

ATTITUDES OF PROFESSIONAL NURSES  
TOWARDS STRIKES - IMPLICATIONS  
FOR NURSING EDUCATION



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**ATTITUDES OF PROFESSIONAL NURSES TOWARDS STRIKES  
IMPLICATIONS FOR NURSING EDUCATION**

By

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## **DEDICATION**

This study is dedicated to my late husband, Dr Henry Vika Luthuli.

**DECLARATION**

I declare that this study represents my own work both in conception and in execution. All sources that I have used or quoted have been indicated by means of complete references.

*N.D. Luthuli* 28. 01. 98

**N.D. LUTHULI**

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## ABSTRACT

The main aim of this study was to ascertain the attitudes of professional nurses towards strike action and its implication on nursing education.

The study was done in two hospitals in the KwaZulu-Natal province. A descriptive survey was undertaken. The total sample consisted of two hundred professional nurses.

The study revealed that the majority of professional nurses were against strikes, but the feeling that they are exploited by the employing body and management policies appears to make nurses to strike. The strong influence of Trade Unions in nurses strikes was also confirmed. Many factors were identified as causing strikes, but poor salaries and working conditions were the main causes of these strikes.

The study also revealed that patients suffer a lot during strikes and student nurses also suffer because there was no clinical teaching and learning.

Recommendations made highlighted the urgent need for active participation of the employing body, management, professional nurses, and the public in preventing nurses strike.

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## CHAPTER 1

### ORIENTATION TO THE STUDY

#### 1.1 INTRODUCTION

The present study focuses on nurses' strike and its implication on nurses education. In the Republic of South Africa work stoppage by workers and professional personnel has become a common occurrence as a means of fighting for rights among workers, teachers, students, civil servants including nurses. According to Wood (1995:2) "regular strike action has become a central characteristic of the South African Industrial Relation System".

Kunene (1995:3) maintains that trade unions advocate the withholding of labour as one of the basic rights of democracy. Strike by nurses is a more serious cause for concern because patients die. Nurses are professionally bound by a code of ethics that is publicly pledged. It is expected that even in the fight for their rights the nurses will abide by their professional pledge. Consumers of nursing service are patients who are mostly helpless and even dying. Human life is more precious than production in factories, teaching in schools, office administration. If in the aforementioned settings they decide to put down tools nobody will die, they can only have loss in production. However nurses are increasingly exposed to difficult situations.

In her report Gwagwa (1995:79), state that nurses have been expressing their concerns to their trade unions over the past eight years and to the professional and governing bodies. The nursing act ensured segregationist policies governing all aspects of nurses between educational and professional work experience. The relationship of South African nurses' governing and professional bodies and the National Party subdued their grievances until 1994 when the nurses strikes threatened to bring down the health care system (Gwagwa 1995:79).

The old unresolved grievances make the social behaviour of nurses unpredictable. This sometimes contradicts the behaviour linked to their roles such as caring for the sick and teaching of students in the clinical area. Booyens (1993:652) maintains that nurse managers appear to be unskilled in the handling of nurses grievances and further indicates that "In many instances the communication channels are blocked and individuals are severely victimised for raising genuine grievances" (Booyens (1993:652).

## 1.2 MOTIVATION FOR THE STUDY

There is an outcry from patients' relatives and the society at large about the apparent neglect of patients as nurses take to the street to fight for their rights. "Strike plunges hospital into chaos" (Schmidt 1994:1) reports. Strike is a serious problem and is the core of this investigation. The frequent withdrawals of nurses from health services due to strikes probably undermines the quality and continuity of health services.

Social value system in South African society has undergone tremendous transformation including legal processes based on human rights. Therefore the discussion on strike, when, why, how long based on what their attitude say is valuable.

## 1.3 STATEMENT OF THE PROBLEM

In spite of whatever problems, it is unprofessional to be jumping and "toyi-toying" vigorously and shouting. Strikes by professional nurses are a serious threat to patient care because they put patients' lives at risk. According to Maker (1994:6) "most patients who were deserted were unable to feed or clean themselves". Professionally, deserting patients that are in your care is not acceptable; and, as professional nurses have a teaching function, the act of leaving patients in the lurch undermines the efficacy of teaching, especially by example.

Kortjaas (1997:4) reports "Nzimakwe says she is unimpressed by the manner in which nurses treat their profession, they don't want to work because of the trade unions".

Disruption of services by strike action contravenes the nurses commitment of patient care and teaching of students. In KwaZulu-Natal so far there is only one unpublished dissertation on strikes by nursing personnel by Kunene (1995). This research, therefore is an attempt to correct such a shortage.

#### **1.4 OBJECTIVES**

The objectives of this study are to:-

- 1.4.1 Determine nurses attitude towards a strike.
- 1.4.2 Assess the impact of nurses strike on patient care as well as the socialisation of student nurses.
- 1.4.3 Assess the standpoint and role of official bodies with regard to strikes.
- 1.4.4 Assess the influence and role of trade unions in nurses' strikes.
- 1.4.5 Determine the influence and role of political parties with regard to nurses' strikes.
- 1.4.6 Assess registered nurses' feelings towards clinical teaching and patient care during strikes.

#### **1.5 STUDY ASSUMPTIONS**

It is assumed that:-

Although the majority of professional nurses are against strikes:

- 1.5.1 Their feeling of being exploited by the employing body and management policies can influence them to strike.

15.2. There is a strong influence of trade unions in the nurses attitude towards nurses' strikes.

## 1.6 DEFINITION OF TERMS

### **Professional Nurse**

In this study the term professional nurse is used interchangeably with the term registered nurse. In the Republic of South Africa a professional nurse is any person registered under section 16(iii) of the Nursing Act No. 50 of 1978.

Professional nurse also refers to a nurse who has undergone training or preparation as a nurse through the comprehensive four year course. These nurses subsequently register with the South African Nursing Council.

### **The Concept Attitude**

According to the English Oxford Dictionary (1994:48) it is a way of thinking or behaving.

The term "attitude" is used in this study to mean person's viewpoint, feelings and beliefs.

### **The Concept Implication**

According to the English Oxford Dictionary (1994:399) implication means what is involved or implied.

### **The Concept Nursing Education**

This term will be used to refer to any teaching about nursing which is carried out in the ward by professional nurses.

## **The Concept Strike**

According to English Oxford Dictionary (1994:795) this concept means a workers refusal to work in protest about a grievance.

In this study this term means the complete abandoning of patients and patient care accompanied by toyi-toying in or near the work place.

Partiff (1992:5) and Tubb (1995:29-36) provide several other definitions:

### **- Sympathy strike**

If other unions who are not party to the original strike consent to strike in sympathy with the initiating union, this is termed a sympathy strike. It is an attempt to exert indirect pressure on the employer.

### **- General strike**

The general strike is a stoppage of work by all employees in a particular geographical area, or a general strike can extend nationally. Its purpose may not only be to secure special terms in industry, but also to demonstrate labour power, create solidarity and to affect industrial and governmental policies. The significance of the general strike, whether it involves an entire nation or it is to a particular industry, with the virtual paralysis of the economy of the country in order to bring about certain desired concessions.

### **- Political strike**

Main aim of political strike is to obtain political concessions from the government. Strike action in furtherance of political ends is generally not protected under the laws

regulating industrial bargaining and in South Africa such activity is seen as unlawful under Section 65 (IA) of the Labour Relations Act 28 of 1956.

#### - **Wildcat strikes**

The wildcat strike refers to the spontaneous withdrawal of labour by employees. Employees who participate in a wildcat strike have only their solidarity to protect them from their employer and sometimes trade sanctions. The cost of a wildcat strike can have serious consequences for the employees. The employees involved in a wildcat strike lose wages and do not receive compensatory pay from the trade union. Employees are also subject to possible severe disciplinary penalties in the form of transfers, demotions, warnings, suspension, deductions, fines and dismissal.

#### - **Go slow**

The go-slow is a method of withholding labour and affecting production without actually bringing production to a standstill. A go-slow has the same purpose as a full strike in that both have the purpose of forcefully bringing the demands of the employees to the attention of the employer, which may compel the two parties to arrive at an agreement. Where the employer is able to accurately measure the productive work done, usually by industrial engineers, the wage may be decreased for the individual employees.

#### - **Overtime ban**

This is another form of partial withdrawal of labour by a refusal to work outside normal expressed contractual terms of hours of work, thereby affecting the rate of production. It differs from the go-slow in that overtime is voluntary and the employee may, even where there is a contractual obligation to work overtime, refuse to work the particular overtime.

- **Work to rule**

The work to rule action also affects production selectively, in that employees follow the terms of their contracts to the letter. They require precise instructions from the employer regarding the execution of their task. The employee has a duty of loyalty not to be disruptive by deliberately working slower than he/she usually does.

- **The boycott**

The boycott is not used primarily as an independent weapon in industrial action. Its purpose is usually to support a strike and therefore in the nature of a secondary action. As a primary weapon the boycott is utilised when a strike has little or no success. The boycott will be most effective when members of the public are sympathetic towards the employees' course.

- **Work -in/sit-in**

Work-in or sit-in action occurs when employees occupy the work place, continue or perhaps stop work but deny the employer access to or control of the production process. The so-called work in or sit-in action in which employees remain on the employer's premises, taking possession of the property and preventing the employer from entering is per se unlawful.

- **Picketing**

Picketing has traditionally been regarded as a peaceful method by which striking employees or public publicise their dissatisfaction and encourage other employees to join or support them. Picketers occupy positions in front of or at the entrance to the place of work, publicise their grievances by placards, try to persuade the other

employees not to cross the picket line and between suppliers and customers not to enter the premises.

- **Intermittent strike**

It occurs when employees introduce short stoppages of work each day or during each shift, it is also known as an irritation strike.

- **The strategic strike**

Only a few employees in key positions or strategic sections strike. This disrupts or even cripples the entire production process.

- **The rotating strike**

Strikes occur in only one or in certain sections of the organisation at a given time before moving to another or other sections.

- **Legal strike**

It is a strike that follows a prescribed legislative procedure as defined by the Labour Relations Act or recognition agreements.

- **Illegal strike**

A strike which is embarked upon contrary to workplace or industrial council agreements nor provisions of the Labour Relations Act. There is no legal protection of strikers.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

This chapter reviews studies done on strike and discusses the present study's theoretical background.

#### **2.2 HISTORICAL BACKGROUND ON STRIKES AND NURSING EDUCATION**

The history of strikes in South Africa dates back from 1940's. As it can be seen below, the trend in the new South Africa is for very frequent large scale nurse strike action.

According to Marks (1994:107) "by the late 1940's it was clear that some African nurses were beginning to share the idea of strikes". Marks continues to explain the following strike actions:- In 1947 all the nurses at the Alexandra clinic went on strike for twelve days. It was followed by Lovedale Hospital in 1949". Lovedale is the training school which pioneered the training of native girls in South Africa.

According to Searle (1965:248), among some of the discontented young trained nurses and young professional nurses were persons who were strongly under the influence of the Trade Unions and Labour Council propaganda. According to Wood (1995:2) "the regular strike action had become a central characteristic of the South African Industrial Relation System, whilst in 1950's strikes were mostly isolated outburst of relatively short duration".

### **2.3 BRIEF OVERVIEW OF STRIKES OUTSIDE THE CONTEXT OF SOUTH AFRICA:THE AMERICAN CONTEXT**

The first recorded work stoppage in a hospital in the United States of America was in 1937 in the Jewish hospital of Brooklyn. Nurses' protest was about poor wages and general working conditions. In 1945 a strike occurred in New York city. In 1956 a seven week strike occurred at Mercy Hospital in Toledo, Ohio (Rothman 1983:2-3). Most of the strikes between 1976 and 1980 involved nurses and physicians. Rothman further reports that in 1981, Aliqueppa Hospital in Aliqueppa, Pennsylvania was forced to discharge all but seven patients in the 175 bed institution when nurses strike occurred. In the health care services if the working arrangements are disturbed by these strikes, patient care is affected and quality care is reduced. Nurses have a common phenomenon when striking that is poor wages and poor working conditions.

### **2.4 EFFECTS OF STRIKES ON NURSING EDUCATION**

The strikes by professional nurses have a negative impact on nurses themselves. They disregard their teaching function. They also violate their status and respect as health professionals to students in training. The young students may role model the striking behaviour from the professional nurses.

Professional nurses will have a problem to control striking student nurses, if at some stage they leave the student nurses in the wards alone and "toyi-toyi" in the streets.

In November 1985, in the first major strike after the Nursing Act No. 50 of 1978 made such action illegal, 900 student nurses joined 800 workers at the hospital and protested against appalling wages and working conditions (Marks 1994:203).

This is an example of student nurses role modelling the striking behaviour. Student nurses when doing their clinical learning are under the supervision of professional nurses. Student nurses suffer a lot during strikes because there is no clinical learning, teaching and supervision.

According to Marks (1994:204) “1990 was a turbulent year with 10,000 nurses on strike while in September it was Natal’s turn when a six-day strike of nurses at Edendale Hospital triggered a series of strike in the KwaZulu-Natal hospitals and plunged the Natal Provincial hospitals into near crisis”. This meant that nursing education was at a standstill in KwaZulu-Natal hospitals. Student nurses were not learning during this period of crisis.

Brink (1990:39) indirectly supports Marks’ (1994:204) assertion that 1990 was a turbulent year. Brink further discovered in her study that there was an increase in numbers of patients, relatives and friends who were voicing discontent over the care they received or a non-caring attitude of care givers. These are the implications of strikes on nursing education which are very detrimental to young nursing students in training.

## **2.5. STRIKES AND CLINICAL NURSING EDUCATION**

The placement of students in practice settings, under appropriate professional supervision, is a fundamental educational strategy in nursing and midwifery education (Quin 1995:180). Searle (1984:79) maintains that in the clinical situation all learning is learning by doing, by participating and by looking, seeing and hearing. Clinical teaching, the art of enabling a student to develop her potential for safe, effective, competent functioning within the realities of the immediate clinical situation, may be thought of as an extension of academic teaching. Mashaba and Brink (1994:45) maintain that “In such a clinical learning experience a nurse teacher should use the opportunity to assist the student to integrate knowledge from other subjects, thereby enabling the student to realise the value of studying these subjects in relation to his/her goal of competent nursing interventions”.

It is for these reasons that strikes in the clinical area are a serious problem as reported in the following incidents:-

According to Van der Walt (1995:8), about 2,000 workers at Ngwelezane Hospital went on strike. These were nurses, clerks, general assistants and labourers. Gibson (1995:5) reported that the War Memorial Hospital at Empangeni was struggling to get back on its feet after a four day strike. Schmidt (1993:1) also cited that four patients are believed to have died in the hospital since the strike began. Keeton (1994:6) reported the patients desperate plight as a quadriplegic patient was one of those affected by strike.

The Mercury reporter (1995:5) laments that hospitals were crippled by nurses' strike ... nine patients had died during strike action. In nursing education clinical learning is very important because it integrates, theory and practical. It is for this reason that the strikes in the clinical area are of great concern. The strikes disturb the whole training programme of student nurses. The most important factor in the clinical area, is the learning environment, which must be conducive. Psychological safety is essential for learners if they are to function at their best in any situation in the clinical area.

## 2.6 THE SOCIO-POLITICAL EFFECTS OF STRIKES

Foster (1995:3) maintain that the nurse's strike has provoked strong re-actions from readers because people's lives were in danger.

According to the following reports it is true that people's lives were in danger Czerwionka (1994:1) observed that "two babies are said to have died as a result of wildcat strike at Ngwelezane hospital".

Miya (1994:1) highlighted that there were some strong allegations that many patients were dying in hospitals around Durban and Northern Natal due to strikes of more than four thousand health workers.

Paton (1995:2) found that in Gauteng the nurses strike affected thirteen hospitals, patients left alone.

McKenzie (1995:1) also pointed out the work stoppage that plunged the township health services in Soweto clinics into chaos. Clinics were closed and patients suffered.

Maker (1994:6) also revealed the suffering of patients at Hayani in Venda who were abandoned by striking nurses for two weeks.

Van Berne (1994:3) observed strikes at Ngwelezane Hospital where a newborn baby with severe jaundice was left alone for 30 hours under a photo light naked and virtually dead and in the burns unit patients changing their own dressings.

Ismail and Naidoo (1995:1) reported that the striking nurses broke into the hospital laboratory and spread HIV and tuberculosis blood specimen among mothers and babies in the maternity ward. The Sunday Tribune newspaper headlines quoted "nurses of death".

Mercury Reporter (1994:3) found that the Zululand Chamber of Business had expressed serious concern about emerging patterns of confrontation rather than using recognised disputes resolution procedures to resolve labour issues. During training and education of nurses, taxpayers money is used by the government to subsidise nurses education. The public may complain because their money is wasted.

According to Clay (1992:8) as quoted by Mashaba and Brink (1994:324) "The use of strike action as a political stance is inappropriate for public service on which people's lives depend".

Ellis and Hartley (1995:325) maintain that sometimes a strike is used to gain public attention to the labour dispute and to create public pressure for a settlement. This is only successful if the public agrees with the position of the striking workers.

Beaver (1995:3) cited that "a mother cried bitterly after her twins died because of strike by nurses. Nurses are not likely to get a sympathetic ear when they put money before lives".

Mellish (1996:141) maintains that the public is important because the potential clients are from the public. The public contributes a large amount through taxation and donation to the establishment and maintenance of the health service and to the education of those practising the various professions that keep these services operating nursing is one of these professions.

## **2.7 PROFESSIONAL ASSOCIATIONS AND TRADE UNIONS:IMPACT ON NURSING EDUCATION**

Kotzé (1993:1) states the South African Nursing Council's viewpoint that "the nurses strike is illegal, further, nursing is a vital service in the community" when nurses reach the point where they cease to care for patients they are no longer entitled to the trust, support and respect of the community.

In nursing education students are taught about dangers or risk to which persons receiving health care are exposed. These are called medico-legal hazards.

The South African Nursing Association (1992:7) which has been changed to the Democratic Nursing Organisation of South Africa (DENOSA), indirectly supports the above statement by Kotzé, by saying that "a strike by a nurse is a violation of the patients right to safe and continuous nursing care". Both the South African Nursing Council and Democratic Nursing Organisation of South Africa (DENOSA) emphasise that nurses will always have an ethical responsibility towards their patients regardless of what legislation allows or does not allow. Democratic Nursing Organisation of South Africa (DENOSA) believes that a nurse should never be placed in a situation where she/he feels there is no option open to her/him other than the strike action.

### **DIFFERENCE BETWEEN TRADE UNIONS AND PROFESSIONAL ASSOCIATION**

"A trade union is any number of employees in any particular undertaking, industry, trade or occupation, associated together for the purpose, whether by itself or with other purposes, of regulating relations in that undertaking, industry, trade or occupation between themselves, or some of them and their employees or some of them", (Labour Relations Act No 28 of 1956 quoted by (Booyens 1993:647).

Professional Associations are voluntary Associations of persons which represent members in the profession e.g. of nursing and midwifery in the Republic of South Africa such as Democratic Nursing Organisation of South Africa (DENOSA).

In South Africa section 23(2) (a) & (b) in the constitution states that “every worker has the right to form and join a trade union”, the constitution of the Republic of South Africa (act 108 of 1996:10).

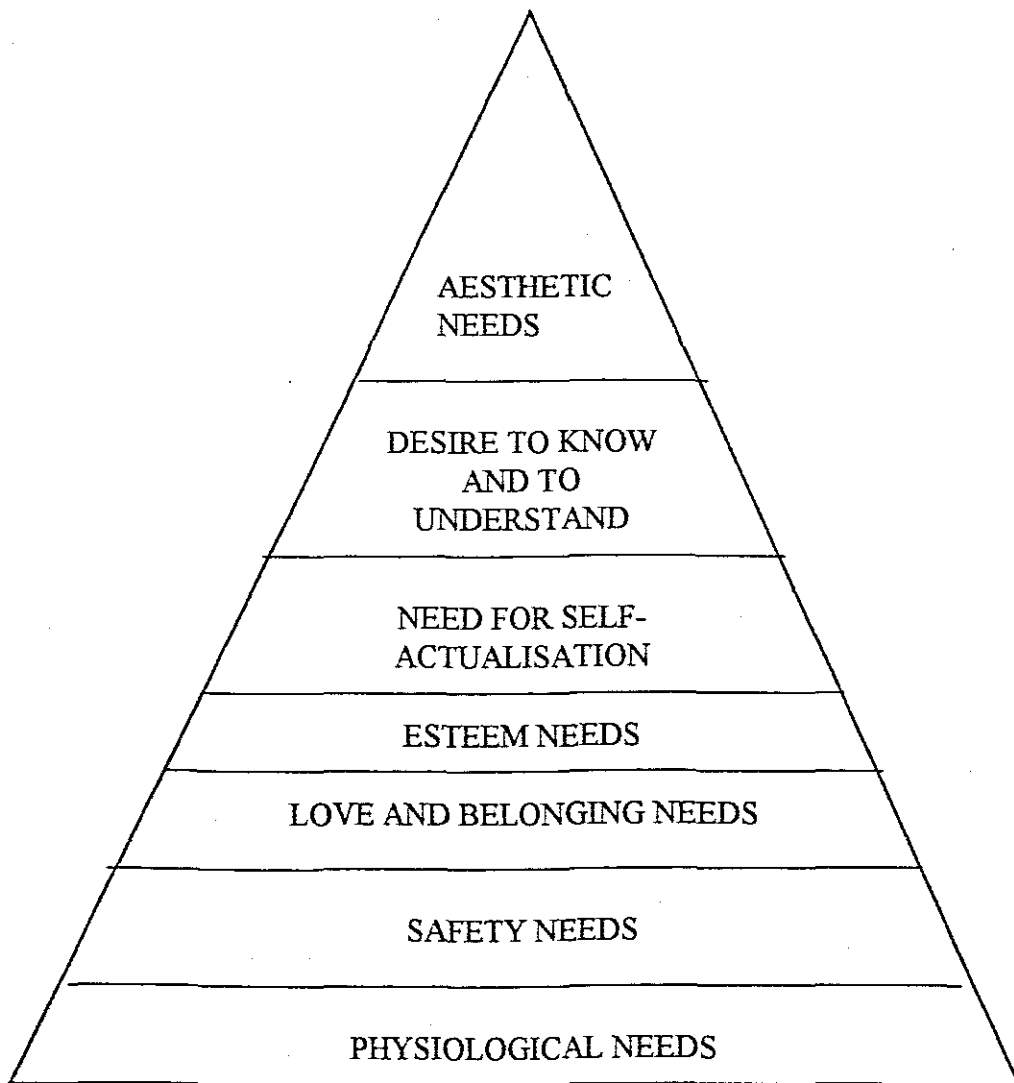
According to Lawrence (1990:26) “health care workers have no choice but to join a trade union, even if the activities of the union clash with their principles”. The above statement is indirectly supported by Searle (1965:250) who states that “union rules would interfere with nurse-patient relationships” in this instance ethical control of the profession would suffer as union rules could not take such intangibles into consideration as the philosophy of service, moral standards and the ethics related to the practice of a particular profession”.

In the nursing profession we are dealing with human beings not with objects or machines. If nurses stop working, patients will die, whereas in the industries they loose money. These are realities in the clinical area.

Student nurses are taught the philosophy of service and moral standards in nursing education. If patients are left alone to die that is contrary to the philosophy of nursing education. Trade unions principles clash with learning programmes because they do not respect the ethics related to the practice of the nursing profession such as safe, effective, competent nursing care of the patients.

**2.8 THEORETICAL FRAMEWORK**  
**MASLOW'S HIERARCHY OF NEEDS**

Abraham Maslow developed a conceptual hierarchy of human needs in 1943.



**FIGURE 2.1: MODEL OF MASLOW'S HIERARCHY OF NEEDS**  
**ELLIS/NOWLIS (1981:36)**

Abraham Maslow stated that all human beings have the above needs.

- physiological needs such as the need to eat, breathe and eliminate. Fulfillment of these basic or physiological needs is essential for survival. Only when these needs have been met can a person give attention to fulfilling the higher needs such as self-actualisation.
- safety and security needs which refer to the need of man to live in a stable and secure environment
- belongingness and love needs which include harmony with workmates and friendship with peers
- esteem needs which involve serving family, job or profession with competence
- self actualisation needs are those which are concerned with the fulfilment of ones potential.

If nurses are dissatisfied with their salaries, working conditions, security, it can be difficult to expect higher needs of self-esteem, self-actualisation to be fulfilled, such as teaching and patient care.

If nurses have job satisfaction like good salaries, good working conditions and promotions that is recognition for their work, it is not likely that they can easily resort to strike action.

Maslow's theory will be relevant to this study because it deals with human needs. Maslow's theoretical framework has been used by Brink (1987) in her study of job satisfaction and dissatisfaction among registered nurses tutors and also by Langley (1993) in her study of conflict management (Ellis/Nowlis 1981:36).

## 2.9 CONCLUSION

In this chapter an overview of strikes in hospitals was given and its impact on education of nursing students in the clinical area was highlighted. The theoretical framework was also discussed and its relevance to the study was explained.

## CHAPTER 3

### RESEARCH METHODOLOGY

#### 3.1 INTRODUCTION

This chapter explains the methods, the research design, the population, sample and sampling methods and also the instrument used in this study.

#### 3.2 DELIMITING THE SCOPE OF THE STUDY

In terms of geographical location three hospitals were chosen. These were Ngwelezana Hospital situated at Enseleni District, Northern KwaZulu-Natal, Charles Johnson Hospital at Nqutu and Benedictine Hospital at Nongoma. These three institutions were chosen because they:

- (1) were affected by strikes
- (2) provide for clinical teaching for all nursing students from colleges and universities

Ngwelezane College consists of three campuses:

- i. Benedictine campus
- ii. Charles Johnson Memorial Campus.
- iii. Ngwelezane Campus.

They are called campuses because they are affiliated to the University of Zululand.

These three hospitals are important in Northern KwaZulu-Natal they provide clinical teaching for all nursing students from training colleges and universities, they are teaching hospitals for health professionals recognised by the South African Nursing Council.

According to R1768 of October 1972, R256 of 14 February 1975, and section (d) Nursing Act No. 50 of 1978, conditions for the approval of schools facilities for clinical practice in general nursing are satisfactory in the opinion of the South African Nursing council if:

- a daily average of at least one hundred (100) patients shall be available
- facilities for clinical practice in midwifery are satisfactory in the opinion of the council.

Application for the approval of nursing schools and their programmes are evaluated by the nursing professional officers on the staff of the council who prepare the necessary documentation with recommendations for consideration by the executive committee. The South African Nursing Council has the authority to withdraw accreditation to be training schools or programmes if the requirements are not complied with. The three hospitals chosen comply with the requirements of the South African Nursing Council.

### **3.3 RESEARCH DESIGN**

A descriptive survey was undertaken. Descriptive studies are designed to describe specific phenomena or variables for final relationship between variables. It is not designed to establish cause-effect relationship (Treece & Treece, 1982:190). A descriptive study is useful when investigating new and emerging phenomena and thus help to lay a sound foundation for future research. In this study strikes by professional nurses in South Africa is a new phenomenon which needs to be researched to determine its impact and implications on nursing education.

### **3.4 TARGET POPULATION**

The target population for this study was professional nurses including all ranks in this category from Chief Nursing Service Manager, Chief Professional Nurse and

Professional Nurses employed in KwaZulu-Natal at Ngwelezana Hospital, Charles Johnson Memorial and Benedictine Hospital.

### **3.5 SAMPLE AND SAMPLING**

A non-probability sampling design was used. This is a convenient sampling design, where members of the study population who were easily available were included (Luthuli 1991:16; Sibaya 1984:39). The sizes of samples in the three institutions varied from fifty to hundred because of the differences in numbers employed in each institution.

### **3.6 RESEARCH TOOL**

A questionnaire, a method of gathering self-report information from respondents was used for data collection. Some of the salient strengths that were considered in using a questionnaire in this study was that, it had been used in similar studies by previous researchers (Kunene 1995:199 Luthuli 1991:17).

Kunene 1995 study on strikes by Nursing Personnel "A challenge for Nurse Managers".

Luthuli 1991 study on "Attitudes of professional nurses and student nurses towards clinical teaching/learning".

### **3.7 TYPES OF QUESTIONS**

A questionnaire was designed by the researcher. The questionnaire consisted of eight (8) sections. The first part consisted of questions with background information such as gender, age and rank.

The second part consisted of negative and positive five point Likert scale items basing the questionnaire on the objective data in terms of the standpoint and role of official bodies with regard to strikes and it addresses aim 1.4.3 to assess the standpoint and role of official bodies with regard to strikes.

The third part consisted of subjective views against the current strike action addresses aim 1.4.1 to scientifically determine nurses attitude to strike action subjective views against the current strike action.

Section four consisted subjective views in favour of current nurses strike action which addresses aim 1.4.2 subjective views in favour of the current strikes.

Section five questionnaire based on the influence and role of political parties address aim 1.4.4 assessing the influence and role of Trade Unions on nurses strikes. Section six questionnaire based on the influence and role of political parties which addresses aim 1.4.5 to determine the influence and role of political parties with regard to nurses strikes.

Section seven consisted of open ended questions on professional nurses involvement in strikes and it addresses aim 1.4.7 assessing the registered nurses attitudes to their involvement in strikes in relation to their responsibility for patient care.

Section eight consisted of a semantic differential scale of indicating feelings towards clinical teaching and patient care during strikes, it measures aim 1.4.6 to assess feelings of professional nurses towards clinical teaching and patient care during strikes.

### **3.8 VALIDITY OF THE INSTRUMENT**

Polit & Hungler (1983:394) describes validity as the degree to which an instrument measures what it is supposed to be measuring. Treece & Treece (1982:126) states that the content of the instrument must be closely related to that which is to be measured. Someone must judge if the content of the instrument is appropriate and in this case a jury of opinion is better than a single individual.

The researcher managed to get different opinions from a group of head nurses and from experts from other disciplines and therefore the researcher tested the instrument for content validity so that the instrument measured what it was supposed to be

measuring. Every item was related to the hypothesis and to the focus of the study so as to meet expert validity.

### 3.9 PILOT STUDY

The sample of the pilot study was selected at random from twenty professional nurses at Esikhawini and Ngwelezana clinics. The purpose was explained clearly to the pre-test group and were requested to make comments and recommendations on the questionnaire.

Those few comments assisted the researcher to modify the questionnaire. No problems were encountered except that the professional nurses were not relaxed perhaps because of the political turmoil in KwaZulu-Natal at the time of investigation. They seemed to be very suspicious inspite of the re-assurance by the researcher.

### 3.10 DISTRIBUTION OF THE QUESTIONNAIRE

The researcher left the questionnaire with the subjects because the subjects were very busy in the wards. The completed questionnaires were collected the following day. In other hospitals respondents returned the completed questionnaire after two weeks. Subjects were requested to answer the questions independently and maintain confidentiality even among themselves. Professional nurses in-charge of wards also assisted the researcher in this regard. There were no questionnaires distributed at Charles Johnson Memorial Hospital as there was no response in the application made.

### 3.11 METHODS OF SCORING

Each respondent had to categorise the response he/she made in relation to each statement. The respondent had to indicate by means of a check mark (√) in the appropriate space

- strongly agree

- agree
- undecided
- disagree
- strongly/disagree

The categories were scored by assigning values of 5,4,3,2,1 respectively. The scoring was reversed for negatively worded items. The total score of each person was obtained by summing up values of individual items. This means that high total score, indicated positive perception/attitude and low total score indicated negative perception/attitude (Polit & Hungler 1983:328).

### **3.12 PLANNING FOR DATA ANALYSIS**

Since the sample was large and the questionnaire was comprehensive, it was impossible to process the data manually within a reasonable time. It was therefore decided to process the data using the personal computer available at the University of Zululand.

Since some questions in the questionnaire were open-ended and not pre-coded, it was decided to process them separately from the pre-coded closed questions. The computer programme used was the Statistical Analysis Systems Programme (SAS). The coded data was typed on to the computer. A computer programme was written in SAS language using the lotus programme.

### **3.13 ETHICAL CONSIDERATION**

Permission to conduct the study was obtained from the Medical Superintendent and the Nurse Manager of Ngwelezana Hospital and Nurse Manager of Benedictine

Hospital. There was no written reply from Charles Johnson Memorial Hospital. The research proposal and samples of questionnaires were enclosed with all letters of request for consent.

### 3.14 ANONYMITY AND CONFIDENTIALITY

The respondents were re-assured that the information was required for research purposes only. All information would be strictly confidential. No names were required. Confidentiality must be maintained and priority given to the rights and concerns of the subjects (Treece & Treece, 1982:40). The respondents agreed to participate after the explanation and the reasons for the research study were given. Treece & Treece (1982:40) maintains that subjects must be free to accept or decline participation in a research study.

## CHAPTER 4

### ANALYSIS, INTERPRETATION AND DISCUSSION OF DATA

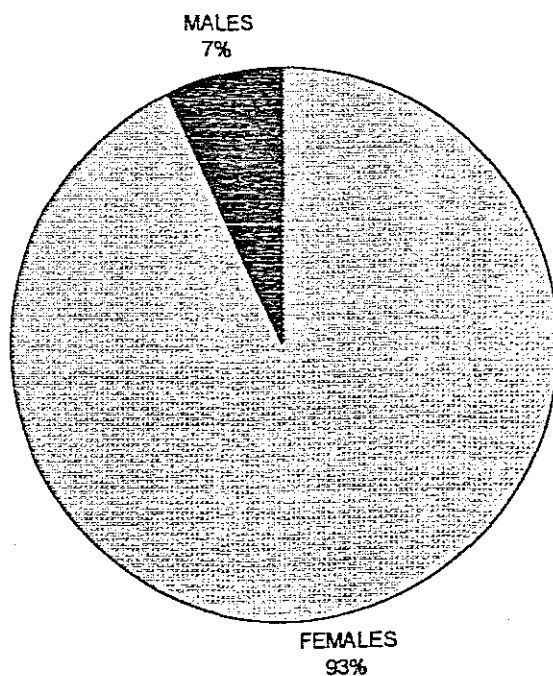
#### 4.1 INTRODUCTION

This chapter deals with the analysis of data collected from two institutions namely Ngwelezane and Benedictine Hospitals in Nongoma. The scale was administered to 200 hundred professional nurses (N=200).

#### 4.2 ANALYSIS OF SECTION ONE OF THE INSTRUMENT

##### SECTION 1: PERSONAL PARTICULARS

##### ITEM 1: GENDER

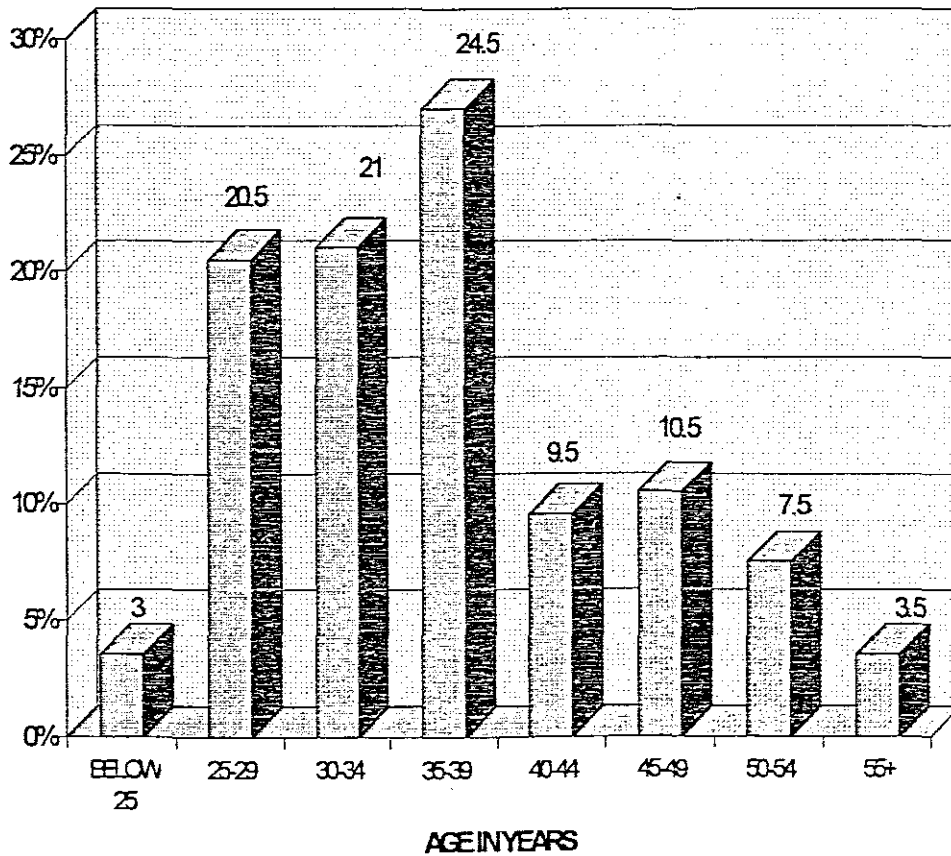


**FIGURE 4.1: DISTRIBUTION OF SUBJECTS ACCORDING TO GENDER  
(N=200)**

Figure 4.1 indicates that 93% of respondents were females and 7% were males. From this observation the nursing profession in this area is still dominated by females.

In South Africa the new constitution does not allow this type of exploitation. This position may motivate nurses to be against any exploitation. Act 108 of 1996 section 9(1) stipulates that “everyone is equal before the law and has the right to equal protection and benefit of the law”.

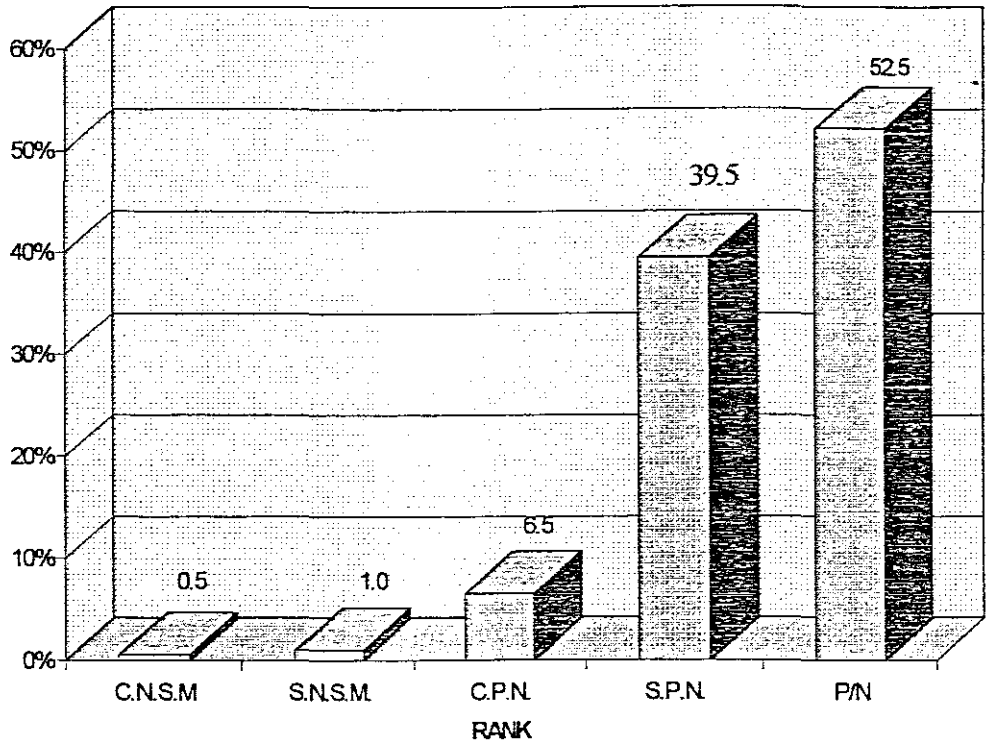
**ITEM 2: AGES OF RESPONDENTS**



**FIGURE 4.2: DISTRIBUTION OF SUBJECTS ACCORDING TO AGE OF RESPONDENTS (N=200)**

Figure 4.2 shows that the respondents between 35 - 39 were in preponderance. It is therefore not surprising that these strikes were so rife in the nursing profession. The younger generation in the profession is not prepared to tolerate exploitation. About 31% of the respondents fall between 40-55 interval age group.

**ITEM 3: RANK OF RESPONDENTS**



**KEYWORDS**

- C.N.S.M. Chief Nursing Service Manager
- S.N.S.M. Senior Nursing Service Manager
- C.P.N. Chief Professional Nurse
- S.P.N. Senior Professional Nurse
- P/N Professional Nurse

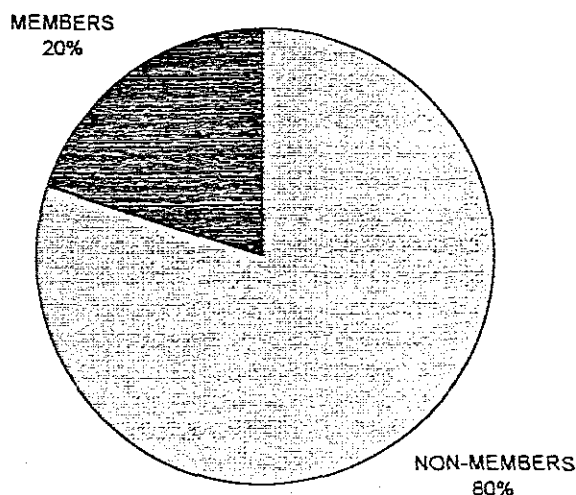
**FIGURE 4.3: DISTRIBUTION OF RESPONDENTS ACCORDING TO RANK (N=200)**

Figure 4.3 indicates that the majority of respondents 52.5% were professional nurses followed by senior professional nurses 39.5%. These are nurses who have more teaching functions and caring of patients in hospitals than other nurses, by virtue of their numbers their strike brought teaching to a standstill. The distribution of other

nurses' ranks are as follows: Chief Nursing Service Manager 0,5%,Senior Nursing Service Manager 1% and Chief Professional nurses (6,5%).

Nurse managers are involved in management, they are not directly involved in the teaching of students. They do intervene when there is conflict and overall management of students in the institution.

#### ITEM 4: TRADE UNION MEMBERSHIP

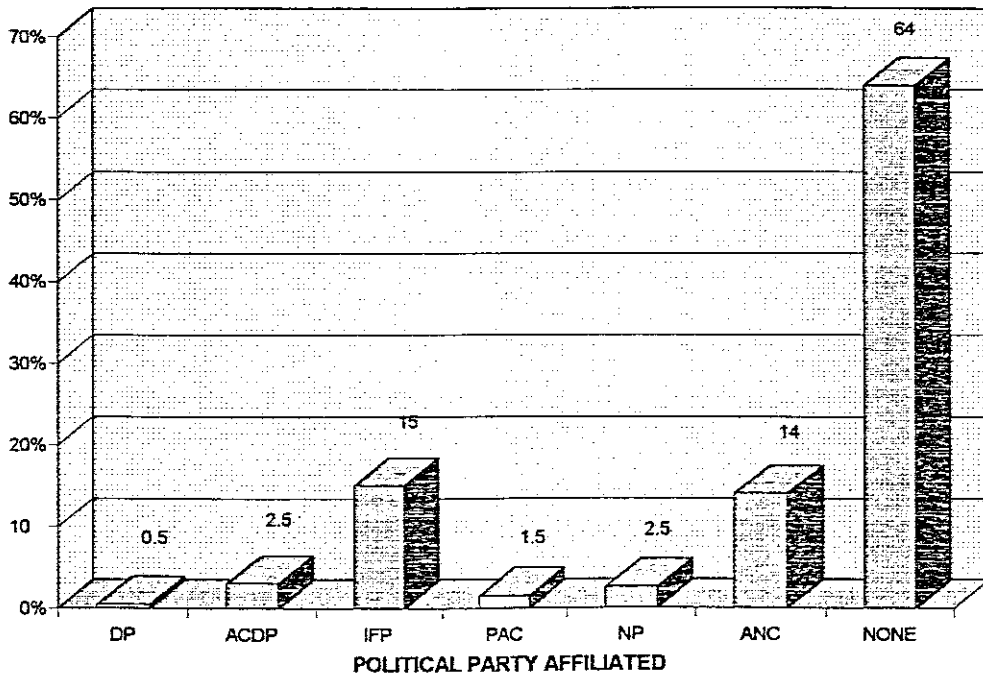


**FIGURE 4.4: DISTRIBUTION OF NURSES ACCORDING TO THE VARIABLE OF TRADE UNION MEMBERSHIP (N=200)**

Figure 4.4 shows that 80% of the respondents were not trade union members and only 20% are trade union members. Previously nurses were not allowed to join trade unions in South Africa. According to Gwagwa (1995:81) "nurses are expected to conform to a mode of behaviour that is consistent with the ethos of the profession, their environment has offered them little intellectual diversity". Gwagwa (1995:81) further reports that nurses who were disillusioned by the professional bodies attempted to affiliate with the National Education, Health and Allied Workers Union (NEHAWU). In 1992 the concerned nurses of South Africa initiated, a transitional

process aimed at organising one professional body, Democratic Nurses Organisation of South Africa. This organisation is currently actively involved in matters pertaining to the nursing profession and is a professional trade union.

**ITEM 5: POLITICAL PARTY AFFILIATION**



**FIGURE 4.5: AFFILIATION OF RESPONDENTS TO POLITICAL PARTIES  
(N=200)**

**KEYWORDS:**

- D.P. = Democratic Party
- A.C.D.P. = African Christian Democratic Party
- I.F.P. = Inkatha Freedom Party
- P.A.C. = Pan African Congress

N.P. = National Party  
 A.N.C. = African National Congress

Figure 4.5 shows that about 64% of the respondents were not affiliated to political parties. Previously nurses were not allowed to be actively involved in politics. Searle (1965:250) indirectly supports this statement and states that “the main grounds for the opposition of the nurses to trade unionism was the political aura which always clung to such organisations and this was contrary to the spirit of nursing”. About 15% of the respondents were affiliated to the I.F.P. and about 14% were affiliated to the A.N.C., 0.5% to D.P. about 2.5% of the respondents were affiliated to A.C.D.P., only 1.5% P.A.C. and about 2.5% affiliated to the National Party.

#### 4.3 ANALYSIS OF SECTION TWO OF THE INSTRUMENT

##### ITEM 6: OBJECTIVE DATA IN TERMS OF THE STAND AND ROLE OF OFFICIAL BODIES WITH REGARD TO STRIKES

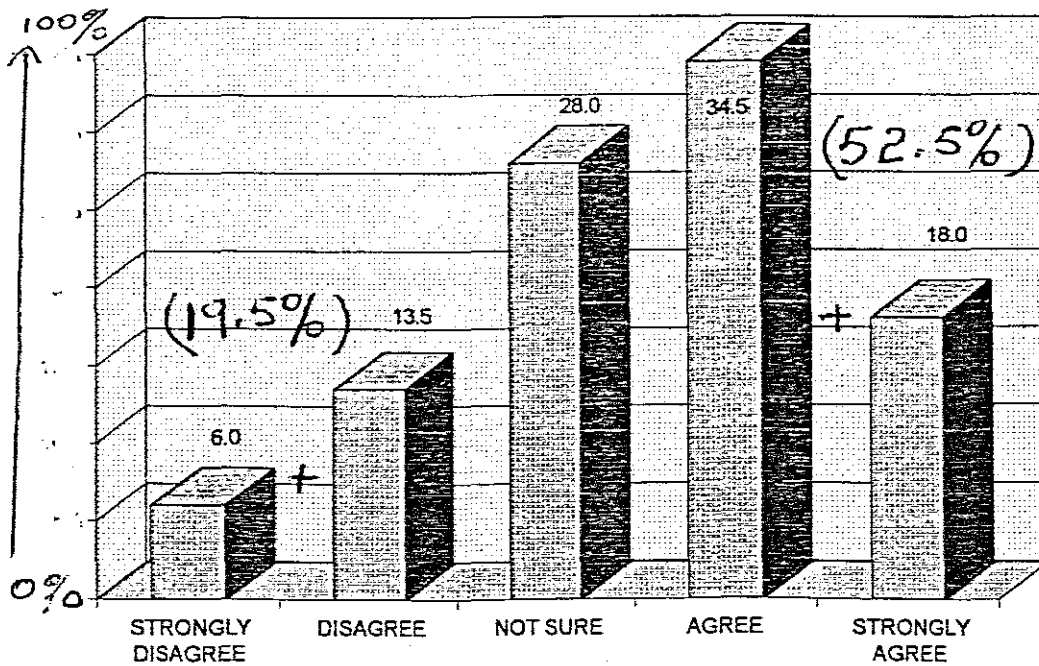
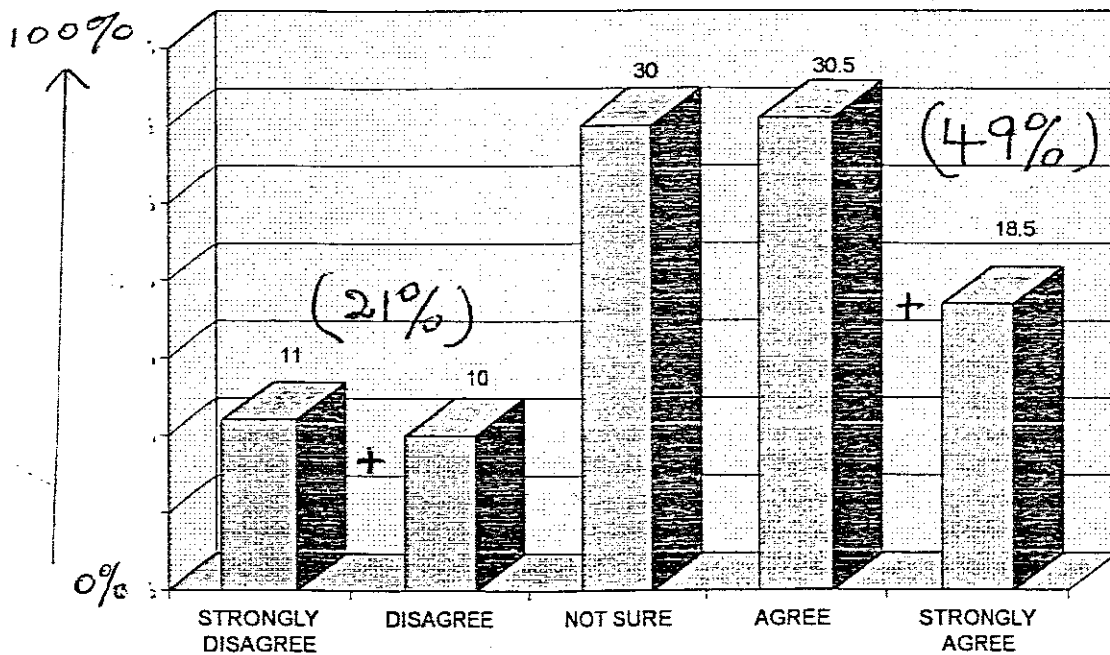


FIGURE 4.6: RESPONSES TO A QUESTION ON THE LABOUR RELATIONS ACT (N=200)

For purposes of analysis 1 and 2 categories of agreement will be grouped together and also 4 and 5.

Figure 4.6 shows that about 52.5% of the respondents agree that nurses may not strike. They have to resort to arbitration. About 19,5% of the respondents disagree, in other words they support strike. About 28% of the respondents were not decided on the issue.

The assumption of this study that the majority of nurses are against strikes is supported. If nurses prefer arbitration it shows a sense of responsibility to patient care and nursing education, because if arbitration is done effectively, there will be no strikes may be averted.

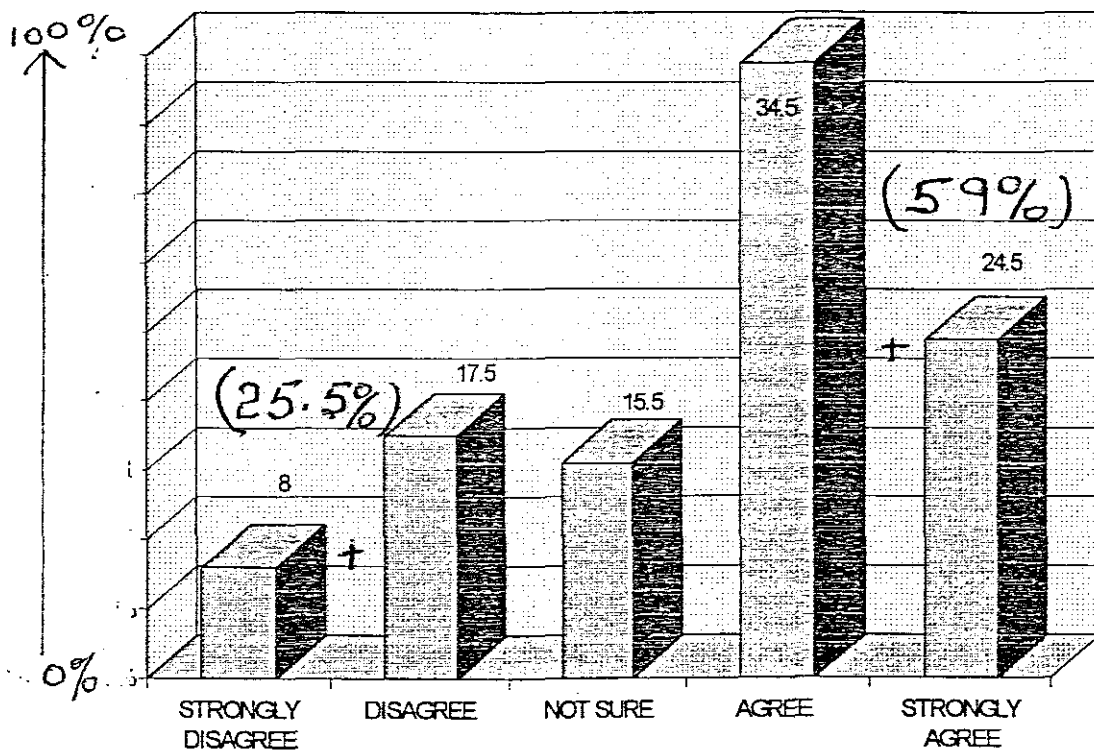


**FIGURE 4.7: NURSES' POSITION IN RELATION TO OFFICIAL BODIES (N=200)**

Figure 4.7 indicates that 49% of the respondents supported South African Nursing Association now called Democratic Nurses' Organisation of South Africa, that nursing service be declared an essential service in terms of the Labour Relations Act. Marks (1994:106) maintains that nursing is a skilled career which has been passed down the

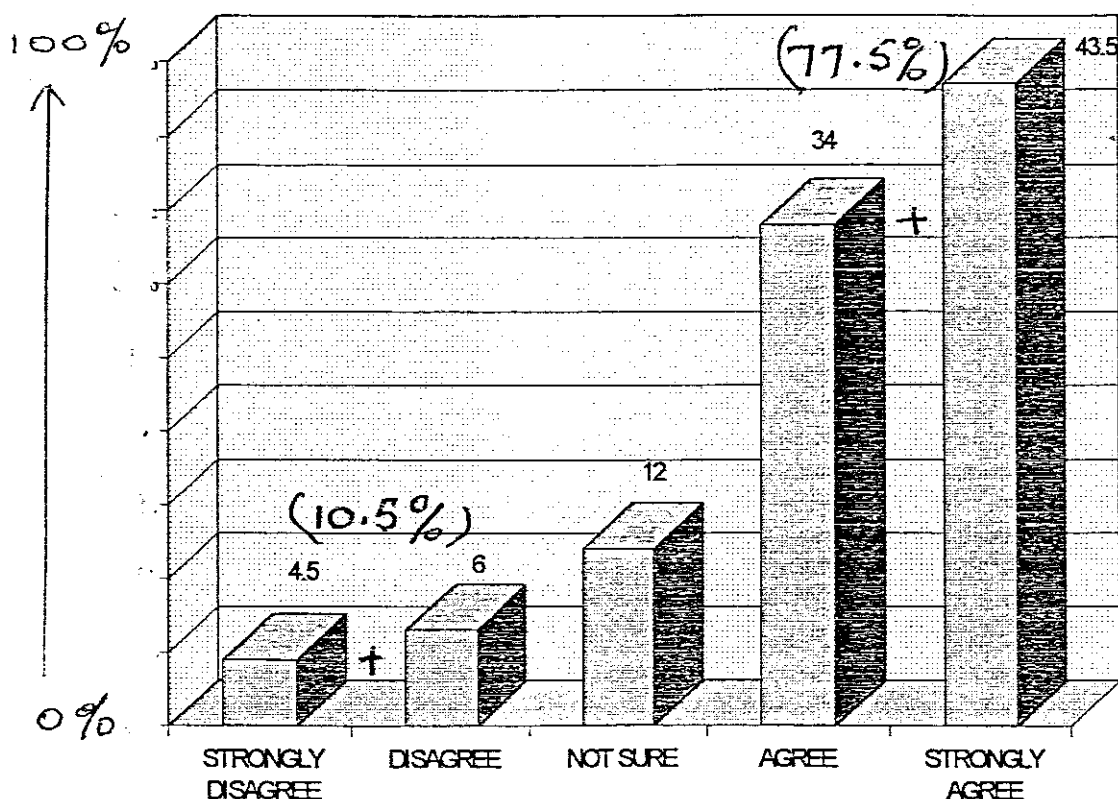
ages, making the art of healing and alleviation of pain one of the noblest and highly honoured professions.

The findings support the assumption of this study that the majority of professional nurses were against strikes. About 21% of the respondents were against South African Nursing Association. This can cause conflict because usually they are supported by trade unions. Only 30% of the respondents were not sure.



**FIGURE 4.8: NURSES PERCEPTION OF LEGALISED STRIKES (N=200)**

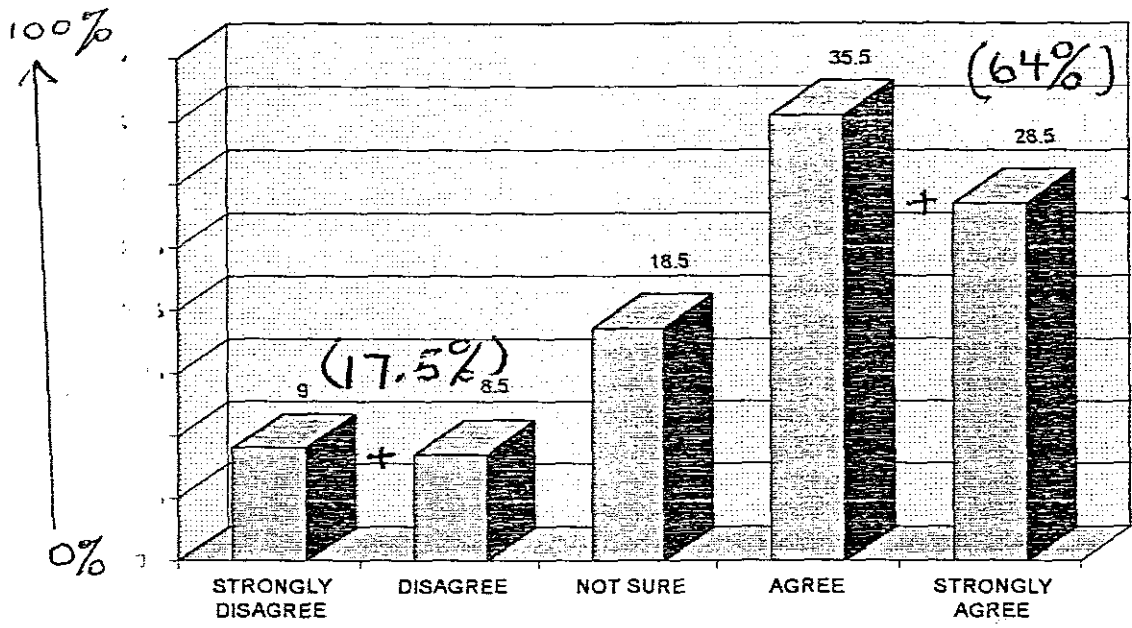
Figure 4.8 indicates that 59% of the respondents are aware of the changes in the Nursing Act, that the clause prohibiting nurses to strike was removed, this allowed nurses to embark on legal strikes. About 25.5% of the nurses disagree, in other words they are not aware of the changes in the Nursing Act. Only 15.5% of the respondents were not sure.



**FIGURE 4.9: NURSES' PERCEPTION OF THE SOUTH AFRICAN NURSING COUNCIL (N=200)**

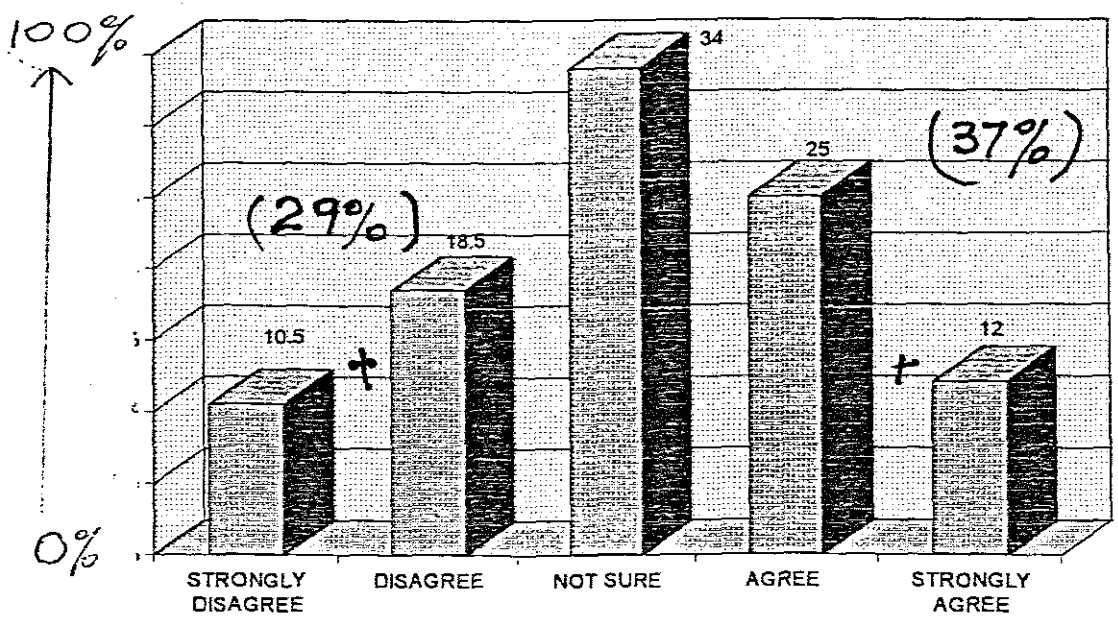
Figure 4.9 indicates that 77.5% of the respondents agreed and supported the South African Nursing Council about the ethical responsibility towards patient care regardless of what legislation allows or does not allow.

According to Mellish (1996:107) "The South African ethical codes of nursing practice are currently being challenged by rapid and drastic socio-politico-economic changes in society". About 10.5% of the respondents disagree and only 12% of the respondents were not sure. The assumption of this study about the assessment of the standpoint of official bodies has been confirmed.



**FIGURE 4.10: NURSES' PERCEPTIONS OF THE ROLE OF TRADE UNIONS (N=200)**

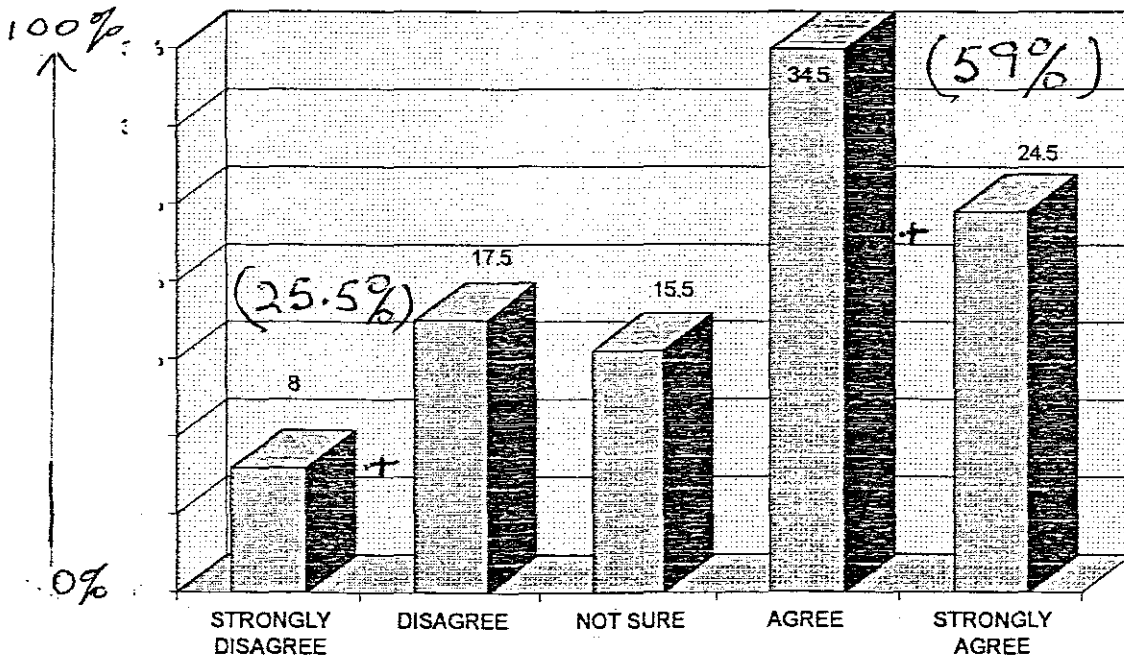
Figure 4.10 indicates that 64% of the respondents agree that collective bargaining should be done by bodies like Democratic Nurses' Organisation of South Africa and trade unions on their behalf. About 17,5% of the respondents disagree and 18.5% of the respondents were not sure.



**FIGURE 4.11: NURSES' PERCEPTIONS' OF THE HEALTH DEPARTMENT (N=200)**

Figure 4.11 shows that about 37% of the respondents agree on the standpoint of the department of health that labour disputes will have to be resolved through compulsory arbitration. The assumption of this study that the majority of nurses were against strikes is supported.

Only 29% of the respondents disagree, in other words they are not aware of the standpoint of the department of health and the implications thereof. About 34% of the respondents were not sure.

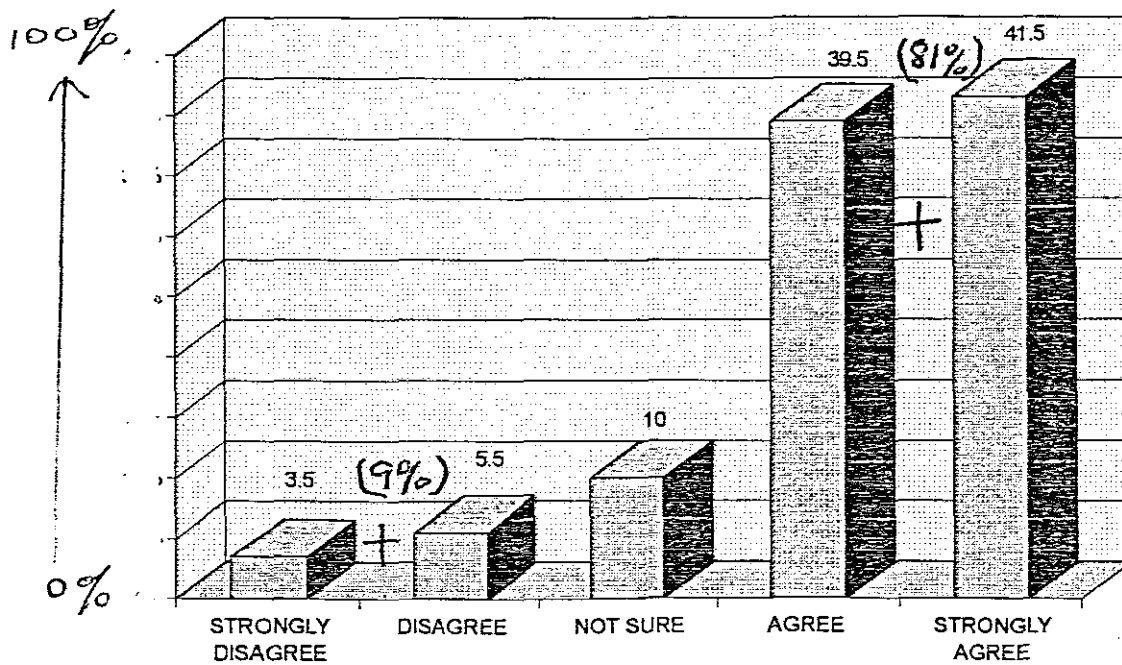


**FIGURE 4.12: RESPONDENTS' STANDPOINT REGARDING LEGAL STRIKE (N=200)**

Figure 4.12 shows that 59% of the respondents agreed that nurses were allowed to embark on legal strikes. The majority of nurses are aware of the amendments in the nursing act. About 25,5% disagree, as they were not aware of the changes in the nursing act. Only 15,5% of the respondents were not sure.

#### 4.4 ANALYSIS OF SECTION THREE OF THE INSTRUMENT

##### ITEM 7: SUBJECTIVE VIEWS AGAINST THE CURRENT STRIKE ACTION

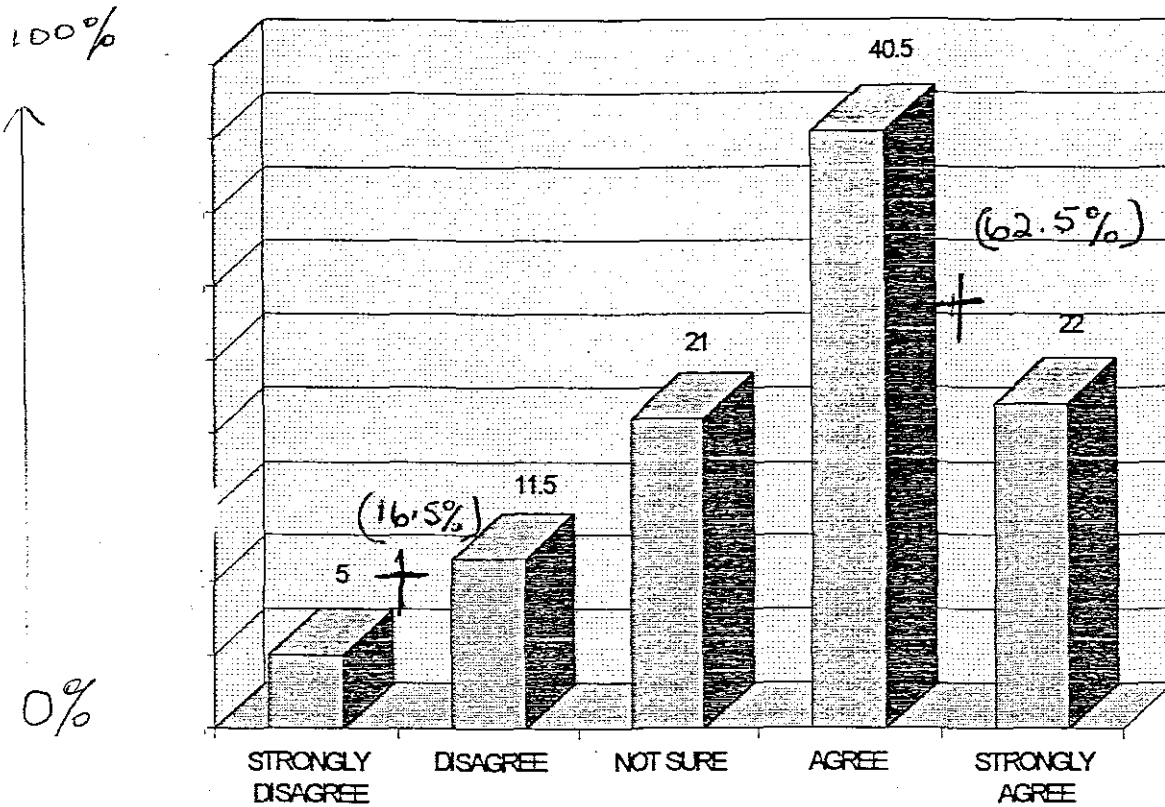


**FIGURE 4.13: NURSES' PERCEPTION OF CAUSES OF STRIKES (N=200)**

Figure 4.13 shows that 81% of the respondents stated that strikes were sparked by low salaries and awkward hours at work. The assumption of this study is being confirmed, that the majority of nurses are against strike, but the feeling of being exploited by the employing body and management influences nurses to strike.

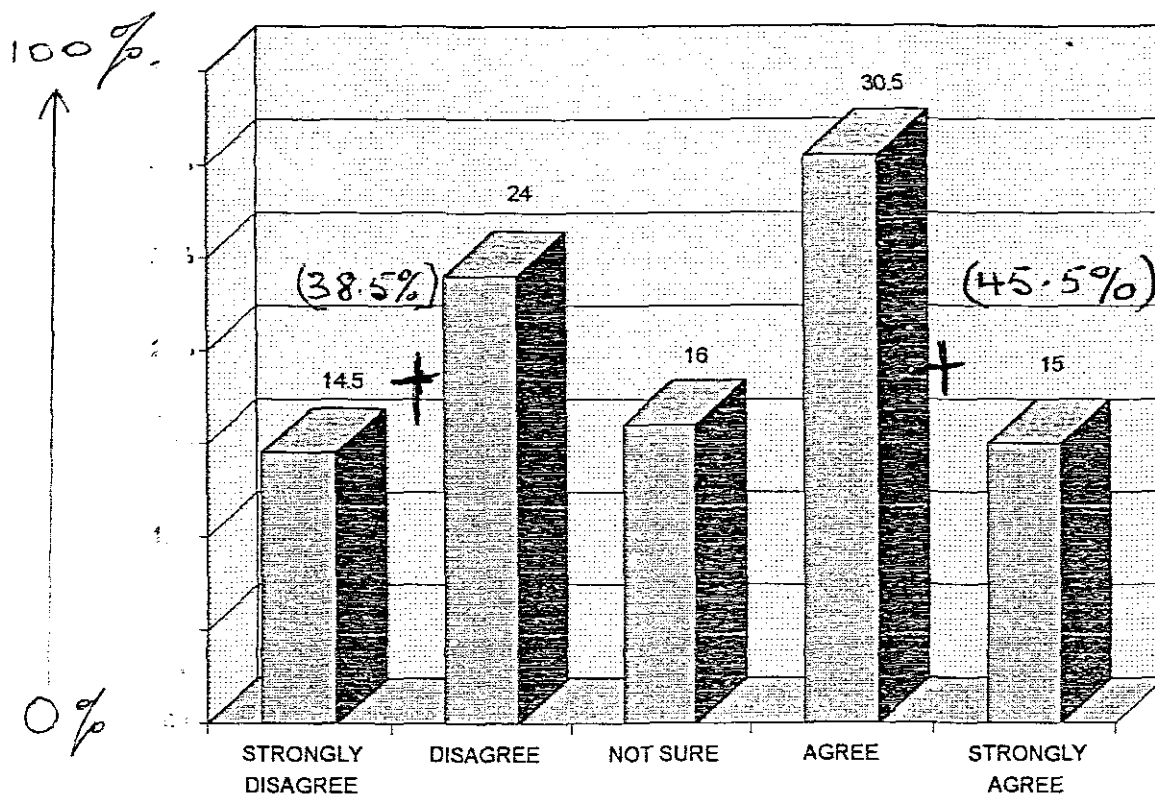
Marks (1994:135) supports these findings by comparing nurses salaries with those of domestic workers.

Low salaries and poor working conditions are the most commonly stated causes of strikes in the nursing profession.



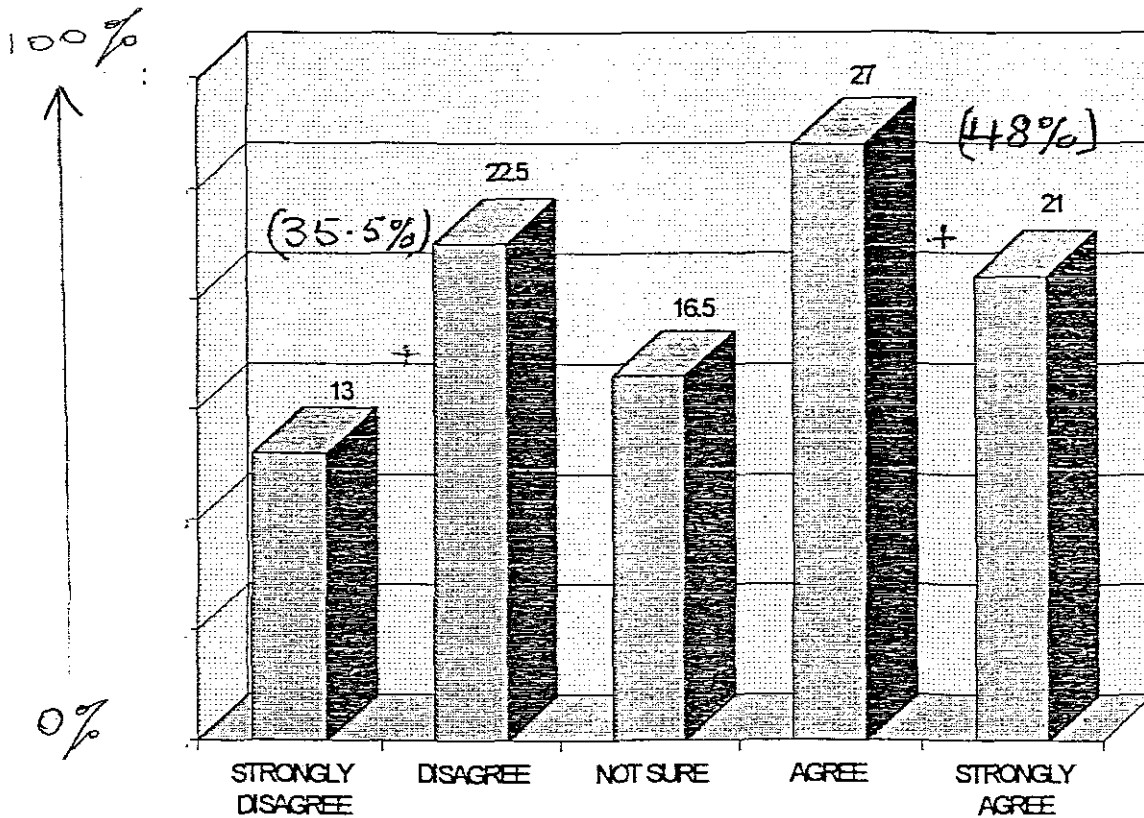
**FIGURE 4.14: RESPONSES TO A QUESTION ON ILLEGAL STRIKES**  
(N=200)

Figure 4.14 shows that about 62.5% of the respondents regarded the strikes as illegal. Only 16.5% of the respondents regarded strikes as legal and about 21% of the respondents were not sure. Branningan (1994.vii) reports that the act specifies that persons embarking on an illegal strike shall be guilty of an offence and be liable for conviction to a fine or imprisonment for a period not exceeding two years.



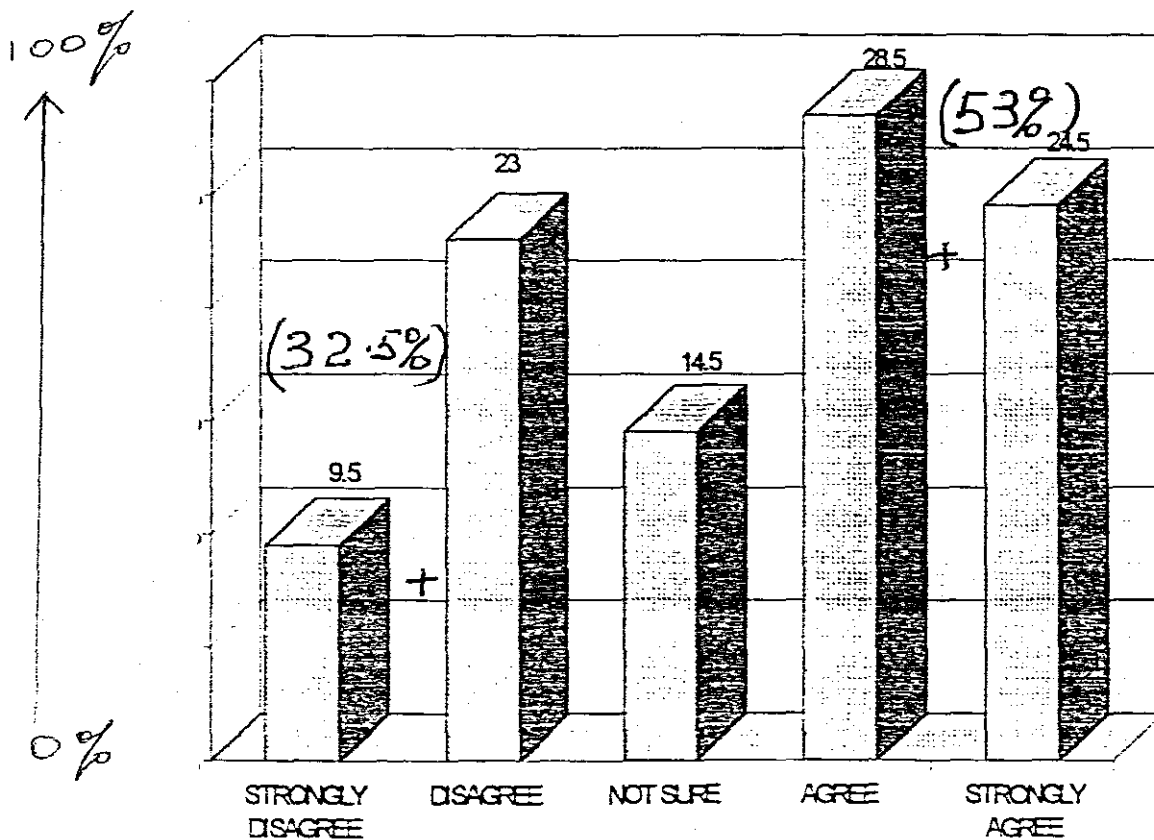
**FIGURE 4.15: RESPONSE TO A QUESTION ON NURSES FREEDOM OF CHOICE TO STRIKE OR NOT (N=200)**

Figure 4.15 shows that about 45,5% of the respondents agreed that nurses had no freedom of choice to strike or not to strike. About 38,5% of the respondents disagree and only 16% of the respondents were not sure. This may indicate that there were some external forces behind the nurses strike. The presence of external forces is supported by Marks (1994:196) when he stated that the early 1990's nurses could be threatened with death for going on strike - and also for not going on strike.



**FIGURE 4.16: RESPONSES TO A QUESTION ON NURSES BEING FORCED OUT OF WORK (N=200)**

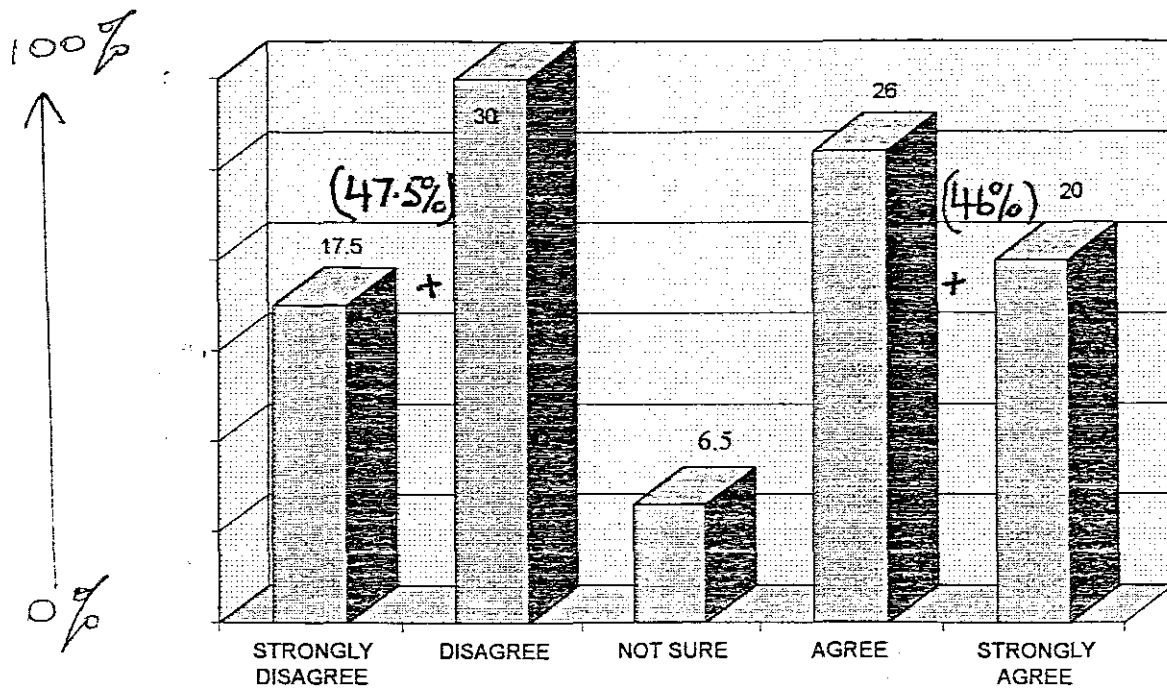
Figure 4.16 indicates that about 48% of the respondents agreed that nurses were forced out of work during a strike. Marks (1994:196) explains this scenario in the following reports:- “nurses across the country were caught up in the frontline of this violence ... caught between their duties and the demands of the comrades”. About 35,5% of the respondents disagreed with this and only 16,5% of the respondents were not sure.



**FIGURE 4.17: RESPONSES TO A QUESTION ON NURSES BEING INTIMIDATED DURING STRIKES (N=200)**

Figure 4.17 shows that about 53% of the respondents agreed that nurses were intimidated during a strike action. About 32.5% of the respondents disagreed and only 14.5% of the respondents were not sure.

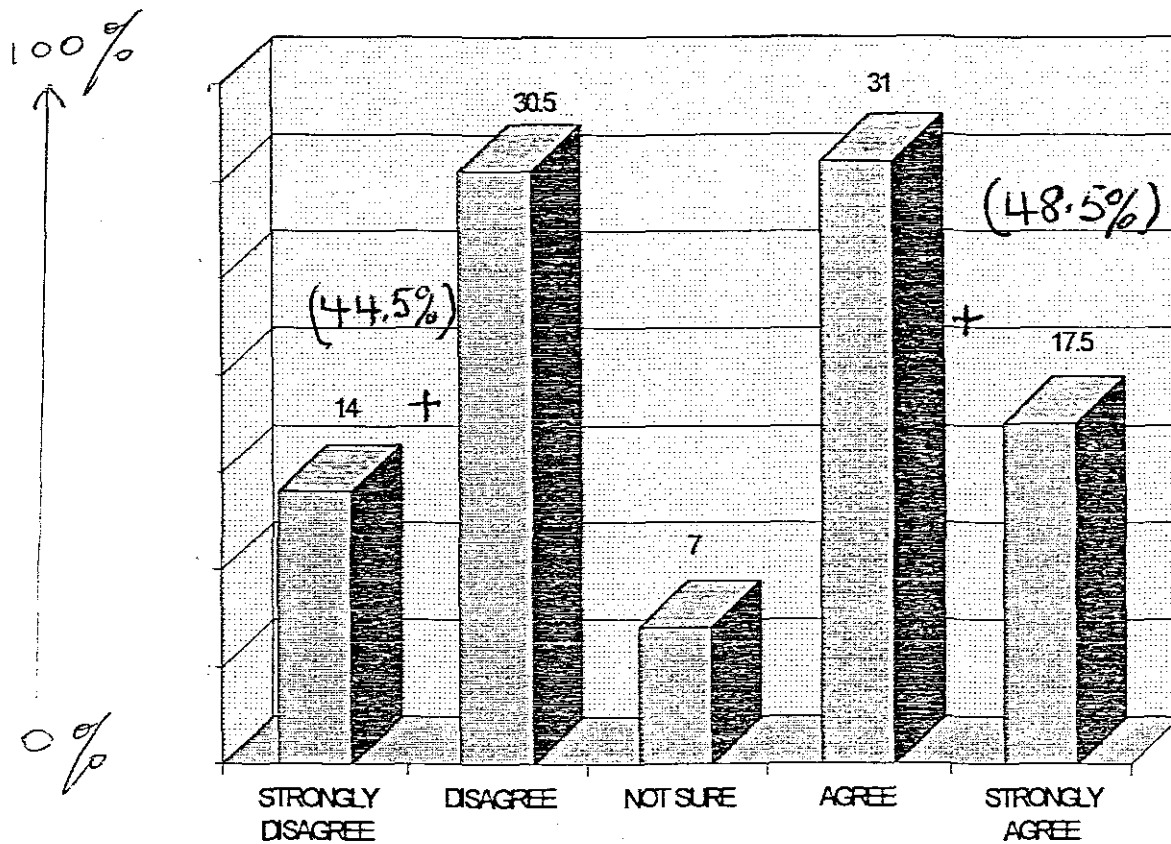
The assumption of this study that there was a strong influence of trade unions in the nurses attitude towards these strikes was confirmed.



**FIGURE 4.18: NURSES PERCEPTION ON LEAVING PATIENTS TO DIE DURING STRIKE (N=200)**

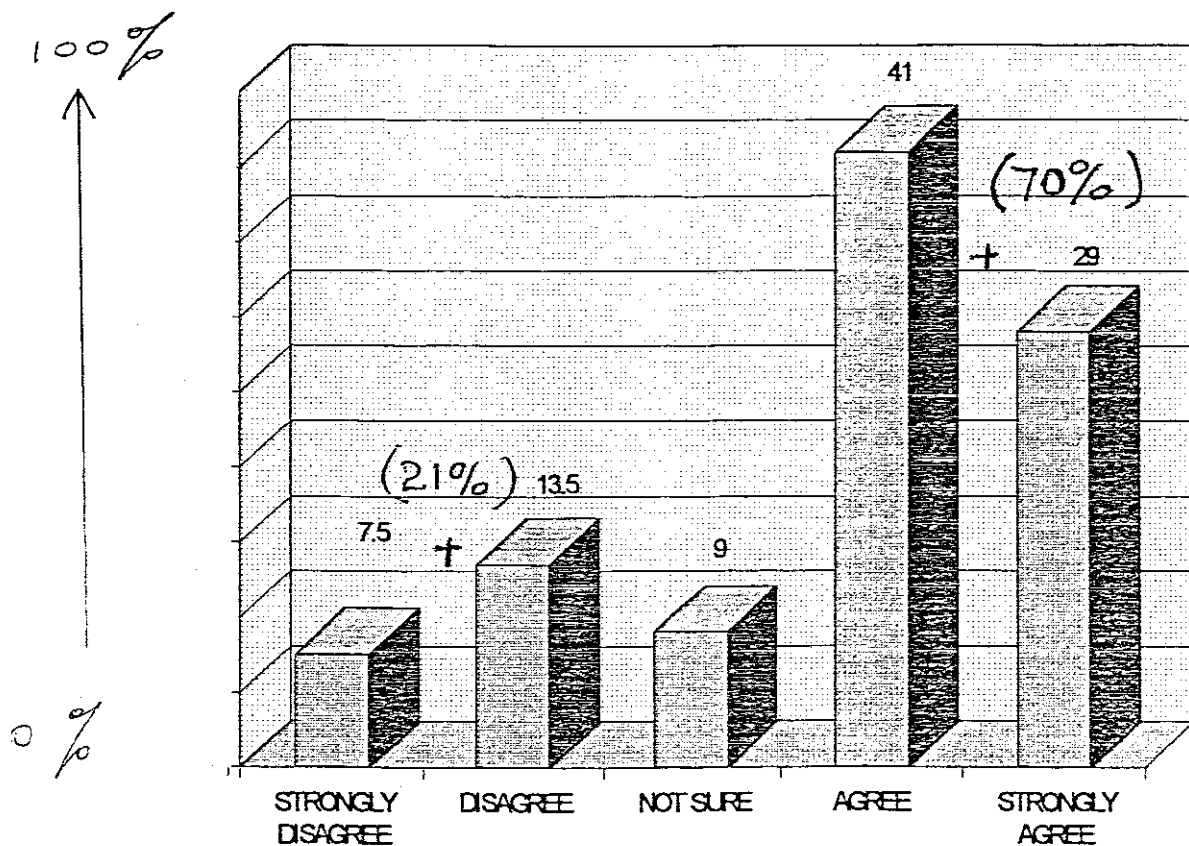
Figure 4.18 shows that about 47,5% of the respondents disagreed and were concerned that patients died during strike. About 46% of the respondents agreed that there was nothing wrong with nurses strike even if patients were left to die. This attitude is very dangerous and shows that nurses are over concerned about their rights more than patient care. Only 6,5% of the respondents were not sure.

The assumption of this study that these strikes had an impact on patient care and socialisation of students was confirmed.



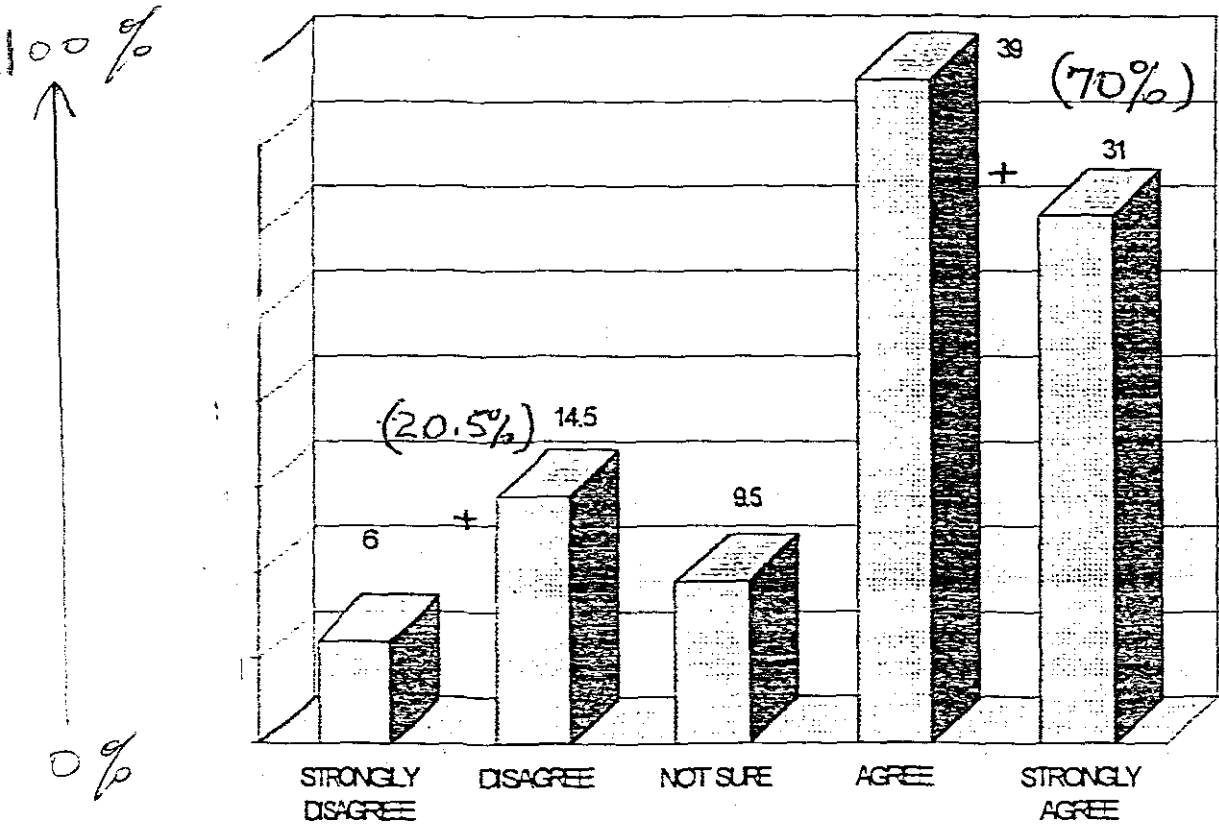
**FIGURE 4.19: NURSES' PERCEPTION ON HOSPITALS CLOSING DOWN DURING STRIKE (N=200)**

Figure 4.19 shows that about 48,5% of the respondents agreed that hospitals closed down during strikes. About 44,5% of the respondents disagree and 7% of the respondents were not sure.



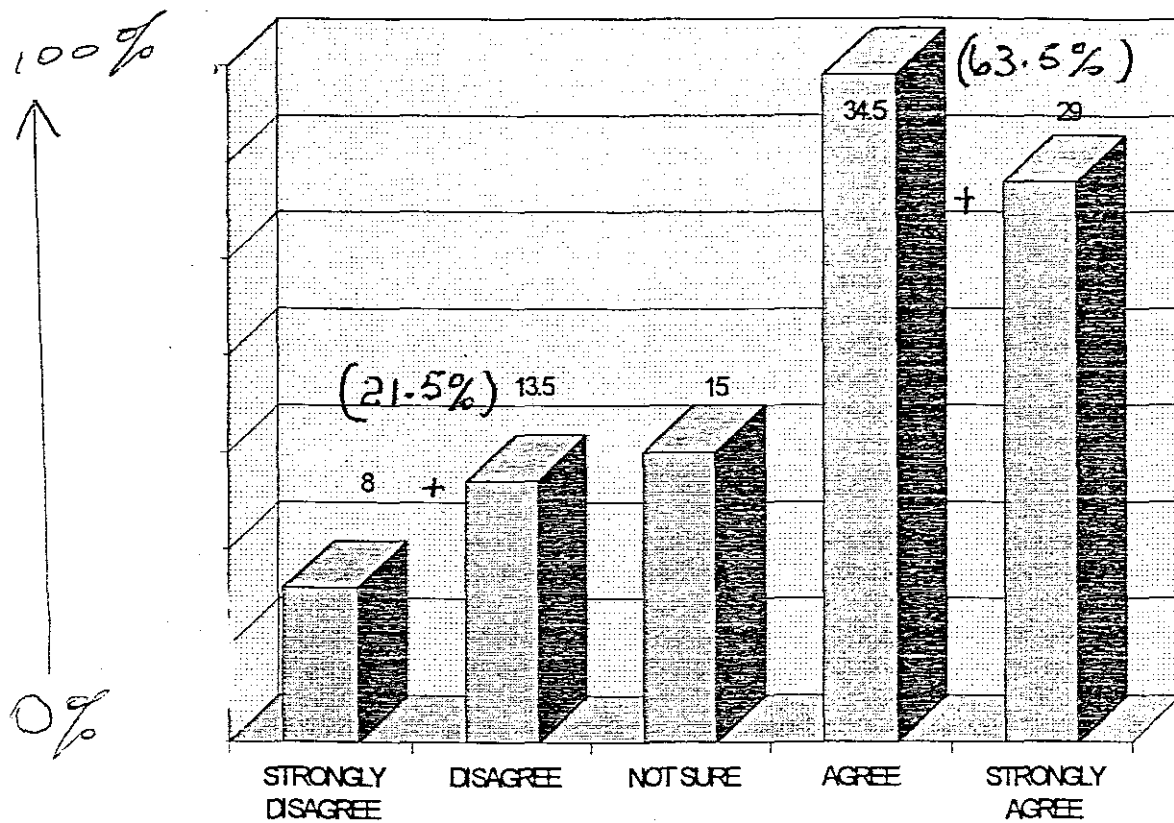
**FIGURE 4.20: NURSES' PERCEPTION ON CLINICAL TEACHING BEING ABANDONED (N=200)**

Figure 4.20 indicates that about 70% of the respondents agreed that clinical teaching was abandoned during strikes. The assumption of this study that clinical teaching and patient care were affected during strike was confirmed. 21% of the respondents disagreed with this notion and only 9% of the respondents were not sure.



**FIGURE 4.21: NURSES' PERCEPTION ON EXAMINATIONS OF STUDENTS BEING DISRUPTED DURING STRIKE (N=200)**

Figure 4.21 shows that 70% of the respondents agreed that examinations of student nurses were disrupted during strikes. About 20,5% of the respondents disagreed and only 9,5% of the respondents were not sure.

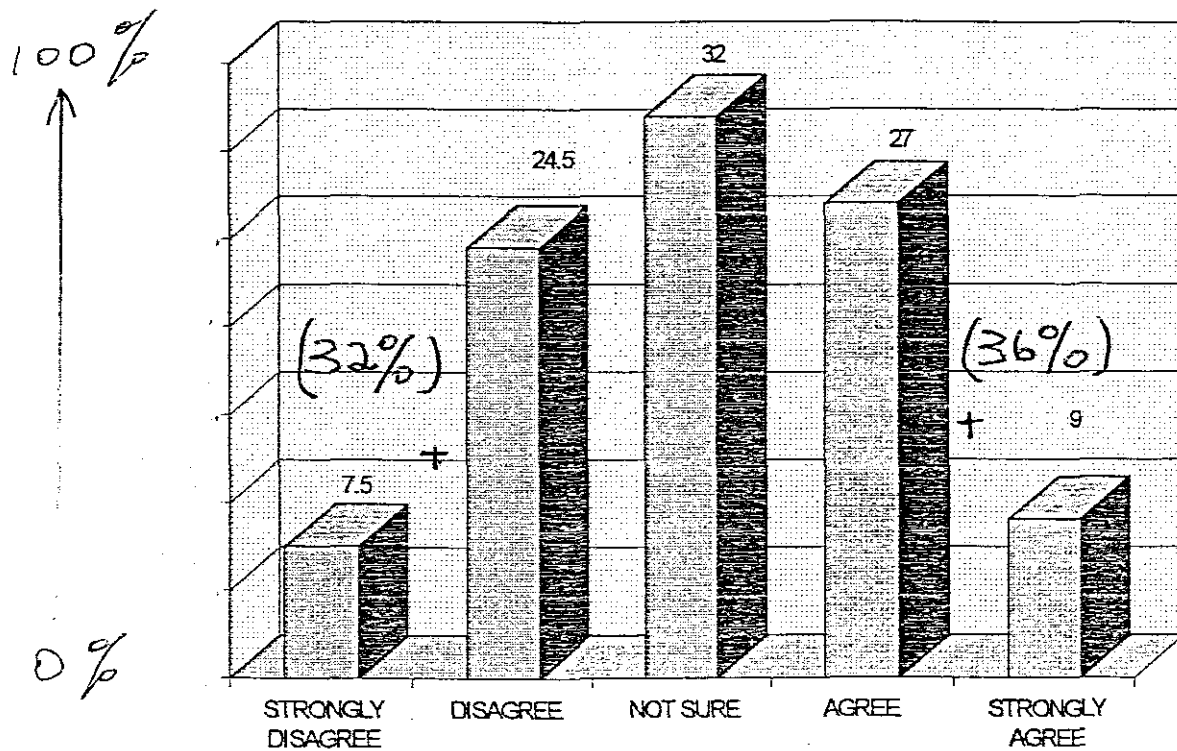


**FIGURE 4.22: RESPONSES TO A QUESTION ON PERCEPTION OF THE PUBLIC ON STRIKERS (N=200)**

Figure 4.22 shows that about 63,5% of the respondents agreed that the public was not sympathetic and did not support strikers, about 21,5% of the respondents disagreed and only 15% of the respondents were not sure.

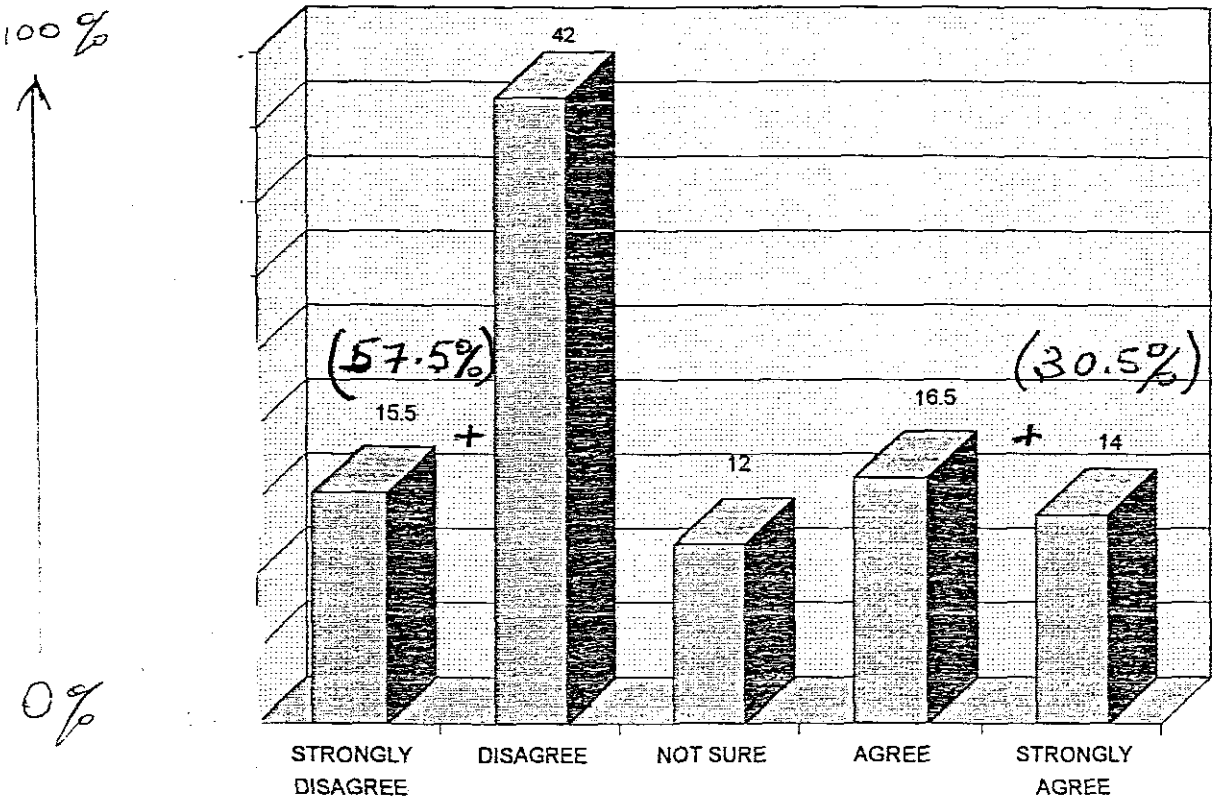
#### 4.5. ANALYSIS OF SECTION FOUR OF THE INSTRUMENT

##### ITEM 8: SUBJECTIVE VIEWS IN FAVOUR OF CURRENT NURSES STRIKE ACTION



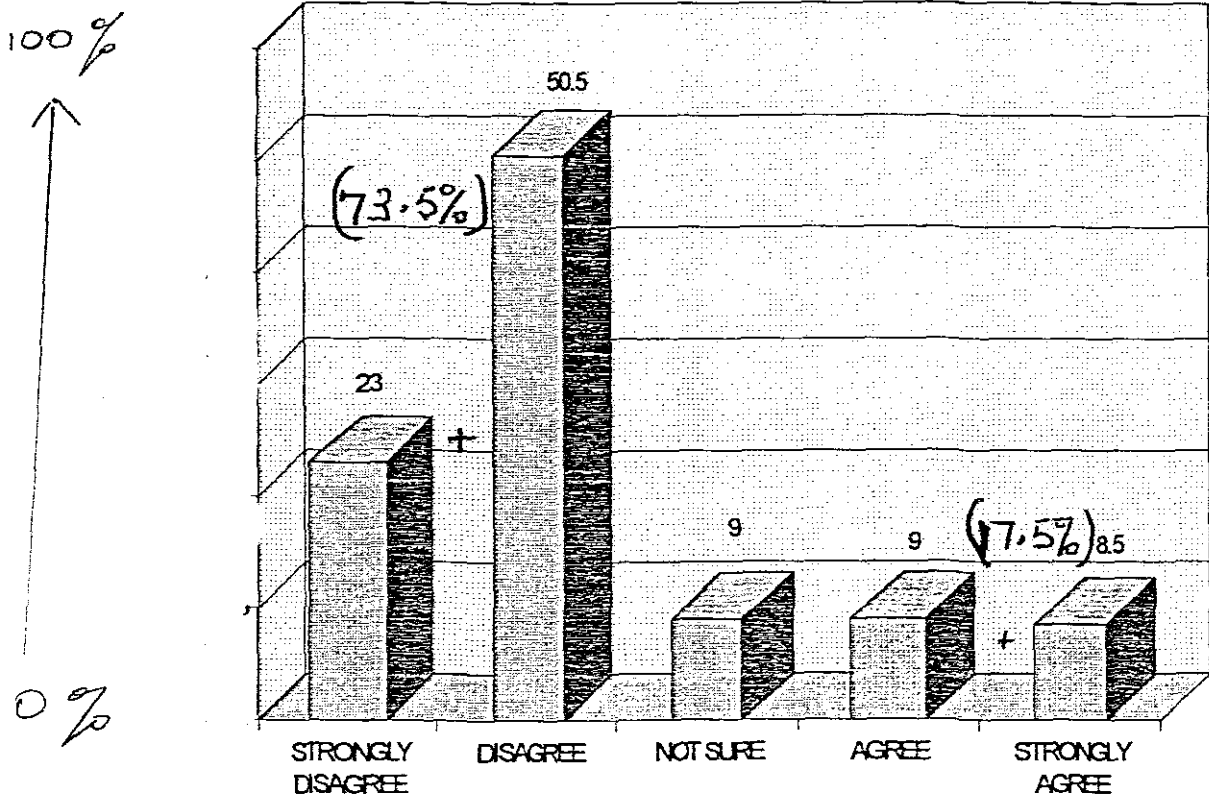
**FIGURE 4.23: RESPONSES TO A QUESTION ON LEGAL STRIKES (N=200)**

Figure 4.23 indicates that about 36% of the respondents maintained that widespread strikes were legal. About 32% of the respondents disagreed and only 32% of the respondents were not sure. In the new South Africa strikes are legal. Searle (1965:250) maintains that even if nursing was declared an essential service and the organisation of strikes was thus illegal, "sympathy strikes" could still be arranged by other unions in order to exert pressure for improvements in nursing conditions.



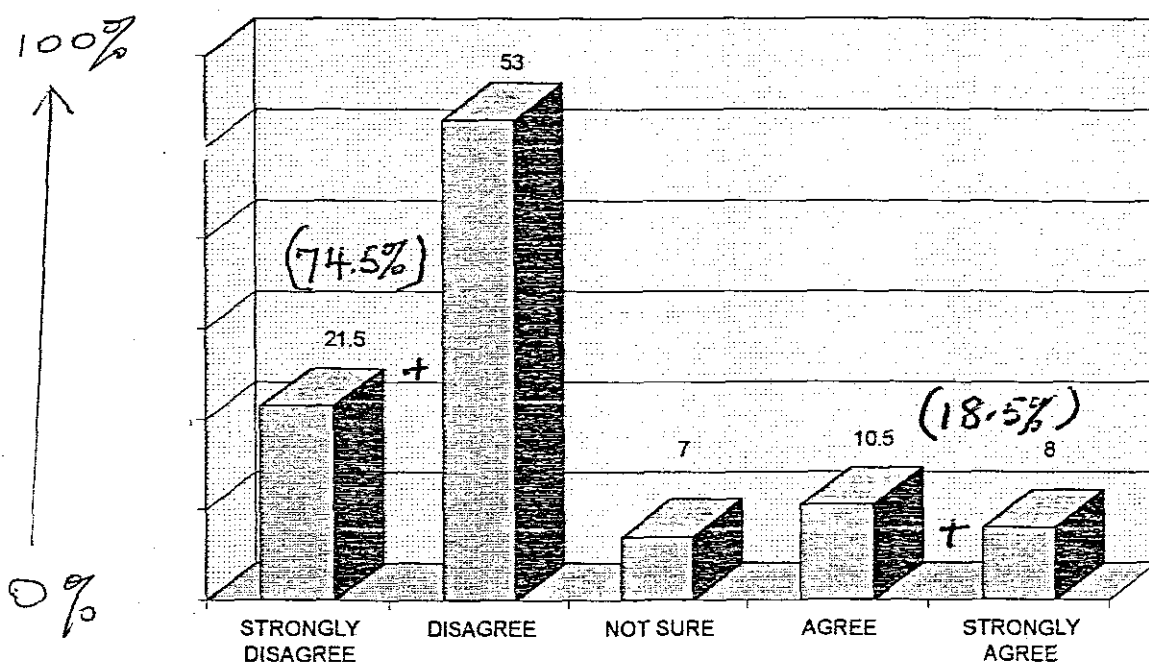
**FIGURE 4.24: RESPONSES TO A QUESTION ON NURSES HAVING NO OTHER WAY OF ADDRESSING PROBLEMS EXCEPT BY STRIKES (N=200)**

Figure 4.24 shows that about 30,5% of the respondents agreed that nurses had no other way of addressing problems. Mercury a newspaper in Kwa-Zulu Natal reported that Mashatile maintains that nurses should use the labour relations act structures instead of engaging in illegal strikes. About 57,5% of the respondents disagreed and only 14% of the respondents were not sure.



**FIGURE 4.25: NURSES' PERCEPTIONS OF PATIENTS BEING LEFT TO DIE (N=200)**

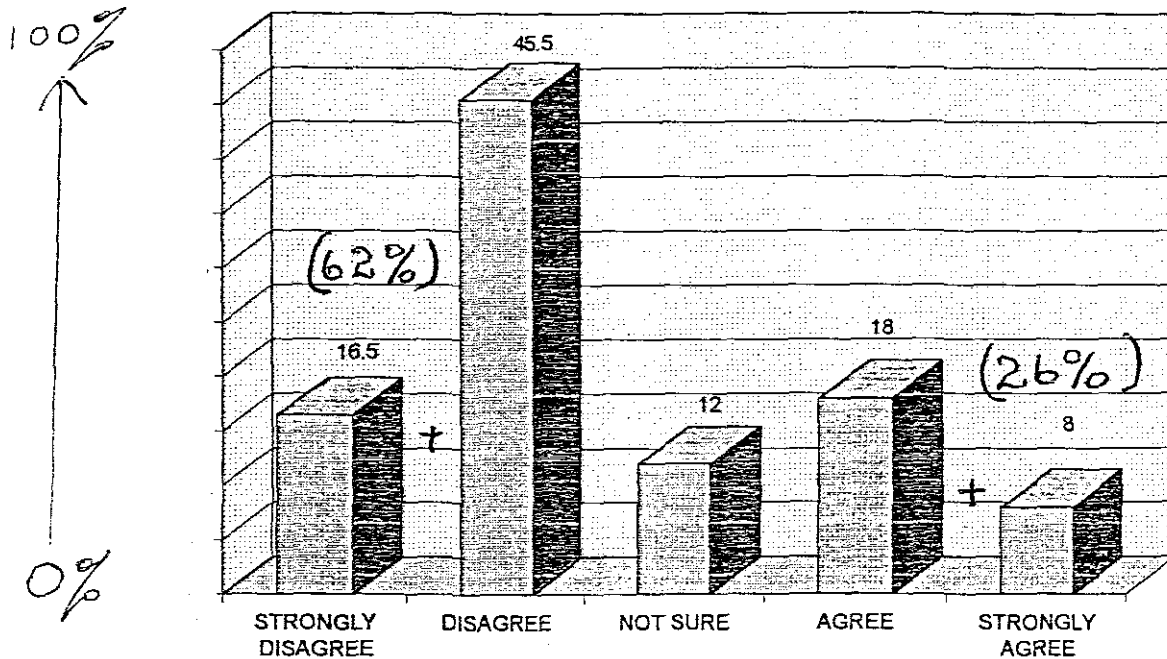
Figure 4.25 shows that about 73,5% of the respondents disagreed, in other words they maintained that it was wrong to leave patients to die. About 17,5% of the respondents agreed that there was nothing wrong in leaving the patients to die during strikes. This negative attitude towards patient care is dangerous in terms of socialising student nurses. Student nurses on training may role model this non-caring behaviour. Only 19% of the respondents were not sure.



**FIGURE 4.26: NURSES' PERCEPTIONS ON HOSPITALS CLOSING DOWN DURING STRIKES (N=200)**

Figure 4.26 indicates that about 74,5% of the respondents disagreed, they maintained that closing down of hospitals because of nurses' strike was wrong. About 18,5% of the respondents agreed and only 7% of the respondents were not sure. Gibson (1995:5) reported that the War Memorial Hospital in Empangeni was struggling to get back on its feet after a four day strike. The embattled hospital virtually closed its doors. Van Berne (1994:3) also reported the closing down of Ngwelezane hospital after patients were left unattended. It is also reported that Soweto's trouble plagued clinics closed their doors due to nurses strikes. Mercury reporter (1994:3) reported that "the strike at King Edward VIII hospital shutdown the hospital doors to new patients". The majority of professional nurses were against the closing down of the hospital. The assumption of this study that the majority of professional nurses were against strikes is confirmed.

The closing down of hospital also meant the closing down of clinical teaching in the clinical area and further leads to an increase in medico-legal hazards.

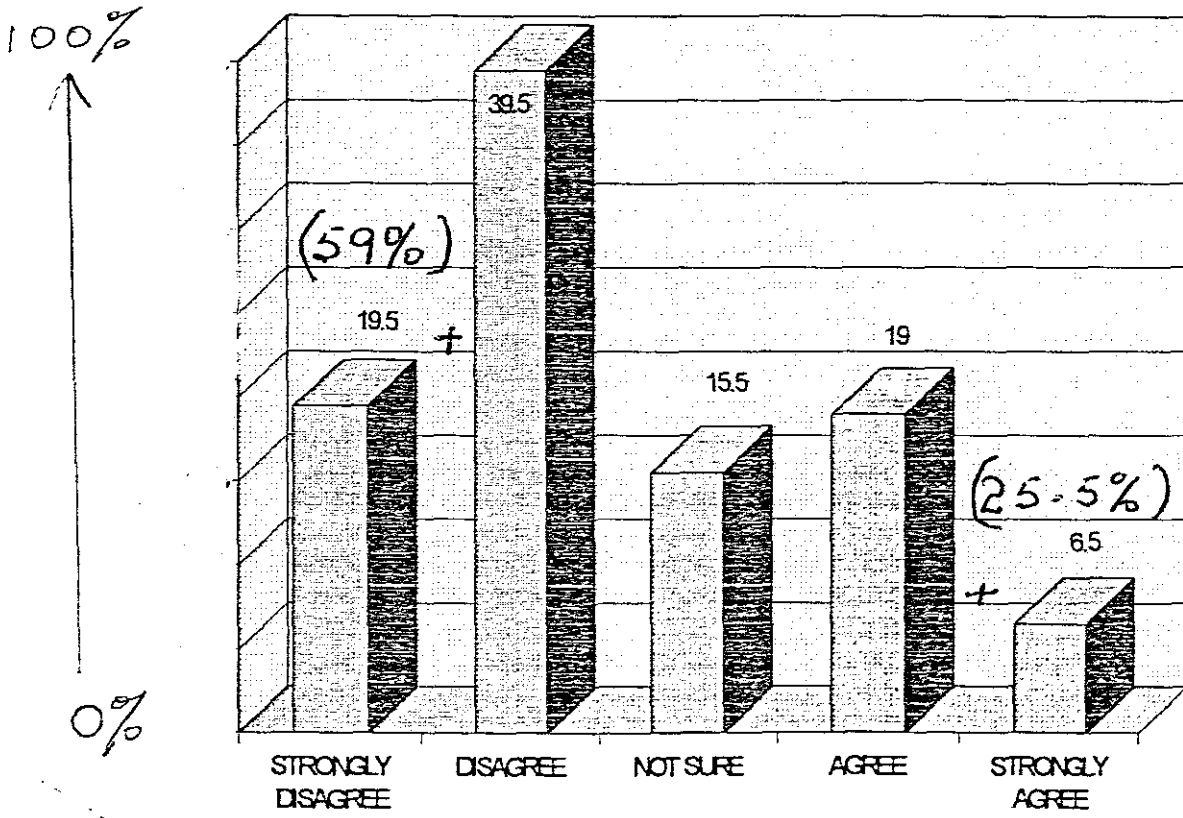


**FIGURE 4.27: NURSES' PERCEPTIONS OF EDUCATION AND TRAINING OF STUDENT NURSES (N=200)**

Figure 4.27 shows that about 62% of the respondents disagree with the idea that professional nurses were not concerned about the disruption in education and training of students. These findings indicate that professional nurses are concerned about the disruption in education and training of students. About 26% of the respondents agreed that there was nothing wrong with the disruption of education and training of students. This attitude may have a negative impact on the education and training of students. Only 12% of the respondents were not sure.

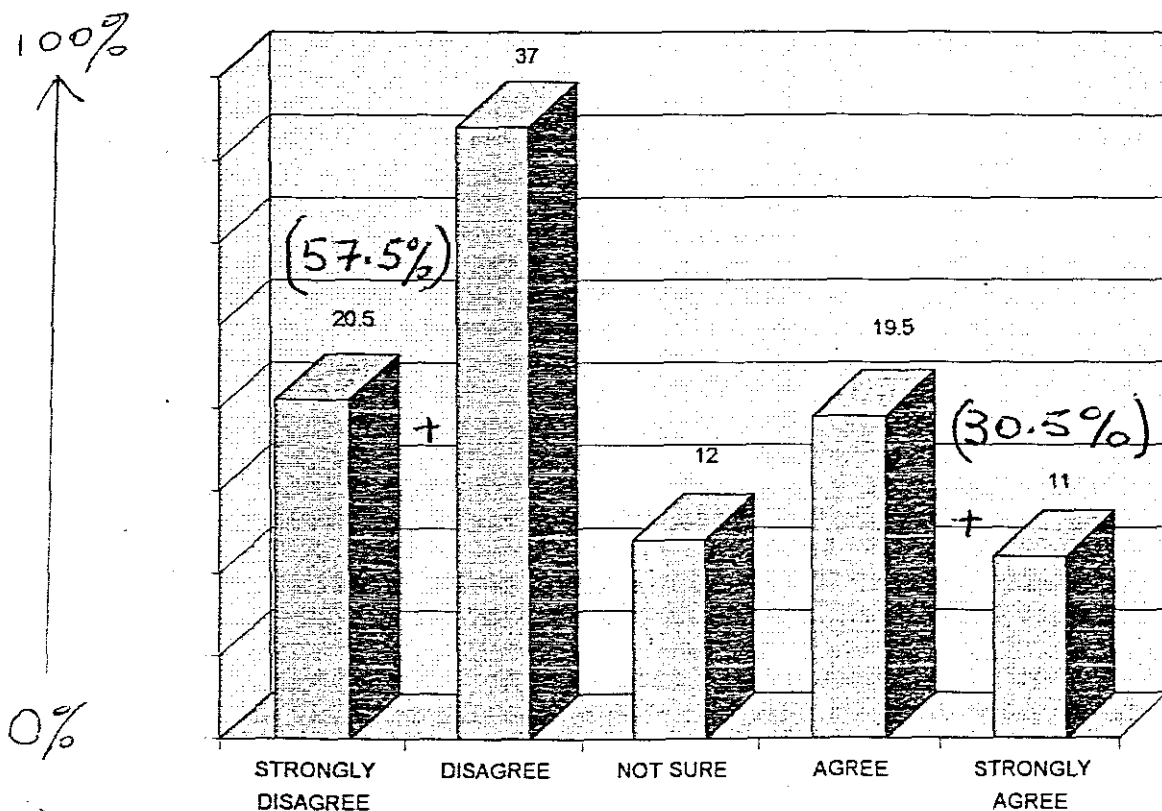
Ellis and Hartley (1995:32) maintain that nurses should be concerned about negative images because such images can influence the attitude of patients, policy makers and politicians. Negative attitudes about nursing may also turn away capable prospective

nurses, who may choose other careers that offer greater appeal in stature, status and salary.



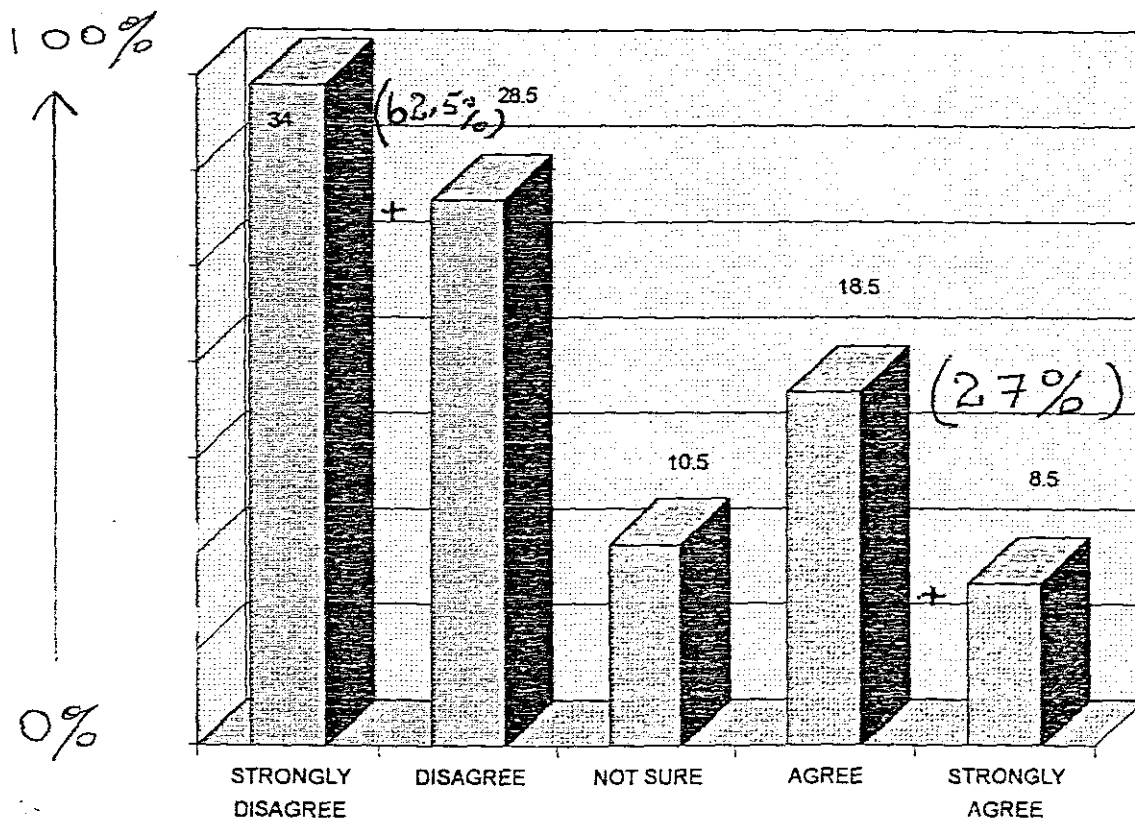
**FIGURE 4.28: NURSES' PERCEPTION' ON CLINICAL LEARNING EXPERIENCES FOR STUDENTS DURING STRIKES (N=200)**

Figure 4.28 revealed that about 59% of the respondents agreed in that clinical learning for students is affected by strikes. About 25,5% disagreed that strikes did not affect clinical learning and only 15,5% of the respondents were not sure.



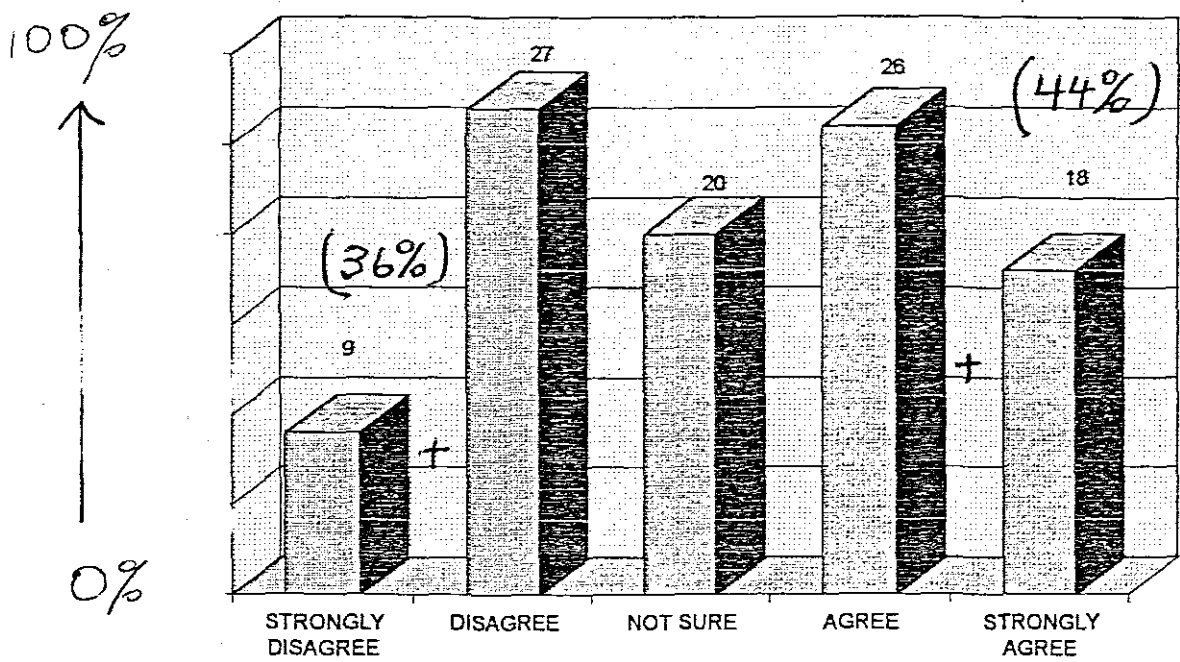
**FIGURE 4.29: NURSES' PERCEPTIONS ON STUDENT EXAMINATIONS DURING STRIKES (N=200)**

Figure 4.29 shows that about 57,5% of the respondents felt that widespread strike action did affect student examinations. About 30,5% of the respondents agreed that strikes did not affect student examinations and only 12% of the respondents were not sure.



**FIGURE 4.30: RESPONSES TO A QUESTION ON WHETHER STUDENT NURSES SHOULD ALSO STRIKE (N=200)**

Figure 4.30 shows that about 62.5% of the respondents were against the idea that student nurses should also strike when professional nurses were striking. About 27% of the respondents agreed that student nurses should also strike and only 10.5% of the respondents were not sure.



**FIGURE 4.31: NURSES' PERCEPTIONS ON CONSUMERS OF HEALTH SERVICES CONDEMNING NURSES' STRIKE (N=200)**

Figure 4.31 reveals that about 44% of the respondents, agreed that it does not matter if the consumers of health services were bitter about strikes as long as nurses fought for their rights.

These findings are posing a problem in the clinical teaching of student nurses if some professional nurses are to be that angry that they do not care about their work as long as they fight for their rights and win.

Kortjaas (1997:4) had this to say "Nzimakhwe says she is unimpressed by the manner in which nurses treat their profession. They don't want to work because of the trade unions". About 36% of the respondents disagreed and only 20% of the respondents were not sure.

4.6 ANALYSIS OF SECTION FIVE OF THE INSTRUMENT (N=200)

ITEM 9: THE INFLUENCE AND ROLE OF TRADE UNIONS

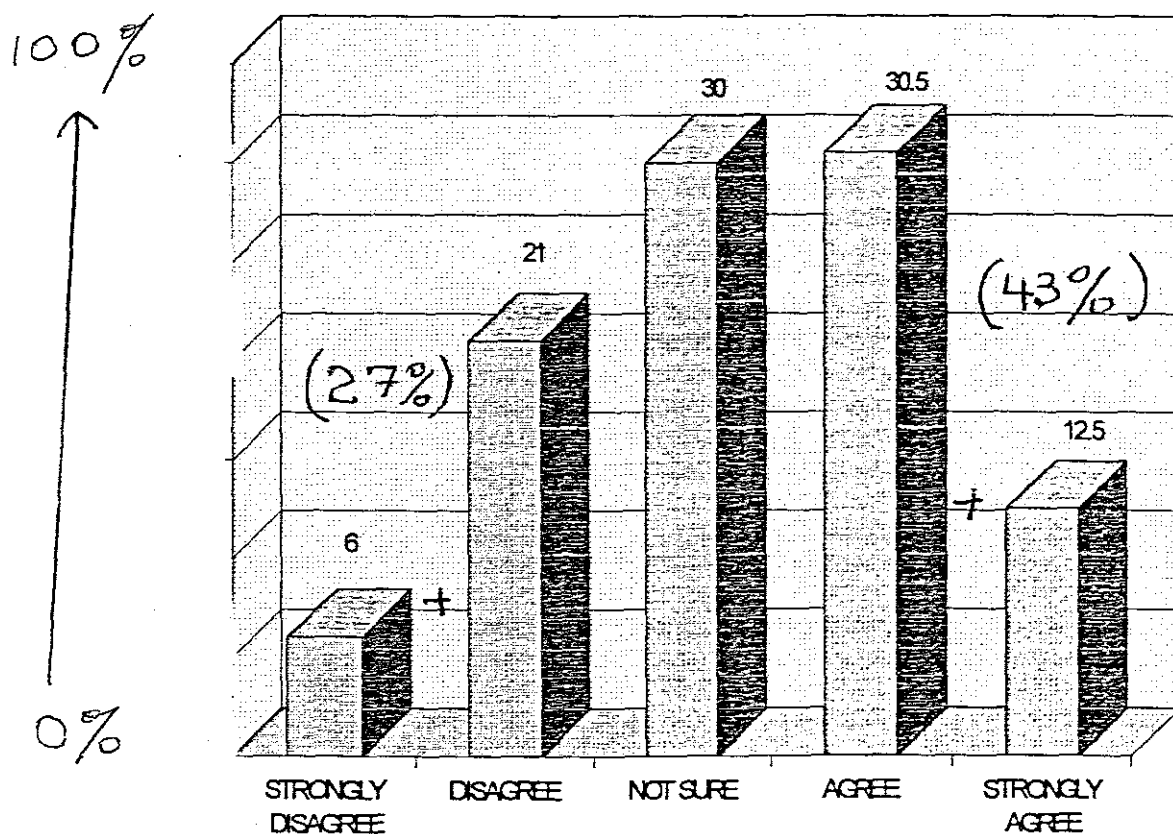
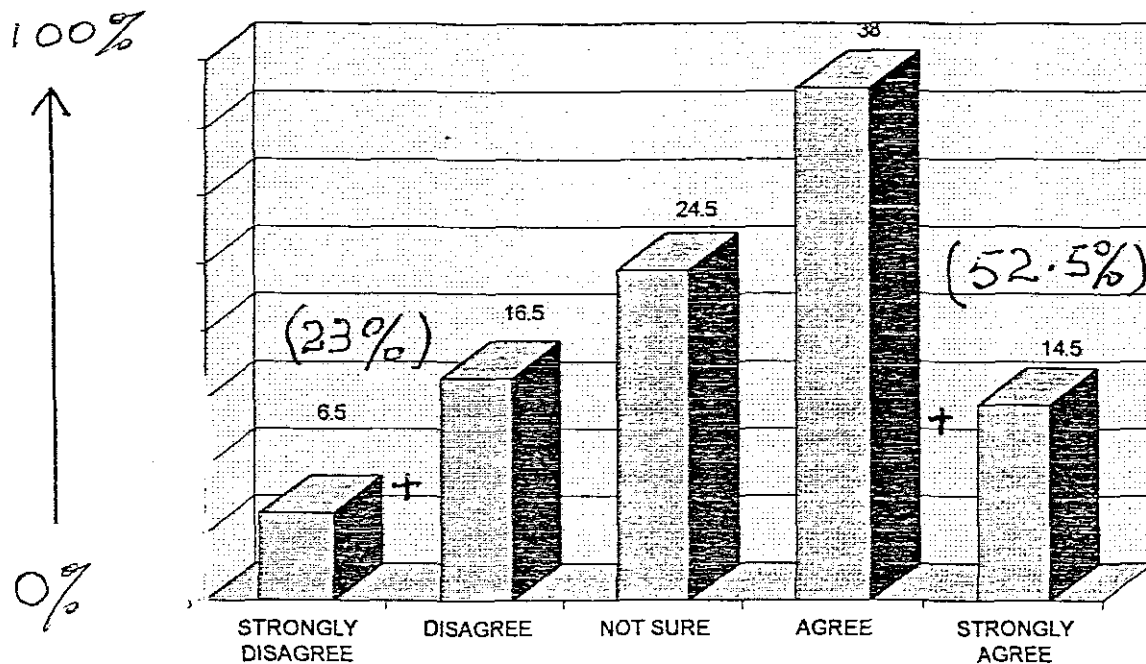


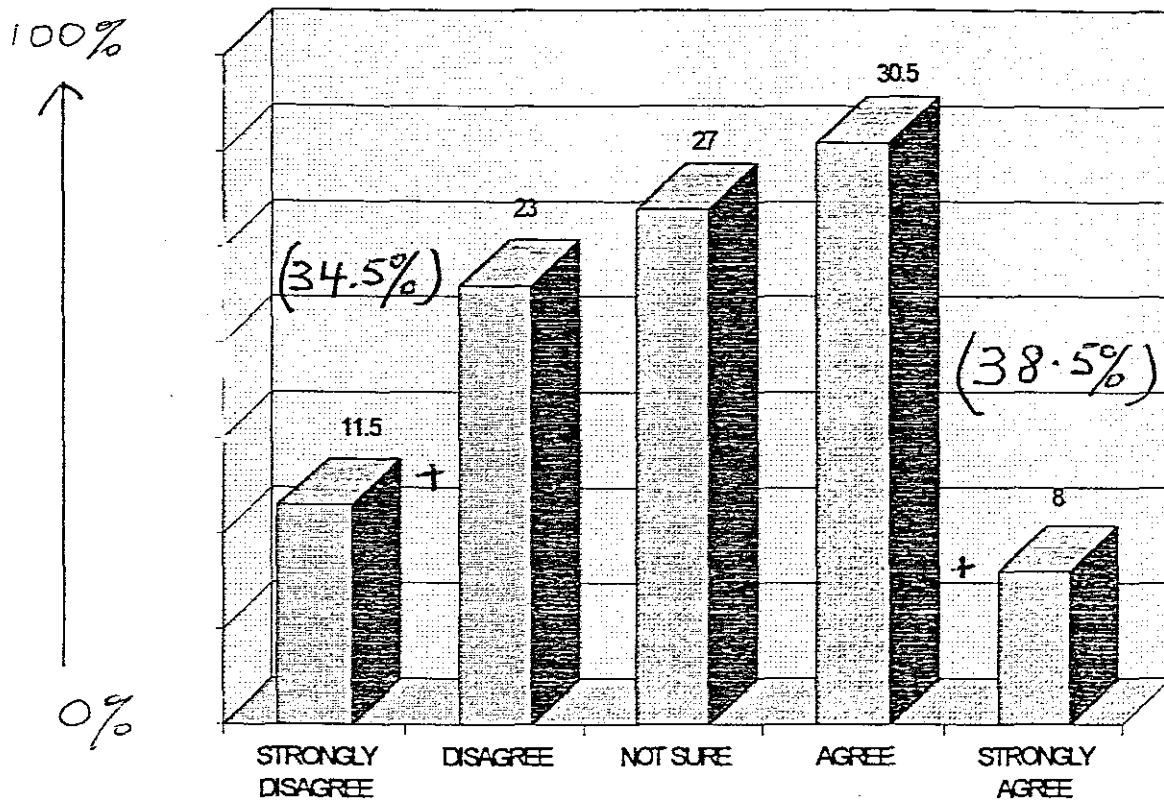
FIGURE 4.32: RESPONSES TO A QUESTION ON TRADE UNIONS OR ORGANISING STRIKES IN A DEMOCRATIC WAY

Figure 4.32 shows that about 43% of the respondents agreed that trade unions organised strikes in a democratic way. About 27% of the respondents disagreed and only 30% of the respondents were not sure. These findings indicates that the majority of nurses support trade unions.



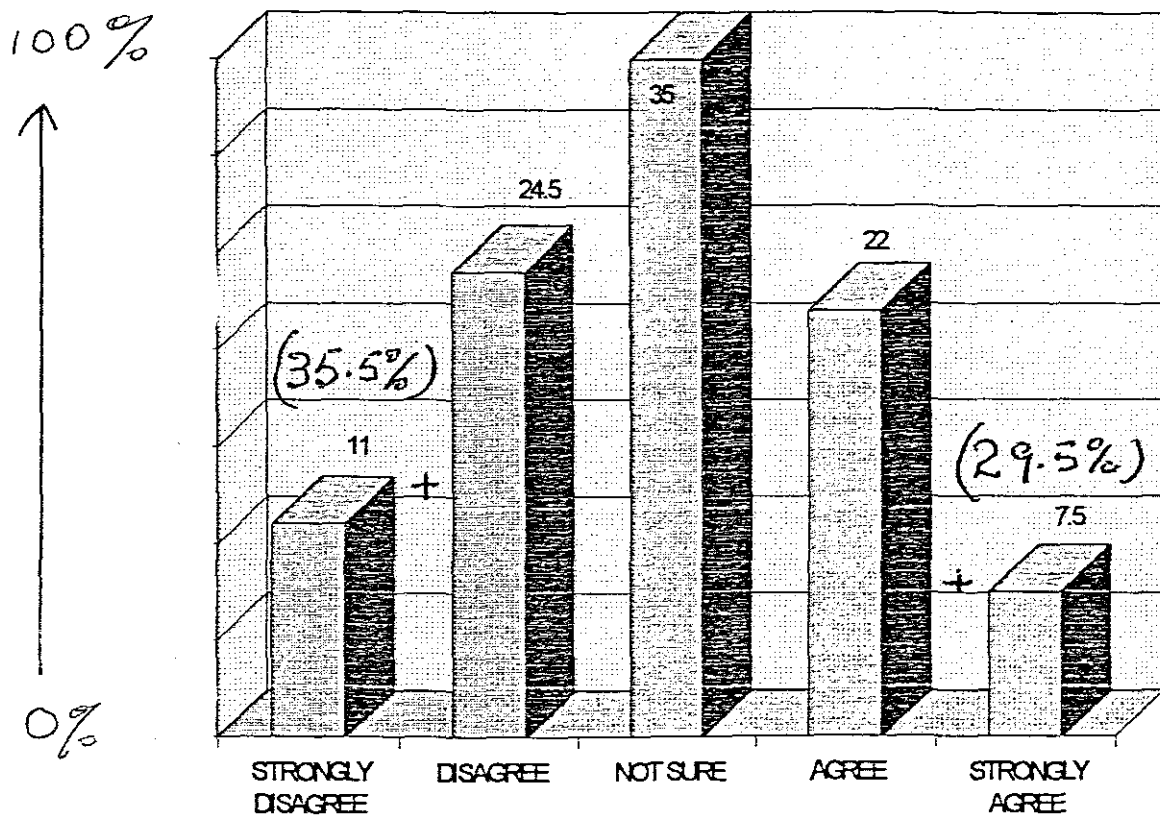
**FIGURE 4.33: RESPONSES TO A QUESTION ON TRADE UNIONS AS BEING INSTRUMENTAL IN IMPROVING SITUATION FOR NURSES (N=200)**

Figure 4.33 indicates that about 52,5% of the respondents agreed that trade unions were instrumental in improving situations for nurses by consulting and negotiating with employers. The assumption of this study that there is a strong influence of trade unions in the nurses strike was confirmed. About 23% of the respondents disagreed and only 24% of the respondents were not sure.



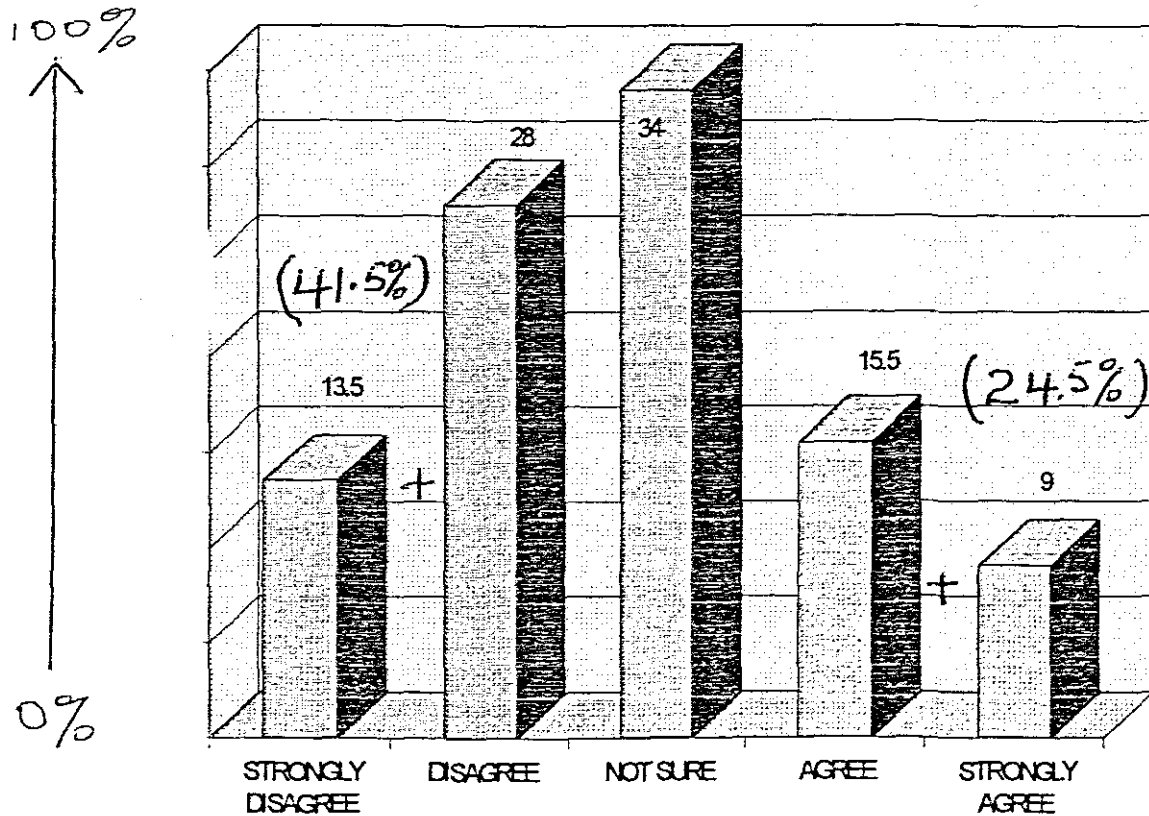
**FIGURE 4.34: RESPONSES TO A QUESTION ON TRADE UNIONS AS BEING RESPONSIBLE TO ENSURE SECURITY OF NURSES AND PATIENTS DURING STRIKES (N=200)**

Figure 4.34 shows that about 38,5% of the respondents agreed that trade unions ensured security of nurses and patients during strikes. About 34,5% of the respondents disagreed in other words there was no security for nurses and patients during strikes. Only 27% of the respondents were not sure.



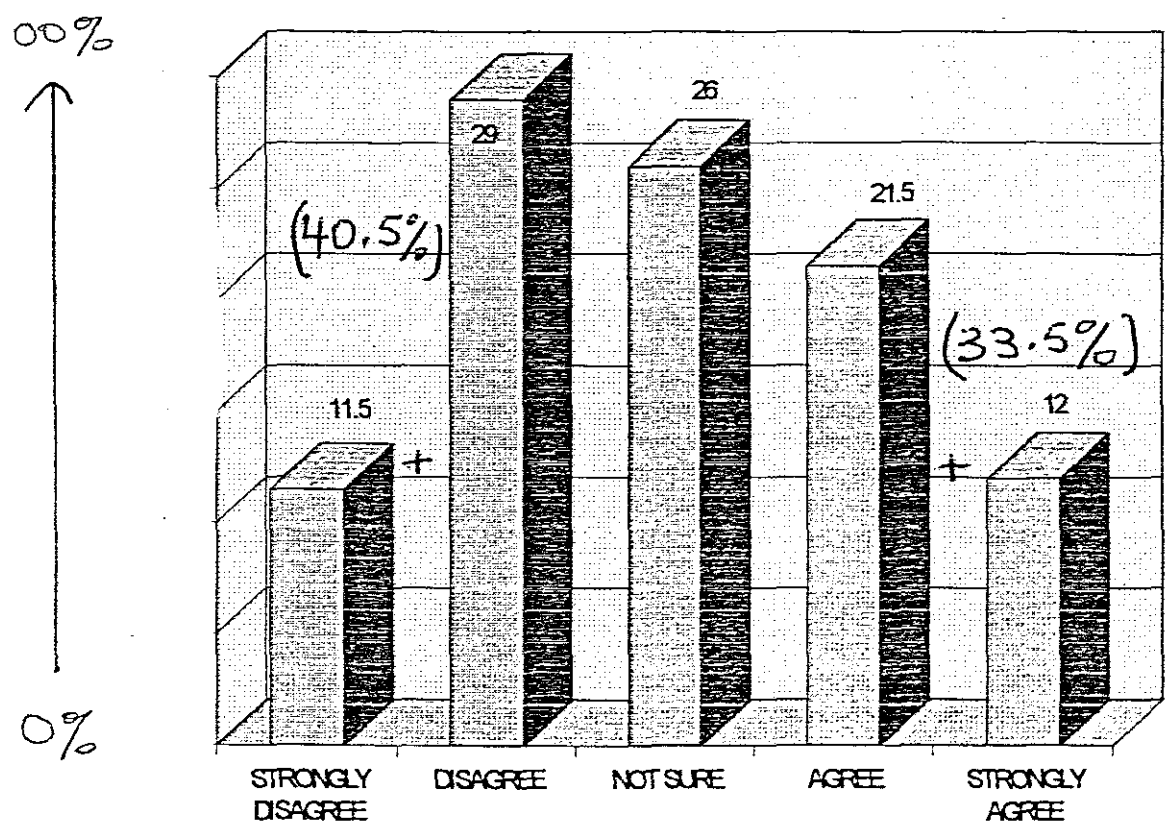
**FIGURE 4.35: RESPONSES TO A QUESTION ON TRADE UNIONS ON NURSES WHO LOSE THEIR JOBS DURING STRIKES (N=200)**

Figure 4.35 indicates that 35.5% of the respondents stated that, trade union do not cater for nurses who loose jobs during strikes. About 29,5% of the respondents agreed to the point that trade unions cater for nurses who loose their jobs during strikes and about 35% of the respondents were not sure.



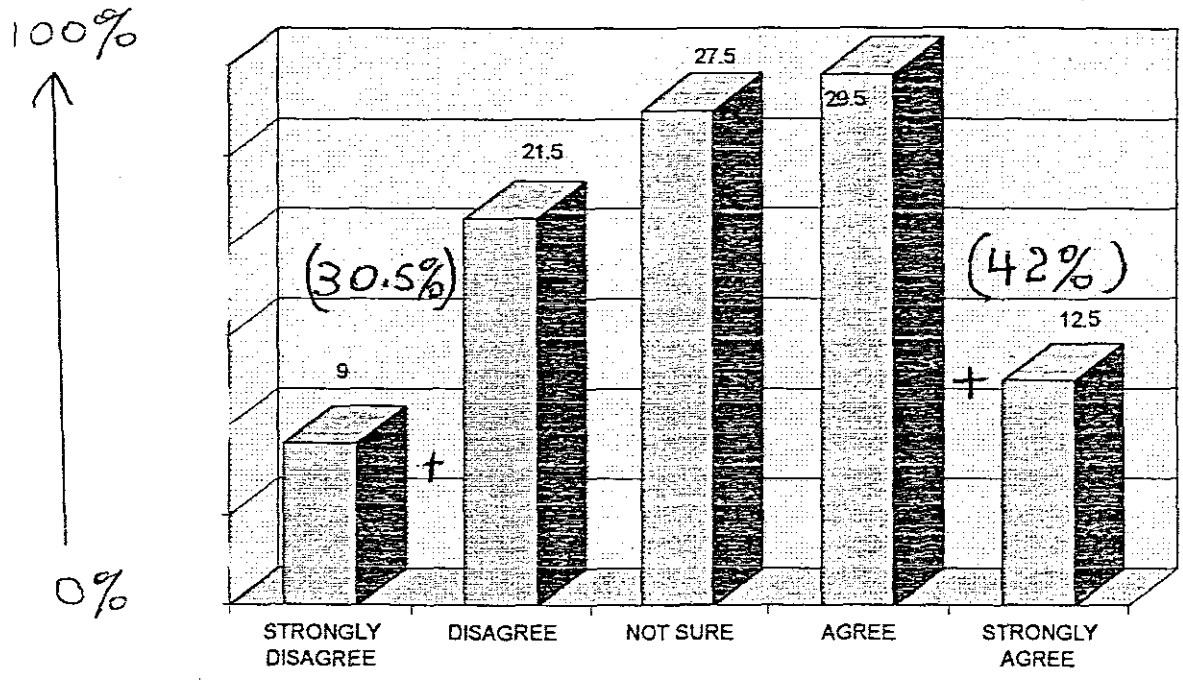
**FIGURE 4.36: RESPONSES TO A QUESTION ON TRADE UNIONS ON INTIMIDATION OF PROFESSIONAL NURSES DURING STRIKES (N=200)**

Figure 4.36 indicates that about 24,5% of the respondents agreed that trade unions force and intimidate nurses during strikes. About 41,5% of the respondents disagreed and 34% of the respondents were not sure.



**FIGURE 4.37:        RESPONSES TO A QUESTION ON TRADE UNIONS AS BEING NOT SUITABLE FOR PROFESSIONAL NURSES (N=200)**

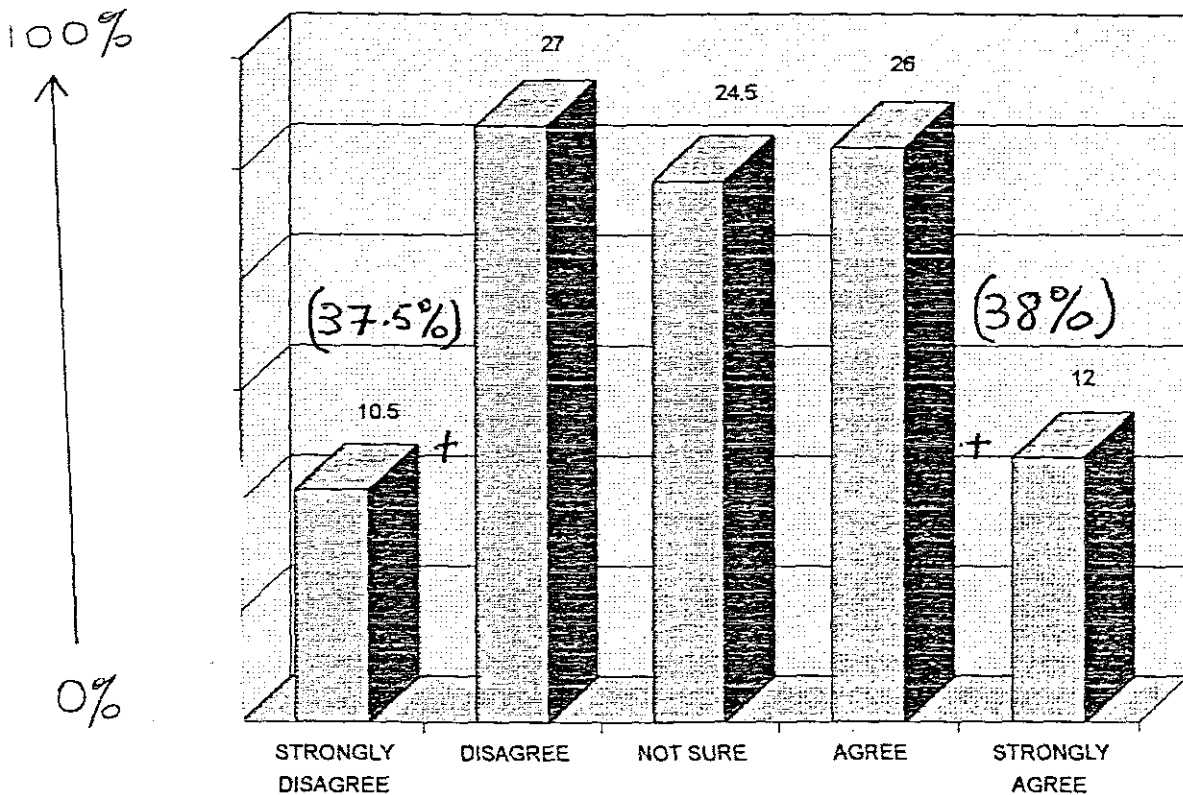
Figure 4.37 shows that about 33,5% of the respondents agreed that trade unions are not for professional nurses and about 40,5% of the respondents agreed that trade unions are for professional nurses. The assumption of this study is confirmed that there is a strong influence of trade unions in nurses' strikes. Only 34% of the respondents were not sure.



**FIGURE 4.38:        RESPONSES TO A QUESTION ON TRADE UNIONS AS BEING RESPONSIBLE FOR INITIATING STRIKES (N=200)**

Figure 4.38 shows that about 42% of the respondents were of the opinion that trade unions initiated strike action. The assumption of this study has been confirmed that there is a strong influence of trade unions in nurses' strikes. About 30,5% of the respondents disagreed and only 27,5% of the respondents were not sure.

According to Booyens (1993:648) "no person in South Africa may be prevented from belonging to a union which he or she chooses to belong to. However public servants and those employed in essential services may not use the industrial conciliation machinery in the labour relations act in the event of a dispute. They have to resort to arbitration".



**FIGURE 4.39: RESPONSES TO A QUESTION ON TRADE UNIONS' ATTITUDE TOWARDS THOSE NURSES WHO DO NOT WANT TO BE INVOLVED IN STRIKES (N=200)**

Figure 4.39 shows that 38% of the respondents agreed that trade unions do not cater for those nurses who do not want to strike. The major concern is the future working relationship between the strikers and non-strikers. In our society they talk about sell-outs or the most common hated word "impimpi". Nurses who do not participate in a strike are not safe as they may be killed. About 37,5% of the respondents disagreed and only 24,5% of the respondents were not sure.

4.7 ANALYSIS OF SECTION SIX OF THE INSTRUMENT

ITEM 10: THE INFLUENCE AND ROLE OF POLITICAL PARTIES

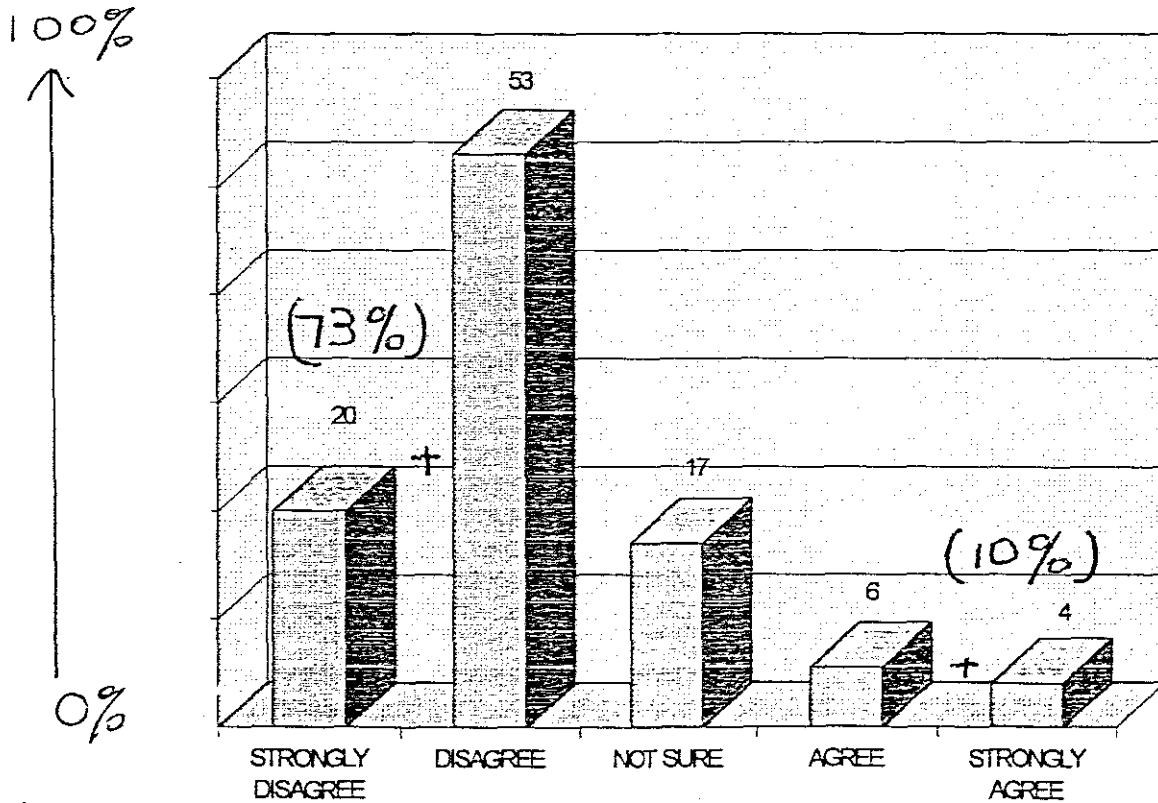
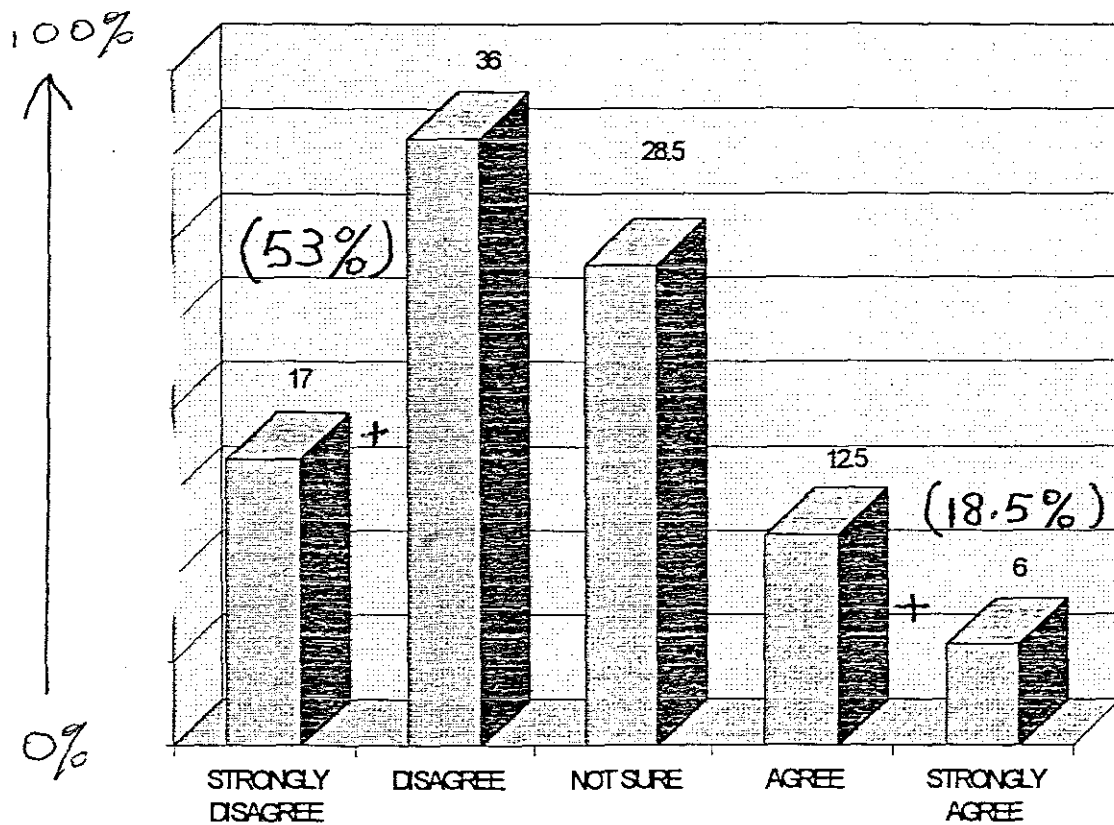


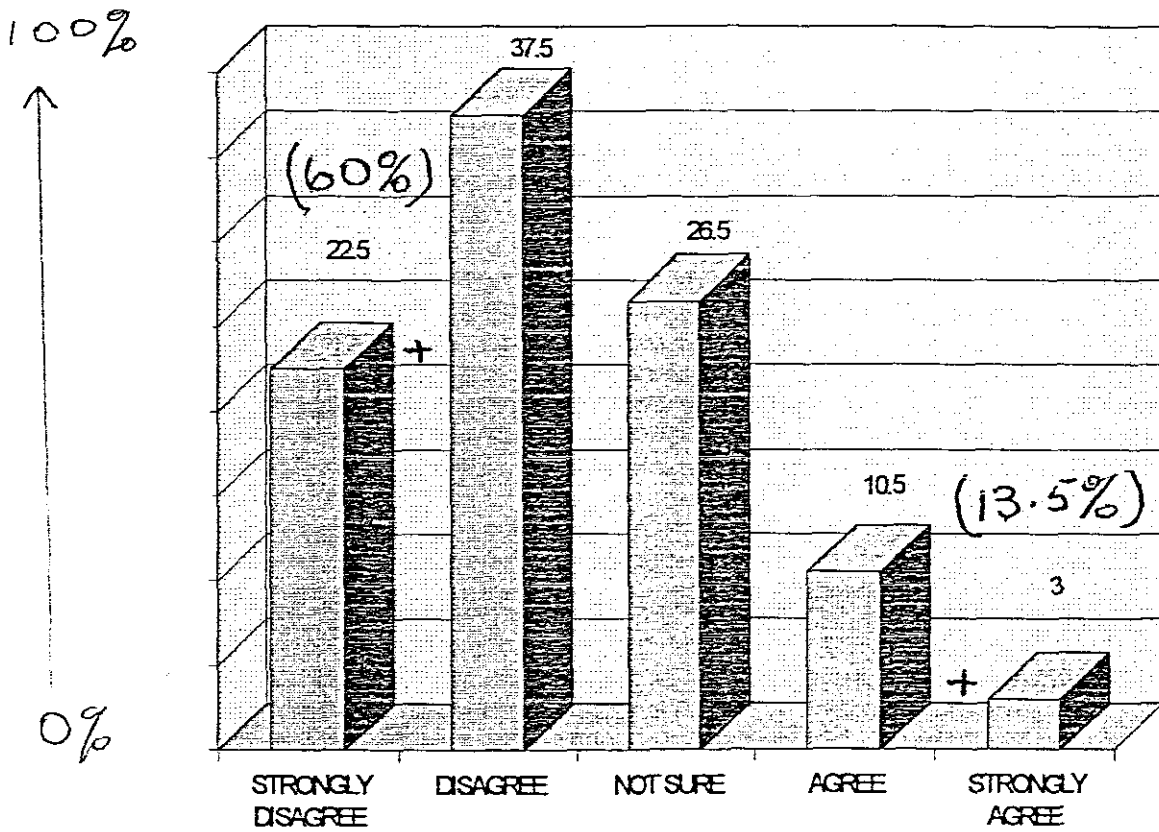
FIGURE 4.40: RESPONSES TO A QUESTION ON STRENGTHENING POSITION OF POLITICAL PARTY (N=200)

Figure 4.40 shows that about 73% of the respondents disagreed, in other words strikes were not strengthening the position of political parties. Only 10% of the respondents agreed that strikes were strengthening the position of their political parties. These findings also revealed that those affiliated to political parties gained the influence to strike from their political parties. About 17% of the respondents were not sure.



**FIGURE 4.41: RESPONSES TO A QUESTION OF NOT JOINING THE STRIKE IF INITIATED BY PEOPLE OF OTHER POLITICAL PARTIES (N=200)**

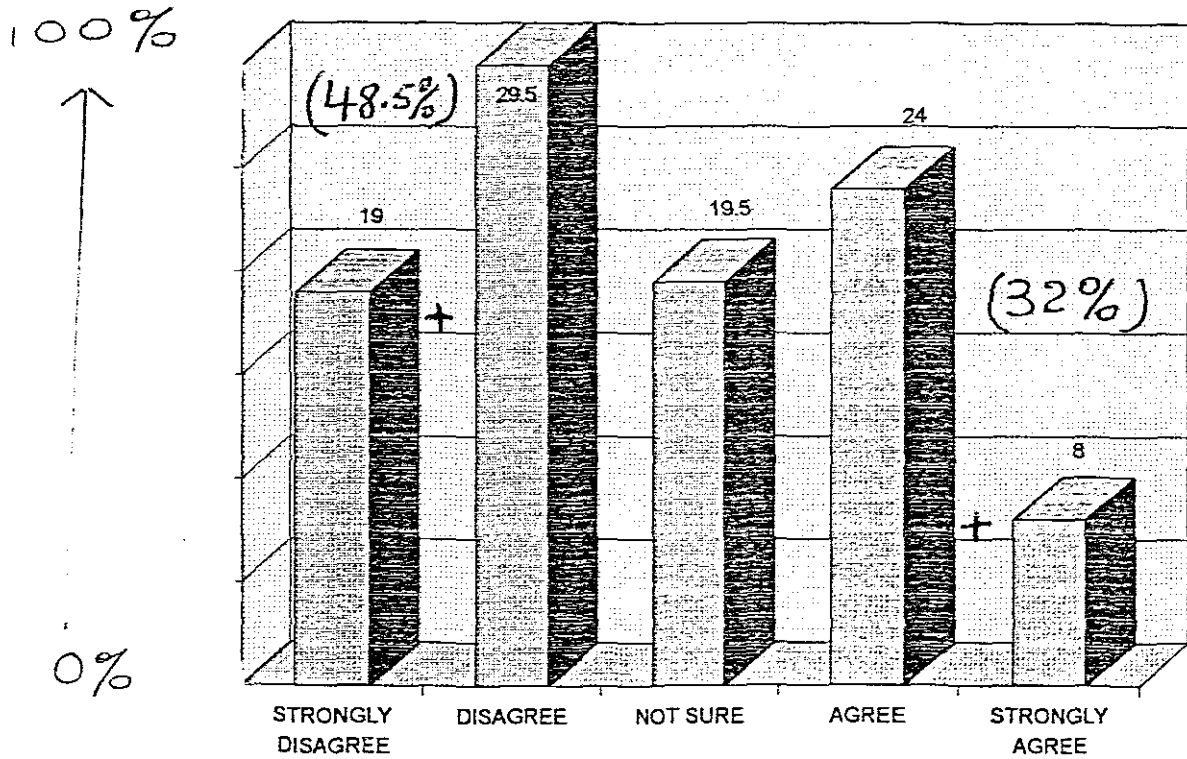
Figure 4.41 shows that about 53% of the respondents disagreed, and stated that strikes were not concerned about political parties. About 18,5% of the respondents agreed that they would not join the strike if it was not initiated by their political parties and about 28,5% of the respondents were not sure.



**FIGURE 4.42: RESPONSES TO A QUESTION FOR NOT JOINING THE STRIKE IN SUPPORT OF POLITICAL PARTY (N=200)**

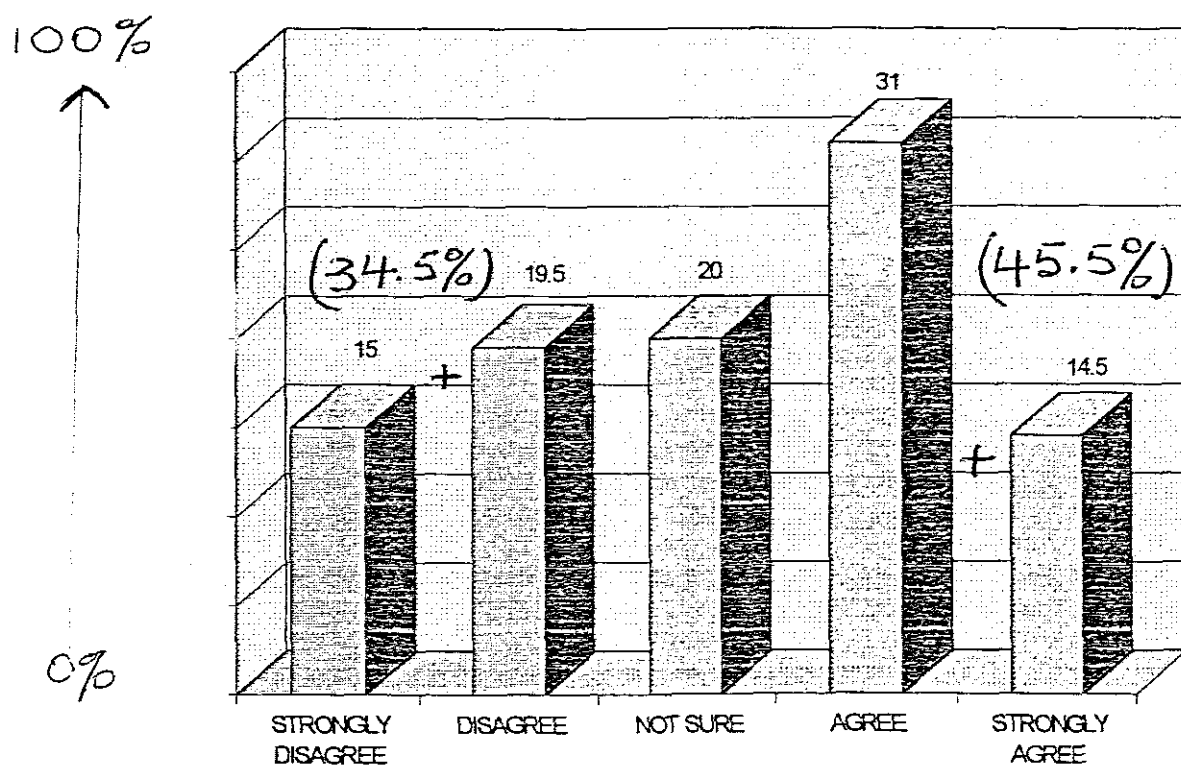
Figure 4.42 shows that about 60% of the respondents disagreed and stated that they were not strengthening the position of their political party through strikes. About 13,5% of the respondents agreed that in not joining the strike they were infact strengthening the position of their political parties. About 26,5% of the respondents were not sure.

From these findings, the few that are affiliated to political parties were influenced by their political parties.



**FIGURE 4.43:        RESPONSES TO A QUESTION ON JOINING THE STRIKES REGARDLESS OF POLITICAL PARTIES (N=200)**

Figure 4.43 indicates that about 32% of the respondents agreed that they would join the strike regardless of the political party initiated it. About 48.5% of the respondents disagreed and only 19.5% of the respondents were not sure.

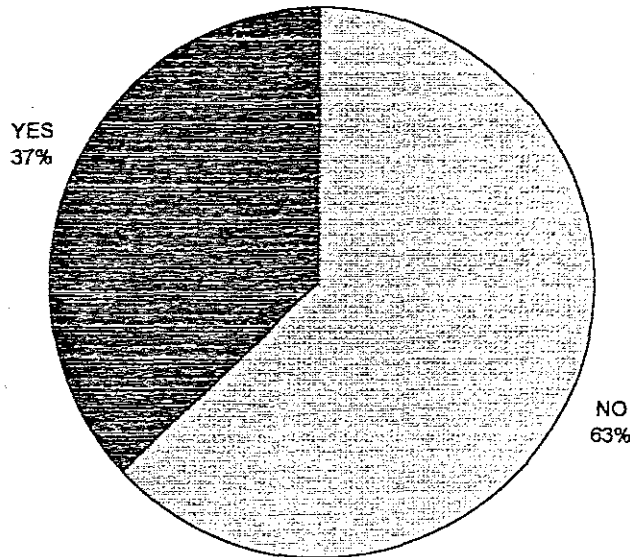


**FIGURE 4.44: RESPONSES TO A QUESTION ON NOT BEING AFFILIATED TO ANY POLITICAL PARTY AS THE REASON FOR NOT JOINING STRIKES (N=200)**

Figure 4.44 shows that about 45,5% of the respondents agreed that they were not affiliated to any political party, therefore they would not join the strikes regardless of political party initiating it. About 34,5% of the respondents disagreed. In other words they would join the strike regardless of the political party initiating it and only 20% of the respondents were not sure.

## 4.8 ANALYSIS OF SECTION SEVEN OF THE INSTRUMENT

### ITEM 11: THE RIGHT TO STRIKE



**FIGURE 4.45: DISTRIBUTION OF SUBJECTS ON THE VARIABLE OF A RIGHT TO STRIKE (N=200)**

Figure 4.45 shows that about 63% of the respondents did not support the right to strike and only 37% of the respondents supported the right to be involved in strikes.

These findings confirm the assumption of this study that the majority of professional nurses were against strikes.

### ITEM 12 RESPONDENTS' POSITION REGARDING STRIKES

The reasons stated by the 37% of the respondents were to reject exploitation by the employing body and management. To fight for their rights for better salaries and good

working conditions. The above statement is supported by Reconstruction and Development Programme (RDP) (1994:113) that states that one of the objectives of reconstruction and development programme is to consider the labour and workers' rights "all workers should be entitled to a living wage and humane conditions of employment in a healthy and safe working environment". Other reasons stated were to sympathise with other striking colleagues and also to voice out their grievances. About 63% of the respondents had their reasons centred around negotiations such as correct channels of communication and grievance procedure, writing of petitions to employing body and management. Organisation of regular meetings with management to express their grievances and also collective bargaining with well organised committees.

According to Brannigan (1989:4) as quoted by Booyens (1993:52) "primary triggers for union intervention in health services are unsatisfactory salaries, unresolved grievances and unfair discipline. In many instances the communication channels are blocked and individuals are severely victimised for raising genuine grievances".

#### **ITEM 4.46: RESPONDENTS POSITION REGARDING IMPLICATIONS ON CLINICAL TEACHING AND EXAMINATION OF STUDENT NURSES (N=200)**

About 63% of the respondents were very much concerned about clinical teaching and examinations of students such as poor clinical learning experiences, poor examination results, fear that students may role model this striking behaviour and also fear of loosing respect from students after strikes. Only 37% of the respondents were not concerned about the clinical teaching and examinations of students stating that strikes are for a short period therefore cannot disturb clinical teaching and examinations of students. Examinations can be postponed. According to Booyens (1993:649) 'nurses behaviour should at all times be a credit to the profession'. Quin (1995:184) maintains student learning experience/evaluation includes provision for orientation, appropriate and accessible learning opportunities, adequate length of placement, ethos, appropriate care model, staff commitment and mentorship system". The reasons given by the

professional nurses are very detrimental to learning experiences and examinations of students.

**ITEM 4.47: RESPONSES TO A QUESTION ON IMPLICATIONS ON  
SOCIALISING THE STUDENT NURSES (N=200)**

About 63% of the respondents were concerned about the socialisation of student nurses. They had some fears as to how to socialise and teach students after the strikes. There was fear of loosing image and respect, students may role model the striking behaviour or disillusioned and leave nursing. About 37% of the respondents were not concerned about socialisation of student nurses. They stated that strikes will be to their advantage to fight oppression, and humiliation when they qualify. They further mentioned that student nurses must be socialised early to fight for their rights, so as to and prevent brainwashing in this profession and to learn early to voice their grievances to prevent exploitation in future.

According to Ellis and Hartley (1995:213) “nurses are increasingly speaking out against an approach that leaves them out of the decision-making process”.

**ITEM 4.48: RESPONSES TO A QUESTION ON WELL BEING OF  
PATIENTS**

About 63% of the respondents were very concerned about the well being of the patients because of the negative impact, such as poor patient care, patients being exposed to medico legal hazards and unnecessary deaths, violation of patients right to health care services and also spread of infection. About 37% of the respondents stated that patients should be transferred to other hospitals which are not involved in strikes, patients must also sympathise with nurses problems and the government must take the responsibility of the strike actions. According to Rothman (1983:86) “many employees are confused about the rights that they have when there’s a strike in an

organisation ... the average worker probably does not realise the position that he or she is in as a striker and that possible loss of employment could occur”.

According to Kyriacos (1995:38) “the personal value structure of the nurse and its impact on decision making in nursing remains vague and neglected. Little in nursing education prepares nurses to perceive moral issues that arise in practice. In nursing situation that have no apparent clear-cut right or wrong solutions, nurses face typical moral dilemmas, that is, problem with two equally unacceptable alternatives. Nurses therefore regularly grapple with moral decisions”.

Strikes in the nursing service are a challenge to nurse educators, to promote ethical control of the profession which is threatened by trade unions.

#### **ITEM 4.49: RESPONSES TO A QUESTION ON IMPLICATIONS ON THE VALUES OF SOCIETY (N=200)**

About 63% of the respondents were concerned about the neglect on the values of the society. The implications mentioned were: society may not trust nurses in future, and that will affect nurse-patient relationship. Strikes may damage the image of the nursing profession and some members of the society may discourage their children to take up nursing as a profession.

About 37% of the respondents were not so concerned about the values of the society. It was stated that the members of the society should negotiate with the government to attend to nurses grievances. It was further stated that the society does not value the nursing service because nurses are assaulted, robbed and killed during strikes.

**TABLE 4.1: RESPONSES OF PROFESSIONAL NURSES TO THE SEMANTIC DIFFERENTIAL SCALE (N=200)**

Scale	1	2	3	4	5	6	7
Score	100	39	16	20	9	5	11
Index	1.27	0.49	0.20	0.25	0.11	0.06	0.14

Table 4.1 indicates extreme unfavourable conditions for patients as well as the socialisation of student nurses. The aim of the study which concerns the impact of strike on patient care as well as on the socialisation of student nurses has been confirmed. Conditions are extremely unfavourable during strikes.

Zerwelch and Claborn (1997:341) maintains that strikes are the last resort and are used after every alternative has failed. Many nurses are uncomfortable with the idea of striking, believing that they are abandoning their clients.

#### 4.9 DISCUSSION OF FINDINGS

This study was intended to find answers to the following problems:-

1. The attitude of professional nurses to strikes.
2. The implications and impact of these strikes on nursing education.
3. The influence of trade unions on nurses' strikes.
4. The influence of political parties on nurses strikes.
5. The standpoint of official bodies regarding strikes.
6. The attitude of registered nurses towards clinical teaching and patient care during strikes.

The study revealed the following with respect to the above problems.

The majority of professional nurses are against strikes hence, hypothesis number one of this study has been confirmed. About 63% of the respondents stated their reasons to be against strikes centred around negotiations such as correct channels of communication and grievance procedure and also collective bargaining with well organised committees and only 37% of respondents supported the right to strikes.

The favourable findings are a good indication that these strikes can be prevented. However the 37% that supported the right to strike could pose a serious problem for patient care and teaching of student nurses. These professional nurses supporting strikes can even cause conflict as they are usually supported by the trade unions. Rothman (1983:59) maintains that one of the major concerns of those not on strike is what the working relationship between themselves will be after the strike is over.

Usually the working relationship among the strikers and non strikers is strained. The non-strikers are often called sell-outs. It becomes difficult therefore for nurses who do not support these strikes to continue with their duties of patient care and teaching of students.

The issue at stake is the patient care and socialisation of student nurses as the future professional nurses may regard the striking nurses as heroes. Gwagwa (1995:81) illustrates this further by saying "nurses undergo rigorous training, within highly authoritarian and hierarchical structures, preparing them for a subservient role within the health care system". Gwagwa further maintains that nursing lectures are the most degrading experience. In these lectures creative thinking has never been stimulated, political realities have not been taught and nurses are not allowed to question.

The above statement is a challenge to all nurse teachers to review the nursing curriculum and be more involved in conflict management.

The study also revealed that the impact of these strikes on clinical teaching is very detrimental. Clinical teaching is on a standstill, examinations are postponed. Figure 4.20 indicates that about 70% of the respondents agreed that clinical teaching is

abandoned during strikes and examinations are disrupted. The concept of intergrating theory and clinical learning is very important in nursing education to produce safe, competent nurse practitioners. If these are lacking, failing examinations is possible with the end result of termination.

Nevin (1997:3) reported that thirty four student nurses at the Ngwelezana Nursing College and forty three at the University of Zululand have been asked to leave by KwaZulu-Natal department of Health. The dismissed students, who the department maintain had adequate opportunity to complete their training. The taxpayers money had been wasted as these nurses did not finally provide the care they were prepared for.

Nevin's report coincides with the crisis of strikes in KwaZulu-Natal in 1990. According to Marks (1994:204) 1990 was a turbulent year with ten thousand nurses going on strike. In September 1990 the six day strike of nurses at Edendale Hospital triggered a series of strikes in the KwaZulu hospitals and plunged Natal provincial hospitals into near crisis.

Moloney (1997:1) cited another crisis when he reported that "a nurse has been charged with misconduct and suspended with immediate effect for allegedly preventing a pregnant woman from seeking treatment at KwaMashu Polyclinic". The suspension relates to an incident when a patient was forced to deliver her baby on a pavement in a thunderstorm after being refused entry into the clinic by nurses.

The study revealed that trade unions were behind nurses strikes Figure 4.33 shows that about 52,5% of the respondents agreed that trade unions are instrumental for improving situation for nurses. Therefore third hypothesis that trade unions were behind nurses' strikes is confirmed. According to Kunene (1995:2) suggests that trade unions sometimes attracted nurses' interest and attention by emphasising a potential increase in job satisfaction and reduced anxiety from related tension. It is from this that trade unions were gaining support from the majority of the nurses.

There was very little or no evidence of the influence of political parties. Figure 4.39 indicates that 73,5% stated that they were not strengthening the position of political parties through strikes. This is not surprising because the study also revealed that the majority of professional nurses were not affiliated to political parties.

The study also revealed that nurses still respect the recommendations by their official bodies. Democratic Nursing Organisation of South Africa and the South African Nursing Council. Figure 4.7 indicates that 49% of the respondents supported the official bodies.

Mellish (1996:76) maintains that a profession is characterised by self-organisation leading to the formation of a professional association and a self-governing body which controls professional standards. The professional official bodies must work hard to keep this healthy morale among nurses.

It may be concluded that the majority of professional nurses are against strikes but the feeling that they are being exploited by the employing body and management is too strong. Tshabalala (1996:7) maintains that nurses' representative organisations should be consulted on all relevant policy issues. The nursing organisations should be fully briefed on government policy in relation to issues such as the elimination of pay differentials.

#### 4.10 CONCLUSION

In this chapter information on attitudes of professional nurses on strikes has been analysed. The analysis also revealed shared perceptions with professional nurses on more aspects of strikes, the implications on patient care and on nursing education as well as a need and ways of preventing strikes.

In chapter five a summary and conclusions are drawn from these findings, limitations, and recommendations will be presented.

## **CHAPTER 5**

### **SUMMARY, CONCLUSION, LIMITATIONS AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

In this study the researcher examined the attitudes of professional nurses towards strikes. She further examined the implications of these strikes on nursing education. Findings reveals that so far this is a serious problem affecting the patients and the students nurses on training and also the members of the public who are the consumers of these health services.

#### **5.2 SUMMARY**

A survey was conducted in Northern KwaZulu-Natal in two hospitals. Ngwelezana Hospital at Enseleni District and Benedictine Hospital at Nongoma. Charles Johnson Memorial Hospital was omitted because there was no written reply. The subjects consisted of professional nurses only from all categories.

#### **5.3 OBJECTIVES OF THE STUDY WERE:**

- To determine nurses attitudes towards strike.
- To assess the impact of nurses strike on patient care as well as on the socialisation of student nurses.
- To assess the standpoint and role of official bodies with regard to strikes.
- To assess the influence and role of trade unions in nurses' strikes.
- To determine the influence and role of political parties with regard to nurses' strikes.

- To assess registered nurses' feelings towards clinical teaching and patient care during strikes.

#### 5.4 STUDY ASSUMPTIONS

It was assumed that although the majority of professional nurses are against strikes, their feeling of being exploited by the employing body and management policies can influence them to strike.

- There is a strong influence of trade unions in the nurses attitude towards nurses' strike.

#### 5.5 PRESENTATION OF THE THESIS

Chapter one consisted of motivation for investigation in this field.

Chapter two was about the review of literature done in this area.

Chapter three consisted of the method of study used in this research project. The measuring instrument was a Likert-type of scale and semantic differential scale constructed and standardised by the researcher.

Chapter four contained analysis of data and in Chapter five a summary and recommendations were made.

#### 5.6 CONCLUSIONS

##### 5.6.1 Assumption 1

**THE MAJORITY OF PROFESSIONAL NURSES ARE AGAINST STRIKES BUT THE FEELING THAT THEY ARE BEING EXPLOITED BY THE EMPLOYING BODY AND MANAGEMENT POLICIES CAN INFLUENCE THEM TO STRIKE.**

Findings revealed that the majority of professional nurses about 63% were against strikes. On basis of these findings it was concluded that these strikes can be prevented. According to these findings assumption one was confirmed.

### 5.6.2 Assumption 2

#### **PROFESSIONAL NURSES ARE CONCERNED ABOUT THE IMPACT OF THESE STRIKES ON NURSING EDUCATION**

From the findings indicated that professional nurses about 70% agreed that clinical teaching was abandoned during strikes, examinations in the clinical area were postponed, nursing education was affected in the clinical area. Mellish (1996:141) maintains that the guidance given to the student to assist her in achieving her role as a useful professional adult is of utmost importance and is part of the concept accountability in the professional nurses. From these findings it can be concluded that strikes by professional nurses disrupted nursing education therefore assumption two was confirmed.

### 5.6.3 Assumption 3

#### **THERE IS A STRONG INFLUENCE OF TRADE UNIONS IN THE NURSES ATTITUDE TOWARDS STRIKES**

Findings revealed that about 52,5% of professional nurses agreed that trade unions were instrumental in improving situation for nurses.

Brannigan (1988:2) as quoted by Booysens (1993:648) maintains that the three main areas of trade union involvement in nursing centre around unresolved grievances, involving wages and unfair dismissal or discipline.

According to Kunene (1995:2) trade unions attracted nurses' interest and attention by emphasising a potential increase in job satisfaction and reduced anxiety from related tension so, that's why trade unions were gaining support from the majority of nurses.

According to these findings assumption three was confirmed.

#### 5.6.4 Assumption 4

### **THE INFLUENCE OF POLITICAL PARTIES ON NURSE'S STRIKES**

Findings cited that 73,5% of professional nurses, in other words strikes were not strengthening the position of political parties. Previously nurses were not allowed to be actively involved in politics. Searle (1965:250) maintains that the main grounds for the opposition of the nurses to trade unionism was the political aura which always clung to such organisations and this was contrary to the spirit of nursing.

According to these findings assumption four was not confirmed.

#### 5.6.5 Assumption 5

### **THE STANDPOINT OF OFFICIAL BODIES WITH REGARD TO STRIKES**

Findings revealed that about 49% of professional nurses supported the South African Nursing Association now called Democratic Nurses Organisation of South Africa, that, nursing service be declared an essential service in terms of the Labour Relations Act. These findings may assist the official bodies to obtain information from professional nurses to guide future planning of the associations activities particularly in the area of communication to prevent these strikes.

From these findings it can be concluded that professional nurses still respect the standpoint of their official bodies. Assumption five was confirmed.

### 5.6.6 Assumption 6

#### **THE ATTITUDE OF REGISTERED NURSES TOWARD CLINICAL TEACHING AND PATIENT CARE IS NEGATIVE**

Findings indicated that about 46% of professional nurses agreed that there was nothing wrong with nurses' strike even if the patients were left to die. This negative attitude is very dangerous because it shows that nurses were overconcerned about their rights more than patient care and the socialisation of student nurses. Student nurses on training may role model this non-caring behaviour.

From these findings it can be concluded that professional nurses had negative attitudes towards patient care and clinical teaching during strike action. Basson (1991:1) cited that there is lack of adequate knowledge among nurses concerning the trade union movement. The trade union has a deprofessionalising influence on the professionalism of the nurse.

Kortjaas (1997:4) reported that Nzimakwe is unimpressed by the manner in which nurses treat their profession. "They don't want to work because of the trade unions. They allow their rights to override those of their patients". From these findings it can be concluded that professional nurses had negative attitude toward clinical teaching and patient care during strikes. Assumption six was confirmed.

It can be concluded that the aims of this study were achieved and assumptions confirmed as indicated in this section.

### 5.7 LIMITATIONS

5.7.1 The study was done only in two hospitals in the KwaZulu-Natal. Therefore generalisation of these results for the whole country will be difficult with a sample size of only two hundred professional nurses. The sample size was too small to represent the professional nurses population in South Africa.

5.5.2 Subjects were not very relaxed because of the political turmoil in KwaZulu-Natal, that alone may have resulted in a biased response.

5.5.3 Access to specific literature and previous work done on nurses' strikes in South Africa was limited, so it was difficult to compare findings.

## 5.8 RECOMMENDATIONS

### 5.8.1 The role of the employing authority

- Job dissatisfaction and low wages must be addressed promptly, by devising policies through well-defined grievance procedure
- Security and safety for non-strikers must be maintained
- Contingency strike plan must be devised to maintain the essential services, patient care and clinical teaching
- Transparency and involvement of staff in policy formulation.

The above recommendations are in line with those made by Green Thompson (1996:1) in his statement where he states that "there is no doubt in my mind that there is an absolute need for good governance. This province needs to be more effective in terms of efficiency, cost effectiveness, time and the satisfaction of both staff and clients".

### 5.8.2 The role of professional nurses

- Professional nurses must consider their teaching function and patient care. Therefore must use professional methods of solving problems.
- Collective bargaining through professional organisations must be used.
- Professional organisations must continue to cater for student nurses on training and patient care and also protect the rights of professional nurses.
- Provide skeleton staff for patients and student nurses.

### 5.8.3 The role of the public

- The public should play the major role in protecting nurses and their homes during strikes.
- Being consumers of these health services, they are aware of the appalling conditions under which nurses work and poor salaries. They must have an interest in improving working conditions for nurses.
- The public should stop harassing nurses during strikes, they must be available to assist nurses to solve their problems, by giving input in policy formulation.
- The media must try and be accurate in reporting incidents and consider the problems nurses have during strikes e.g. being chased out of wards against their will.

### 5.8.4 Future research

This study has opened some avenues for future research such as follows:

- Research on strikes by student nurses is very urgent, as the problem seems to be escalating.
- It is further recommended that this study be replicated in all provinces in South Africa so as to be able to generalise the findings and develop a theory to prevent these strikes.

## 5.9 CONCLUSION

The findings of this study have indicated the problems encountered by the professional nurses, student nurses, patients and the public during strike by professional nurses. The employing body must try and solve the grievances promptly to prevent these strikes because the implications of these strikes on patient care and nursing education are of great concern

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## ANNEXURE 1

### QUESTIONNAIRE TO MEASURE ATTITUDES OF PROFESSIONAL NURSES TOWARDS STRIKES

The information is required for research purposes only. All the information will be strictly confidential.

Please complete the following and put an (X) into the appropriate space.

#### SECTION 1

1.1 Gender

Male	
Female	

1.2 Age in years

24 and under	
25-29	
30-34	
35-39	
40-44	
45-49	
50-54	
55 +	

1.3 Rank

Chief Nursing Service Manager C.N.S.M.	
Senior Nursing Service Manager S.N.S.M.	
Chief Professional Nurse C.P.N.	
Senior Professional Nurse S.P.N.	
Professional Nurse P/N	

1.4 Trade Union Membership

Yes	
No	

Tick (✓) the political party which you are affiliated to:

1.5 Democratic Party D.P.

African Christian Democratic Party A.C.D.P.

Inkatha Freedom Party I.F.P.

Pan African Congress P.A.C.

National Party N.P.

African National Congress A.N.C.

Not a member of any political party


**SECTION 2:**

Please indicate your attitudes to the following statements. Put a tick mark (✓) under the word which best describes your feelings.

	5	4	3	2	1
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
2.1 In terms of the Labour Relations Act nurses employed in the Public Sector may not strike, they have to resort to arbitration.					
2.2 The South African Nursing Association believes that the Nursing Services should be declared an essential service in terms of the Labour Relations Act, thus entrenching the right to arbitration.					
2.3 The clause from the Nursing Act No. 50 of 1978 prohibiting nurses to strike was removed which means that it is acceptable for nurses to embark on legal strike.					
2.4 The South African Nursing Council emphasizes that nurses will always have an ethical responsibility towards their patients regardless of what legislation allows or does not allow.					

2.5 Negotiations and collective bargaining should be done by bodies like S.A.N.A, DENOSA and Trade Unions on behalf of nurses.

2.6 The Department of Health's stand point is that strikes by Health Service Workers will be illegal in future and labour disputes will have to be resolved through compulsory arbitration.

5	4	3	2	1
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree

**SECTION 3:**

3.1 Current wide spread strike action constitutes illegal strikes.

3.2 Strike action sparked by low salaries, awkward hours at work and other types of unfair labour practice which could be settled through negotiations and bargaining.

5	4	3	2	1
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree

	5	4	3	2	1
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
3.3 Current country-wide nurses' strikes are unprofessional because:					
3.3.1 Nurses have no freedom of choice to strike or not.					
3.3.2 Nurses are forced out of work.					
3.3.3 Nurses are intimidated.					
3.3.4 Many patients are left to die.					
3.3.5 Hospitals close down.					
3.4 Strikes jeopardise the quality of nurses education and training because:					
3.4.1 Lectures have to be abandoned.					
3.4.2 Examinations are disrupted.					
3.5 The public as consumers of Health Services is unsympathetic with strikes and do not support nurses strikes.					

**SECTION 4:**

	5	4	3	2	1
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
4.1 Current wide spread strike action constitutes legal strikes.					
4.2 Nurses have no other way of addressing their problems and unfair labour practices except by strikes.					
4.3 There is nothing wrong with nurses strikes irrespective of:					
4.3.1 Many patients being left by striking nurses to die.					
4.3.2 Hospitals closing down.					
4.3.3 Education and training of nurses getting disrupted.					
4.4 Current wide spread strike action does not:					
4.4.1 Affect clinical learning experiences for student nurses.					
4.4.2 Affect student's examinations.					
4.5 Students should also strike when professional nurses are striking .					

4.6 It does not matter if consumers of health services are bitter and condemn strikes, as long as nurses fight for their rights and win.

5	4	3	2	1
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree

### SECTION 5:

5.1 Trade Unions organise strikes in a democratic way.

5.2 Trade Unions are instrumental in improving situations for nurses by consulting and negotiating with employers.

5.3 Trade Unions ensures security of nurses and patients during strikes.

5.4 Trade Unions cater for nurses who lose their jobs during strikes.

5.5 Trade Unions force and intimidate professional nurses.

5	4	3	2	1
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree

	5	4	3	2	1
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
5.6 Trade Unions are not for professional nurses.					
5.7 Trade Unions initiate the strike action not nurses.					
5.8 Trade Unions do not cater for those nurses who do not want to be involved in these strikes, their word is final.					

**SECTION 6:**

	5	4	3	2	1
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
6.1 In participating in nurses' strike I was strengthening the position of my political party.					
6.2 I would not join the strike if it was initiated by people of political parties other than mine.					
6.3 In not joining the strike I was strengthening the position of my political party.					
6.4 I would join the strike regardless of the political party which initiated it.					

5	4	3	2	1
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree

6.5 I am not affiliated to any political party therefore I would not join regardless of which political party initiated it.

**SECTION 7:**

7.1 In your opinion do you think that professional nurses with a teaching function should be involved in strikes?

Yes

No


7.2 If "yes" state the reasons:

.....

.....

.....

.....

.....

7.3 If "No" support your statement as to what they should do about their grievances:

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7.4 In your opinion what are the implications of strikes by professional nurses on:

7.4.1 Clinical teaching and examination of nurses on training:

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7.4.2 Socialising student nurses:

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7.4.3 Well being of patients:

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7.4.4 Values of society:

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**SECTION 8:**

Please put a tick mark (✓) in the position indicating both directions and intensity of your feelings towards your clinical teaching and patient care during strikes.

8.1 I feel the morale of students is:

Poor	1	2	3	4	5	6	7	Good
------	---	---	---	---	---	---	---	------

8.2 I feel that students are:

Friendly	7	6	5	4	3	2	1	Hostile
----------	---	---	---	---	---	---	---	---------

8.3 I feel working under such conditions is:

Dangerous	1	2	3	4	5	6	7	Safe
-----------	---	---	---	---	---	---	---	------

8.4 I feel that work is:

Exciting	7	6	5	4	3	2	1	Boring
----------	---	---	---	---	---	---	---	--------

8.5 I feel that working conditions are:

Autocratic	1	2	3	4	5	6	7	Democratic
------------	---	---	---	---	---	---	---	------------

8.6 I feel to work under such conditions is:

Tolerable	7	6	5	4	3	2	1	Intolerable
-----------	---	---	---	---	---	---	---	-------------

8.7 I feel that the working climate is:

Unsatisfactory	1	2	3	4	5	6	7	Satisfactory
----------------	---	---	---	---	---	---	---	--------------