

THE RELATIONSHIP BETWEEN OCCUPATIONAL COPING SELF-EFFICACY OF NURSES AND PATIENT SATISFACTION SCORES IN A PRIVATE HOSPITAL IN KWAZULU-NATAL

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Date:

DECLARATION

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is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources).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

Signature of student

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ABSTRACT

Brief background of the Study

The nursing profession is faced with high levels of work stress such as staff shortages, poor working conditions, lack of resources, job dissatisfaction and burnout, which tends to compromise quality of care rendered to patients. The research was to establish whether nurses' occupational coping self- efficacy had any association with patient satisfaction scores.

Aim of the study

The aim of this research was to describe any relationship between occupational coping self- efficacy of nurses and patient satisfaction scores in a selection of wards in a private hospital in KwaZulu-Natal.

Methodology

A quantitative, cross-sectional, descriptive survey design was used to conduct the study. Data was collected using questionnaires. The quantitative data was analysed statistically. The statistics used included descriptive statistics such as frequencies, measures of central tendency and measures of dispersion. Factor analysis was used to explore the structure of the data and in order to test for significant trends in the data, inferential statistics were applied.

Results

The results revealed that although the recording was done objectively, the outcome was not positively achieved due to the unforeseen covid-19 pandemic. Results were skewed due to all wards unable to participate in research. The nurses completed their tool but unable to meet the expected patient ratio. Sample realization of 100% was achieved.

Key Words

Self-efficacy, patient satisfaction, nurses, occupation, coping self-efficacy.

DEDICATION

I dedicate this dissertation to God for giving me the power and strength to start and finish this study.

I would like to dedicate this study to my wife and two children, for their support and encouragement throughout the study and being a source of my happiness.

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ACRONYMS

HCAPHS	Hospital Consumer Assessment of Healthcare Providers and Systems
KZN	Kwa-Zulu Natal
WHO	World Health Organization
OCSE	OCCUPATIONAL COPING SELF-EFFICACY
SANC	South African Nursing Council
CMS	Centers for Medicare and Medicaid Services
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
SPSS	Statistical Package for the Social Sciences
RN	Registered Nurse
EN	Enrolled Nurse
ENA	Enrolled Nursing Assistant

CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 Introduction and background

The nursing profession is faced with high levels of work stress such as staff shortages, poor working conditions, lack of resources, job dissatisfaction and burnout, which tends to compromise the quality of care rendered to patients (Van Bogaert et al. 2017: 1-14). Nursing is a noble and rewarding profession but physically and emotionally exhausting. Nurses are expected to demonstrate mental composure, physical stamina, and alert intelligence (Cherian 2016: 1) while working in a highly complex, interactive, and stressful healthcare environment.

According to Bandura (2006: 307-310), perceived self-efficacy is a person's belief in his or her capabilities to plan and execute a task to produce given attainments. If the individual aims high, he or she is motivated and driven, despite any forthcoming failures. In order to change the self-efficacy belief system, four important sources have been determined namely mastery experiences, vicarious experiences, social persuasion and physiological responses to experiences. Mastery experiences are situations in which people perform successfully. Vicarious experiences are situations in which people observe others perform successfully, compare themselves to similar situations and form beliefs about their own competencies. Social persuasion is feedback from others that is seen to be reliable and a close match to one's own capabilities. Physiological responses are physical and emotional reactions to a situation (Bandura 1977: 2-8).

McVicar (2003: 633-642) suggested that nursing is one of the professions identified as most stressful amongst other healthcare related disciplines. The work environment is becoming more demanding at the level of patient care, requiring the nurses to have a broad knowledge base and a high level of decision making skill as they care for patients and their families (Boev 2012: 368-375). Bacon and Mark (2009: 220-227) indicate that the patient satisfaction score is important and is commonly used for measuring the quality in health care. Understanding patients' satisfaction assists nurses to anticipate and meet patients' needs timeously. Patient dissatisfaction can also affect clinical outcomes, patient retention and medical malpractice claims, allowing the evaluation of satisfaction to be a valuable tool to determine timely, efficient, and patient-centred delivery of quality health care (Bacon and Mark 2009: 220-227). The

implementation of two hourly patient rounds have made patients aware of their condition and day to day activities of nursing in the unit. Patients have become knowledgeable about their immediate needs and equate these needs to quality care that promotes patient satisfaction (Woodard 2009: 200-206).

Private hospitals use a tool called Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) to measure patient satisfaction scores. HCAHPS is a patient satisfaction survey required by Centers for Medicare and Medicaid Services (CMS) for all hospitals in the United States. This tool measures patients' experiences by allowing patients to report their satisfaction or dissatisfaction on aspects of care rendered (Bacon and Mark 2009: 220-227). Patients complete a survey and rate the nurses' efficacy by answering questions relating to their stay in hospital. This is the voice of the patient which gives nurses the patients' perception of the care received. The rating scale is based on the frequency and consistency of how the wards are viewed by patients. Questions on the survey are based on nursing care, responsiveness of nurses, noise, cleanliness, pain management, food services, medication and discharge information. Results from the study hospital HCAHPS score, will be correlated with the nurses' occupational coping self-efficacy scores.

According to the World Health Organisation (WHO), a worldwide shortage of health care workers in the next 20 years will cause a major impact on healthcare globally (Tucker 2014: 15). Currently, the shortage of healthcare workers is 7.2 million and this is expected to increase to 12.9 million by 2035. Regional statistics by the United Nations indicates that sub-Saharan Africa accounts for 23.5 million persons living with HIV/AIDS globally (Iwu and Holzemer 2014: 42-52). On a macro-level, political and economic changes in the South African history have impacted on the demand for health services. A large percentage of the population who were previously disadvantaged, did not have access to healthcare, are now entitled to free health services. Following South Africa's democratic transition, the health care system was reconstructed to a district system, with care being delivered according to the primary health care approach (Department of Health 2010). Regions are demarcated according to health district boundaries, which provides health care services at national, provincial, district and community levels (Department of Health, 2010). Following these changes, service delivery shifted from a curative, hospital based service to a comprehensive, preventative primary health care approach (Geyer, Naude and Sithole 2002: 11-15).

In South Africa, it is estimated that there is a shortage of about 44780 nurses (Maphosa 2016: 32). This shortage severely compromises its national health care system in both public and private sectors. Terreblanche (2004: 1-63) noted that the South African government needed to train more nurses, as up to 16 % of health workers are likely to die from AIDS, particularly if they didn't receive anti-retroviral treatment. Results of a study that was carried out in 2008-2009 by the Higher Education HIV/AIDS program indicated that South African universities showed the highest HIV prevalence rate of 12.2% among service staff (Mavhandu-Mudzusi 2014: 30-43). Productivity and performance in healthcare is about promoting patient recovery so that they return to their normal life functioning. Nurses hope that their patients recover quickly and are satisfied with the care provided before being discharged from hospital.

1.2 Problem Statement

Nurses who do not have confidence in their ability to cope tend to have a low level of self-efficacy for occupational coping. In comparison, nurses with high levels of confidence and high self-efficacy levels, tend to view difficult situations and tasks as challenges to be mastered rather than barriers that they need to overcome (Welsh 2014: 371-377). According to Laschinger et al. (2015: 1-10), this results in nurses having feelings of being uncomfortable, disengaged in relationship with other team members and burnout with increased workload, thereby influencing nurses occupational coping self-efficacy and impacting on patient satisfaction.

The nurses' ability to cope in a work environment that demands high levels of nursing care to patients, has increased over the years. Nurses are challenged by factors such as staff shortages, increased workload, poor working conditions, lack of resources, the impact of HIV and AIDS and other serious health related diseases which ultimately impacts on the level of care in the clinical field.

1.3 Aim of the study

The aim of this study is to describe the relationship between occupational coping self-efficacy of nurses and patient satisfaction scores in a selection of wards in a private hospital in the province of KwaZulu-Natal, South Africa.

1.4 Objectives of the study

1. To measure occupational coping self-efficacy of nurses working in medical and surgical wards in a private hospital in KwaZulu-Natal.
2. To measure patient satisfaction in medical and surgical wards in a private hospital in KwaZulu-Natal.
3. To describe the relationship between occupational coping self-efficacy of nurses working in medical and surgical wards and patient satisfaction scores in a private hospital in KwaZulu-Natal.

1.5 Research questions

1. What is the level of occupational coping self-efficacy of nurses in medical and surgical wards in a private hospital in KwaZulu-Natal?
2. What is the level of patient satisfaction in medical and surgical wards in a private hospital in KwaZulu-Natal?
3. Is there is a relationship between occupational coping self-efficacy of nurses and patient satisfaction in medical and surgical wards in a private hospital in KwaZulu-Natal?

1.6 Significance of the study

It is hoped that this will contribute to patient awareness of health-related processes which will better equip patients in completing the HCAHPS survey and thereby improve patient satisfaction scores. The nurses will also be able to boost their confidence in their ability to cope in the clinical field. Improvement in patient survey scores will be an indication of nurses meeting their high levels of self-efficacy.

1.7 Definitions of Key Concepts

1.7.1 Occupational self-efficacy

The term efficacy indicates the ability to produce an effect while self-efficacy refers to an individual's capability to produce a desired effect (Ormrod 2006) and occupational self-efficacy includes the person's profession.

1.7.2 Nurse

A nurse signifies a person who is registered as a professional nurse or staff nurse as specified in section 31(1) of the Nursing Act, no 33 of 2005 South African Nursing Council (SANC), 2005: 34).

1.7.3 Private Hospital

A hospital which treats only private patients, and which is not funded by the state or a public body, it is hospital operated for profit.

1.7.4 Medical and surgical wards

These are wards in a hospital where patients from the age of 12 years and above receive nursing care. Nurses are always available in the ward, monitoring patients' condition and providing care in medical and surgical wards.

1.7.5 Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

This tool measures patients' experiences in a hospital setting and allowing patients to report their satisfaction or dissatisfaction on aspects of care rendered (Bacon and Mark 2009: 220-227).

1.8 Outline of the Dissertation

Table 1.1 provides the structure of the dissertation.

Table 1.1 Structure of the dissertation.

Chapter	Title	Outline
1	Overview of the study	Provides an overview of the study by identifying the topic of enquiry, aims and research questions. The information in the introduction and background is provided in order to highlight the importance of the topic and justify the study.
2	Literature review	Presents a review of relevant literature pertaining to occupational coping self-efficacy of nurses and patient satisfaction. Analysis of existing knowledge and evidence serves to inform the study's focus and design. Literature reviewed highlights challenges such as workload, self-efficacy of nurses, patient satisfaction.
3.	Theoretical Framework	Presents the theoretical framework that underpins this study and provides a lens through which to view the main concepts in this study

4.	Research Methodology	Provides a detailed description of the study methodology with the rationale for the research design and methodology selection, implementation strategies and ethical considerations. The study population, sample, data collection, and data analysis methods are described in order that the reader may appreciate the content of study design and potential for research findings.
5.	Presentation of findings	Presents the results of nurse's self-efficacy and patient satisfaction scores.
6.	Discussion of findings	Discusses the findings of the study in relation to patients' feedback from HCAPHS survey by reviewing and interpreting data obtained. The limitations and strengths of the study have been identified in this chapter.
7.	Conclusions, limitations, recommendations	Conclusions about measuring the correlation between occupational coping self-efficacy of nurses and patient satisfaction scores in a private hospital in KZN are outlined in this chapter. Recommendations are made in relation to the key findings of the study.

1.9 Conclusion

In this chapter, an overview of the study, the topic of enquiry, aims and research questions were highlighted. Information on the introduction and background was provided in order to highlight the importance of the topic and justify the study. In the next chapter, chapter two, a review of relevant literature pertaining to occupational coping self-efficacy of nurses and patient satisfaction will be narrated. Analysis of existing knowledge and evidence will serve to inform the study's focus and design. Literature reviewed will highlight challenges such as workload, self-efficacy of nurses, patient satisfaction.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter discusses the literature reviewed regarding the measure of occupational self-efficacy of nurses and patient satisfaction in medical and surgical wards in a private hospital. According to Burns and Grove (2009: 33-42), a literature review is an organised written presentation, published by research scholars on topics of selected fields. About 80 sources (articles, journals and textbooks) were found on different sites and about 35 were utilised for this literature review. The majority of the articles were from the year 2006 to date, but some articles were before the year 2006. All articles were in English. Most of the articles were retrieved electronically from databases such as Google advanced scholar, health source: nursing/ academic, cinhal complete, academic search premier, Medline and Proquest. The following key words were used in search strategy: Occupational self-efficacy, patient satisfaction, nurses, private hospital and medical and surgical settings.

2.2 Review of the literature

Nurses are always available on the ward, monitoring patients' condition and providing care in medical and surgical wards. Understanding patients' satisfaction is important so nurses can anticipate their needs and plan for their care (Al-Kandari and Thomas 2008: 581-590).

2.2.1 International context

Different studies, in the international context, have linked occupational stress to self-efficacy in the workplace. El-Sayed, El-Zeiny and Adeyemo (2014: 183-194) believes that self-efficacy can be improved through training programs. The hospitals of Semnan University of Medical Science, Iran, yielded results that showed 62.7% of nurses had no self-efficacy and this influenced their personal, emotional and cognitive effectiveness in the workplace (Mahdizadeh, Daihimfar and Kahouei 2016: 435-438). Research conducted by Kalandyk, Penar-Zadarko and Krajewska- Kulak (2016: 92-99) concluded results of "high efficacy" (56.8%) among respondents and "low efficacy" (10.9%) in district hospitals in Poland, therefore perceiving that the higher the self- efficacy, the higher the workplace satisfaction. A study by Patricia (2010: 85-89) in Boston, researched professional work ethic by nurses and one criteria measured patient satisfaction.

Findings from this research study provided some level of value, but did not create an impact with nurses' self-efficacy or patient satisfaction. Park and Jung (2015: 1547-1562) completed a quantitative study in South Korea with 555 respondents which examined the future time perspective related to career and organisational commitment, occupational coping self-efficacy and turnover intention. Regarding occupational coping self-efficacy which was explored by future-time perspective, results related to this concept showed a significant positive impact on occupational coping self-efficacy. Franklin and Lee (2014: 607-614) introduced simulation of self-efficacy among novice nurses as they progressed through their professional role during their training. Novice nurses with high self-efficacy, who are committed to use their clinical skills will have a better chance of achieving their goals. However, according to Paggi and Jopp (2015: 357-378) a study in a population of older workers, showed that occupational coping self-efficacy predicted job satisfaction and job motivation and was responsible for positive outcomes. A study by Jalal *et al.* (2014: 12-18) revealed that most complaints regarding nurses' efficacy and dissatisfaction came from the head nurses resulting in nurses being absent from work and high turnover of nurses, subsequently resulting in patient dissatisfaction due to poor quality of service. Staff shortages, physical injuries to nurses and the reduced amount of time spent with patients at the bedside resulted in nurses leaving the profession. As a result of the shortage, nurses who remain have increased number of patients to care for and due to this increasing workload, more nurses leave their hospitals and this worsens the shortage (Van Der Colff and Rothman 2009: 35). Findings from a study by Kalisch *et al.* (2012: 320-328), which compares high versus low levels of missed nursing care due to poor staffing and a lack of willingness to adapt to a positive way forward, supports similar outcomes.

A previous study suggests patient satisfaction has a direct correlation with the nurse's work environment, nurse satisfaction, and patient outcomes (Boev 2012: 368-375). Research by Goussinsky (2020: 479-481) viewed frequent mistreatment of nurses by patients and their relatives, the more likely nurses with low self-efficacy become depersonalised and results also revealed that high self-efficacy nurses and less co-worker support yielded similar outcomes. Nurses are vital resources, and supporting their role and their work environment is important to ensuring quality patient care and satisfaction (Andrews and Dziegielewski 2005: 286-295). Individuals who are convinced of their self-efficacy present higher levels of positive emotions and treat stress as a challenge rather than a threat (Kalandyk, Penar-Zadarko and Krajewska-Kulak 2016: 92-99).

Productivity and performance in healthcare is about promoting patient recovery so that patients and or clients return to their normal life functioning. Nurses hope that their patients recover quickly and are satisfied with the care that is provided before being discharged from hospital. Laschinger et al (2015: 1-10) found that nurses with high coping self-efficacy engage in proactive coping by facing their difficulties rather than avoiding stressors. However, Laschinger and Fida (2014: 19-28) found a positive result of general self-efficacy in a study of new nurses. This leads to the conclusion that leaders can help prevent burnout among new nurses by creating supportive work environments which helps them develop occupational coping skills. It is reasonable to expect that when leaders create workplaces that provide employees with conditions that match their expectations, employees develop increased confidence in meeting job demands. Many researchers have undertaken studies regarding self-efficacy and patient satisfaction, however, the problem still exists. Not many researchers measured occupational coping self-efficacy with patient satisfaction scores. Studies were related to nurses being stressed due to working conditions, burnout and patient dissatisfaction. Qinqin et al. (2020: 326-331) explored the relationship between the nurses' perceived competence in spiritual care and their self-efficacy. The findings from this study revealed that self-efficacy was strongly associated with spiritual care competence. Nurses with higher level of self-efficacy were more likely to portray perceived higher level of competence in spiritual care.

2.2.2 Sub-Saharan Africa

Nursing shortages have become a serious issue for many countries because of an ageing population that require greater health care (Kalache, Barreto and Keller 2005: 42-48), an increasing number of nurses reaching retirement age (Buchan, Duffield and Jordan 2015: 543-545) and the spread of communicable and non- communicable diseases. As sub-saharan African countries continue to struggle with the burden of communicable and non-communicable diseases (Iwu and Holzemer 2014: 42-52), they face serious challenges especially with the current status of HIV/AIDS management. This may also limit their abilities to meet Sustainable Development Goals. Therefore, new nurses who are motivated and willing to accept challenges are a valuable resource to reduce the nursing shortage. According to Pillay (2009: 1-10) South African nurses are dissatisfied with the overall levels of job satisfaction between the public and private sector. Nurses play a pivotal role in providing effective and efficient health care in South Africa.

There are many factors that influence the low self-efficacy of nurses and a negative response from patient satisfaction. Social cognitive theory assumes that self-efficacy determines various stress related outcomes (Bandura 1977: 2-8) and burnout is an example of such an outcome. Burnout as described by Sierra, Castro and Zaragoza (2016: 780-788), is a psychological response to chronic job stressors, a state of exhaustion whereby one is unsure of one's capability to perform in one's occupation. In the context of occupational stress, self-efficacy has been defined as employees' self-appraisals of their ability to display the skills needed to perform specific tasks or cope with job related stress and consequences (Shoji et al., 2016: 367-386).

Individuals with high self-efficacy are more likely to interpret occupational stressors as challenges rather than threats and face barriers as well as employing more coping strategies and achieve higher levels of psychological well-being. Staff shortages, physical injuries to nurses and the reduced amount of time spent with patients at the bedside resulted in nurses leaving the profession. As a result of the shortage of nurses, a safety measure in medical and surgical nursing is important because adverse events have significant costs to patients, families and the health system. It is possible to learn from adverse events and near misses (Al-Kandari and Thomas 2008: 581-590). In addition to some of these job stressors, nurses working in medical and surgical wards may encounter certain obstacles in their physical work environment, such as overcrowding especially during visiting hours, load noises with trolleys and equipment, disorganised patient areas and physicians being rude which may cause nurses to become overwhelmed and demotivated (Gurses and Carayon 2009: 510-512).

2.3 Conclusion

This chapter presented a review of the current discourses and scholarly conversations regarding the measure of occupational self-efficacy of nurses and patient satisfaction in medical and surgical wards the measure of occupational self-efficacy of nurses and patient satisfaction in medical and surgical wards. In the next chapter, chapter, the theoretical framework underpinning this research study will be discussed. An explanation will also be provided on how the selected theoretical framework is implemented in this research study.

CHAPTER THREE

THEORETICAL FRAMEWORK

3.1 Introduction

In the previous chapter, a review of the literature on the review of the occupational self-efficacy of nurses and patient satisfaction in medical and surgical wards was provided. In this chapter, the theoretical framework that was selected to underpin this study namely, Bandura's Self-Efficacy theory will be described. In addition, a detailed narrative on how this theory was applied in the context of the present study will be outlined.

3.2 Bandura's Self-Efficacy Theory

Bandura's self-efficacy belief system has four important sources that have been determined and these are mastery experiences, vicarious experiences, social persuasion, and physiological responses to experience. These sources influence the individual's self-efficacy judgement and thereby display individual's behaviour or performance. Figure 3.1 illustrates the Bandura's Self-Efficacy Model.

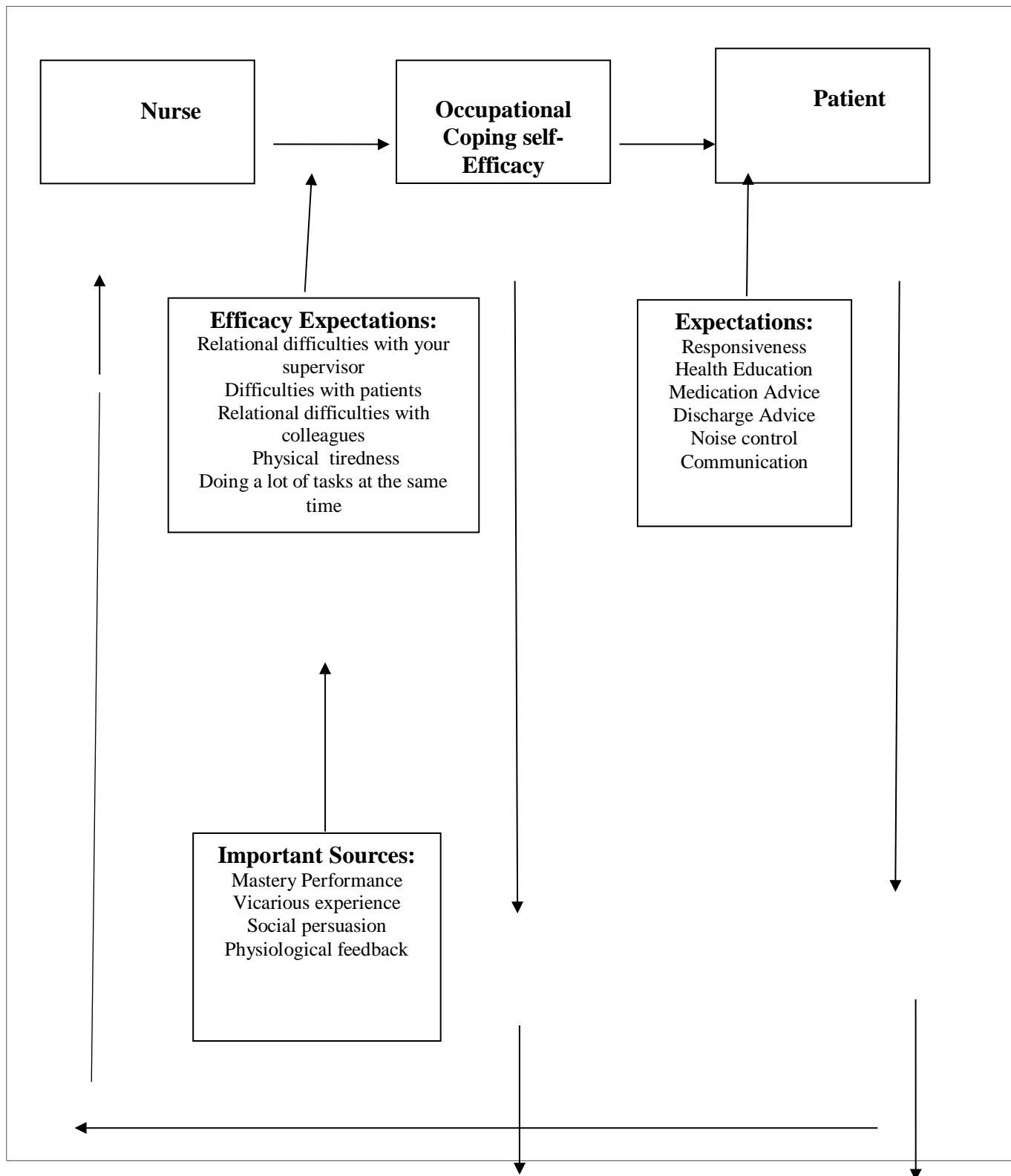


Figure 2.1. Self-Efficacy Model: Adapted from Shortridge-Baggett and van der Bijl (1999 as cited in Lenz and Shortridge-Baggett 2002)

3.3 Application of Bandura's Self-Efficacy Theory

Sources	Relation to Nurses
Mastery Performance	If people experience easy successes they tend to adapt quickly and become experts in that field. Sometimes these people also face tough times, but they persevere and face challenges because they are convinced that they are experts in the field.
Vicarious experience	People observe others perform successfully, compare themselves to similar situations and form beliefs about their own competencies. But observing these models fail despite high efforts of trying lowers the judgement of their own efficacy. Observing models perceived self-efficacy can influence similar perceptions in one's own behaviour.
Social or verbal persuasion	Feedback from others that is seen to be reliable and a close match to one's own capabilities. People who are told that they possess the capabilities to master given activities will strive to maintain and sustain it, rather than worry about personal deficiencies when they arise. People who are persuaded that they lack the ability tend to avoid challenges and give up so that they do not face any difficulties.
Physiological feedback	People with stress and tension see themselves perform poorly with allocated activities. People relate their pain, aches and tiredness due to a physical debility if they are unable to do any strenuous and heavy duty work. The state of a person's mind is also important to establish if their personal efficacy is affected. A positive attitude will enhance self-efficacy rather than diminish it.

3.4 Conclusion

In this chapter, an explanation of the theoretical used in this study was provided/ In addition, how this theoretical framework was adapted for this particular study was highlighted. In the next chapter, chapter four focuses on the design and methodology that will direct this study. It describes the research setting, population, sampling techniques, data collection instrument,

data collection process, data analysis and data management, validity and reliability and ethical considerations.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 Introduction

This chapter focuses on the design and methodology that will direct this study. It describes the research setting, population, sampling techniques, data collection instrument, data collection process, data analysis and data management, validity and reliability and ethical considerations.

4.2 Research Design

This study employed a quantitative, cross-sectional, descriptive survey design. The quantitative research approach was used to combine aspects of logical reasoning in an orderly manner so that information may be acquired. The researcher is guided by a series of steps that is controlled by a plan of action. According to Burns and Grove (2009: 33-42), a research design guides the researcher in planning and implementing the study in a way that is most likely to achieve the intended goal.

4.3 Research Setting

The study was conducted in medical and surgical wards in the largest private hospital in the eThekweni Municipality of KwaZulu-Natal. The total bed state of these wards is 296. The hospital setting has a 24-hour trauma service, specialised radiology, onsite doctors, and surgeons available, a helicopter service, four intensive care units, sixteen operating theatres, a catheterisation laboratory, a day ward and nine medical and surgical wards. The total licensed patient bed state is 464 and total nursing staff is 600. The chosen hospital specialises in neurosurgery and cardiothoracic surgery. Patients are admitted via the trauma unit and reception to medical and surgical wards. The ratio of staff to patients in these wards are based on patient acuity. All staff work a 12-hour shift, day or night. These wards admit medical patients suffering from pneumonia, bronchitis, uncontrolled diabetes and so on. Other patients for general surgery, orthopaedic surgery, vascular surgery, ear, nose and throat, plastic surgery and also transplant patients are also admitted to this hospital. These medical and surgical wards have a high turnover of patients.

4.4 Population

The population for this study were all nurses working both day and night shift in medical and surgical wards of the chosen hospital. This includes registered nurses, enrolled nurses and

enrolled nursing assistants of all race groups. The total number of nurses working in the medical and surgical wards at the hospital is 203.

4.5 Sampling and sample size

Sampling is a process whereby a group of people or other elements are selected to participate in a study from a particular population (Burns and Grove 2009: 33-42). This group of respondents is a representation of the larger population which include 600 nurses. For the purposes of this study, the researcher recruited nurses working in medical and surgical wards and used proportional sampling of the nurses as the sampling strategy to select the respondents for this study.

The second level of sampling refers to the HCAHPS questionnaires. All the HCAHPS questionnaires were employed for the patients who were discharged from hospital during the period that data was collected from the nurses, in order to correlate nurses' occupational coping self-efficacy scores with the total scores from the HCAHPS questionnaires.

4.5.1 Proportional sampling

This study utilised both a proportional sampling strategy as well as consecutive sampling with the proportions computed. Proportional sampling is a method of sampling in which the researcher divides the accessible population into subpopulations. Consecutive sampling was applied to each of these subpopulations. Consecutive sampling is a strategy where all the nurses, willing to participate, will be sampled over a period of time until the numbers required for the proportional sampling are achieved (Polit & Beck 2012: 291-310).

4.5.2 Inclusion criteria

Nurses:

- All categories of nurses that are registered with the South African Nursing Council.
- Nurses of all genders.
- All nurses that are employed at this hospital permanently.
- All nurses working in medical and surgical wards that will be in direct contact with patients.

4.5.3 Exclusion criteria

Nurses that:

- Are not employed permanently at this hospital.

- Students in training who are placed in medical and surgical wards for practical experience.

4.6 Data collection

Questionnaires were utilised to collect data. Posters with information regarding this research project was pasted in wards and at the staff canteen to remind staff of the research study. Staff were required to complete a consent form before participating in the study. Respondents were granted the freedom to decline participation in the study. The researcher distributed and collected questionnaires personally. Questionnaires were sealed in envelopes after completion by respondents. Thereafter, the questionnaires were taken by the researcher for safe keeping until data collection was completed. The staff were informed that the questionnaire will take about 10 minutes to complete and this could be done either in the canteen or in the wards during their lunch break.

4.6.1 Data collection instrument

A validated questionnaire which was developed by Pisanti et al. (2008: 238-247) was used in this study. Permission to use the tool was granted by the owners of the questionnaire (Appendix F).

4.6.2 Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) questionnaire

The patient satisfaction was scored by patients on discharge using the survey on an iPad. The patients' selections from the iPad were captured on a patient feedback survey database. The head of department of each ward and the patient liaison officer had access to this link for analysing patients' feedback. Heads of departments contacted all patients who provided negative feedback. The expectation as per standard operating procedure was that a rating of 8 and above is acceptable and a rating of 5 and below had to be investigated and reported to management. These results were captured on a spread- sheet expressed as percentages for the different criteria on the survey. Questions on the survey were based on nursing care, responsiveness of the nurses, noise, cleanliness, pain management, food services, medication and discharge information.

The self-efficacy scores were totalled and then correlated with the total of the patient satisfaction scores from the patient feedback survey (HCAHPS). Table 4.1 illustrates the validity and the reliability of the OCSE-N data collection instrument.

Table 4.1 Validity and reliability of the OCSE-N instrument

Reference	Validity	Reliability
Pisanti, R., Lombardo, C., Lucidi, F., Lazzari, D. and Bertini, M. 2008. Development and validation of a brief Occupational Coping Self-Efficacy Questionnaire for Nurses. <i>Journal of Advanced Nursing</i> 62 (2), 238 – 247	Construct validity was confirmed as well as criterion-related validity. Correlation patterns between the Occupational Coping Self-Efficacy for Nurses scale and both coping and burnout variables, supported the criterion-related validity	Cronbach`s Alpha 0.77 for factor Coping Self-Efficacy to cope with the occupational burden and 0.79 coping self-efficacy to cope with relational burden

4.7 Data Analysis

The analysis was carried out using SPSS version 23. Descriptive statistics including frequency, measures of central tendency and measures of dispersion were analysed. Results are displayed in the form of tables and graphs. Factor analysis was used to explore the structure of the data. In order to test for significant trends in the data, inferential statistics was applied. These included Pearson’s correlation, t-test, ANOVA and chi-square tests. Where the conditions are not met for the application of these tests, non-parametric equivalent tests or exact tests, where applicable, were used. Cronbach’s alpha was used to measure reliability of scales identified. Throughout, a *p*-value of 0.05 was used to indicate significance.

4.8 Ethical consideration

This study was only conducted once the ethical clearance was been obtained from the Institutional Research Ethics Committee (IREC) of the university where the researcher is registered for this qualification. Once the proposal was approved by IREC, permission to conduct the research was sought from the management of the participating hospital (see Appendix D). Respondents were given the information letter which outlined the aim of the study and the process of data collection and they were required to sign the informed consent prior to participating in the study (see Appendix B and C). Respondents were informed that they had a right to withdraw from the study at any point in time. The data collection tools were identified using numbers and not respondents’ names, so as to maintain anonymity and confidentiality of respondents. The principles of ethics were maintained during the research process. The

principle of autonomy was maintained on the basis of informed consent being obtained in respect of confidentiality of respondents. No intentional harm was inflicted on any respondent. The researcher ensured that the respondents understood the importance and benefits of their participation in this research study. Respondents were assured that participation in this research was legal and nothing related to this research was unlawful.

4.9 Conclusion

In this chapter, the focus was on the design and methodology that directed this study. It described the research setting, population, sampling techniques, data collection instrument, data collection process, data analysis and data management, validity and reliability and ethical considerations. The data analysis will be provided in the next chapter, chapter five.

CHAPTER FIVE

DATA ANALYSIS

5.1 Introduction

This chapter presents the findings of the study. The first section presents the demographic and work characteristics including age, gender, marital status, nurse category, nursing experience and the unit where respondents work. This study was designed to correlate any relationship between occupational coping self-efficacy of nurses and patient satisfaction scores as outlined in the following objectives:

1. To measure occupational coping self-efficacy of nurses working in medical and surgical wards in a private hospital in KwaZulu-Natal.
2. To measure patient satisfaction in medical and surgical wards in a private hospital in KwaZulu-Natal.
3. To describe any relationship between occupational coping self-efficacy of nurses working in medical and surgical wards and patient satisfaction scores in a private hospital in KwaZulu-Natal.

5.2 Tests used in the analysis

Descriptive statistics including means and standard deviations, where applicable. Frequencies are represented in tables or graphs.

5.2.1 ANOVA

A test for several independent samples that compares two or more groups of cases in one variable.

5.2.2 One sample t-test

This test is used to determine whether a mean score is significantly different from a scalar value.

5.2.3 Independent samples t-test

A test that compares two independent groups of cases.

5.2.4 Paired samples t-test

A test that compares the means of two variables for a single group.

5.3 Sample realisation

A sample size of 157 was advised by the statistician ($N=157$) and therefore a sample realisation of 100% was achieved. Of the total sample ($N= 157$), Enrolled Nursing Assistants constituted the largest percentage (42.7%, $n=67$), followed by Registered Nurses (37.6%, $n=59$) and Enrolled Nurses constituted the smallest categories of respondents (19.7%, $n=31$). Table 5.1 provides the proportional sampling of all categories and table 5.2 shows the representation of wards and nurses.

Table 5.1 Proportional sampling of all categories

Category of nurse	Total Population	Proportional sampling
Registered Nurse	76	59
Enrolled Nurse	41	32
Enrolled Nursing Assistant	86	67
Total	203	158

Table 5.2 Representation of wards and nurses

Wards	Registered nurses	Staff nurses	Nursing assistants	
1	11	9	12	
2	10	3	8	
3	8	4	8	
4	10	4	11	
5	8	4	8	
6	9	5	11	
7	8	5	10	
8	12	7	18	
Totals	76	41	86	203
	51	28	58	137
	59	32	67	158

Population = 203
 Sample = 137
 Add 15% = 158 (approximate)

5.4 Descriptive analysis of the demographic variables.

Figure 5.1 represents the demographic characteristics of respondents

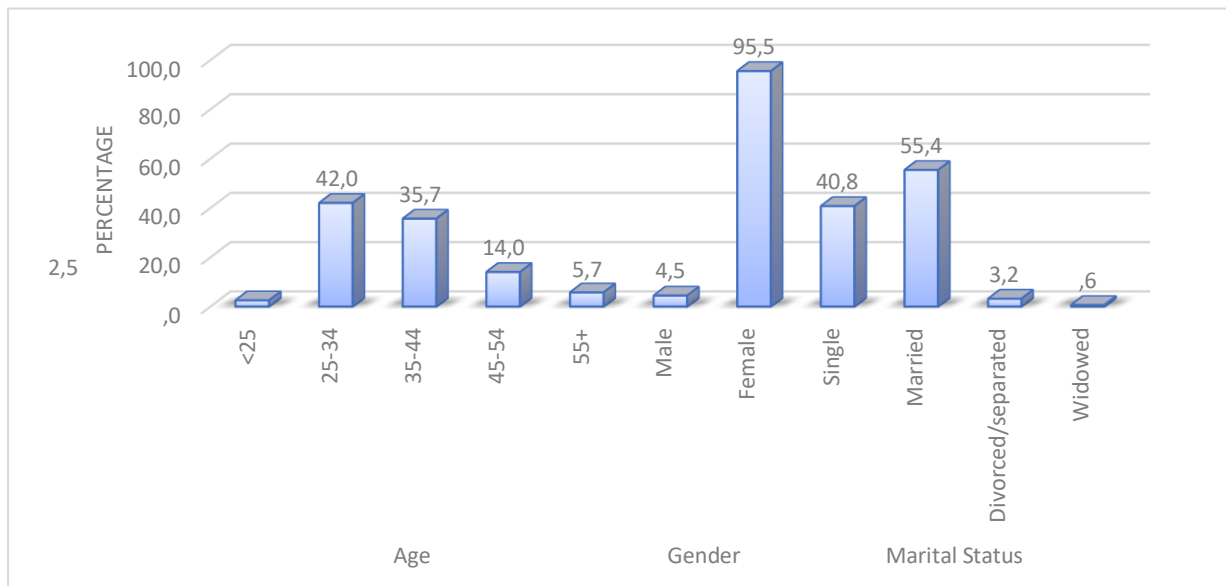


Figure 5.1 Demographic characteristics of respondents.

5.4.1 Inferring from six variables to the population

- The majority of the respondents in this study were female ($n = 150$, 95.5%) with only 7 (4.5%) males responding.
- The age category 25 to 34 years constituted 42% ($n= 66$) of the sample with 5.7% ($n= 9$) of respondents aged 55 years and older. Only 2.5% ($n= 4$) of respondents were under 25 years of age.
- More than half of those sampled were married (55.4%, $n= 87$) and 40.8% ($n= 64$) reported being single. Those respondents who reported being divorced, separated or widowed was 3.8% ($n= 6$).

Figure 5.2 provides an overview of respondents' characteristics

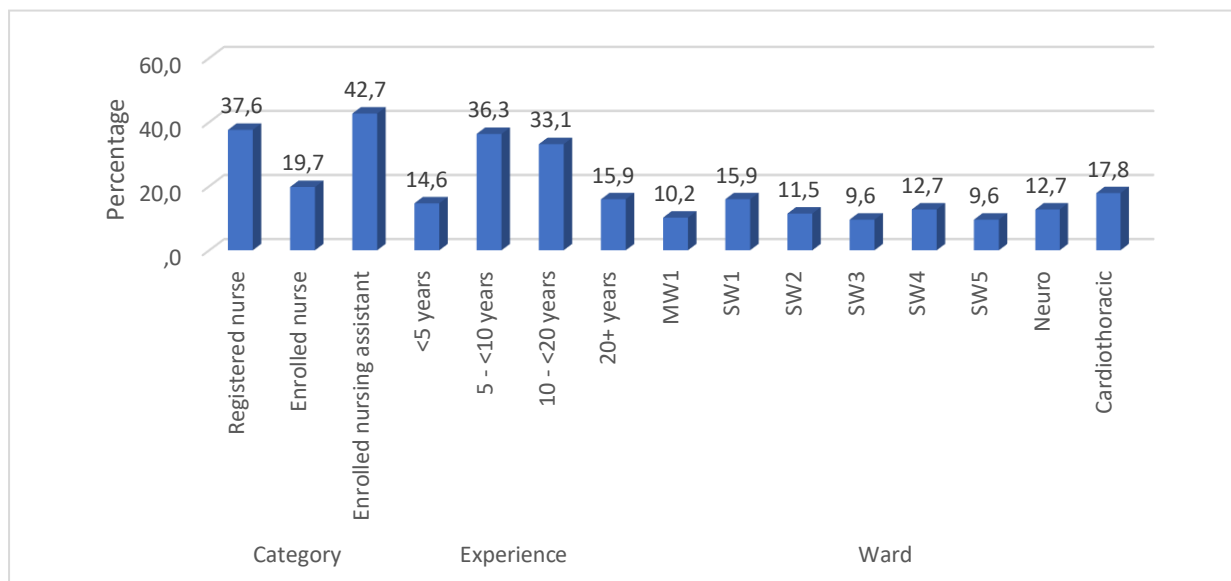


Figure 5.2 Overview of respondents' characteristic

The respondents in this study appeared to be an experienced cadre of nurses with 36.3% ($n=57$) having 5 to less than 10 years' experience, 33.1% ($n= 52$) having 10 to less than 20 years' experience and 15.9% ($n= 25$) of respondents having 20 plus years' of experience. Only 14.6% ($n= 23$) respondents had less than 5 years of nursing experience.

Respondents were representative across a medical ward (MW1), five surgical wards (SW1 to SW5), a Neuro ward (medical and surgical patients), and a Cardiothoracic Ward (medical and surgical patients). Nurses in the cardiothoracic ward constituted 17.8% ($n= 28$) of the sample, with the smallest number of respondents coming from the surgical ward 3 and surgical ward 5 where there were 15 (9.6%) respondents in each ward.

5.5 Occupational coping self-efficacy of nurses working in medical and surgical wards

Self -efficacy was measured with the Occupational Coping Self-Efficacy Questionnaire for Nurses (OCSE-N) developed and validated by Pisanti, Lombardo, Lucidi and Bertini 2008). The scale consists of 9 items. Following Pisanti et al. (2008), respondents were instructed as follows: "the following statements describe occupational stressful situations which nurses encounter and may find it more or less easy to cope. Please rate how easily you think you can cope with each situation?" The response scale ranged from 1 (not at all easy to cope with) to 5 (totally easy to cope with). Figure 5.4 represents the results on the relationship between difficult to cope and easy to cope.

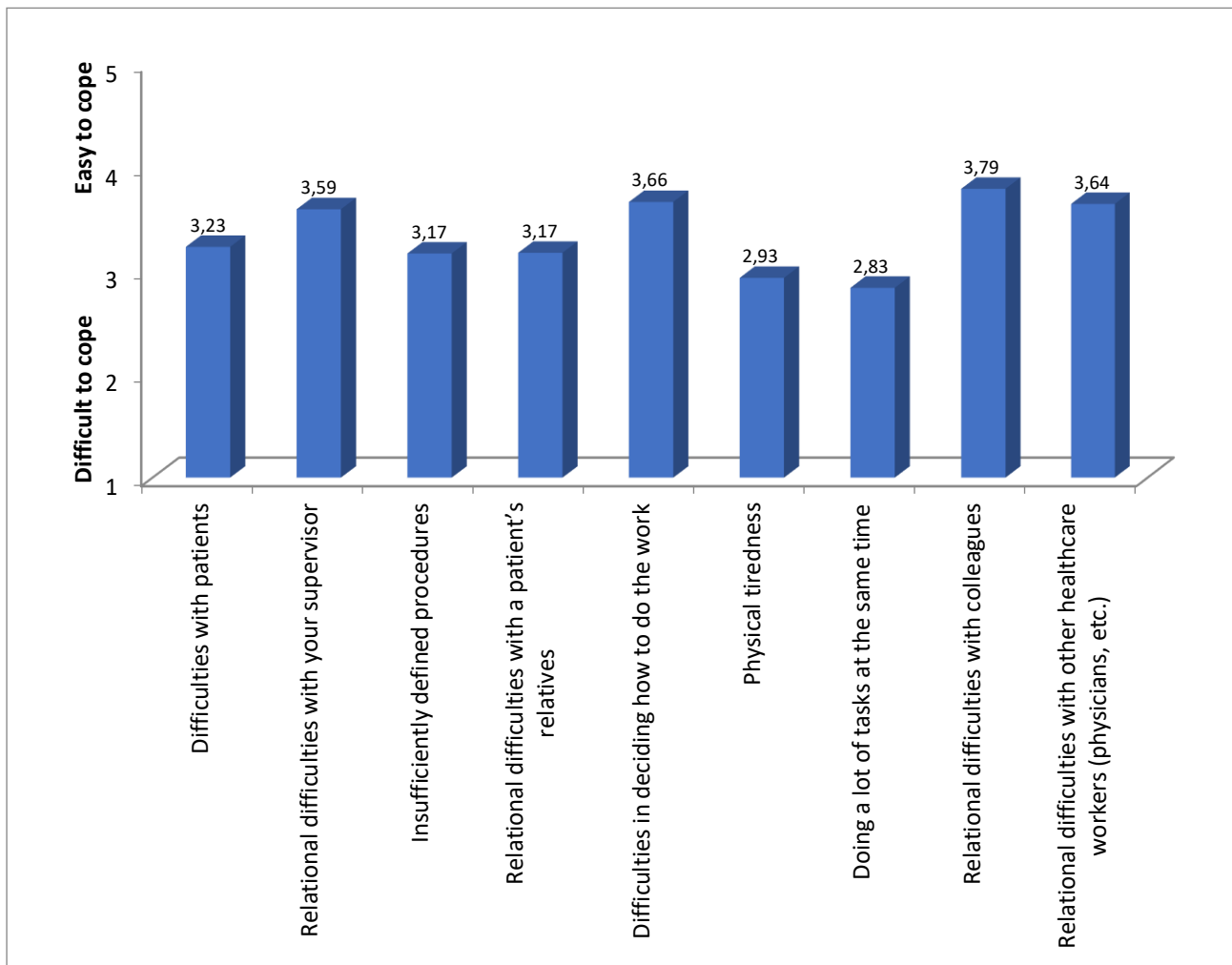


Figure 5.3 Relationship between difficult to cope and easy to cope

It was concluded that nurses found the following situations significantly easy to cope with:

- Difficulties with patients (M=3.23)
- Relational difficulties with supervisors (M=3.59)
- Relational difficulties with patient's relatives (M=3.17)
- Difficulties in deciding how to do work (M=3.66)
- Relational difficulties with colleagues (M=3.79)
- Relational difficulties with other healthcare workers (M=3.64).

The average mean score was (3.34).

5.5.1 Rotation converged in 3 iterations

Factor analysis with promax rotation was used to identify the structure of the data. A Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) value of .796 indicated that the data was adequate for successful and reliable factor extraction. In addition, a significant Bartlett's test ($p < .05$) indicated that correlations between items were not too low for factor analysis to take

place. Two factors were extracted which accounted for 51.81% of the variance in the data. The factors were tested for reliability using Cronbach's alpha. An alpha value $>.7$ was considered to indicate a reliable measure. Item 3 was removed during the factor extraction process because it did not load strongly enough onto any factor. The results of Convergent and Discriminant validity is illustrated in Table 5.3

Table 5.3 Convergent and Discriminant validity

	Factor	
	1	2
B7 Doing a lot of tasks at the same time	.626	
B1 Difficulties with patients	.620	
B6 Physical tiredness	.550	
B5 Difficulties in deciding how to do the work	.519	
B4 Relational difficulties with a patient's relatives	.464	
B2 Relational difficulties with your supervisor	.387	
B9 Relational difficulties with other healthcare workers (physicians, etc.)		.771
B8 Relational difficulties with colleagues		.586

Construct validity, including convergent and discriminant validity, are shown to exist in the factor structure matrix above. In addition, the reliability of the 2 factors is adequate, as seen by the Cronbach's alpha analysis. Cronbach's alpha analysis is highlighted in Table 5.

Table 5.4 Cronbach's alpha

Factor	Construct	Items included	Cronbach's alpha
1	General nursing (GEN)	1 2 4 5 6 7	.728
2	Relational difficulties in the workplace (REL)	8 9	.624

Single composite construct measures are formed by averaging scores for the items included in the construct. Figure 5.4 provides an overview of occupational coping

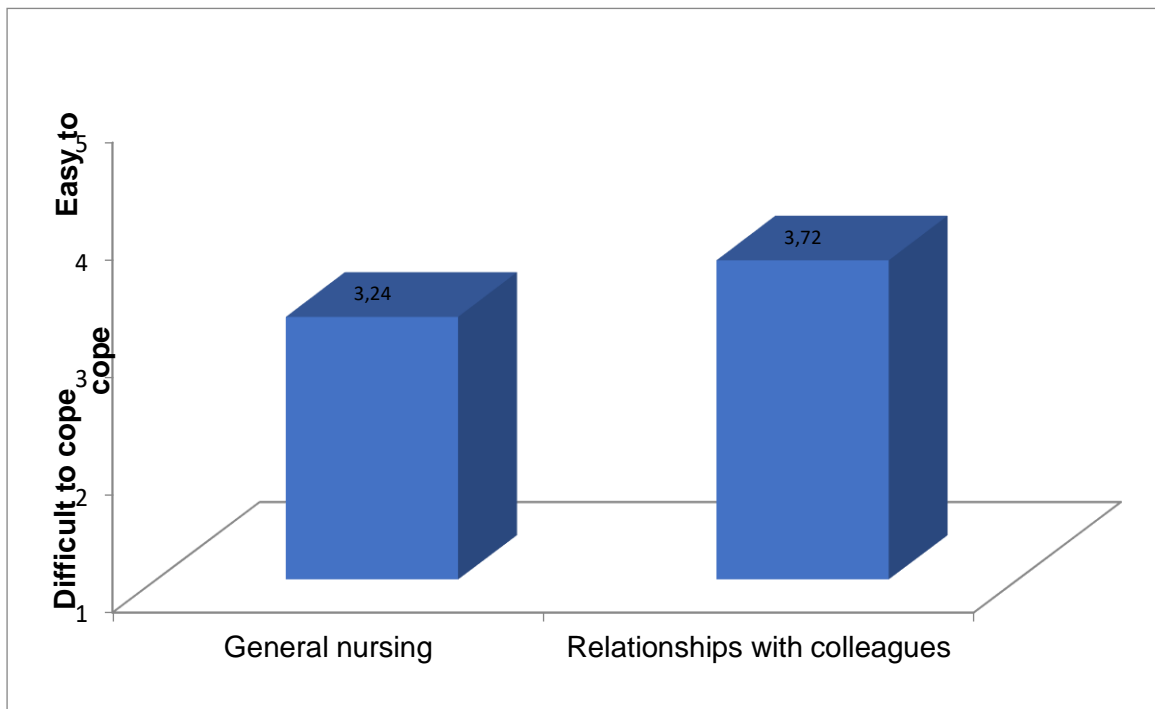


Figure 5.4 Overview of Occupational coping

Analysis using a paired samples t-test shows that it is significantly easier for nurses that have occupational coping self-efficacy with relational difficulties with colleagues (Mean = 3.72) than it is to cope with general nursing issues (Mean = 3.24), $p < .0005$.

5.5.2 Significant differences across demographic variables

ANOVA

Specific differences include:

General Nursing: ENA copes significantly better than RN or EN

There is a significant difference in the ease with which different categories of nurse cope with general nursing situations, $F(2, 154) = 13.733$, $p < .0005$. In particular enrolled nursing assistants cope significantly better than do registered nurses or enrolled nurses.

Relational difficulties in the workplace: ENA copes significantly better than RN or EN

There is a significant difference in the ease with which different categories of nurse cope with relational difficulties in the workplace, $F(2, 154) = 12.915$, $p < .0005$. In particular enrolled nursing assistants cope significantly better than do registered nurses or enrolled nurses.

5.6 Patient satisfaction in medical and surgical wards

Patient satisfaction scores were taken over 3 months (April, May and June 2020). An average score for these 3 months for each ward and category is available in Table 5.5.

Table 5.5 Patient satisfaction scores

WARD code in SPSS	2	3	4	5	6	1	7	8
<i>Overall Scores</i>	SW1	SW2	SW3	SW4	SW5	MW1	Neuro	Cardio Thoracic
Definitely Recommend	38.54		100.00			63.89	43.18	
Reception	72.22		100.00	47.62		43.52	48.43	
Nursing	83.34		100.00	35.72		75.93	67.42	
Response	40.97			33.33		77.78	54.29	
Cleanliness	66.67		83.34	42.86		83.33	61.11	
Quietness	63.89		100.00	20.00		75.00	59.52	100.00
Pain Management	75.00		33.33	33.34		22.92	33.33	
Medication Information	50.00		66.67			54.55	17.05	50.00
Discharge Information	65.97		50.00	16.67		45.83	39.02	75.00
Doctors	77.78		72.22	66.67		90.48	62.18	100.00

Table 5.5 indicates that ward 3 (SW2), ward 6 (SW5) was closed and ward 8 (cardiothoracic) was partly closed due to terminal cleaning and sanitising as a result of positive Covid 19 patients that were admitted in these wards. These wards had minimal staff. Other nurses were redeployed to remaining medical and surgical wards.

5.7 Correlations between occupational self-efficacy of nurses and patient satisfaction scores.

There are 2 measures that were found to correlate regarding nurse self-efficacy;

- General nursing.
- Relational difficulties with other healthcare workers.

Table 5.6 provides a description of the measure variables

CRITERIA	FINDINGS	GENERAL NURSING	RELATIONS DIFFICULTIES
Definitely Recommend	Pearson Correlation	.112	.040
	Sig. (2- tailed)	.335	.733
	N	76	76
Reception	Pearson Correlation	-.001	-.056
	Sig. (2- tailed)	.991	.590
	N	96	96
Nursing	Pearson Correlation	-.124	-.094
	Sig. (2- tailed)	.230	.362
	N	96	96
Response	Pearson Correlation	-.112	-.010
	Sig. (2- tailed)	.319	.933
	N	81	81
Cleanliness	Pearson Correlation	-.118	-.036
	Sig. (2- tailed)	.253	.727
	N	96	96
Quietness	Pearson Correlation	-.092	-.104
	Sig. (2- tailed)	.310	.250
	N	124	124
Pain Management	Pearson Correlation	-.114	-.034
	Sig. (2- tailed)	.270	.739
	N	96	96
Medication Information	Pearson Correlation	.002	.108
	Sig. (2- tailed)	.981	.277
	N	104	104
Discharge Information	Pearson Correlation	-.148	-.098
	Sig. (2- tailed)	.102	.279
	N	124	124
Doctors	Pearson Correlation	-.103	-.002
	Sig. (2- tailed)	.257	.983

No significant or even moderate correlations are shown to exist between nurse self-efficacy and patient satisfaction scores.

5.8 Conclusion

The key findings related to the research questions were presented in this chapter five. The findings related to the research question were presented according to the categories identified, namely, to measure occupational coping self-efficacy of nurses working in medical and surgical wards, to measure patient satisfaction in medical and surgical wards and to describe any relationship between occupational coping self-efficacy of nurses working in medical and surgical wards and patient satisfaction scores. The respondents in this study were predominantly female enrolled nursing assistants. The years of experience ranged from 5 to less than 10 years and the dominant age group being 25 to less than 34 years old. It was discovered that nurses found difficulties with patients, relational difficulties with supervisors, colleagues and other healthcare workers significantly easy to cope with. Doing a lot of tasks at the same time and physical tiredness was found to be difficult to cope with.

CHAPTER SIX

DISCUSSION OF THE FINDINGS

6.1 Introduction

The previous chapter focused on the presentation of the study results. Chapter 6 will focus on discussion of the study findings and relevant peer reviewed literature will be used to support and argue the findings. The discussion will also aim to portray whether the three objectives of the study were achieved. The objectives of the study were: to measure occupational coping self-efficacy of nurses working in medical and surgical wards in a private hospital in KwaZulu-Natal; to measure patient satisfaction in medical and surgical wards in a private hospital in KwaZulu-Natal; to describe the relationship between occupational coping self-efficacy of nurses working in medical and surgical wards and patient satisfaction scores in a private hospital in KwaZulu-Natal.

6.2 Discussion

This study sought to describe the relationship between occupational coping self-efficacy of nurses and patient satisfaction in medical and surgical wards in a private hospital in Kwa-Zulu Natal. A quantitative, cross-sectional, descriptive survey design was used to answer the research questions. The quantitative research approach was used to combine aspects of logical reasoning in an orderly manner so that information could be acquired.

A sample size of (N=157) was advised and a sample realisation of 100% was achieved. The enrolled nursing assistants constituted the largest number ($n=67$). The sample related to age found that the 25 to 34 year old participants constituted the highest ($n=66$) and more than half the sample were married ($n=87$). There was a significant difference in the ease with which different categories of nurses' cope with general nursing situations. In particular, enrolled nursing assistants cope significantly better than do registered nurses or enrolled nurses. The possible reasoning for the enrolled nursing assistants coping better may be due to their decreased responsibility and accountability to allocated tasks. Research findings appeared to support the identified literature, suggesting that occupational coping self-efficacy of nurses was acknowledged by nurses in the questionnaire. There was a significant difference in the ease

with relational difficulties in the workplace particularly enrolled nursing assistants who cope significantly better than do registered nurses or enrolled nurses. This is due to the enrolled nursing assistants completing their duties according to their level of understanding and being satisfied with their contribution of care to patients. Regarding the ease with relational difficulties in the workplace, enrolled nursing assistants are continuously working on the floor in close contact with patients, colleagues, patients' relatives and other healthcare workers, therefore, allowing for harmonious working relationships. According to Banduras Self-Efficacy Model (1977: 2-8), the enrolled nursing assistants' capabilities and skills appear to be in line with the source mastery performance. They are the best in providing basic nursing care such as skin care, assisting patients to bathroom and simple wound care dressings. These activities do not require high levels of skill and therefore, the enrolled nursing assistants may enjoy these tasks. The present study focuses on occupational coping self-efficacy, which refers to an individual's beliefs about his or her ability to cope with specific stressors experienced on the job, such as physical tiredness, difficulties with patients' and colleagues (Pisanti et al. 2015).

Occupational coping self-efficacy was found to protect nurses from the negative effects of bullying at the workplace (Livine and Goussinsky 2017: 89 -98) and to reduce the impact of a lack of resources on responsiveness, burnout and psychological distress (Pisanti et al. 2015). The registered nurses are required to take on responsibility and accountability for duties such as administering medication, assessment of patients' before and after major surgical interventions and provide vital information to doctors and management regarding patients' progress. The enrolled nurses' accountability to tasks are less than the registered nurses, but more than the enrolled nursing assistants (SANC- Scope of Practice R2598).

The two situations in the questionnaire namely difficulty in deciding how to do the work and doing a lot of tasks at the same time, demonstrates that the workplace is the environment in which nurses experience different levels of occupational stress and job satisfaction. Findings from a study in Kampala, Uganda demonstrated that stress was also related to personal background characteristics including nursing education, nursing experience and the number of children that nurses had (Nabirye 2011: 760-768). This suggested that a social cultural context played a role in nurses working environment, indicating that stress and job satisfaction influenced job performance, thereby influencing "physiological feedback" as one of the sources of Bandura's Self-Efficacy Model (1977: 2-8).

In relation to patients' participation and satisfaction, a study by Fougere et al. (2016: 782-788) supported the view that the age and education level of the nurse plays an important role. The older nurses' experience and greater resources for example greater psychological and intellectual maturity are more easily accepted by patients regarding information related to their condition. These nurses also cope better with challenging questions from the patient. In addition to the age of nurses, the perception is that the nurses' education has an influence on power and responsibility sharing with patients. Patients appreciate transparency when it involves their health. Nurses were concerned about dealing with patients and their families, increased workload, supervisors, conflict with physicians and death and dying. There was inadequate emotional support for nurses.

Analysis showed that it is significantly easier for nurses that have occupational coping self-efficacy to cope with relational difficulties with colleagues than it is to cope with general nursing issues.

6.3 Conclusion

This chapter provided a discussion of the findings of this study. The next chapter, chapter seven will bring this research study to a close with the conclusions, limitations, recommendations in respect of measuring the correlation between occupational coping self-efficacy of nurses and patient satisfaction scores. Recommendations are made in relation to the key findings of the study.

CHAPTER SEVEN

RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

7.1 Recommendations

Based on the findings, conclusions and implications which arose from the study, the following are recommended:

1. Further studies should be conducted using a larger sample of nurses and patients.
2. The inclusion of more private hospitals should be considered in a bigger sample.
3. Due to no significant or even moderate correlations between nurse self-efficacy and patient satisfaction scores, further research should be pursued regarding same or a similar study with a larger number of participants considering that many of these issues are referred to, anecdotally.
4. Research can be extended to also include public hospitals and maybe a comparison between public and private hospitals.

7.2 Implications

7.2.1 Nursing Education

The findings of this study indicate the importance of planning and implementing interventions to increase self-efficacy of all nurses in the profession. By applying Bandura's Conceptual Model, self-efficacy can be enhanced through successful performance, vicarious experience for example observing more experienced colleagues in similar situations and social persuasion such as feedback and support from colleagues and supervisors. Nurse educators can buddy nurses with a strong skill and knowledge background so that they can be prepared to work independently in the clinical area. There should be continuous training sessions whereby employees are given the opportunity and encouraged to share their feelings and experiences. The South African Nursing Council and Council for Higher Education should include content in curricula relating to the preparedness and guidance on how to identify and manage self-efficacy skills.

7.2.2 Nursing Practice

Employers should listen to their staff and share skills and strategies for managing and coping with stressful situations. Nursing is a stressful job and the stress can be reduced by spreading duties over a day and balancing staff according to skill and schedule work. The work

environment, patient and personal characteristics contributes to stress, burnout and job dissatisfaction; therefore, nurses should keep this in mind and give each other moral support in order to improve nursing care to their patients. Nurses should also advocate for better working conditions and resources in order to reduce work overload and improve job satisfaction. The human resource department should take care of their staff by addressing these issues in listening forums and referring staff for counseling.

7.3 Limitations

The study site only included one of largest private hospitals in the eThekweni region of Kwa-Zulu Natal, as well as the staff and patients of this one hospital, therefore, this could be seen as a very small-scale study. Whilst the researcher observed all the ethical principles regarding the process of how research questionnaires should be conducted, there is a possibility that respondents may have completed this exercise with very little or no commitment to participation. This could be due to nurses feeling demotivated. Several respondents verbalised poor working conditions, lack of resources, work overload and financial stress.

Research was challenging due to the Covid-19 pandemic and the patient satisfaction scores were restricted in certain wards. One of the objectives was to measure patient satisfaction in medical and surgical wards. This omission in statistics altered the final result of patient satisfaction scores. Eight wards were identified initially with a corresponding staff of 157.

7.4 Conclusion

The present study aimed to describe any possible relationship between occupational coping self-efficacy of nurses and patient satisfaction scores in a selection of wards. No significant or even moderate correlations were shown between nurses' self-efficacy and patient satisfaction scores. This paper presented results that showed the enrolled nursing assistants found relational difficulties easy to cope with as compared to the registered nurses and enrolled nurses. The majority of the sample population were enrolled nursing assistants who don't have the same responsibility and accountability as the registered and enrolled nurses. Since the enrolled nursing assistants' time is spent on direct patient care, it can be perceived that they found relational difficulties easy to cope with. These findings can help management with ways to upgrade enrolled nursing assistants and provide some work-life balance of registered and enrolled nurses.

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Appendix A
Data collection instrument

Section 1 Demographic Information

Select the option that best applies to you

1. Indicate what category of nurse you are.

Registered Nurse	Enrolled nurse	Enrolled nursing assistant

2. How long have you been a nurse?

< 5 years	5 - <10 years	10 - <20 years	20+ years

3. How old are you?

Under 25 years	25 - 34 years	35 - 44 years	45 - 54 years	55+ years

4. What is your sex?

Male	Female

5. What is your marital status?

Single	Married	Divorced/ Separated	Widowed

6. Indicate the ward you are working in.

MW1	SW1	SW2	SW3	SW4	SW5	Neuro	Cardio- thoracic

Section 2 Occupational Coping Self-Efficacy Questionnaire for Nurses (OCSE-N)

The following statements describe occupational stressful situations which nurses encounter and may cope more or less easily with.

For each situation, please rate how easily you think you can cope with the situation

Where 1 = **not at all easy to cope with it** and 5 = **totally easy to cope with it**

Situations	Not at all easy to cope with 1	2	3	4	Totally easy to cope with 5
1 Difficulties with patients					
2 Relational difficulties with your supervisor					
3 Insufficiently defined procedures					
4 Relational difficulties with a patient's relatives					
5 Difficulties in deciding how to do the work					
6 Physical tiredness					
7 Doing a lot of tasks at the same time					
8 Relational difficulties with colleagues					
9 Relational difficulties with other healthcare workers (physicians, etc.)					

Thank you for your participation

Ingxenye B

Imibuzo Ehlola Ukukwazi Ukubekezelela Izingqinamba Zomsebenzi WobuHlengikazi

Amaphuzu alandelayo agagula izingqinamba okulula noma okunzima ngabaHlengikazi ukuba babhekane nazo.

Esimweni ngasinye linganisa izinga ongabekezelela ngalo isimo ngasinye lapho **1 = kunzima kakhulu ukubhekana nakho** kanti **5 = kulula kakhulu ukubhekana nakho**.

IZIMO	Kunzima kakhulu ukubhekana nakho 1	2	3	4	<u>Kulula kakhulu ukubhekana nakho 5</u>
1. Ubunzima obulethwa ukusebenzelana neziguli					
2. Ubunzima bokubambisana nomphakathi					
3. Izingqubo Zokusebenza ezingacacile					
4. Ubunzima bokusebenzisana nabomndeni wesiguli					
5. Ubunzima ekunqumeni indlela okuzosetshenzwa ngayo					
6. Ukutubeka Komzimba					
7. Ukwenza imisebenzi ehlukahlukene ngesikhathi esisodwa					
8. Ukubambisana nabalingani					
9. Ukungabambisani nezinye izisebenzi zezempilo (odokotela, njalonjalo)					

Siyabonga Ngeqhaza Lakho

Appendix B



CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, _____ (Name of Researcher), 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 computerized 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, _____ (Name of researcher) here with 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**

Isenezelo B

IMVUME

Isivumelwano Sokuba Yingxenywe Yenhlolo-vo

- Ngithanda ukuqinisekisa ukuthi umcwaningi, _____ (igama lomcwaningi), ungicacisele mayelana nezinzuzo, uhlobo lwalo, nokuziphatha okuhambisana nalolu cwango. Research Ethics Clearance Number _____
- Nginikezwe imininingwane ebhalwe ngokucacile futhi ngikwazile ukuyifunda nokuyiqonda mayelana nenhlolo-vo.
- Ngazi kahle ukuthi imininingwane ngami ehlanganisa iminyaka yobudala, ubulili, usuku lokuzalwa, izinhlamvu zamagama ami, nokugula okungase kutholakale kimi kuzofakwa embikweni oyingqikithi ongalidaluli igama lami.
- Ngicabanga ngokudingekayo kulolu cwango, nginikeza imvume yokuthi imininingwane eqoqwayo ngami ingafakwa futhi idluliselwe ngezinhlelo ze-computer.
- Kungenzeka noma nini phakathi nocwango, ngihoxe ekufakeni isandla kule nhlobo-vo.
- Nginikezwe ithuba elanele lokubuza imibuzo (futhi ngokusuka kimi) ngizimisele ukuba yingxenywe yocwango.
- Ngियाqonda ukuthi imininingwane ezoqoqwa Phakathi nalolu cwango oluhlanganisa ingxenywe yami, izokwenziwa itholakale kimi.
- Ngियाqonda ukuthi uma kuba nentuthuko eyenziwa phakathi nocwango engase ibe nomthelela kimi, ngiyokwaziswa ngayo.

**Igama eliphelele lakho
Isithupha sesandla sokudla**

Usuku

Isikhathi

Sayina/noma

Mina _____ (igama lomcwaningi) ngiyaqinisekisa ukuthi lona okukhulunywa ngenhla ucaciselwe ngokugcwele ngohlobo, nokuziphatha nobungozibalolu cwango.

Igama eliphelele lomcwaningi

Usuku

Sayina

Igama Eliphelele Lofakazi (uma lidingeka)

Usuku

Sayina

Igama Lomqaphi (uma lidingeka)

Usuku

Sayina

Appendix C



LETTER OF INFORMATION

Title of the Research Study: The relationship between occupational coping self-efficacy of nurses and patient satisfaction scores in medical and surgical wards in a private hospital in KwaZulu-Natal.

Principal Investigator/s/researcher: Sewak Ghirdhari (Naresh)

Co-Investigator/s/supervisor/s: Dr Penny Orton and Dr Vasanthrie Naidoo

Greetings and thank you for your time

I have included a short overview of my study for your information. Thank you for considering participating and I hope the information helps you make a decision.

Brief Introduction and Purpose of the Study: Nurses are challenged by factors such as staff shortages, increased workload, lack of resources, poor working conditions and other health related diseases. Nurses are stressed and burnout. The work environment is becoming more demanding in the level of patient care, requiring nurses to be knowledgeable and vigilant when making decisions. The purpose of this research is to identify if there is a correlation between occupational coping self-efficacy of nurses and patient satisfaction scores.

Outline of the Procedures: You are required to complete this questionnaire. It will take about 10-15 minutes to complete. Answer to the best of your ability. These questionnaires may be completed in the canteen during your lunch break. Please have your lunch first and then complete questionnaire. Please do not put your name on the questionnaire, I assure you of your confidentiality and so no names will be used. All nurses working in the medical and surgical wards (males and females) that are permanently employed. This survey does not include nurses working via the agency. The demographic data maybe filled first and then the questionnaire. I will provide feedback on completion of my studies.

Risks or Discomforts to the Participant: No, risk or any form of testing is involved.

Benefits: The benefit of this research will help improve the quality of care of patients and allow for research to be published so that others will benefit. Nurses participating in this research will make it more authentic because you are providing the actual information.

Reason/s why the Participant May Be Withdrawn from the Study: You are not forced to participate in this research if they are not comfortable due to ill health or any other reason. No are consequences for withdrawal.

Remuneration: No remuneration in the form of money, but a token of appreciation will be given to you.

Costs of the Study: You will not be liable for any cost towards this research program.

Confidentiality: After you complete the questionnaire put into envelope that is provided and seal envelope. Researcher will collect all envelopes and lock in safe place. Your information will not be disclosed to anyone.

Research-related Injury: There will be no physical work done.

Persons to Contact in the Event of Any Problems or Queries: Penny Orton, Senior Lecturer, PhD, pennyo@dut.ac.za

Please contact the researcher (074 861 7773), my supervisor (031 373 2537), or the Institutional Research Ethics Administrator on 031 373 2375. Complaints can be reported to the Director: Research and Postgraduate Support, Prof Moyo on 031 373 2577.

Isenezelo C

INCWADI YOKWAZISWA

Isihloko socwaningo: Ubudlelwano phakathi kwekhono labahlengikazi lokubekezela nokwaneliseka kweziguli ezilaliswe emawodini abagulayo nabahlinziwe ezibhedlela eziyimele KwaZulu-Natal.

Umcwaningi oyinhloko: Sewak Ghirdhari (Naresh)

Abacwaningi abangabasizi: Dkt Penny Orton no-Dkt Vasanthrie Naidoo

Nginibingelele bese ngibonga ngesikhathi senu.

Lokhu ukubukezwa okufushane kocwaningo engilwenzile ukuze lufinyelele nakini. Ngiyabonga ngokuthi ube nesandla ngiyathemba lokhu kwaziswa kuzonisiza nenze isinqumo esihle.

Isethulo esifushane nenjongo yocwaningo: Abahlengikazi babhekene nezinsalelele ezinjengokungabi nezisebenzi ezanele, umsebenzi owandayo, ukungabi nezinto zokusebenza, izimo okungamukeleki ukusebenza ngaphansi kwazo, nezifo ezitholakala ezikhungweni zezempilo. Abahlengikazi bacindezelekile futhi bayatubeka emzimbeni nasengqondweni. Umsebenzi udinga babe nesineke ngaphezu kokuvamile ezigulini, okuletha isidingo sokuthi abahlengikazi babe nolwazi futhi baqaphele lapho benza izinqumo. Injongo yalocwaningo ukuhlola ukuhlobana okukhona aphakathi kwekhono labahlengikazi lokubekezela nokwaneliseka kweziguli.

Uhlaka lwezinqubo: Kudingeka uphendule imibuzo kulenhlobo. Kuzothatha okungenani imizuzu engaba u10-15 ukuyiphendula. Phendula ngokwekhono lakho. Lemibuzo ingaphendulwa nangesikhathi sakho sekhefu. Kuncono uqale ngokudla bese uphendula imibuzo. Ucelwa ukuba ungalibhali igama lakho, ngiyakuqinisekisa ngokuba yimfihlo kwemininingwane yakho, ngakho amagama abantu ngeke adalulwe. Lokhu kuhlanganisa bonke abahlengikazi emawodini wabagulayo nabahlinziwe (amadoda nabesifazane) abaqashwe ngokugcwele. Lolu cwano aluhlanganisi labo abaqashwe ngokwezinhlangano ezifunelana umsebenzi. Imininingwane ingagcwaliswa kuqala bese uphendula imibuzo kamuva. Ngizokwethula imiphumela lapho kuphothulwa ucwano.

Izinsalele abangabhekana nazo labo abahlanganyela kulolu cwano: Akukho zinsalelele noma izivivinyo.

Izinzuzo: Lolu cwano luzothuthukisa izinga lokunakekelwa kweziguli futhio okwenza imiphumela yalo isatshalaliswe kabanzi ukuze nabanye bezohlomula. Ukuhlanganyela kwabahlengikazi ocwaningweni kuzolenza lube ngokoqobo ngenxa yokuthi yini eninikeza ukwaziswa okuyikho.

Appendix D

Mr. S. Ghirdhari
121 Road 710
Montford
Chatsworth
4092

Hospital Manager
St. Augustines Hospital
107 J B Marks Road
Berea
Durban
4001

Dear Sir/ Madam

Letter for Permission to Conduct Research

My name is Sewak Ghirdhari (Naresh), a Master's of Health Sciences: Nursing student at the Durban University of Technology.

The topic of my research is: The relationship between occupational coping self-efficacy of nurses and patient satisfaction in medical and surgical wards in a private hospital in KwaZulu-Natal.

I hereby request your written permission to conduct research at St. Augustine`s hospital.

I will need to put up flyers in these departments and the canteen to make staff aware of my research objectives. Participation in the study is voluntary and the rights of employees will be respected, all ethical principles will be followed. Privacy and confidentiality will be maintained for all respondents. The hospital name will not be used in any reports. Feedback to staff on the results will be done at the annual Netcare research day.

Yours sincerely

Sewak Ghirdhari (Naresh)
Student number: 21853109

Appendix E



RESEARCH PROJECT
by Naresh Ghirdhari
Topic: "The relationship between occupational coping self-efficacy of nurses and patient satisfaction scores in a private hospital in KwaZulu-Natal"
Nurses' that are participating in this project will complete their questionnaires either in the canteen or ward during their lunch break. A chocolate will be given to those after completion of questionnaire as a token of appreciation. Completed questionnaires will be put into an envelope, sealed and collected by researcher.
Date / Months: April , May and June 2020

Appendix F

Re Fwd: Permission to use tool.txt
From: Renato Pisanti [renato.pisanti@unicusano.it]
Sent: Wednesday, May 16, 2018 9:23 AM
To: Sewak Ghirdhari
Cc: Caterina Lombardo
Subject: Re: Fwd: Permission to use tool

Importance: High

This message originated from outside your organization

Dear NARESH GHIRDHARI,
Thank you for your interest in our research.
You can use the scale (it is included in the appendix of paper that you mentioned)
Kind regards
Renato Pisanti

> ----- Forwarded message -----
> From: Sewak Ghirdhari <Sewak.Ghirdhari@nctcare.co.za>
> Date: mer 16 mag 2018, 07:48
> Subject: Permission to use tool
> To: caterina.lombardo@uniroma1.it <caterina.lombardo@uniroma1.it>
> Cc: Naresh <naresh.ghirdhari@gmail.com>
>
> Hello Caterina Lombardo
>
> I Mr. Naresh Ghirdhari would like to seek permission to use a tool
> that was developed by you and your colleagues. I am currently in my
> first year of Master's degree at the Durban University of Technology
> (DUT) in Kwa Zulu Natal, South Africa. My research topic is "The
> relationship between occupational self-efficacy of nurses working in
> intensive care units and patient satisfaction scores in private
> hospitals".
>
> Title: "Development and validation of a brief Occupational Coping
> Self-efficacy Questionnaire for Nurses" by Renato Pisanti, Caterina
> Lombardo, Fabio Lucidi, David Lazzari & Mario Bertini.
>
> I tried to contact Renato Pisanti via email but was unsuccessful. I
> would really appreciate if you could in consultation with your
> colleagues assist me with a copy of this Questionnaire, including the
> scale used.
>
> Kind Regards
>
> NARESH GHIRDHARI
>
> Clinical Facilitation

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