

A CONCEPT ANALYSIS FOR IMPROVING WORKING CONDITIONS

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ABSTRACT

Improving working conditions is a concept of significance in the workplace, particularly in the public health setting. This is because working conditions in public hospitals have been described in literature as horrendous, and have a direct impact on the employees and patients' health and safety outcomes. However, despite these poor working conditions, attempts to rectify the situation in public hospitals are directed to only a few aspects of working conditions such as salaries and long working hours instead of adopting a systematic approach which will target the multifaceted and interrelated aspects of working conditions. The poor working conditions in public hospitals and their effects on the health and safety of both employees and patients in health settings call for clarification of the concept "improving working conditions". Clarification of the concept will clear the confusion regarding its meaning in healthcare settings, particularly in nursing. It will also assist healthcare workers, researchers and policymakers to direct their interventions on all issues that have an impact on working conditions. This paper explores the meaning of the concept of improving working conditions in the context of public hospitals.

Keywords: concept; analysis; improvement; work; conditions

INTRODUCTION

The deterioration in working conditions and the decline in health service delivery and the standards of care in the public sector have attracted a lot of attention from researchers and policymakers. As a result, improving working conditions has become a concept of great importance in improving healthcare outcomes of both patients and healthcare providers, particularly for nurses who are at the forefront of patient care and

who represent the largest group of all healthcare providers in both the developed and the developing world (Aiken 2012; WHO 2013).

The concept “improving working conditions” emanated from an empirical study on working conditions in public hospitals at a selected province in South Africa, which revealed that working conditions in public hospitals are appalling and characterised by staff shortages, inadequate medical supplies, increased workloads, poor managerial skills and unsafe working environments that expose employees and patients to nosocomial infections and injuries (Manyisa 2014). This concept was found to be the central idea or event that links all the themes and categories, which emanated from the empirical study. In addition, it appeared to be the core concept because of its significant role in determining the health and safety of employees as well as patient outcomes.

However, even though the concept is commonly used in health settings and other settings, its meaning remains unclear and its application is ambiguous (Berry, Smylie, and Fuller 2008). The different connotation it has for different people as well as its pervasiveness has made it difficult for the development of an operational definition for nurses. There is therefore, a need for an analysis of this concept to guide policies, research and nursing practice.

The aim of this paper is to provide a better understanding of improving working conditions in the context of public hospitals in South Africa using Walker and Avant’s (2011) model of concept analysis. Clarification of the concept will provide the nursing profession with the conceptual basis to identify those specific aspects of the working conditions that have a direct impact on their daily activities and to effectively develop and implement relevant strategies that will transform their workplace environment. Improvement of working conditions will achieve better standards, improved quality of patient care, and health and safety of employees in public hospitals.

DESIGN AND METHODS

Concept analysis was carried out according to Walker and Avant’s (2011, 159) eight steps model of concept analysis. The steps of the model are listed as follows: 1) select a concept, 2) determine the aims or purpose of the analysis, 3) identify all uses of the concept, 4) determine the defining attributes, 5) identify model cases, 6) identify additional cases, namely, borderline and related contrary cases, 7) identify antecedents and consequences, and 8) define empirical referents.

To accomplish the identification of the uses, characteristics or connotations of the concept, the dictionaries and available literature on the subject were examined. The literature search encompassed a wide variety of materials such as published articles, books and chapters, and unpublished or semi-published items such as reports and dissertations. The search also considered articles from a range of disciplines, for example, education, arts, history, philosophy, etymology, psychology, sociology, nursing, and occupational health and safety studies. Search strategies included the use

of online databases, and hand-searching of relevant journals and text books. Internet sites, Medline, EBSCOhost, Google Scholar, Science Direct, journals and articles were explored extensively to try to describe and understand the conceptual meaning of the concepts as recommended by Walker and Avant (2011, 158).

RESULTS

This section describes all definitions and uses of the concept according to online dictionaries and literature.

Dictionary Definitions of the Concept: Improving Working Conditions

As this is a three-word concept, and because of the fact that the dictionary does not provide a definition for the combined term “improved working conditions, the words “improve”, “work” or “working”, and “conditions” were explored independently.

Definitions of “Improve”

The Oxford Advanced Learner’s Dictionary (1994) defines “improve” as “to become or make something better, to achieve or produce something of a better standard or quality than something else. An addition or change to something that improves it or adds to its value, positive change or effect, advance.” King (2003, 255) defines “improve” as “to ameliorate, to make better.”

The concept “improvement” focuses on closing the gap between what we know and what practices actually occur and how much inappropriate variation and practitioner preferences occur.

Literature Definitions of “Improve”

Uses of “Improve” or “Improving” in Philosophy

Improvement can be traced to the Japanese philosophy for process improvement words Kai and Zen, Kai meaning to break apart and investigate, and Zen meaning to improve against the existing situation (Lee 1979, 253–258).

Berwick’s (2008, 619) central law of improvement defines all improvement as change. He further states that there is an indissoluble bond between improvement and change (Berwick 2008, 7). According to Batalden and Davidoff (2007, 2) improvement involves a substantial shift in our idea of the work.

Dictionary Definition of the Concept “Work” or “Working”

The online Thesaurus defines “work” as a physical or mental effort or activity directed toward the production or accomplishment of something. It involves a job, employment, a trade, profession, or other means of livelihood. Work is something that one is doing, making, or performing especially as an occupation or undertaking; a duty or task.

The Oxford Advanced Learner’s Dictionary (1994) defines “work” as an action involving effort or exertion directed to a definite end. King (2003) defines “work” as physical or mental effort directed towards doing or making something. The American Heritage Stedman’s Medical Dictionary (2000) defines “work” as an effort or activity performed to achieve a goal or to produce something.

Literature Definitions of “Work”

Uses of “Work” or “Working” in Etymology

The etymological origin of “work” can be traced to Greek word “ergon” meaning “energy”. In English the word “weorc” meant something done (Oxford Dictionary of English Etymology online).

According to the online Thesaurus, work entails creative effort, exertion and is difficult and exhausting. Work is a concept that has several meanings. It is defined as an expenditure of energy through a set of coordinated activities intended to produce something useful.

Uses of “Work” or “Working in Physics

Morin (2004, 2) defines work as an activity that the individual performs to earn pay; he further states that work can be harmful to both the worker and the institution. Work is conceptualized as synonymous with action with a sense of purpose, connoting agency, active engagement, struggle and intentionality (Parsons et al. 2008, 1828).

England and Harpaz (1990, 262) define work or working as an activity which provides one with a positive personal affect and identity, brings profit to others through performance, and which is not confined to a working place. Work is an activity that is largely physical in nature, involves direction from others and is performed in one’s working place. It is associated with some unpleasantness that is connected to the performance of the activity and does not bring about positive effects. It is a physically, mentally strenuous and unpleasant activity that does not bring about positive effects. Work is an activity which occurs during specified time periods, which does not bring about positive effects.

Uses of Work or “Working” in Philosophy

Work or working is considered to be contextual in nature as Morrison (2008) states that work does not depend on any set of indicators but rather on the definition of the situation. Some work involves hard labour, muscle exertion, sweating and hard breathing while some work does not involve any movement. Caspers and Frey (2010, 20) see work as related to a number of perceptions such as physical or mental effort, skill, knowledge or other personal resources which may involve commitment over time and has a connotation of effort. They further state that work may include voluntary work, education, training, family responsibilities and caring. From these definitions the attributes of work or working were identified as activity performed, effort, physical, mental, and produce something.

Waddell and Burton (2006) in their study on work, health and well-being assert that there is a strong association between joblessness and poor physical health and well-being; on the other hand, traditional approaches to occupational health and safety view work as a potential hazard and emphasize its adverse effects on health and on work life.

Dictionary Definitions of Conditions

King (2003) defines “conditions” as a particular state of being or existence, situation with respect to circumstances. Blackwell’s Nursing Dictionary (2005) defines a “condition” as “a state of being, as of health or disease”. The American Heritage Stedman’s Medical Dictionary (2000) defines “conditions” as a state of health.

Dictionary Definitions of “Working Conditions”

“Working conditions” refer to all existing circumstances that affect labour in the workplace, including job hours, physical aspects, legal rights and responsibilities (online Thesaurus).

Literature Definitions of “Working Conditions”

The World Health Organization in Songstad, Rekdal, Massay and Blystad (2011, 2), conceptualises working conditions as the combination of compensation, non-financial incentives and workplace safety. Working conditions can also be classified into five categories, namely workforce staffing, workflow design, personal, social, and physical environment and organisational factors (Hickam et al. 2003, 2).

Bae (2011, 700) defines working conditions as the working environment, organizational climate or job characteristics. Working conditions refer to the working environment and aspects of an employee’s terms and conditions of employment. It involves matters such as the organisation of work and work activities, training, skills, health, safety and well-being, working time, work-life balance and pay. Kekana, Du

Rand, and Van Wyk (2007, 25) state that working conditions involve benefits and factors such as workload, salary, fringe benefits, adequate resources, professional growth opportunities and the amount of challenges in a job.

Kahya (2007, 516–517) suggests that working conditions imply two dimensions, namely environmental conditions and hazards. Environmental conditions range from ordinary to extreme conditions in terms of the factors such as heat, humidity, noise, smell, light and dust. The concept is further defined by Lalluka et al. (2004, 49) as associated with health behaviours, including working overtime, work fatigue, physically strenuous work and mentally strenuous work.

Uses of the Working Conditions in Education

According to Berry, Smylie and Fuller (2008) working conditions entail infrastructure, physical and other resources and circumstances that characterise the daily work of teachers. From the definitions and the uses of the concept in different fields, the researcher identified the following attributes: working environment, work circumstances, health, safety and well-being of employees, adequate resources, physical structures, organizational climate, fringe benefits, education and training, and working time.

From the dictionary and subject definitions of working conditions the researcher's conceptual and operational definition of working conditions is as follows:

Working conditions refer to the working environment and all the circumstances in which a person performs his/her work.

Uses of Working Conditions in Nursing

The concept “working conditions” is frequently used in healthcare settings, research, and nursing. The use of the concept in nursing can be traced back to the time of Florence Nightingale and Mary Jane Seacole, a Jamaican nurse and business woman, who in 1874 worked tirelessly to improve the conditions in hospitals in which the wounded Crimean war soldiers were receiving medical attention. The conditions in these hospitals were horrendous and characterised by poor staffing, overworked medical officers, insufficient medical supplies, and poor medical and sanitation conditions. As a result most soldiers died not from their wounds but from the poor hospital conditions which led to nosocomial infections such as cholera, dysentery, and typhoid. To improve the conditions of these soldiers, the extremely dedicated Mary Jane Seacole established the British Hotel to house the wounded soldiers. Not only did she house the wounded soldiers but also prepared her own creole medicine to fight the problem of shortage of medical supplies (Seacole 1857).

To date, similar conditions exist in some of the public hospitals in South Africa as well as in other parts of the world. Aspects of poor working conditions such as excessive workloads, staffing problems, lack of medical supplies and other material resources,

lack of ablution facilities, unsafe working environments that expose patients and staff to nosocomial infections and injuries, and also inadequate space for isolation have been cited in literature (Manyisa 2014; Manyisa 2016).

Poor working conditions in public hospitals have also been attributed to factors such as management failures, poor relations and unfair distribution of monetary incentives (Manyisa 2016). Therefore the need for nurses to actively partake in improving working conditions in public hospitals cannot be overemphasised as there is significant evidence of a positive correlation between working conditions and the health and safety of healthcare personnel and patient outcomes.

Working conditions do not have an impact only on the well-being of health practitioners and patients' outcomes but also on the employers and the organisations. For example, research has consistently found that some public hospitals in South Africa are spending exorbitant amounts of money on agency doctors and nurses to deal with the increased workloads as most of the permanent staff members leave the public sector for greener pastures (Green 2005; Rispel and Moorman 2015). This is evident in a newspaper article by Green (2005) which revealed that in South Africa, agency nurses who work eight shifts per month earn nearly ten times more than what permanently employed nurses are paid per month. Rispel and Moorman (2015) in their study on indirect costs of agency nurses in South Africa also reported that the public health sector spent over R1.49 billion on nursing agencies for the 2009/2010 fiscal year to complement the staff shortages in public hospitals.

Despite all these challenges, there is substantial evidence that appropriately designed improvement interventions have been successful in minimising some of the negative aspects of working conditions and the effects thereof, particularly on the health and safety of employees and patients, in other parts of the world. This suggests that identifying and defining those working conditions that matter the most in hospitals will facilitate development of the most relevant and appropriate interventions that will deal with the challenges.

Related Concepts

The term “working conditions” and “working environment” are used interchangeably in nursing literature, for example, Sleutel (2000, 53) conceptualises working conditions as practice environment and clinical practice environment. Similarly, Bae (2011, 701) defines environment as working conditions, organisational climate or job characteristics, while according to Prüss-Üstün and Corvalán (2006, 22), the concept working environment refers to all the physical, chemical and biological factors external to the human host, and all related behaviours, conditions and factors that influence work. These include physical, social, psychological and environmental conditions and factors such as lighting, temperature, noise and the whole range of ergonomic factors. It also includes supervisory practices, rewards and recognition programmes (Prüss-Üstün and

Corvalán 2006, 22). From these definitions, it is evident that there is no clear distinction between the two concepts, however, from the researcher's perspective these concepts are not synonymous and should therefore not be used as such.

Defining Attributes of the Concept

Walker and Avant (2011, 162) describe defining attributes as the characteristics of the concept that appear over and over again. Utilising the definitions and the attributes of the three concepts that form improving working conditions, the attributes and the conceptual definition of working conditions are illustrated in Table 1.

Table 1: Defining attributes

Concept	Attributes	Definition
Improve	Change, value and better	Improve is a process of bringing about change to an existing situation in order to make it better
Work	Activity performed, effort, physical, mental, produce something	Work is defined as physical effort or mental activities that are performed with an intention to produce something
Condition	State of being, situation, circumstances	Condition refers to the current state of being or situation
Working conditions	Working environment, work circumstances, health, safety and well-being of employees, adequate resources, physical structures, organizational climate, fringe benefits, education and training, working time	Working conditions refer to the environment in which an individual performs his work. It includes all physical and psychological factors and circumstances that influence his work

These critical attributes provide a more comprehensive view of improving working conditions in public hospitals. The focus of these attributes is on the positive aspect and will reinforce improved quality of patient care and health and safety of employees in public hospitals.

Defining the Concept “Improving Working Conditions”

The concept is defined using the attributes of the three concepts that form the central concept “improving working conditions”. The author’s conceptual and operational definition of improving working conditions is proposed and presented below.

Conceptual Definition

Improving working conditions is a process of bringing about change in an environment in which physical and mental activities that are directed at producing something are performed.

Operational Definition

Based on this concept analysis a clarified definition for nursing usage is proposed as follows:

Improving working conditions is an effort to achieve change and a better state of an environment and all the factors that influence it, in which performance of physical and mental activities aimed at producing something, is taking place.

Identify Cases

A model case is a “real-life” example of concept usage in which all the critical attributes are present (Walker and Avant 2011, 163). It is generally regarded that the author should be able to construct a model case which allows him/her to state “If this is not X, then nothing is”. An example of a model case is presented in the next section.

Example of a Model Case

St Mary's, a hospital previously known for its poor service delivery, won a national award of service excellence a year after a new CEO was appointed to implement a turnaround strategy. The CEO adopted a democratic, transformational leadership style and an open-door policy to get all employees involved in the change process. She managed to develop a teamwork atmosphere and an open communication environment which encouraged employees to express their concerns. During her first week in the hospital, she established an improvement steering committee which consisted of all the unit heads of the supply chain, finance, paramedical staff, administration staff, medical and nursing staff, and pharmacy and support staff. The main purpose of the committee was to plan how the turnaround strategy was to be implemented. She also established a recruitment and retention committee, consisting of human resource staff, financial staff, unit managers and labour representatives who looked into issues of staffing, compensation and reward systems. This saw the hospital recruiting seven doctors and 25 professional nurses in a year. The infection control committee which was redundant was revived and a fully-fledged occupational health unit was established. Their responsibilities included enforcing compliance with health and safety codes, conducting training regarding health and safety issues, and conducting health surveillance and periodic inspections of the environment for hazards.

An audit committee was formed to look into issues such as worker treatment, worker satisfaction, queue management and patient waiting hours. The turnaround strategy enhanced job satisfaction, and trust and work relationships between management and employees. Sickness absenteeism and staff turnover were reduced as employees renewed their commitment to the hospital. Employees were prepared to go the extra mile to improve quality of care. The CEO's diligence and responsiveness to the needs of both patients and the employees won her the support from all employees and local communities.

The above scenario is an example of a model case. In this model case, all of the attributes of improving working conditions are clearly demonstrated. The hospital is undergoing major changes, and employees are motivated and are beginning to experience job satisfaction. They are working hard towards improving the health and safety of all employees as well as the quality of patient care.

Contrary Model Case

A contrary case is a scenario that is clearly not an example of the concept being analysed (Walker and Avant 2011, 163). An example of a contrary model case is presented in the next section.

Example of a Contrary Model Case

Hospital M has been under administration of the National Department of Health for three years. The hospital has been offering level 3 healthcare services for the past thirty years. When the CEO retired in 2010, the hospital started experiencing high staff turnover rates. Two surgeons and six physicians resigned within six months. That led to the closure of the theatre and the orthopaedic ward. The hospital has been under media scrutiny for its poor service delivery. Patients are said to be sharing beds and forced to sleep without pillows, blankets and pyjamas. Male and female patients and staff members share ablution facilities in the casualty department. Visitors have been captured by the media carrying blankets and pillows for their loved ones because of the lack of linen and other materials in the hospital. Nurses are demotivated and demoralised and were seen roaming around at the shopping mall during working hours. The number of sickness related absenteeism has increased because more employees have contracted occupational diseases such as TB as a result of the lack of N95 masks and isolation rooms for patients with contagious diseases. The hospital has failed to pay its electricity and water bills for the past two years and has experienced electricity cut-offs by the local municipality. There have been complaints from both staff and patients about the hospital lifts which have not been working for many years. This has caused problems for patients who are too ill to climb the stairs to the upper floors of the building.

In this scenario the critical attributes that comprise improvement are absent. This example is definitely not an example of the concept.

Identify Antecedents and Consequences

Examination of the antecedents and consequences of the improved working conditions in public hospitals allows further refinement of the critical attributes, thus facilitating the construction of the conceptual model.

Antecedents

Walker and Avant (2011, 167–168) define antecedents as events or incidents that must happen before the occurrence of the concept.

All literature examined and the data analysis identified a number of primary antecedents which are necessary for the occurrence of the concept of improved working conditions. The variables which have been identified as crucial to the improvement of working conditions include implementation of policies and guidelines, interpersonal relationships, employee support, employee involvement in decision-making, clear and open lines of communication, good infrastructure, adequate human and material resources, good management and leadership styles, employee education and training, and provision of a healthy and safe environment.

Consequences of Improving Working Conditions

Consequences are circumstances resulting from the occurrence of the concept (Walker and Avant 2011, 167–168). Adverse working conditions have been found to have physical and psychosocial effects on the employees as well as on the quality of patient care and patient's outcomes. Studies by Bakotić and Babić (2013), Kisa, Kisa and Younis (2013) and Van der Doef, Mbazzi, and Verhoeven (2012) found that working conditions were important factors for job dissatisfaction, health and safety risks and poor patient outcomes. A study on nurses' satisfaction provides evidence suggesting that nurses working in hospitals that are poorly staffed and lacking in organizational support for nursing have significantly higher levels of nurse job dissatisfaction and burnout and more frequent adverse patient events such as falls with injuries, patient complaints, and poorer quality of care (Aiken 2012).

Despite all these adverse effects, improvement in aspects of working conditions such as staffing, workload, job satisfaction, leadership, work relationships, working time, professional development, monetary incentives, and facilities and resources will bring about positive consequences for employees and patients (Kirwan, Matthews, and Scott 2013; Wong, Cummings, and Ducharme 2013). The most important consequences of improvement of the working conditions for employees have been identified as improved health and safety, job satisfaction as well as increased motivation and productivity. Consequently for the patient, improved working conditions have been associated with increased safety outcomes and quality of care.

The positive consequences that are associated with the occurrence of the concept are not limited to employees and patients, but also extend to the employers and the organisations. For example, as workplace health and safety increases, employee job satisfaction and motivation improve, motivation and productivity also increases. As a result the hospital becomes less vulnerable to litigation while its reputation also improves.

Identify Empirical Referents

Empirical referents are defined as classes or categories of actual phenomena that by their existence or presence demonstrate the occurrence of the concept itself (Walker and Avant 2011, 168). The empirical referents of improved working conditions in public hospitals in this paper will be defined based on the impact of improving working conditions on the health and health safety of employees, job satisfaction, quality of patient care and patient outcomes.

Health and Safety of Employees

The health and safety of employees refers to an employee's freedom from being harmed or killed. Safety can be either physical or emotional (South Africa 1993).

Empirical referents to measure health and safety of employees include items such as

- employees' perceptions regarding job satisfaction,
- falls, exposure to injuries and nosocomial infections, and
- exposure to medical errors.

Patient Satisfaction on the Quality of Care

Aiken (2012) in her study of patient safety and satisfaction states that a questionnaire to measure patient satisfaction ought to comprise items on the following aspects:

- effective communication (do the nurses explain things in a clear manner, and would the hospital be recommended to relatives);
- help received from nurses;
- prompt attendance to patients' needs;
- attitudes of nurses to patients; and
- respect for patients' privacy.

Patient Safety Outcomes

Patients' safety outcomes would be measured according to the following items:

- the number of falls in a year (Aiken 2012);
- the mortality rates measured from patients' death records;
- medical errors, for example, the wrong medication or dosage administered to patients; and
- nosocomial infections that were recorded per year.

DISCUSSION

With the deteriorating conditions of public hospitals in South Africa and in other parts of the world, the concept of improving working conditions has become a significant component in the delivery of quality patient care for the health and safety of all employees. Although the concept is commonly used in healthcare settings, it remains a complex and fuzzy concept which is hardly defined and inconsistently

used in literature. This confusion about the concept can be attributed to definitions by different authors. The concept of working conditions is used to describe different things by different healthcare practitioners and authors. For example, in many instances the concept of working conditions is frequently used interchangeably with the work environment. However, from the definitions of working conditions in this paper, it is apparent that working environment is an attribute or aspect of working conditions and is not synonymous with it. This inconsistent use of the concept has hindered attempts to develop improvement interventions to improve the health and safety of employees as well as quality patient care in public hospitals. This is mainly because the existing tools that have been developed to measure working conditions are limited and cannot capture the multidimensional aspects of the concept. In addition, the multidimensional aspects of the concept makes it difficult to measure the empirical referents of the concept of improving working condition and as a result, accurate measurement of the empirical referents of the concept will require researchers to develop instruments that will accurately measure all the attributes or aspects of the concept.

CONCLUSION

In this paper the concept of improving working conditions was identified, analysed and clarified. The identifying attributes were identified and operational definitions were proposed, model cases and contrary cases were described according to Walker and Avant's (2011) model of concept analysis. Antecedents, consequences and referents were also identified.

The results of the analysis suggest that the concept of improving working conditions comprises a number of integrated aspects which have a negative impact on the health and safety of employees and their quality of work life, quality of care and patient outcomes, and the employer and the organisation. The analysis reveals that identifying and dealing with all the aspects of working conditions that matter the most will improve workplace conditions. It is crucial for nurses to collaborate with employers, policymakers and researchers in the development of organisational structures and interventions that will promote the health and safety of all employees and patients.

REFERENCES

- Aiken, L. H. 2012. "Patient Safety, Satisfaction, and Quality of Hospital Care: Cross Sectional Surveys of Nurses and Patients in 12 Countries in Europe and the United States." *BMJ* 344:e1717. <https://doi.org/10.1136/bmj.e1717>
- American Heritage Stedman's Medical Dictionary*, 2nd ed. (2000), s.vv. "conditions," "work."
- Bae, S. 2011. "Assessing the Relationships between Nurse Working Conditions and Patient Outcomes: Systematic Literature Review." *Journal of Nursing Management* 19 (6): 700–713. <https://doi.org/10.1111/j.1365-2834.2011.01291.x>

- Bakotić, D., and T. Babić. 2013. "Relationship between Working Conditions and Job Satisfaction: The Case of Croatian Shipbuilding Company." *International Journal of Business and Social Science* 4 (2): 206–213.
- Batalden, P. B., and F. Davidoff. 2007. "What is 'Quality Improvement' and How can it Transform Healthcare?" *BMJ Quality and Safety* 16 (1): 2–3. <https://doi.org/10.1136/qshc.2006.022046>
- Berry, B., M. Smylie, and E. Fuller. 2008. "Understanding Teacher Working Conditions: A Review and Look to the Future." Report prepared for the Spencer Foundation. Hillsborough, NC: Center for Teaching Quality.
- Berwick, D. M. 2008. Institute for Healthcare Improvement. Keynote Address 20th Annual National Forum on Quality Improvement in Health Care. Nashville, 10 December 2008.
- Blackwell's Nursing Dictionary, 2nd ed. (2005), s.v. "condition."
- Caspers, L. and S. Frey. 2010. "Employability and best practices in Europe." Zuyd University of Applied Sciences Heerlen: the Netherlands. (Thesis project).
- England, G. W., and I. Harpaz. 1990. "How Working Is Defined: National Contexts and Demographic and Organizational Role Influences." *Journal of Organizational Behavior* 11 (4): 253–266. <https://doi.org/10.1002/job.4030110402>
- Green, J. 2005. "Moonlighting Nurses Costing Gauteng Millions." <http://www.iol.co.za/news/south-africa/moonlighting-nurses-costing-gauteng-millions-251358> (accessed 8 July 2017).
- Hickam, D. H., S. Severance, A. Feldstein, L. Ray, P. Gorman, S. Schuldheis, W. R. Hersh, K. P. Krages, and M. Helfand. 2003. "The Effect of Health Care Working Conditions on Patient Safety." <https://archive.ahrq.gov/downloads/pub/evidence/pdf/work/work.pdf> (accessed 21 March 2008).
- Kahya, E. 2007. "The Effects of Job Performance on Effectiveness." *International Journal of Industrial Ergonomics* 39 (1): 96–104. <https://doi.org/10.1016/j.ergon.2008.06.006>
- Kekana, H., E. du Rand, and N. van Wyk. 2007. "Job Satisfaction of Registered Nurses in a Community Hospital in the Limpopo Province in South Africa." *Curationis* 30 (2): 24–35. <https://doi.org/10.4102/curationis.v30i2.1068>
- King, G. *Collins Good Writing Guide: The Essential Guide to Good Writing*. Harper Collins, 2003.
- Kirwan, M., A. Matthews, and P. A. Scott. 2013. "The Impact of the Work Environment of Nurses on Patient Safety Outcomes: A Multi-level Modelling Approach." *International Journal of Nursing Studies* 50 (2): 253–263. <https://doi.org/10.1016/j.ijnurstu.2012.08.020>
- Kisa, S., A. Kisa, and M. Younis, 2009. "A Discussion of Job Dissatisfaction and Burnout among Public Hospital Physicians." *International Journal of Health Promotion and Education* 47 (4): 104–111. <https://doi.org/10.1080/14635240.2009.10708168>

- Lalluka, T., S. Sarlio-Lähteenkorva, E. Roos, M. Laaksonen, O. Rahkonen, and E. Lahelma. 2004. "Working Conditions and Health Behaviours among Employed Women and Men: The Helsinki Health Study." *Preventive Medicine* 38 (1): 48–56. <https://doi.org/10.1016/j.ypmed.2003.09.027>
- Lee, R. B. 1979. *The Kung San: Men, Women and Work in a Foraging Society*. Cambridge: Cambridge University Press.
- Manyisa, Z. M. 2014. "A Conceptual Model for Improving Working Conditions in Public Hospitals in Mpumalanga Province: An Occupational Health and Safety Perspective." PhD thesis, University of Limpopo (Medunsa).
- Manyisa, Z. M. 2016. "The Current Status of Working Conditions in Public Hospitals, South Africa: Part 1." *Journal of Human Ecology* 56 (1, 2): 220–231. <https://repository.nwu.ac.za/handle/10394/24241?>
- Morin, E. M. 2004. "The Meaning of Work in Modern Times." Speech delivered at 10th World Congress on Human Resources Management. Rio de Janeiro, Brazil.
- Morrison, R. L. 2008. "Negative Relationships in the Workplace: Associations with Organisational Commitment, Cohesion, Job Satisfaction and Intention to Turnover." *Journal of Management and Organization* 14:330–344. <https://doi.org/10.1017/S1833367200003126>
- Oxford Advanced Learner's Dictionary*, 5th ed. (1994), s.vv. "improve," "work."
- Oxford Dictionary of English Etymology*, (2003), s.v. "weorc." <https://doi.org/10.1093/acref/9780192830982.001.0001>
- Parsons, J. A., J. M. Eakin, R. S. Bell, R. L. Franche, and A. M. Davis. 2008. "'So, are You Back to Work Yet?' Re-conceptualizing 'Work' and 'Return to Work' in the Context of Primary Bone Cancer." *Social Science and Medicine* 67 (11): 1826–36. <https://doi.org/10.1016/j.socscimed.2008.09.011>
- Prüss-Üstün, A., and C. Corvalán. 2006. "Preventing Disease through Healthy Environments." Geneva: World Health Organization.
- Rispel, L. C., and J. Moorman. 2015. "The Indirect Costs of Agency Nurses in South Africa: A Case Study in Two Public Sector Hospitals." *Global Health Action* 8. <https://doi.org/10.3402/gha.v8.26494>
- Seacole, M. 1857. *Wonderful Adventures of Mrs Seacole in Many Lands*. London: James Blackwood Paternoster Row.
- Sleutel, M. R. 2000. "Climate, Culture, Context, or Work Environment? Organizational Factors that Influence Nursing Practice." *Journal of Nursing Administration* 30 (2): 53–58. <https://doi.org/10.1097/00005110-200002000-00002>
- South Africa. 1993. *Occupational Health and Safety Act (Act No. 85 of 1993)*. <http://www.gov.za/documents/occupational-health-and-safety-act> (accessed 12 June 2014).
- Thesaurus, s.vv. "work," "working conditions," accessed 30 November 2014, <http://www.thesaurus.com/browse/reference>.

- Van Der Doef, M., F. B. Mbazzi, and C. Verhoeven. 2012. "Job Conditions, Job Satisfaction, Somatic Complaints and Burnout among East African Nurses." *Journal of Clinical Nursing* 21 (11–12): 1763–75. <https://doi.org/10.1111/j.1365-2702.2011.03995.x>
- Waddell, G., and A. K. Burton. 2006. *Is Work Good for Your Health and Well-being?* London: The Stationery Office.
- Walker, L., and K. Avant. 2011. *Strategies for Theory Construction in Nursing*. 5th ed. Boston: Prentice Hall.
- WHO (World Health Organization). 2013. "WHO Nursing and Midwifery Progress Report 2008–2012." www.who.int/hrh/nursing_midwifery/progress_report/en/ (accessed 8 July 2017).
- Wong, C. A., G. G. Cummings, and L. Ducharme. 2013. "The Relationship between Nursing Leadership and Patient Outcomes: A Systematic Review Update." *Journal of Nursing Management* 21 (5): 709–724. <https://doi.org/10.1111/jonm.12116>