

STRIKE ACTION BY NURSES/ MIDWIVES IN A NURSING SERVICE

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ABSTRACT

Strike action by nurses/midwives in a health service could have substantial implications for the patients, the health service management, the staff and the nursing profession at large. The nursing service manager has a legal obligation to prevent strike action by nurses/midwives by means of quality human resource management. The purpose of this research is to develop a strategy to prevent strike action by nurses/midwives in a nursing service. A qualitative research strategy was employed to explore and describe the reasons for strike action by nurses/midwives in a selected research hospital, the experience of those nursing/midwifery staff involved in the strike action, as well as a possible strategy to prevent future strike action. The data was collected by means of phenomenological interviews and a content analysis was conducted, followed by the development of a strategy to prevent strike action by nurses, based on the principles of quality human resource management within the legislative context in South Africa. The main reasons for strike action by nurses/midwives in the research hospital relate to dissatisfaction with remuneration, other conditions of employment and unfulfilled promises. Both positive and negative experiences by the nurses/midwives and nursing service managers were identified. A strategy to prevent strike action is described, based on the legal principles of human resource management and the results derived from this study. It is recommended that the strategy is implemented and evaluated, the quality of human resource management in South African nursing services be evaluated and further research on this topic be conducted.

OPSOMMING

Stakings deur verpleegkundiges/vroedvroue in 'n gesondheidsdiens het substansiële nagevolge vir die pasiënt, die gesondheidsdiensbestuur, die personeel en die verplegingsprofessie. Die verpleegdiensbestuurder het 'n wetlike verpligting om stakings deur verpleegkundiges en vroedvroue, deur middel van gehalte-personeelbestuur, te voorkom. Die doel met hierdie navorsing is die ontwikkeling van 'n strategie vir die voorkoming van stakings deur verpleegkundiges/vroedvroue in 'n verpleegdiens. 'n Kwalitatiewe navorsing-strategie is nagevolg om die oorsake van stakings deur verpleegkundiges en vroedvroue, hul ervarings tydens 'n stakingsaksie, asook moontlike strategieë vir die voorkoming van stakings, te verken en te beskryf. Die data is deur middel van fenomenologiese onderhoude ingesamel en 'n inhoudsontleding van die data is uitgevoer. Volgens is 'n strategie vir die voorkoming van stakings deur verpleegkundiges/vroedvroue in 'n verpleegdiens opgestel. Die hoofredes vir stakings deur verpleegkundiges en vroedvroue in die navorsingshospitaal, hou verband met hul ontevredenheid met vergoeding, ander basiese diensvoorwaardes en onervulde beloftes. Beide positiewe en negatiewe ervarings is deur die deelnemers aangedui. 'n Strategie vir die voorkoming van staking deur verpleegkundiges en vroedvroue in 'n verpleegdiens is opgestel, gebaseer op die fundamentele menseregte, wetlike beginsels van menslike hulpbronbestuur en die resultate van hierdie studie. Daar word aanbeveel dat die strategie geïmplementeer en beoordeel word, die gehalte van menslike hulpbronbestuur in Suid-Afrikaanse verpleegdienste ondersoek word, asook die uitvoering van verdere navorsing in hierdie verband.

INTRODUCTION

The nursing service manager is responsible and accountable for quality nursing/midwifery care in a cost effective manner, as well as for quality human resource management in the nursing service, within the context of the nature and scope of the health service delivery, in accordance with the vision/mission and objectives of the health service. During 1992-1995 there were various strike actions by nurses/midwives in state hospitals in South Africa. The nurses/midwives engaged in illegal strike actions with the objective to force management to meet their demands related to unresolved grievances. The relations between the strikers and the non-strikers were

negatively affected, as some nurses/midwives did not participate in the strikes because of ethical reasons. The economy of the health services, mainly hospitals, was also negatively affected. The image of the nursing/midwifery profession was also affected as nurses/midwives had pledged their service to humanity on completion of their training - patients were left unattended which reflected an attitude of non-caring. The staff in a health service where nurses/midwives go on strike are emotionally affected resulting in conflict and severe stress experienced by the people involved.

The Nursing Act (South Africa, 1978, as amended) prohibited strike action by nurses/midwives. The promulgation of the Labour

Relations Act (South Africa, 1995), however, changed this situation and nurses/midwives who are not classified as essential services have the legal right to participate in a protected strike action, in terms of the agreements reached between the employer/service and the organisation representing the nurses/midwives as employees of that health service. Although selected/certain nurses/midwives have the legal right to participate in a protected strike (Labour Relations Act, 1995), the implications of strike action are to the detriment of health service delivery and the image of the nursing profession. It is therefore important to facilitate quality human resource management in a nursing service to prevent strike action by nursing and midwifery staff.

The following research questions are relevant: why do nurses/midwives participate in strike action? How do the professional nurses/ midwives and nursing service managers experience strike action by the nurses/midwives in a health service and what strategies could be developed to prevent strike action by nurses and midwives in a health service? The purpose of this study is to:

- explore and describe the reasons for strike action by registered nurses and midwives in a public service referral hospital in Gauteng;
- explore and describe the experiences of registered nurses and midwives during strike action in a public service referral hospital in Gauteng;
- to describe/formulate a strategy for the prevention of strike action by registered nurses and midwives in South African health services.

It is assumed that there are many internal and external factors impacting on the decision to resort to strike action by nurses/midwives in the South African health service context. The nursing service manager therefore has a responsibility to facilitate and ensure quality human resource management in the nursing service and to have a pro-active strategy in place for the prevention of strike action by nurses and midwives. A description of a strategy to prevent strike action, based on the experiences of both the professional/registered nurse/midwife and nursing service managers who were involved in strike action in the research hospital, could therefore be valuable. The reasons for strike action and negative experiences during strike action, are counteracted by means of quality human resource management in a nursing service.

TERMINOLOGY

Strike action

The withholding of nursing/midwifery services in accordance with the principles of a protected strike in terms of the Labour Relations Act (1995) of South Africa.

Registered nurse/midwife

A professional nurse or midwife registered with the South African Nursing Council as a general nurse and/or midwife.

Nursing service manager

A registered nurse/midwife, appropriately qualified as a nursing service manager, in charge of a nursing service or department thereof, within a health care service in South Africa.

Strategy

A strategy refers to the written guidelines/ standards to facilitate and ensure quality human resource management - in a proactive manner - in a nursing service resulting in the prevention of strike action by nurses and midwives.

Nursing Service

The Nursing Service is a sub-section of a referral hospital in Gauteng, with a registered nurse/midwife and nursing manager that is responsible and accountable for quality nursing/midwifery care in a cost-effective manner, as well as for quality human resource management within the nursing service.

RESEARCH DESIGN

A qualitative exploratory, descriptive phenomenological and contextual study was conducted with registered nurses/midwives and nursing service managers within a public service referral hospital in Gauteng. Individual phenomenological interviews were conducted with registered professional nurses and midwives who qualified for participation in the study in accordance with the selection criteria. A stratified, purposive and theoretical sampling method was applied based on the following selection/inclusion criteria:

- nurses and midwives registered with the South African Nursing Council as such and who participated in a specific strike action (date of strike action not given to ensure anonymity) as full time employees of the research hospital during the time period of

- strike action (the population size is 174);
- registered nurses/midwives who did not actively participate in the strike actions but were full time employees during the strike action and experienced the process (N=112);
- registered nurses/midwives who acted as nursing unit managers during the specific strike actions and who did not necessarily actively participate in the strike action (N=27);
- nursing service managers (at departmental and organisational levels) who were full time employees during the strike actions (N=16) and acted as managerial supervisors during the strike actions;
- selected participants who gave voluntary informed consent to participate in the research and who were fluent in English as the language in which the interviews were conducted.

The sample was drawn, in accordance with the division of the nursing services in the various representative clinical nursing/midwifery disciplines: medical and surgical nursing units, paediatric, obstetrical/midwifery units, operating room units, orthopaedic/trauma in-patient units, out-patient units, casualty/emergency care units, critical/high care units. A proportional and representative sampling method was employed, using the staffing/change list of the nursing service as the point of departure. The nursing/midwifery staff on duty on the particular interviewing days was randomly and systematically selected, provided they consented to the interview which lasted approximately 20 minutes each. Due to the sensitive nature of this research, positive confirmation on who left the patients and who remained on duty during the strike could not be obtained. It appears as if most of the participants (clinical registered nurses/midwives) did go out on strike for certain time periods and thus were also back on duty for certain periods.

The phenomenological interviews were conducted based on the principles as described by Burns and Grove (1993:567-568) making provision for the following:

- An expert and independent interviewer was utilised to ensure openness by the participants and free exchange of experiences during the strike actions by nurses in the research hospital.
- A semi-structured interview was conducted, guided by three questions.

- The principles of paraphrasing, probing and clarification were utilised by the interviewer to capture the lived experience of the participants on strike action by nurses.
- An empathetic and non-judgemental approach was followed throughout the interviews, as well as the principles of unconditional acceptance, to facilitate openness and mutual respect between the participants and the interviewer.
- The interviewer examined the interaction between interviewer and interviewee by means of reflexivity - exploring personal feelings and experiences that may influence the study (personal values on strike action) - leading to bracketing to avoid mis-interpretation of the phenomenon (strike action) as it is experienced by the participants.
- Both the researcher and interviewer identified their beliefs, assumptions and preconceptions about strike action by nurses, wrote them down at the beginning of the study and interviews for self-reflection and external review to facilitate openness and new insights.
- The interviews were conducted in a private room with no interruptions during the interview to allow for a comfortable and non-threatening atmosphere.
- Data was collected from Tuesday to Thursday during working hours to accommodate the individual participants.

The following questions were asked during the interviews: Why did you go on strike? How did you experience the strike action by nurses/midwives? What strategies do you recommend to prevent future strike action by nurses/ midwives? The interviews were tape-recorded with the permission of each individual participant. The tape was played back to each participant immediately after the interview for identification. The appropriate code was written on the cassette and its container and it was placed in a similarly coded envelope, together with the brief notes made during the interview. Comprehensive field notes were written immediately after each interview to describe the interview situation and the researcher's impressions. The coded tapes were transcribed and the principles of content analysis, as described by Tesch (1990) were applied.

The quality of the research was facilitated by applying the ethical principles of research as described by the Democratic Nursing

Organisation of South Africa (1998) and Burns and Grove (1993:104-108). The following ethical principles were considered:

- Due to the sensitive nature of this research an adequate relationship of trust had to be established between the researcher/ interviewer and the participants. This was achieved through the interviewer introducing herself to the participants and the creation of rapport between the interviewer and the participants as a group prior to the interviews and allowing open discussions between the interviewer and the participants. Provision was made for debriefing sessions for the participants before and after the interviews.
- The potential participants were adequately briefed by both the researcher and the interviewer in relation to the purpose and importance of the research were emphasised by the interviewer and any questions from the participants were addressed to ensure informed decision-making by the participants.
- Voluntarily participation was emphasised by the researcher and the interviewer.
- The interviewer explained the principle of a stratified random selection of participants to ensure representivity.
- A clear explanation of the interviewing process was given to ensure transparency and informed decision-making by the participants.
- In order to ensure comprehension of the information to be conveyed to each participant, the information is verbalised in simple English, with the availability of a translator during the interviews.
- Informed written consent was obtained from the provincial authority, from the management of the hospital and from each participant prior to the interview.
- The participants had the right to withdraw from the interview at any stage with the provision of follow-up counselling should that be necessary.
- The principles of anonymity and privacy were ensured.
- The fundamental human rights of the individual participant were respected throughout the interviews.

The principles of trustworthiness, as described by Lincoln and Guba (1985) with reference to

truth-value, applicability, consistency and neutrality were ensured as follows:

- The researcher is a nursing service manager of a public hospital and had experienced strike action by nurses in a specific strike and therefore understood the dynamics and sensitivity of the research.
- An expert phenomenological interviewer was used to ensure an unbiased approach.
- Adequate time was spent with the participants prior to each interview to establish rapport and a trust relationship, with an undertaking of unconditional acceptance and a non-judgemental attitude.
- Two external coders were used for data-analysis, of which one was a unionist to represent the "right to strike" views.
- Reflexivity by the researcher, external coders and the interviewer was ensured by writing down their beliefs, assumptions and preconceptions on strike action by nurses.
- Theoretical triangulation by means of a literature control was conducted.
- A complete and dense description of the research process was done to maintain transparency.
- The data-analysis process provides for an audit trail for peer review purposes.

The results were grouped into the main and sub-categories, followed by a literature control (the literature control is not presented in this article). The South African legislation related to human resource management, the Fundamental Rights in terms of the South African Constitution (South Africa, 1996), and various models on human resource management, is also utilised as the basis for the conceptual framework. The reasons for strike action and the experiences by the registered nurses/midwives are addressed in the strategy to prevent future strike action.

RESULTS

The results of this research are presented in relation to the sample realisation, reasons for strike action by nurses/midwives in the research hospital, experiences during the strike action by both the strikers and nursing service managers, as well as the recommended strategies to prevent future strike action by nurses and midwives in South African health services.

Sample realisation

A total of 25 individual interviews were conducted of whom 20 were clinical registered nurses/midwives who participated in the specific strike action in the research hospital and five were nursing service managers who acted as supervisors during the strike action but obviously did not participate in the strike action. The clinical participants represented medical, surgical, obstetric, theatre, casualty, burns and paediatric units, with one participant from the clinical training section. The nursing service managers represented general administration, paediatric, medical/surgical, critical care and night duty departments. The interviews with these participants were conducted six months after the strike action in the research hospital.

Reasons for strike action

Strike action is caused by a combination of factors, focusing mainly on the dissatisfaction of registered nurses and midwives, as a result of unfulfilled promises when management fails to respond to issues previously agreed upon. The other reasons were grouped into poor interpersonal relationships, intimidation, political influence and disparities between hospitals. Most of the registered nurses (N=20) were of the opinion that the strike was caused by dissatisfaction and this was confirmed by the five nursing service managers who were interviewed. The dissatisfaction related to poor pay, unfulfilled promises, lack of recognition, problems with vacation and maternity leave, as well as policy issues (refer to table one). Poor interpersonal relationships in the working place, especially between the professional nurses at operational level and management, were also seen as cause for strike action. Many participants (N=18) were of the opinion that there was a substantial amount of intimidation by the unions. This was confirmed by the nursing service managers (N=5). The registered nurses (N=8) were also of the opinion that there were disparities between the hospitals as far as salaries and conditions of services were concerned. The following selected direct quotations relate to the reasons for strike action in the research hospital at the time of the interviews:

"Nurses participate in the strikes because they are dissatisfied with management ... they have personal problems which they voice out and then you find that nothing is being done and then it ends

up being a strike situation."

"Nurses participate in strikes because of unfulfilled promises by management."

"It is the same old story - the failure by management to address problems and to make sure we get what we should be getting ... like better pay, holidays; even maternity leave is not granted as it should be."

"Grievances were coming up, dissatisfaction with our salaries, new policies being imposed on us."

"The top people - they don't want to hear a thing about the people's problems. They keep on saying we're looking into it."

"They don't give us enough recognition."

"There is no allowance for night duty - you are expected to just work it."

"There are disparities with salaries - we don't get paid what we should be."

It is a well known fact that personal issues should be addressed by management immediately and documented in the personnel files within 48 hours, with appropriate feedback to the staff. When basic conditions of service, as agreed upon and in terms of the legal principles, are not being met by management, this could lead to serious grievances (Badzek & Cober, 1996:48). Nursing service managers have a legal obligation to ensure that the nursing staff is being paid in accordance with the formal agreements and to adhere to the conditions of service. A study by Kunene and Nzimande (1996) confirms the results in this study and the importance of the execution of agreements reached by all the role-players.

The reasons for strike action by nurses are addressed in the strategy as follows: dissatisfaction with remuneration, unfulfilled promises, leave and policy issues can be counteracted and prevented by implementation of the legislative requirements in this regard (see standards 4 and 8). Poor interpersonal relationships could be counteracted through the principles of participative management (see standard 7) and by having a formalised communication system in the nursing service

Table 1: Reasons for strike action by nurses/midwives

Reasons	RN/M	NSM
Dissatisfaction	20	5
• remuneration	20	4
• unfulfilled promises	18	2
• lack of recognition	12	2
• vacation leave	20	3
• maternity leave	18	4
• policy issues	12	1
Poor interpersonal relationships	18	2
Intimidation	16	4
Political influence / unionism	18	
Disparities between hospitals	8	

RN/M: registered nurse/midwife

NSM: nursing service manager

(standard 6). Intimidation is prohibited in the labour related legislation and could also be addressed by a system to ensure that the fundamental human rights of nurses/midwives are protected (see standards 5 and 8).

Experiences during strike action

There were both positive and negative experiences by the role-players (professional/ clinical registered nurses/midwives and nursing service managers). The positive experiences relate mainly to the fact that problems were addressed, mutual support was given to one another during the strike action, and the fact that there were no dismissals after the strike action. The negative experiences relate to physical, mental and spiritual experiences, as well an experience of inadequate patient care being rendered with a lowering of standards. Most of the participants (see table two) experienced overwork and physical stress, manhandling and transport problems. Mentally they experienced a high degree of intimidation, fear and anxiety, with threats of their houses being burned down, job insecurity, a high degree of low morale and frustration with the situation. Poor interpersonal relationships between the striking staff and non-striking staff and between them and management were experienced by most of the

participants. A conflict of values in relation to strike action and patient care was expressed and a breakdown in trust between one another was also seen as a negative experience by most of them. Most of the participants were of the opinion that the strike action resulted in inadequate patient care. These results are confirmed by Kunene and Nzimande (1996) in their study on strike action by nurses in KwaZulu-Natal and addressed in the strategy (see standards 5-10). Due to the sensitive nature of this study, direct quotations are selected carefully and some are deliberately not given in this article.

The following selected direct quotations are relevant:

"We supported one another - especially when they attacked one of the matron's houses ..."

"One good thing is that we were not dismissed ..."

"We had to do everything - nurse the patients, fetch the food, scrub the floors, take rounds with doctors, do almost everything - that was very tiring."

"Yes - we were overworked."

"I was personally manhandled by the strikers."

"We were humiliated in the corridors, in the wards ... and even outside the hospital."

"We were called names ... we were pushed."

"The very workers who were striking were patrolling the wards with sjamboks ..."

"It was very strenuous ... we had to do everything."

"It was terrible ... terrible - the manifestation of stress ... yes, we were totally stressed out and feared for our lives and our jobs."

"I had to take treatment for stress ... for my ulcers."

"In a way we were coerced into participating ... to force management into changing."

"We didn't feel safe ... there were many threats and we were called names ..."

"We stood together - that was good ... we helped one another ..."

"The morale declined ... you had to have those nurses who were working very hard ... and the others ... they just came and sit ..."

"The sense of insecurity ... it was terrible."

"I am supposed to be doing my job ... there is no security for me."

"People were dying ... people who were not participating were killed. We lost friends - it was terrible."

"Your life was under threat - we didn't trust each other any more."

"We were targets but did not know what kind of targets ..."

"Fear of physical harm ... fear that your house will be burnt down ... set in."

"We were in the heat of things ... we were very frustrated."

"We were called amagundwane (mice) and they were the cats."

"People are still divided - we don't speak to one another."

"Patient care was horrific ... patients were left unattended ... we had to face real death."

Strategies for the prevention of strike action by nursing/midwifery staff

The third question that was asked was: what strategies do you recommend to prevent strike action? All the participants were of the opinion that quality human resource management was important, with prompt reaction to problems, open communication systems and participative management styles. The principles as embodied in the labour relations act, were emphasised.

Not only must the basic conditions of employment be upheld, but also the fundamental human rights must be respected. It is also important to make provision for the protection of those that don't want to participate in a protected strike action in relation to their security at work and at home. A counselling service should be made available for nurses/midwives after a strike action to deal with the trauma experienced by all involved.

STRATEGY TO PREVENT STRIKE ACTION

The strategy to prevent strike action by nurses/midwives in a nursing service describes the preamble, objective, context and guidelines. The reasons for strike action and the negative experiences by the nurses/midwives, are

Table 2: Experiences during strike action

Positive experiences	RN	NSM
Problems are solved	18	3
Mutual support	20	1
No dismissal	15	1
Negative experiences	RN	NSM
Physical		
• overwork/physical stress	20	5
• manhandling	12	2
• transport problems	16	5
Mental		
• intimidation	12	5
• fear and anxiety	20	5
• insecurity	19	2
• low morale	18	5
• frustration	8	5
Spiritual		
• poor interpersonal relationships	19	5
• value conflicts	18	4
• breakdown in trust	19	3
	15	5

counteracted by means of quality human resource management in accordance with the relevant legislation and the Constitution of the country.

Preamble

The nursing service manager, as a member of the health care organisation's top/executive management, is responsible and accountable for the outcomes and attainment of the goals/objectives of the nursing service related to quality nursing/midwifery care and quality human resource management in a cost effective manner within the context and scope of health care service delivery and the financial framework of the health

care organisation. The nursing service manager provides goal directed transformational leadership and dynamic management processes to facilitate attainment of outcomes and the goals/objectives of the nursing service. Quality human resource management prevents strike action by nursing/midwifery staff in a nursing service.

Objective

The objective is to prevent strike action by nurses/midwives in a nursing service by:

- The facilitation of work satisfaction among nurses/midwives in a nursing service.
- Facilitation of fair labour practices.
- The protection of the fundamental human rights of the nurses/midwives by prevention of discrimination, victimisation and exploitation.

Context

Human resource management in a nursing service in South Africa is regulated by legislation in relation to labour relations (South Africa, 1995, as amended), basic conditions of employment (South Africa, 1997), equity employment (South Africa, 1998), skills development (South Africa, 1998) and occupational health and safety (South Africa, 1993, as amended). The basic fundamental human rights, as embodied in the constitution of the country (South Africa, 1996), forms the basis of human resource management in a nursing service. Human resource management is a process of staffing the nursing service, the optimal utilisation of staff, retention of staff and the facilitation of work satisfaction by means of fair labour practices, as well as optimal staff development and continual professional development (Bendix, 1996; Kunene & Nzimande, 1996; Booyens, 1998 and Muller, 1998:299-352). The nursing service manager should be authorised to manage the human resources in the nursing service and should also have the appropriate abilities (knowledge, skills and attitudes) related to human resource management. Human resource management in the nursing service should be managed in accordance with the strategic plan of the health care service, with specific reference to the human resource management strategy of that service. To prevent strike action in the nursing service, quality human resource management is necessary, ensuring that the fundamental human rights of the nurses/midwives are protected. The nursing service manager should practice the principles of

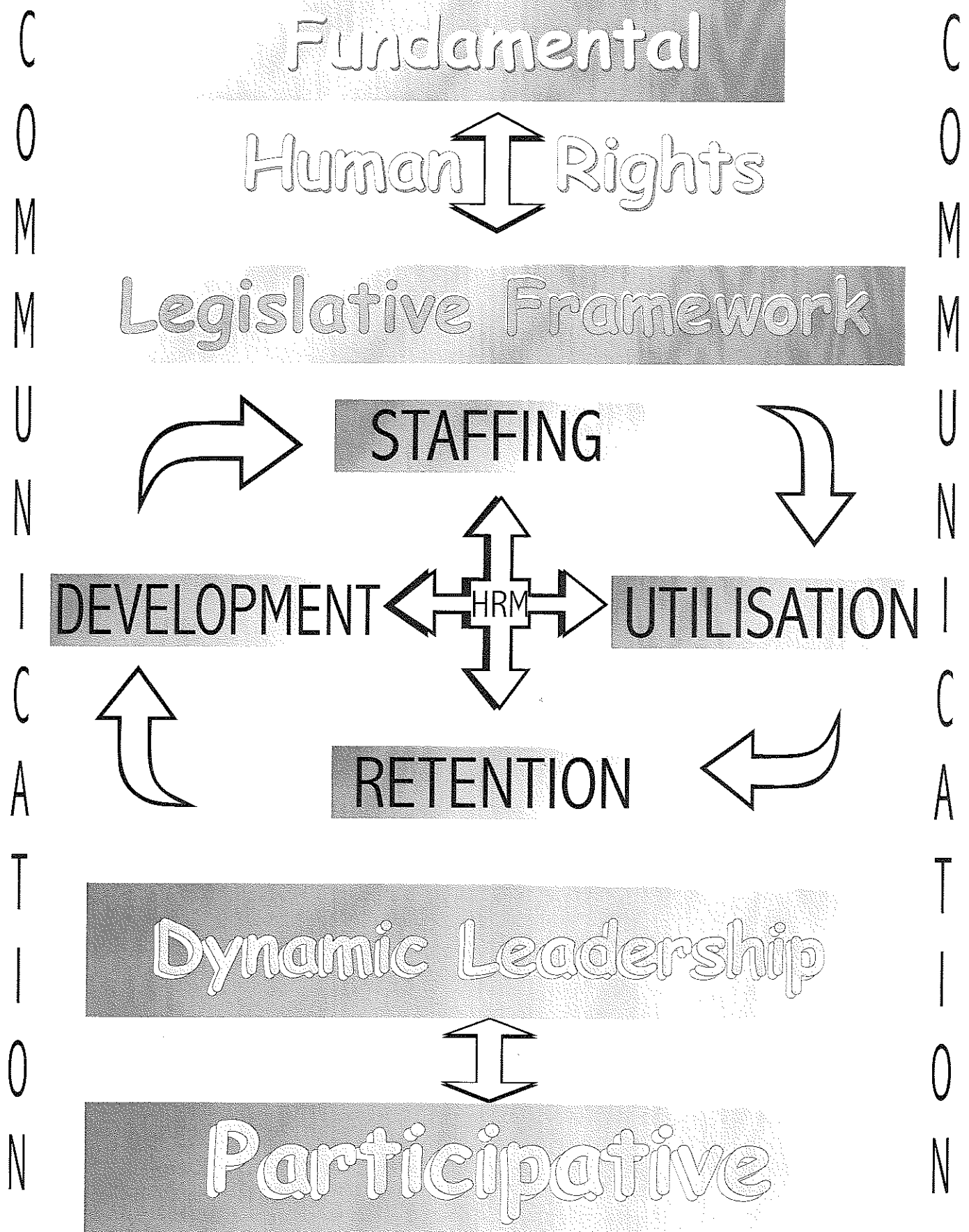
participative management and dynamic leadership in the nursing service. Appropriate policies and procedures in the nursing service, together with adequate communication should further facilitate job security. Figure one displays the conceptual framework for quality human resource management in a nursing service.

Guidelines for the prevention of strike action by nurses/midwives in a nursing service

The guidelines (standards) relate to the authorisation of the nursing service manager and abilities to manage the human resources in a nursing service, a strategic plan for human resource management, the process of human resource management, protection of the fundamental human rights of nurses/midwives, communication in the nursing service, participative management as the preferred management style, policies and procedures, risk management and leadership practice by the nursing service manager.

- 1. The nursing service manager is a registered nurse/midwife and is authorised to manage nursing/midwifery human resources in the health service:**
 - 1.1 The nursing service manager is a registered nurse/midwife and holds a qualification in nursing management/administration, which is registered with the South African Nursing Council.
 - 1.2 The nursing service manager is employed in a full-time and permanent capacity/post.
 - 1.3 The job description reflects the nursing manager's responsibility and accountability for the management of nursing/midwifery human resources in the health service.
 - 1.4 The relationship between nursing service management - in relation to human resource management - and the management of the health care organisation is clearly stated to position the nursing service manager as a member of the top/executive management team.
 - 1.5 The position of the nursing/midwifery human resource manager is clearly specified in the organogram, delineating the appropriate lines of authority, communication and accountability.
- 2. The nursing service manager demonstrates appropriate abilities (knowledge, skills/ competencies and**

Figure 1: Conceptual framework for the prevention of strike action by nurses/midwives



HRM = Human Resource Management

attitudes) required for quality human resource management in the nursing service:

- 2.1 The nursing service manager is registered/licensed with the South African Nursing Council in nursing administration/management.
- 2.2 There is evidence/certification of continual professional development of the nursing service manager in relation to human resource management.
- 2.3 The performance appraisal of the nursing service manager reflects human resource managerial abilities (knowledge, skills/competencies and attitudes).
- 2.4 The nursing service manager demonstrates the ability to collate, analyse and utilise appropriate nursing/midwifery statistics to optimise the attainment of the nursing service outcomes and goals/objectives, especially in relation to human resource management.
- 2.5 The nursing service manager demonstrates the ability to utilise information technology to facilitate optimal achievement of the nursing service human resource outcomes and goals/objectives.
- 2.6 The nursing service manager demonstrates appropriate assertiveness in the negotiations and advocacy in the interest of patient care, health promotion and nursing/midwifery staff.
- 3. Human resources in the nursing service is managed in accordance with the strategic plan of the health care organisation and nursing service:**
 - 3.1 There is a written strategic plan for human resource management in the nursing service.
 - 3.2 There is evidence of consistency with the human resource strategic plan of the health care organisation.
 - 3.3 The nursing service's human resource strategic plan reflects the legislative requirements related to human resource management.
 - 3.4 There is a written vision and/or mission statement(s) related to human resource management.
 - 3.5 The external and internal environmental analysis (SWOT: strengths, weaknesses, opportunities and threats) are described.
 - 3.6 The long and short-term goals/objectives are stated.
 - 3.7 There is an operational plan for the

attainment of the goals/objectives.

- 3.8 Progress reports on the human resource strategic plan are available and submitted to the top/executive management.
- 3.9 The attainment of goals/objectives is evaluated in accordance with the given time frame of the strategic plan.
- 3.10 There is a written nursing service philosophy reflecting belief statements on human resource management, in accordance with the health service objectives.
- 3.11 There is an information technology support system to facilitate quality human resource management in the nursing service.
- 3.12 The nursing human resource manager(s) is a member of the health care organisation's strategic planning committee.
- 4. There is a written human resource management strategy for the nursing service in accordance with legislative requirements and fundamental human rights:**
 - a) Staffing**
 - 4.1 There is nursing representation on the institutional forum of the health organisation in accordance with the Equity Employment Act.
 - 4.2 There is evidence of the development, implementation and evaluation of a scientifically based system to ascertain the staffing needs of the nursing service (i.e. determination of nursing/midwifery staff establishment).
 - 4.3 There is a staffing plan for the nursing service, in accordance with legislative requirements:
 - 4.3.1 There is a description of the patient profile
 - 4.3.2 Nursing/midwifery staffing needs are based on the patient profile
 - 4.3.3 There is an affirmative action strategy
 - 4.3.4 There is a recruitment strategy
 - 4.3.5 There is a selection system (standards: policies and procedures)
 - 4.3.6 There is an appointment system (standards: policies and procedures)
 - 4.3.7 There is a placement system (standards: policies and procedures)
 - 4.3.8 There is a system for the transfer of staff (standards: policies and procedures)
 - 4.3.9 There is a system for the reduction of staff (standards: policies and procedures).
 - 4.4 There is a system to ensure continual monitoring and compliance of nursing/

midwifery staff in accordance with the professional-ethical and legal framework of the nursing profession:

4.4.1 Annual registration and enrolment of all nursing/midwifery staff with the South African Nursing Council in terms of the Nursing Act

4.4.2 Relevant practice regulations.

b) Utilisation

4.5 There is evidence of optimal utilisation of nursing/midwifery staff:

4.5.1 There are written job descriptions for each nursing/midwifery staff member and/or post level/category

4.5.2 There is a patient/staff assignment system(s) in accordance with the health and nursing/midwifery care needs of the patients

4.5.3 There is a staff scheduling system/duty roster as agreed upon during negotiations

4.5.4 There is an adequate support system/personnel for the management of non-nursing tasks

4.5.5 There is a motivational and team building strategy

4.5.6 There is annual evaluation of performance output and productivity within the nursing service

4.5.7 There is a system of direct and indirect supervision in accordance with the abilities of the nursing/midwifery staff.

c) Performance appraisal

4.6 There is evidence of a performance appraisal system for the nursing/midwifery staff in the nursing service:

4.6.1 There are written standards on expected performance based on the job descriptions in accordance with performance agreements/ contracts

4.6.2 There is a system to continually monitor and evaluate the nursing/midwifery staff's compliance with these standards

4.6.3 There is a feedback and remedial action system to modify deficiencies and to facilitate personal and professional growth of the nursing/midwifery staff

4.6.4 There is evidence that the principles of self evaluation and peer review are utilised in the process of performance appraisal to facilitate empowerment of the nursing/midwifery staff

4.6.5 The performance appraisal system makes provision for the evaluation and management of professional conduct and accountability by staff in the nursing

service.

d) Continual Professional Development

4.7 There is a designated nursing/midwifery educator accountable for the management of continual professional development of nursing/midwifery staff in the nursing service:

4.7.1 The designated educator holds a nursing education qualification, which is registered with the South African Nursing Council

4.7.2 The designated educator submits a continual professional development programme/strategy to the nursing service manager for approval

4.7.3 The designated educator submits an annual report with a statistical impact analysis of the continual professional development programme/strategy.

4.8 There is evidence of a nursing/midwifery continual professional development needs-based strategy, developed in consultation with the staff, in accordance with legislative requirements:

4.8.1 There is a nursing service induction and orientation programme

4.8.2 There is an in-service education programme on professional-ethical and organisational issues in accordance with the service objectives

4.8.3 There is an in-service programme on risk management

4.8.4 There is a continual clinical development programme

4.8.5 There is a continual development programme on emergency care

4.8.6 There is a continual managerial development programme for departmental and unit managers

4.8.7 There is evidence that nursing/midwifery staff are encouraged and supported to attend external continual professional development programmes (workshops, seminars, conferences, etc.)

4.8.8 There is a strategy, based on the needs and service objectives, to support continual formal learning/education of staff at higher education institutions

4.8.9 There is a resource system (traditional and/or electronic) to ensure access to the latest literature to facilitate evidence-based nursing/midwifery practice

4.8.10 There is a strategy for skill development of the nursing/midwifery staff when new systems and equipment are installed

4.8.11 Continual professional development

- programmes are based on the scientific principles of the curriculum/programme development process
- 4.8.12 Continual professional development programmes are evaluated on completion.
- 4.9 There is a record keeping system to confirm attendance of all nursing/midwifery staff at all continual professional development programmes
- e) Formal education*
- 4.10 There is a system to facilitate quality nursing/midwifery learning/education for staff registered for formal education programmes at higher education institutions:
- 4.10.1 There is a formal agreement between the Nursing Education Institution(s) and the health care organisation/nursing service for the learning/education of nursing/midwifery staff for each programme
- 4.10.2 The nursing service manager maintains appropriate processes to facilitate the creation of a learning and educational environment that is conducive to quality nursing/midwifery care and education
- 4.10.3 There is a registered nurse/midwife that is accountable for the management of clinical/practical accompaniment (management of the learners/students and the clinical/practical preceptors/facilitators)
- 4.10.4 The appropriate SANC educational programme(s), regulation(s) and directive(s) are available and accessible to the appropriate staff involved
- 4.10.5 There is access to a copy of the SANC approved educational programme(s) (curriculum) of the relevant Nursing Education Institution(s)
- 4.10.6 Copies of the Nursing Education Institution(s) guidelines, prescribed course/module clinical/practical outcomes and appropriate assessment and evaluation criteria are available with the accountable clinical/practical accompanist(s)
- 4.10.7 There is evidence that the nursing service adheres to the relevant learning/educational systems, policies and procedures supplied by the Nursing Education Institution(s) to facilitate optimal achievement of clinical/practical outcomes by the learners/students
- 4.10.8 There is a system to ensure that the clinical/practical accompanists comply with the professional and academic requirements of the South African Nursing Council and that of the Nursing Education Institution(s)
- 4.10.9 There is a system to ensure the execution of the clinical/practical educational programme(s) in accordance with the Nursing Education Institutions' guidelines, prescriptions, clinical/practical workbook and clinical/practical register requirements
- 4.10.10 There is a system to ensure evidence-based compliance of learners/students with the relevant clinical/practical outcomes
- 4.10.11 There is a communication system to ensure optimal representation and participation of the nursing service in the educational decision-making process of the Nursing Education Institution(s)
- 4.10.12 There is a system to ensure that the clinical/practical accompanists adhere to the ethical principles in the endorsement of completed clinical care, activities and procedures required for the educational programme(s).
- f) Retention: fair labour practice*
- 4.11 The nursing service manager executes her/his legal obligations in relation to fair labour practices in the management of a quality nursing service.
- 4.12 The nursing service manager is a member of the health care organisation's labour relations committee.
- 4.13 There is a system to facilitate fair labour practice in the nursing service without compromising quality:
- 4.13.1 There is evidence of the execution of the health service organisation's policies and procedures on fair labour practice
- 4.13.2 There is evidence of continual professional development of nursing/midwifery staff on matters related to labour relations
- 4.13.3 There is a system (in accordance with legislative requirements) to negotiate remuneration/conditions of service
- 4.13.4 There is a grievance procedure with evidence of consistent execution/implementation thereof
- 4.13.5 There is a disciplinary code and procedure with evidence of consistent execution/implementation thereof
- 4.13.6 There is evidence that victimisation of nursing/midwifery staff is prevented and adequately managed when reported
- 4.13.7 Work place representatives are acknowledged and respected in accordance with the agreement(s) and legal

requirements.

g) Statistics

4.14 There is evidence of appropriate statistical human resource management in the nursing service:

4.14.1 There is a designated person responsible for maintaining a system of statistically-based human resource management in the nursing service

4.14.2 There is a written and updated nursing/midwifery staff profile in the nursing service

4.14.3 The level of job satisfaction amongst the nursing/midwifery staff is determined annually and managed accordingly

4.14.4 The nursing/midwifery staff turnover rate determined quarterly and managed accordingly

4.14.5 The nursing/midwifery staff absenteeism rate is determined monthly and managed accordingly

4.14.6 The nursing/midwifery staff leave is determined and managed accordingly.

4.15 The nursing service manager is a member of the health care organisation's human resource management committee.

5. There is a system in the nursing service to ensure that the fundamental human rights of the nursing/midwifery staff are respected, in accordance with the South African Constitution:

5.1 The nursing/midwifery staff and relevant stakeholders are involved in the identification of their rights in the health care organisation.

5.2 There is a system (processes, policies and procedures) to support the identified nursing/midwifery staff rights.

5.3 The nursing service operates within professional-ethical and legal norms to protect the fundamental human rights of the nursing/midwifery staff in the nursing service.

5.4 There is a system to prevent discrimination and victimisation of nurses/midwives.

5.5 There is a system to appropriately manage evidence-based practices of discrimination and victimisation of nurses/midwives in the nursing service.

5.6 There is a system to prevent the exploitation of nurses/midwives in the nursing service.

5.7 There is a system to ensure the safety of the nursing/midwifery staff.

6. There is a communication system to meet the communication needs of the nurses/ midwives in the nursing service:

6.1 There is a user-friendly and transparent communication system between management and nursing/midwifery staff to ensure timeous exchange of relevant information.

6.2 The communication system is continuously monitored and evaluated for efficiency and transparency.

7. There is evidence of participative management by the nursing service manager:

7.1 There is a system (structures and processes) in place to facilitate consultative, interactive and transparent decision-making and problem solving in the nursing service.

7.2 Appropriate decision-making systems and committees are in place to facilitate consultation and transparency in the nursing service.

7.3 There is evidence of appropriate management-related empowerment of departmental nursing service managers, as well as unit managers.

7.4 There is evidence of shared ownership and accountability by the nursing service managers, departmental managers and nursing unit managers in the facilitation and attainment of the outcomes, goals/ objectives of the nursing service.

8. There are written, appropriate, legally valid and updated policies and procedures on human resource management in the nursing service, formulated in collaboration with relevant stakeholders:

8.1 There is a procedure manual (process standards/clinical guidelines) for each nursing/midwifery speciality/department on the relevant nursing/midwifery interactions.

8.2 There are policies and procedures relating to human resource management (full/part time permanent staff).

8.3 There are policies and procedures relating to agency, sessional and voluntary staff.

8.4 There are policies and procedures on risk management.

8.5 The policies and procedures are dated and

- signed.
- 8.6 The policies and procedures are reviewed at least annually or according to the determined review dates, and as required by legislative needs.
- 8.7 The policies and procedures are appropriately indexed, filed and stored to facilitate accessibility by all nursing/midwifery staff concerned.
- 8.8 There is a system to ensure that all nursing/midwifery staff concerned are informed of the policies and procedures.

9. There is a written risk management programme for the nursing service:

- 9.1 There is an occupational health and safety committee with representation/participation by nursing/midwifery staff, in accordance with the legislative requirements.
- 9.2 There is evidence of a risk assessment of the nursing/midwifery staff in the nursing service and the appropriate risk profile is compiled.
- 9.3 The risk management programme makes provision for the protection of nurses / midwives during industrial action.
- 9.4 There is a written risk management programme to counteract the risks identified in the nursing service.
- 9.5 There is evidence that the risk management programme is implemented.
- 9.6 The risk management programme is evaluated at least annually or when the risk profile in the nursing service has changed.
- 9.7 The nursing service manager is a member of the health care organisation's occupational health and safety committee.

10. There is evidence of appropriate leadership practice in the nursing service:

- 10.1 The nursing service manager, departmental and unit managers display and practise the principles of participatory and contingency leadership.
- 10.2 There is evidence of transformational leadership by the nursing service manager in accordance with the legislative requirements and as reflected in the strategic plan.
- 10.3 There is evidence of a continual motivational and team building strategy for the nursing/midwifery staff to facilitate quality of work life/work satisfaction

- amongst the staff.
- 10.4 There is a system for the management of ethical problems in the nursing service, with appropriate support and debriefing systems in place.
- 10.5 The nursing service manager is a member of the health care organisation's ethical committee.

CONCLUSION AND RECOMMENDATIONS

The following conclusions are made:

- The reasons for strike action by nurses/ midwives relate to dissatisfaction (with remuneration, unfulfilled promises, lack of recognition and selected conditions of service), poor interpersonal relationships, intimidation, political influences and disparities between hospitals.
- There are both positive and negative experiences during strike action by nurses/midwives.
- The positive experiences focus on problems being addressed, strengthened support of one another and no dismissals after the strike action.
- There were negative physical, mental and spiritual experiences, which could be counteracted by means of quality human resource management as reflected in the guidelines (standards).
- Strategies to prevent strike action, as viewed by the participants, refer mainly to quality human resource management and participative management.

The following recommendations are made:

- Empowerment of nursing service managers on the principles of human resource management and strategies to prevent strike action by nurses and midwives.
- The implementation of the strategy to prevent strike action by nurses and midwives, followed by a continuous evaluation of this strategy by nursing service managers.
- A replication of this research where strike action by nurses/midwives have occurred.
- Further research on the relationship between work satisfaction and strike action by nursing/midwifery staff in South African health services.
- A value clarification on strike action by nurses/midwives in South Africa.
- Research on the financial impact of strike

action by nurses in a health care service.

- Research on the impact of strike action by nurses/midwives on the image of the nursing profession as perceived by the community.
- The evaluation of the quality of human resource management in nursing services.
- The development of a code of conduct by management and the unions, to ensure the protection of the fundamental human rights of those nurses/midwives who choose not to participate in strike action in a health service.
- The initiation of a support system with appropriate debriefing sessions for those involved in strike action -during and after the strike action.

LIMITATIONS

The sensitive nature of the study, as well as the risk of intimidation of participants, could have influenced the process and content of data collection. A period of six months had passed between the strike action in the hospital and the collection of data by means of interviews. This could have influenced the retention of memory by the participants.

CONCLUDING REMARKS

Strike action by nurses/midwives could have a substantial impact on health care service delivery, the patients, the staff and the nursing profession at large. The nursing service manager therefore has a legal obligation to prevent strike action by means of quality human resource management. The nursing/midwifery staff have certain professional-ethical and legal responsibilities in the promotion of health care in a nursing service - but they also have fundamental human rights that have to be respected. The protection of these human rights has to be included in the human resource management strategy. The reasons for strike action and the negative experiences by nurses/midwives during strike action in a selected research setting, are addressed in the strategy to prevent strike action in a nursing service.

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