



**Job satisfaction amongst professional nurses at selected clinics in the Eastern
Cape with particular reference to the Ideal Clinic System (ICS)**

BY

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Submitted in fulfilment for the requirements of the degree

Master of Management Science (Human Resources Management) in the

FACULTY OF MANAGEMENT SCIENCES at the DURBAN UNIVERSITY OF
TECHNOLOGY

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DECLARATION OF ORIGINALITY

I, Meshack Mpongoshe, declare that this research is my own work and where ideas of other authors have been used, they have been referenced correctly. I also declare that this work has not been submitted to any other institution for awarding of another qualification. The study was also conducted in full compliance with the Durban University of Technology Policy and Guidelines on Research Ethics.

Signed...

....

Date.....

ACKNOWLEDGEMENTS

I would like to express words of gratitude to my supervisor Dr N Nombela for her guidance and patience during the course of developing, writing and completing this dissertation. Further, I thank my family, colleagues and the research participants for their support and cooperation respectively. May the good Lord bless you all.

ABSTRACT

Globally, professional nurses are the 'engine' of the healthcare system. Therefore, their job satisfaction needs to be taken into full consideration as they have a very important duty to perform in health care facilities. Arguably, if job satisfaction of nurses is ignored, then productivity and the outcome of the health care system could be negatively affected. Thus, the health care facilities have the duty to keep the nurses satisfied in order to have good standards of care.

In 2013, an Ideal Clinic System (ICS) was developed by the South African government through the Department of Health to improve all healthcare facilities in the country. The ICS was developed to standardise all healthcare facilities nationally, to address gaps with regards to infrastructure between the rural and urban healthcare facilities.

In relation to the implementation of Ideal Clinic System (ICS), no study has been conducted in the Eastern Cape Province, Chris Hani District to assess the job satisfaction of nurses. The questions raised therefore are: what is the level of job satisfaction amongst nurses in reference to the Ideal Clinic System? What are the recommendations can be made by the nurses and the researcher regarding the implementation of this system?

The objective of this study was to examine the level of job satisfaction among nurses after the implementation of the Ideal Clinic System (ICS) at selected clinics in the Eastern Cape Province.

This study was grounded on mixed research methods, quantitative epistemology in order to determine the cause-and-effect interactions between the variables and qualitative research method in the form of open ended questions. The sample of the population was 200 respondents. The respondents were selected using stratified random sampling technique from the selected clinics in the Eastern Cape Province. A structured questionnaire and open ended questions were used to collect data in the following clinics: Nyalasa clinic, Upper Lafutha clinic, Mceula clinic, Manzimahle clinic, Asketeon clinic, and Qiba clinic.

Statistical Package for the Social Sciences (SPSS) version 25 was used with the assistant of the statistician to analyse data. Descriptive results were presented with respect to age and gender of the respondents. Gender results revealed that female participants dominate the nursing profession while the age results showed that those aged 51 years and above as well as those between 36 to 45 years dominated the nursing profession. The resulting study model reveal that recognition and training are the most influential as far as job satisfaction of nurses is concerned in the workplace. Therefore, any intervention measures meant to enhance job satisfaction for of nurses must be formulated based on these two aspects.

The study concludes that in the Eastern Cape of South Africa, job satisfaction among nurses can be enhanced if intervention are designed around issues related to recognition and training. However, this is not to say that factors such as compensation and working conditions are not important. The study further concludes that in the Eastern Cape Province, the ICS plays no significant role in influencing the relationship between work environment (compensation, working conditions, recognition and training) and job satisfaction.

TABLE OF CONTENTS

DECLARATION OF ORIGINALITY	i
ACKNOWLEDGEMENTS	ii
ABSTRACT.....	iii
TABLE OF CONTENTS.....	v
LIST OF FIGURES	viii
LIST OF TABLES.....	ix
CHAPTER 1: INTRODUCTION.....	1
1.1 Background and Introduction.....	1
1.1.1 Definition of Terms	2
1.2 Problem Statement.....	3
1.3 Significance of the Study	3
1.4 Purpose of the Study	4
1.5 Research questions.....	4
1.6 Research Objectives	4
1.7 Conceptual and Theoretical Framework	5
1.7.1 Theoretical framework.....	5
1.7.2 Conceptual framework.....	5
1.7.3 Research Hypothesis.....	6
1.8 Outline of the Chapters.....	6
1.9 Conclusion.....	7
CHAPTER 2: LITERATURE REVIEW.....	8
2.1 Introduction.....	8
2.2 History of Job Satisfaction	8
2.3 The Nature of Job Satisfaction.....	8
2.4 Rural Nurses and Job Satisfaction in South Africa.....	10
2.4.1 Marital status and job satisfaction.....	10
2.4.2 Health status and job satisfaction	11
2.4.3 Self-confidence and job satisfaction.....	11
2.4.4 Sense of personal control and job satisfaction	11
2.5 Theoretical Framework.....	12
2.5.1 Herzberg's Theory of Motivation-Hygiene factors (1959)	12
2.5.2 Alderfer's Erg Theory of Motivation.....	13
2.5.3 Adams theory of equity	14
2.6 Importance of Job Satisfaction.....	14

2.7 Significance of Job Satisfaction for the Retention of Nurses	15
2.8 Effects of Job Satisfaction	15
2.9 Factors Associated with Job Satisfaction	16
2.9.1 Intrinsic and extrinsic factors.....	17
2.9.2 Working conditions	17
2.9.3 The work itself	18
2.9.4 Recognition	19
2.9.5 Promotion	19
2.9.6 Responsibility	20
2.9.7 Achievement.....	20
2.9.8 Supervision.....	20
2.9.9 Salaries and incentives	21
2.9.10 Companies and administration	21
2.9.11 Relationship with co-workers	21
2.10 Previous Research Pertinent to this Study.....	22
2.11 Conclusion.....	24
CHAPTER 3: RESEARCH METHODOLOGY	25
3.1 Introduction.....	25
3.2 Research Site	25
3.3 Research Design	26
3.4 Research Population	27
3.4.1 Target Population	27
3.5 Sampling	27
3.5.1 Sample size	28
3.6 Measuring Instrument	28
3.6.2 Data Collection Process	28
3.6.3 Data Analysis.....	29
3.7 Limitations of the study.....	30
3.8 Validity and Reliability.....	30
3.9 Ethical Consideration.....	31
3.9.1 Permissions.....	32
3.9.2 Informed consent.....	32
3.9.3 Justice	32
3.9.4 Confidentiality	32
3.9.5 Privacy.....	33
3.9.6 Anonymity.....	33
3.9.7 Harm	33

3.9.8 Deception	33
3.10 Conclusion.....	33
CHAPTER 4: RESULTS AND DISCUSSION OF FINDINGS.	34
4.1 Introduction.....	34
4.2 Descriptive Results.....	34
4.2.1 Gender distribution	34
4.2.2 Age distribution of the respondents.....	35
4.2.3 Reliability test of the scales.....	35
4.2.4 Inferential Statistics – Hypotheses Testing	37
4.2.5 Compensation as a predictor of job satisfaction (Hypotheses 1).....	38
4.2.6 Working conditions as a predictor of job satisfaction (Hypotheses 2).....	39
4.2.7 Recognition as a predictor of job satisfaction (Hypotheses 3).....	40
4.2.8 Training as a predictor of job satisfaction (Hypotheses 4).....	42
4.2.9 Government policies as a moderator of the work environment (Hypotheses 5).....	43
4.2.10 Factors that prohibit nurses from achieving the expected outcomes.	43
4.2.11 Recommendations of professional nurses regarding the effectiveness of ICS.	43
4.3 Chapter Summary	45
CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS.	47
5.1 Overview of the study	47
5.2 Achievement of Objectives	48
5.3 Limitations of the Study	49
5.4 Areas for future research	49
5.5 Recommendations of the Study.....	50
5.6 Conclusion.....	50
REFERENCES	51
APPENDENCES.....	61
Appendix : A Letter of Information	61
Appendix : B Consent Statement of Agreement to Participate in the Research Study	62
Appendix : C Letter of Information to Respondents.....	63
Appendix : D Permission to Conduct a Study	65
Appendix : E Ethical Clearance	66
Appendix : F Permission from the Department	67
Appendix : G Certificate of Professional Language Edit	70
Appendix : H Questionnaire.....	71
Appendix : I Turnitin.....	74

FIGURES

FIGURE 1: THE CONCEPTUAL FRAMEWORK OF THE RESEARCH.....	6
FIGURE 2: MAP OF EASTERN CAPE PROVINCE, CHRIS HANI DISTRICT SHOWING THE LOCATION OF SAKHISIZWA SUB-DISTRICT AND OTHER CITIES (SOURCE: GOOGLE MAPS)	25
FIGURE 3: AN IMAGE OF THE SAKHISIZWE SUB-DISTRICT SELECTED CLINICS (SOURCE: GOOGLE IMAGES)	26
FIGURE 4.1 STUDY CONCEPTUAL FRAMEWORK	37
FIGURE 4.2 THE STUDY'S FRAMEWORK	45

TABLES

Table 4.1: Gender distribution of the respondents	34
Table 4.2: Age distribution of the respondents	35
Table 4.3: Reliability test of the scales	35
Table 4.4: Simple Linear regression Model Fit and Summary for compensation on job satisfaction	38
Table 4.5: Parameter estimates for compensation on job satisfaction	39
Table 4.6: Simple Linear regression Model Fit and Summary for working conditions on job satisfaction	39
Table 4.7: Parameter estimates for working conditions on job satisfaction	40
Table 4.8: Simple Linear regression Model Fit and Summary for recognition on job satisfaction.....	41
Table 4.9: Parameter estimates for recognition on job satisfaction	
Table 4.10: Simple Linear regression Model Fit and Summary for training on job satisfaction.....	42
Table 4.11: Parameter estimates for training on job satisfaction	43
Table 4.12: Linear model of predictors of job satisfaction	44

CHAPTER 1: INTRODUCTION

1.1 Background and Introduction

According to Molefe and Sehularo (2015), there is a worldwide concern around the lack of job satisfaction among nurses in rural settings. South African nurses in the public sector (working for the Department of Health) are reportedly facing the same challenge of job satisfaction. As a result, several studies on the concept of job satisfaction have been carried out with the intention of identifying the factors contributing to productivity in the Department of Health.

According to Nelson and Quick (2013), job satisfaction is about measuring the feelings employees have about their jobs, these can be positive or negative feelings. However, the feeling differs from individual perceptions and what one prefers the most. Therefore, it is very important for employees to obtain what they expect to receive from their jobs. Failure to receive the expected returns from work results in a job dissatisfaction, which represents a negative attitude towards work (Werner and DeSimone, 2011). For example, in a case of the employee who likes a clean and safe work environment, the employee is likely to be dissatisfied when the workplace is dirty and unsafe. Khunou and Davhana-Maselesele (2016) also observed an alarming rate of nurses leaving the rural public healthcare centres and migrating to cities, some are resigning and others are asking for internal transfers; others migrate to other countries in search of a conducive work environment elsewhere in the world. When an employee experiences job dissatisfaction, he or she may not be able to perform tasks effectively. Accordingly, it impacts negatively on the productivity and the expected level of service delivery for the organization. Therefore, the organizations' efficiency and effectiveness can be directly impacted by job satisfaction. This is the reason why the researcher in the current study was interested in ascertaining how satisfied the nurses were regarding the implementation of Ideal Clinic System.

Due to the perceived reasons for nurses migrating from the rural to urban areas, certain strategies were developed to prevent this process. In 2004, rural allowance was introduced as one of the strategies to retain nurses in rural health services (PHWSBC, 2004). In 2007 Occupation Specific Dispensation (OSD) was developed as another strategy for the purpose of retaining nurses (Ditlopo et al., 2013). After the implementation of these strategies, many studies have been undertaken by researchers to measure the effectiveness of these strategies. One of the studies by Makapela and Useh (2013) focused on the extent the Department of Health tried to provide allowances for nurses in rural healthcare centres so as to stop nurses from leaving the rural areas, as well as to establish the challenges faced by the health care professionals in these areas. Other studies based on the OSD by Ngozwana

(2015), Khunou and Davhana-Maselesele (2016) investigated the effectiveness of OSD towards contributing to the nurses' job satisfaction levels. Both the rural allowance and OSD strategies were developed to retain nurses use financial allowances but little consideration was given to the infrastructure of the work environment.

In 2013, the government through the Health Department developed an Ideal Clinic System (ICS). The ICS was developed to standardise all healthcare facilities nationally to address the gaps with regards to infrastructure between the rural and urban healthcare facilities. This was because professional nurses were still migrating from the rural areas, even after the implementation of rural allowance and OSD retaining strategies. The focus of the ICS was to provide productive administrative processes, satisfactory medication, effective infrastructure, and ensuring effective clinical guidelines, policies that will ensure the improvement of good results and productivity as expected by members of society (Manual Version 16, 2016). However, even though the ICS was developed and implemented to address the gaps in the infrastructure between the rural and urban healthcare facilities, it was challenged by minimal resources.

Since there is dearth of research regarding the Ideal Clinic System (ICS) in the Province of the Eastern Cape South Africa in Chris Hani District, it was prudent that a research regarding job satisfaction of nurses ever since the implementation of the system be undertaken. The questions raised in this dissertation therefore are: to what degree does job satisfaction rate among nurses in reference to the Ideal Clinic System? What recommendations can be made by the nurses and the researcher regarding the implementation of this system?

1.1.1 Definition of Terms

- **Ideal Clinic System (ICS):** An Ideal Clinic is a clinic with productive administrative processes, satisfactory medication and effective infrastructure. This includes effective clinical guidelines and policies that will ensure the improvement of service and productivity as expected by members of society (Manual Version 16, 2016). This study adopts the definition of Ideal Clinic as used by the Department of health.
- **A nurse:** is a professionally recognised health practitioner who is registered with the nursing professional body (Act No 33 of 2005).
- **Job satisfaction:** is about measuring the feelings about the job whether they are positive or negative (Nelson and Quick, 2013). The feelings of nurses with regard to Ideal Clinic System will give the meaning of job satisfaction in this study.

- **Clinic:** an establishment or hospital department where patients attend for consultation with a medical or nurse practitioner (Who Centre for Health Development, 2004). In this study, a clinic means the clinics under the Chris Hani district.
- **District** is a region defined for an administrative purpose (While, 1999). In this study, the district means Chris Hani district as defined by the Municipal Demarcation Board.

1.2 Problem Statement

In 2013, an Ideal Clinic System was developed by the government through the Department of Health to improve all healthcare facilities in the country. The ICS was developed to standardise all healthcare facilities nationally to address the differences with regards to infrastructure between the rural and urban healthcare facilities (Manual Version 16, 2016). The researcher, as one of the employees in the healthcare facility, had an opportunity to observe this exodus, an exodus of professional nurses from rural facilities to urban-based facilities during the period between 2014 and 2016. However, in the development of ICS, nurses were never capacitated and trained on how to utilise the newly introduced system. This left healthcare facilities in a dilemma which created problems because the government did not provide the necessary training to the nurses who were to be the primary drivers of the system.

This dilemma that caused the migration of nurses. The annual report of (2015) notes that, even after the implementation of the Ideal Clinic System to standardise the healthcare facilities the dilemma was still taking place. Nurses were migrating from rural healthcare facilities to urban areas of which such migration contributed more to a shortage of skills in rural healthcare facilities. This is the reason the researcher identified the need for the study to be conducted so to ascertain the satisfaction of professional nurses in relation to Ideal Clinic System.

1.3 Significance of the Study

According to Semachew et al. (2017), professional nurses are the engines in the healthcare system and the role fulfilled by nurses in healthcare is very crucial and important to ensure that quality service is rendered to those in the need of it. Semachew et al. (2017) state that nurses' job satisfaction has a direct significance on the quality expected on patient care services being rendered. Satisfied nurses are committed and productive. Professional nurses should, at all times, be considered in the process of implementation of any healthcare program or system (Semachew et al., 2017). Therefore, in this study, the issues that made nurses to be satisfied will be identified. The study will inform the Department of Health on the gaps in the formulation of policies and development of protocols in the implementation of the Ideal Clinic System process. It is hoped that if those gaps have been identified and addressed, the

professional nurses, will be satisfied. Moreover, the community will benefit as it will be taken care of by satisfied nurses.

It was necessary to conduct this study to determine extent the nurses were satisfied with their job after the implementation of the Ideal Clinic System. Considering that there is no available literature about nurses' job satisfaction, definitely in Chris Hani.

1.4 Purpose of the Study

The intention of the study was to determine the factors that affect the level of satisfaction of professional nurses ever since the implementation of Ideal Clinic System in the rural Eastern Cape Province.

1.5 Research questions

The study endeavoured to answer the following questions:

- What is the level of job satisfaction among nurses after the implementation of the Ideal Clinic System (ICS) at selected clinics in the rural Eastern Cape Province?
- What are the recommendations made by professional nurses regarding job satisfaction at selected clinics in the rural Eastern Cape Province after the implementation of Ideal Clinic System?
- What are the recommendations can be made regarding the job satisfaction among nurses at selected clinics in the rural Eastern Cape Province, after the implementation of Ideal Clinic System?

1.6. Research Objectives

The objectives of this study were to:

- To examine the expected level of satisfaction that affect the productivity of professional nurses in the rural Eastern Cape Province.
- To explore the views of nurses about Ideal Clinic System (ICS) and their intention to migrate from the rural clinics due to implementation of this system.
- To identify factors that prohibit the professional nurses on achieving the expected outcomes of the ICS in the rural Eastern Cape Province.
- Recommend on ways to improve the effectiveness of ICS to increase job satisfaction in the rural Eastern Cape Province.

1.7 Conceptual and Theoretical Framework

1.7.1 Theoretical framework

The study adopted Herzberg's Theory of Motivation -Hygiene Factors (1959) for the analysis and interpretation of data. This theory is also supported by Helbing et al. (2017). Given the nature of the model, it is a suitable model to apply in this investigation. In this study, the model will analyse the factors that affect the professional nurses at work. The model will be utilised to measure the job satisfaction of professional nurses who were employed before the ICS was implemented and identifying which factors could contribute to job satisfaction. Therefore, independent variables that apply to this study have been grouped as follows: compensation, working conditions, recognition, and training. Given the demonstrated conceptual framework, work, also as a dependent variable has been identified as job satisfaction consisting of commitment, punctuality, and performance. Also, the intervening variable which refers to government policies has been identified. These mentioned variable factors can also be found and compared in Herzberg's theory recognised as hygiene factors which are identified as extrinsic and intrinsic factors which lead to satisfaction and dissatisfaction of employees (Helbing et al., 2017).

1.7.2 Conceptual framework

The conceptual framework is illustrated below in Figure 1:

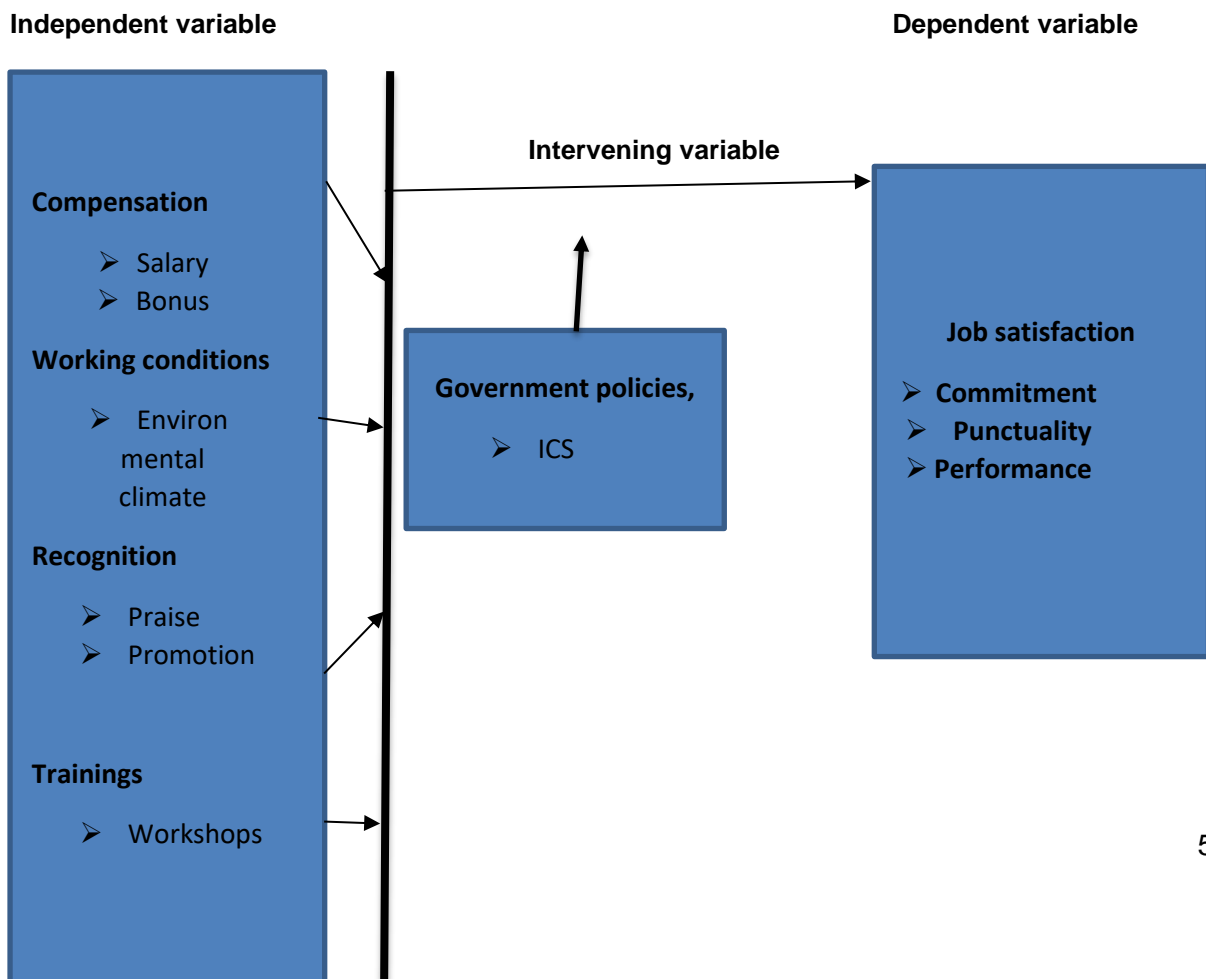


Figure 1: The Research Conceptual Framework. (Source: Own Construction).

The study was aimed at investigating the level of job satisfaction rate amongst nurses at selected clinics in the Province of the Eastern Cape, South Africa after the implementation of Ideal Clinic System. Therefore, the conceptual framework of this study will analyse the factors that affect the professional nurses at work.

As indicated in the conceptual framework, the independent variables that apply to this study have been grouped as follows: compensation, working conditions, recognition, and training. Given the demonstrated conceptual framework, work, also as dependent variable has been identified as job satisfaction consisting of commitment, punctuality, and performance. Also, the intervening variable which refers to government policies has been identified. This enabled the researcher to offer recommendations on how ICS can be improved in the healthcare facilities.

1.7.3 Research Hypothesis

According to Shuttleworth (2016), research hypothesis is a speculation or theory based on insufficient evidence that lends itself to further testing and experimentation. Thus, with further testing, hypothesis can usually be proven true or false. In this study, the researcher articulated a null hypothesis and a positive hypothesis. A null hypothesis is a hypothesis that says there is no statistical significance between the two variables. Usually it is the hypothesis that the researcher is trying to disprove. In contrary, an alternative hypothesis simply is the inverse, or opposite of null hypothesis (Shuttleworth, 2016).

Given this framework, the following hypotheses were formulated:

H1: Compensation predicts job satisfaction

H2: Working conditions predict job satisfaction

H3: Recognition predicts job satisfaction

H4: Training predicts job satisfaction

H5: Government policies moderate the relationship between compensation, working conditions, recognition, training and job satisfaction.

1.8 Outline of the Chapters

Chapter 1: introduces the study and outlines the problem statement, research objectives, and the significance of the study and proposed a conceptual framework guiding the study.

Chapter 2: an extensive literature review will be undertaken with the main focus on issues related to job satisfaction. The extant literature indicate that nurses working in rural healthcare centres, particularly in the Province of the Eastern Cape battled with staff shortages, leaving patients to wait for a very long period to be served. This was due to migration of nurses to other provinces in large numbers or oversea countries, which offer attractive working conditions and remuneration packages.

Chapter 3: focuses on the research methodology. That is where the research approach will be discussed at length indicating how data will be gathered. The indication is that data will be gathered through a self-administered questionnaire to 200 participants.

Chapter 4: research findings will be presented and discussed. A hypotheses will be formulated as guided by the conceptual framework of the study. It will then be tested through simple linear regression analysis and hierarchical regression analysis. Descriptive statistics will be undertaken with respect to participants' demographics.

Chapter 5: will outline the summary, conclusions and recommendations based on findings. In addition, limitations of the study and areas for further research will be proposed.

1.9 Conclusion

The chapter discussed the background to the study, and briefly described significance of the study. The chapter further provided the study's objectives, aims, research questions, problem statement. The next chapter focuses on the literature reviewed for this study.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The previous chapter introduced this study and introduced the concept of job satisfaction in relation to the nursing profession particularly in rural South Africa. The literature indicated that South African nurses in the rural areas are facing the challenge of job satisfaction leading to migration to better places. In this chapter, the researcher carries out a literature review on factors associated with job satisfaction of professional nurses.

2.2 History of Job Satisfaction

Luthans (2014), outlines the background of studies pertaining to job satisfaction. He further records the century in which studies were conducted and who conducted these studies. According to research conducted by Luthans (2014), job satisfaction started to be conducted in the 19th century in 1924 by Elton Mayo in Massachusetts. The aim of the study which was conducted by Elton Mayo was to identify the effects of observation on workers' productivity. In a few years later another researcher named Robert Hoppocked joined the motion of conducting a job satisfaction study and the study was conducted in 1935, whereby a survey was used to identify the factors of job satisfaction which are associated with the job itself. After that, according to Kama (2014), it is stated that in 1940 another study was conducted in relation to nurses' job satisfaction. The study that was conducted in 1940 about nurses' job satisfaction concluded that a variety of factors can influence job satisfaction; factors such as: opportunities to grow within the work environment, salaries, and the relationship built between superiors and subordinates in the workplace. Since then, researches on nurses' job satisfaction have been of great interest and were conducted around the world and it has been found that job satisfaction is an important concept in the workplace. Job satisfaction has been linked to having a direct impression on nurses' performance working in hospitals and clinics; and has an influence on patients care outcome and the effectiveness and efficiency of healthcare service delivery (Karanges, 2015). The inference, therefore, is that nurses in the Eastern Cape will perform better in both rural and urban clinics, should they have they have relevant factors at work, such as re-utilization, autonomy as well as leadership and supervisory relations (Liu et al. 2018).

2.3 The Nature of Job Satisfaction

Job satisfaction is a complex phenomenon that has been studied quite extensively. There is vast literature associated with employee satisfaction and motivation. Most of this literature provides a compelling and comprehensive definition of motivation (Kreitner et al., 2014).

However, it must be taken into consideration that a connection is found among job satisfaction, productivity and motivation.

Motivation inspires an employee to behave in a certain manner. When employees are motivated their performance increases. (Avey et al., 2014).

Mafini and Pooe (2013) asserted that job satisfaction can be attained should an employee stay long enough in the organization and it becomes easy for such employee to show his or her commitment. Moreover, rewards have a direct influence on job satisfaction and performance (Gwavuya, 2015). There are several factors that influence job satisfaction such as stress management in the workplace and promotion of employees, just to mention but a few (Mafini and Pooe, 2013; Kour and Sudan, 2018).

For job satisfaction to be understood, it is important to distinguish the relationship between morale and attitude, and their relationship with job satisfaction (Mafini and Pooe, 2013; Kour and Sudan, 2018). Meyer and Botha (2016), further suggested that, there is a lack of employee job satisfaction in many organizations in South Africa. In many organizations around South Africa, almost all human resource management departments have structures in place to assist employees to be satisfied in order to be productive (Ehiobuche, 2013). This clearly shows that job satisfaction has an effect on performance and commitment. Therefore, it is subservient that managers observe the satisfaction of employees as it has an impact on the expected productivity (Ramoo and Abdullah, 2013).

How tasks are designed and arranged can be depicted through arranging and details of work assignments, tasks assigned and how they can be accomplished. Individuals react ominously to prohibitive work situations, therefore, it is exceptionally critical in organizations to create work setting that provides workers with flexibility and capacity to be productive with their tasks (Hlabahlaba and Seekoe, 2014). In addition, motivating the workforce to reach the next level of work fulfilment is equally important. Leblebici (2012) recommended that the work environment ought to spur representatives to appear committed in the organization and also perform outstandingly. One way in achieving this is to improve the working conditions and bolster the organization's mission and hence affecting work fulfilment (Kermani, 2013).

The working settings under which activities are conducted can mostly have a direct effect on employee adequacy and consolation (Mihalcea, 2013). However, the research problem clearly shows that health workers are not fully informed about ICS. Health facilities in the rural areas are still understaffed and most nurses seek to migrate in search of better job opportunities and working conditions. The implementation of the Ideal Clinic System was targeted at improving the work environment of healthcare centre.

2.4 Rural Nurses and Job Satisfaction in South Africa

The Department of Health's Annual Report (2015) listed the following conditions that contribute to nursing job satisfaction in South Africa:

- Availability of required resources,
- Organizational climate,
- Better compensation,
- Working conditions, and
- Managed care further decreased nurses' job satisfaction and the booming economy lured them away to other professions.

For the efficiency, effectiveness and sustainability of healthcare system to be well determined, professional nurses are required to play a pivotal role. It is therefore, important for the employer, that is, the Department of Health, to ensure that it understands exactly what really motivates professional nurses and the extent to which the motivation can be kept at the highest level to ensure that nurses remain satisfied with their jobs (Ghawadra et al., 2019).

Nurses play a very critical role in ensuring that there is effectiveness and efficiency in health care and this largely determines the patients' outcome. Therefore, according to Khunou and Davhana-Maselesele, 2016; Ugwa and Charity (2016), this requires that the variables that satisfy and motivate nurses must be known and identified by nursing managers. Nurses' job satisfaction has been a topic of interest worldwide since it has an effect on nurse` performance and healthcare service delivery. Job satisfaction is considered as a significant phenomenon for healthcare institutions. Therefore, managers and supervisors should take note of all the factors that impact nurses' job satisfaction (Andrioti et al., 2017; Bekru et al., 2017; Ozkara San, 2015; Oktizulvia et al., 2017). There are (personal) factors that have an effect on working behaviours, some of these factors are marital status, health status, self-confidence, sense of personal control.

2.4.1 Marital status and job satisfaction

The marital status of employees in all likelihood contributes favourably to the extent of job satisfaction amongst employees (Daud, 2016). Ekici et al., (2017) stated that married individuals of both genders reveal a high level of employee satisfaction. Daud (2016) emphasised that between employee satisfaction and marital status, a substantial a relationship can be found. Family characteristics in general bear some relationship with the job satisfaction of employees.

Peckham (2018) factored out that married women are not likely to be afflicted by minor burnout issues inside the working environment. As such, women enjoy a great deal better employee satisfaction. In agreement, Mohan and Mulla (2018) added that there are positive linkages between worker satisfaction and marital status of employees in organizations.

2.4.2 Health status and job satisfaction

The expected output at the workplace has a significant relationship with a physical and mental health of an employee. (Sumi, 2013). The mental and physical health of employees is important because it affects work performance. An employee in good health, who is not overworked, will perform well in the workplace and the opposite is true. Good working conditions in an organization have a positive impact on employees 'health status (Mohan and Mulla, 2018).

2.4.3 Self-confidence and job satisfaction

Self-esteem refers to the level of confidence an individual has towards him/herself (Kelidbari, 2013). Employees with high self-esteem are likely to be confident of what they do at work and also be confident about the job itself. Whenever there is criticism they always find it constructively for them to improve their performance in the future (Avey et al., 2014). In support of what has been stated by Avey et al., (2014). Aron (2015), states that it is easier for managers to supervisor employees with high self-esteem as they always perceive criticism as a constructive mechanism to improve job performance as compared to those of low self-esteem who always doubt themselves. According to Aron (2015), it is not easy to supervisor employees who suffer from low self-esteem to be supervised, because the supervisor should always think before they can criticise and low self-esteem employees do not accept negative criticism, they view or find it as a judgement. Therefore, Aron (2015) suggests that managers supervising such kind of employees have to be tactful and should be able to offer positive feedback when discussing performance in the workplace taking into consideration of the low self-esteem of those employees.

2.4.4 Sense of personal control and job satisfaction

Locus of control can be defined as dominance that an individual has over the happenings of life (Moskhidi, 2012). A study of disposal effects and job satisfaction by Parvin and Kabir (2011) elaborated on the locus of control direction as the degree of control and perception about life and divided this into internal and external categories. People with internal and external controls have different views on their lives. On the one hand, people with internal control understand that their actions dominate their lives. Whereas those with external control

recognize that life is controlled by external factors such as luck, chance, fate or other powerful individuals. Perhaps, people with different perceptions of their lives also have different perceptions of their work. Butler et al. (2015) explained the core self-assessment theory and pointed out that the ability of a person to investigate the location of control, influence of the environment, and achieve the desired results has a significant impact on job satisfaction. The external locus of the control personality attribute is characterized by a sense of worthlessness and helplessness, while the internal control attribute addresses the challenges of overcoming obstacles, coping with setbacks in a dignified way, and with courage and tenacity (Moskhidi, 2012)

2.5 Theoretical Framework

2.5.1 Herzberg's Theory of Motivation-Hygiene factors (1959)

The Herzberg's Theory of Motivation-Hygiene Factors illustrates the factors required in the workplace for employees to be satisfied. This theory further explains how to distinguish between factors contributing to satisfaction in the world of the work environment (the motivators) and those that do not necessarily motivate employees but have to remain in place to avoid employees becoming dissatisfied (hygiene factors) (Helbing et al., 2017).

Herzberg identified hygiene factors as basic needs that are necessary in order to avoid dissatisfaction in workplace. Hygiene factors are extrinsic factors that include company policy, supervision, salary, benefits, job security, working conditions, interpersonal relationships, and administrative policy (Helbing et al., 2017).

Herzberg's theory was relevant for providing a guide to this study to identify, which job factors affect satisfaction and dissatisfaction. From this, the theory tried to point out that the absence of factors that lead to job dissatisfaction would not automatically bring about job satisfaction. Therefore, it is vital for employers to motivate their employees by focusing on motivators that will improve the work efficiency. In this regard, the Department of Health should use motivators so that work can be interesting, challenging and personally rewarding. The theory is useful for the management of organizations to motivate employees.

However, Herzberg's theory is criticized by some researchers who argue that intrinsic and extrinsic factors contribute to both job satisfaction and dissatisfaction (Helbing et al., 2017). The focus of the current study is to measuring job satisfaction of professional nurses employed before the implementation of Ideal Clinic System in South Africa.

2.5.2 Alderfer's ERG Theory of Motivation

The Existence-Relatedness-Growth (ERG) theory of motivation was proposed by Clayton P. Alderfer's in 1969 (Alderfer, 1972; Li, 2011). The theory was a follow up of Abraham Maslow's hierarchy of needs theory. Alderfer's condensed Maslow's five stages to three and just like Maslow, he gave order to his three stages, which were prioritised on the basis of concreteness. The three stages of Alderfer's theory are:

Existence: These needs are the most concrete and easy to verify. They include lower-level needs like food, water, sleep, shelter etc. It encompasses the first two levels of Maslow's theory that is the physiological and safety needs (Masikidi, 2012).

Relatedness: Relatedness need is a less concrete stage as it has to do with more than one person and so, harder to verify. Needs included in this category are social needs and need for external esteem. The stage condenses the third and fourth levels of Maslow's theory, that is, the need for belongingness and the need for self-esteem (Lin, 2011).

Growth: there should be a concrete stage in the growth needs and it would vary between individuals and, since it varies amongst individuals, it is often very difficult to satisfy. Classification of these needs is internal esteem and self-actualization (Butler et al., 2015). Furthermore, Butler et al. (2015) points out that the stages comprise the fourth and fifth levels of Maslow's theory, that is, the self-esteem and self-actualization levels.

There are three forms of relationships that exist between the stages of Alderfer's theory. They are as follows:

Satisfaction/Progression: Satisfaction of a more concrete stage increases the likelihood of progressing to a less concrete stage but there is no compulsion for satisfaction before progression (Siegel et al., 2014).

Frustration/Regression: If people find it difficult to reach a particular higher stage (frustrated), they can double their effort in a lower stage to serve as a motivator in achieving the higher one (regression).

Satisfaction/Strengthening: Satisfaction does not necessarily lead to progression as, at times, it can cause an individual to enjoy the lower level (strengthening) until they are capable of achieving a higher-level need. The theory emphasises the motivation of employees so that they will be satisfied. The theory explains the three basic needs, relatedness, existence and growth and these are understood to comprise human behaviour (Siegel et al., 2014).

Such understanding is useful to the Department of Health in seeking to understand and improve performance in the health sector. The theory is a relevant tool to the study of employee's satisfaction although it is not comprehensive.

2.5.3 Adams theory of equity

Equity theory, is a motivation theory that brings about important aspects of the job satisfaction and dissatisfaction. Disley (2015) suggests that the balance between inputs and their outcomes is determined by input factors. The input factors considered are remuneration, better working conditions, work insurance, advancement, acknowledgement, status, and opportunity (Disley, 2015). Equity theory argues that employees weigh their input versus their output and they compare input outcome ratio.

Equity theory states that individuals value rewards they receive for their activities or accomplishments with the relation to what other people get (Redmond, 2013). Redmond mentioned that employees that are paid more correspond to greater performance. Redmond (2013) further states that equity theory suggests that an employee's motivation is determined by what that employee views to be reasonable when matched to others. When the theory is applied in the workplace, it focuses on the exchange relationship or a worker's work-compensation relationship, and the workforce's attempts to minimize any sense of inequity that could result in the workplace (Redmond, 2013).

The equity theory recognises that motivation could be influenced by an employee's perception of fair treatment at the workplace. When an employee perceives that there are being treated fairly, there is employee satisfaction (Baxamusa, 2016). Furthermore, Redmond (2013) stated that an individual's belief about what is fair or unfair has an effect on their behaviour, motivation and attitudes. Gogia (2010) stated that equity theory attends to unfairness or fairness and social relationships. Equity theory suggests that when an employee is in a state of inequity, the employee can experience a state of dissatisfaction and therefore have a negative effect on the employee's performance.

This theory explains the factors that influence job satisfaction, which determines the performance of workers. The theory is relevant to the study because if employees are satisfied, they perform well.

2.6 Importance of Job Satisfaction

According to Khamisa et al. (2015), for high-quality to be ensured, job satisfaction should be essential part of healthcare employees. Research suggest that dissatisfied employees provide not only poor quality services, but distance themselves from their responsibilities (Ghawadra

et al., 2019; Lambrou, et al., 2010). According to Khamisa et al., (2015) in South Africa nurses are generally dissatisfied with many aspects of their job such as remuneration, advancement and work settings. Furthermore, Khamisa et al., (2015) concluded that the important factors, once ignored by the Department of Health, turn out to be the major reason for the nurses' to leave from the rural healthcare facilities to urban settings. At a later stage, this contributes to labour turnover in rural healthcare facilities. Therefore, retention strategies need to be developed so as to overcome such challenges.

Globally, literature on job satisfaction among nurses seem to support Khamisa et al. (2015) findings. For example, the study undertaken in Iran found that approximately 37% of nurses were not satisfied with their jobs (Poursadeghiyan et al., 2016). A comparative study in Saudi Arabia seeking to examine the levels of job satisfaction/dissatisfaction among professional nurses and other qualified health practitioners revealed that other qualified health professionals were generally satisfied with their remuneration packages while registered nurses were not (Parveen et al., 2016).

2.7 Significance of Job Satisfaction for the Retention of Nurses

Job satisfaction influences the quality of service in healthcare facilities worldwide (Graham et al., 2015; Jex and Gudanowski, 2015). Research evidences a common relationship between job satisfaction, staff turnover, and absenteeism (Khamisa et al., 2015). The evidence further shows that absenteeism and staff turnover increases in the instance of low job satisfaction. Therefore, organizations should at all times address the issue of job satisfaction. The literature also shows that the combination of these events, if they are ignored by the employer, can cause very low standards outcome in healthcare delivery (Khamisa et al., 2015).

Maqbali (2015) states that job satisfaction is a major factor in nurses' retention and the delivery of high-quality care. However, rapid changes in healthcare services have placed more demands on nurses and this has increased the need for organizations to consider ways to sustain and improve nurses' job satisfaction. For this sustainability to be achieved, the organization itself needs to fully understand and take into consideration the factors that impact job satisfaction and dissatisfaction.

2.8 Effects of Job Satisfaction

Job satisfaction leads to good service delivery, whereas job dissatisfaction leads to absenteeism and high turnover of nurses (Alharbi et al., 2016). Research has found that job satisfaction is also associated with work-related stress, depression and anxiety (Poursadeghiyan et al., 2016). In other words, there is a need for managers in the healthcare

sector to ensure that job satisfaction levels of nurses are regularly monitored as the outcomes of poor job satisfaction may have dire consequences for a significant number of people. This is because nurses have an essential job of taking care of patients. Therefore, when nurses are not performing well due to job dissatisfaction, this could have severe consequences, particularly for patients who rely upon their care on regular basis.

According to Parveen et al. (2016), when employees are not satisfied with their remuneration, personal growth initiatives, and professional support in the workplace, could result in poor job satisfaction. In Saudi Arabia, lack of the mentioned factors is attributed to labour turnover within the health profession. Research by Ghawadra et al. (2019) concurred by pointing out that the healthcare profession is highly stressful. Employee job satisfaction is therefore, always the most unstable variable in such a workplace. However, when job satisfaction is maintained, all other issues seem to fall in place such as employee well-being and patient care.

Research also indicates that job satisfaction is highly volatile as it changes with the slightest change in other work-related variables. Therefore, paying attention to other work-related variables is equally important in maintaining higher job satisfaction levels. This is because it is a feeling and it is therefore dependent on the stability of other factors. People with high job satisfaction as indicated earlier, enjoy mental and physical health (well-being). Job satisfaction is also related to a number of accidents in the workplace, performance quality, quality of products and services, delay in work and organizational commitment (Poursadeghiyan et al., 2016).

2.9 Factors Associated with Job Satisfaction

The workplace can affect the job satisfaction as well as mutual understanding at work, professional commitment and workload (Semachew et al., 2017). There are many factors contributing to job satisfaction. Some of these factors are reutilization, autonomy, role conflict as well as work environments such as leadership and supervisory relations (Liu et al., 2018). Job satisfaction of nurses is regarded of central importance because it directly impacts on the quality of nursing care (Arian et al., 2018). It is observed that if a hospital is operating with dissatisfied staff, the patient care will be compromised.

According to Alotaibi et al. (2016) when there is lack of education, training and development, nurses are likely to be dissatisfied with their duties, which then affects patient care. It may also lead to other nurses deciding to resign to seek better development opportunities, hence causing staff shortage (Alotaibi et al., 2016). Awases et al., (2016) in their study in Namibia on nurses' job satisfaction focused on a need to seek evidence about nurses' performance and to develop strategies to monitor and improve their performance. The study focused more

on patient care when the nurses were satisfied with their job. Education, training and development were identified as the main factors contributing to job satisfaction.

2.9.1 Intrinsic and extrinsic factors

Uwaliraye et al. (2016) conducted a study based on the factors that influence the job performance of nurses and midwives working in postpartum units in two public hospitals in Rwanda. The study identified two factors that led to job satisfaction, namely intrinsic and extrinsic. The authors argued that when an employer fails to fulfil the expectations of the employees based on both factors, an employee in turn decides to leave the organization for another organization with better chances of fulfilling their expectations. This cause's higher staff turnover. This is also supported by the study of Yasin et al. (2020) who also pointed out that intrinsic and extrinsic factors are paramount to the satisfaction of nurses in the healthcare sector, particularly in a rural set-up.

2.9.2 Working conditions

According to Tosun and Ulusoy (2017) laws and regulations have a huge impact on the operation of clinical healthcare centres. Further, the policies of the Department of Health, which are formulated at government national level, health centres are categorized as follows: Specialized Healthcare facilities, Central Healthcare facilities, Regional Healthcare facilities, and Small Healthcare facilities. This categorization of facilities also influences the amount of budget and resources allocated for each level. For example, Specialized Healthcare facilities are regarded as facilities capable of rendering specialized services, and they get the advantage of being allocated more funds and relevant resources so that they will continue excelling in their specialized services. In this case, such facilities like Specialized Healthcare facilities will have a wide scope in terms of performing clinical practices which will contribute to adding more advantages in the facility with regard to development, skills and abilities.

On the other hand, other facilities like Central Healthcare facilities, Regional Healthcare facilities, down to Small Healthcare facilities tend not to have a budget for specialized services (Salem et al., 2016). This makes nurses and other medical staff personnel who work at such facilities to experience constraints to perform clinical practices. Consequently, it leads to some limitations in terms of personal growth such as skills, knowledge, and development.

Therefore, this categorization of healthcare facilities and differentiation of funds negatively affects the development of Small Healthcare facilities especially the ones located in the rural areas. This is what causes health professionals to migrate from public rural sectors to urban sectors and some even to other countries. Research suggests that human resources'

management should come up with strategies that will motivate healthcare workers in the rural areas (Lohmann et al., 2018).

As noted from the literature, job dissatisfaction among nurses is caused by a high load of work, limited chances for education, training and development, financial challenges caused by low salaries and high workload (Salem et al., 2016; Yasin et al., 2020). On the other hand, slight attention has been given to factors affecting the physical aspects of the work environment because it's difficult for employees to be satisfied if the workplace is not pleasant enough for the employee to work (Al-Hamdan et al., 2017; Lee et al., 2020).

Changes in healthcare systems have changed the work of professional nurses drastically. These changes range from technology, including Information Communication Technology (ICT), to the delivery of patient care. Professional nurses are not only taking vital signs and dispensing medicine like they traditionally did, but are also required to be technologically savvy, function cost-effectively and provide quality care (Edoh and Degila, 2019). Their roles as healthcare professionals furthermore require of them to make decisions, gather data, make medical assessments and prescribe drugs which have changed the profile of nursing as a career altogether (Chan et al., 2017).

To respond to these changes, it is imperative that the job satisfaction of professional nurses is given priority. Salem et al. (2016) indicated that, if the job satisfaction of nurses is ignored it might at a later stage affect the productivity and the outcomes of the health care organizations. It is the duty of the health care organizations to maintain good standards of patient care and to encourage and motivate the nurses to ensure that they experience job satisfaction. Therefore, the aim of this study was to identify the factors influencing the levels of job satisfaction among nurses at selected clinics in the Eastern Cape Province, South Africa after the implementation of Ideal Clinic System.

2.9.3 The work itself

The expression "the work itself" is defined as the extent to which the job offers activities that are stimulating, that offer learning opportunities and professional growth for the employees. This gives employees an opportunity to grow and have a chance to be responsible and accountable (Tayyar, 2014). The number and nature of the functions and tasks required from individual employees differ considerably from one role to another. The nature of the job activities and what the employees are required to do may have either a negative or positive effect on their emotions, that is, a feeling of satisfaction or dissatisfaction. This depends on the nature of the job - is the job easy, difficult, stimulating or boring. Bekru et al (2017) and Benrazavi and Silong (2013) point out that the different job activities in the organization can

lead to work burnout, which may lead to fatigue (emotional and physical burnout). Therefore, the nursing supervisors and managers have to delegate so as to reduce strain on the nurses. Heavy workloads will slow down the process of completing tasks and this leads to emotional exhaustion that causes job dissatisfaction and turnover. If nurses in the Eastern Cape are stimulated in their respective clinics and are satisfied with the implementation of ICS, effective and efficient health care service could be guaranteed.

2.9.4 Recognition

Boafo (2018), refers to feedback provided by management in organizations to acknowledge the worth of employee performance and efforts. Positive feedback is a way of recognition, the organization can offer positive and immediate feedback and praises (Odembo, 2013). However, Odembo (2013), further emphasizes that employees do not need to be applauded always but rather they just want to know that their efforts and achievement are appreciated and this is why they need to be recognised for their efforts. Other researchers believe that employees should be rewarded based on their experience, service in the organization and educational background. It is the duty of the managers to give practical and positive feedback and appraisals to their employees (Tayyar, 2014).

2.9.5 Promotion

Promotion is a good factor for motivation and has a huge effect on an employee's job satisfaction (Cassum, 2014). Promotion does not solely have an impact on performance, however, it additionally affects an individual's job satisfaction. If an employee is promoted it has a positive impact, which can affect the performance of an employee. Once employees have worked in an organization for a certain period of time, they gain expertise and business skills which will increase the probability of their promotion within the work. The promotion will increase employee's positive development regarding their life and an adjustment in their social status that will increase job satisfaction.

Roziyana (2012) highlighted that promotion and advancement opportunities have a large influence on job satisfaction. Odembo (2013) points out that talent development opportunities among employees help in value addition to their career. This can be typically boosted by the organization. Employees have to be compelled to continuously train and develop themselves and this can help them to realize skills and talents and make them marketable and compete with their colleagues and have opportunities for promotions within the organization. An organization that provides personal advancement and growth opportunities to their employees has loyal staff who tend to stay within the organization. They develop their careers and make sure that the objectives and goals of the organization are achieved. Alameddine et

al (2017) explained that in organizations that lack coaching and professional development staff turned to be annoyed and this typically lead to job discontentedness and has an effect on work performance.

2.9.6 Responsibility

Autonomy in an organization permits for independence and initiative, which is one of the key factors of job satisfaction among staff (Tayyar, 2014). It is vital that supervisors offer clear work assignments, possession of labour and responsibilities to the employees (Jooste 2014). Alshmemri (2014) points out that once managers delegate responsibility and possession of the work to their employees, it motivates and offers employees a chance for accomplishment and work satisfaction. Responsibility relates to gaining satisfaction from being given the authority and freedom to make decisions. Gaps in responsibility and authority greatly impact job satisfaction and discontentedness.

2.9.7 Achievement

Benrazavi and Silong (2013) refer to achievement as to how one behaves to develop and demonstrate high skills. Alshmemri (2014) emphasised that positive achievement is making sure that a task is successfully accomplished, demonstrating solutions to issues within the working environment, such as perceiving positive outcomes of one's work. Negative accomplishment incorporates the failure of advance at work, including poor decision making and low self-esteem.

2.9.8 Supervision

The management style experienced in a company could have a direct impact on the employee job satisfaction (Kossivi et al., 2016). Furthermore, management styles have control over employees' satisfaction in several ways (Ozpehlivan and Acar, 2015). Employees typically leave their jobs because of their bosses, therefore it is imperative to note that managers play a really vital role in employees` job satisfaction (Barlings and Burns, 2015).

Managers and supervisors are representatives of a company and their support and facilities will increase job satisfaction (Kalliath and Morris, 2014). Employees like supervisors who have a bond with them, trust them, perceive them and show fairness towards them (Barlings and Burns, 2015). Poor communication between supervisor and staff incorporates a negative result on employees' job satisfaction (Kalliath and Morris, 2014). Employees are comfortable operating in comfortable surroundings where their supervisors are supportive and this improves efficiency and effectiveness consequently increasing job satisfaction (Bekru et al.,

2017). Abusive and proud supervisors leave staff demoralised, annoyed and disgruntled in their job (Barlings and Burns, 2015).

2.9.9 Salaries and incentives

Tayyar (2014) assert that employees' remuneration is an incentive, central to individual finances and social standing. When employees are compensated, paid and content with their compensation, it helps minimize discontent among staff within the workplace (Ozpehlivan and Acar, 2015). Employees who are well paid are driven and committed to the organization, which successively retains employees (Barlings and Burns, 2015). Pay management has a correlation to its purpose, structures and work values. Therefore, wages ought to be akin to workload and also the operating conditions (Ozpehlivan and Acar, 2015).

Employers ought to make sure that they set their pay at a satisfactory level since the attitude and behaviour of the employees is affected positively or negatively by payments (Tayyar, 2014). Barlings and Burns (2015) emphasized that pay or earnings are among the vital factors that contribute to job satisfaction. Pay has been established to play a very important role and could be a valuable tool for retention and turnover (Barlings and Burns, 2015). Restricted accessibility of advantages and different compensation inhibit staff from concentrating on aspects of the duty, which can cause frustration and discontent (Dhurup et al., 2014).

2.9.10 Companies and administration

Policies are formal rules and laws that an organization puts in place to appoint, employ, train, appraise and pay workers (Tayyar, 2014). Organizations ought to create arrangements and disseminate policies that are straightforward, accessible and user friendly. As an example, worker manuals to eliminate misunderstanding between employees and employers concerning rights and obligations of the organization and also the employee (Anitha, 2014).

When administrative policies are clear concerning the rights and opportunities of workers, it prevents internal conflict and enhances the psychological feature aspects of labour (Anitha, 2014). Policies ought to be written in simple language and may be enclosed within the induction and coaching for all workers.

2.9.11 Relationship with co-workers

Barlings and Burns (2015) found that relationships between co-workers may be a determinant of job satisfaction. Smart relationships among workers are non-exclusive within the work and people require trust, commitment, and reciprocity and shared interests (Anitha, 2014). Employee relationships are necessary and really valuable for each worker and therefore the

organizations should permit workers to support and facilitate each other with the accomplishment of their work tasks, reduction of labour stress, improved communication and co-operation. Once smart relationships and co-operation among workers exists within a given organization, it helps workers to feel comfortable with each other, so eliminating the sense of insecurity and uncertainty (Ozpehlivan and Acar, 2015). Work relationships will influence job satisfaction and smart co-workers' relationships, and will each encourage and predict satisfaction (Tayyar, 2014). Once workers inside the organization are friendly, collaborative and cooperative towards one another, it makes them happy and this results in a positive impact on job satisfaction (Kalliath and Morris, 2014). Job discontent is more likely within the organization wherever workers are isolated because of poor relationships (Tayyar, 2014).

2.10 Previous Research Pertinent to this Study

Some researchers such as Fryatt and Hunter (2015) showed interest in the topic of the Ideal Clinic System and conducted a study to assess its effectiveness. They also aimed to determine whether the system improved the Primary Health Care services or not. In their definition of the ICS, Fryatt and Hunter (2015) stated that the system is one among various strategies that is designed to address current deficiencies in the quality of Primary Health Care services in South Africa. The study further indicated that Public Health facilities in South Africa in 2013 collectively scored less than 50% compliance with the vital measures of the system.

Fryatt and Hunter (2015) reported that bottlenecks that made the health facilities in South Africa score less than 50% were identified as follows:

- Improper implementation of the program and minimal provision of resources during the implementation phase.
- Non-involvement of clinic managers in decision-making by senior management of the Department of Health.
- A lack of support from senior management.
- Poor internal communication practices.

They believed that for this program to be successful, the mentioned bottlenecks should be rectified and be attended effectively. There should be a proper implementation of the scale-up plan, the required resources should be secured, and also the technical experts in the process of implementation should be available. They further advised that if the mentioned bottlenecks can be looked at carefully and be dealt as needed, the 50% score rate can be improved to a good percentage of compliance rate.

In 2016, the Department of Health emphasized that the progress with regards to the Ideal Clinic program has been very slow during the first year of its implementation. Therefore, the department adopted the “scale-up plan” as the strategy to speed up the improvement to the system. Towards the end of 2016, the scale-up plan strategy enabled the Department of Health to issue the report with healthcare facilities scoring over 70% as compliance with the measures of the developed system (‘Ideal Clinic Manual Version 16’, 2016). Cited in the Ideal Clinic Manual Version 16 (2016), about the scoring of over 70%, the study went further to report on how the development of the Ideal Clinic System can improve in meeting the demands and expectations of the patients. However, in these studies, little concern was given to the nurses who work daily to implement system.

In 2018, a certain study was conducted by Egbujie et al. (2018) focusing on the waiting times of patients in the health care facilities. Egbujie et al. (2018) state that waiting times of patients was regarded as a major source of dissatisfaction for patients attending public healthcare facilities in South Africa (SA). According to the National Department of Health (2016) patients, waiting times had been identified as the priority area for improvement. The Ideal Clinic System was implemented as part of the model and strategy to improve patient waiting time in public health facilities across South Africa. The effect of this intervention on patient waiting time in the Province of KwaZulu Natal had been identified and the evidence had been generated for system improvement. However, in this same research, it was also identified that the improvement of patient waiting times contributes positively towards nurses’ job satisfaction as it improves the smooth running of the healthcare facilities and adds value to the conducive work environment for professional nurses.

According to Egbujie et al. (2018), the implementation of the Ideal Clinic System in KwaZulu Natal healthcare facilities showed a great improvement in patient waiting time. The research further states that nurses were satisfied with this development as it improved the quality of work-life and also what they are expected to deliver to patients. Therefore, the research further recommends the appointed system as a strategy to improve patient waiting time and nurses job satisfaction.

In the studies mentioned above, there is a little concern for the satisfaction of professional nurses as the day-to-day users of the Ideal Clinic System, and also there is no study that has been conducted in Chris-Hani healthcare facilities District in the Eastern Cape. Faku and Ntamenthlo (2018) researched about the present view of nurses working in the Eastern Cape as far as job satisfaction goes. According to Faku and Ntamenthlo (2018), certain factors were

identified as sources of dissatisfaction, such as poor work settings, advancement, organizational climate, and compensation as one of the major contributors to dissatisfaction.

Another study by Khamisa et al. (2019) found that professional nurses in rural healthcare facilities experience higher levels of challenges in their job satisfaction as compared with other health professionals in the same sector due to the nature of their work. Job satisfaction among nurses in the rural areas has been attributed to their stressful working environments. Prolonged exposure to work-related stress leads to professional nurses deciding to migrate from the rural facilities to the urban healthcare facilities. The research further states that these challenges have negative consequences for job satisfaction and the general health of nurses. This has wider implications on the healthcare system, such as high turnover rates and it compromises patient care.

The Eastern Cape studies about nurse's job satisfaction in the rural areas are, however, limited in the sense that they have been no studies that have ever been conducted regarding the satisfaction of nurses in relation to the implementation of the ICS.

2.11 Conclusion

In this chapter, the discussion has focused on factors associated with job satisfaction. The literature review for this study provides evidence that job satisfaction results to professional nurses migration from rural healthcare facilities to urban healthcare facilities for the purpose of a better working environment. The next chapter focuses on the research methodology. That is where the research approach will be discussed at length indicating how data will be gathered. The indication is that data will be gathered through a self-administered questionnaire to 200 participants.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter provides a breakdown of the research methodology used in this study. It provides a discussion of the methodology, followed by the research site, the methods used to collect data for the study, and the research design. In this chapter also study population, sample selection, data analysis, the limitations of the study, as well as ethical considerations are discussed.

The purpose of this study was to examine the level of job satisfaction among nurses after the implementation of the Ideal Clinic System (ICS) at selected clinics in the Eastern Cape Province.

3.2 Research Site

The study was conducted in the selected clinics of Sakhisizwa sub-district under Chris Hani District in Eastern Cape Province.



Figure 2: Map of Sakhisizwe sub-district showing the location where the study was conducted (Source: Google maps).



Figure 3: An image of the Sakhisizwe sub-district selected clinics (Source: Google images).

3.3 Research Design

According to Rukwaru (2015), a research design refers to the framework which gives details on how scientific research will be conducted. Various types of studies such as surveys and case studies are outlined in the structure of scientific research. Moreover, aspects such as research questions, hypothesis, data collection and methods of analysis are outlined in the research design. A relevant and suitable approach to be used for this study was a quantitative design due to intentions of the researcher of quantifying and generalizing the results to a wider population. This design can be used to collect numerical data and to generalize the findings across large populations (Burnard et al., 2011).

A mixed method of Quantitative and Qualitative research was used. Quantitative was used to describe variables and determine the cause-and-effect interactions between the variables (Brink et al., 2013). A quantitative descriptive research design was used to conduct this study on the satisfaction of nurses after the implementation of Ideal Clinic system. The Qualitative aspect of this study was in the form of two open-ended questions which were added to the

questionnaire asking nurses to single out factors and with respect to what can be done to ensure that the ICS becomes effective from the professional nurse's perspective.

3.4 Research Population

Population refers to group of people or objects that share certain characteristics that interest the researcher and from which a study sample is drawn and where the researcher can generalize research findings (Babbie and Mouton, 2010). Bless et al. (2006) states that the total number of a society that is being studied by the researcher including those who do not take part in responding to questions is known as the population of the scientific study. Population for this study research was made up of professional nurses working at the selected clinics, namely; Nyalasa Clinic, Upper Lafutha Clinic, Mceula Clinic, Manzimahle Clinic, Asketeon Clinic, and Qiba Clinic. The mentioned clinics are all under Chris Hani district.

3.4.1 Target Population

The targeted population comprised the professional nurses that were already employed during the implementation of ICS and were working at the clinics in the Eastern Cape Province (excluding those who were employed after the ICS was already in place). The reason for the kind of selection was that they understood how the conditions were before the system came into place. Thus, they could weigh the conditions and the level of satisfaction before and after the system came into effect.

3.5 Sampling

According to Botma et al. (2010) sampling is a technique of selecting a suitable sample, by which a percentage of the inhabitants is selected to represent the whole population in a scientific study. Brink et al. (2013) stated that individuals that will represent the population can be selected randomly. When a sample is selected randomly by the researcher, each individual has an equal chance to be selected for the sample. To ensure that the findings of this study are generalizable, probability-stratified random sampling as a suitable method was utilised. All respondents were recruited through a process where all eligible participants had an equal opportunity of participating in the study.

Probability-stratified random sampling was utilised for the purpose of ensuring that all categories of nurses had an equal chance of being included in the study. The respondents were divided according to their level of training, that is, PNs, nursing staff (Nursing Act 2005). The sampling frame was obtained from the monthly allocation to get the total number of nurses working at the selected clinics.

3.5.1 Sample size

According to Brink et al. (2013), a sample is a part or fraction of a whole or a subject of a larger set selected by the researcher to participate in a research study. In this study, the sample size of 100 respondents was used. According to Brink et al. (2013), a sample size can be 10% of the 200 targeted population. In this study, the researcher selected 50% of the targeted population so as to be able to generalize the findings.

3.6 Measuring Instrument

A questionnaire (structured), was used as an instrument for collection of data from respondents for this study, regarding the job satisfaction of nurses at selected clinics in the Eastern Cape Province, South Africa, after the implementation of Ideal Clinic System. Basically, this technique is highly appropriate for the situation whereby the researcher is intending to find out what people think and believe in. It is mostly found as a method which is not difficult as it consists of directed questions to the concerned respondents and confidentiality is highly prioritised (Brink et al., 2013).

A Likert-type questionnaire where respondents could indicate the level of agreement with certain statements was used with this scale 5 = strongly agree; 4 = agree; 3 undertrain/ neural; 2 = disagree; and 1= strongly disagree. Twenty-five questions were asked covering eight main issues as shown in the conceptual framework, which are compensation, working conditions, recognition, training, government policies, commitment, punctuality, and performance.

A rating scale was used indicating the respondents' responses from the questions provided by the researcher.

The test items aimed to elicit information about job satisfaction among nurses at selected clinics in the Eastern Cape. English was the used language since every respondent was conversant with it. Approximately, it took the respondent between fifteen and twenty minutes to complete the questionnaire.

No names of respondents were attached in the questionnaires except for the numerical values to enhance the control of the questionnaires.

3.6.2 Data Collection Process

According to Nabb (2013), this refers to a gathering of data whereby a researcher collects evidence about the research questions. This gathering of data is conducted in an organized manner to enable the assessment of results. However, there some certain available and various methods which can be utilised in gathering the data for quantitative research, for

example, physiological measurement, observation and self-report (Botma et al., 2010). Therefore, self-administered questionnaires were developed by the researcher for the aim to measure the nurses' satisfaction, in relation to the implementation of ICS.

Data collection was done between 05th August 2020 and 14 August 2020 (while the researcher was on leave). After all required permissions were issued by the relevant offices such as Eastern Cape Department of Health Research Committee, and also District Manager of Health Department, as well as the Sub-District Manager, the researcher administered questionnaires to the respondents. The respondents during their lunch time, signed the consent forms after conditions for participation was explained to them including withdrawal from the study when one felt like doing so.

A quiet venue was arranged and provided to the researcher and respondents to prevent disturbances while completing questionnaires. Confidentiality was maintained by keeping the forms anonymous, no names of respondents were written on the questionnaires. The questionnaires administered were identified by the use of numerical values from one to one hundred for control purposes. This assisted the researcher to be able to identify questionnaires which were not returned by the respondents. Further, the respondents were cautioned not to share the information with their colleagues. The researcher was available to assist the respondents with technicalities of completing questionnaires, but not with answering the questions. As soon as questionnaires were fully completed the researcher collected them immediately and packed in a package for later verification and data entry.

3.6.3 Data Analysis

Hall (2008) states that analysis of data refers to the process that the researcher uses to examine the data that was collected for answering the question at hand. However, it involves determination of relationships that occurs between theories which informed the study and the information found from the data that was collected.

The researcher was assisted by a statistician to analyse the data after the responses from respondents were collected and a spreadsheet (Excel) was used for capturing of data. For interpretation of data, statistical methods were prioritised and utilised. Descriptive and inferential statistics were used for data analyse. Inferential statistics such as the independent samples t-Test was calculated to establish an association between variables. The Shapiro Wilk's test was performed against all independent variables (IV) in relation to the dependent variable (DV) and a similar result of $p = .000$ was observed throughout revealing that the independent variable IV and the dependent variable DV data violated the assumptions of normality. Given this outcome, when the simple linear regression analysis was being

performed with respect to H1 to H4, bootstrapped confidence intervals and their significance levels were used as these do not rely on assumptions of normality and heteroscedasticity (Field, 2013). Descriptive statistics that included frequencies and percentages were used for the analysis of data

The researcher presented the findings in form of graphs, tables and pie charts. Data was analysed using SPSS version 25.

For the qualitative part of the research, the data was grouped according to themes under which similar responses were put together. These themes were determined by the thematic analysis which was done on the responses.

3.7 Limitations of the Study

Many professional nurses could have participated in the sample but due to the time constraints a minimal sample was considered. The respondents were also busy with care schedules, which might have denied them adequate time to engage with the questionnaire.

3.8 Reliability and Validity

Reliability and validity are the ways of ensuring rigour in the research process and findings (Brink et al., 2013). Reliability means that totals or outcomes generated from any tool used to collect and analyse the data are consistently trustworthy. The results found should be nearly the same when conducted again the next time even several times. There should be consistency in the provision of answers provided by individuals when responding to closely related questions.

On the other hand, validity refers to a tool used to measure exactly what is expected to be measured (Brink et al., 2013). In order to enhance both reliability and validity, a pilot study had to be conducted by the researcher before the actual study, whereby 10 registered nurses were selected at clinics of Sakhisizwe Health Sub-District. The selected pilot sample possessed the same characteristics as other main targeted respondents for the study. The collected pilot study information was of great use in assisting of restructuring of questionnaires, such as structuring the questions according to the conceptual framework to make the questionnaire to be clearer to the respondents. Therefore, this exercise was used to inform the execution of the main study. A self-developed questionnaire was used after validation for suitability was undertaken by the statistician and the research supervisor. Questionnaire used was specifically developed for the purpose of this study, and Cronbach's alpha was utilised as the tool of testing for internal consistency of the instrument. To determine whether the scales used in this study to measure independent, dependent and the moderating variable were reliable,

the Cronbach Alpha coefficient was calculated for all the scales. Job satisfaction was measured through three dimensions, namely commitment, punctuality and performance. The commitment scale had four items with a reliability score of .744, punctuality had three scale items with a reliability score of .817 and performance had a five scale items with a reliability score of .731. Government policies scale had two items with a reliable score of .747, training had three scale items with a reliable score of .710, recognition had four items with a reliable score of .765 while compensation and working conditions had two scale items each with a reliable score of .743 and .703 respectively. All the scales were found to be above the minimum threshold of .7 as suggested by Nunnally (1978).

3.9 Ethical Consideration

Ethics refers to widely set of accepted principles. Therefore, researchers are obligated to adhere to certain ethics in order to protect human participants (Mella, 2012). When respondents are considered to take a role in a study subject, their rights should be highly prioritised and fully protected at all times during the process of their participation. Anonymity and confidentiality are the key elements for research ethics (Polit and Beck, 2017).

Ethics in research exists to ensure that the researcher behaves in a way that is in line with the code set, and that the researcher obliges to the moralities and standards which are in place (Bless et al., 2006). A researcher is liable for ensuring that prior collecting data, a full ethical clearance has been received as data collection cannot begin until gatekeepers' letters are received and full ethics clearance is granted from the Durban University of Technology. The research adheres to the demands of ethical considerations and to ensure that data is presented accurately in the research report to avoid falsification of findings and to maintain objectivity (Sarantakos, 2012). As discussed, this study was conducted in full compliance with the Durban University of Technology Policy on Research Ethics.

Three permission to conduct the data were granted by the Eastern Cape Health Provincial Office, Health District Manager, and Sub-District Manager of the selected clinics.

In this study the following ethical standards were adhered to:

- ✓ Aims and objectives of the study were well outlined to respondents.
- ✓ Respondents were informed of their right to with withdraw from participation.
- ✓ No respondents was forced to participate.
- ✓ Names were not used in the questionnaires for the purpose of maintaining confidentiality and anonymity.

3.9.1 Permissions

Researchers are required to obtain approval to gain access before commencement of the research (Brink et al., 2013). The University Faculty Research Office handled the first required ethical clearance certificate and secondly, the Eastern Cape Health Department Ethics Committees ensured the researcher abides by the institution's ethical guidelines expected in conducting the study. To this effect, clearance certificate was issued reference number: 44/2020 FREC.

3.9.2 Informed consent

Informed consent is an ethical principle that involves formalizing voluntary participation and protecting the respondents' rights. Following are the major considered elements; the kind of information needed from the research respondents; the level of understanding required from respondents to give consent; the free choice granted to respondents to give consent (Polit and Beck, 2017). The consent was given in writing and was in English, whereby the nature of the study was well outlined and respondents were all informed about it.

All respondents were made aware of the rights they have, no respondent was forced to take part in the collection of data. Respondents were granted the right to withdraw at any time.

3.9.3 Justice

The principle of justice in selection of respondents was highly prioritised and considered. All registered professional nurses who were employed before the implementation of the Ideal Clinic System had an equal opportunity to participate in the study.

3.9.4 Confidentiality

Confidentiality was maintained to ensure that respondents' information was protected including questionnaires being secured in a safe place.

Information or data obtained from respondents was not divulged to any departmental stakeholder unless consent was secured from the respondents.

The researcher did not do any harm to the research respondents or those who may be affected by the research findings.

3.9.5 Privacy

This refers to the fact that privacy should be prioritised. The rights of respondents should not be compromised. Respondents have rights to inform the researcher of what can and cannot be published about them as respondents (Polit and Beck, 2017).

3.9.6 Anonymity

Anonymity literally means namelessness and it refers to the act of the researcher to keep the names and identifications of respondents anonymous. The respondents should not by any how be linked with the data (Polit and Beck, 2017).

Despite any possible researchers' familiarity with the respondents, they were informed that the information they contributed was to be protected and that if it is to be communicated in any way, pseudo names would be used so that the information cannot be associated with any of the respondents.

3.9.7 Harm

Sarantakos (2012) states that harm that may lead to physical impairment and mental injury to the participants should be avoided at all times. He proceeds to say that the researcher should be liable for any harm caused by the study to society. Therefore, researchers should avoid involving processes that could bring harm to the participants. This study was conducted in a non-harmful manner and none of the respondents reported any suffering or harm during the data collection process.

3.9.8 Deception

The researcher was honest to the respondents about the subject matter of the research before asking them to complete questionnaires.

3.10 Conclusion

A comprehensive portrayal of the research methodology used to conduct this study was provided in this chapter. The researcher used a quantitative design, which is appropriate to establish the relationship between Ideal Clinic System and nurses' job satisfaction. The next chapter will outline and articulate an analysis of the empirical data collected using the methods discussed above in order to answer the research questions.

CHAPTER 4: RESULTS AND DISCUSSION OF FINDINGS.

4.1 Introduction

This chapter presents and discusses the study's findings. Descriptive statistics with respect to the respondents' demographic data will be presented first and later the inferential findings (simple linear regression and hierarchical regression analysis) are presented. The Statistical Package for Social Sciences (SPSS) version 25 was used to analyse and manage the data collected from respondents. The purpose of the study was to determine the factors that affect the level of satisfaction of professional nurses after the implementation of Ideal Clinic System in the rural Eastern Cape Province. The objectives of this study were to:

- To examine the expected level of satisfaction that affect the productivity of professional nurses in the rural Eastern Cape Province.
- To explore the views of nurses about Ideal Clinic System (ICS) and their intention to migrate from the rural clinics due to implementation of this system.
- To identify factors that prohibit the professional nurses on achieving the expected outcomes of the ICS in the rural Eastern Cape Province.
- Recommend on ways to improve the effectiveness of ICS to increase job satisfaction in the rural Eastern Cape Province.

4.2 Descriptive Results

Table 4.1: Gender distribution of the respondents

Gender	Frequency	Percentage
Male	36	18
Female	164	82
Total	200	100

4.2.1 Gender distribution

The results shown in Table 4.1 reveal that females dominate in the health sector as shown by 82% being females and only 18% were male. In other words, the nursing profession is mainly dominated by females. In this study, it has been revealed that females dominate in the nursing health sector possibly due to nursing profession being perceived as a female occupation or career with the title of Sister being associated with the nursing profession. It could also be because the population of women is generally higher than that of men (World Bank (2017)).

Table 4.2 Age Distribution of the respondents

Age category	Frequency	Percentage
30-35	30	15
36-45	70	35
46-50	30	15
51 and above	70	35
Total	200	100.0

4.2.2 Age distribution of the respondents

Results shown in Table 4.2 reveal that respondents of 51 years and above as well as the middle-aged people of 36-45 years were the majority in the nursing profession represented by 35% each; while the lower age category of 30-35 years as well as the 46-50 years are represented by 15% each.

Table 4.3: Reliability test of the scales

Scale	Items	Cronbach Alpha
Commitment	4	.744
Punctuality	3	.817
Performance	5	.731
Government policies	2	.747
Training	3	.710
Recognition	4	.765
Compensation	2	.743
Working conditions	2	.703

4.2.3 Reliability test of the scales

To determine whether the scales used in this study to measure independent, dependent and the moderating variable were reliable, the Cronbach Alpha coefficient was calculated for all the scales. The results outlined in Table 4.3 indicate that job satisfaction was measured using the following dimensions: commitment, punctuality, performance, government policies, training recognition, compensation, and working conditions. The commitment had four scale items with a reliability score of .744, punctuality had three scale items with a reliability score of .817 and performance had a five scale items with a reliability score of .731. Government policies scale had two items with a reliable score of .747, training had three scale items with

a reliable score of .710, recognition had four items with a reliable score of .765 while compensation and working conditions had two scale items each with a reliable score of .743 and .703 respectively. All the scales were found to be above the minimum threshold of .7, which means the scales are reliable enough to formulate a hypotheses and reach a conclusion as suggested by Nunnally (1978).

4.2.4 Inferential Statistics – Hypotheses Testing

The study was guided by the following conceptual framework

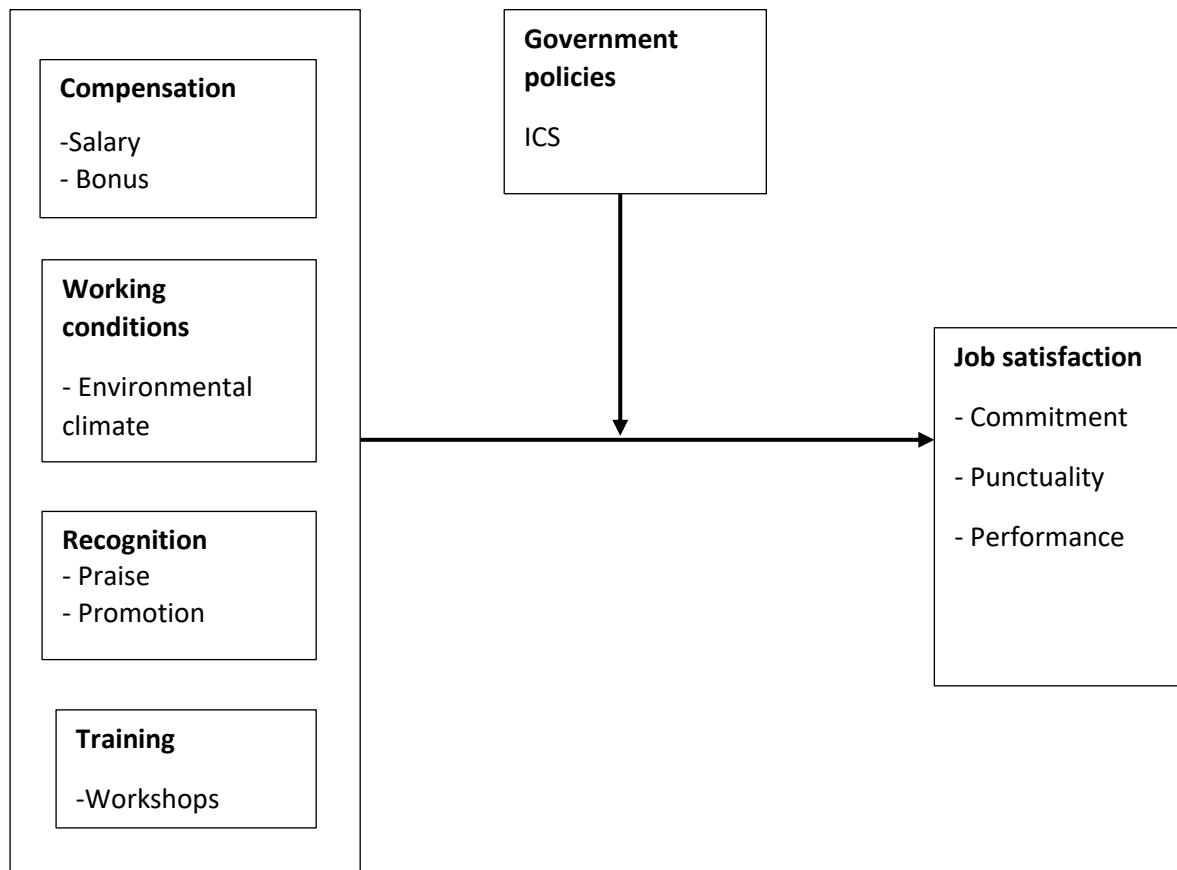


Figure 4.1: Study Conceptual framework

Given this framework, the following hypotheses were formulated:

H1: Compensation predicts job satisfaction

H2: Working conditions predict job satisfaction

H3: Recognition predicts job satisfaction

H4: Training predicts job satisfaction

H5: Government policies moderate the relationship between compensation, working conditions, recognition, training and job satisfaction.

Hypotheses 1 to 4 were analysed through simple linear regression analysis whereas H5 was analysed through the hierarchical regression technique. The following paragraphs give an outline of the study's findings with respect to the stated hypotheses. Data was first checked

whether it adhered to the assumptions of the analysis. The Shapiro Wilk's test was performed against all independent variables (IV) in relation to the dependent variable (DV) and a similar result of $p = .000$ was observed throughout revealing that the independent variable IV and the dependent variable DV data violated the assumptions of normality. Given this outcome, when the simple linear regression analysis was being performed with respect to H1 to H4, bootstrapped confidence intervals and their significance levels were requested as these do not rely on assumptions of normality and heteroscedasticity (Field, 2013).

4.2.5 Compensation as a predictor of job satisfaction (Hypotheses 1)

The results of the simple linear regression model are shown in Tables 4.4 and 4.5.

Table 4.4: Simple Linear Regression Model Fit and Summary for compensation on job satisfaction

Source	Df	Sum of squares	Mean square	F value	Pr>F
Regression	1	2.420	2.420	9.688	.000*
Residual	198	24.336	.123		
Total	199	26.756			
Model Summary					
R	R²	Adjusted R²	Est. standard error		
.301	.090	.086	.3506		

*Significant fit. Note: Independent variables: Constant, compensation, Dependent variable: Job satisfaction

The results in Table 4.4 reveal that there is a weak but positive correlation between compensation and job satisfaction, $r = .301$. The results further reveal that compensation accounts for 9% variation in job satisfaction given $R^2 = .090$. In other words, there are other factors not measured in this model that explain at length (91%) the concept of job satisfaction. However, if we want to learn more about job satisfaction, this result informs us that it is worth paying attention to the concept of compensation. We also observe that this model is significantly better at predicting job satisfaction as shown by the F -ratio where $F = 9.688$ and significant at $p = .000$. Hence we can rely on this model to predict job satisfaction as opposed to relying on the mean value of job satisfaction.

Table 4.5: Parameter estimates for compensation on job satisfaction

Parameter	Unstandardised coefficients		Standardised Coefficients		Sig
	B	Std Error	B	T	
Constant	2.430	.115		21.102	.000*
Compensation	.165	.037	.301	4.437	.000*

*Significant fit. Note: Independent variables: Constant, Compensation, Dependent variable: job satisfaction.

Table 4.5 provides estimates of the model parameter (beta values) and it can be observed that $b_0 = 2.430$ and $b_1 = .165$. From the stated values, $b_1 = .165$ represents a change in job satisfaction given a 1-unit increase in compensation. More importantly, this positive change is significant given $p = .000$. In other words, the study fails to reject the hypothesis stating that compensation predicts job satisfaction as there is enough evidence to substantiate this claim. The annual report (2015) reported that many rural clinics in the Eastern Cape are short-staffed and battling to cope with the arrival of patients, with some patients having to wait for long periods to see a professional nurse. The study identified compensation as the main reason for the shortage of staff. Therefore, this indicates that in one way or another there is a link between compensation and job satisfaction.

Table 4.6: Simple Linear Regression Model Fit and Summary for working conditions and job satisfaction

Source	Df	Sum of squares	Mean square	F value	Pr>F
Regression	1	5.796	5.796	54.756	.000*
Residual	198	20.959	.106		
Total	199	26.756			
Model Summary					
R	R²	Adjusted R²	Est. standard error		
.465	.217	.213	.3254		

*Significant fit. Note: Independent variables: Constant, working conditions, Dependent variable: Job satisfaction

4.2.6 Working conditions as a predictor of job satisfaction (Hypotheses 2)

A simple linear regression analysis with bootstrapped confidence intervals and significance levels were performed to test the hypothesis that working conditions predict job satisfaction. Results in Table 4.6 reveal that working conditions have a weak to a moderate positive

correlation with job satisfaction, $r = .465$. Results also reveal that working conditions account for approximately 22% of the variation in job satisfaction, $R^2 = .217$. In other words, the concept of working conditions is important when it comes to explaining job satisfaction in the workplace. The results further indicate that the model is significantly better at predicting job satisfaction as shown by the F -ratio where $F = 54.756$ and significant at $p = .000$. Therefore, we can rely on this model to predict job satisfaction as opposed to the use of job satisfaction's mean value.

Table 4.7: Parameter estimates for working conditions on job satisfaction

Parameter	Unstandardised coefficients		Standardised Coefficients		Sig
	B	Std Error	B	T	
Constant	2.463	.067		36.759	.000*
Working conditions	.232	.031	.465	7.4	.000*

*Significant fit. Note: Independent variables: Constant, working conditions, Dependent variable: job satisfaction.

Results in Table 4.7 reveal estimates of the model parameter where $b_0 = 2.463$ and $b_1 = .232$. The results reveal that given a unit change in working conditions, there will be a corresponding positive change in job satisfaction equivalent to .232 units. More importantly, this positive change is significant given $p = .000$. Thus, with this finding, the study fails to reject the hypothesis stating that working conditions predict job satisfaction as there is enough evidence to back this claim. Khamisa et al. (2019) conducted a study and found that professional nurses in the rural healthcare facilities had been found to be experiencing higher levels of stressful challenges in their job satisfaction as compared with other health professionals in the same sector due to the nature of their work. One of the major factors to job satisfaction among nurses in the rural areas found in this study was about the stressful working environment. The study further indicated that poor work conditions have a direct impact on the job satisfaction of professional nurses working in rural healthcare facilities. In all, it shows that indeed there is a relationship between working conditions and job satisfaction.

4.2.7 Recognition as a predictor of job satisfaction (Hypotheses 3)

Simple linear regression analysis with bootstrapped confidence intervals and their significance levels were performed where recognition was the explanatory variable and job satisfaction was the outcome variable. Results are outlined in Tables 4.8 and 4.9.

Table 4.8: Simple Linear Regression Model Fit and Summary for recognition on job satisfaction

Source	df	Sum of squares	Mean square	F value	Pr>F
Regression	1	9.783	9.783	113.604	.000*
Residual	198	16.964	.086		
Total	199	26.746			
Model Summary					
R	R²	Adjusted R²	Est. standard error		
.605	.366	.363	.2935		

*Significant fit. Note: Independent variables: Constant, recognition, Dependent variable: Job satisfaction.

In Table 4.8 we learn that recognition has a moderate to a strong positive correlation with job satisfaction, $r = .605$. The results also reveal that recognitions explains approximately 37% of the variation in job satisfaction, $R^2 = .366$. This informs us that if we would want to better understand the concept of job satisfaction in the workplace, recognition forms part of the major aspects that individuals, teams and managers must seriously pay attention to.

Table 4.9: Parameter estimates for recognition on job satisfaction

Parameter	Unstandardised coefficients		Standardised Coefficients		Sig
	B	Std Error	B	T	
Constant	1.371	.148		9.281	.000*
Recognition	.519	.049	.605	10.659	.000*

*Significant fit. Note: Independent variables: Constant, recognition, Dependent variable: job satisfaction.

Table 4.9 provides estimates of the model parameter and $b_0 = 1.371$ whereas $b_1 = .519$. As explained earlier, b_1 represents a change in job satisfaction given a unit change in recognition. In this instance, with a unit change in recognition, there is an enormous positive increase equivalent to .519 units in job satisfaction. More importantly, this change is significant given $p = .000$. With this result, the study fails to reject the hypothesis that recognition predicts job satisfaction as there is enough evidence to support this claim. In validating this finding Khamisa et al. (2015) conducted a study and mention the extent to which recognition really motivates professional nurses. The study further stated that professional nurses play a pivotal

role in determining the efficiency, effectiveness and sustainability of health care systems, it is therefore important for the employer (Department of Health) to ensure that it understands exactly what motivates the professional nurses and the extent to which the motivation can be kept at the highest level for the nurses to remain satisfied with their jobs.

Table 4.10: Simple Linear Regression Model Fit and Summary for training on job satisfaction

Source	df	Sum of squares	Mean square	F value	Pr>F
Regression	1	4.490	4.49	39.93	.000*
Residual	198	22.265	.112		
Total	199	26.756			
Model Summary					
<i>R</i>	<i>R</i> ²	Adjusted <i>R</i>²	Est. standard error		
.410	.168	.164	.335		

*Significant fit. Note: Independent variables: Constant, training, Dependent variable: Job satisfaction

4.2.8 Training as a predictor of job satisfaction (Hypotheses 4)

Results in Table 4.10 reveal the outcome of simple linear regression analysis with bootstrapped confidence intervals and their significance levels performed to test the hypothesis stating that training predicts job satisfaction. The results show that training has a weak to moderate positive correlation with job satisfaction, $r = .410$. The result also indicates that training accounts for approximately 17% of the variation in job satisfaction, $R^2 = .168$. From Table 4.10, we are also provided with the F -ratio showing $F = 39.93$ and significant at $p = .000$. This finding means that the model is significantly better at predicting job satisfaction compared to relying on the mean value of job satisfaction.

Table 4.11: Parameter estimates for training on job satisfaction

Parameter	Unstandardised coefficients		Standardised Coefficients		Sig
	B	Std Error	B	T	
Constant	1.944	.158		12.323	.000*
Training	.332	.053	.410	6.319	.000*

*Significant fit. Note: Independent variables: Constant, training, Dependent variable: job satisfaction.

Results in Table 4.11 show the estimates of the model parameter where $b_0 = 1.944$ and $b_1 = .332$. From this result, we learn that with a unit change in training, there will be a corresponding positive change in job satisfaction equivalent to .332 units. More importantly, this change is significant given $p = .000$. With this result, the study fails to reject the hypothesis that training predicts job satisfaction as this claim is supported by the statistical evidence provided.

In validating this finding, Awases *et al.* (2016) indicate that when there is a lack of education, training and development, nurses are likely to be dissatisfied with their duties which then affects the patient care.

4.2.9 Government policies as a moderator of the work environment

(Hypotheses 5)

To test H5, the predictor variables namely, compensation, working condition, recognition and training were combined into one predictor variable and named in this study as the “work environment”. Therefore, to run the hierarchical regression analysis, the work environment was entered as a predictor variable, and job satisfaction as the outcome variable while government policies were entered as a moderating variable. Results are outlined in Table 4.12.

4.2.10 Factors that prohibit nurses from achieving the expected outcomes.

Nurses identified issues around working conditions which seem to encourage others to look for a job in other provinces and beyond South Africa’s borders.

4.2.11 Recommendations of professional nurses regarding the effectiveness of ICS.

The results indicated that professional nurses highly recommended that ICS would work best if standardisation could also be implemented, even on the allocation of resources. They further

mentioned that since ICS was developed to standardise all healthcare facilities to the same standard, it would be best if also, that allocation of resources be standardized.

Table 4.12: Linear model of predictors of job satisfaction

	B	SE B	T	P
Constant	2.93	.022	132.894	.0000
	[2.98 - 2.98]			
Work environment	.085	.014	5.979	.0000
	[.057 - .112]			
Government policies	-.153	.024	-6.279	.0000
	[-.201 - -.105]			
Work environment * Government policies	.005	.013	.372	.7100
	[-.020 - .029]			

$R^2 = .47$

Results shown in Table 4.12 reveal that government policies do not moderate the relationship between the work environment (compensation, working conditions, recognition and training) and job satisfaction given $b = .005$, 95% CI [-.020 - .029], $t = .372$ and $p = .710$. With this finding, the study rejects the hypothesis that government policies moderate the relationship between compensation, working conditions, recognition, training and job satisfaction as there is no sufficient evidence to back this claim.

In a study by Tosun and Ulusoy (2017), they perceive that laws and regulations also have a huge impact on the operation of clinical healthcare centres. They further state that according to the policies of the Department of Health, which are formulated at Government National Level, health centres are categorized as follows: Specialized Healthcare facilities, Central Healthcare facilities, Regional Healthcare facilities, and Small Healthcare facilities. This categorization of facilities also influences the amount of budget and resources allocated for each healthcare facility level. The system prioritises some levels at the expense of other especially those at lower levels. This further makes nurses and other medical staff members who work at less prioritised facilities, with insufficient resources, to experience constraints to perform clinical practices. They also experience some limitations in terms of personal growth such as skills, knowledge, and development. This is what causes health professionals to migrate from public rural sectors to urban sectors and some even to other countries.

In light of the study's findings, H1 to H4 was supported while H5 which suggested that government policies moderate the relationship between the work environment and job satisfaction was not supported. These results lead the study to the following model that is statistically supported by the results presented.

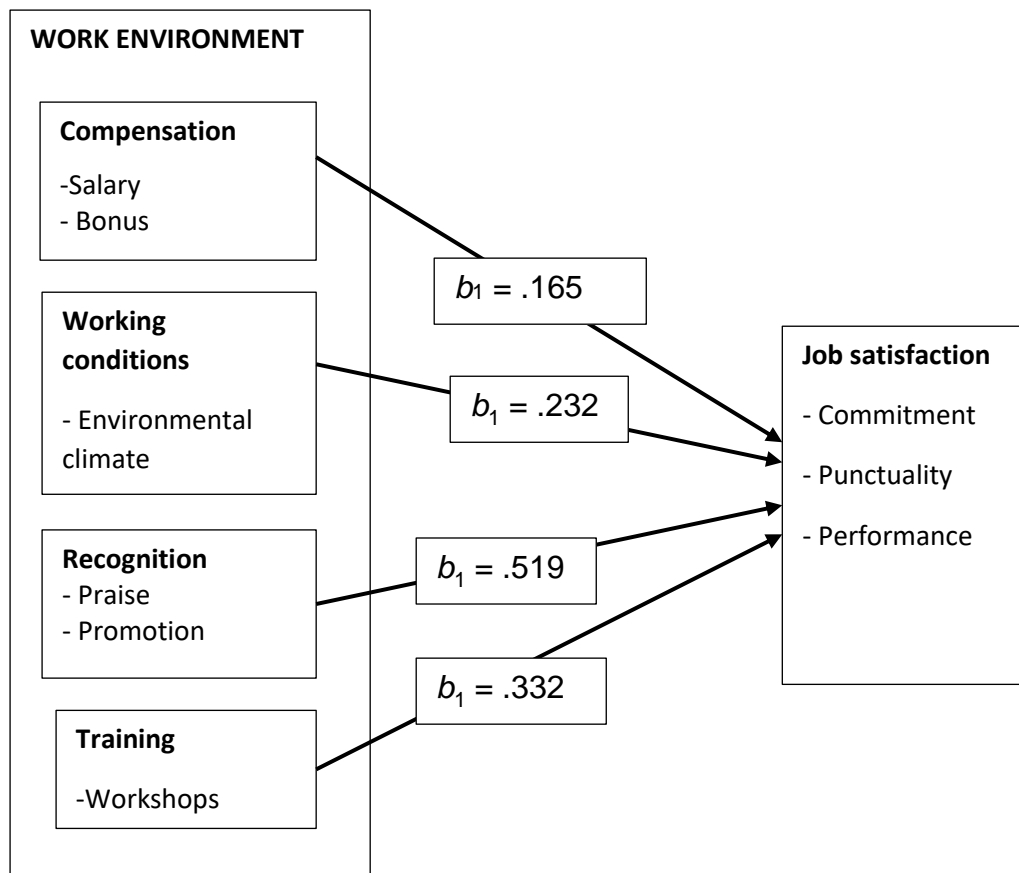


Figure 4.2: The study’s framework

The study’s framework in Figure 4.2 reveals the influence of each work environment aspect on job satisfaction levels of nurses. From the stated model, it can also be observed that, of the four factors of the work environment, the element of recognition has a greater impact on job satisfaction levels of nurses $b_1 = .519$ followed by training $b_1 = .332$. Working conditions surprisingly have the least influence on job satisfaction levels of nurses. In other words, if individuals, teams, and managers, as well as policymakers, would like to improve the overall job satisfaction of nurses in the workplace, intervention mechanisms around the aspects of recognition and training would have significant outcomes. Khamisa et al. (2015) stated that work satisfaction is also an essential part of ensuring high-quality care. Dissatisfied employees provide not only poor quality services, but there is also evidence found that nurses who are not satisfied with their work, in turn, distance themselves from patients.

4.3 Chapter Summary

In this chapter, study findings were presented and discussed. First, descriptive results were presented with respect to age and gender of the respondents. Gender results revealed that female participants dominate the nursing profession while the age results showed that those

aged 51 years and above as well as those between 36 to 45 years dominated the nursing profession. The reliability test was also undertaken to measure whether the scales used in the study were reliable. The findings reveal that all the scales used to measure the independent variables, dependent variables and the moderating variable were reliable as measured by the Cronbach Alpha. Inferential statistics indicated support for H1 to H5 while H5 was not supported. The resulting study model reveal that recognition and training are the most influential as far as job satisfaction of nurses is concerned in the workplace. Therefore, any intervention measures meant to enhance job satisfaction for of nurses must be formulated based on these two aspects. The next chapter will outline the summary, conclusions and recommendations based on findings. In addition, limitations of the study and areas for further research will be proposed.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS.

5.1 Overview of the Study

Globally, professional nurses are the 'engine' of the healthcare system. Therefore, their job satisfaction needs to be taken into full consideration as they have a very important duty to perform in the health care facilities. Arguably, if job satisfaction of nurses is ignored, then productivity and the outcome of the health care system could be negatively affected. Thus, the health care facilities have the duty to keep the nurses satisfied in order to have good standards of care.

In 2013, an Ideal Clinic System (ICS) was developed by the South African government through the Department of Health to improve all healthcare facilities in the country. The ICS was developed to standardise all healthcare facilities nationally, to address gaps with regards to infrastructure between the rural and urban healthcare facilities.

In relation to the implementation of Ideal Clinic System (ICS), no study has been conducted in the Eastern Cape Province, Chris Hani District to assess the job satisfaction of nurses. The questions raised therefore are: what is the level of job satisfaction amongst nurses in reference to the Ideal Clinic System? What are the recommendations can be made by the nurses and the researcher regarding the implementation of this system?

The objective of this study was to examine the level of job satisfaction among nurses after the implementation of the Ideal Clinic System (ICS) at selected clinics in the Eastern Cape Province.

Chapter 1 introduced the study and outlined the problem statement, research objectives, and the significance of the study and proposed a conceptual framework guiding the study.

In Chapter 2 an extensive literature review was undertaken with the main focus on issues related to job satisfaction. The extant literature indicated that nurses working in rural healthcare centres, particularly in the Province of the Eastern Cape battled with staff shortages, leaving patients to wait for a very long period to be served. This was due to migration of nurses to other provinces in large numbers or oversea countries, which offer attractive working conditions and remuneration packages.

Chapter 3 focused on the research methodology. It was in Chapter 3 where the research approach was discussed at length indicating how data was gathered. The indication was that data was gathered through a self-administered questionnaire and 200 completed

questionnaires with sufficient data to proceed to the data analysis stage were received from participants.

In Chapter 4, research findings were presented and discussed. First, hypotheses were formulated as guided by the conceptual framework of the study. These were then tested through simple linear regression analysis and hierarchical regression analysis. Initially, descriptive statistics were undertaken with respect to participants' demographics.

Chapter 5, outlines the summary, conclusions and recommendations based on findings. In addition, limitations of the study and areas for further research will be proposed.

5.2 Achievement of Objectives

The study's objectives were formulated as follows:

- To examine the expected level of satisfaction that affect the productivity of professional nurses in the rural Eastern Cape Province.
- To explore the views of nurses about Ideal Clinic System (ICS) and their intention to migrate from the rural clinics due to implementation of this system.
- To identify factors that prohibit the professional nurses on achieving the expected outcomes of the ICS in the rural Eastern Cape Province.
- Recommend on ways to improve the effectiveness of ICS to increase job satisfaction in the rural Eastern Cape Province.

To outline the first objective of the study, extant literature was reviewed and primary quantitative data was gathered. Extant literature suggested that in an environment where sound government policies are being taken, the problems associated with job dissatisfaction could be minimised an indication that government policies have a direct impact on the work environment leading to lower job satisfaction. However, the study found that government policies seem not to play a significant role in influencing other work factors, for example, compensation, working conditions, recognition and training towards enhanced job satisfaction among nurses besides the study's findings that these work environment factors have a major effect on job satisfaction. In other words, this the objective was achieved.

To address the second objective that sought to explore and determine the views of nurses about Ideal Clinic System and their intention to leave working in the rural clinics due to implementation of this a system, extant literature was reviewed and primary quantitative data was gathered. Extant literature suggested that when an ICS was in place, the intent to leave may reduce among nurses. However, the findings of the study as a result of quantitative data collected among nurses show that nurses are of the opinion that the ICS played no role in

influencing other factors which are of significant value to them, for example, recognition and training as far as job satisfaction is concerned. With this finding, the intent to leave among nurses may remain unchanged unless other intervening measures are put in place. In other words, the study's second objective was also achieved.

Objective number three of the study sought to identify factors that prohibit professional nurses from achieving the expected outcomes of the ICS. To achieve this objective, an open-ended question was added on the questionnaire asking nurses to single out factors. The respondents identified issues around working conditions which seem to encourage others to look for a job in other provinces and beyond South Africa's borders. Thus, this objective was achieved.

Objective number four sought to bring about professional nurses' recommendations regarding the effectiveness of ICS. Similarly, an open-ended question with respect to what can be done to ensure that the ICS becomes effective from the professional nurse's perspective was added on the research instrument. Results indicated that professional nurses highly recommended that, ICS would work best if standardisation could also be implemented even on the allocation of resources. They further mentioned that since ICS was developed to standardize all healthcare facilities, it would be appropriate if also standardize allocation of resources.

5.3 Limitations of the Study

The main limitation of this study is that data was gathered from a single province, yet South Africa has nine provinces. Surely, had data been gathered across the entire country, the results could have shown deeper insights on the role of ICS on work environment and job satisfaction. The finding that the ICS is not playing a major role as far as the work environment of nurses is concerned in the Eastern Cape Province may not be the same in other settings of the country. This is because due to resource distribution inequalities in some provinces services are better funded, better managed and have enough competent staff members. As a result, the reader should exercise extreme caution when generalizing this study findings to the entire country.

5.4 Areas for future research

The study found out that the ICS did not moderate the relationship between work environment (compensation, working conditions, recognition and training) and job satisfaction.

Future research can be undertaken at a wider scale, that is, in South Africa as a whole, making use of mixed-method research in an attempt to shed more insights on the role of ICS on the relationship between work environment (compensation, working conditions, recognition and training) and job satisfaction.

5.5 Recommendations of the Study

The study key findings were that work environment factors, namely; compensation, working conditions, recognition and training influence the job satisfaction levels of nurses. More importantly, the study revealed that recognition followed by training had more impact on job satisfaction compared to compensation and working conditions. Given these findings, the research argues that job satisfaction can be enhanced among the nurses, by developing initiatives towards recognition and training. The study, therefore, recommends that the following be done in the workplace as an effort of recognition to enhance job satisfaction among nurses.

1. Monthly rewards for monthly best performers.
2. Providing certificates to best compliers.
3. Offer professional development opportunities.

The study further recommends that the following be done on the workplace as a means of promoting regular training among nurses as this has a significant influence on their job satisfaction levels:

1. Identify professional nurses with shortfalls and provide mentors.
2. Provide short-courses programmes.
3. Provide bursaries for long-term courses for professional nurses to further improve their skills and knowledge.

5.6 Conclusion

The study concludes that in the Eastern Cape of South Africa, job satisfaction among nurses can be enhanced if interventions are designed around issues related to recognition and training. However, this is not to say that factors such as compensation and working conditions are not important. The study further concludes that in the Eastern Cape Province, the ICS plays no significant role in influencing the relationship between work environment (compensation, working conditions, recognition and training) and job satisfaction.

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APPENDENCES

Appendix: A Letter of Information



LETTER OF INFORMATION

Title of the Research Study: Job satisfaction amongst professional nurses at selected clinics in the Eastern Cape with particular reference to the Ideal Clinic System (ICS).

Principal Investigator/s/researcher: (Name, qualifications) **M.Mpongoshe**

Supervisor: (Dr N Nombela-Mseleku, PhD Name, qualifications) B-Tech: Human Resources Management

Brief Introduction and Purpose of the Study: The purpose of this study is to examine the level of job satisfaction amongst nurses after the implementation of the Ideal Clinic System (ICS) at selected clinics in the Eastern Cape Province, South Africa, to bring about recommendations

Outline of the Procedures: (Responsibilities of the participant, consultation/interview/survey details, venue details, inclusion/exclusion criteria, explanation of tools and measurement outcomes, any follow-ups, any placebo or no treatment, how much time required of participant, what is expected of participants, randomization/ group allocation)

Risks or Discomforts to the Participant: (Description of foreseeable risks or discomforts to for participants if applicable e.g. Transient muscle pain, VBAI, post-needle soreness, other adverse reactions, etc.)

Benefits: (To the participant and to the researcher/s e.g. publications)

Reason/s why the Participant May Be Withdrawn from the Study: (Non-compliance, illness, adverse reactions, etc. Need to state that there will be no adverse consequences for the participant should they choose to withdraw)

Remuneration: (Will the participant receive any monetary or other types of remuneration?)

Costs of the Study: (Will the participant be expected to cover any costs towards the study?)

Confidentiality: (Description of the extent to which confidentiality will be maintained and how will this be maintained?)

Research-related Injury: (What will happen should there be a research-related injury or adverse reaction? Will there be any compensation?)

Persons to Contact in the Event of Any Problems or Queries:

(Supervisor and details) Please contact the researcher (tel no.), my supervisor (tel no. 031 3732861) or the Institutional Research Ethics administrator on 031 373 2900. Complaints can be reported to the DVC: TIP, Prof S. On 031 373 2382 or moyos@dut.ac.za.

General:

Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population e.g. isiZulu.

Appendix: B Consent Agreement Statement for Participation in the Research Study



CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, (Meshack Mpongoshe), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

**Full Name of Participant
 Thumbprint**

Date

Time

Signature / Right

I, _____ (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher

Date

Signature

Full Name of Witness (If applicable) Date

Signature

Full Name of Legal Guardian (If applicable) Date

Signature

Appendix: C Letter of Information to Respondents



Faculty of Management Sciences

Department of Human Resources Management

Date

Dear Respondent

Letter of information

I am currently undertaking a research project that aims to examine the level of job satisfaction amongst professional nurses working at the rural areas after the implementation of the Ideal Clinic System at the selected clinics in the Eastern Cape Province, South Africa. This research also aims to explore and determine the views of nurses about this Ideal Clinic System and their intention to leave working in the rural clinics due to implementation of this system.

It would be much appreciated if you could complete the questionnaire. Completing the questionnaire will take around fifteen minutes. Participation is voluntary and you are free to withdraw from the study at any time. The information you give will only be used for research purposes, and your identity and individual answers will be kept totally confidential, should you wish to discuss this further, please do not hesitate to contact me or my supervisor

Your cooperation and assistance in this research will be much appreciated

Yours sincerely;
M.Mpongoshe
.....

Please complete the following as confirmation of your willingness to participate in this research project.

I,have discussed the study with the researcher. I understand that I can withdraw from participating at any time without giving reason/s, and voluntarily agree to participate by completing the questionnaire

SignatureDate

073 620 9304

Student
Contact Details

Supervisor / Promoter

Contact Details : 074 817 3677

Contact Details

Co-Supervisor/Co-Promoter

Appendix: D Permission to Conduct a Study



P.O BOX 285
CALA
5455
19 January 2020

The District Manager
Chris Hani District: Department of Health
Queenstown
5320

Re: Request for permission to conduct a research project in Chris Hani rural clinics preferable Malahleni and Sakhisizwe clinics.

Dear Sir/Madam

I, Meshack Mpongoshe, a post graduate Masters student of Management Science Department in Durban University of Technology, I hereby request permission to conduct a research project at Malahleni and Sakhisizwe clinics as part of the requirements for the completion of the degree.

The title of the research study is: Job satisfaction amongst professional nurses at selected clinics in the Eastern Cape Province with particular reference to Ideal Clinic System.

The researcher will target the professional nurses that were already employed during the implementation of Ideal Clinic System and were working at a public clinics in the Eastern Cape Province (excluding those who were employed after the Ideal Clinic System was already in place)

The findings of the study will be of benefit to the Department of Health and the clinics where the research will be conducted because the aim of this research is to describe the level of job satisfaction amongst nurses at selected clinics in the Eastern Cape Province, South Africa: After the implementation of Ideal Clinic

Attached is: The protocol for this project.

I hope my request will receive your favorable consideration.

Yours Faithfully

M. Mpongoshe

Masters Student

Student's signatur _____

Supervisors' signature.....

Appendix: E Ethical Clearance



MANAGEMENT SCIENCES: FACULTY RESEARCH ETHICS COMMITTEE (FREC)

8 May 2020

FREC Ref: 44/2020 FREC

Student Name: **Mr M Mpongoshe**

Student No: 21208625

Dear Mr M Mpongoshe

MASTER OF MANAGEMENT SCIENCES: HUMAN RESOURCES

TITLE: Job satisfaction amongst professional nurses at selected clinics in the Eastern Cape with particular reference to the Ideal Clinic System (ICS).

Please be advised that the FREC Committee has reviewed your proposal and the following decision was made:
Approved – Ethics Level 2

Date of FRC Approval: 8th May 2020

Approval has been granted for a period of two years from the above FRC date, after which you are required to apply for safety monitoring and annual recertification. Please use the form located at the Faculty. This form must be submitted to the FREC at least 3 months before the ethics approval for the study expires.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the FREC according to the FREC SOP's.

Please note that ANY amendments in the approved proposal require the approval of the FREC as outlined in the FREC SOP's.

Prof JP Govender

Chairperson: Faculty Research Ethics Committee

Appendix: F Permission from the Department



Enquiries: Zonwabele Merile

Tel no: 083 378 1202

Email: zonwabele.merile@echealth.gov.za

Fax no: 043 642 1409

Date: 06 July 2020

RE: Job satisfaction amongst professional nurses at selected clinics in the Eastern Cape with particular reference to the ideal clinic system. (EC_202007_002)

Dear Mr. M. Mpongoshe

The department would like to inform you that your application for the abovementioned research topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress update on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Eastern Cape Health Research Committee secretariat. You may also be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE

***TOGETHER, MOVING THE HEALTH SYSTEM
FORWARD***





Province of the
EASTERN CAPE
HEALTH

Office Of the District Manager – Chris Hani District.
Room 30, Ward F, Komani Hospital, P O Box 1661, Queenstown, 5320, Eastern Cape
REPUBLIC OF SOUTH AFRICA. Website: www.ecdoh.gov.za
Tel: 045 807 1100. Fax: 045 807 1189. Nomakhosi.Mahlathi@echealth.gov.za

To : Mr Mpongoshe

From : Chris Hani Health District

Permission is hereby granted for you to conduct the research project as requested in the Chris Hani District at Sakhisizwe Sub District. The conditions set out in the ethical clearance and approach from Eastern Cape Department of Health will apply during the research project.

I wish you all the best in your studies.

APPROVED/NOT APPROVED

MS ES TYWABI

CHIEF DIRECTOR: CHRIS HANI DISTRICT

29 July 2020

DATE

Together, moving the health system forward

Fraud prevention line: 0800 701 701
24 hour Call Centre: 0800 032 364
Website: www.echealth.gov.za





Province of the
EASTERN CAPE
HEALTH

Sakhisizwe Sub District • Eastern Cape
PO Box 1176 • Cala • 5455 • REPUBLIC OF SOUTH AFRICA
Tel.: +27 (0)47 8770931 • Fax: +27 (0)47 8770779 • Website: www.ecdoh.gov.za

To: Mr. Mpongoshe

From: Sakhisizwe Sub District

Permission is hereby granted for you to conduct the research project as requested in the Chris Hani District at Sakhisizwe Sub District. The conditions set out in the ethical clearance and approach from Eastern Cape Department of health will apply during the research project.

I wish you all the best in your studies

APPROVED NOT APPROVED

04.08.2020

Mrs. Gongxeka R.N Acting Sub-District Manager
Sakhisizwe Sub-District

Date

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24 hour Call Centre: 0800 032 364
Website: www.ehealth.gov.za



Appendix: G Certificate of Professional Language Edit



Certificate of Professional Language Edit

I hereby confirm that, the dissertation titled '**Job satisfaction amongst professional nurses at selected clinics in the Eastern Cape with particular reference to the Ideal Clinic System (ICS)**' by **MESHACK MPONGOSHE (21208625)** has been edited and proof read by editor (s) of ROMITO consulting. The editing was restricted to language usage, spelling, completeness, consistency and logic flow of sentences.

However, the work described herein may not be identical to the final document has the author (s) has a sole prerogative to accept or reject the comments and changes suggested.

Disclaimer: The content and quality of the **Thesis** remains entirely to the author (s).

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Reg No: BN-X2CMQ8K

ROMITO Language & Writing Consultant
Email: Consultant@romito.info

Signature

ID: RMT/11/2020/MM

Appendix: H Questionnaire

Thank you for making time to complete this questionnaire. Please do not write your name on the questionnaire in order to ensure anonymity. The content of the questionnaire will remain confidential.

Demographic data

Please circle the appropriate number that best describes your response for each of the following.

1. Please indicate your age in years.

1) 30 – 35 years	2) 36 – 45 years	46 – 50 years	51 and above

2. Please indicate your gender.

Male	Female

Total Quality Management practices scale

Indicate the level of agreement with the following statements in relation to your organizations as far quality management tasks are involved (1= strongly disagree; 2 = disagree; 3 = Undertrain/ neutral; 4 = Agree; 5 = strongly agree).

JOB SATISFACTION SURVEY		
PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.		Strongly Disagree Disagree Undertrain/ Neutral Agree Strongly agree
Compensation		
1	When I do a good, I receive the recognition for that I should receive.	1 2 3 4 5
2	There are few rewards for those who comply with the rules and procedures of the system	1 2 3 4 5
Working conditions		
3	Enough resources to implement the system are in place	1 2 3 4 5
4	Funds are available to buy the required items needed to implement the system	1 2 3 4 5

Recognition		
5	I see better opportunities for us now that the is ideal clinic system	1 2 3 4 5
6	When I do a good job regards to ideal system, I receive the recognition for it that I should receive.	1 2 3 4 5
7	I do not feel that the work I do is appreciated.	1 2 3 4 5
8	I see great promotion opportunities brought by ideal clinic system	1 2 3 4 5
Trainings		
9	I receive a proper support for implementation process of this system	1 2 3 4 5
10	My supervisor shows a create interest on supporting us implementing the system	1 2 3 4 5
11	No proper feedback about the system	1 2 3 4 5
Government policies		
12	I am not satisfied with the implementation of the ideal clinic system	1 2 3 4 5
13	Many of this system rules and procedures make doing a good job difficult.	1 2 3 4 5
Commitment		
14	The ideal clinic idea was communicated very well.	1 2 3 4 5
15	Communications seem good within this department of health.	1 2 3 4 5
16	The goals of this system are not clear to me.	1 2 3 4 5
17	Communications seem good within this organization.	1 2 3 4 5
Punctuality		
18	I feel a positive change brought by ideal clinic system.	1 2 3 4 5
19	I understand the purpose of Ideal clinic system	1 2 3 4 5
20	I sometimes feel this idea of the system is meaningless.	1 2 3 4 5
Performance		
21	Ideal clinic system makes my work very easy	1 2 3 4 5
22	Ideal clinic system brings unnecessarily paper work	1 2 3 4 5
23	Ideal clinic system improves my quality of work	1 2 3 4 5
24	Ideal clinic system improves our (entire clinic) quality of work	1 2 3 4 5
25	My efforts to do a good job are seldom blocked by this system.	1 2 3 4 5

Open ended Question

What are the barriers that prohibit you as a professional nurse from achieving the expected outcomes?

What do you suggest can be done for ICS to work best?

Appendix: I TURNITIN



Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

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Page count: 84
Word count: 22,205
Character count: 125,770
Submission date: 17-Nov-2020 06:44AM (UTC+0200)
Submission ID: 1441022498

All satisfaction amongst professional nurses at selected clinics in the Eastern
Cape with particular reference to the Ideal Clinic System (ICS)

BY

MESHACK MPONGOSHE
(SIGNATURE)

Submitted in partial fulfillment of the degree

Master of Management Science (Human Resources Management) in the
FACULTY OF MANAGEMENT SCIENCES at the DURBAN UNIVERSITY OF
TECHNOLOGY

SUPERVISOR: DR NP NOMBELA

CO-SUPERVISOR: DR L JALI
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