



# What influences job satisfaction of PHC Clinic Nursing Managers?

## Findings from two South African provinces

### Introduction

South Africa has made primary health care (PHC) central to health system reforms towards universal coverage. Since 1994, PHC clinics offer a range of services that are free at the point of contact and delivered mostly by nurses. Clinic nursing managers are professional nurses in charge of the PHC clinic, its management and administration.

Job satisfaction represents the degree to which employees enjoy their jobs, and influences health worker motivation, staff retention and performance, which in turn impact on the successful implementation of health system reforms. Employee performance and job satisfaction are closely linked, and job satisfaction is related to working environments, which influence the quality of care in PHC clinics. Poor levels of job satisfaction are fuelling health staffing shortages and nursing imbalances.

Nursing studies have shown a strong link between workload, exhaustion, absenteeism, staff conflict and job satisfaction. Identifying what gives PHC clinic managers job satisfaction can inform health workforce management strategies.

### Methods

In 2012, 108 professional nurses working as managers in PHC clinics participated in this study. Each was responsible for a clinic either in urban Gauteng with 12.2 million people and the hub of the South African economy, or Free State, a largely rural and agricultural province with a population of 2.7 million. They completed the Traynor and Wade Measure of Job Satisfaction (MJS) questionnaire measuring personal satisfaction, workload, professional support, training, pay, prospects, and standards of care. The predictors of job satisfaction were analysed in categories of 'satisfied', 'indifferent' and 'dissatisfied.'

### Highlights

- Predictors of job satisfaction were ability to choose the clinic to work in, feeling too tired to work while at work, and experiencing verbal abuse.
- Lack of security for nursing managers, their staff and patients at PHC clinics is cause for concern and counteracts the International Council of Nursing's recommendation for safe and enabling practice environments for nurses. Policy makers are urged to create positive practice environments that prevent workplace violence. Social marketing to raise awareness of users and providers will help to address verbal abuse.
- Job satisfaction of nursing managers is an important aspect of job retention. Additional staffing will help to alleviate exhaustion among managers.
- Including health workers in the development of policies and strategies will influence job satisfaction and retention of PHC nursing managers positively.
- This is one of the first studies to examine the association between verbal abuse and nurses' job satisfaction. It is also one of the first African studies to use the MJS tool to examine job satisfaction among nursing managers at PHC level.

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## Key Findings

The average age of the respondents was 49 years and the majority of them (92%) were female and in permanent employment (89%). Over three-quarters had formal PHC qualifications, and nearly 30% were unaware of the PHC re-engineering reforms in South Africa. This reflects their sentiments of a lack of consultation around current reforms and top-down information. The managers had moderate levels of job satisfaction, which decreased as they got older. Categories with the highest scores were personal satisfaction, professional support, training, prospects and standards of care, while the lowest scores were for workload and pay. Nurses who worked in their clinic of choice were three times more likely to be satisfied with their job than those who were indifferent.

### Practice environment

Violence in the workplace concerned 43% of clinic nursing managers, and 31% had experienced violence. Nearly 40% had experienced verbal abuse from other colleagues, patients or relatives in the workplace. Those who experienced verbal abuse were twice as likely to be dissatisfied with their job. Nursing managers were affected by their working conditions which impacted on their ability to work. These included lack of clinic maintenance, poor clinic infrastructure, and unavailability of basic and clinical equipment.

### Workload

Hardly any respondents had taken sick leave when they were not sick, or been absent without permission. However, over half reported being 'too tired to work' when on duty. Both provinces had low scores on workload, confirmed in comments on work pressure, shortages of health professionals and support staff, and the complex burden of disease. Those who reported feeling too tired at work were nearly five times more likely to be dissatisfied with their job than the indifferent group. They reported often working beyond their job descriptions:

*"At the moment, the clinic manager must wear all the caps, for example when the cleaner is not available she must clean the clinic...If we can have relief staff...that would be nice because in PHC, staffing is important for quality service."* [FS respondent]

### Professional support

While the scores for professional support in both provinces were high, these did not correspond with the qualitative responses, where nursing managers reported a general lack of support from supervisors, and a lack of consultation, especially on financial decision-making.

### Training

Satisfaction with training scored low in both provinces with the lowest scores in the Free State. Respondents expressed a desire for continuing professional development and training in how to use computers which they believed would cut down on paper work.

### Pay

Nursing managers in Gauteng were more dissatisfied with pay than those in Free State. They believe that their salaries are not commensurate with the complex disease burden, growing patient numbers and health system reforms, which added managerial responsibilities. Poor salaries for increased responsibilities were compounded by perceptions of unfair performance management and reward systems, which *"is creating bad relations between the manager and the staff."*

### Standards of care

Overall, nursing managers in both provinces were satisfied with standards of care, but some believed that quality of care could be improved with additional staff to service the expanded number of patients from different areas and other countries. Filling in numerous disease programme registers created tension as it diverted time away from patient care.

## Security

Nursing managers are concerned that their workplaces are not safe, and most clinics do not have alarm systems or security staff to guard the premises. They also reported threats of violence from patients and the community. They believe that basic security measures such as fences or alarms and phones that work are essential to improve job satisfaction.

*"They [the community] were having protest marches against the municipality but they also threatened us with war."* [FS respondent]

## Recommendations

- Job satisfaction predictors (ability to choose the clinic to work in, feeling too tired to work while at work, and experiencing verbal abuse) have not featured high in health workforce discussions and could be used to inform strategies in SA and other low and middle income countries.
- Policy makers need to facilitate positive practice environments that encourage flexibility and that aim to prevent workplace violence.
- Choice of clinic is important to nursing managers' job satisfaction. District and executive health managers should consult nurses about their placement, which can be addressed through good management practices and staff forums at PHC level.
- Positive practice environments also include supportive supervision and management. The current health systems reforms underway are an opportunity to address this.
- Shared leadership and governance, and involving health workers in policies and strategies is important for positively influencing job satisfaction and retention of nursing managers.
- Social marketing to raise awareness of users and providers about these concerns will help to address verbal abuse.