

DURBAN UNIVERSITY OF TECHNOLOGY

**Factors Influencing Work-Related Relationships Between Nurses and their
Line Managers in Public Hospitals, Ugu District, Kwa Zulu-Natal.**

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Technology in fulfillment of the requirement for the Degree of Masters of
Health Sciences in Nursing**

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DECLARATION

I hereby certify that this work is entirely my own, except where explicitly acknowledged (including citation of both published and unpublished sources). This work has not been previously submitted, in any form, to the Durban University of Technology or any other institution for assessment or any other purpose.

Signature of Student

23 March 2025

Date

Approved for final submission

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23 March 2025

Date

23 March 2025

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DEDICATION

I dedicate this dissertation, first and foremost, to God, the Almighty, through whom all things are made possible and who has carried me this far.

To my parents, Mr. Pomu Nephtal and Mrs. Skhosana Mkhize: may your departed souls rest in peace. Your prayers laid the strong foundation upon which my life is rooted.

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ABSTRACT

Introduction

Work-related relationships are unique interpersonal connections that hold significant implications for individuals and the organizations in which they exist. Employees often engage in various types of formal and informal relationships at work, such as those with peers, managers, subordinates, friends, and advisors. These relationships are crucial for fostering individual commitment to the organization, promoting positive attitudes toward work, and enhancing organizational outcomes.

Aim of the study

The aim of this study was to identify the factors influencing the work-related relationships between nurses and their line managers.

Methodology

A descriptive, quantitative, cross-sectional survey design was employed to investigate the factors that influence the work-related relationships between nurses and their line managers. Data were collected using a self-administered questionnaire from 406 nurses and managers, who were sampled through simple random sampling. The data were analyzed using SPSS version 29.

Results

The study achieved a 100% response rate. The majority of nurse respondents showed significant agreement with 21 out of 27 statements in the questionnaire (78%), with scores greater than 3 ($p < 0.001$). The highest levels of agreement were for statements regarding having individual discussions with managers (mean [SD] = 3.90 [0.45]), the ability to communicate problems affecting their duties with managers (mean [SD] = 3.83 [0.625]), efforts to establish working relationships with managers (mean [SD] = 3.78 [0.625]), and the perception of an open-door policy from managers (mean [SD] = 3.78 [0.686]). Nurse respondents showed significant disagreement with three (11%) of the 27 statements. Managers expressed concerns that nurses required additional training and skills to improve their performance and noted that some nurses exhibited rude behaviour.

Conclusion

Nurses enter the workplace with the intent to perform, earn, learn, and grow professionally. When these objectives are not met, frustration may arise. It is recommended that, upon assuming duties, managers should communicate their expectations clearly, including processes, procedures, and performance standards. Managers should also identify appropriate skills for the job, mentor nurses for professional growth, and address deviations from expected behavior to achieve the institution's goals. Ultimately, the relationships between nurses and their managers significantly impact patient outcomes.

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ACRONYMS

Acronym	Full Term
E/N	Enrolled Nurse
E/N/A	Enrolled Nursing Assistant
KZN	KwaZulu-Natal
OM	Operational Manager
R/N	Registered Nurse
SANC	South African Nursing Council
WHO	World Health Organization

CHAPTER 1: OVERVIEW OF THE STUDY

1.1 Introduction and background

Work-related relationships are essential for fostering individual commitment to an organization, promoting positive attitudes toward work, and contributing to improved outcomes (Omunakwe, Nwinyokpugi, and Adiele 2018: 153). According to the American Psychological Association (2014), a productive work environment for both nurse managers and nurses is one where all staff feel safe and free to voice their opinions, contributing to the team's success. While there is a general expectation for managers to lead by example in improving relationships with their staff, some argue that both managers and nurses share the responsibility to maintain healthy professional relationships. Effective management requires civility and trustworthiness to build trust and enhance workplace relationships (Alkaabi and Wong 2020: 27). Similarly, nurses must understand their roles, scope of practice, and allocation of duties to foster positive attitudes and behaviors (Araujo and Figueiredo 2019: 18).

Engaging and managing relationships are fundamental skills for nurse managers to master to achieve optimal workplace outcomes. This involves conducting team briefings, mentoring, and creating open forums for discussion with subordinates. Such practices promote active participation and contribute to a positive work environment while managing patient care (Bianco, Dudkiewicz, and Linette 2014: 42). Conversely, Ulrich *et al.* (2019: 68) emphasize that everyone, from the operational level to the boardroom, is responsible for ensuring acceptable workplace relationships. Both managers and nurses should foster mutual respect and recognize their respective contributions to maintaining a positive work environment.

The World Health Organization (WHO 2017: 14), has committed to creating a positive work environment where all colleagues and stakeholders are treated fairly, and professional views can be discussed openly and courteously. This commitment supports fostering good relationships at work. However, nurse managers face various stresses in their roles, and while they may strive to build positive relationships with their staff, their coping mechanisms are often not considered by the nurses they

manage (Udod *et al.* 2017: 29). Therefore, work-related relationships may be disrupted by the challenges that managers face, and managers themselves may require support to address these issues.

In some African countries, such as Ghana, nurses generally maintain positive attitudes and good relationships with their managers. However, there is a need for human resources management to align with sound management principles (Atitsogbui *et al.* 2019: 546). In South Africa, stress and poor health among nurses have been identified as major contributors to burnout, compromising workplace relationships. Illness-related absences lead to staffing shortages, further straining remaining nurses and exacerbating burnout (Khamisa *et al.* 2017: 252). Thus, issues in nursing are often rooted in health challenges rather than dissatisfaction at work.

Negative work relationships can lead to poor patient outcomes. The South African Nursing Council (SANC), has reported an increase in nurse misconduct charges, suggesting that the rights of patients and their families have been infringed upon (SANC 2013: 38). Additionally, the use of social media has become a platform for South African employees to express their frustrations, sometimes resulting in workplace bullying of employers and disciplinary actions, including dismissal (Cornish 2022: 356). These serious cases reflect unmanaged work-related relationships that have escalated beyond the workplace.

In a general hospital in Durban, KwaZulu-Natal (KZN), nurses' relationships at work have been adversely affected by various challenges, both personal and professional. These include poor home conditions, strained family relationships, unfair labor practices regarding staff development, and perceived negative attitudes and leadership styles of nurse managers (Mudaly and Nkosi 2015: 263).

1.2 Research problem

Every employee is involved in various types of formal and informal relationships at work, whether with peers, managers, subordinates, friends, advisors, or even adversaries (Venkataramani, Labianca, and Grosser 2013). Any type of relationship;

whether formal or informal, positive or negative; typically affects work performance and productivity in some way. Gaur and Ebrahimi (2013:7), emphasize that workplace relationships are unique interpersonal connections with significant implications for both the individuals involved and the organizations where these relationships exist and evolve.

In her experience as a manager in a public hospital in the Ugu District, the researcher has observed with concern that negative relationships between managers and staff are common in public healthcare institutions. Nurses often respond to these negative relationships in various ways, such as displaying rebellious behaviour, refusing to follow instructions, or being absent from work, all of which negatively impact the productivity of the health unit. Additionally, some nurses refuse assignments to specific units simply because they do not get along with the managers of those units.

This anecdotal observation by the researcher is supported by the findings of Venkataramani, Labianca, and Grosser (2013:2), who state that employee satisfaction with the relational systems in which they are embedded serves as a strong buffer against shocks and forces that may weaken organizational attachment and motivate employees to disengage. Furthermore, Venkataramani, Labianca, and Grosser (2013:4), assert that when individuals experience more negative relationships in the workplace, they are likely to experience negative moods, emotions, and other adverse outcomes such as social ostracism, hindrance, and undermining.

The observations made by the researcher, combined with existing research evidence, provide a basis for the researcher's intent to determine and describe the factors influencing work-related relationships between nurses and their managers.

1.3 Purpose

The purpose of the study was to determine the factors that influence the work-related relationships between nurses and their line managers.

1.4 Research objectives

The objectives of the study were:

- To determine the nurses' perspective regarding their work-related relationships with line managers in selected hospitals in the Ugu district.
- To determine the line managers' perspective regarding their work-related relationships with nurses in selected hospitals in the Ugu district.
- To describe strategies that can be used to facilitate or strengthen relationships between nurses and their line managers in selected hospitals in the Ugu district.

1.5 Research questions

- What are the nurses' perspectives regarding work relationships with their line managers in selected hospitals in the Ugu district?
- What are the line managers' perspectives regarding work relationships with nurses in selected hospitals in the Ugu district?
- What strategies can be used to facilitate or strengthen relationships between nurses and their line managers in selected hospitals in the Ugu district?

1.6 Significance of the study

Nurse Managers

The results of the study might help nurse managers develop and grow as leaders. With these insights, they can better mentor nurses, fostering professional growth and a clearer understanding of the organization's expectations, such as maintaining high performance to fulfil its vision and mission. This will enhance managers' capacities in their roles and enable them to adjust their management styles to cultivate improved, positive work-related relationships.

Nurses

Nurses may benefit from the study's findings by gaining insights that encourage professional growth, behavioural change, and increased productivity. This can lead to better communication between nurses, their managers, and patients, ultimately contributing to improved organizational outcomes.

Health care system

When staff feel valued at work, employee turnover tends to decrease. Long-serving staff members are a valuable asset to the organization, as their experience contributes to better patient outcomes. Additionally, managers will have greater confidence that their staff possess the necessary skill sets to meet the demands of their units effectively.

1.7 Research methodology

A descriptive, quantitative, cross-sectional survey design was used to determine the factors influencing work-related relationships between nurses and their line managers in public hospitals in the Ugu District. All public hospitals in the district were included in the sample, and simple random sampling was applied to select participants from all categories of nurses and their line managers. Data were collected from 406 respondents using self-reported questionnaires and analyzed using SPSS version 29. Histograms and cross-tabulations were used to describe the data.

Research ethics principles were strictly followed. The study received approval from the University Ethics Committee, and permission was obtained from the provincial and district offices, as well as the hospital CEOs. Full disclosure of the study's purpose was provided, and informed consent was obtained from all participants. Respondents were assured of their right to withdraw at any time, and confidentiality was maintained throughout the study.

The study was guided by the Social Exchange Theory (SET) developed by George Homans in 1961. This theoretical framework includes five propositions: success, stimulus, value, deprivation-satiation, and rationality.

1.8 Definition of terms

Work-related Relationships are unique interpersonal connections that have important implications for individuals involved and the organizations in which these relationships exist and develop (Gaur and Ebrahimi 2013: 7).

Registered Nurses is a person who is registered as a qualified nurse or midwife in terms of the Nursing Act 33 of 2005. They are educated and competent to practice comprehensive nursing and are responsible and accountable for independent-decision making in their practice (SANC 2005).

Enrolled Nurse is a nurse who has completed a two-year qualification and functions as a sub-category of nursing under the direct or indirect supervision of a Registered Nurse or midwife (SANC 2005).

Enrolled Nursing Assistant is a nurse who provides basic nursing care to patients under the supervision of a Registered Nurse or midwife (SANC 2005).

1.9 Outline of the dissertation

Chapter 1: Introduction and background to the study

This chapter discusses the background of the study, problem statement, and scope, including the aim and objectives of the study.

Chapter 2: Literature review

This chapter provides a discussion of the current global, regional, and local literature and the theoretical framework.

Chapter 3: Research Methodology

This chapter outlines the research methodology used to conduct the study, including the techniques and methods of the research process.

Chapter 4: Presentation of results

Results of the analyzed data are presented in this chapter in line with the study's objectives.

Chapter 5: Discussion of results

Results presented in Chapter 4 are interpreted and discussed, supported by relevant current literature.

Chapter 6: Conclusion, limitations of the study and recommendations

This chapter provides the conclusion, outlines the limitations of the study, and offers recommendations. The importance of further research is also highlighted.

1.10 Chapter summary

Work-related relationships exist between nurses and their managers. It is interesting to examine the nature of these relationships and explore why they exist. The next chapter presents an overview of the literature reviewed to support the rationale for conducting the study and the theoretical framework guiding this research.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

According to Polit and Beck (2021: 83), a literature review is a collection of writings on a specific research problem, aimed at identifying, locating, and reviewing literature relevant to the topic under investigation. Cresswell and Cresswell (2023: 32), further define a literature review as the process of locating and summarizing existing studies on a specific topic. The purpose of the literature review is to provide a framework for benchmarking and comparing the results of other studies (Creswell and Creswell 2023: 28). This chapter presents the available literature within global, regional, and local contexts regarding work-related relationships among nurses and their managers. Only peer-reviewed articles that were written in English, in full text, and not older than five years were used, where possible, except for seminal works.

2.1.1 Search strategy

The strategies used to gather literature included online search engines such as EBSCOhost, Cumulative Index to Nursing and Allied Health Literature (CINAHL), ProQuest, Medical Literature Online, and Google Scholar.

2.1.2 The search terms that were used to search literature

The researcher identified key search terms based on variables in the study title and the study's objectives. These terms helped to search for literature relevant to the study title. Identified phrases were used either independently or combined with other terms to yield more comprehensive results. The search terms included: Workplace-related relationships, Nurses and their operational managers, Work-related relationships, Relationships at work, Relationships in the work environment, Work and relationships, Employer-employee relationships, and Manager-staff relationships.

2.2 The global view regarding work-related relationships between nurses and their managers

The WHO (2017: 14), is committed to achieving a positive work environment, where every worker has a good working relationship with one another, effective communication, and fair treatment. This entails treating every colleague and stakeholder fairly, and discussing professional views and opinions openly and courteously. According to the American Psychological Association (2014), both nurse managers and nurses need a safe environment where they can relate successfully and feel free to voice their opinions and contribute to the success of the team. Such relationships encourage teamwork and success in patient care. A study on participative management conducted on public employees in South Korea aimed to compare the involvement and reactions of employees to determine if work-related relationships and performance improve with such management. Kim (2023: 263), observed that allowing employees to be actively involved in management brings positive results, as active involvement improves relations and outcomes within the organization.

There is a general expectation for managers, as leaders, to lead by example in improving their work-related relationships with staff. Alkaabi and Wong (2020: 27), argue that managers need to be civil and trustworthy to enhance professional relationships and build trust. Trust facilitates open discussions between staff members and supervisors, leading to positive outcomes in the unit. Similarly, Araujo and Figueiredo (2019: 18), found that managers should promote trust and good communication, ensuring that every nurse understands expectations, including scope of practice, roles, and allocation of duties. This fosters a positive attitude and behavior among nurses. Cristina *et al.* (2021: 2739), also highlighted the manager's role in ensuring a good environment that promotes positive relationships between staff and patients, creating a platform for open discussions.

Bianco, Dudkiewicz, and Linette (2014: 42), attest that good working relationships improve productivity among staff. Effective engagement and relationship management are fundamental skills for nurse managers to master for the best workplace outcomes. This includes holding team briefings, mentoring, and opening discussion forums with

subordinates. Such relationships promote active participation and effective management of clients. Team-based work, characterized by minimal distance between employers and employees, was mandatory in the private sector. This horizontal structure fosters high levels of commitment and improved relationships (Triguero-Sanchez *et al.* 2021: 537). The benefits of such relationships and commitment were also recommended in the public sector, with fruitful results.

Compassion is another factor that can promote good working relationships. Managers who display a caring role make workers feel valued and create a conducive environment, which can eliminate bad attitudes and improve relationships. Olender *et al.* (2020: 52), emphasized caring as fundamental to empowering workplace relationships, referring to it as a “relationship-based care model” where interprofessional care governance is practiced. This approach advances and sustains team growth, progress, and love, which benefits patients. Similarly, Papadopoulos *et al.* (2016: 395), studied fifteen countries and concluded that compassion, although crucial, is often inadequately addressed and not sufficiently ensured by managers in the workplace.

Tran (2019: 109), highlighted the importance of high-quality work relationships, particularly between managers and nurses. The study revealed that the most productive work relationships were those between a manager and a nurse (the leader and member), rather than among nurses themselves. A more formalized relationship between manager and employee proved to be more productive. A healthier work environment ensures better working relationships and improved patient care, especially in the evolving field of nursing (Wei *et al.* 2018: 287). Kuroda and Yamamoto (2018: 106), agreed that managers play a crucial role in maintaining a smooth-running workplace. They also noted that the personalities of both manager and employee impact workplace outcomes, suggesting that incompatible personalities can hinder progress. Training and socialization of new nurses into the profession are essential for promoting supportive relationships and a good working environment (AbuAlRub *et al.* 2016: 19).

A study on nurses in a critical care unit identified challenges related to poor work-related relationships with doctors. The study found that a poor culture between these professionals negatively affected patient care, as doctors did not respond to nurses' inquiries about issues such as poor prescriptions or illegible writing. Scholtz *et al.* (2016: 10) recommended implementing a new model for constructive behavior and relationships, leading to improved working conditions and reduced absenteeism. Cardiff *et al.* (2023: 19) noted that nurse leaders must possess resilience and adaptability to drive transformation and improve work-related relationships in the workplace.

2.3 Regional view of work-related relationship between nurses and their line managers

Despite challenging conditions in many African countries, there are some positive outcomes in work-related relationships. In countries such as Ghana, nurses generally have a positive attitude and good relationships with their managers, although human resources management needs to be better aligned with sound management principles (Atitsogbui *et al.* 2019: 546). Negative work-related relationships can adversely affect patient outcomes. This was evident in Kenya, where a study on task shifting aimed to distribute tasks between senior and junior staff to reduce workload, stress, and infant mortality. The environment initially suffered from poor working conditions, low staff morale, high stress levels, and poor work relationships. However, interventions such as task shifting, continuous communication, and close interaction among health workers helped strengthen workplace relationships among nurses (Mijovic, McKnight, and English 2016: 2095). Aju and Beddewela (2020: 763), argue that managers must ensure that employees are aware of the diverse nature of African societies, as work relationships are often characterized by conflicts.

2.4 The local view of work-related relationship between nurses and their managers

In South Africa, stress and ill health among nurses have been identified as major causes of burnout, which compromises workplace relationships. As nurses take time off due to illness, staff shortages occur, leading to further burnout among those who

remain, taking on additional strain. Consequently, problems in nursing are not necessarily due to dissatisfaction at work but are often related to ill health and burnout (Khamisa *et al.* 2017: 252). Labour laws and employee protections in South Africa have been found to be in transition. Historically, there was a lack of comprehensive labour laws, which has resulted in ongoing opposition and disagreements between employers and employees. Conflict has been identified as one of the primary causes of breakdowns in workplace relationships. Therefore, managers are urged to develop proper conflict resolution skills to prevent breakdowns in relationships and dissatisfaction in the workplace, as such conflicts can have negative effects on institutional outcomes (Ntimba 2019: nd). Similarly, in four districts in the North West province, primary health care managers were found to lack leadership skills and were engaging in favoritism by forming friendships with certain staff members. This led to operational managers retaliating through defense mechanisms, and work relationships among staff became strained and unbearable. Issues such as unfair labor practices, including staff training, promotions, performance management, and other forms of unfair treatment, were prevalent. Serapelwane and Manyedi (2022: 10), concluded that all managers need to be empowered with knowledge of fair labor practices, staff management, and overall transparency

A study investigating whether social relationships at work and home helped nurses cope in a hospice suggested that social relationships at work enabled hospice nurses to maintain a balance between their mental well-being and their emotionally challenging work (Bernett, Martin, and Garza 2019: 187). Social relationships are therefore important in the workplace for spiritual upliftment and better interaction. According to Callier (2017: 638), high-quality workplace relationships result from the strong social backgrounds of nurses, and these good workplace relationships lead to positive social responses. In return, nurses were able to perform better, further improving their relationships. Morton *et al.* (2020: 1024) found that nurses in public hospitals were dissatisfied with their managers due to being overwhelmed by work, negative attitudes of managers who undermined their performance, staff shortages, and poor work relationships. However, in areas where there were good relationships, staff expressed satisfaction with their managers. Similarly, in their study on diverse cultures in the South African setting, Koesnell, Bester, and Niesing (2019: 3), concluded that in cases where there is no effective communication or relationship,

there is no trust, and nurses perceive the relationship as unfair. Therefore, nurse managers need to be skilled in personal and interpersonal relationships to positively and effectively impact the staff they lead.

The use of social networks has been found to be another means by which South African employees communicate work-related issues. However, employees have sometimes misbehaved on social media by bullying their employers, leading to serious consequences, including dismissal. These cases often stem from poor work relationships that were not properly managed within the workplace, prompting employees to voice their frustrations on social media (Cornish 2022: 356). Ben Natan and Har Noy (2016: 985), argue that conflict and poor relationships often result from unclear and inconsistent roles of managers. Enrolled nurses preferred a therapeutic environment, a clearer understanding of the manager's role, and better workplace relationships. Similarly, in Gauteng private hospitals, Breed *et al.* (2020: 9), concluded that a nurse leader should be self-motivated and knowledgeable to transmit the same energy to team members. This would ensure a healthy environment for good relationships in the workplace and optimal organizational outcomes. Ulrich *et al.* (2019: 68), assert that everyone, from the operational area to the boardroom, is responsible for ensuring that workplace relationships are positive. Both managers and nurses should foster good workplace relationships through mutual respect and an understanding that all parties contribute to the relationship.

Nurse managers should understand the social impact on staff, as life outside the workplace affects behavior at work. Relationships in a person's social life also influence workplace relationships, as the dynamics from one's social environment often carry over into the workplace. What a person learns in their social life becomes a part of their overall behavior (Rodwell, McWilliams, and Gulyas 2017: 190). Therefore, workplace socialization is necessary. Nurse managers can improve their relationships with staff and handle workplace challenges more effectively if their leadership skills are developed. This development can be achieved through mentoring by senior managers, attending in-service training, enrolling in short management courses, or pursuing post-basic qualifications (Boitshwarelo, Koen, and Rakhudu 2020: 7).

A culturally based style of management, Ubuntu leadership, was explored to identify how employees engage in their workplace. South African workers demonstrated higher levels of engagement in their workplaces by understanding the authenticity embedded in their culture, despite their diversity. Managers are therefore encouraged to utilize this leadership style for better workplace relationships and outcomes (Chetty and Price 2024: 2462). In a study conducted at a general hospital in Durban, KZN, it was discovered that nurses' workplace relationships were compromised due to challenges such as poor home conditions, bad family relationships, unfair labor practices related to staff development, and the attitudes and leadership styles of nurse managers, which were perceived as unacceptable or unfair (Mudaly and Nkosi 2015: 263).

2.5 Theoretical framework

According to Polit and Beck (2021: 114), a framework is the conceptual underpinning of a study. The Social Exchange Theory (SET), developed by George Homans in 1961 and revised in 1974, was used to guide this study, with contributions from other theorists for a more comprehensive understanding. This theory explains human behavior within society. For the purpose of this study, the focus will be on work-related relationships between nurses and their line managers in the clinical environment. According to Cherry (2020), in an article on Social Exchange Theory, the basic forces that drive human beings in a relationship are cost and benefit. These forces determine how an individual evaluates the value of a relationship and decides whether it is worthwhile (Fig. 1).

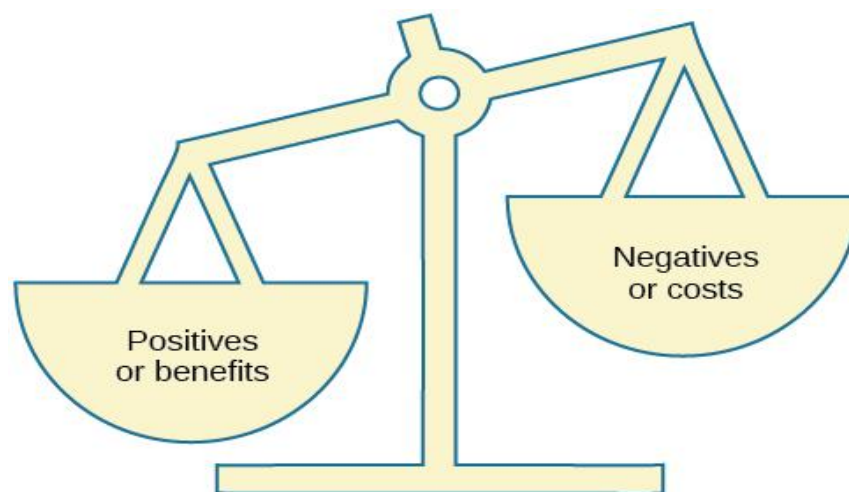


Figure 2.1: Social Exchange Theory (Rusbult & Van Lange, 2003).

According to Homans (1961:35), cost may refer to something valuable that an individual is prepared to give up. Cost is also defined as a punishment or the withdrawal of a reward and can be visible, such as money, or invisible, such as time, energy, and effort spent in a relationship. Benefits, on the other hand, are the things one gains from the relationship. These may be tangible, like money, or intangible, such as love, fun, companionship, and support. A person will weigh the effort (cost) that the relationship requires against the benefits and then decide whether to stay in or leave the relationship. If the cost is too high, the relationship may not continue or will eventually end. Homans further states that there should be equity in terms of rewards; if one person puts more effort (cost) into the relationship than the other, that person should be rewarded more.

In a work-related relationship, the cost may include unfavorable working conditions for nurses, a poor management style by the manager, and strained relationships between nurses and their managers. These costs are endured with the hope of gaining benefits such as experience, a better salary, professional growth, and improved work-related relationships. When nurses join a new team, they often work hard, put in extra hours, ensure that tasks are completed as required, and distribute work and opportunities fairly to avoid overburdening anyone. However, if the effort (cost) becomes too high compared to the support and professional growth (benefits), nurses may choose to absent themselves from work, request a transfer to a different unit, or resign. It is up to the manager to ensure that the employee produces great outputs or turns into the biggest problem in the unit due to negative relationships with the manager (McLarty et al. 2022: 308).

Homans' belief regarding human behavior led him to develop five propositions: the Success Proposition, the Stimulus Proposition, the Value Proposition, the Deprivation-Satiation Proposition, and the Rationality Proposition.

2.5.1 Success proposition

Homans (1961:53), proposes that a person is likely to repeat an action if there is a reward for that action. The result of the action motivates the person to repeat it. A human being will maintain a behavior as long as it is being rewarded, even if the

behavior itself is not particularly favorable. In a healthcare organization, for example, a nurse may wish for promotion to a senior level, professional development, or a manager who is humble, accommodating, and kind. A manager may use an undesired leadership style that nurses are not happy about; however, if there are rewards such as progress and recognition for work done, nurses might choose to remain in that unit despite the way their manager handles certain issues. Similarly, a manager might prefer to work with a nurse who is rude and disrespectful but consistently performs excellently, as the outcome of the work is achieved as expected despite the nurse's attitude.

2.5.2 Stimulus proposition

The results of a person's actions or performance make it likely for that person to repeat the same performance under similar circumstances. The circumstances that led to the results, therefore, stimulate the performance. A person may not perform if there is no stimulus (Homans 1974:23). Nurses who want to maintain a good relationship with their manager may work under unfavorable conditions, such as a severe staff shortage or extra hours. These conditions could stimulate the nurses to do more, making them feel good and willing to work under the same circumstances because of the relationship they wish to maintain with their manager. However, if nurses work hard under pressure and their manager does not appreciate or recognize their efforts, they may be unwilling to work under similar circumstances again. This can result in a negative relationship with the manager, which may manifest in different ways, such as increased absenteeism.

2.5.3 Value proposition

According to Homans (1974:25), if a person values the outcome of an action, there is a likelihood that the person will repeat the action. A person will try to perform actions that yield the results they value. Maintaining a valuable relationship in life and feeling valued in that relationship is important; therefore, one may do anything to ensure that the relationship they value is sustained. Professional growth and good working relationships are important to nurses. They will make every effort to maintain good relationships with their managers so that, in return, they may receive what they value.

Nurses will work hard, strive to do the right things in their units, and even make efforts to get closer to their managers to maintain these relationships. Managers, in turn, will want to work with good, understanding, and stable nurses for their benefit as well. They will try to meet their needs, display good communication skills, and have open-door policies for accessibility to maintain a harmonious relationship. Good communication and a knowledgeable manager contribute to the stable mental status of employees (Kuroda and Yamamoto 2018: 106).

2.5.4 Deprivation-satiation Proposition

The idea in this proposition is that the reward for an action or effort should be equal to its value. The expectation is that the greater the effort, the more valuable the reward. A person knows the value of their effort and expects a reward of equal value. If the person is deprived of this value, they feel dissatisfied and betrayed. In other words, a person will be dissatisfied if the reward does not match the effort, which may result in them acting in a way that only pleases themselves (Aggression-Approval Proposition) (Homans 1974:37). In some cases, individuals may receive rewards without making any effort, or may not be punished for failing to put in effort; these wrong actions may continue as they go uncorrected or unpunished. Such situations result in injustice and poor relationships, which can ultimately lead to separation.

In the clinical setting, nurses should be assigned tasks based on their qualifications and what they are worth. Nurses who perform well deserve acknowledgment and appreciation from their managers, while those who do not perform well deserve appropriate consequences (consequential management). This aligns with the proposition that individuals receive what they deserve. However, some managers may not recognize the value or efforts of certain nurses, causing those nurses to feel dissatisfied and betrayed in their relationship with the managers, prompting them to leave those units. The job assigned should match the qualifications or skills of the nurses; underutilization can lead to lower rewards and demotivation. Conversely, some nurses may fail to perform while burdening their colleagues, yet still avoid punishment. Such behavior is often perpetuated by the lack of managerial intervention, resulting in unhappy nurses and poor work relationships. Strong relationships from

management will ensure that nurses remain committed to their roles (Roth et al. 2022: 10).

2.5.5 Rationality proposition

When given options, a person tends to choose the best one (Homans 1974:43). Generally, people prefer to remain in healthy relationships and work towards maintaining them. However, in a relationship where one lacks interest, they might choose to exploit the other party. Some nurses may request to join units where managers maintain good working relationships with their nurses and may work hard to keep those relationships strong. Managers, in turn, would prefer to work with nurses who foster good relations with both their peers and managers. Conversely, some nurses may not have good relationships with their peers or managers and show little interest in maintaining positive interactions. These nurses may exploit their managers and colleagues by displaying a negative attitude, which disrupts the unit's functioning due to their lack of cooperation. Similarly, a manager who lacks good working relationships may exploit their nurses through unfair treatment.

2.5.6 Application of the social change theory

In this study, the framework was used to develop the objectives. Homans' (1961), propositions guided the formulation of objectives regarding the perspectives of nurses and nurse managers on their work-related relationships. The framework also shaped the data collection process, wherein the researcher used the theory's propositions to gather data through questionnaires administered to both nurses and their line managers. The data were then analyzed and interpreted with the theory in mind.

2.6 Chapter summary

In this chapter, the literature on workplace relationships was reviewed, and Homans' Social Exchange Theory was discussed as it guided the study. The next chapter will present the Research Methodology.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

Research methodology refers to the process used to obtain, organize, and analyze information (Polit & Beck 2021: 793). According to Grove and Gray (2021: 235), it encompasses the strategy employed by the researcher, from defining the research problem to interpreting the results. This chapter outlines the research methodology used in the study, detailing the methods of sampling and data collection employed to gather information from nurses and managers. It includes sections on research design, study setting, study population, respondent recruitment, sampling, data collection methods, data analysis, validity, reliability, and ethical considerations.

3.2 Research design

This study employed a descriptive quantitative cross-sectional survey design. Research design serves as a blueprint, allowing researchers to maximize control over variables that could affect the study's outcomes. The choice of research design is guided by the research questions the study aims to address (Gray & Grove 2021: 58). It outlines the basic strategies for developing evidence that is both accurate and interpretable. In quantitative studies, the research design involves crucial methodological decisions that impact the study's validity and reliability (Polit & Beck 2021: 158). The selection of this design was informed by the study objectives, ensuring alignment with the research goals and the nature of the data to be collected.

3.2.1 Quantitative research

Quantitative research focuses on the collection and statistical analysis of numerical data (Polit & Beck 2021: 10). It aims to determine causal effects between variables and constructs statistical models to explain observed phenomena. This approach is characterized by its formal, objective, and systematic process, using numerical data to gain insights about the world, often under controlled conditions (Grove, Burns & Gray 2013: 57). In this study, a quantitative approach facilitated the use of questionnaires to gather data on factors influencing work-related relationships

between nurses and line managers in selected public hospitals in Ugu District. The results from quantitative research are generalizable to similar settings or respondent groups, enhancing the applicability of the findings (Polit & Beck 2021: 10).

3.2.2 Descriptive research

Descriptive research is a broad category of non-experimental research designed to observe, describe, and document the features of a situation as it naturally occurs. It often serves as a preliminary step for theory development (Polit & Beck 2021: 196). This research approach allows the researcher to identify, describe, and estimate the relationships between variables through statistical methods such as frequency tables, ratios, percentages, and standard deviations (Grove & Gray 2016: 200). In this study, descriptive research was employed to explore and document the factors influencing work-related relationships between nurses and line managers in selected public hospitals in the Ugu District.

3.2.3 Cross-sectional design

A cross-sectional design is a research strategy used to examine behaviors, patterns, and trends of a group of subjects concurrently over a specified period of time. This approach allows for inferences to be made about the relationships between variables at a single point in time (Polit & Beck 2017: 162). In this study, data were collected from respondents who met the inclusion criteria at one point in time, providing a snapshot of the work-related relationships between nurses and line managers in selected public hospitals in the Ugu District.

3.2.4 Survey design

A survey design is utilized to collect data on the prevalence, distribution, and interrelations within a population. Surveys typically involve gathering data through self-administered questionnaires from a specific sample of the population (Polit & Beck 2021: 234). This approach allows for the analysis of a sample to produce a quantitative description of trends, attitudes, and correlations between various characteristics

(Creswell & Creswell 2023: 158). The data collected from surveys are analyzed numerically to reveal patterns, relationships, and the occurrence of the studied variables. In this study, a survey design was employed to determine the factors influencing work-related relationships between nurses and line managers in selected public hospitals in the Ugu District.

3.2.5 Research paradigm

A research paradigm represents a worldview or a broad perspective on the complexity of the world. It involves philosophical questions concerning the nature of reality and the relationship between the researcher and the subjects being studied (Polit & Beck 2021: 7). The research paradigm that underpins quantitative research design is the positivist paradigm. Positivists hold that reality exists independently of human perception and is determined by natural causes. In this paradigm, the researcher remains objective and independent from the research subjects, unlike in the constructivist paradigm where the researcher actively engages with respondents.

Quantitative research, guided by positivism, is a deductive process that is objective and focuses on quantifiable data. This approach examines phenomena as absolute truths and seeks to identify relationships within the data. Positivists rely on large samples to ensure representativeness and use traditional scientific methods to gather and analyze information under strict conditions, aiming to explain trends, directions, and outcomes of human behavior (Polit & Beck 2017: 9). The positivist approach is used to identify and assess the causes that influence outcomes (Creswell & Creswell 2023: 8). In this study, a self-administered questionnaire was utilized to collect objective data on the factors influencing work-related relationships between nurses and line managers in public hospitals in the Ugu District.

3.2.6 Research setting

The study was conducted in four public hospitals within the Ugu District of KwaZulu-Natal (KZN), South Africa. The hospitals included three district hospitals and one regional hospital. Ugu District is one of the eleven districts in KZN and is divided into four local municipalities: uMdoni, Ray Nkonyeni, uMzumbe, and uMuziwabantu. The

district is named "Ugu," which means "coast" in isiZulu, reflecting its coastal location. The seat of the district is Port Shepstone. Ugu District has a population of approximately 722,484 people, the majority of whom speak isiZulu.

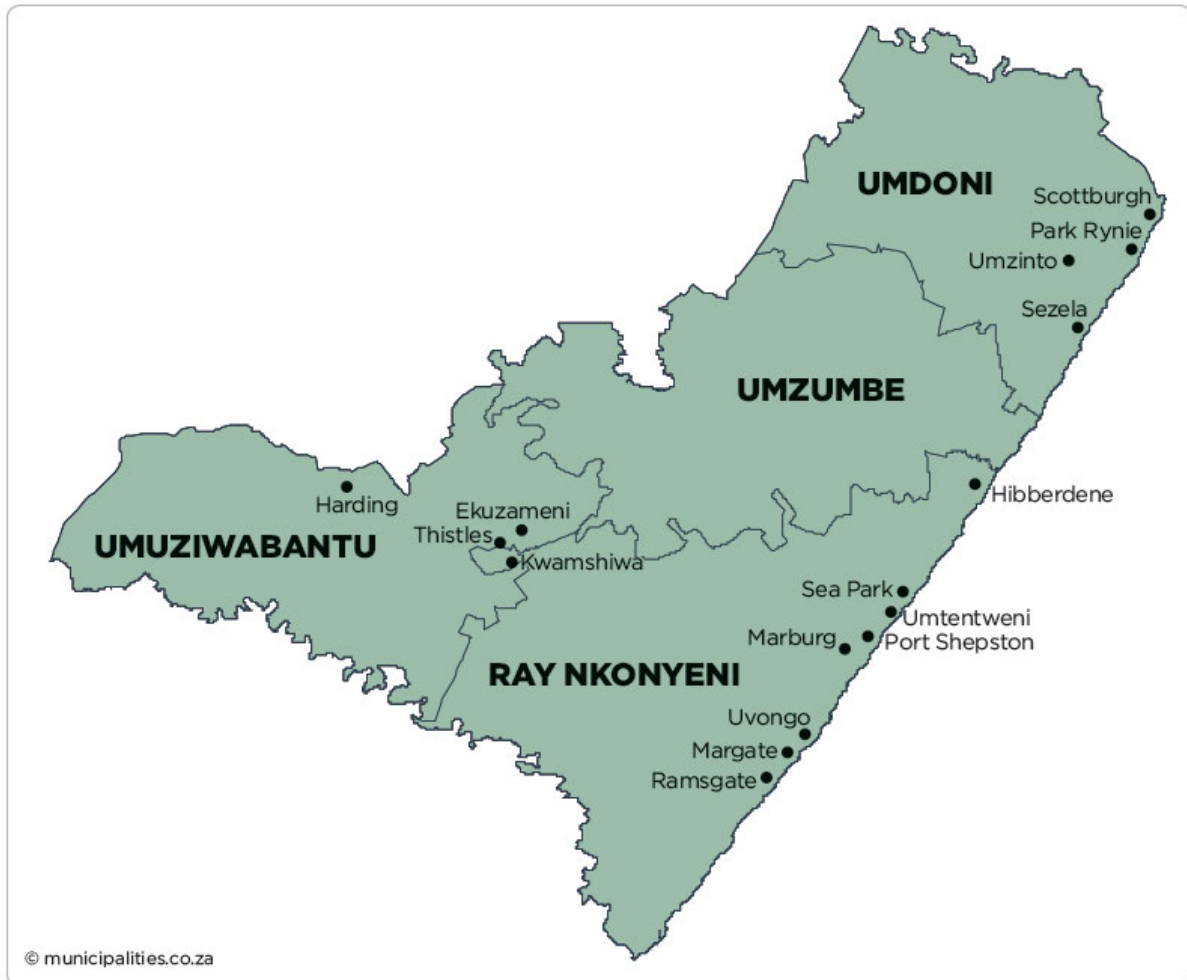


Figure3.1: Ugu District Municipality Map DC 21
(<https://municipalities.co.za/map/119/ugu-district-municipality>).

3.3 Sampling

Sampling is the process of selecting a subset of individuals from the entire population to represent the broader population. This process allows researchers to make inferences about the larger group based on the sample. Sampling involves choosing relevant elements, such as individuals, behaviors, or events, that align with the study's objectives (Polit and Beck 2021: 261).

3.3.1 Population

The population is defined as all individuals who meet the designated criteria and possess the variables of interest to the researcher (Gray and Grove 2021: 60). For this study, the population included all nurses and their managers across all wards in the hospitals located in Ugu District, totalling 1573 (appendix F). The target population, as described by Polit and Beck (2021: 260), is the specific group from which the researcher intends to collect data and draw conclusions. In this study, the target population comprised all categories of nurses and line managers working in the selected hospitals' wards.

3.3.2 Recruitment of respondents

Permission to conduct the study was obtained from the KwaZulu-Natal Department of Health (Appendix D6), the Ugu Health District Office (Appendix D1), and the Chief Executive Officers (CEOs) of the hospitals (Appendices D2, D3, D4, and D5). Recruitment of potential respondents proceeded after receiving full ethics approval from the university's ethics committee (IREC 273/22) (appendix A2).

The researcher initially met with line managers during their monthly meetings to discuss the study. During these meetings, potential respondents were informed about the study's purpose and their expected participation. An information letter (Appendix B) detailing the study's purpose was distributed to participants and was available for review at their convenience. The researcher addressed any questions and provided clarification as needed.

Potential respondents were assured that their involvement was voluntary and that they could withdraw from the study at any time without any repercussions. The significance of the study was explained to motivate participation. Confidentiality was emphasized, with the assurance that personal names would not appear on the questionnaires and that coded identifiers would be used in reporting results. Consent forms (Appendix C) were provided for potential respondents to sign on the day of data collection, indicating their agreement to participate.

3.3.3 Sampling of facilities

Census sampling was employed for selecting hospitals, meaning that all available hospitals within the Ugu district were included in the study. There are four public hospitals in the Ugu district, and all were incorporated into the sample. To ensure anonymity and confidentiality, these hospitals have been assigned the following codes: H1, H2, H3, and H4.

3.3.4 Sampling of respondents

Nurses and managers were sampled separately because they belong to a separate population as their professional function is completely different.

3.3.4.1 Sampling of Nurses

Nurses were stratified into categories: Managers, Registered Nurses, Enrolled Nurses, and Enrolled Nursing Auxiliaries. Within each category, potential respondents who agreed to participate were selected using simple random sampling. This was done using a fishbowl technique: each consenting nurse's number was written on a piece of paper, placed in a bowl, and drawn randomly. To ensure equal opportunity for all potential respondents, each number was recorded and returned to the bowl after each draw.

3.3.4.2 Sampling of Managers

Managers, due to their smaller number, were included in the study without sampling and were encouraged to participate. All selected nurses and managers signed a consent form (Appendix C) to confirm their agreement to participate in the study.

Inclusion Criteria for nurses

- All categories of nurses from unit managers to the lowest category.
- Nurses who were 18 years and older.
- Permanently employed nurses who have worked for a year or longer in the hospital where they were during data collection.

Exclusion Criteria for nurses

- Nurses who were in management positions above the unit manager because they do not directly supervise nurses in the units.
- Student nurses because they are usually in the units for a short period.
- Temporary employed or sessional nurses because they may be working in different units irregularly and for a short period.

Inclusion criteria for managers

All unit managers

Exclusion criteria for managers

Other managers above the unit manager because they do not supervise nurses in the units.

3.3.5 Sample Size of respondents

In quantitative studies, the sample size is generally predetermined and should be sufficiently large to ensure representativeness of the population. A larger sample size reduces sampling error and enhances the reliability of the results (Creswell and Creswell 2023: 432).

3.3.5.1. Sample size of nurses

To determine an appropriate sample size, the researcher consulted a statistician (Appendix H) who used Cochran's formula, considering a population size of 1,537, an alpha level of 0.05, a margin of error of 0.05, and a 95% confidence level. An additional 15% of the calculated sample size was included to account for non-returned and spoiled questionnaires. The final sample size, as detailed in Table 3.1, reflects this adjustment.

3.3.5.2 Sample size for managers

All 43 managers from the selected hospitals were sampled.

Table 3.1: Sample size for nurses and line managers

Staff categories	(H1)	(H2)	(H3)	(H4)	Total
Managers	12	14	12	5	43
Registered Nurses	65	52	36	26	179
Enrolled Nurses	36	29	25	15	105
Enrolled Nursing Auxiliary	23	18	29	9	79
Total	133	110	102	55	406

3.4 Data collection

Data collection is a systematic and precise process that involves gathering information relevant to the research objectives. In quantitative research, this process typically involves the collection of numerical data, and it begins when the researcher engages with the first respondent and concludes when data is collected from the last respondent (Gray and Grove 2021: 62).

3.4.1 Data collection Instruments

Data collection is a precise, systematic process involving the gathering of information relevant to the research aim. In quantitative research, this process is numerical in nature and begins when the researcher meets with the first respondent, continuing until data is collected from the last respondent (Gray and Grove 2021: 62).

Two separate questionnaires were employed for data collection: one for managers (Appendix F1) and another for nurses (Appendix F2). Each questionnaire was structured into three sections. Section A of both questionnaires gathered demographic information, including age, gender, race, qualifications, and years of experience. Section B contained statements designed to measure attitudes and perceptions, with managers responding to 21 statements and nurses to 27 statements, using a five-point Likert scale where 5 represented "strongly agree" and 1 represented "strongly disagree." Section C included an open-ended question in both questionnaires, asking respondents for suggestions on improving existing relationships. The questionnaires were written exclusively in English, the language used for training and daily

communication within the hospitals. Completing the data collection instrument took between 15 to 20 minutes.

3.4.2 Pre-testing the data collection instrument

A pilot study serves as a preliminary trial to test and refine research methods and procedures before the main study (Polit and Beck 2021: 170). To ensure the effectiveness of the data collection tool and method, the researcher conducted a pilot study involving respondents who met the inclusion criteria from two conveniently sampled hospitals. This pilot study was carried out after obtaining provisional ethics approval (Appendix A1). The pre-test sample included four managers, 17 registered nurses, 10 enrolled nurses, and eight enrolled nursing auxiliaries, representing 10% of the total sample size planned for the main study. The inclusion criteria were applied to ensure that the pilot participants had similar characteristics to those in the main study. Following the same recruitment procedures and ethical principles used in the main study, the researcher distributed the questionnaires (Appendices F1 and F2) to the participants in an unused consultation room. The completed questionnaires were collected immediately by the researcher and placed in a sealed envelope. Participants were asked to provide feedback on the usability and clarity of the questions or statements in the questionnaire. Based on this feedback, necessary amendments were made to the instrument. It is important to note that respondents from the pilot study were not included in the main study.

3.4.3 Data collection process

Data collection for the study commenced on February 7, 2023, and continued until October 26, 2023, following the receipt of full ethics clearance from the DUT Institutional Research Ethics Committee (IREC 273/22) (Appendix E2) and obtaining the necessary gatekeeper permissions. Prior to the data collection days, the researcher contacted hospital managers telephonically to arrange entry into the hospitals. Specific times were scheduled with unit managers for data collection and to meet with the nurses. On the designated days, the researcher waited in the staff lounges for potential respondents, providing further clarification as needed and ensuring that consent forms (Appendix C) were signed and collected immediately. The

signed consent forms were placed in sealed envelopes to maintain the confidentiality of the respondents' identification, keeping it separate from the questionnaires.

Respondents completed the questionnaires in private areas, ensuring minimal disturbance. The researcher was present to prevent discussion among respondents who were completing the questionnaires simultaneously and to collect completed forms promptly to avoid any that might be left unreturned. Adequate ventilation and lighting were provided, with windows open to enhance air circulation and visibility. Both the researcher and respondents wore face masks to cover their mouths and noses. Hand sanitizer was provided to sanitize hands before and after the exchange of documents, including consent forms and questionnaires. The sanitizer was also used to clean surfaces after each respondent. Confidentiality was rigorously maintained, with respondent names not used and questionnaires coded. Once completed, the questionnaires were collected, checked for completeness, and placed in sealed envelopes.

3.5 Validity and reliability

3.5.1 Validity

Validity refers to the degree of accuracy and reliability in scientific findings, indicating how well the study measures what it intends to measure (Polit and Beck 2021: 207). In this study, validity was ensured by administering the same questionnaire to all respondents at each site under consistent conditions. Each respondent completed the questionnaire independently to prevent any influence on their responses by others. The researcher was present during data collection to oversee the process, ensuring that all procedures were followed to maintain the integrity and accuracy of the data collected.

3.5.1.1 Content validity

Content validity refers to the extent to which a measurement method covers all relevant elements of the construct being measured (Grove, Gray and Burns 2015: 291). To achieve content validity, a comprehensive review of the literature on the concept being measured was conducted. Additionally, the items on the data collection tool were examined in relation to the research objectives and concepts within the

theoretical framework to ensure they adequately measured all components of the study. The validity of the tool was further assessed through piloting, which evaluated how well the responses aligned with the scale items.

3.5.1.2 Construct validity

Construct validity refers to the degree to which inferences made from observations of persons, settings, and interventions in a study accurately represent the constructs being investigated and how well the instrument measures the intended construct (Polit and Beck 2021: 326). To ensure construct validity, the researcher aligned the study measures with the research objectives and questions, ensuring consistency with the theoretical framework.

3.5.2 Reliability

Reliability refers to the extent and degree of consistency with which an instrument measures an attribute and how free the measurements are from error (Polit and Beck 2021: 316). There are three key aspects of reliability: internal consistency, test-retest reliability, and equivalence. Internal consistency measures the extent to which scores remain stable when the instrument is used under different conditions or by different researchers (Polit and Beck 2021: 316). Test-retest reliability involves determining the consistency of the measurement technique by correlating scores obtained from repeated measures. Stability, another aspect, refers to obtaining similar results on the same attribute using the same measuring scale on two separate occasions (Polit and Beck 2021: 317). Lastly, equivalence, also known as interrater reliability, involves comparing results from two observers measuring the same event; however, this was not applicable in this study as it was non-observational. In this study, respondents meeting the inclusion criteria were randomly selected from different data collection sites and issued the same questionnaire. The pilot study helped pre-test the data collection tool, and the pre-tested questionnaire was used in the main study until the required sample size was achieved. Internal consistency was evaluated by calculating the coefficient alpha, with values ranging from 0.00 to 1.00; higher values indicate better internal consistency (Polit and Beck 2021: 320).

3.6 Data analysis

Data Analysis is described as the process of summarizing, condensing, organizing, evaluating, and interpreting information that has been collected (Polit and Beck 2021: 53). The goal of data analysis is to transform data into insights that address the main research question. For this study, all collected data were coded and entered into the Statistical Package for Social Sciences (SPSS), version 29. The data were analyzed descriptively to organize and interpret them in a manner that provides meaning and insight for the reader. Frequency tables and histograms were used to describe the data. Responses to open-ended questions were coded, grouped into categories, and then quantified in a spreadsheet.

To explore the structure of the data when a construct is measured using several items and to reduce these items to a smaller number of latent variables, factor analysis with promax rotation was applied. During this process, some items may be discarded if they do not load strongly onto any factor or if they cross-load onto multiple factors. The reliability of combining items into a single latent variable was tested using Cronbach's alpha, with an alpha value of at least 0.5 considered adequate. Items that did not correlate strongly with others in the construct and negatively impacted reliability may have been removed. Factor extraction was deemed successful if the Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) exceeded 0.6 and Bartlett's test of sphericity was significant.

3.7 Triangulation of results

Triangulation refers to the process of drawing conclusions by examining various elements or types of data to identify areas of agreement or disagreement (Burns and Grove 2021: 394). In this study, the researcher employed triangulation by comparing the results obtained from managers with those from nurses. This approach allowed for the identification of similarities and differences between the perspectives of both groups, thereby enhancing the robustness and validity of the findings.

3.8 Data storage

The researcher ensured the secure storage of all data collected from respondents, including consent forms (Appendix C) and questionnaires (Appendices F1 and F2). Hard copies were placed in sealed envelopes immediately after data collection and locked in a cupboard in the researcher's office, to which only the researcher has the key and access. Electronic data were stored securely on a password-protected personal computer, with the password known only to the researcher. All records will be retained securely for a period of five years, in accordance with the data management policy of the Durban University of Technology (DUT). After this period, the records will be securely deleted and shredded by the researcher.

3.9 Ethical Considerations

Ethical principles are essential for protecting study participants and provide guidance to researchers on how to properly conduct their studies. Researchers working with human subjects must address ethical issues, particularly in qualitative research, where they often develop close relationships with participants (Polit and Beck 2021: 55).

3.9.1 Permission

The Durban University of Technology Research Ethics Committee (IREC 273/22) approved the study proposal. Permission to conduct the study was subsequently sought and obtained from the Ugu District Office (Appendix D1), the hospital CEOs (Appendices D2, D3, D4, and D5), and the provincial office (Appendix D6). The recruitment and data collection processes commenced only after all necessary permissions had been received.

3.9.2 Informed consent

Respondents were informed about the study during the recruitment process and were provided with an information letter (Appendix B) to read at their leisure. They were also informed about the purpose of signing the consent form (Appendix C), and it was emphasized that the information provided in the consent was strictly confidential. All participants were confirmed to have the capacity to understand the information provided and the cognitive ability to give informed consent.

3.9.3 Right to information

Participants were fully informed about the study. The researcher met with potential participants during the recruitment phase to discuss the purpose of the study and their expected involvement. Potential participants were also given an information letter (Appendix B) detailing the study.

3.9.4 Beneficence

The principle of beneficence involves the right to freedom from harm and discomfort, which can be either physical or emotional. According to Polit and Beck (2021: 133), the research process should benefit participants and not cause harm. The researcher collecting the data ensured that harm was prevented or minimized (non-maleficence). Participants were assured that they would be protected from any risk of harm or discomfort, and the study was not expected to harm them in any way.

3.9.5 Respect for human dignity

Respect for human dignity encompasses the right to self-determination and full disclosure. Participants entered the study voluntarily, and their right to refuse to provide information was respected. If at any point during the study participants chose to withdraw, their decision was respected without prejudice or coercion. No rewards or incentives were offered for participation, and no costs were incurred by participants.

3.9.6 Justice

The principle of justice involves the right to fair treatment and the protection of participants' privacy. Participants were selected based on the study's requirements, not on any vulnerability. Those who declined to participate were not prejudiced or treated unfairly in any way.

3.9.7 Privacy and confidentiality

The researcher ensured that care was taken to protect participants' privacy throughout the study. Data collection was conducted using questionnaires, which took place in private spaces to maximize privacy. Pseudonyms were used for each questionnaire to maintain confidentiality, and the selected hospitals were assigned codes. Privacy and confidentiality were maintained throughout the research process.

3.10 Chapter summary

This chapter outlined the rationale for the study and also delineated the research objectives, questions and the research design and methodology used for the purposes of this study. It also defined the ethical principles that were considered for this study. Chapter Four presents the results of the study.

Chapter 4: Presentation of Results

4.1 Introduction

The previous chapter focused on the research methodology used in this study. This chapter presents the results of the data collected from respondents, following the quantitative method employed in the research. The study aimed to identify the factors influencing the work-related relationship between nurses and their line managers. Descriptive results are illustrated using tables and histograms, while various inferential tests were conducted to examine relationships between variables, providing further insights and descriptions.

4.2 Tests used in the analysis

- Descriptive statistics including means and standard deviations, where applicable. Frequencies are represented in tables and histograms.
- One sample t-test: Tests whether a mean score is significantly different from a scalar value.
- Independent samples t-test: A test that compares two independent groups of cases.
- Spearman's correlations measure how ordinal variables or rank orders are related.
- ANOVA A test that compares more than 2 independent groups
- Exploratory factor analysis- determine the structure of the data

4.3 Sample realisation

Questionnaires were distributed to a sample of 363 nurses across all categories, and a 100% response rate was achieved. All questionnaires were fully completed, and there were no spoiled questionnaires.

4.4 Demographic characteristics, for nurses

4.4.1 Age, race, and gender

The ages of the respondents ranged from 18 to 65 years. The majority of nurses were between 30 and 39 years old, accounting for 44.1% (n=160) of the sample, while those aged 50 to 65 years were the least represented at 1.7% (n=6). Most respondents were female, comprising 86% (n=312) of the sample, while males made up 14% (n=51). In terms of race, the majority of participants were Black, at 81.8% (n=297), while Coloured respondents were the least represented at 4.7% (n=17) (Figure 4.1).

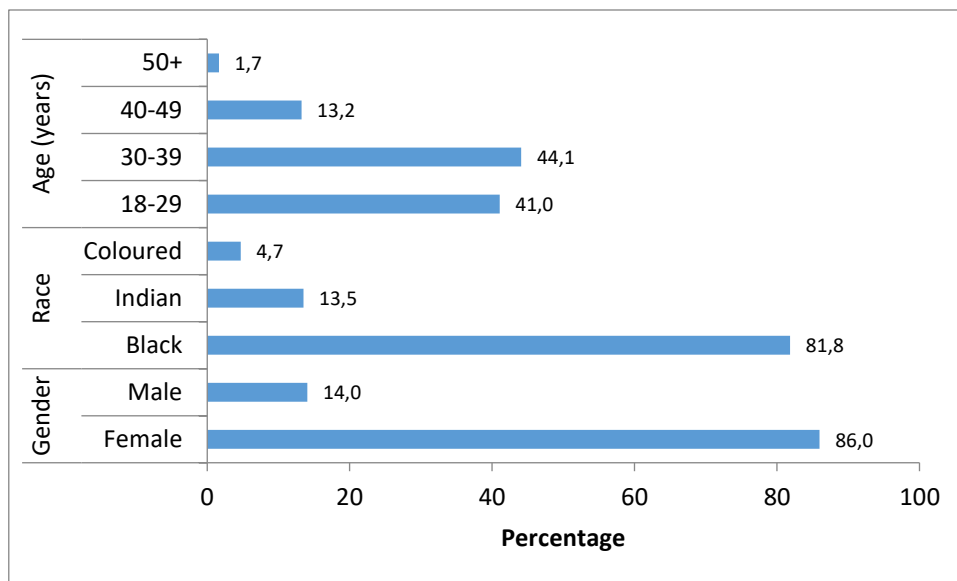


Figure 4.1: Gender, race and age of nurses

4.5 Highest Nursing qualification, Nursing category, current ward and years of experience as a nurse.

Among the respondents, the majority of nurses held certificates, accounting for 46% (n=167), while those with degrees were the least represented at 19.3% (n=70). The largest group of nurses were registered nurses, making up 47.4% (n=172) of the sample, while enrolled nursing auxiliaries were the fewest at 22.3% (n=81). Regarding ward placement, 23.4% (n=85) of nurses worked in medical wards, whereas only 1.9% (n=7) were in orthopaedic wards. In terms of experience, the majority of nurses had

10-19 years of experience, representing 50.1% (n=182), while a small number had over 40 years of experience, making up just 0.3% (n=1) (Figure 4.1).

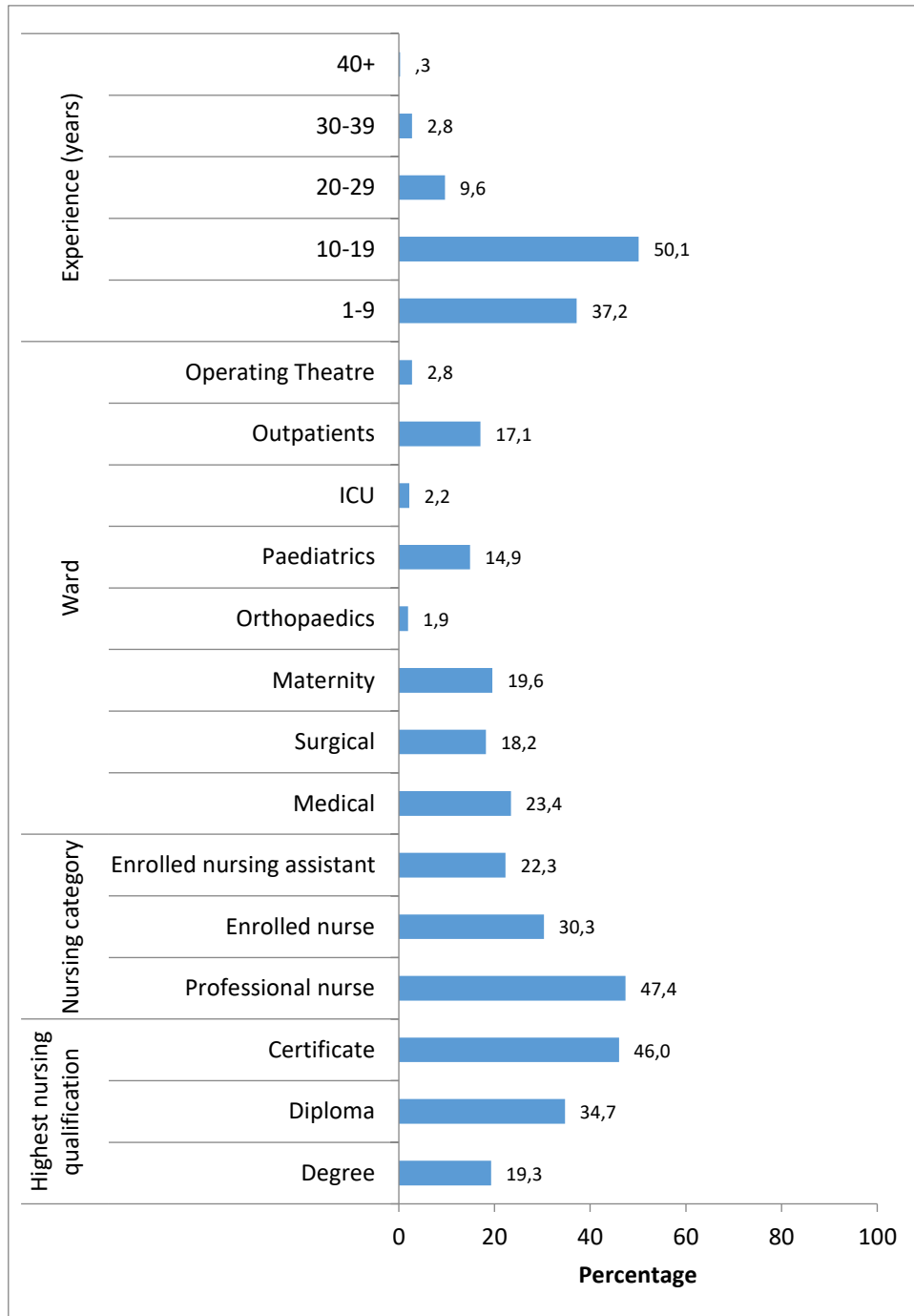


Figure 4.2: Qualifications, categories, wards and experience

4.6. Nurses' perspectives regarding their work-related relationship with managers

The objective was to determine nurses' perspectives regarding work-related relationships with their line managers in the selected hospitals in Ugu district. In this section, nurses were given a questionnaire containing 27 statements and asked to indicate their level of agreement or disagreement with each statement. Univariate analysis was conducted, and a one-sample t-test was applied to test the average agreement score. Significant agreement was found for 21 (78%) of the 27 statements, with a score greater than 3 and a p-value of less than .001. Any results other than these two scores were deemed insignificant and are not presented in this section.

Table 4.1 presents the results of the one-sample t-test on nurses' perspectives regarding their work-related relationships with their managers. The results indicated that the majority of nurse respondents significantly agreed that there was a good relationship between them and their managers, as demonstrated by the following statements with the highest scores: *"I can consult with my manager at any time"* (M = 3.75, SD = .834, $t(361) = 17.184$, $p < .001$); *"I have made an effort to establish working relationships with my manager"* (M = 3.78, SD = .658, $t(362) = 22.480$, $p < .001$); *"I sometimes have individual discussions with my manager"* (M = 3.90, SD = .837, $t(362) = 38.703$, $p < .001$); and *"I am able to communicate problems that affect my duties with my manager"* (M = 3.82, SD = .625, $t(362) = 25.030$, $p < .001$).

The one-sample t-test revealed significant disagreement among nurse respondents regarding 3 (11%) of the 27 statements in the questionnaire, as indicated by scores below 3 and p-values greater than .001. The statements showing significant disagreement included: *"I do not have any relationship with my manager"* (M = 2.53, SD = .920, $t(362) = -9.755$, $p < .001$); *"I would like to have new duties assigned to me as I feel I am no longer gaining any skill and knowledge"* (M = 2.66, SD = .997, $t(362) = -6.579$, $p < .001$); and *"Doing right or wrong does not make any difference in this unit as some nurses do not get punished for the wrong things they do"* (M = 2.72, SD = .979, $t(362) = -5.415$, $p < .001$).

Table 4.1: One sample t test of nurses' perspectives

Nurses' relationship with line managers	n	Mean	Standard deviation	t	df	p-value
I can consult my manager at any time	363	3.75	.834	17.184	362	<.001
I have a good relationship with my manager	363	3.63	.829	14.506	362	<.001
I have made an effort to establish a working relationship with my manager	363	3.78	.658	22.480	362	<.001
I do not have any relationship with my manager	363	2.53	.920	-9.755	362	<.001
I feel valued by my manager	363	3.18	1.019	3.399	362	<.001
I am de-motivated because of a kind of a manager I have	363	3.24	1.006	4.589	362	<.001
I am interested in knowing more about my manager so that I can strengthen our relationship	363	3.46	.934	9.324	362	<.001
I would like to continue to work under this manager	362	3.35	1.013	6.639	361	<.001
I sometimes feel the need to take leave to have a break from my manager	362	3.64	.837	14.627	361	<.001
I sometimes have individual discussions with my manager	363	3.90	.445	38.703	362	<.001
I am able to communicate problems that affect my duties with my manager	363	3.82	.625	25.030	362	<.001
I get regular feedback from my manager when she/ he comes back from meetings	363	3.61	.821	14.256	362	<.001
I like the management style of my manager	363	2.90	1.105	-1.805	362	.072
My manager has an open door policy	363	3.78	.686	21.652	362	<.001
My manager holds regular meetings with staff	362	3.74	.697	20.197	361	<.001
My manager has a good manner of approach towards me	363	3.28	1.062	4.941	362	<.001
My manager is approachable for non-work-related matters	363	3.33	1.032	6.001	362	<.001
My manager is approachable for work-related matters	363	3.65	.821	15.143	362	<.001
My manager is easy to communicate with	363	3.40	1.031	7.330	362	<.001
My manager shows favouritism	363	3.00	1.089	-.048	362	.962

I would like to have new duties assigned to me as I feel I am no longer gaining any skill and knowledge	363	2.66	.997	-6.579	362	<.001
I am acknowledged and rewarded by the manager when I do good work	363	3.20	1.048	3.605	362	<.001
Staff who do not perform or who break the rules, in the unit, face consequences	363	3.58	.845	13.176	362	<.001
I feel there is no progress in this unit. I would like to be allocated somewhere else	363	3.06	1.056	1.143	362	.254
My manager allows me opportunities to grow professionally	363	3.12	1.031	2.240	362	.026
My skill and qualification match the work my manager assigns me in this unit	363	3.49	.884	10.513	362	<.001
Doing right and doing wrong does not make any difference in this unit as some nurses do not get punished for the wrong things they do	363	2.72	.979	-5.415	362	<.001

4.7 Factor analysis

Factor analysis with promax rotation was conducted on the 27 items in the questionnaire. Eight items—1, 4, 6, 9, 20, 21, 24, and 27—were dropped because they did not load strongly enough onto any factor. Additionally, item 10 was removed due to its low correlation with other items on the factor, which negatively affected reliability. Two factors were extracted, accounting for 38.02% of the variance in the data. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) was .887, and Bartlett's test was significant, indicating that the data were adequate for successful and reliable extraction. The rotation converged in three iterations. The extracted factors and their item loadings are summarized in Table 4.

Table 4.2: Extracted factors and factor loadings

Statements	Factor	
	1	2
S17. My manager is approachable for non-work-related matters.	.743	
S18. My manager is approachable for work-related matters.	.697	
S19. My manager is easy to communicate with.	.665	
S14. My manager has an open door policy.	.655	
S3. I have made an effort to establish a working relationship with my manager.	.642	
S8. I would like to continue to work under this manager.	.625	
S16. My manager has a good manner of approach towards me.	.570	
S11. I am able to communicate problems that affect my duties with my manager.	.534	
S12. I get regular feedback from my manager when she/ he comes back from meetings.	.500	
S13. I like the management style of my manager.	.487	
S7. I am interested in knowing more about my manager so that I can strengthen our relationship.	.381	
S25. My manager allows me opportunities to grow professionally.		.740
S22. I am acknowledged and rewarded by the manager when I do good work.		.647
S5. I feel valued by my manager.		.630
S26. My skill and qualification match the work my manager assigns me in this unit.		.618
S23. Staff who do not perform or who break the rules, in the unit, face consequences.		.482
S15. My manager holds regular meetings with staff.		.444
S2. I have a good relationship with my manager		.429

4.8 Details of the extracted factors

The values for Cronbach's alpha indicate good internal consistency among the items on each factor. The composite variables, which were formed by calculating the average of the agreement scores for all items included in each variable, demonstrated reliability. These findings are summarized in Table 4.3.

Table 4.3: Nurses' relationships with managers

Factor	Construct	Items included	Variance extracted	Cronbach's alpha
1	Management style and communication (MSC)	3, 7, 8, 11 -14, 16-19	32.47	.871
2	Personal growth and value (PERS)	2, 5, 15, 22, 23, 25, 26	5.55	.761

Regarding the nurses' relationship with their line managers, there was significant agreement that communication between nurses and their managers was effective, and that nurses appreciated their managers' style of management. Additionally, nurses significantly agreed that they felt valued and that their managers contributed to their personal growth, as detailed in Table 4.4.

Table 4.4: One sample t test of nurses' relationship with managers

Nurses' relationship with line managers	n	Mean	Standard deviation	t	df	p-value
Management style and communication	363	3.49	.598	15.489	362	<.001
Personal growth and value	363	3.42	.586	13.662	362	<.001

4.9 Analysis to determine if there is any significant difference in these latent variables across demographics

An analysis was conducted to determine whether there were any significant differences in management style and communication, as well as in aspects of personal growth and feeling valued.

4.9.1 Gender

Females expressed significantly stronger agreement than males regarding their appreciation of their manager's management style and the encouragement and availability of communication with their manager.

Table 4.5: Independent sample t test

Construct	Category	n	Mean (SD)	t	df	p-value
Management style and communication	Female	312	3.5 (0.612)	-2.318	78.596	.023*
	Male	51	3.6 (0.485)			
Personal growth and value	Female	312	3.4 (0.591)	0.774	361	.439
	Male	51	3.4 (0.560)			

4.9.2 Race

An ANOVA/Welch test was conducted to examine potential significant differences in management style and communication (MSC) across different racial groups. The results indicated no significant differences in MSC across races. However, there were significant differences in the perceptions of personal growth and value across racial groups, Welch F (2,42.294) = 4.494, p=.012. Post hoc analysis using the Games-Howell test revealed that Indians reported significantly greater agreement regarding personal growth and value compared to Blacks (p=.043) (table 4.6).

Table 4.6: Anova / Welch test

Construct	Category	n	Mean (SD)	F/ Welch	df1; df2	p-value
Management style and communication	Black	297	3.46 (0.599)	1.455	2;360	0.235
	Indian	49	3.56 (0.648)			
	Coloured	17	3.67 (0.372)			
Personal growth and value	Black	297	3.38 (0.599)		2;42.294	0.012
	Indian	49	3.59 (0.537)			
	Coloured	17	3.60 (0.344)			

4.9.3 Qualifications

Significant differences were observed in the results of nurse respondents based on their qualifications.

4.9.4 Category

Nurse respondents were sampled from various categories, including registered or registered nurses, enrolled nurses, and enrolled nursing auxiliary; significant differences were found across these categories.

4.9.5 Differences between the facilities

A robust test of equality was performed to assess potential differences between the four hospitals regarding management style and communication, as well as personal growth and value. The results indicated no significant differences between the facilities.

Table 4.7: Robust tests of Equality of means

Construct	Category	n	Mean (SD)	df1; df2	p-value
Management style and communication	H1	122	3.48 (0.573)	3;191.8 0	0.36
	H2	93	3.46 (0.695)		
	H3	93	3.44 (0.654)		
	H4	55	3.62 (0.298)		
Personal growth and value	H1	122	3.30 (0.639)	3;185.4 4	0.30
	H2	93	3.45 (0.650)		
	H3	93	3.48 (0.0.518)		
	H4	55	3.53 (0.3990)		

4.10 Results from open-ended questions

One of the study's objectives was to gather nurses' suggestions on strategies to enhance their work-related relationships with their managers. The questionnaire included an open-ended question asking respondents, "What could be done to improve the existing relationships with your managers?" The responses were coded, categorized, and quantified using a spreadsheet. Table 4.5 illustrates that the analysis identified six categories of suggested improvements. The majority of nurses recommended enhancing communication, with 39.5% (n=139) citing it as a key strategy. Conversely, fewer nurses suggested improving listening skills, with only 18.2% (n=64) considering it a significant factor for improving their relationships with managers (Table 4.8).

Table 4.8: Strategies to improve relationships (Nurses)

Category code	Category label	Frequency (n)	Percentage
1	Communication	139	39.5
2	Leadership style	105	29.8
3	Favouritism	93	26.4
4	Listening skills	64	18.2
5	Progress	129	36.6
6	Other	27	7.7

4.11 Results from Managers' data

Results of data obtained from managers is presented below.

4.11.1 Demographic characteristics, for managers

The ages of respondents ranged from 30 to 65 years. The majority were female, comprising 88.4% (n=38) of the sample, while males constituted 11.6% (n=5). Among the respondents, the majority were Black, making up 93% (n=40), followed by Indians at 4.7% (n=2), and Coloureds, who were the least represented at 2.3% (n=1) (Figure 4.3).

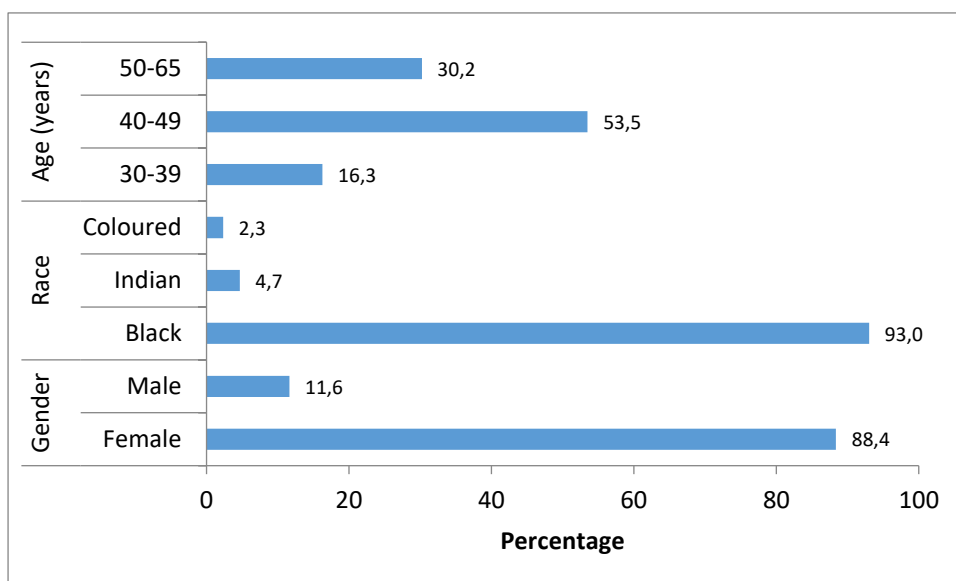


Figure 4.3: Gender, race and age for managers

4.11.2 Post basic qualifications, years of experience as a nurse and years of experience as a manager.

Among the respondents, most managers had degrees in nursing management, 37.2% (n=16), those with diplomas in nursing management were the least 16,3% (n=7). The majority of respondents 58.1% (n=25), had 20-29 years' experience as nurses and 2,3% (n=1) had between 30-39 years. Most participants (48.8%) had between 10-19 years' experience as managers and very few 14.0% (n=6) had between 20-29 years (figure 4.4).

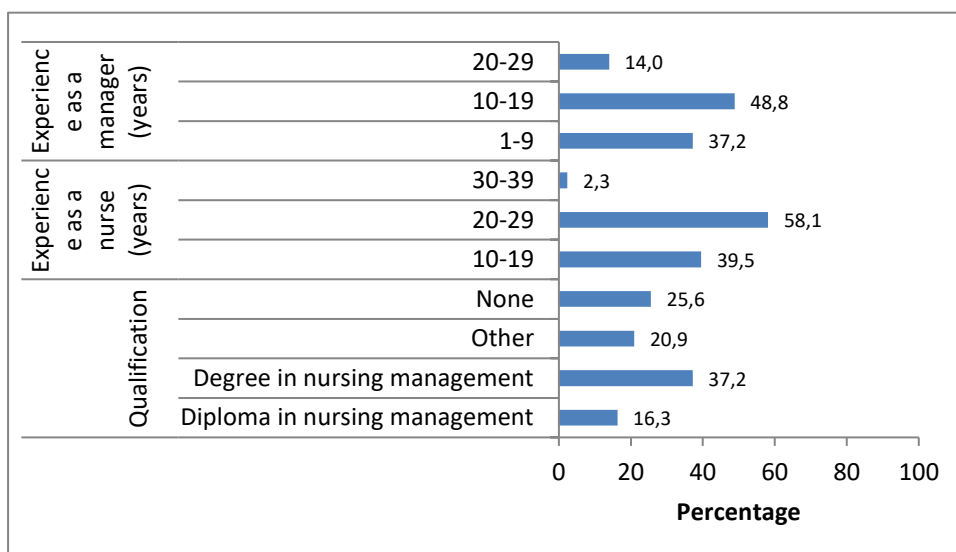


Figure: 4.4 Post basic qualifications, experience as nurses and managers

4.12 Managers perspectives regarding their work relationships with the nurses

The objective was to determine the managers' perspective regarding work-related relationships between themselves and the nurses. To achieve this, managers were provided with a questionnaire containing 21 statements. They were asked to indicate their level of agreement or disagreement with these statements (Table 4.9).

Univariate analysis was done and one sample t- test was applied to test the average agreement score. Significant agreements were results showing a score above 3, significant disagreement was results showing a score of less than 3. Any other results other than the two scores, were insignificant and are therefore not presented in this section. Results indicated that the majority of manager respondents agreed significantly to 15 (72%) of 21 statements relating to work-related relationships between them and the nurses. The few selected highest agreement scores are presented below. *"I have a good relationship with the nurses in this unit"*, $M 4.28$; $SD .504$ $t(42) = 16.655$, $p < .001$; *"I discipline nurses who do not obey the rules"*, $M 4.5$, $SD .434$ $t(43) = 15.816$, $p < .001$; *"I have made an effort to establish a work relationship with the nurses in this unit"*, $M 4.02$, $SD .408$, $t(43) = 16.463$, $p < .001$. Manager respondents significantly disagreed on six (29%) of 21 statements and few selected lowest disagreement score are presented below. *"I am not interested in forming work or social relationship with the nurses in this unit"*, $M 1.81$, $SD .546$, $t(43) = -14.250$, $p < .001$; *"I become de-motivated when I get to my workplace, because of the negativity of the nurses in this unit"*, $M 2.07$, $SD .457$, $t(43) = -13.333$, $p < .001$; *"Nurses have been promoted to senior positions in this unit during my management period"*, $M 2.16$, $SD .615$, $t(42) = -8.934$, $p < .001$.

Factor analysis was unsuccessful for this section of the questionnaire for two primary reasons. First, the reduction of the 21 statements into a few latent variables could not be achieved because responses to several statements were identical, which compromised the validity of using all items in the analysis. Second, the sample size was inadequate for successful factor extraction.

Table 4.9 One sample test

Managers' perspectives regarding nurses	n	Mean	Standard deviation	t	df	p-value
S1. I have a good relationship with the nurses in this unit.	43	4.28	.504	16.655	42	<.001
S2. I have made an effort to establish a work relationship with the nurses I this unit.	43	4.02	.408	16.463	42	<.001
S3. I organize team building sessions / social gatherings with the nurses in this unit	43	3.93	.704	8.670	42	<.001
S4. I am not interested in forming work or social relationship with the nurses in this unit.	43	1.81	.546	- 14.250	42	<.001
S5. I would like to stay in this unit because of the good relationship I have with the nurses.	43	4.14	.467	15.998	42	<.001
S6. I sometimes feel the need to take leave to have a break from the nurses in this unit.	43	2.42	.852	-4.476	42	<.001
S7. I become de-motivated when I get to my workplace, because of the negativity of the nurses in this unit.	43	2.07	.457	- 13.333	42	<.001
S8. I hold meetings with individual nurses to address issues that need to be resolved.	43	4.02	.152	44.000	42	<.001
S9. I have an open communication with nurses.	43	4.02	.152	44.000	42	<.001
S10. When necessary, I discuss expected changes in behavior with individual nurses.	43	4.02	.152	44.000	42	<.001
S11. I acknowledge nurses who do well in this unit.	43	4.02	.152	44.000	42	<.001
S12. The institution has policies that support the disciplining of nurses.	43	3.91	.294	20.236	42	<.001
S13. I discipline nurses who do not obey the rules.	43	4.05	.434	15.816	42	<.001

S14. The institutional management supports me when disciplining nurses.	43	3.19	.906	1.346	42	<.001
S15. I treat all nurses equally.	43	4.00	.000	30.000	42	<.001
S16. Some of the nurses are disrespectful , resistant to delegation and do not obey rules.	43	3.88	.544	10.657	42	<.001
S17. I delegate duties according to qualifications and skills.	43	3.98	.152	42.000	42	<.001
S18.I send the nurses for development and training when needed.	43	3.91	.366	16.247	42	<.001
S19. I am interested in knowing more about the nurses in my unit.	43	4.00	.218	30.050	42	<.001
S20. Some nurses in the unit are over qualified for the job they do.	43	2.28	.734	-6.437	42	<.001
S21.Nurses have been promoted to senior positions in this unit during my management period.	43	2.16	.615	-8.934	42	<.001

4.13 Differences across demographics

The Kruskal Wallis; post hoc analysis: Mann Whitney with Bonferroni adjustment was calculated to check differences across demographics of manager respondents.

4.13.1 Race

Significant differences were observed across races regarding various aspects of work-related relationships. There was a notable difference in the perception that some nurses are disrespectful, resistant to delegation, and do not obey rules, $\chi^2 (2) = 19.529$, $p < .001$. Post hoc analysis revealed that Black respondents agreed significantly more than Coloured respondents on this matter, $p < .001$.

Additionally, there was a significant difference across races in the perception that nurses are sent for development and training when needed, $\chi^2 (2) = 20.846$, $p < .001$.

Post hoc analysis showed that Black respondents agreed significantly more than Indian ($p = .002$) and Coloured ($p < .001$) respondents.

Furthermore, significant differences were found across races regarding the belief that managers are interested in knowing more about the nurses in their unit, $\chi^2 (2) = 11.025$, $p = .004$. Post hoc analysis indicated that Indian respondents agreed significantly more than Black respondents, $p = .001$.

4.13.2 Correlation with experience – nursing and management

There is a moderate positive correlation between the number of years of experience as a nurse and the agreement that managers discipline nurses who do not obey the rules, $\rho = .399$, $p = .008$. This suggests that nurses with more experience are more likely to agree with this statement. Similarly, a moderate positive correlation was found between the number of years of experience as a manager and the agreement that managers discipline nurses who do not obey the rules, $\rho = .443$, $p = .003$. This indicates that managers with more experience are also more likely to agree with this statement.

4.14 Results from the open-ended question

The managers' questionnaire included an open-ended question asking respondents to suggest strategies for improving or strengthening work-related relationships with nurses. The responses were coded, grouped into different categories, and quantified using a spreadsheet. Table 4.10 illustrates that the analysis identified five key categories for improving the relationship between managers and nurses. The most frequently mentioned strategies included compliance with procedures and processes (60.5%, $n = 26$) and training/skills development (37.2%, $n = 16$). Additionally, improvements in nurses' attitudes and career progression were noted by 30.2% ($n = 13$) of managers, while other suggestions were mentioned by 20.9% ($n = 9$).

Table 4.10: Strategies to improve relationships (Managers)

Category code	Category label	Frequency (n)	Percentage
1	Nurses' attitudes	13	30.2
2	Compliance to procedures and processes	26	60.5
3	Training/ skills	16	37.2
4	Progression	13	30.2
5	Other	9	20.9

4.15 Chapter Summary

This chapter provided a numerical presentation of the data results collected from respondents. Nurses generally perceived their relationships with managers positively, communication was highly valued as it enabled timely interventions and resolution of issues however, had significant dissatisfaction with the management styles and mentioned issues such as favoritism, autocracy, and poor listening skills which their managers had. Communication and progress were major issues that could improve nurses' relationships with their managers.

Managers felt they communicated well with the nurses and had an open-door policy. The team-building sessions and social gatherings contributed to good work-related relationships. Managers also agreed that progress was promoted when nurses were sent to upgrade their skills. According to managers, some nurses were rude and disrespectful although processes to discipline them were in place. Managers felt that compliance with procedures and promotion to the next level were strategies that could improve their relationships with nurses.

Chapter 5: Discussion of results

5.1 Introduction

The previous chapter presented the results from the analysis of data collected through questionnaires. This chapter discusses these results in detail. The aim of the study was to identify the factors influencing work-related relationships between nurses and their line managers. To achieve this aim, the study focused on three main objectives: assessing the nurses' perspectives on their relationships with line managers, evaluating the line managers' perspectives on their relationships with nurses, and identifying strategies to improve or strengthen these relationships in selected hospitals in the Ugu district. The discussion will separately address the findings from both managers and nurses, with insights framed through the principles of Social Exchange Theory.

5.2 Demographic characteristics of all respondents

5.2.1 Age, race and gender

The majority of respondents were between 30 and 39 years old (44.1%), which contrasts with the South African Nursing Council (SANC, 2022) report indicating that most nurses are between 40 and 49 years old (30.7%). This age distribution may reflect regional or institutional differences in nursing demographics. The predominance of black female respondents (86%) aligns with statistics from Stats South Africa (2023), which reports that 81.4% of the South African population is Black, with females comprising 51.5% of this group. Globally, the nursing profession is predominantly female, with approximately 76.9% of nurses being women (Kharazmi *et al.*, 2023: 22).

5.2.2 Highest Nursing qualification and Nursing category

A significant proportion of respondents were registered nurses (47.4%), which is consistent with the SANC (2022), report indicating that registered nurses make up 53.7% of the nursing workforce. This high representation is expected as registered nurses have a broader scope of practice compared to enrolled nurses (ENs) and

enrolled nursing auxiliaries (ENAs). Most respondents held certificate qualifications (46%), reflecting the educational requirements for ENs and ENAs, who typically hold certificate-level qualifications. This distribution highlights the prevalence of certificate qualifications among nursing categories and underscores the advanced training required for registered nurses.

5.3 Discussion of findings

5.3.1 Nurses' perspectives regarding their work relationship with managers

Using Homans' Social Exchange Theory, which posits that individuals maintain behaviors as long as the outcomes remain favourable (Homans 1961), this study assessed nurses' perspectives on their work-related relationships with managers. The univariate analysis indicated significant agreement among respondents, as evidenced by a one-sample t-test score greater than 3, which suggests that nurses generally perceive their relationships with managers positively. According to Social Exchange Theory, the favourable nature of these relationships encourages nurses to maintain and invest in them, as long as they perceive the interactions to be beneficial.

5.3.2 Establishing and keeping work relationships

The study revealed strong disagreement with the notion of lacking good work-related relationships with managers. Respondents expressed a significant effort to establish and maintain positive relationships with their managers, demonstrating a clear value for these connections. This aligns with the notion that work-related relationships are crucial for individual commitment to the organization, foster positive attitudes towards work, and enhance overall outcomes (Omunakwe, Nwinyokpugi, & Adiele 2018: 153). Additionally, nurses showed a keen interest in learning more about their managers to further strengthen these relationships. Triguero-Sanchez *et al.* (2021: 537), similarly found that when participants viewed each other as colleagues, it fostered progressive work relationships and a highly positive work environment.

5.3.3 Communication with managers

Respondents expressed strong agreement that their managers were approachable and maintained an open-door policy, which facilitated effective communication. This open communication was highly valued as it enabled timely interventions and resolution of issues. Effective communication is crucial for fostering trust and addressing concerns, as emphasized by Koesnella, Bester, and Niesing (2019: 3), who argue that a lack of communication undermines trust and fairness in relationships. Knowing that a manager is available to listen enhances the perception of fairness and support.

Furthermore, Araujo and Figueiredo (2019: 18), recommend that managers foster relationships that promote trust and effective communication. This approach aligns with the findings of Barnett, Martin, and Garza (2019: 187), who note that social relationships at work help employees, such as hospice nurses, balance their mental well-being with their emotionally demanding work. Managers' willingness to engage in both work-related and non-work-related matters underscores the recognition that personal issues can impact work performance, thereby reinforcing the importance of supportive communication in maintaining overall job satisfaction and effectiveness.

5.3.4 Feeling valued by managers

Respondents reported feeling valued by their managers, who acknowledged and rewarded their good work. These rewards significantly influenced respondents' decision to maintain their current work-related relationships, despite facing other challenges. The importance of rewards in motivating employees is supported by Widjaja *et al.* (2023: 224), who found that rewards play a crucial role in driving performance, with increased rewards leading to higher performance levels.

Additionally, managers provided opportunities for professional growth and encouraged innovation to enhance workflow and patient outcomes. Respondents valued these moments of recognition, which reinforced their desire to sustain their relationships with their managers. This aligns with Homans' (1961), assertion that individuals are likely to repeat actions that yield valued results. The positive reinforcement from managers

thus contributed to respondents' preference to continue working with those who appreciated and rewarded their efforts.

5.3.5 Consequences of not following rules

Respondents disagreed with the notion that there were no consequences for doing right or wrong within their units. They agreed that staff members who underperformed or violated rules faced appropriate repercussions. This aligns with the expectations of nursing as a profession, where practitioners are required to apply the knowledge and ethics acquired during their training. Ethics are fundamental to nursing practice, given that the nurses deal with life-and-death situations daily. The South African Nursing Council (SANC) enforces a Code of Ethics that outlines the standards for professional conduct and prescribes sanctions for violations. Managers play a crucial role in ensuring that nurses adhere to these ethical standards and report any unethical behavior. Deviations from ethical practice can negatively impact patient care and destabilize the work environment. Corrective measures are necessary to address unethical behavior and reinforce proper conduct. This approach helps prevent the recurrence of mistakes and maintain a standard of care that is both ethical and effective (Tufan *et al.* 2023: 1342).

5.3.6 Management styles

Nurses expressed significant dissatisfaction with the management styles of their supervisors. They reported issues such as favouritism, autocratic behavior, and poor listening skills as prevalent in their work environment. Research by Velu *et al.* (2017) highlights that management style greatly impacts employee performance and work relationships. Effective management styles, characterized by fairness, inclusivity, and active listening, lead to better performance and positive work relationships. In contrast, poor management practices result in negative outcomes such as reduced employee motivation and increased turnover intentions. Respondents also mentioned feeling demotivated due to these management styles, sometimes to the point where they felt the need to take leave to avoid the negative work environment. According to Homans' Social Exchange Theory (1961), when the costs of a relationship, such as poor management, outweigh the benefits, employees may seek to distance themselves from the relationship. This theory suggests that employees will stay in a relationship

as long as it is perceived as beneficial. When the costs become too high, employees may withdraw, leading to absenteeism and disengagement. Morton *et al.* (2020) found similar patterns in public hospitals, where dissatisfaction with managerial attitudes contributed to staff shortages and deteriorated work relationships. This underscores the critical need for managers to adopt more supportive and effective management practices to foster a positive work environment and reduce turnover.

5.3.7 Assignment of duties

Nurses expressed significant dissatisfaction with the prospect of being assigned new duties, as they felt they were not gaining additional skills or knowledge from their current responsibilities. Many nurses had achieved qualifications that qualified them for advancement to new roles but faced frustration due to the lack of available vacancies and the lengthy process involved in securing these positions. This misalignment between their qualifications and the duties they were performing contributed to their discontent. According to Homans' Social Exchange Theory (1961), individuals expect a reward that is commensurate with their perceived value. Nurses who had advanced their qualifications but had not been promoted felt that their current roles did not reflect their true worth. This discrepancy led them to feel that new duties, which might be perceived as additional responsibilities, would not be matched by an equivalent increase in salary or recognition. As a result, they were reluctant to take on new duties unless these were aligned with appropriate compensation and career advancement opportunities.

Moreover, the nursing profession is known for its high levels of exhaustion and burnout. Nurses reported that the prospect of additional duties seemed overwhelming, as they were already stretched thin by their current responsibilities. The idea of taking on more tasks, which they felt would add to their existing strain, was unappealing. The additional burden of new duties, without a corresponding increase in support or recognition, was seen as counterproductive. To address these concerns, it is essential to ensure that duty assignments and career progression opportunities are well-aligned with nurses' qualifications and that workloads are managed effectively to prevent burnout. According to Nasrah *et al.* (2020), adjustments to nursing duties should be

made in a way that supports nurses' ability to manage their responsibilities without adding undue stress.

5.3.8 Strategies to improve the relationship between nurses and their line managers

Some respondents (39.5%) felt that communication was the most important factor that could improve work-related relationships between them and their managers. Respondents wanted to receive feedback so that they could understand their environment, specifically the hospitals in this study, particularly regarding human resources. Whenever the managers went to meetings, respondents expected to receive feedback, which was not always the case with their managers. Good work-related relationships are enhanced through continuous communication with the staff. All forms of communication are important, as they strengthen the work-related relationship between the employer and the employee. Duties are carried out swiftly and without any barriers (Yusof and Rahmah 2020: 237). Some respondents felt that managers did not spend time with them as they were always busy, causing communication breakdowns. Respondents wanted more meetings on general work issues with their managers. In the same vein, Waltz et al. (2020: 679) pointed out that, among five factors, communication and progress were major causes of satisfaction in a workspace, which improves the relationship.

Respondents indicated that grade progression was a strategy that needed to be improved as it disturbed work-related relationships and the stability of the environment because nurses became frustrated. Progression to senior levels was either slow or non-existent, which demotivated them and led to them seeking employment elsewhere. Lower categories of respondents, such as Enrolled Nurses and Enrolled Nursing Auxilliary, wanted to further their training to become Registered Nurses and felt that it was taking too long to wait their turn at hospitals. Respondents wanted to advance to management positions, and some pursued specialized courses, even paying for their training through private colleges, which were too costly for them. Progress leads to greater workplace motivation, and when employees perceive the

work environment as offering them progression, work-related relationships improve (Noor et al. 2020: 14).

Leadership style (29.8%) was also suggested as respondents wanted a leadership style where they could contribute to the management of their workplaces. They felt they did not have a voice in planning and decision-making. Kim (2023: 263), observed that allowing employees to be actively involved in management brings positive results, improving active involvement, relations, and outcomes within the organization. Favouritism (26.4%) by managers was another area where respondents wanted improvement, as they felt that managers had "their favorite nurses." This impacted nurses' relationships with their managers because some felt that their colleagues received preferential treatment. Favouritism leads to demotivation and a sense of "carelessness" among the aggrieved staff, disturbing work-related relationships. Serapelwane and Manyedi (2022: 10), assert that managers need to be empowered in fair labor practices, staff management, and transparency in general.

Respondents further suggested improvement in listening skills (18.2%). They wanted their managers to pay attention to their suggestions, grievances, and problems in general. The lack of listening skills was causing harm to their relationships, and some respondents wanted to be moved to different wards where managers were perceived to have a listening ear. Kruger and Itzchakov (2022: 140), suggested that managers with strong listening skills develop a high level of togetherness and maintain strong connections, leading to high-quality relationships.

5.4 Results from manager respondents

Managers had been issued a separate questionnaire to respond to.

5.4.1 Demographics Characteristics

5.4.1.1 Age, gender and race

The majority of managers were Black (93%), female (88.4%), and between 40 and 49 years old (53.5%). This is similar to the SANC register (2022), which shows that most nurses are Black (81.4%) and female (51.5%), with the majority between 40 and 49

years old (30.7%). Additionally, Kharazmi et al. (2023: 151) state that the majority of nurses worldwide are female (76.91%) and are typically between 35 and 44 years old (29.1%).

5.4.2 Post basic qualifications

Among the respondents, most had degrees in nursing management. Managers are a level above registered nurses, and further qualifications are essential for improving job skills. Due to the changing epidemiological environment, highlighted by the Covid-19 pandemic, nurses need to continuously upgrade their knowledge and skills. Additionally, the SANC prescribes the scope of practice for nurses, necessitating further study to enter different fields and progress in their careers. Degrees or diplomas in nursing management are qualifications outlined by the NQFA 67 of 2008. To be efficient and manage the challenges they may face in their positions, managers need to undertake post-basic courses as part of their development (Boitshwarelo, Koen, and Rakhudu 2020: 7). Contrary to this perception, Iheduru-Anderson (2020: 673) found that educational credentials alone did not lead to managerial positions; experience in supervision was also required.

5.5 Managers perspectives regarding their work-related relationships with nurses

In this discussion, Homans' Social Exchange Theory was used to explore the managers' perspectives on work-related relationships between themselves and the nurses.

5.5.1 Work-related relationships

Respondents agreed that they had good work-related relationships with nurses in their units and had made efforts to establish these relationships. A conducive environment for both staff and patients is integral to the unit's plan. A healthier work environment ensures good working relationships and better patient care, even during changing times in nursing (Wei *et al.*, 2018: 287). Strengthening relationships with nurses

becomes inevitable as leaders; they need to lead by example. Managers demonstrated interest in knowing more about the nurses in their units by organizing team-building sessions or social gatherings. Social gatherings strengthen relationships in a more relaxed environment, allowing everyone to feel at ease and express themselves. Managers strongly disagreed with the notion that they were not interested in forming work or social relationships with nurses in their units. There is a general expectation for managers, as leaders, to lead by example in improving their relationships with staff. Alkaabi and Wong (2020: 27), argue that managers need to be civil and trustworthy to enhance relationships in their profession and build trust.

5.5.2 Communication

Respondents had open communication with the nurses and held meetings with individual nurses to address issues that needed to be resolved. Communication prevents negative thoughts and behaviour among teams by ensuring that every team member is aware of the situation. Similarly, a study by Araujo and Figueiredo (2019: 18), on good relationships among nurses suggests that managers should promote a relationship that ensures trust and good communication.

5.5.3 Upgrading skills

Respondents agreed that they supported nurses' development by providing training opportunities when needed and delegated duties according to qualifications and skills. They disagreed that some nurses were overqualified for the jobs they were doing in their wards. Professional development eliminates frustrations, facilitates performance, and saves time. Training and socialization of nurses are important tools to ensure that nurses have good, supportive relationships and a positive working environment. This culture should be instilled early to promote good relationships with colleagues and patients (AbuAlRub *et al.* 2016: 19). The importance of both formal and informal training cannot be overemphasized, as it improves job performance. Managers need to be able to identify gaps in staff performance so that proper skill acquisition can be implemented for improved outcomes (Nzimakwe and Utete 2024: 84).

5.5.4 Recognition and rewards

Respondents agreed that they acknowledged nurses who performed well in the units, with recognition sometimes being verbal. Recognition of any kind, from a simple word of praise to providing incentives, always motivates employees. Homans (1961), asserts that when a person is recognized for their actions, they are likely to repeat those actions. Good performance is acknowledged, encouraging nurses to continue performing well due to the reward. Incentives motivate employees to perform better, and there is a clear relationship between providing rewards and improved work performance (Jeni et al. 2020: 28).

5.5.5 Disciplining subordinates

Respondents agreed that some nurses were disrespectful, resistant to delegation, and did not obey rules; however, their health establishments had policies supporting the disciplining of nurses. These behaviours included bullying and disrespect towards managers, as well as poor performance of duties. Such nurses became frustrated when managed accordingly. Homans (1961), argued that in a relationship where one partner lacks interest, they may choose to exploit the other. Managers, however, did discipline nurses who violated the rules. McLarty *et al.* (2022: 308) concur that it is up to the manager to ensure that the employee produces great outputs or becomes problematic due to negative relationships with the manager. When employees disobey the rules, the manager should apply discipline to correct the misbehavior. Aju and Beddewela (2020: 763), attest that managers need to ensure that employees are aware of the diverse nature of African work relationships, which are often characterized by conflicts.

5.5.6 Promotions

Most managers did not agree that nurses were promoted to senior positions in those units. The majority of respondents did not witness any promotion of nurses to higher positions during their management tenure, which is why they disagreed that nurses were promoted to senior positions. Progression to management positions might have been slow as some managers were once junior nurses in those institutions but had since become managers. Barkhuisen *et al.* (2022: 12), confirm that some institutions

still exclude women from promotion to senior posts. Contributory factors include cultural biases where women are regarded as homemakers, thereby impeding their progress. Such biases should be eliminated, and women need to be trained, mentored, and encouraged to progress.

5.5.7 Motivation to do more

Managers disagreed that they became demotivated when they arrived at their workplace due to the negativity of the nurses in their units. Homans (1961), proposes that when there are options, one chooses the best option by comparing costs and benefits. Managers chose to remain in their existing units to maintain stability despite dealing with negative conditions, such as rude and disrespectful nurses. They aimed to achieve the best results for their units and were prepared to endure challenges to ensure success. According to Homans' Value Proposition, despite unfavourable conditions, individuals continue to act in the same manner as long as the results are favourable. Managers were willing to tolerate rude and disrespectful nurses as long as the work was completed with evident results. Additionally, managers did not agree that they sometimes felt the need to take leave to escape from the nurses in their units. Cardiff *et al.* (2023: 19), concluded that a nurse leader who can effect change must possess resilience and adaptability to meet the necessary demands of the situation. These qualities can facilitate transformation and improve work-related relationships in the workplace.

5.6 Strategies to improve or strengthen the work-related relationships

The following are some strategies suggested by respondents for improving and strengthening work-related relationships.

5.6.1 Compliance to procedures and processes

When asked for suggestions on strategies to improve work-related relationships, the majority of respondents (60.5%) felt that compliance with procedures and processes was crucial. Additionally, training and skills development (37.2%) were highlighted as important strategies. Managers are responsible for ensuring that the best quality care

is provided to patients in their units, which is achieved through adherence to best practices. Nurses need to comply with processes and procedures, which can be ensured through proper training and skill development. If all nurses adhered to these practices, there would be less need for managers to enforce compliance. Therefore, knowledge, proper skills, and adherence to procedures would contribute to a better work environment and improved work-related relationships. Most of the recommendations by the managers align with those of Nguyen (2020: 383), who argued that skills and training are essential for development, performance, and work relationships for nurses who may become future managers.

5.6.2 Nurses' attitudes

Respondents identified nurses' attitudes (30.2%) as a contributory factor towards good work-related relationships. A positive attitude towards work ensures good work-related relationships because nurses are more likely to apply the skills they have learned effectively and without resistance. Leaders have the power to influence nurses' attitudes, guiding them to engage positively towards the goals of their workplace (Velu et al. 2017: 61).

5.6.3 Promotions

Progression to the next level (30.2%) was also suggested by manager respondents as a strategy to improve work-related relationships. Advancement in different categories was closely linked to furthering studies, such as registered nurses obtaining specialized qualifications in their field (e.g., advanced midwifery in maternity departments or nursing management to progress to Operational Management). Enrolled Nurses (EN) seeking bridging courses to become Registered nurses (RN) and Enrolled Nursing Assistants (ENA) aspiring to become RNs also fall under this category. Long waiting lists within hospitals for training opportunities, combined with the challenge of sending multiple nurses away for training while maintaining adequate staffing levels, contributed to slow progress. This slow advancement negatively impacts work-related relationships as nurses become frustrated and may either continue waiting or seek positions elsewhere with shorter waiting lists.

Wu et al. (2022: 430) suggest that hospital managers should implement a succession plan to ensure nurses can advance in their careers, leading to improved professional development, work performance, and a more stable workforce.

5.7 Triangulation of results

In this study, data were collected from both managers and their subordinates, the nurses. The results from these two groups of respondents are triangulated in this section.

5.7.1 Triangulation of demographic characteristics

It was found in this study that the majority of nurses were younger (30-39 years), whereas the majority of managers were older (40-49 years). This discrepancy could be attributed to the need for managers to accumulate experience and obtain further qualifications before advancing to management positions. Most respondents in both groups were black females, reflecting the demographics of the South African population and particularly the KwaZulu-Natal province, which has the largest black population. Regarding qualifications, the majority of nurses held basic certificate qualifications (46%), while most managers possessed post-basic qualifications, which are recommended for management positions.

5.7.2 Triangulation of perspective regarding work-related relationship between nurses and their managers

5.7.2.1 Communication

Both groups of respondents agree that communication between them was important to establish and maintain positive work-related relationships. Although nurses found it easy to communicate with their managers, they indicated that they did not receive feedback from meetings and were not involved in decision-making regarding the unit.

5.7.2.2 Professional development

The majority of managers strongly disagreed that nurses were promoted to senior positions in their units, as they did not witness any promotion of nurses to higher

positions during their management tenure. Conversely, nurses agreed that they were provided opportunities for professional growth and were eager to pursue further studies for career advancement. This slow progress negatively impacts work-related relationships between nurses and managers, leading to nurse frustration as they either continue waiting or seek areas with shorter waiting lists. Meanwhile, managers preferred to stay in their assigned wards, content with the relationships they had with the nurses. Nurses' eagerness to advance in their careers contrasts with the managers' focus on ensuring the effective functioning of the ward.

5.7.2.3 Management styles

Weaknesses on both sides are evident. Nurses felt demotivated by their managers' styles, which they disliked. Managers, on the other hand, disagreed that they were demotivated by the negativity of the nurses in their units. However, they did blame the nurses for being disrespectful, resistant to delegation, and not obeying rules. There appears to be a lack of accountability or acknowledgment of weaknesses on both sides, which hinders efforts to collaboratively address and resolve these issues.

5.8 Chapter summary

In the previous chapter, the results of the data collected from nurses and managers were discussed. The perspectives of both groups regarding work-related relationships were examined, along with the strategies suggested to improve these relationships. The following chapter will present a summary of findings, discuss limitations, and offer recommendations for further research.

CHAPTER 6: SUMMARY OF FINDINGS, LIMITATIONS, RECOMMENDATIONS FOR FURTHER RESEARCH

6.1 Introduction

In the previous chapter, the research findings were discussed, supported by relevant literature. This chapter provides a summary of the findings, outlines the limitations, and offers recommendations and proposals for further research. The aim is to demonstrate how the study's objectives were achieved based on the results obtained through data analysis. Recommendations drawn from the study's results are presented for the benefit of other researchers, including suggestions for further study. Additionally, the limitations of the study are discussed to inform researchers who may conduct similar investigations.

6.2 Summary of Results

The study results indicated that work-related relationships varied, with some being positive and others negative. Teams with good relationships made significant progress, and the team members, including both nurses and patients, benefited from a positive work environment. Conversely, teams with poor relationships experienced stress, absenteeism, and low morale, leading to nurses wanting to leave those wards. Managers made considerable efforts to maintain good work-related relationships, often going the extra mile through activities such as team-building exercises. Factors such as professional development, individual personalities, and environmental issues played a role in shaping these relationships.

6.3 Limitations

The study was conducted in only one district out of the ten districts in KwaZulu-Natal, so the findings may not be generalizable to other districts. The research employed a quantitative method, which limited respondents to selecting predefined answers without the opportunity to elaborate or explain their responses. Additionally, the study focused on nurses and their line managers, excluding senior management who could have provided valuable insights into the state of work-related relationships.

6.4 Recommendations from the study

The researcher used the results of the study and made recommendations regarding nursing practice, education and training.

Nursing Practice

- Relationships involve two or more parties and are built on mutual recognition, trust, and acceptance. Managers, as leaders, should acknowledge each nurse in their department to ensure that all feel recognized as essential team members. Conversely, nurses should be respectful and contribute positively to the units where they are assigned. This mutual recognition and respect will establish a solid foundation for co-existence and thereby strengthen workplace relationships.
- A full complement of staff per team, including a clear schedule for monthly off duties, must be communicated and understood by all team members. It is essential that team members recognize the impact of their absences on their colleagues. By ensuring that staff are aware of their responsibilities and the consequences of missing shifts, confusion and disruptions can be minimized, allowing other staff members to perform their duties effectively.
- Effective communication is crucial for building strong relationships. Team members have a right to be informed about what is happening within their teams. Managers, after gathering information from meetings or training sessions, should share relevant updates and feedback with their staff. By keeping nurses informed about changes and developments in the workplace, confusion and frustration can be minimized, leading to improved work-related relationships and a more harmonious team environment.
- Effective human resources management, including fair and supportive leadership styles, is essential for maintaining control and ensuring adherence to best practices. Managers should treat staff fairly and address any deviations or dissatisfaction promptly. Ensuring fairness in the workplace fosters positive relationships between managers and nurses. This includes addressing and preventing any form of discrimination, ensuring that nurses do not feel discriminated against or engage in discrimination among themselves.

- Fair labour practices during the employment of managers and nurses must be adhered to strictly and based on merit. Managers should possess maturity, knowledge, and strong management skills to effectively lead their teams and ensure appropriate staff utilization, including proper allocation to departments.
- Systems for performance management and development should be established and followed. This ensures that both nurses and managers are appropriately managed, supported where necessary, and that control measures are implemented to address poor performance.

Education and Training

- Encouraging staff development and implementing a skills development plan is crucial. The process should be clearly communicated and understood by all nurses, including opportunities for short courses and qualifications relevant to different nursing categories. This approach helps prevent unnecessary disputes and feelings of exclusion among staff members.

6.5 Recommendations for further research

The researcher made recommendations for further research by other researchers to expand on the topic.

- Further research is necessary to explore the behavior of both nurses and their managers in the workplace to identify the causes of existing work-related relationships in hospitals.
- Additional studies should examine contributing factors to relationships between managers and nurses, such as the effects of absenteeism, staff shortages, and professional development in nursing.
- A qualitative study is recommended to gather in-depth information on the perspectives of nurses and managers, allowing for discussion of issues that participants consider important in their work-related relationships.
- Research on leadership styles and the attitudes of nurses and managers in their workplaces is also suggested.

- Further investigation into the role of senior managers in influencing the relationships between operational managers and nurses, as well as the impact of their contributions, is recommended.
- Comparative studies on areas with good relationships versus those with poor relationships could provide insights into finding solutions for improving work-related relationships.
- Research on the impact of social life on work-related relationships, including staff morale, could help in developing strategies to encourage and motivate nurses

6.6 Conclusion

Work-related relationships between nurses and their line managers do exist and vary based on several factors, including the personal and social lives of both parties, their attitudes, and the work environment. The level of professional development and maturity of nurses and managers also significantly contributes to the quality of these relationships.

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Appendix A1: Provisional Ethics clearance



Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Benven Court
Gate 1, Steve Biko Campus
Durban University of Technology
P.O. Box 1334, Durban, South Africa, 4001
Tel: 031 373 2375
Email: lvitahad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics
www.dut.ac.za

2 February 2023

Ms S E Mkhize
P.O. Box 53094
Yellow Wood Park
4011

Dear Ms Mkhize

Factors influencing work related relationships between nurses and line managers in public hospitals in Ugu district, KwaZulu-Natal

I am pleased to inform you that **PROVISIONAL APPROVAL** has been granted to your proposal subject to:

- Piloting of the data collection tool. *Please note that should there be any changes to the data collection tool, in a letter signed by the researcher and supervisor, list the changes to the documents and submit to DUT-IREC with the final data collection tool. Even when there are no changes to the data collection tool, DUT-IREC has to be notified.*
- Obtaining and submitting the necessary gatekeeper permission/s to DUT-Institutional Research Ethics Committee (DUT-IREC).

PLEASE NOTE THAT THIS IS NOT A FINAL APPROVAL LETTER. KINDLY SUBMIT THE ABOVE MENTIONED DOCUMENTS WITHIN THREE MONTHS TO THE DUT-IREC OFFICE. DATA COLLECTION CAN ONLY COMMENCE WHEN DUT-IREC ISSUES FULL APPROVAL

The Proposal has been allocated the following Ethical Clearance number **IREC 273/22**. Please use this number in all communication with this office.

Approval has been granted for a period of **ONE YEAR**, before the expiry of which you are required to apply for safety monitoring and annual recertification. Please use the Safety Monitoring and Annual Recertification Report form which can be found in the Standard Operating Procedures [SOP's] of the DUT-IREC. This form must be submitted to the DUT-IREC at least 3 months before the ethics approval for the study expires.

Yours Sincerely

Prof J K Adam
Chairperson: DUT-IREC



Institutional Research Ethics Committee

Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court

Gate 1, Steve Biko Campus

Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2375 Email:

lavishad@dut.ac.za

http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

22 June 2023

Ms S E Mkhize
P.O. Box 53094
Yellow Wood Park
4011

Dear Ms Mkhize

Factors influencing work related relationships between nurses and line managers in public hospitals in Ugu district, KwaZulu-Natal

Ethics Clearance Number: IREC 273/22

The DUT-Institutional Research Ethics Committee acknowledges receipt of your notification regarding the piloting of your data collection tool.

Kindly ensure that participants used for the pilot study are not part of the main study.

In addition, the DUT-IREC acknowledges receipt of your gatekeeper permission letters.

Please note that **FULL APPROVAL** is granted to your research proposal. You may proceed with data collection.

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 DUT-IREC according to the DUT-IREC SOP's.

Please note that any deviations from the approved proposal require the approval of the DUT-IREC as outlined in the DUT-IREC SOP's.

It is compulsory for a student or researcher to apply for recertification on an annual basis. The failure to do so will result in withdrawal of ethics clearance. It is the responsibility of the researcher and the supervisor to apply for recertification.

Please note that you are required to submit a Notification of Completion of Study form together with an abstract to the DUT-IREC office on completion of your study.

Yours Sincerely

Prof J K Adam
Chairperson: DUT-IREC

Appendix B: Information letter

Appendix B: Letter of information



LETTER OF INFORMATION

Title of the Research Study: Factors Influencing work related relationship between the nurses and their line managers in public hospitals in Ugu District, Kwa Zulu- Natal.

Principal Investigator/s/researcher: Ms. Sindisiwe Mkhize, Masters Student

Co-Investigator/s/supervisor/s: Dr D. Sokhela, D. Nursing,
Prof. TSP. Ngxongo, D. Nursing

Brief Introduction and Purpose of the Study: Good working relationship in nursing promotes good outcomes for patient care. Common challenges such as bullying, absenteeism, favouritism and dissatisfaction have an impact on patient care. The purpose of the study will be to describe the workplace relationship of nurses and their managers.

Greeting: Good day, thank you for taking your time to participate in the study.

Introduce yourself to the participant: I am a student at DUT, doing a Master's degree in Nursing.

Invitation to the potential participant: I would like to invite you to participate in the research and I will explain in detail if you can give me a chance.

What is Research: Research is a systematic enquiry which is aimed at obtaining new knowledge. I would like you to answer some questions that I have prepared, to help me obtain this knowledge. You are free to ask as many questions as you like and also free to discuss this with your family as you are not forced to participate. You can then make a decision to participate after you have read and understood the process. I am available to clarify any concerns that you may have.

Outline of the Procedures: I will collect data using a questionnaire which I will hand to you once you have agreed to participate in the study. You will indicate this by signing a consent form, which I will collect before I give you the questionnaire. I will use an unused office or boardroom for you to complete the questionnaire, which will take about 15 to 20 minutes. I will collect the questionnaire as soon as you have completed it. I need about four hundred participants.

Risks or Discomforts to the Participant: You will experience no discomfort as you will only be required to complete a questionnaire. The questions are simple and are not expected to evoke any emotions. There are no risks involved.

9 June 2022

Explain to the participant the reasons he/she may be withdraw from the Study: Participation is voluntary, you are free to withdraw at any stage and there will be no adverse consequences.

Benefits: You might benefit in that the results of the study may have recommendations which influence your work related relationships

Remuneration: There will be no remuneration for participating in the study.

Costs of the Study: There will be no costs to you for participating in the study.

Confidentiality: To maintain confidentiality, your names and the name for the institution will not be used, codes will be allocated during collection of data, writing and dissemination of results. All material will be kept safe under lock and key and password protected devices.

Results: The results may assist you by creating an awareness of the relationship you have with your colleagues and the results of such relationships. If there is a need to change, for better, the results will suggest such.

Research-related Injury: No research related injuries are expected as only questionnaires will be used.

Storage of all electronic and hard copies including tape recordings: I will be the only person to access the tools used. Hard copies will be placed in sealed envelopes at the data collection site and locked up in a cupboard. Electronic data will be kept secured in a password locked computer known only to me. These records will be kept safe for a period of five years according to the data management policy of the DUT after which they will be deleted and shredded by me.

Persons to contact in the Event of Any Problems or Queries: Please contact me (0721018161), my supervisor (031-3732606) or the DUT-Institutional Research Ethics Administrator on 031 373 2375. Complaints can be reported to the Acting Director: Research and Postgraduate Support on researchdirector@dut.ac.za

9 June 2022

Appendix C: Consent form



Appendix c

CONSENT

Full Title of the Study: Factors Influencing work related relationship between the nurses and their line managers in public hospitals in Ugu District, Kwa Zulu- Natal.

Names of Researcher/s: Ms. Sindisiwe Mkhize

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher Sindisiwe Mkhize, 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	Date	Time	Signature	Right
Thumbprint				

I, Sindisiwe Mkhize, 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

9 June 2022

Appendix D1: Permission from Ugu District



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:

Physical Address: 41 Bazel Street, East Shepperton, 42400
Postal Address: P. Bag X 435, Port Shepperton 42400
Tel: (03) 6883300 Fax: 036526206 Email: info@kwahealth.gov.za
www.kwahealth.gov.za

UGU HEALTH DISTRICT OFFICE

Re: Letter of permission to conduct research in Ugu District

Ms Sindisiwe Mkhize is a Masters student at the Durban University of Technology. She has indicated her intention to conduct a research towards her dissertation in Ugu facilities which will look into exploring the working relationship between the nurses and their line managers.

She has provided a copy of her proposal which includes copies of the data collection tools, consent forms as well as a copy of the approval letter which she obtained from the Institutional Research Ethics Committee (IREC).

On completion, the findings of this research should be shared with the District.

In light of the above, I hereby recommend that this study be granted the authority to proceed.

Date 15/03/2023

Dr O.O. Olowookorun
HCU: Family Medicine – Ugu Health District

Recommended/ not recommended

Recommend

Date 15/03/23

Mrs. L. Dlamini
District Director: Ugu Health District

Approved /not-approved

Appendix D2: Permission from Port Shepstone Hospital



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

PORT SHEPSTONE REGIONAL HOSPITAL
Private Bag X5706, PORT SHEPSTONE, 4240
11 Bazley Street, PORT SHEPSTONE 4240
Tel: 039-6886208 Fax: 039-6821514

KWAZULU-NATAL DEPARTMENT OF HEALTH
PORT SHEPSTONE REGIONAL
HOSPITAL

Reference: HRKM140/15
Enquiries: Mr. LI Hlabe
Date: June 8, 2023

Ms. SE Mkhize
UKZN (Masters Student)

Dear Ms. SE Mkhize

RE: RESEARCH PROPOSAL TITLED 'FACTORS INFLUENCING WORK RELATED RELATIONSHIPS BETWEEN NURSES AND LINE MANAGERS IN PUBLIC HOSPITALS IN UGU DISTRICT, KWAZULU NATAL TO BE CONDUCTED BY MS. SE MKHIZE .

Your application dated 09/06/2023 refers

Authority to conduct the above mentioned research at Port Shepstone Regional Hospital has been approved by the Department of Health Research Committee. You are therefore granted the permission to access the institution and consult with the relevant supervisors/ manager on the dates when you will avail yourself for the research.


- a) Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health
- b) All research conducted at Port Shepstone Regional Hospital must comply with government regulation relating to COVID- 19. These include but are not limited to: regulations concerning the social distancing, the wearing of personal protective equipment and limitations on social gatherings.
- c) Port Shepstone Regional Hospital will not provide any resources for this research.

You will be expected to provide feedback on your findings to the hospital management

Kind regards _____

Dr. PB Dlamini
Acting Chief Executive Officer
Port Shepstone Regional Hospital

Appendix D3: Permission GJ Crookes Hospital

 KWAZULU-NATAL PROVINCE HEALTH REPUBLIC OF SOUTH AFRICA	Directorate
<small>Physical Address: 1 Hospital Road, Scottburgh, 4199 Postal Address: Private Bag 25501 Tel: 039 978 7000 Fax: 039 978 1295 Email: info@kjcrookes.co.za</small>	GJ Crookes District Hospital
	Enquiries: Dr V T Kgabo 039 978 7000

ATTENTION: DURBAN UNIVERSITY OF TECHNOLOGY

Dear Mrs Sindiswe Mkhize

Re: Approval to conduct research project: Exploring the work related relationship between the nurses and their line managers.

GJ Crookes hospital herby acknowledges the receipt of the request to conduct research in GJ Crookes Hospital on the topic stated above.

We hereby approve the conduction of the research

PLEASE NOTE THE FOLLOWING:

1. Adherence to ethics, policies, procedures, protocols and guidelines of the Department of health at all stages
2. Please ensure that you notify the committee once you commence the research.
3. GJ Crookes hospital will not provide any research material nor any form of resources for the research.
4. Ensure that a report on the research finding is submitted to the committee once the research has been finalised.

You are hereby given approval to conduct the research at GJ Crookes hospital, we hope that the research will have a positive impact on service delivery

Sincerely

Dr V.T Kgabo
Deputy Chairperson of the Research Ethics Committee GJ Crookes hospital
Medical Manager

Approved/ ~~Not approved~~

Mrs M.S Khathi
Chief Executive Officer
GJ Crookes Hospital

Growing Kwa-Zulu Natal Together

Appendix D4: Permission from Murchison Hospital



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Postal Address: Main Harding/Kokstad Road, Port Shepstone
Physical Address: Private Bag 701, Port Shepstone, 4240
Tel: 039 0077318 Fax: 039 6877497
Email address: Edward.Manyokole@kznhealth.gov.za

Directorate: Murchison Hospital
Chief Executive Officer

Reference: Masters Dissertation
Enquiries: Mr R.E. Manyokole
Date: 06 June 2023

To whom it may concern

Dear Sir/Vadam

Re – Permission and Acknowledgment of the study/research pertaining to her Masters dissertation

This letter serves to give a permission to Sindisiwe Mkhize to undertake research with the KwaZulu Natal Department of Health in this Institution (Murchison Hospital), pertaining to her Masters dissertation with the Durban University of Technology.

This research applies to Sindisiwe Mkhize current research topic, which seeks to explore the work related relationship between the nurses and their line managers. This research includes the collection of data from the nurses and operational managers.

In-line with the regulatory framework that governs the research within the KZN Department of Health as permissible, this office on behalf and on the interest of Department itself, would humbly request the researcher to abide with the rules and regulations that governs the principle of confidentiality and adherence to the protocols of the Department of Health during the duration of this exercise.

Yours kindly,

Mi R.E. Manyokole
CEO: Murchison Hospital
KwaZulu Natal

GROWING KWAZULU-NATAL TOGETHER

Appendix D5: Permission from St Andrews Hospital



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:

Postal Address: 14 Mpondo street, Haveling 4300

St Andrews hospital

Physical Address: St Andrews hospital, P.O. Box 10 6880

Tel: 039 433 1955 Fax: 039 433 2419 Email address: mandra.vane@kzn.health.gov.za
www.kzn.health.gov.za

Enquiries: Miss MM Vane

Tel: 039 433 1955

Date: 05/06/2023

To
Sindiswa Mkhize

**PERMISSION TO CONDUCT RESEARCH ON "EXPLORING THE WORK RELATED
RELATIONSHIP BETWEEN THE NURSES AND THEIR LINE MANAGERS"**

I have pleasure in informing you that the permission has been granted to you by St Andrews hospital to conduct the above study.

You are requested to adhere to the policies, procedures and protocols and guidelines of the Dept. of Health.

You are also reminded to comply with all the Covid 19 regulations during the period of your research as stipulated by the Dept. of Health

You are requested to inform this office before you start your research and also required to give feedback on your findings.

The hospital will not provide any resources towards your research.

Kind regards

MM VANE
St Andrews hospital Chief executive officer

Appendix D6: Permission from KZN Provincial Office



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Physical Address: 330 Langalobale Street, Pietermaritzburg
Postal Address: Private Bag X9051
Tel: 033 356 2905/ 3189/ 3125 Fax: 033 354 3702
E-mail:
www.kznhealth.gov.za

DIRECTORATE:

Health Research & Knowledge
Management

NHRD Ref: KZ_202303_024

Dear Ms SE Mkhize
(UKZN)

Approval of research

1. The research proposal titled 'Factors Influencing Work related relationships between nurses and line managers in public hospitals in Ugu district, Kwa Zulu Natal' was reviewed by the KwaZulu-Natal Department of Health (KZN-DoH).

The proposal is hereby approved for research to be undertaken at Hospital, C-Ofs and Primary Health Care clinics in Ugu Health District.

2. You are requested to take note of the following:

- a. **Kindly liaise with the facility manager BEFORE your research begins.**

This is to ensure that conditions in the facility are conducive to the conduct of your research. These include, but are not limited to, an assurance that the numbers of patients attending the facility are sufficient to support your sample size requirements, and that the space and physical infrastructure of the facility can accommodate the research team and any additional equipment required for the research.

- b. All research conducted in KwaZulu-Natal must comply with government regulations relating to Covid-19. These include but are not limited to, regulations concerning social distancing, the wearing of personal protective equipment, and limitations on meetings and social gatherings.
- c. Please ensure that you provide your letter of ethics re-certification to this unit, when the current approval expires.
- d. Provide an interim progress report and final report (electronic and hard copies) when your research is complete to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hkrm@kznhealth.gov.za
- e. Please note that the Department of Health shall not be held liable for any injury that occurs as a result of this study.

For any additional information please contact Mr X. Xaba on 033-356 2805.

Yours Sincerely

11
Chairperson, Provincial Health Research Committee
Date: 28-03-2023

Fighting Disease, Fighting Poverty, Giving Hope

Appendix E1

Questionnaire on work related relationships, for managers

Facility Code

For each question, select the ONE option that best applies to you

SECTION A: DEMOGRAPHIC CHARACTERISTICS

1. Gender assigned at birth

Male	Female
<input type="checkbox"/>	<input type="checkbox"/>

2. Race

Black	Coloured	Indian	White
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Post basic qualifications

Diploma in Nursing Management	Degree in Nursing management	Other	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Age in years

5. Years of experience as a nurse

6. Years of experience as a manager

Section B:

Nurse managers' perspectives regarding their work relationships with nurses

Indicate your agreement with the following statements

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. I have a good relationship with the nurses in this unit.					
2. I have made an effort to establish a work relationship with the nurses in this unit.					
3. I organise team building sessions/ social gatherings with the nurses in this unit.					
4. I am not interested in forming work or social relationships with the nurses in this unit.					
5. I would like to stay in this unit because of the good relationships I have with the nurses.					
6. I sometimes feel the need to take leave to have a break from the nurses in this unit.					
7. I become de-motivated when I get to my work place, because of the negativity of the nurses in the unit.					
8. I hold meetings with individual nurses to address issues that need to be resolved.					
9. I have an open communication with nurses.					
10. When necessary, I discuss expected changes in behaviour with individual nurses.					
11. I acknowledge nurses who do well in this unit.					
12. The institution has policies that support the disciplining of nurses.					
13. I discipline nurses who do not obey the rules.					
14. The institutional management supports me when disciplining nurses.					
15. I treat all nurses equally.					
16. Some of the nurses are disrespectful, resistant to delegation and do not obey rules.					
17. I delegate duties according to qualifications and skills					

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
18. I send the nurses for development and training when needed.					
19. I am interested in knowing more about the nurses in my unit.					
20. Some nurses in the unit are over qualified for the job they do.					
21. Nurses have been promoted to senior positions in this unit during my management period.					

Section C: Strategies that can be used to facilitate or strengthen relationships between nurses and their line managers.

22. What can be done to positively influence your relationship with the nursing staff in your unit?

Thank you for your participation

Appendix E2

Questionnaire on work related relationships, for nurses

For each question, select the ONE option that best applies to you

SECTION A: DEMOGRAPHIC CHARACTERISTICS

1. Gender assigned at birth

Male	Female

2. Race

Black	Coloured	Indian	White

3. Age in years

4. Highest Nursing Qualification

Certificate	Diploma	Degree

5. Nursing Category

Professional Nurse	Enrolled Nurse	Enrolled Nursing Auxiliary

6. Ward you are currently on

7. Years of experience as a nurse

SECTION B: Nurses' perspectives regarding their work relationships with line managers

Indicate your agreement with the following statements.

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. I can consult my manager at any time.					
2. I have a good relationship with my manager.					
3. I have made an effort to establish a working relationship with my manager.					
4. I do not have any relationship with my manager.					
5. I feel valued by my manager.					
6. I am de-motivated because of the kind of a manager I have.					
7. I am interested in knowing more about my manager so that I can strengthen our relationship.					
8. I would like to continue to work under this manager.					
9. I sometimes feel the need to take leave to have a break from my manager.					
10. I sometimes have individual discussions with my manager.					
11. I am able to communicate problems that affect my duties with my manager.					
12. I get regular feedback from my manager when she/he comes back from meetings.					
13. I like the management style of my manager.					
14. My manager has an open door policy.					
15. My manager holds regular meetings with staff.					
16. My manager has a good manner of approach towards me.					
17. My manager is approachable for non-work related matters.					
18. My manager is approachable for work related matters.					
19. My manager is easy to communicate with.					
20. My manager shows favouritism.					

21. I would like to have new duties assigned to me as I feel I am no longer gaining any skill and knowledge.					
22. I am acknowledged and rewarded by the manager when I do good work.					
23. Staff who do not perform or who break the rules, in the unit, face consequences.					
24. I feel there is no progress in this unit. I would like to be allocated somewhere else.					
25. My manager allows me opportunities to grow professionally.					
26. My skill and qualification match the work my manager assigns me in this unit.					
27. Doing right and doing wrong does not make any difference in this unit as some nurses do not get punished for the wrong things they do.					

Section C: Strategies to facilitate or strengthen relationships between nurses and their line managers

28. What can be done to improve your relationship with your manager?

Thank you for your participation

Appendix F: Population and sample

Staff categories	Portshepstone	GJ Crookes	Murchison		St Andrews	Total		
Managers	13	14	13		6	46		
Registered nurses	267	204	151		112	734		
Enrolled Nurses	155	118	101		55	429		
Enrolled Nursing Auxiliary	99	67	123		39	328		
Total	534	403	388		212	1537		
	Managers							
Facility	Population	Sample required						
Portshepstone	13	12						
GJ Crookes	14	13						
Murchison	13	12						
St Andrews	6	5						
Total	46	42						
	Population				Sample			
Facility	Registered nurses	Enrolled Nurses	Enrolled Nursing Auxiliary	TOTAL	Registered nurses	Enrolled Nurses	Enrolled Nursing Auxiliary	TOTAL
Portshepstone	267	155	99	521	55	32	20	107
GJ Crookes	204	118	67	389	42	24	14	80
Murchison	151	101	123	375	31	21	25	77
St Andrews	112	55	39	206	23	11	8	42
Total	734	429	328	1491	151	88	67	306

Appendix G: Ethics certificate



Zertifikat Certificat Certificado Certificate

Promouvoir les plus hauts standards éthiques dans la protection des participants à la recherche biomédicale
Promoting the highest ethical standards in the protection of biomedical research participants

Certificat de formation - Training Certificate

Ce document atteste que - this document certifies that

Sindisiwe Mkhize

a complété avec succès - has successfully completed

Introduction to Research Ethics

du programme de formation TRREE en évaluation éthique de la recherche
of the TRREE training programme in research ethics evaluation

Release Date: 2022/08/01
CID : #09094064

Professeur Dominique Sprumont
Coordinateur TRREE Coordinator

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(RIV - 20220217)

Appendix H: Letter from Statistician

Gill Hendry B.Sc. (Hons), M.Sc. (Wits), PhD (UKZN)

Mathematical and Statistical Services

Cell: 083 300 9896

email: hendryfam@telkomsa.net

8 July 2022

To whom it may concern

Please be advised that I have assisted Sindisiwe Mkhize (student number 22173768) who is currently studying for a Masters in Nursing with the sample size calculations for her study.

Yours sincerely

Gill Hendry (Dr)

From: Dr Gill Hendry <gillhendrystats@gmail.com>

Sent: 22 June 2022 10:56

To: Dudu Gloria Sokhela <dudus@dut.ac.za>

Subject:

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Dudu

Hope all is well.

Have to say that Sindisiwe is a good student and a pleasure to work with. You must be enjoying mentoring her...

Have a wonderful day

Regards

Gill

Dr Gill Hendry

Private Consulting Statistician

Disclaimer

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Appendix I: Proof of Editing

Copy-editing and Proofreading

Reference: S Mkhize

Date: 09 September 2024

RE: Confirmation of Proofreading for Sindisiwe Mkhize

This letter serves to confirm the dissertation titled *“Factors Influencing Work-Related Relationships Between Nurses and their Line Managers in Public Hospitals, Ugu District, Kwa Zulu-Natal”* was edited & proofread by Dr SN Kunene.

The editing process focused on correcting errors in syntax, grammar, punctuation, and the intext referencing system used. The editing will be considered complete once all necessary changes have been implemented and all comments addressed.

Thank you for your business.

Dr SN Kunene

Copy-editing & Proofreading

Wits Language School

Appendix J: Categorisation of responses from open-ended questions

Nurses

<p>1. Communication</p>	<p>1.1 If she can allow us more time to talk to her on issues that bother us.</p> <p>1.2 My manager is always busy with meetings, does not tell us what they were discussing in their meetings, we would like them to communicate these as they do affect us.</p> <p>1.3 She does not communicate nicely with us and we cannot tell her our problems.</p> <p>1.4 The open door policy is just formality, managers do not like to be bothered with work issues, they should really mean two -way communication with staff.</p>
<p>2. Leadership style</p>	<p>2.1 The manager is autocratic and we cannot discuss issues, she must be open to discussion.</p> <p>2.2 I wish manager can learn to put her foot down when it comes to decision making. She is scared to discipline staff members and people do as they wish.</p> <p>2.3 I do not like the style my manager uses and staff can see this and they do what they want.</p> <p>2.4 The manager is very rude, she shouts at us, I don't like this kind of leadership, I would like a better manager.</p> <p>2.5. My manager has a very good style of managing the staff. She has good management skills but can be too much sometimes.</p>
<p>3. Favouritism</p>	<p>3.1 She must stop favouritism, we must all be treated the same way.</p> <p>3.2 Some nurses are more privileged than others and don't get punished.</p> <p>3.3 My manager should stop favouritism as some of us are suffering.</p> <p>3.4 We are treated differently and we are not happy because others are the manager's favourites.</p> <p>3.5 Our manager does not have "favourite kids" and being equal in her eyes makes me like working under her.</p>
<p>4. Listening skills</p>	<p>4.1. Our manager does not listen she only tells you what to do, I am looking for a better manager.</p> <p>4.2 I like the manager's way of listening to our problems if she can keep it that way.</p>

	<p>4.3 We can appreciate if she can listen to us.</p> <p>4.4 Sometimes she listens but sometimes she doesn't, we would like to be listened at.</p>
5. Progress	<p>5.1 I would like to progress to the next level</p> <p>5.2 It is discouraging that I have been an ENA for many years and I did not go for training, there is no progress.</p> <p>5.3 The waiting queue for training is too long I want to know how they choose who goes and how do they do it.</p> <p>5.4 We are not given a chance to act as managers so we even fail in interviews as we do not have the practice yet we qualify for progressing to the next level.</p>
Managers	
1. Attitudes	<p>1.1 Nurses have a bad attitude and do not want to follow orders. This spoils the relationship with managers.</p> <p>1.2 Those with a good attitude have a good relationship and may have no issues with managers. I wish they can keep the same spirit.</p> <p>1.3 A good attitude will lead nurses towards their goals in life, those that complain all the time are the ones with a bad attitude, nurses need to change their attitude.</p> <p>1.4 Some nurses' attitude towards managers makes it difficult to relate with.</p>
2. Compliance to processes and procedures	<p>2.1 We are here because of work purposes, if nurses can comply to procedures there would be good relationships between them and managers.</p> <p>2.2 Compliance to protocols and processes like infection control will reduce bad outcomes and improve on the relationships.</p> <p>2.3 Bad relationships result from the work that we need to improve on. If nurses can stick to procedures and prevent complications and litigations, relationships can improve.</p> <p>2.4 Nurses need to understand that we are here because of work. If they can do just that, follow protocols and respect their work, relationships will definitely improve.</p>
3. Compliance to processes and procedures	<p>2.1 We are here because of work purposes, if nurses can comply to procedures there would be good relationships between them and managers.</p> <p>2.2 Compliance to protocols and processes like infection control will reduce bad outcomes and improve on the relationships.</p>

	<p>2.3 Bad relationships result from the work that we need to improve on. If nurses can stick to procedures and prevent complications and litigations, relationships can improve.</p> <p>2.4 Nurses need to understand that we are here because of work. If they can do just that, follow protocols and respect their work, relationships will definitely improve.</p>
<p>4. Training/ Skills</p>	<p>3.1 Some nurses do not have the required skills and all they do is to defend themselves trying to hide their inefficiency. If they can improve on that, relations may be better.</p> <p>3.2 Many nurses lack skills even when they were trained, this causes bad relations. If they can have the required skills, they will have good relations with management.</p> <p>3.3 Skilled nurses usually have a good relationship with their managers because they know what to do and do not do hazards.</p> <p>3.4 More training and experience improves relationships at work.</p>
<p>5. Progression</p>	<p>4.1 Nurses get frustrated when they do not grow professionally, there are long queues for formal training and it has an effect in their relationship with managers.</p> <p>4.2 Human resources department must also assist in progression as nurses are frustrated and think their managers do not want them to progress to the next level.</p> <p>4.3 There is less effort from senior management regarding progression of nurses and this frustrates them causing bad work relationships with their managers.</p> <p>4.4 If nurses can be told how long they stay in a rank before progressing to the next one, relationships will improve. They stay for many years in the same rank and also, management positions are few, many registered nurses are now qualified to be managers but there are few positions.</p>