

THE CONTRIBUTION OF THE NURSE MANAGER TO HEALTHY LABOUR RELATIONS - Part 1

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ABSTRACT

With the persisting unrest in health services, the relevance and importance of labour relations as a component of management cannot be over emphasised. In view of the demands made on hospital managements by issues associated with labour relations and the consequential interaction of trade unions resulting in the major disruption of services, it is evident that nurse managers are required to be knowledgeable about the issues that may lead to employee dissatisfaction. They should have skills to deal with applicable procedures and have the potential and ability to negotiate with employees and trade unions if need be.

A quantitative, exploratory study was undertaken with the aim of, firstly determining the knowledge base of the nurse manager with regard to the content and handling of labour relations. Secondly, determining the relationship between the variables in the human resources management process and labour relations and thirdly, determining the manner in which the nurse manager handles issues related to labour relations according to her subordinates.

The overall view gained from the findings of the study, is that nurse managers are aware of the importance of labour relations as a component of their managerial function, but certain deficiencies exist that require attention. In part one of this article the background, problem, assumptions, conceptual framework and research methodology will be discussed. In part two, the findings, conclusions and recommendations will be dealt with.

OPSOMMING

Met die voortdurende onrus in gesondheidsdienste, kan die relevansie en belang van arbeidsverhoudinge as 'n komponent van bestuur nie oorbeklemtoon word nie. Met in ag genome die eise wat aan hospitaalbestuurslede gestel word met betrekking tot arbeidsverhoudinge en die gevolglike interaksie deur vakbonde, wat tot groot ontwrigting in dienste lei, is dit duidelik dat verpleegbestuurders kundig behoort te wees rakende sake wat mag lei tot werknemer ontevredenheid. Hulle behoort die vaardighede te besit om die toepaslike prosedures te handhaaf en behoort die vermoë te besit om met werknemers en vakbonde te onderhandel waar nodig.

'n Kwantitatiewe, verkennende studie is onderneem met die doel om eerstens, die kennisbasis van die verpleegbestuurder te bepaal met betrekking tot die inhoud en hantering van arbeidsverhoudinge. Tweedens, om die verhouding tussen die veranderlikes in menslike hulpbronsbestuur en arbeidsverhoudinge te bepaal en derdens, om die wyse te bepaal waarop die verpleegbestuurder aangeleenthede wat verband hou met arbeidsverhoudinge in haar diens handhaaf, soos ervaar deur haar ondergeskiktes.

Die oorhoofse bevindinge dui daarop dat verpleegbestuurders wel bewus is van die belang van arbeidsverhoudinge as komponent van hul bestuurstaak, maar dat bepaalde tekortkominge bestaan wat aandag verg. In deel een van die artikel, word die agtergrond, aannames, konseptuele raamwerk en navorsingsmetodologie bespreek. In deel twee, word die bevindings, gevolgtrekkings en aanbevelings hanteer.

BACKGROUND AND RATIONALE OF THE STUDY

The importance of labour relations as component of management cannot be emphasised enough, especially in the present climate of change in South Africa where established values and norms are being questioned by individuals and the activities of trade unions. Labour unrest, unemployment and the increasing prominence of unionism in the health services are the order of the day. This is indicated by many different strike actions at various

hospitals from February 1986, resulting in disciplinary action by the South African Nursing Council (Germishuizen, 1989: 1). Brannigan (1988a: 1) confirms the view that trade unions in South Africa are here to stay, and that trade union involvement in the health industry is on the increase.

The contribution of the nurse manager towards labour relations came to the fore during the strike of 900 student

nurses at the Baragwanath Hospital in Soweto during November 1985, when the role played by trade unions in health services suddenly became prominent. According to Medlen, the formation of trade unions in hospitals is not so much a prediction but rather a notification of the beginning of a trend. It indicates the determination with which the unions intend to organise nurses in future (Basson, 1990: 2).

As head of a service, the nurse manager is a registered nurse with human resources management as one of her most important functions. The nurse manager has a dual accountability, namely to ensure the quality of nursing care in her service, and to provide quality management of her service. The intensified involvement of trade unions brings new demands and changing circumstances to the fore that need to be handled by the nurse manager (Basson, 1990: 3).

According to Brannigan (1988b: 4), the nurse manager has a vital role to play in the employer-employee relationship. She points out that if this relationship is not sound in the first instance, even the best procedures can fail. The nurse manager as representative of the employer has a very important role to play in the establishment of healthy relationships with her personnel. With reference to the employer-employee relationship the President of the South African Nursing Association confirms that both parties have a responsibility in respect of the establishment of healthy labour relations (SANA 1991:2).

In view of the above mentioned factors and the ongoing sensitivity regarding the labour situation in South Africa, Kotzé (1990:65) predicts that clear vision, correct planning and sound decision making will be required from the nurse manager, especially during the next decade, if she is to survive in her management role.

PROBLEM STATEMENT

According to Brannigan (1987:1), there are over 3 000 employers of health personnel in South Africa, with an estimated 400 000 employees, which constitutes a large percentage of the economically active population. It is obvious that, being so large a group, and to a great extent being disorganised from the point of view of representation of employee's interests, the health industry is a prime target for trade union activity. The nursing profession as the largest workforce within the health services, also forms part of the social system (Cunningham, 1990:37).

The politicising of trade unions encourages deprofessionalisation of the nursing profession, as the impact of non-nursing union leaders will then be greater, overriding the ethical codes held by nurses in general. This view is confirmed by one of the aims of the Health Workers Organisation (1988:31) where it is stated that they should demystify and deprofessionalise health, and work towards more health worker control and say in the decision making of health issues. If this is to happen the very essence of the nursing profession will be challenged. Nurse managers have an obligation to ensure quality patient care and should therefore retain the decision making authority about nursing in this country (Brannigan, 1987:4).

The nurse manager has a very important contribution to make in avoiding the politicising of nursing by trade unions. Her vital role in effective and fair human resources management and labour relations should ensure a degree of employee satisfaction and eliminate some of the reasons

for complaints. In contrast, the study of Cilliers (1986:2), indicated that a relatively large percentage of nursing service managers do not regard human resources management as their first priority, and only spend approximately ten working hours on the management of their personnel per week. Unfortunately poor human resources management gives rise to nurses seeking the assistance of trade unions. This is supported by Venter (1983:35) who found that nurses left the profession because they felt that they were not being considered as individuals, or were treated unfairly by nurse managers with regard to disciplinary action, interpersonal relations, hours of work and other aspects relating to human resources management.

Brannigan (1989:3) confirms that in many cases, management is not adequately trained to deal with labour relations. If nurse managers were to perform their human resources management function adequately and effectively, many of these grievances could be resolved without trade union involvement (Basson 1990:6). This view is supported by Germishuizen (1989:1) who cites the causes of the Baragwanath strike as a number of grievances that did not receive timely and adequate consideration by the authorities.

Van Wyk (1991:6) agrees that a substantial number of managers in health institutions are ignorant about the basic principles of labour relations. Often these principles are not adhered to by an employer when dealing with disciplinary problems and grievances. The rights of the employee, like the right to be represented, and the right to defend herself through independent investigation of charges, are often not adhered to. Likewise, the conditions of service are frequently not spelt out or put in writing by managers at the time of employment, causing uncertainty and ambivalence (Nursing News, 1991:10).

It is clear that the nurse manager has an important role and contribution to make in the current problematic issue of labour relations. Brannigan (1989:4) foresees that trade unions are going to look for problems within the employer-employee relationship in order to make a stand, often for the promotion of their own ends. Primary triggers for their intervention are unsatisfactory salaries, unresolved grievances and unfair discipline. It is obvious that these areas fall under the basics of human resources management. Brannigan (1987:2) questions the actions of management with regard to these issues as quite often employees are justified in their complaints, because they have been unfairly dealt with by management. It thus appears that the nurse manager is not always adequately prepared, and in some cases, is not fit to cope with the increasing demands brought about by labour unrest.

In view of the foregoing discussion regarding the involvement of the nurse manager in human resources management and her contribution to labour relations, the following questions arise as an indication of the research problem:

- How well informed is the nurse manager regarding the content, implications and handling of labour relations in South African hospitals?
- Does the human resources management function of the nurse manager affect labour relations within her service?
- To what extent is the nurse manager able to handle labour relations within her service?

ASSUMPTIONS

The following assumptions serve as the point of departure for this study:

- A conflict of goals and interests between employers and employees does exist in the work environment.
- It is possible to achieve some balance of power and interests between the participants of labour relations.
- Poor management of personnel leads to discontentment amongst the work force enticing them to look for alternative means of goal achievement.
- Knowledge and understanding of labour relations is essential for the effective handling of these relations.

AIMS OF THE STUDY

The aim of this study was to

- ascertain the knowledge base of the nurse manager regarding the content, implications and handling of labour relations within her service;
- determine the relationship between the variables in the human resources management process and the nature of labour relations within nursing services;
- determine the manner in which the nurse manager handles labour relations according to her subordinates;
- develop guidelines for nurse managers in order to maintain healthy labour relations.

The study was approached from a South African nursing perspective primarily due to the unique and changing labour relations system in South Africa; and secondly, the influence of trade unionism on the ethics (Brannigan, 1988a:3-4) of nursing practice. This article (part 1) only focuses on the background, problem, assumption, conceptual framework and research methodology.

LITERATURE STUDY AND CONCEPTUAL FRAMEWORK

Research generally builds on existing knowledge. According to Polit and Hungler (1993:106), links between new research and existing knowledge are developed through thorough review of prior research on the topic and through efforts to identify an appropriate theoretical framework for the research problem. As a point of departure, this study will utilise the *pluralistic perspective on labour relations* and the *human resources management model of the individual as an employee*.

As a frame of reference, the *pluralistic perspective* is based on an acceptance of the conflict of goals and interests between employer and employee, but with the pre-supposition that it is possible to achieve some balance of both interests and power between the participants (Bendix, 1989:15). Labour relations will be viewed from the *pluralistic perspective* which includes the following premises:

- The organisation comprises of individuals and groups who have conflicting interests and goals.
- An employee representative organisation is a legitimate and necessary means by which employees may protect and further their interests.
- Conflict is natural and inherent in the relationship, but because of the interdependence of employers and employees both parties agree that destructive conflict must be avoided.
- Collective bargaining between employers and employees is the means of achieving compromise and rules for controlling conflict.
- Commitment to the reform of the system is necessary for mutual survival, and sticking to the rules may be reinforced by ethical considerations.
- The role of management is accepted as legitimate with certain provisos that employees are consulted in certain areas of decision making (Cunningham, 1990:35).

Underlying this approach is the assumption that employees have the power to negotiate with management and extract meaningful compromises and that all benefit from the system of labour relations that evolves.

An adaption of the *systems model of the employee as a sub-system, and human resources management processes affecting the individual employee*, as constructed by Gerber, Nel and Van Dyk (1992:38) will be instrumental to the analysis of the nurse manager's human resources management function. This model is used to highlight those human resources management processes and principles within the *job context environment*, which affect the individual employee, and which may have a positive or negative effect on individual performance. From this model, the section containing variables and processes in the *job context environment* will be extracted and utilised to indicate how the environment and interpersonal relationships affect the well-being of employees. According to this model the human resources processes include:

- development
- career development
- extrinsic motivation
- leadership
- quality of work life and social responsibility
- labour relations
- performance appraisal
- compensation administration
- employee benefits and services
- health and safety

METHODOLOGY

Research design

The research design consists of a quantitative, exploratory study. This type of research focuses on the discovery of important relationships, such as determining the relationship between the human resources management function of the nurse manager and it's effect on labour relations.

According to Burns and Grove (1993:39), quantitative research requires control in order to identify and limit the problem to be researched, and it also limits the effects of extraneous variables that are not essential to the study. In quantitative research a highly structured approach is utilised to collect the data, so that the researcher may remain detached (Mouton & Marais, 1990:166). In this study the data collection instruments consisted of two structured questionnaires. Certain assumptions were made and key concepts were identified prior to the compilation of the questionnaires.

Data collection

A questionnaire was chosen as data collection instrument for this study. Even though the questionnaire as an instrument has specific disadvantages, it was deemed the most appropriate instrument for this specific study for the following reasons: respondents for this study were situated in hospitals all over Gauteng, and due to the distances between the hospitals, the sample size and the financial constraints, it was not possible to conduct personal interviews with all the respondents.

After completion of an in-depth literature study, two questionnaires were designed and developed specifically for this study. The general aim of the first questionnaire was to ascertain the knowledge of the nurse manager in relation to labour relations, and to obtain her opinion with regard to the relationship between human resources management and labour relations. The aim of the second questionnaire was to determine the experience of subordinates with regard to labour relations in their specific work environment, and in doing so, to acquire a measure of control with the responses of the nurse managers.

The response alternatives varied according to the type of question and required information. Most questions consisted mainly of structured closed ended questions containing three to five response alternatives.

Validity and reliability of the data collection instrument

Validity

Validity refers to the ability of the data collection instrument to measure what it is supposed to measure, and to obtain data relevant to what is being measured (Dempsey & Dempsey, 1992:75; Nieswiadomy, 1993:204; Polit & Hungler, 1991:374).

According to Dempsey and Dempsey (1992:75), and Woods and Catanzaro (1988:252-253) there are three main approaches for estimating the validity of a measuring instrument designed to collect quantitative data: content validity, construct validity, and criterion-related validity. However, for this study *content validity* is applicable and important.

Content validity of an instrument is the extent to which the instrument represents the factors under study. Each content area must be defined, and representative behaviours then identified. A number of experts in the field of the specific study topic are then asked to examine each item and to make judgements regarding how well the items and the entire instrument reflects the previously defined content area(s) (Dempsey & Dempsey, 1992:75; Polit &

Hungler, 1993:250; Nieswiadomy, 1993:205). *Face validity* is a subtype of content validity and is determined by inspecting the items in the questionnaire to ascertain whether the instrument contains important items that measure the variables in the content area (Dempsey & Dempsey, 1992:75; Burns & Grove, 1993:343-4).

After a thorough literature review in which the field of study was examined, key issues and concepts were identified and utilised in the formulation of questions. The choice of issues was determined by the aims of the study. Copies of the preliminary questionnaires (questionnaires 1 and 2) were given to 15 experienced professional nurses, academics in nursing administration and experts in the labour relations field. Accompanying these questionnaires was a document stating the title, aims and assumptions of the study so that the experts could evaluate the content and items against the specific study. There was consensus amongst these experts that the instrument complied with face and content validity.

Reliability

Reliability of an instrument can be equated with the stability, consistency or dependability of a measuring tool (Nieswiadomy, 1993:201; Polit & Hungler, 1993:245). The degree of reliability is usually determined by the use of correlation procedures. A correlation coefficient is determined between two sets of scores or between the ratings of two judges and is expressed as a number, usually as a coefficient value of 1.00, in which case each item in the instrument would be measuring exactly the same thing (Burns & Grove, 1993:342).

Internal consistency reliability can be measured by different procedures. Cronbach's alpha, which is based on the inter-correlation or covariance of all the items in a scale examined simultaneously, is applicable to this study (Nieswiadomy, 1993:204; Woods & Catanzaro, 1988:250). A high correlation was achieved in both questionnaires, 0,93 for the first questionnaire and 0,89 for the second.

POPULATION AND SAMPLE

The population

Demarcation of the study field took place according to two criteria, the first being that the contribution of the nurse manager towards labour relations would only be determined in relation to *management activities of nursing services* in selected private and provincial hospitals within Gauteng.

The second criterion was that the selected hospitals should have a minimum of 100 beds, a figure chosen on the assumption that a service containing 100 beds usually required a staff establishment of at least 100 nurses (Information from Head Office, Hospital Services of Transvaal, 1993). It can be assumed that these larger hospitals experience different and more complex problems in relation to human resources management and labour relations than smaller hospitals due to their larger and more diverse staff component, requiring a certain measure of expertise in the handling of problems. The information gained from these hospitals was hoped to be indicative of the knowledge of the nurse manager who has to deal with

the needs and demands of large numbers of personnel in different categories, usually in close proximity of trade unions, and supply insight in her manner of handling issues related to labour relations. The appropriate hospitals were identified from the Hospital & Nursing Yearbook 1991.

The target population for this study constituted nursing personnel in private and provincial hospitals within the boundaries of Gauteng. Two categories were involved, namely nurse managers responsible for the management function within hospitals, and secondly, subordinates, who were nurses functioning in both the professional and sub-professional categories, also within the selected hospitals.

- **Category 1: Nurse managers**

The nurse manager was not limited to the post of nursing service manager within the hospital, but referred also to the person(s) responsible for nursing management and her deputies. This category included professional nurses functioning in the position of chief professional nurse to that of deputy director.

- **Category 2: Subordinates**

Category 2 included both professional and sub-professional members of nursing staff. Depending on the staff establishment and available personnel in the particular hospital, this category included professional nurses, staff nurses and auxiliary nurses. No student nurses were included in the sample.

The sampling design

A proportional stratified sample of nurse managers from category 1 and nurses from category 2 was planned to represent the private and public sectors in Gauteng. This sampling method was selected as it

- aims to obtain a greater degree of representativeness by identifying strata of the population (private and provincial hospitals; nurse managers and subordinates) and by determining the proportion of subjects needed from the various segments of the population (Polit & Hungler, 1991:262);
- subdivided the population into homogeneous subsets (private and public hospitals) from which an appropriate number of subjects can be selected at random;
- can guarantee the appropriate representation of different segments of the population;
- enables subjects to be selected in proportion to the size of the stratum of the population (Polit & Hungler, 1991:262).

Sample selection

The actual method of sampling involved the following steps:

1. Determining the conglomerate population by listing all private and provincial hospitals in the Transvaal that have at least 100 beds as identified in the Hospital & Nursing Yearbook 1991.

2. Drawing a 50 percent randomised sample of hospitals from each of the proportional stratified populations. From the identified population, 27 provincial and 22 private hospitals were randomly selected by means of a table of random numbers. This resulted in a total of 49 hospitals.
3. The nurse managers and other categories of nursing personnel functioning in these hospitals were requested to participate in the study (Leedy, 1985:163; Woods & Catanzaro, 1988:104-106).

A request was made to the Transvaal Provincial Administration for permission to perform the study in selected provincial hospitals. After gaining consent from this appropriate authority, staff establishments for these specific provincial hospitals were obtained from the Head Office for Hospital Services of Transvaal. Likewise, a request for permission was addressed to the private hospitals.

- From category 1 a 20 percent sample was drawn from each of the hospitals to represent the *nurse managers*. From a population of 1470 a total number of 294 nurse managers were selected.
- Category 2 involved a population of 6488. A 20 percent sample would have resulted in 1 298 subjects, and it was subsequently decided to draw a 5 percent sample instead to represent the *subordinates*. Although large samples are desirable, the law of diminishing returns applies (Nieswiadomy, 1993:183). A five percent sample would therefore lead to a more feasible sample size within the existing constraints. Three hundred and twenty four (324) subjects were drawn within this category.

From both categories the actual subjects were determined as randomly as possible. This was dependent on which staff members were available (those who were not on leave, busy with courses or off duty), and who fell into the correct category. Nurse managers were requested to distribute the questionnaires to applicable and available personnel, without any consideration for person or experience.

DATA ANALYSIS

The number of completed questionnaires returned for questionnaire 1 was 253, and 274 for questionnaire 2, representing a response rate of 86 percent for questionnaire 1, and 85 percent for questionnaire 2, the mean response being 85 percent (527 returned out of 618 sent out).

The Statistical Analysis System (SAS) computer programme (SAS/STAT User's Guide, 1990) was used to analyse the data. Descriptive statistics that included frequencies, percentages, measures of central tendency, and measures of variability were utilised to organise and summarise the data.

Providing probabilistic guidelines for inferences beyond the present set of data is the purpose of inferential statistics (Woods & Catanzaro 1988: 357). The appropriate analytic procedure for testing the statistical significance of a difference between the means of two groups is the parametric test known as the t-test (Polit & Hungler 1993: 294). Multiple comparisons were made by means of the

test to determine the significance of differences in the means of paired responses by nurse managers and subordinates with regard to the knowledge of labour relations, the inter-relationship between human resources management and labour relations, and the supervisory role of the nurse manager in the ambit of labour relations.

In the two questionnaires (labeled questionnaire 1 for the nurse managers and questionnaire 2 for subordinates), 89 variables existed with the same content in both questionnaires. During the application of the t-test, 48 of these variables displayed significant differences between the two groups of respondents.

CONCLUSION

In part one of this article the current situation, role players and problems were identified. The assumption was made and verified that conflict does exist in all places of work but that there are means and ways through which a conducive environment can be cultivated to create healthy labour relations in the health services. The research methodology was also explained. In part two the findings, conclusions and recommendations will be dealt with.

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