure employees exhibit less measured commitment than new or senior employees. Employees with a longer tenure have a higher degree of organisational commitment than that of their complement.

Overall, empirical evidence suggests that age and affective commitment is significantly related (Butt, 2009:50).

Organisational commitment decreases with many years of work in the same organisation. Employers need to be aware of this factor in order to develop strategies to retain older nurses

due to their greater experience and reportedly higher levels of job satisfaction (Sourdif, 2004:66)

Butt (2009:65) comments that employees with a strong continuance organisational commitment know that leaving the organisation may be harmful to them fiscally due to the lack of employment options and a loss of savings.

Schneider (2003:1331) regard normative organisational commitment in terms of the ethical obligation the employee develops after the organisation has invested in him or her. Schneider (2003:1331) argues that when an employee starts to sense that the organisation has spent either too much time or money developing and training him/her, such an employee might feel a compulsion to stay with the organisation. In general, normative organisational commitment occurs most likely when individuals find it difficult to give in return the organisation's investment in them.

The effects of low organisational commitment include absenteeism, turnover intentions, performance, conflict in the work place and decreased autonomy (Butt,2009:75; Kooij et al, 2011:6 ; Brule, 2008:88; Shaver et al, 2003:166; Liple, 2012:5)

Ayers (2005:2) suggests that the work environment motivate employees to perform at their best and show commitment to the organisation, enhancing work conditions to support the organisation's mission and thus impacting on job satisfaction.

Findings from the Primary Research

Findings from Section A – Demographic Data

The ages of participants range between nineteen and fifty years and older, with the largest group being between the ages of nineteen to twenty nine years. The majority of respondents are females (ninety one percent), consistent with nursing being a predominantly female profession. Majority of the nurses have practiced for less than five years, which is indicative that the Enrolled nurses gain experience then further their careers to become Registered nurses. The majority of respondents work in the general medical and surgical ward which is in keeping with the structure of the hospital. The study chi-square analysis revealed that there is a relationship between the ward worked in; turnover and absenteeism; mental and physical exhaustion; material resources; and the allocation of Registered nurses tasks (Refer 4.5.2; 4.5.3; 4.5.4; 4.5.5 and 4.5.6).

The chi-square analysis further revealed that there is a relationship between the shift worked to workload; mental and physical exhaustion, allocation of Registered nurses tasks and the strong ties to the organisation (Refer 4.5.1; 4.5.3; 4.5.5; 4.5.6 and 4.6.1).

Findings from Section B: Questions relating to Job Demands

- A collective thirty nine percent agree that their work load is at a manageable level. Thirty seven percent of respondents disagree that their daily workload is manageable. Unmanageable workloads have a negative connotation in that staff may feel that they are not coping with their daily duties which may lead to exhaustion; and for the patient, there may be potential risks of treatment not being rendered accordingly.
- Fifty percent of respondents' strongly agree that turnover and absenteeism of other nurses increase the number of tasks they have to perform and a further thirty four percent of respondents agree.
- A collective sixty eight percent of respondents' agree that they are mentally exhausted at the end of their worked shifts.
- A collective seventy six percent of respondents' agree that their working hours are physically exhausting.
- A collective sixty nine percent of respondents' agree that there are sufficient material resources to conduct their job.
- Sixty seven percent of the respondents' agree that they carry out the role of the registered nurse

Findings from Section C – Questions relating to organisational commitment

- Fifty six percent of the respondents feel that they have strong ties with their job which would be difficult to break.
- Seventeen percent of respondents strongly agree that the level of responsibility makes them want to remain in the organisation and thirty seven percent strongly agree. This implies that a collective fifty four percent feel empowered in their jobs and this makes them want to remain within the organisation. A significant seventeen percent remain neutral; twenty two percent disagree and seven percent strongly disagree.
- A collective sixty five percent of respondents believe that being a part of the decision making process gives them a sense of belonging. Twenty four percent of respondents chose to remain neutral. Four percent of respondents disagreed and seven percent strongly disagreed that being a part of the decision making process gives them a sense of belonging.
- A collective seventy two percent of respondents' agree that having the opportunity for training and development empowers them to do their job whilst seventeen percent remain neutral; six percent disagree and five percent strongly disagree with this statement.
- The study revealed that seventeen percent of respondents strongly agreed that they received recognition and praise from their manager and twenty six percent agreed. A significant twenty two percent of respondents chose to remain neutral. Nineteen percent of respondents disagree that they receive praise and recognition and a further sixteen percent strongly disagree.
- Thirteen percent of the respondents strongly agree that their job allows them to use personal initiatives which increase their commitment and thirty seven percent agree. Twenty one percent of respondents remain neutral; twenty one percent disagree whilst nine percent strongly disagree that their jobs allow them to use personal initiatives.

Findings from Section D – General

The respondents were asked to make recommendations or suggestions on the areas that they believe can improve their work environment. Eighty percent of the questionnaires for this section were left blank. The common recommendations put forward by twenty percent of the respondents were that education and training needs to be continuous and that more permanent staff is required in the wards. This is discussed further under recommendations

Conclusion

The age and years of service appear to demonstrate a positive relationship with organisational commitment. The study revealed that the majority (45.1%) of Enrolled nurses are below the age of thirty years with less than five years of experience. It is concluded that a strong normative commitment is displayed as the healthcare facility is a hospital that accommodates the practical training of nurses. A significant finding is that Enrolled nurses demonstrate an increase in workload, physical and mental exhaustion, and role overload and yet they still show commitment to the organisation. The availability of material resources may have been a contributory factor in diluting the job demands as related to the job demands resource model (Demerouti et al, 2001:1)

A collective 64.6% indicated that their role in decision making gave them a sense of belonging, underscoring the value of receiving recognition and praise from a manager as well as being able to display initiative in the workplace. These results supported the views of Shaver and Lacey (2003:166) and Ernest et.al (2004: 222) who dispelled the notion that length of service was an indicator of job satisfaction. The themes as described of strong ties with their work, significant levels of commitment, their roles in decision making, their ability to show initiative, and the recognition received as a result of all of these themes mentioned, confirm how despite significant job demands, job satisfaction impacts an organisation more significantly.

Recommendations

Job Demands

It is necessary to alleviate the work pressure and the job demands perceived by Enrolled nurses in order to increase organisational commitment.

It is recommended that the organisation should:

- Analyse the perception of job demands in each department to establish the reasons why nurses and managers accept a culture of stress.
- Recruit and hire adequately motivated nurses.
- Review the appraisal and recognition of the managers towards their staff. Pekkarinen et al. (2013:5) offers that across health care and other industries, managers should focus on the fairness of their reward systems, thereby helping employees to cope with their mental workload and possibly also their concurrent health symptoms.

It is recommended that the nurse manager should:

- Establish a shift system that supports manageable working hours in terms of length and practicality, considering the needs of the departments and the circumstances of the nurse.
- Consider introducing flexi-time systems that would allow nurses to choose start and end times, but within the constraints of specified required hours of work.
- Evaluate new on-duty working hour systems that are suitable to allow nurses time off to attend their family and personal needs.
- Offer advice to nurses to alternate their long annual leave with frequent short vacations when they feel tired and need a rest.

Organisational commitment

- Promote effective and informative induction programs for newly appointed nurses to establish a partnership between employee and employer that addresses individual needs.
- Institute a continued training and development program that is offered to all enrolled nurses.

Areas for Future Research

Future studies should also investigate the immediate and long-term effects of specific job demands and resources in each occupation or organisation.

There are many studies relating to organisational stress and burnout with only limited studies on job demands. More research is needed regarding job demands and resources in all categories of nurses in both the public and private healthcare environments.

Conclusion

This study has illustrated how the job demands are related to the level of organisational commitment. It is now evident that the availability of significant resources is a significant motivator and this finding was supported by both Henderson and Tulloch (2008: 18) and Schaufeli and Bakker (2004:11). Contrary to the views of Cartledge (2001:352), job ambiguity, lack of recognition and feelings of being undervalued did not emerge from the study. These findings are of significance for both the organisation and the work environment as the hospital in general and the ward/department in particular are impacted positively as a result.

Whilst the general Enrolled nurse population appear committed; the study revealed that a significant amount (23.2% neutral and 14.6% disagree) of Enrolled nurses do not have strong ties and hence the intention to leave is possible. In conclusion, management will need to strategise on how to engage with these employees.

NOTE: The principal author presented this dissertation in 2013 to the Regent Business School for the award of the Master of Business Administration Degree (MBA). The dissertation was supervised by externally by Nellie Naranjee and the dissertation was edited by Professor Anis Mahomed Karodia for purposes of producing a journal article for publication.

BIBLIOGRAPHY

- Abrahams, D. (2011) **Social Research Methods** [Online]. Available from: <http://www.socialresearchmethods.net/tutorial/Abrahams/What%20is%20Research.htm>. [Accessed: 20 July 2013].
- Ahmed, G.N. (2011) **Types of Research Studies** [Online]. Available from: <http://gulnazahmad.hubpages.com/hub/types-of-research-studies> [Accessed: 20 July 2013].
- Agresti, A. and Franklin, C. (2009). **Statistics the Art and Science of Learning from Data**. Upper Saddle River: Pearson Education, Inc.
- Ali-Mohammed, M.R. (2004) Factors affecting employees' job satisfaction in public hospitals: Implications for recruitment and retention, **Journal of General Management**, 34(4), p. 51-66.
- Anderson, J.D. (2006) **Qualitative and quantitative research**, Imperial COE [Online]. Available from: http://www.icoe.org/webfm_send/1936 [Accessed: 20 May 2013].
- Anonymous 1. (2013) **Healthcare provider** [Online] Available from: http://en.wikipedia.org/wiki/Health_care_provider [Accessed: 20 July 2013]
- Anonymous 2. (2013) **what is a sessional worker?** [Online]. Available from: <http://www.ask.com/question/what-is-a-sessional-worker> [Accessed: 20 July 2013]
- Anonymous 3. (2013) **Definition of patient**. [Online] Available from: <http://www.medterms.com/script/main/art.asp?articlekey=39154>[Accessed:20 July 2013]
- Aucamp, J.M. (2003) **Occupational stress of professional and enrolled nurses in South Africa**. Masters in Nursing. Department of Nursing, Potchefstroom University for Christian Higher Education.
- Australian Bureau of Statistics. (2013) *Statistical language – census and sample* [Online]. Available from: <http://www.abs.gov.au/websitedbs/a3121120.nsf/home/statistical+language+-+census+and+sample> [Accessed: 20 July 2013].
- Ayers, K. (2005) Creating a responsible workplace. **Human Resources Magazine**. [Online] Available from: http://findarticles.com/p/articles/mi_m3495/is_2_50/ai_n11841926 .[Accessed 23 July 2013]
- Azzarra, C. V. (2010) **Questionnaire Design for Business Research: Beyond Linear Thinking-An Interactive Approach**. Tate Publishing and Enterprising LLC: Oklahoma, USA.
- Bakker, A. B., Demerouti, E., de Boer, D and Schaufeli, W. B. (2003) Job demands and job resources as predictors for absence duration and frequency. **Journal of Vocational Behavior**, 62. P.341–356.
- Bennett, J. (2003) **Evaluation Methods in Research**. London: Continuum.
- Brause, R. S. (2012) **Writing Your Doctoral Dissertation: Invisible Rules for Success**. Routledge: United Kingdom.
- Bria M. (2013) **Burnout among Romanian healthcare professionals**. PhD Thesis. Babeş-Bolyai University Faculty of Psychology and Educational Studies.
- Brink, H. I. (2002). **Fundamentals of Research Methodology for Health Care professionals**. South Africa: Juta and Company.

- Brule, J.J. (2008) **Application at the bedside: moving from knowing how to knowing why in nursing**. Unpublished Doctor of Philosophy (Health and Human Services) dissertation. Walden University. [Online] Available from: <http://www.unisa.ac.za> [Accessed: 23 July 2013].
- Buciuniene, I., Blazeviciene, A and Bliudziute, E. (2003). *Health care reform and job satisfaction of primary health care physicians in Lithuania*, *BMC Family Practice*, 6, p.6-10.
- Burns, N. and Grove, S.K. (2005) **the practice of nursing research: conduct, critique and utilization**. 5th Ed. St Louis: Elsevier/Saunders.
- Burns, N and Grove, S.K. (2009) **the practice of nursing research: conduct, critique and utilization**. 6th Ed. Philadelphia: W. B. Saunders Company.
- Butt, Z.U (2009) **the relationship between occupational stress and organisational commitment in non- governmental organisations of Pakistan**. PhD Thesis, National University of Modern Languages. Islamabad.
- Carroll, S. (2013) **Types of Research Designs you can use for your dissertation** [Online]. Available from: <http://www.dissertation-statistics.com/research-designs.html> [Accessed: 24 August 2013].
- Clarke, R.J. (2005) **Research Methodologies**. HDR Seminar Series, Faculty of Commerce [Online]. Available from: <http://www.uow.edu.au/content/groups/public/@web/@commerce/documents/doc/uow012042.pdf> [Accessed: 24 August 2013].
- Cartledge, S. (2001) Factors influencing the turnover of intensive care nurses **Intensive and Critical Care Nursing**, 17: p.348-355.
- Chuo, S. (2003). **The Relationship between Organizational Commitment and Burnout (Unpublished doctoral dissertation)**. Alliant International University, Los Angeles.
- Clemens, M. and Pettersson G. (2008). New Data on African Health Professionals Abroad. **Human Resources for Health**, 6(1): p.1-11.
- Cohen, A. and Golan, R. (2007). Predicting absenteeism and turnover intentions by past absenteeism and work. An empirical examination of female employees in long term nursing care facilities. **Journal of Career Development**, 12(5): p. 416-432.
- Cooper, D.R. and Schindler, P.S. (2003) **Business Research Methods**. New York: McGraw-Hill.
- Demerouti, E., Nachreiner, F., Bakker, A. and Schaufeli, W. (2001) the job demands-resources model of burnout, **Journal of Applied Psychology**, 86: p. 499-512.
- Dude, D.J. (2012) **Organisational commitment of principals: The effects of job autonomy, empowerment, and distributive justice**. Phd Dissertation, University of Iowa
- Ernst, M.E, Franco, M, Messmer, P.R and Gonzalez, J.L. (2004) Nurses' job satisfaction, stress and recognition in a paediatric setting. **Paediatric Nursing**, 30 (3): p. 219- 227.
- European Commission. (2002). **Employment Europe**. [Online] Available from <http://www.eurofound.europa.eu/eiro/2002/10/feature/eu0210204f.htm>. [online] [Accessed: 23 August 2013]
- Eysenck. M.W. (2004) Research methods: data analysis. **Psychology Press** [Online]. Available from: http://www.smartpsych.co.uk/wp_content/uploads/2012/02/psych_methods1.pdf [Accessed: 30 May 2013].
- Fouka, G and Mantzorou, M. (2011) What are the major ethical issues in conducting research? Is there a conflict between the research ethics and the nature of nursing? **Health Science Journal** [Online], (5)1, p.3-14. Available from: <http://www.hsj.gr/volume5/issue1/512.pdf> [Accessed: 30 May 2013].
- Fraenkel, J.R and Wallen, N.E. (2009) **How to design and evaluate research in education**. 7th Ed. [Online]. Available from:

- <http://highered.mcgraw-hill.com/sites/0073525960/sitemap.html?>[Accessed:28 August 2013].
- Gerhardt, P. L. (2004). **Research methodology explained for everyday people**. [Online] Available from:
http://www.paulgerhardt.com/homework/research_methodology_explained_for_everyday_people.pdf. [Accessed: 23 June 2013].
- Gorrell, G., Ford, N., Madden, A., Holdridge, P and Eaglestone, B. (2011) Countering method bias in questionnaire-based user studies. **Journal of Documentation** [Online]. 67(3), p. 507-524. Available from:
<http://www.emeraldinsight.com/journals.htm?issn=0022-0418&volume=67&issue=3&articleid=1921934&show=html> [Accessed: 25 June 2013].
- Hair, J.F., Celsi, M. W., Money, A. H., Samuel, P and Page, M. J. (2011) **Essentials of Business Research Methods**. 2nd Ed. M. E. Sharp Inc: United States of America.
- Hakanen, J. J., Schaufeli, W. B, and Ahola, K. (2008). The job demands-resources model: A three-year cross-lagged study of burnout, depression, commitment, and work engagement. **Work and Stress**, 22, p. 224-241.
- Hanuman, M. (2006). **A Critical Evaluation of Bed Occupancy Rates at Public Hospitals in the eThekweni District and Recommendations for Addressing Critical Shortages**. Masters in Business Administration. Regent Business School.
- Henderson, L.N., Tulloch, J., (2008) Incentives for retaining and motivating health workers in Pacific and Asian countries. **Human Resources for Health** 6 (18) p15-18
- Hodgskiss, J. (2009) **Cumulative effects of living conditions and working conditions on the health, well-being, and work ability of nurses in Grahamstown East and West**. Dissertation Masters in Science. Rhodes University, Grahamstown: South Africa
- Jonker, J and Pennink, B. J. W. (2010) **The Essence of research methodology: a concise guide for Master and PhD students in management science**. Springer-Verlag: Berlin: Netherlands.
- Khowaja, K., Merchant, R.J and Hirani, D. (2005) Registered nurses perception of work satisfaction at a Tertiary Care University Hospital. **Journal of Nursing Management** 13, p. 32–39.
- Kooij, D., Jansen, P., de Lange, A and Dijkers, J. (2011). "Age-related factors in the motivation to work: What we know and where we need to go." VU University Amsterdam. Unpublished dissertation.
- Kumar, R. C. (2011) **Research methodology**. APH Publishing Corporation: New Delhi.
- Kwag, S.H. and Kim, M.H. (2009) the effects of job burnout on job performance. **Journal of Counseling and Development**. 7(7) p.67.
- Leiter, M.P., (2006) Coping patterns as predictor of burnout the function of contra and escapist coping patterns. **Journal of organisational behavior**. 12 (2) p.130
- Lipley, N. (2012) Safety compromised by rising workloads. **Nursing Management**, 19(5), p.5.
- Lind, D.A., Marchal, W.G. and Wathen, S.A. (2008) **Statistical Techniques in Business and Economics with Global Data Sets**. 13th Ed. New York: McGraw Hill.
- Lyons, P and Doueck, H. J. (2010) **the Dissertation from Beginning to End**. Oxford University Press Inc.: New York.
- Madrigal, D and McClain, B. (2012) **Strengths and weaknesses of quantitative and qualitative research** [Online]. Available from:
<http://www.uxmetters.com/mt/archives/2012/09/strengths-and-weaknesses-of-quantitative-and-qualitative-research.php> [Accessed: 25 August 2013].
- Maurer, T. J. and Barbeite, F. G. (2011) **Job performance and age**. [Online]
<http://medicine.jrank.org/pages/946/Job-Performance.html>. [Accessed: 26 April 2011].

McCraey, S. (2005). Motivating the workforce with a positive culture: Recognition that works. **Franchising World**, 37(3), p. 54-57.

Miller, S. (2011) **the essential MBA**. Sage Publications Ltd: London, United Kingdom

Meyer, J. P and Allen, N. J. (1991). A three component conceptualization of organizational commitment. **Human Resource Management Review**, 1, p. 61-89.

Mguqulwa, N. (2008) **the relationship between organisational commitment and work performance in an agricultural company**. Degree in Master of Arts. University of South Africa

Mitchell, M. L and Jolley, J. M. (2012) **Research design explained**. 8th Edition. Wadsworth Cengage Learning: United States of America

Mrayyan, M.T. (2005) Nurse Job satisfaction and retention: comparing public to private Hospitals in Jordan. **Journal of Nursing Management**, 13(1), p.40-50.

Mudaly, P. (2009). **Nurses' views on which factors cause nurse absenteeism in a selected hospital**. Dissertation. Masters in Nursing. University of Kwa-Zulu Natal. Durban: South Africa

Naidoo, N. (2010). **An Evaluation of customer retention strategies at retail hearing aid Company**. Dissertation MBA. Regent Business School: South Africa

Naoum, S. G. (2012) **Dissertation research and writing for students**. Routledge: United Kingdom.

Nel, P.S., Van Dyk, P.S., Haasbroek, G.D., Schultz, H.B., Sono, T.J. and Werner, A. (2004). **Human resources management**. 6th Ed. Oxford: Cape Town.

Nyathi, M and Jooste, K. (2008) Working conditions that contribute to absenteeism among nurses in a provincial hospital in the Limpopo Province. **Curationus**. p. 28-37.

O'Brien-Pallas, L., Tomblin Murphy, G., Shamian, J., Li, X and Hayes, L.J., (2010). Impact and determinants of nurse turnover: a pan-Canadian study. **Journal of Nursing Management**, 18 (8), p.1073–1086.

Peck, R., Olsen, C. and Devore, J. (2005). **Introduction to Statistics and Data Analysis**. 2nd Edition. California: Thompson Learning.

Pekkarinen, L, Elovainio, M, Sinervo, T, Heponiemi T, Aalto A, Noro A and Finne-Soveri H. (2013) Journal of Job Demands and Musculoskeletal Symptoms among Female Geriatric Nurses: The Moderating Role of Psychosocial Resources. **American Psychological Association** 18(2), p. 211–219

Polit, D.F. and Beck, C.T. (2008) **Nursing research: generating and assessing evidence for nursing practice**. 8th Ed. Lippincott Williams and Wilkins: Philadelphia

Porter, L. W., Steers, R. M. And Mowday, R. T. (2005). *Do employee attitudes towards organizations matter? The study of employee commitment to organizations*. **Great minds in management**. Oxford: New York.

Rothmann, S, Mostert, K and Strydom, M (2006) **a psychometric evaluation of the job demands resources scale in South Africa**.32 (4), 76-86

Aunders, M., Lewis, P. and Thornhill, A. (2007). **Research methods for business students**. 4th Ed. England: Pearson Education Limited England.

Saunders, M., Lewis, P and Thornhill, A. (2003).**Research Methods for business students**.3rd Ed. Prentice Hall: London.

Schaufeli, W.B. and Bakker, A.B. (2004) Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. **Journal of Organizational Behavior**, 25, p. 1-23.

Schneider, S. (2003). Organizational commitment, job satisfaction and job characteristics of managers: Examining the relationships across selected demographic variables. **Dissertation Abstracts International**, 64(4), p.1331.

- Sekaran, U. (2003) **Research methods for business: A skill building approach**. John Wiley and Sons Inc.: Singapore.
- Sweeney, D. J., Williams, T. A. and Anderson, D. R. (2009). **Fundamentals of Business Statistics**. 5th Edition. Ohio: South-Western.
- Shaver, K. and Lacey, L. (2003) Job and career satisfaction among staff nurses: effects of job setting and environment. **Journal of Nursing Administration**, 33 (3): p.166-172.
- Shirazi, R.R, Beiki, Y, Zamanian, F and Esapour, K. (2011) Study of the relationship between organizational commitment and job burnout among physical education teachers of Golestan Province, Iran. **Australian Journal of Basic and Applied Sciences**, 5(10), p.1379-1384.
- Simone, A. (2003) the effects of gender and marital status on simulated hiring decisions. **Masters Abstract International**, 42(3), p.1067.
- Sourdif, J. (2004) Predictors of nurses' intent to stay at work in a university Health center. **Nursing and Health Sciences**, 6, p.59-68.
- South African Nursing Council. (2013) **Nursing Act 2005** [online] Available from: <http://www.sanc.co.za>. [Date accessed: 15 July 2013]
- Strachota, E., Normandin, P., O'Brien, N., Clary, M. and Krukow, B. (2003) Reasons registered nurses leave or change employment status. **Journal of Nursing Administration**, 33 (2), p. 111–117.
- Stone, P. W., Yunling, D., Cowell, R., Amsterdam, N., Helfrich, T. A. and Linn, R. W. (2006) Comparison of nurse, system and quality patient care outcomes in 8-hour and 12-hour shifts. **Medical Care**, 44(12), p.1099-1106.
- Struwig, F.W and Stead, G.B. (2001) **Planning, designing and reporting research**. South Africa: Pearson Education
- Tang, J.H. (2003) Evidence-based protocol: nurse retention. **Journal of Gerontological Nursing**, 29 (3), p.5-14.
- Taylor, S. (2003). Relational demography, perceptions of organizational culture, and affective outcomes among registered nurses. **Dissertation Abstracts International**, 4(6), p.1-121
- Upenieks V.V., Kotlerman J., Akhavan J., Esser J. and Ngo M.J. (2007) Assessing nursing staffing ratios: variability in workload intensity. **Policy, Politics and Nursing Practice**, 8 (1), p.7–19.
- Wilson, J. (2010) **Essentials of business research: A guide to doing your research project**. Sage Publications: London.
- Wood, S and de Menezes.L.M. (2011) High involvement management, high-performance work systems and well-being .**The International Journal of Human Resource Management**, 22(7), p.1586