

**THE IMPACT OF JOB REDESIGN ON EMPLOYEE JOB OUTCOMES
THE CASE OF THE IMPLEMENTATION OF A PRIVATE-PUBLIC PARTNERSHIP
MODEL AT A HOSPITAL**

A dissertation submitted in partial fulfillment of the requirements for the degree

of

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By

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DECLARATION

I, Dr Chukwuka Moses Onaga, hereby declare that this research thesis is my original work, that all reference sources have been duly and accurately reported and acknowledged , and that this report has not previously , in part or in its entirety, been submitted to any other university or institution for examination or to obtain an academic qualification.

Dr Chukwuka M. Onaga

Date.

INTEGRATIVE SUMMARY

It has been widely reported that despite high health expenditure and a myriad of policies in place, South Africa's health outcomes are worse than those in many lower income countries. The adverse health outcomes are even more pronounced in a rural province such as the Eastern Cape Province. Consequently, the Eastern Cape Department of Health (ECDOH) had turned to Private Public Partnerships (PPP) with the hope of mitigating some of the challenges beleaguering the health system in the province.

This study evaluated the impact of the implementation of one of the PPP models at an Eastern Cape Hospital on key employee job outcomes. This is crucial as there had not yet, been this type of scientific assessment of the impact of the PPP model since the inception of the PPP about half a decade ago.

Theoretical guidance of the study was provided by the Job Characteristics Theory (JCT) of Oldham and Hackman (1975), which predicted that changes in five core characteristics of a job will affect three critical psychological states which will in turn impact on key employee job outcomes. Uniquely, this study veered away from the traditional quantitative approach to the application of the JCT but rather adopted a qualitative case study approach. There is historical evidence that cross cultural validation of a theory in a new setting (a South African PPP hospital in this instance) benefits from an initial qualitative study. Data collection and analysis were guided by the JCT. Primary data collection was by semi-structured, face to face, one on one interviews. The analyses of the data specifically employed pattern matching and explanation building techniques, all underpinned by the JCT. Validity of interview data was strongly contributed to by available relevant case study documents.

This study found that indeed, the implementation of this PPP model brought about changes in all five (JCT) core job characteristics of clinical staff, but to varying degrees in the three unique shared service areas. Interestingly, the three psychological states were found to have been impacted upon by changes in the JCT core job characteristics but also by factors related to the context of the job, such as quality of supervision and co-worker relationship. In contrast to the predictions of the JCT, this study also found

that the key job outcomes were impacted directly by such contextual factors as the recent availability of specialists and staff shortages, among others. It also emerged that the PPP implementation has directly evoked a perception of inequity and breach of psychological contract among clinical staff working at the shared service areas. Among the three shared areas, the accident and emergency unit was discovered to have had the worst overall impact.

Due to the importance of contextual factors at this PPP setting, key recommendations were directed towards improved management of the jobs. It is also recommended that a follow-up quantitative study be commissioned to further explore the main themes that emerged from this study.

This research report is presented in three sections. Section 1 is the evaluative report itself, structured as an academic paper. Section 2 expands on the literature that was briefly reviewed in Section 1 while Section 3 outlines, in greater details, the research methods followed during the conduct of the research and the justifications thereof.

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LIST OF ABBREVIATIONS

AHP	- Allied Health Professionals
A & E	- Accident and Emergency
CSSD	- Central Sterile Services Department
DoH	- Department of Health
ECDoH	- Eastern Cape Department of Health.
OPD	- Out Patient Department
PPP	- Private Public Partnership.

SECTION 1- EVALUATIVE REPORT

ABSTRACT

Background: A body of evidence exists that suggests that despite huge investments in the health system and the existence of an assortment of health policies and interventions, South Africa still has health outcomes that are worse than some of the lower income countries. In its bid to mitigate some of the challenges which the health system is faced within the province, the Eastern Cape Department of Health (ECDOH) commissioned three Private Public Partnership (PPP) hospitals between 2004 and 2010. Interestingly, each of the three hospitals has a different PPP model in operation.

Purpose: The aim of this study was to evaluate, using the theoretical propositions of the Job Characteristics Theory (JCT) of Oldham and Hackman (1975), if and how the redesign of jobs, occasioned by the PPP implementation, had impacted on selected job outcomes of clinical staff working in the shared service areas at one of the three PPP hospitals.

Method: Data collection and analyses were guided by the JCT. Primary data collection was by semi-structured interviews of eight purposively selected, information rich employees. Data analysis was done specifically by pattern matching and explanation building. Construct validity of interview data was strengthened by data extracted from relevant case documents.

Results and recommendations: While most of the five (JCT) core characteristics were enhanced by PPP initiated job design, task identity and autonomy have been compromised at the accident and emergency (A &E) unit. Surprisingly, the study found that contextual factors are more important than currently recognized within the JCT (and other related enrichment theories) as they **directly** impact on the three psychological states and the job outcomes. Skills variety seem to be the single most important (JCT) job characteristics while the A & E unit had, comparatively, the worst overall outcomes among the three shared areas. Unexpectedly, a consequence of the PPP

implementation has been a perception of inequity and breach of psychological contract among the staff at the three shared areas while change management seem to have been challenging for the management team.

Key recommendations made are geared towards better management of the jobs and change at the hospital. It is also suggested that a follow-up quantitative study be commissioned to further explore and build on the themes that have emerged from this qualitative study.

1.2 INTRODUCTION

Although South Africa is considered to be a middle-income country in terms of its economy, it has health outcomes that are worse than those in many lower income countries (Coovadia *et al*, 2009; 817) and this has been “despite high health expenditure and many supportive policies” in South Africa (Chopra *et al*, 2009:1025). This seems to suggest that policies and funding may not be major factors militating against the attainment of optimal health outcomes in the country. Rather, it may be the inefficient and ineffective use of available resources and the implementation of inappropriate interventions by the South African health system.

Indeed, the Eastern Cape Department of Health [ECDOH] (2010) has always acknowledged that the public health sector in the Eastern Cape Province is faced with multiple systemic challenges. In a bid to surmount these challenges, it turned to partnerships with the private sector, with the expectation that the partnerships will among others, enhance service quality, mitigate investment challenges, accelerate skills transfer to public sector healthcare workers and attract and retain “better performing staff” (ECDOH, 2010). In line with this, between 2004 and 2010, the ECDOH commissioned three co-location Private-Public Partnership (PPP) hospitals, at three different sites, in the Eastern Cape Province. In all three instances, there was a pre-existing, fully fledged public hospital at the site. Two different private hospital groups were involved in these partnerships; one is the private partner in one PPP hospital while another private hospital group is the private partner in the other two PPP hospitals. Interestingly, each of the three PPP hospitals has a slightly different model in operation.

According to South African law, a PPP is a contract “between a public sector institution/municipality and a private party, in which the private party assumes substantial financial, technical and operational risks in the design, financing, building and operation of a project” (National Treasury, 2013: 1).

This research was conducted at one of the three co-location PPP hospitals in the Eastern Cape Province. Prior to the implementation of the PPP model, the hospital was previously a 219 bed, 100% government owned hospital. In line with the definition of a PPP, the private partner refurbished some existing structures and built numerous brand

new structures including, but not limited to, Accident and Emergency (A&E), radiology and theatre units. The private partner also took over the asset management, health technology procurement, catering, gardening, cleaning, laundry, security and maintenance functions for both the public and private sections of the hospital. The newly built A&E, radiology and theatre units present unique work environments. At these three units (referred to in the institution and the PPP contract as “shared service areas”), revenue, responsibilities, risks, services, human and material resources are shared between the public and private sector partners. In the process of implementing the PPP, the existing public sector employees were retained, additional staff were employed by the private sector entity and new roles were created while existing jobs were redesigned at all three of the shared service areas. Additionally, the private partner is responsible for the management of the staff and operations of the unit at all three shared areas. In the case of the radiology department, the private partner further outsourced its management and operations to another third party; a private radiology practice.

Almost five years into the life of this PPP model, the impact of this redesign of jobs on employee job outcomes has not yet been systematically evaluated. This is important to do in the face of the existence of two other alternative PPP hospital models currently being implemented by the same Health Department. Furthermore, when negotiations for the revision or renewal of the current PPP contract commence in some years’ time, the findings of this study may provide valuable insight for both parties in the PPP.

1.3 LITERATURE REVIEW

1.3.1 INTRODUCTION

Major organizational re-design disrupts the organization in terms of group boundaries , inter-personal relationships and reporting lines (Jones *et al.*, 2008:295) and may adversely affect the employees (Simons and Jankowski, 2008: 16). The implementation of a PPP model could therefore potentially have an impact on the employees. However, job (re)design offers an opportunity for employees to feel that the organization has empowered them with the resources to cope with the stress arising from the

restructuring (Chen and Chen, 2008:281). The next section briefly reviews job (re) design literature

1.3.2 JOB (RE) DESIGN

Job design/ re-design affects every aspect of an organization and is thus an important topic for practitioners and researchers (Oldham and Hackman, 2010: 476). Employees, management and researchers ought to have keen interest in the concept of job design/ redesign because while the negative outcomes of job design may befall the employee, the outcomes are attributed more to those that designed the work systems than to those who are actually within the work system itself (Oldham and Hackman, 2010: 466).

Job design is simply the creation and configuration of jobs and specifying what the job incumbent does, how and why (Tims and Bakker, 2010). In re-design, usually, the supervisor finds something to change in the employees' job roles (Tims and Bakker, 2010). Some of the ways jobs re-design could be implemented include job enlargement, rotation or enrichment. Job enlargement is increasing the number of same-level activities that the employees perform at work (Raza and Nawaz, 2011: 269). The increase in job enlargement is only in the quantity and scale of work, not in variety or scope. Job rotation is the temporary exposure of employees to different assignments and work units within an organization (Jarvi and Uusitalo, 2004: 339). In a hospital setting, this will typically mean work in different wards, units and work areas in the hospital. This study focuses on job outcomes of employees who have been working at the shared service areas pre- and post – PPP implementation hence the concept of job rotation will not be explored further in this study. The concept and essence of job enrichment, which is the primary interest of this study, will be explored in much greater details, in the succeeding sections (on job design theories).

1.3.3 JOB (RE) DESIGN THEORIES

Job design theories have been widely studied and have evolved over the years (DeVaro *et al.*, 2007: 986). Adam Smith's essays (1850 in Oldham and Hackman, 2010: 463) were one of the earliest articulations of a job design theory wherein he advocated the

breaking up of work packages into simple, repetitive, monotonous tasks. His views were advanced further and popularised by Frederick Taylor in what became known, in job design literature, as *Taylorism* (Lawrence, 2010: 419). Taylor argued that employee productivity will be enhanced if jobs were *simplified* into minute, routine tasks with very minimal job variety and autonomy for the incumbent (Lawrence, 2010: 420). Contrary to Taylor's claims, his model was found to negatively impact on key employees' outcomes and increase employees' sense of threat (Lawrence, 2010: 419). Additionally, this "economic model of man" could not deliver the envisaged efficiency promised by Taylor (Walker & Guest, 1952 in Oldham and Hackman, 2010: 463) and this prepared the grounds for job enrichment theories to take root in the early 1960's (Oldham and Hackman, 2010: 463).

1.3.3.1 Important Job Enrichment Theories

The two-factor theory (or Motivation-Hygiene theory) proposed by Herzberg, Mausner, and Snyderman (1959) suggested that certain variables in the work situation ("motivator" factors or *satisfiers*) lead to overall job satisfaction but have minimal impact on job dissatisfaction (Ewen *et al.*, 1966: 544-545). These variables relate to the factors of the job itself, responsibility and advancement. Another group of factors (Hygiene or Maintenance factors) were cited by Herzberg and co-researchers as protecting against dissatisfaction with work and these influence how "hygienic" the work environment is for the wellbeing of the employee (Herzberg, 1965: 395). These *dissatisfiers* "lead to job dissatisfaction but do not in general lead to job satisfaction" (Ewen *et al.*, 1966: 544) and relate to such factors in the work environment as pay; job security; quality of relationship with supervisors, subordinates and peers; company policy and administration (Herzberg, 1965: 395). Therefore, in essence, the Motivation-Hygiene theory made two important postulates: that work should be enriched rather than simplified as was previously advocated by Frederick Taylor; and that factors that protect against dissatisfaction with work do not, in themselves, motivate employees (Herzberg, 1965:396; Oldham and Hackman, 2010: 463).

Empirical research has not, however, supported the job enrichment model upon which Herzberg's two factor theory is based (Oldham and Hackman, 2010: 464) but the theory

has, nonetheless triggered off such job enrichment theories as the Job Characteristics Theory (JCT) of Work design by Oldham and Hackman (1975).

The JCT has been described as an important theoretical basis for job design, re-design and enrichment studies (Morris and Venkatesh, 2010: 146) and the most widely cited model in the work design literature (DeVaro *et al.*, 2007: 986, 988). Remarkably, many of the more recent theoretical developments in job design research have been either direct extensions of it or have been strongly influenced by it (DeVaro *et al.*, 2007: 986). The JCT deals specifically with how job characteristics influence key job outcomes (Casey and Robbins, 2011: 13) as prior research had extensively related these two sets of constructs (Morris and Venkatesh, 2010: 144).

1.3.3.1.1 The job characteristics theory

The Job Characteristics Theory (JCT) of Oldham and Hackman (1975) predicts that five core job characteristics critically influence three psychological states in employees (DeVaro *et al.*, 2007: 986). The five core characteristics (Oldham and Hackman, 2010: 464) are task identity (the extent to which the job involves completing a task from start to finish); skills variety (the extent to which the performance of the job requires different skills and talents from the employee); task significance (the extent to which the job has substantial impact on the lives of others, both within and beyond the organization); autonomy (the degree of exercisable independence and freedom that employees have in determining the work schedules and procedures for performing the job) and job based feedback (the extent by which the performance of the job activities provides clear feedback to the employee about his/her effectiveness in performing the job). These five job characteristics would impact on the psychological states of experienced meaningfulness, responsibility and knowledge of results. Casey and Robbins (2011:14-15) further explained that experienced meaningfulness refers to the perception, by the employee, that the work is important, worth performing and of value. Experienced responsibility (for outcomes of the work) pertains to the feeling that the employee has, that he is personally responsible and accountable for the outcome of the work performed while knowledge of results refers to the job giving regular feedback on how effectively the employee is performing the job.

When these three psychological states are enhanced by the job characteristics in the employees, the employees will be internally motivated to perform their duties well (Oldham and Hackman, 2010: 464). In addition to internal motivation, the three critical psychological states also affect some employee job outcomes such as general job satisfaction, growth satisfaction, lower absenteeism, lower turnover, organizational commitment and work effectiveness (DeVaro *et al.*, 2007: 986; Simons and Jankowski, 2008:16).

1.3.3.2 Employee Job Outcomes

As a result of time and logistic constraints, not all the outcomes reported in JCT-guided studies were explored in the present study. Only three outcomes namely; job satisfaction, intention to leave or stay and internal work motivation were studied (see Figure 1 below). This is due to their recurrence and prominence in prior job enrichment research reports (Chen and Chen, 2008: 283; DeVaro *et al.*, 2007: 986; Oldham and Hackman, 2010: 464; Rad and De Moraes, 2009: 52; Simons and Jankowski, 2008: 16) as well as their peculiar relevance to the hospital industry (Dumont and Zurn, 2007 in Crush and Pendleton, 2010: 3; Rad and De Moraes, 2009: 52).

1.3.3.2.1 Job satisfaction

Job satisfaction has been studied by different scholars. The definition of job satisfaction adopted in this study is a consolidation of the views articulated by Rad and De Moraes (2009: 52) and Morris and Venkatesh (2010:145). Job satisfaction is described, in this study, as a positive attitude of a job incumbent arising from the appraisal of the job and the organization as being fulfilling or congruent with the job incumbent's individual needs, values and aspirations.

Employee satisfaction is one of the job outcomes of interest in this study because research had correlated low levels of healthcare providers' job satisfaction with high employee turnover, low morale, absenteeism, tardiness and grievance expression (Rad and De Moraes, 2009: 52). Furthermore, it has been reported that in the hospital environment, employees' interaction with clients plays a critical role in customer satisfaction and clients' perception of quality (Rad and De Moraes, 2009: 52).

1.3.3.2.2 Intention to stay or leave

The intention, by employees, to stay in, or leave a health facility has been found by many researchers (De Gieter *et al.*, 2011: 1563; Hann *et al.*, 2011: 500; Van Dam *et al.*, 2013:36) to be an accurate predictor of actual employee retention and turnover, respectively. Operationally in this study, intention to leave is defined, similar to previous reports (Cho *et al.*, 2009: 374; Price, 1981 in Liu *et al.*, 2012: 256) as "anticipation of vacating the job in the foreseeable future". Typically, the 'foreseeable future' is taken as within one year (Hauge *et al.*, 2010: 428). Intention to stay, on its own, will refer to an "employee's conscious and deliberate willingness to stay with the organization" (Tett and Meyer, 1993 in Cho, 2009: 374). Both concepts highlight the free will of the employee to either stay or leave, rather than being obligated to do so.

Studies had reported that in South Africa, the shortage of skilled personnel is one of the major obstacles to economic growth (Kock and Burke, 2008: 457) and that the health sector has been particularly hit by this skills shortage (Dumont and Zurn, 2007 in Crush and Pendleton, 2010: 3). Hence an understanding of the factors that influence an employee's intention to leave or stay at an organization is of importance to managers and researchers in the healthcare industry (Rad and De Moraes, 2009: 52).

1.3.3.2.3 Work motivation

A distinction has been made in literature between extrinsic and intrinsic work motivation (Ryan and Deci, 2000: 56- 60).). Since the JCT views motivation as a state of an employee feeling good about himself/herself and his/her work output as well as experiencing a sense of accomplishment (Hackman and Oldham, 1975 in Casey and Robbins, 2011: 15), intrinsic motivation was the outcome of interest in this study. Intrinsic motivation is taken, in this study, as the undertaking of an activity purely for its inherent satisfaction rather than for a separable outcome while intrinsically motivated activities are described as those activities for which "the reward is in the activity itself" (Ryan and Deci, 2000: 56, 57).

Figure 1, below, is a schematic representation of the theoretical framework underpinning this study.

THE THEORETICAL FRAMEWORK OF THE STUDY

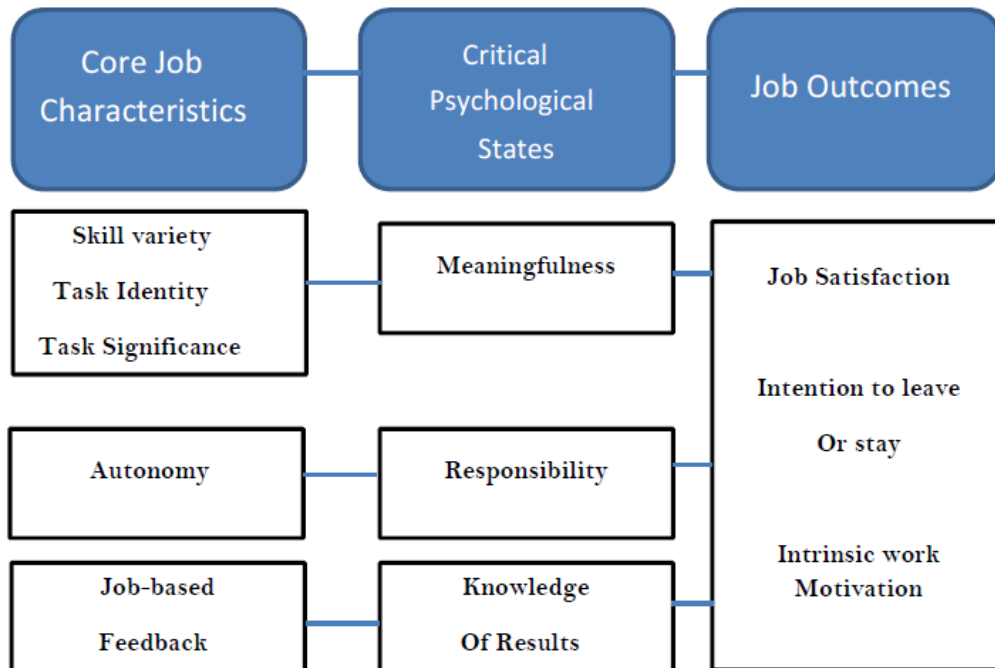


Figure 1: Theoretical framework of the study based on the Jobs Characteristics Theory of Oldham and Hackman (1975).

1.4 METHODOLOGY

1.4.1 RESEARCH AIMS AND OBJECTIVES

The aim of the research was to evaluate the impact of the redesign of jobs, occasioned by the PPP implementation, on the job outcomes of hospital clinical staff working in the shared service areas of the hospital. The following specific research objectives were addressed:

- (i) To evaluate if and how the redesign of jobs, at the three shared service areas, has impacted on the five core job characteristics above as described by the JCT (Oldham and Hackman, 2010).
- (ii) To evaluate if and how any change in job characteristics has impacted on the three psychological states as described in the JCT above.

- (iii) To then evaluate if and how the redesign of jobs has impacted on three key employee job outcomes namely: job satisfaction; work motivation and intention to leave/stay.
- (iv) To make recommendations on how to redesign jobs at the hospital to enhance positive impact on employee job outcomes.

1.4.2 METHODOLOGY, PROCEDURES, TECHNIQUES

This was a qualitative, evaluative case study research. As a case study benefits from the prior development of a theoretical framework to direct data collection and analysis (Gray, 2004: 124), a deductive approach was taken. In this instance, data gathering was guided by the JCT and the findings were examined to see if they “fit” with existing knowledge as espoused in the JCT. The sites of data collection were the operating theatre, A&E and radiography units of the hospital. Primary data collection was by in-depth semi-structured, one on one, face to face interviews. Interviews lasted an average of 55 minutes per interview. Kvale and Brinkmann (2009:116) recommended that interviews “are particularly” ideal for studying people’s description and elaboration of their experiences and understanding of meanings in their lived world.

Eight information rich research participants were purposively selected from the three shared service areas. Eligibility criteria for selection was that a subject must have been involved in the clinical management of patients and must have been working in any one (or all, in the case of doctors) of the shared service areas pre- and post- PPP implementation. The participants were one radiographer (one was eligible); two nurses from the A&E (three were eligible), three nurses from the theatre unit (six were eligible), one public doctor (one was eligible) and one private general practitioner (GP) (five eligible GP practices work part-time in the shared service areas). Data triangulation was also achieved by the analysis of available documents that were relevant to the study namely; complaints register, staff survey documents, staff change documents and exit interview documents.

The schedule of interview questions (Appendix 1) used was developed based on the JCT by Oldham and Hackman (of 1975). During the (semi-structured) interviews,

respondents were allowed to talk about issues relating to the re-design of their jobs while the schedule of interview questions were used as general guides to ensure that the research aims and objectives were achieved in the course of each interview session. The bulk of the information reported in the results section was from relevant information spontaneously volunteered by respondents.

Appendices 2 and 3 are the templates routinely used at the study setting for staff satisfaction survey and exit interviews respectively.

The general strategy for data analysis was the analysis of data in line with the propositions of the JCT framework (GRAY, 2004:139; Yin 2009: 130-136). Specifically pattern matching and explanation building techniques (YIN, 2009: 127-162) were adopted.

1.5 RESULTS

1.5.1 INTRODUCTION

Data collected from the eight semi-structured interviews was analysed and the key findings are presented in this section. Also for ethical and anonymity reasons, the true identities of the research respondents and parties involved in the PPP will not be revealed. The following pseudonyms will be used in the presentation of the findings of the study:

‘Bright Hospital’: The PPP hospital (study setting).

‘Ubuntu Health’: The private partner in the PPP

‘Dash Radiology’: The private radiology practice managing the radiology unit

‘Patty’: Respondent 1 (a nurse who works at the accident and emergency unit).

‘Stacey’: Respondent 2 (a nurse who works at the accident and emergency unit)

‘Debbie’: Respondent 3 (a nurse who works at the theatre complex)

‘Anna’: Respondent 4 (a nurse who works at the theatre complex)

'Lizzy': Respondent 5 (a nurse who works at the Theatre Complex).

'Audrey': Respondent 6 (a radiographer who works at the radiology unit)

'Mark': Respondent 7 (a full time public sector medical practitioner)

'Andy': Respondent 8 (a private medical practitioner employed at Bright Hospital on a sessional [i.e. part-time] basis).

In the course of the interview, it was realized (as the ensuing sections will highlight) that the changes and redesign of jobs brought about by the implementation of the PPP were different for each of the three shared service areas. Hence, the decision was then taken to analyse and present the results of each shared service area separately in the first few sections. Due to thesis length constraints and absence of new information, the report on findings of the interviews of the medical practitioners is highly abridged.

Results are presented under the headings of job core characteristics, critical psychological states and impact on job outcomes; all in line with the theory (JCT) underpinning this study. For some of the shared area, the results are followed by a brief highlight of other important theme(s) raised by the respondent(s) which are not accommodated fully by the JCT.

The summaries of the interview findings are tabulated for ease of reference and convenience. Data collected from analyses of some documents that are relevant to the study are presented briefly in the main report, with greater details made available in Appendix 7. The results are subsequently discussed followed by the overall conclusion of the study. This is then followed by recommendations which are based on the study findings. Suggestions for further research are also made.

1.5.2 ACCIDENT AND EMERGENCY UNIT

The interviewees were both nurses whose main duties were general nursing duties which included, among others, the nursing care of the patients, clerical tasks like making entries in the unit registers, updating the emergency trolley, and so forth.

1.5.2.1 Changes In The Contextual Factors

Some changes were reported to have occurred in the work environment with the commencement of the PPP implementation at 'Bright' hospital.

1.5.2.1.1 Shortage of experienced professional nurses on duty at the unit

Prior to the PPP implementation at "Bright Hospital", the old OPD and A&E departments were combined in one geographical space without any demarcation. Nursing staff were shared by the two units with the effect that there were sufficient numbers of professional nurses to be mobilized to any one of the two units as the need arose. With the commencement of the PPP, the professional nurses were allocated to either the OPD or the A&E unit. The PPP contract required the private partner to employ and supply a certain percentage of the nursing staff at the A& E unit. This, in the view of both respondents, has not happened the way it was stipulated in the contract. As 'Patty' said

"with the PPP, there's now a shortage of staff...the two permanent registered nurses employed by "Ubuntu Health" in this unit have big management duties and so are either not here or work half shifts....and the registered nurses we get here from them ["Ubuntu Health"] only come when they are moonlighting [on locum temporarily]. And since they don't know how things are here, you end up teaching them...so the one that now suffers is the DOH (Department of Health) registered nurses on any shift".

'Stacey', while agreeing that "Ubuntu Health does not provide enough staff" volunteered that the effect it has is that now 'there is so much pressure" on the staff on duty.

1.5.2.1.2 Change in management, unit activities and reporting lines

With the commencement of the PPP, a professional nurse was employed by 'Ubuntu Health' as the manager of the unit. As such, all administrative issues (staff leave management, overtime payment, etc) affecting all the nurses in the unit have to be attended to and approved by her before being implemented by the Human Resource function of either the private or public partner. All nurses that work in the unit now report to this unit manager. Both respondents mentioned that due to this arrangement, they

now feel alienated from their real employer and have a sense of being abandoned. This is reflected in the statements by 'Stacey' that

"The DoH is now far from us. I am caught in the middle. I do not know where I belong anymore. If I have a problem, the first question they ask me is "have you told her [the unit manager]?" But they [the DOH] employed me and should still have time to listen to me. You see, because of this arrangement, I no longer get the assistance I used to get from the DoH".

These sentiments were echoed even stronger by 'Patty' in the statement "we now feel like abandoned babies". Also, both respondents narrated that the daily staff meeting they used to have in the unit with the previous DoH unit manager were discontinued with the PPP. As such, staff members no longer have the daily opportunity to interact with their line manager. Stacey was of the opinion that those meetings made them "feel safe...and covered by the previous unit manager"

1.5.2.1.3 Significant enlargement of clerical work

A major concern to both respondents was the dramatic increase in clerical work. 'Ubuntu health' introduced a more detailed patients' assessment form which has to be filled in by the nurses before the patients are seen by the doctors. This means that the nurses have to capture more information per patient on paper. Additionally, being an area where the partnering parties both have medical and surgical consumables, there is a very stringent requirement for nurses to write down resources of one partner which are consumed by patients that belong to the other partner in the PPP. This has led to the introduction of daily inventory management and sometimes hourly stock taking as an integral part of the nurses' job. As at the time of interviewing, the A&E unit did not have a *full time* ward clerk allocated to the unit, which meant that some clerical work had to be transferred to the nurses. 'Stacey', evidently found the situation frustrating when she complained that

"now there is too much "admin" work... everything you use now, even something as small as webcol [a piece of alcohol swab], you must charge [record against] the private partner".

1.5.2.2 Changes In The Core Job Characteristics

The changes in the job characteristics will be reported under the headings contained in the JCT.

1.5.2.2.1 Task identity

The two respondents unanimously concurred that the PPP has brought about a massive decrease in the domain of task identity with respect to their job as emergency room nurses. The meticulous rules and procedures that are the norm in the private health sector have been brought to bear on the A&E unit. Nurses' scope of practice has been delineated from those of the medical doctors. The effect is that the nurses can no longer assume some responsibilities which they, hitherto, discharged. For example,

“before the PPP, public [ie state] patients could be discharged by a senior professional nurse but this is no longer allowed. Now you have to start and end somewhere...you must wait for the doctor before you discharge a patient. For the private patients, you cannot even do anything without the patient's doctor saying so” ('Stacey').

The impression given by the respondents was that this diminution in task identity could be frustrating. Quoting 'Patty',

“with the PPP, we can no longer dispense drugs. Even if you suture a little wound, you have to wait for a doctor to discharge. You cannot do even the little things you have been trained to do...we have been trained to do these things”.

'Stacey' introduced yet another angle to this decrease in task identity, which is of a self-protective and self-imposed nature. She mentioned that *“with private patients, you are so afraid of complaints. So you don't do the things you know how to do. You just wait for their doctors to say what you must do”*.

1.5.2.2.2 Skills variety

There was consensus between the interviewees that the PPP did not affect the skills variety characteristics of the nursing job itself. However, both respondents suggested that with the PPP commencement, their job now requires and involves more skills which, though not directly relevant for patients' nursing care, have become very important. Both singled out improved customer care and communication skills as skill sets which have now become important, especially when they are dealing with private patients. According to 'Stacey',

“when a private patient enters the unit, he or she expects you to leave what you are doing and smile at him or her. And when we don't smile, may be because we are very busy or having a bad day, they [the private patients] always complain about our attitude”.

Furthermore, intuition and alertness (referred to by 'Patty' as “common sense”) were said to have become critical now. This is because a shift sometimes has only one registered nurse on duty that carries the burden of ensuring that all goes well during the shift. Such a nurse has to “use a lot of common sense these days” ('Patty').

“Ubuntu Health” was reported to have organised customer care trainings for the staff of the A&E unit previously but according to 'Patty' under the pressure of work, the lessons learnt are forgotten. Clerical and record keeping skills are also, now, more relevant in the discharge of the job of the nurses in the unit.

1.5.2.2.3 Task significance

Both respondents felt that their jobs now have enhanced task significance, but in different ways. 'Patty' suggested that with the shortage of experienced professional nurses per shift, her acts of omission or commission could have more far reaching consequences as there may not be any backup/ checks and balances these days. She asked

“can you imagine I forget to order adrenalin and there's a resuscitation...imagine what impact that will have on the poor patient?”

'Stacey' viewed the enhanced significance from the point of view of the larger clientele base. Now, her work affects much more number of patients, especially the private patients who make her feel important when they recognize her in the shops.

1.5.2.2.4 Autonomy

There was concord, among the respondents, that autonomy had been appreciably eroded with the implementation of the PPP. Like already alluded to previously, the rules, policies, protocols and procedures of the private health sector are now being applied to the letter at the A&E unit. As such, nurses do not have the independence and freedom of choice to decide how they wished to carry out their assigned tasks. Dispensing, discharge and referral rights were withdrawn from the nurses. Rules were said to govern almost everything. As 'Stacey' put it

“you cannot decide how you will make your medical records. It must now be in a particular way, on a particular sheet. Even for recording the consumables that are used during the shift, you must write it down in a particular way”.

1.5.2.2.5 Job based feedback

This was unanimously reported to have increased. Due to the nature of the job, some aspects of the feedback from the job remained unchanged and immediate. For example *“if resuscitation is successful, you will see a patient recover before your very eyes. That has not changed...and cannot change”* ('Stacey'). However, though the number of patients had increased, anecdotal observation by the respondents was that the private patients and their relatives, more than the state patients, were, in particular, more prone to informing the nurses about the outcome of the patients even after discharge or about their (patients') experience whilst under the care of the nurses in the unit. The doctors of the private patients also tended to give the nurses more feedback compared to the state doctors. Similarly, the private management tended to give more feedback (whether positive or negative) compared to the public management whose feedback, according to both respondents, was few and far in-between and restricted to adverse events. Hence, the feedback of the public management, though unchanged in extent compared to the pre-PPP era, was said to be uniformly negative in nature. The most

frequently cited contents of the feedback from the patients, patients' relatives or management relate to staff attitude, patients waiting time and quality of nursing care.

1.5.2.3 Changes In The Three Critical Psychological States

1.5.2.3.1 Experienced meaningfulness

According to 'Patty', there is no change in the way she experienced her job as being meaningful. Her job remained very important as it had always been. She explained thus

“my fundamental role is to conserve life, alleviate those in suffering... and that has nothing to do with the PPP, the changes in the job, the private guys or the DoH”.

'Stacey', on the contrary, felt her job was now more meaningful for reasons unrelated to the changes in the characteristics of the job. She said “because of so many complaints from the private patients”, she now felt “the job was more important and therefore (she) needed to improve on the job (she did)”.

1.5.2.3.2 Experienced responsibility

The loss of autonomy and diminished task identity were suggested by both respondents as making the respondent feel less personally responsible for the outcomes of the jobs.

'Stacey' mentioned that

“there are now so many factors beyond my control that determine how well I do my job...so I can only do so much”.

'Patty' also agreed.

“I feel bad we (the nurses) can contribute more to how things turn out at this place...I am talking about patients...but we are prevented from doing so”

1.5.2.3.3 Experienced knowledge of results

There was agreement that as predicted, enhanced built in job based feedback increased the respondents' knowledge of results. Interestingly, it would also seem that

enhanced knowledge of results also contributed to task significance. Because as narrated by 'Stacey'

“some of the private patients would recognize you in the shops and walk up to you and say “thank you”. You will feel that you are doing something important and nice in the community”.

1.5.2.4 Impact Of The Changes On Employee Job Outcomes

1.5.2.4.1 Job satisfaction

While 'Stacey' could not make up her mind if her job satisfaction had been affected in any way, 'Patty' was quick to say that she no longer felt satisfied working in the unit. All the “dis-satisfiers' were related to contextual factors. The major dis-satisfier was “being caught in the middle” which she said was never mentioned as at the time she was signing her employment contract. According to her,

“now there is [sic] complaints from the public side and there are complaints from the private side. At the end of the day, I am a DoH employee and I do not see why I must answer to “Ubuntu Health”... sometimes I worry because if I have a problem related to my employment conditions, they [DoH management] refer me back to my unit manager yet “Ubuntu Health” cannot solve most of my employment problems. How then do I solve my problem if the problem is with the unit manager? There are just so many unanswered questions now”.

1.5.2.4.2 Intention to leave

Both respondents indicated their willingness and readiness to leave the hospital immediately should an opportunity present itself. Again, fingers were pointed only at contextual factors by both respondents. The pressure of answering to ‘two masters’ as well as the lack and type of attention/communication from the DoH were cited, by both respondents, as the main reasons for wanting to leave. 'Stacey' said

“we no longer have the attention of DoH. All the DoH does is wait for us to fail...that is not giving attention”.

In exasperation, 'PATTY' mentioned that this arrangement "felt like wilderness" and whilst she was still working at the unit, she wished "this PPP can divorce [sic] even tomorrow".

1.5.2.4.3 Intrinsic job motivation

Contextual factors (improved physical infrastructure/ medical equipment and congenial co-workers relationship) were cited as reasons for improved intrinsic motivation. The only de-motivating factor was the excessive work load as a result of gross shortage of experienced professional nurses during shifts.

1.5.3 THEATRE COMPLEX

The three interviewees were nurses whose main duties were functioning as scrub nurses, "floor" nurses, anaesthetic nurses or recovery nurses. Scrub nurses make sure the correct sterile instruments required for procedures or surgeries are available on demand. 'Floor' nurses set and prepare the trolleys and ensure instrument count during and after the operation tally. Anaesthetic nurses assist the anaesthetist by ensuring all the instruments/anaesthetic drugs are **immediately** available to the anaesthetist on demand. And recovering nurses monitor patients in the immediate post-operative condition before transfer to the ward. Similar to the A & E nurses, the theatre nurses also carry out clerical duties.

1.5.3.1 Changes In The Contextual Factors

1.5.3.1.1 Staffing

The overall effect of the PPP has been an increase in the number of professional nurses working in the theatre. Unlike the case for the A&E unit, there was no reduction in the number of theatre staff even at the initial stages. All the previous theatre staff members were moved over to the new theatre complex. The private partner has also been more successful (compared to the A&E unit) in supplying the theatre with permanent theatre nurses in line with the terms of the contract. Consequently, three nurses are now on call for the theatre every time (one nurse for scrubbing, another for

flooring and the third for anaesthesia) compared to the pre-PPP situation where only two nurses were on call (one was the scrub nurse while the second did flooring, anaesthetics and “everything else”).

1.5.3.1.2 Infrastructural changes

A new theatre complex was built. The more important structural changes include the increase in the number of operating theatres from two to three, the creation of dedicated recovery and receiving areas and the incorporation of the CSSD (Central Sterile Services Department) within the theatre complex. This was in addition to the replacement of the previous theatre equipment with ultra-modern, state of the art equipment.

1.5.3.1.3 Change in management, unit activities and reporting lines

At the theatre complex, a professional nurse was employed by Ubuntu Health as the overall manager of the unit. The DoH also has a nurse who functions as the supervisor for the DoH staff but she refers to the manager mentioned above who, in turn, refers to the same manager that supervises the A&E unit. Apart from the change in management and reporting lines, the unit activities/ staff engagement remained the same.

1.5.3.1.4 Change in work hours

The interviewees reported that there was a reduction in their free time. Their 40 hour work week was compressed from seven days to five working days with the result that they no longer have Thursdays as free days, as was previously the case.

1.5.3.1.5 Decentralisation of administrative duties

The interviewees reported that some functions like compiling the unit statistics, stock taking and file audit previously done by the theatre supervisor was now the responsibility of every nurse in the unit. All the interviewees mentioned that that has increased the paper workload appreciably but the reaction to this was different. ‘Debbie’ was grateful that she has learnt “more administrative stuff” due to the PPP implementation while ‘Anna’, who, by her own self admission, “doesn’t like writing”, was frustrated by all the writing because as she put it

“if you don’t write you are not covered ...and sometimes you concentrate too much on this writing that you neglect the patient”

1.5.3.2 Changes In The Core Job Characteristics

1.5.3.2.1 Task identity

All the respondents concur that with the PPP implementation, the task is now broken down into smaller more manageable chunks between the three nurses on duty with a resultant increase in their individual ability to own and complete tasks from start to finish. ‘Lizzy’ captured this in these words,

“previously, when we used to be only two on duty, I had to run all around... and be all over the place but now, I can focus on the job I had to do and finish it”.

1.5.3.2.2 Skills variety

All the respondents agreed that there was a significant increase in the variety of skills needed in their core job as nurses. This mainly stemmed from the arrival of specialists at the hospital who were attracted by the PPP implementation. Each specialist uses a specialized set of equipment which the nurses have to learn and get accustomed to. Training on new equipment is usually provided by the suppliers of the equipment.

Communication skills and writing skills were also mentioned by one respondent as new skill sets that were becoming more important in their job.

1.5.3.2.3 Task significance

All believed that their job as theatre nurses now have more impact on peoples’ lives post-PPP implementation. The PPP has attracted full time private specialists to the private hospital and also a sessional specialist to the public hospital. The result was that patients in the drainage area of the hospital no longer had to travel to the private hospitals in the nearby towns to undergo specialist procedures/ surgeries. ‘Anna’ believed that in addition , her job now has greater impact (but in a negative sense) on the members of her family and her colleagues as she finds the increased workload

physically draining and cannot, therefore keep up with social commitments at home and at work.

1.5.3.2.4 Autonomy

The autonomy with respect to the core nursing job remained unchanged but there was a loss of autonomy in the administrative tasks. As 'Debbie' put it

"You must record things in a particular way. So yeah...there is less freedom in the way the paper work part of my job is done".

1.5.3.2.5 Job based feedback

The finding in this domain exactly mirrors that already reported for the A&E unit. All three respondents agreed that the more specialized equipment have enhanced capabilities to promptly notify them of the efficacy of their work. Similarly, the private patients generally, are more prone to giving feedback to the nurses. The increased feedback comes from the patients' relatives and private doctors. Regarding the management, the private management gives more feedback, irrespective of the nature of the feedback. The DoH management, once again, was unanimously reported as "distant these days" and only gives negative feedback. Laughing sarcastically, 'Debbie' said,

"They [DoH management] never come these days to give us feedback on how well we are doing our job. When we see them here, then it means something really really bad has happened".

The more common themes of positive feedback include good staff attitude, and giving a compassionate explanation of the processes to be followed during the surgical procedures that the patients were booked for. The most common theme for negative feedback was the long waiting time in the receiving area before commencement of the procedures/surgeries.

1.5.3.3 Changes In The Three Critical Psychological States

1.5.3.3.1 Experienced meaningfulness

Two of the respondents felt that the meaningfulness of their work as nurses is immune to such influences as changes in the characteristics of their job or in the work environment. 'Lizzy' ventured an explanation akin to that given by 'Patty'

"My job is important...I am doing it for the patients. If they were no patients, we will pack and go".

One respondent however felt her job was now more meaningful post-PPP because she was assisting in more surgeries, had learnt more administrative skills and generally could do more now.

1.5.3.3.2 Experienced responsibility

All three respondents concurred they felt more personally responsible for the outcome of the job. They cited increased task identity and skills variety as the main contributing job characteristics to this. On the skills variety, 'Debbie' believed that since she "had learnt more and could do more", she now felt "more accountable for how things worked out" at the theatre. 'Anna' attributed the enhancement in experienced responsibility to the honing (out of sheer necessity) of her planning skills. As she saw it, the increased workload meant there was no longer time to check all equipment in-between surgeries. So these days they "have to plan ahead, even put guidelines to enable new staff to do the right things even when they [the older, more experienced theatre nurse] were not there".

1.5.3.3.3 Experienced knowledge of results

Results were similar to that of the A&E unit. The increased job based feedback brought about an enhanced experienced knowledge of results. All respondents concurred on this.

1.5.3.4 Impact Of The Changes On Employee Job Outcomes

1.5.3.4.1 Job satisfaction

The respondents all found their job more satisfying post-PPP. The enrichment in the variety of surgeries and procedures they participate in, the opportunities to work with and learn from specialists and the availability of the appropriate equipment to work with were the main factors contributing to this increased job satisfaction. 'Lizzy' got the most satisfaction from her "weekly allocation to specific tasks like flooring, or anaesthesia" (ie from increased job identity).

1.5.3.4.2 Intention to stay

The respondents indicated an intention to stay. The factors stated below for intrinsic work motivation were responsible for the intention to stay. 'Anna' however stated that job enlargement was threatening to make her reconsider her intention to stay.

1.5.3.4.3 Intrinsic job motivation

The enrichment in the job due to the increased variety of procedures/surgeries being done by the specialists is responsible for the increased intrinsic job motivation, according to all three respondents. This view is well put by 'Debbie' who stated that

"At least, it is no longer caesarean sections and more caesarean sections...every day as you prepare to come to work, you think to yourself 'maybe there is something interesting waiting for you today'".

However, 'Debbie' added the improved learning opportunity as another motivator while 'Anna' found the increase in workload (of pre-PPP type work) as demotivating (job enlargement).

1.5.3.5 Other Relevant Themes Raised By Respondents

1.5.3.5.1 Poor change management

In the view of the respondents, an air of uncertainty still persists more than four years post-PPP implementation. The respondents, in the course of the interview sessions, all

expressed concern over the persisting lack of certainty over one aspect of their work or the other. 'Debbie', while explaining about the change in management structure at the theatre complex, confessed that she "was still confused about the management arrangement". 'Lizzy', in a similar vein, stated that

"there was the issue of things changing all the time. Initially we used to borrow freely. DoH will borrow materials from "Ubuntu Health" while "Ubuntu Health" will borrow from DoH. But now that has stopped".

'Anna' likewise mentioned that "these papers [sic] and forms that we need to fill keep changing all the time...especially the charge sheets".

The feeling of uncertainty was however much more marked at the commencement of the PPP. 'Debbie' stated

"In the beginning, like I said, it was a little bit scary. We didn't know what to expect. So nobody really knew what will happen to them".

1.5.3.5.2 Feeling of being victims of unfair employment conditions

There was the distinct impression given by all the respondents that they felt (especially at the initial stages) they had been unfairly treated by their employers compared to their colleagues unaffected by the PPP in the hospital. 'Debbie's words best captured the feeling

"Some of the nurses in the theatre felt at that time [the beginning of the PPP] that the DoH had sold us to "Ubuntu Health"

1.5.4 RADIOLOGY UNIT

The radiology unit has always been a small, two-man strong unit. No change was made to the number of radiographers at the unit until recently when one of the two radiographers retired. The private partner then promptly hired a private radiographer to replace the retired DoH radiographer. Hence in terms of staff strength, there were no changes post- PPP.

1.5.4.1 Changes In The Contextual Factors

The private partner built a completely new radiography unit. In addition to the installation of modern computerized digital X-ray machines, there was a reportedly significant improvement in the overall office environment with the inclusion of such amenities as a kitchenette within the radiography unit. Ubuntu Health also outsourced the management of the unit to an off-site, private radiology practice that had extensive wealth of experience in managing radiology units/departments across South Africa.

1.5.4.2 Changes in the Core Job Characteristics

1.5.4.2.1 Task identity

The PPP did not affect the task identity domain of the job. 'Audrey' stated that

“the work package remained the same. You still take the patient the whole way through, from capturing the patients' details to taking the X-rays”

1.5.4.2.2 Skill variety

Skill variety of the job was enhanced in two main ways. First, there was the need to undergo training in, acquire and employ computer literacy skills in the routine day to day activities in the unit post-PPP era. This was because previously a Conventional Radiology (CR) system was in operation (that printed on x-ray films) but the new facility had a computerized digital system installed. Learning and using computer skills was critical because “without it the radiographer would not be able to function in the new facility” ('Audrey'). The success in acquiring the computer skills was viewed by 'Audrey' as an achievement because according to her, she “did not even know how to use a computer mouse before the PPP was implemented”.

Secondly, there is now a greater use of “softer skills like communication skills and patience” post-PPP ('Audrey'). This was because there has been an upsurge in the number of private patients accessing radiography services through the unit post-PPP and these private patients were described as being more demanding of attention. An interesting finding is that the radiologic requests of the specialists had not made any

increased demand on the skills of the radiographers in taking the requested x-rays. Rather it is the management of the private patients from the specialists that require more customer care skills of the radiographers.

1.5.4.2.3 Task significance

There was a perceived increase in task significance mainly from the increase in the number of private patients whose health needs are now attended to more effectively and comprehensively in the hospital by the specialists whom the radiographers assist.

1.5.4.2.4 Autonomy

Interestingly, the radiographer was emphatic that the PPP implementation had brought about significantly increased autonomy in her job. She found it easier to relate with her new manager who had insight into what the job of a radiologist entailed and allowed her some flexibility in the way she discharged her duties. She mentioned flexitime as an example of an arrangement which was easier to arrange with the new manager. Additionally, according to the radiographer, when the radiography unit was initially opened, “there was nothing in place” (‘Audrey’) and they (the radiographers) had to figure out the most practical way of doing their job, all by themselves.

1.5.4.2.5 Job based feedback

The digital system brought about a whole new level of real time feedback on the quality of the x-rays being taken. Previously, they had to completely process an entire job and print the x-ray film before they could determine the quality of the x-ray taken. ‘Audrey’ said:

“you know...this new machine shows me immediately the quality of the job and I can now take appropriate actions immediately...like cancelling a job midway and starting all over again. This saves both me and the patients [sic] valuable time”.

Private patients, though more demanding were more expressive of their experience at the radiography unit compared to the state patients. The new management is also said to tend to give feedback on the quality of the job much more than the DoH management. According to ‘Audrey’,

“to the DoH management, you are there and you are there. That’s it. They don’t really bother too much what is happening here”.

1.5.4.3 Changes In The Three Critical Psychological States

1.5.4.3.1 Experienced meaningfulness

‘Audrey’ ascribed her enhanced experienced meaningfulness completely to the improved quality of supervision and the management style of Dash Radiology. With a half-smile on her face, she stated:

“Working with Dash Radiology gave us a sense of self-worth because in the past, they [DoH management] made us think we were just nuisance [sic]. The new managers, through the feedback that they give and the type of relationship they have with us, have made us feel that our job is important and worth doing”

1.5.4.3.2 Experienced responsibility

The increased autonomy and increased real time job based feedback contributed to a heightened sense of being able to personally determine the outcome of the quality of the X-rays. The high esteem in which she’s viewed by the management was said to again be a contributory factor to the enhanced sense of experienced responsibility. She maintained that the quality of management makes her want to do more and do things right.

1.5.4.3.3 Experienced knowledge of results

There’s increased knowledge of results contributed to by the enhanced job based feedback.

1.5.4.4 Impact Of The Changes On Employee Job Outcomes

1.5.4.4.1 Job satisfaction

There is increased job satisfaction reported by the radiographer. The reason given was all related to the improved work environment (contextual factors). This is exemplified by the statement:

“I find my work more satisfying now. This is because of the new equipment that I now work with and the facility where I work in... It may sound silly but now I have a kitchen, a rest room and a decent place. I like it that I now have these things at work. And like I said, there’s this awesome interaction with the new private radiology management. All these make the job more satisfying.”

1.5.4.4.2 Intention to stay

There is the intention to stay. The reason given were same for those responsible for the enhanced job satisfaction (ie contextual factors)

1.5.4.4.3 Intrinsic job motivation

The increased ability to satisfy patients was reported as the main intrinsic motivator. No de-motivator was reported.

1.5.4.5 Other relevant themes raised by the respondent

The main theme that came out strongly was, again, poor change management by the champions of the PPP project especially in respect of clarifying what the future held for the employees working in the shared service areas. Again, there was evidence of considerable psychological stress at the initial stages of the PPP. For example, ‘Audrey’ stated thus:

“When the PPP started, we were told there was no government department in this town to be re-deployed to. So we were told to remain here and wait for the private guys...it was really traumatic for us at the time because if we were redeployed somewhere else while our families were here, it would be a problem for us and our families”.

1.5.5 MEDICAL PRACTITIONERS

The interviews of the two medical doctors, in the main, confirmed the findings of the other respondents. They did however provide other perspectives on a few issues. For example, while commenting on the changes in the physical context of work brought

about by the private partner in the PPP, 'Mark' singled out the building of separate A & E and OPD units as being particularly valuable. According to him

"there were all sorts of problems then [pre-PPP era]. There was always confusion among the doctors ...no one could quickly tell you who was the emergency case among the chronic patients. Patients' files used to get lost all the time. And there was no privacy then. They used boards and partitions to divide up the consulting rooms. So one could hear someone else consulting in another room".

Hence, the risk of breach of patient/doctor-hospital confidentiality was thus mitigated post-PPP implementation. Similarly, the medical doctors brought to the fore, the fact that the implementation of the PPP has, literally speaking, increased management capacity. As 'Andy' put it

"the hospital now has two managements [sic] instead of one and that has led to improvement in the functioning of the hospital"

It is also important to clarify that the impact of the PPP on the doctors was found to be uniformly positive in *all* domains.

1.5.6 SUMMARY OF RESULTS

Tables 1, 2 and 3 below show summaries of the interview data contained in the text above, regarding the factors that have impacted on the employees' core job characteristics, psychological states and job outcomes of interest.

Table 1: Summary of factors that have impacted on the core job characteristics, post PPP implementation at 'Bright' hospital

JCT core job characteristics	Increased / enhanced by	Reduced/diminished by
Task identity	Job fragmentation (' <i>specialization</i> ' in small tasks)	company policy
Skills variety	Specialist procedures Additional non-clinical skills (for example Customer care/communication skills; computer skills, administrative skills)	
*Task significance	Greater impact/reach	
Autonomy		Company policy Management style
Job based feedback	Enhanced equipment capabilities Greater (private) clientele feedback	Limited management feedback (especially DoH management)

*A number of the respondents view their job as a vocation and therefore reported task significance as immune to influence by any factors.

Table 2: Summary of the factors and JCT core job characteristics that have impacted on the three critical psychological states

Table 2: Summary of the factors and JCT core job characteristics that have impacted on the three critical psychological states

Critical psychological state	Enhanced by	Compromised by
Experienced responsibility	↑ Task identity ↑ Skills variety ↑ Autonomy ↑ Job based feedback Congenial relationship with co-workers and managers	↓ skills variety ↓ Autonomy ↓ task identity
*Experienced meaningfulness	Management style	
Experienced knowledge of results	↑ Job based feedback	

*some respondents reported that experienced meaningfulness is immune to influence by changes in the contextual- or JCT- or any factors. Their job was viewed as a vocation.

↑ means 'increase in' while ↓ means 'decrease in'.

Table 3: Summary of the factors that have impacted on the three key job outcomes among employees working at the shared service areas of ‘Bright’ hospital

Key employee outcomes		JCT job characteristics/psychological state	Contextual factors	others
Job satisfaction	Enhanced by	↑Skills variety ↑Task identity	Specialist procedures Better facilities/equipment Congenial professional relationship with manager	Job fragmentation
	Compromised by		“Answering to two masters”	
Intention to stay	Enhanced by	Skills variety	Congenial professional relationship with manager Specialist procedures	
	Compromised by		“Answering to two masters” Alienation from DoH management	↑ work load
Internal job motivation	Enhanced by	Skills variety Job relevant skills and knowledge	Better facility Congenial professional relationship with co-workers Specialist procedure	Increased ability to satisfy clients
	Compromised by		Staff shortage	Job enlargement

Figure 2 below summarizes the comparison of the impact of the PPP on the (JCT) core characteristics of the **clinical job** of employees working at the three shared service area. It highlights that job based feedback was most affected by the management of the job while task significance is the most related to the nature of the job itself. Further it pictorially depicts the A & E unit as, comparatively, having the worst net adverse impact. The positive (+) signs denotes enhancement while the negative sign (-) denotes decrease in the job characteristic. The midline denotes the status or baseline situation

pre-PPP era. The closer the symbol for a shared area is closer to the signs (+) or (-), the greater the magnitude of the enhancement or decrease respectively.

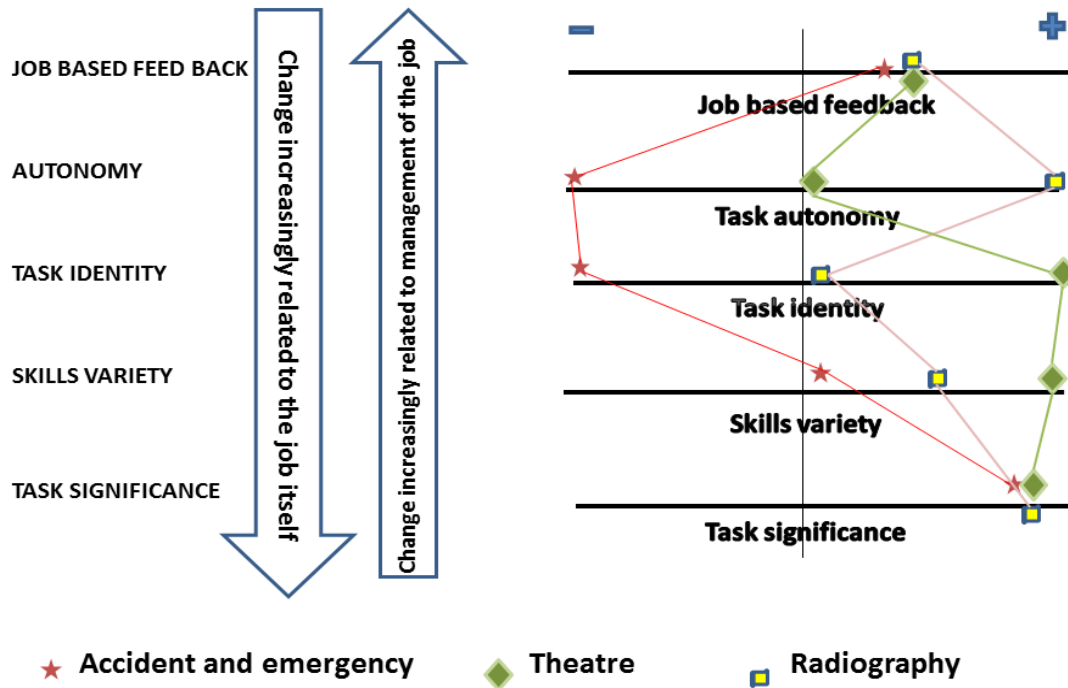


Figure 2: Schema of the comparison of the impact of the PPP on the core job characteristics of employees working at the shared service areas.

1.5.6.1 Summary Of Results Of Document Analyses

To enhance internal validity of the interview findings, analyses of a variety of available documents at the hospital that were relevant for the study were also done (methodological triangulation). The source documents that were analysed included:

- The complaints registers at the hospital
- The March 2014 staff satisfaction survey documents
- Staff change records.
- Former employees exit interview records.

Detailed explanation of the nature of the documents and the analyses of their data are confined to Appendix 7 (due to thesis length constraints). However, highlights of the document analyses include

- confirmation of the importance of customer care skills to the patients
- Confirmation of the A & E unit as the shared service area with generally the worst outcomes (including employee job outcomes).
- confirmation of staff shortage (at A & E unit) as a huge concern to former employees at the A & E unit
- Confirmation of contextual factors (such as quality of the relationship with co-worker/manager, condition of hospital facility) as very important determinants of employee job outcomes.

1.6 DISCUSSION

The PPP model currently being implemented at 'Bright' hospital was found to be a "hybrid" model in the sense that changes introduced with the PPP in the employees' core job characteristics and work context is significantly different for the three shared service areas.

1.6.1 "NO LONGER AT EASE AS THINGS WERE CERTAINLY ABOUT TO FALL APART"

This phrase epitomizes the feeling of impending doom that was prevalent among employees at the initial stages of the PPP implementation. There is evidence that poor change management at the early days of the PPP evoked unnecessary anxiety and apprehension within the employees. There was the distinct impression given by the interviewees that at the onset of the PPP, they felt betrayed and that their future at 'Bright' hospital was uncertain. Such thick descriptions as "we now feel like abandoned babies" highlight how strongly the employees felt about this perceived *breach of a psychological contract* between themselves and the Department of Health, their employer. The magnitude of their resentment of this breach went as far as someone stating that she wished she could single-handedly bring the PPP to an end. Rosseau

(1995 in Restubog *et al.*, 2012) explained that a psychological contract is a mental model that encapsulates the perceived promises that employees believe the organization has made to them in exchange for their efforts. *Breach*, which is reportedly the most important construct in psychological contract theory, is the perception by one party in a relationship that the other has failed to fulfil promised obligations (Conway, *et al.*, 2011: 267). Researchers have warned that this breach in psychological contract could result in a negative impact on employees' wellbeing, organizational behavior/commitment and staff attitude (Conway, *et al.*, 2011: 267). Poor staff attitude has been the most frequent single category of complaints among the patients at 'Bright' Hospital (see Appendix 7; Tables 4 and 6) and the contribution of the perceived psychological contract towards this needs further exploration.

This study has also unearthed a deep sense of inequity among many of the DoH employees working at the shared service areas. Employees' frustration at the increased clerical duties, seeming lack of access to their bona fide employing organization (compared to their colleagues working at units outside of the shared service areas) and exposure to complaints from both private and public patients and were some of the issues raised in this regard. Equity theorists have reported that "members of organizations within various settings such as the healthcare consider equitable treatment of individuals as important organizational goals" (Carrell and Dittrich, 1978: 202). Social comparison, as has been noted in this study, is a natural phenomenon at the work place (Carrell and Dittrich, 1978: 202) and it is the comparison among employees of their inputs (skills, education, efforts) with their output (promotion, status, pay, recognition). Carrell and Dittrich (1978: 202) warned that employees who perceive themselves to be in an inequitable situation tend to eliminate this inequity by either cognitive distortion of inputs and/or outputs, by directly altering inputs and/or outputs, or by leaving the organization. The employees working at the A&E unit were the most vocal against a perceived inequity and there is historical evidence (See Appendix 7; Table 7 and Figure 4) that among the three shared service areas, the A & E unit has had the highest staff turnover rate post-PPP. There is need, therefore, to further investigate if and how this feeling of inequity (and not merely the change(s) in job characteristics) contribute(s) to the problematic high staff turnover at the A&E unit.

1.6.2 CHANGES IN JOB CHARACTERISTICS AND PSYCHOLOGICAL STATES

This study found some interesting commonalities among all the respondents. All the respondents, without exception, reported an increase in task significance, job based feedback, experienced knowledge of results and low levels of management feedback. Comparatively, the A&E unit had the worst changes (see Figure 2 above). It was found that such factors as enhanced skills variety, experienced responsibility and increased job relevant skills contributed to job satisfaction and internal motivation as predicted by the Herzberg's Motivation-Hygiene theory (Herzberg. 1965: 395). Similarly, the overall findings of the study validated the over-arching proposition of the JCT (Oldham and Hackman, 2010: 464, DeVaro et al., 2007: 986) which stated that job redesign which led to enhancement in the five core characteristics will have positive influence on the three psychological states which will in turn positively impact on employee job outcomes. It is well known that the hospital environment is highly regulated and the enforcement of strict rules and regulations is necessary to save life (Casey and Robbins, 2011: 19). Hence the finding, in this study, that the task autonomy in the jobs of the clinical staff post-PPP, were either reduced or left unchanged, concurred with the report that autonomy was somewhat lower in the hospital industry compared to other industries (Casey and Robbins, 2011: 19). However, while some characteristics (like autonomy), by necessity, need to be restricted in the hospital industry, job redesign practitioners ought to have been cognizant of this and should, therefore, have compensated for this by building into the job, stronger positive changes in other job characteristics or contextual factors.

A deeper comparison of the findings of this study with the predictions of the JCT revealed some points of departure. This study could not support the predictions of the JCT concerning the contribution of particular job core characteristic(s) to individual psychological states. For instance, while it is predicted that experienced meaningfulness is contributed mainly by task significance, skills variety and task identity (Cassey and Robbins, 2011: 14-15), many respondents reported that this domain was immune to any changes in either their job or their context. While few others (as Table 2 shows) stated that the quality of supervision could have an influence on an employee's experienced

meaningfulness. This was similar to the conclusion of a systematic review of JCT studies that “the specified relationships between the job characteristics and the psychological states are not consistently confirmed by empirical research, as some job characteristics relate to the psychological states in ways not stated by the model” (Boonzaier *et al.*, 2001: 20).

A significant finding of this study is the importance and contribution of contextual factors (like the quality of relationship with supervisors and co-worker, good and functional facilities and equipment) to the three psychological states and employee job outcomes (see Table 2). This is in contrast to the relevance accorded the contextual factors in either the Motivation-Hygiene theory or the JCT wherein they were referred to as “hygiene or maintenance” and “moderating factors” respectively. (Ewen *et al.*, 1966: 544; Herzberg, 1965: 395; Oldham and Hackman, 2010: 464; Simons and Jankowski, 2008:16) As is shown in Tables 2 and 3 above, contextual factors actively contributed to job satisfaction, job motivation, intention to leave or stay as well as to the psychological states. This is not unusual as it has previously been reported for the hospital industry (Rad and De Moraes, 2009: 59), that “creating a pleasant working environment with adequate resources and facilities reduces employees' job-related stress and increases their satisfaction”. This also concurs with the finding of Boonzaier *et al.* (2001:11) that the role of work environment as a moderator in the JCT can be questionable

1.6.3 IMPACT OF THE PPP ON EMPLOYEE JOB OUTCOMES

Overall, the changes in the job of all categories of workers amounted to job enlargement in one way or the other. However, as Figure 2 shows, the changes in the nursing job at the A & E unit had incurred more adverse impacts, almost amounting to unbridled job enlargement with minimal enrichment. The A&E also happened to be the only shared service area that has had limited or no contacts with the specialists. Expectedly, as predicted and reported in job design literature (see for example Lawrence, 2010: 419; Raza and Nawaz, 2011: 269), the unmitigated job enlargement seem to have had untoward effects on employee outcomes. Appendix 7 (Tables 5 and 7 as well as Figure 4) show that the A& E unit had the worst result among the three shared service areas,

in terms of number of customer complaints received and staff turnover since the commencement of the PPP. The case documents data are thus in line with the reported intention to leave by the two A & E interview respondents. This indirectly lends support to the widely held opinion (De Gieter *et al.*, 2011: 1563; Hann *et al.*, 2011: 500; Van Dam *et al.*, 2013:36) that intention to leave or stay is an accurate predictor of actual staff turnover and retention respectively. The hospital industry is unique because long-term specialist training and retention issues are very critical (Rad and De Moraes, 2009: 51) and a stable and skilled workforce is actively sought for by managers in the healthcare industry (Rad and De Moraes, 2009: 52). Hence this high turnover of staff at the A & E unit should be an issue of great concern to the management at the hospital.

It is also important to note that “Skill variety” is comparatively ubiquitous in Tables 2 and 3 above, which may suggest that it is, perhaps, the most important JCT job characteristic to the clinical staff interviewed

1.6.4 OTHER FINDINGS

Though not specific objectives of this study, some findings require mention. An incidental finding by this study is the importance of customer care skills both to the patients and the employees (see Tables 4, 5 and 6 in Appendix 7). It has been reported that in the hospital environment, employees’ interaction with clients plays a critical role in customer satisfaction and clients’ perception of quality (Rad and De Moraes, 2009: 52). Therefore, there is every need to further investigate the real root causes of poor staff attitude especially at the A & E unit. The ambiguity of reporting lines and duality of supervision at the shared service areas is also a great concern to employees. Table 3 shows that “answering to two masters” contributed to low job satisfaction and intention to leave.

1.6.4 IMPLICATIONS FOR MANAGEMENT

Several management implications emerge from this study. There is clearly a need for management at ‘Bright’ Hospital to assist employees to delineate their written employment contract (which has not been breached) from the perceived psychological

contract. This may be done by highlighting the aspects of the written employment contract which support the DoH's action to implement the PPP. There is also evidence that there may be poor communication and poor change management at the hospital. Furthermore, management has been found deficient in giving feedback to the employees on how they are performing their jobs. The DoH management also seems to have, thus far, focused their energies mainly on other employees outside of the shared services to the detriment of the morale and sense of equity among DoH staff working at the shared service areas. This has to be rectified.

1.6.5 CONCLUSION

It is clear that, like similar job enrichment studies guided by the JCT framework (Ewen *et al.*, 1966: 548), these results taken as a whole do not provide total support for the JCT, the Motivation-Hygiene factor nor any of the other more traditional theories. Some of the results favour one theory or the other. But the results, as a whole, form a consistent pattern which shows that the management of the changes that have accompanied the PPP implementation has always been and remain a challenge to management of both partnering organizations and a concern to the nursing staff. Furthermore, there exists an opportunity for management, particularly for the DoH management, to improve on the job outcomes of employees. The accident and emergency unit has had the worst changes to their work and their work context and there is *hard* evidence that, among the three shared service areas, the unit has been having the worst employee outcomes. The PPP has huge benefits and potentials of greater success but greater staff education, engagement and ownership of the PPP project is critical.

1.7 RECOMMENDATIONS

1.7.1 RECOMMENDATIONS FOR FURTHER RESEARCH

- When significant changes in the work context have accompanied job (re)design, enrichment studies should be guided by many relevant theories (such as JCT

Motivation-Hygiene, psychological contract and equity theories) as no one theory may be robust enough in that situation.

- Further research on the same subject matter should be conducted involving many more categories of stakeholders affected by the PPP (for example patients, the switchboard operators, porters, cleaners, care givers, records clerks and Department of Health managers)
- A follow up quantitative study involving a larger, more statistically representative sample of employees should be conducted to further explore the main findings of this case study as well as other aspects of the PPP model such as its achievement of the objectives for which it (the PPP) was created (ECDOH, 2010).

1.7.2 RECOMMENDATIONS TO THE MANAGEMENT OF THE HOSPITAL

- Customer care skill has become a key competence required for effective discharge of duties at the hospital post-PPP and customer care re training of staff is required, more especially for the employees working at the A & E unit
- Management should urgently explore opportunities for exposure of A&E staff to the work of specialists.
- The recruitment of qualified professional nurses by the private partner and the employment of a full time ward clerk to attend to the clerical work in the unit should be done urgently.
- The DoH Management should benchmark from the management style of the private radiology practice operating in the radiology unit as there may be lessons to be learnt.
- Greater interaction and engagement with employees is needed to unearth the root causes of the perception of inequity and breach of psychological contract that is pervasive among the staff at the shared service areas.
- While there appears to be adequate staff complement at the theatre, there is need for a revision of the present work schedules. The feasibility of implementing a flexi-time policy particularly at the theatre should be explored.

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SECTION 2 LITERATURE REVIEW

2.1 INTRODUCTION

This section will briefly explain what constitutes a Private Public Partnership (PPP) within the South African law, trace the job design theories as they have evolved over the years and in the process, highlight job enrichment theories as the current thrust in practice and the academia. The Job Characteristics Theory (JCT) by Oldham and Hackman (of 1975) will be identified as an important job enrichment theory and a suitable theoretical lens through which an evaluation of the impact, on key employee job outcomes, of the PPP-initiated restructuring and job re-design at the hospital was made. The key employee job outcomes of interest, namely job satisfaction, work motivation and intention to leave/stay will also be explained and operationalized.

2.2 PUBLIC PRIVATE PARTNERSHIP (PPP)

According to South African law, a PPP is a contract “between a public sector institution/municipality and a private party, in which the private party assumes substantial financial, technical and operational risk in the design, financing, building and operation of a project” (National Treasury, 2013:1). In the context of an integration of a hitherto 100% public entity into a PPP, the definition above signifies that the implementation of a PPP will, of necessity, entail major organizational re-design/restructuring of the pre-existing public entity. As has been widely reported, major organizational re-design disrupts the organization in terms of group boundaries , inter-personal relationships/ reporting lines (Jones *et al.*, 2008:295) and may adversely affect the employees (Simons and Jankowski, 2008: 16). However, job redesign offers an opportunity for employees to feel that the organization has empowered them with the resources to cope with the stress arising from the restructuring (Chen and Chen, 2008:281).

2.3 KEY JOB (RE) DESIGN THEORIES

Job design is simply the creation and configuration of jobs and specifying what the job incumbent does, how and why (Tims and Bakker, 2010). In re-design, usually, the supervisor finds something to change in the employees' job roles (Tims and Bakker, 2010). Jobs could be (re)designed by way of job enlargement, rotation or enrichment. Job enlargement is increasing the number of same-level activities that the employees perform at work (Raza and Nawaz, 2011: 269). It is horizontal loading, an increase in the *scale* or quantity of work done by an employee rather than an increase in quality, scope of practice or diversity of roles performed. It potentially could lead to greater employee motivation from the increased variety of tasks introduced, but the increased work load could also cause fatigue, decreased motivation, satisfaction and or organizational commitment (Raza and Nawaz, 2011: 269). Job rotation is the temporary exposure of employees to different assignments and work units within an organization (Jarvi and Uusitalo, 2004: 339). In a hospital setting, this will typically entail work in different departments. However, as this study only focuses on healthcare workers who have remained in the work areas of interest, the concept of job rotation will not be of interest in this study. The dimensions of job enrichment will be highlighted by the different job design theories that follow.

Job design/ re-design affects every aspect of an organization and is thus an important topic for practitioners and researchers (Oldham and Hackman, 2010: 476). Management and employees, alike, also ought to have keen interests in the subject. While the occurrence of negative outcomes of badly designed jobs may befall the employees, the outcomes are attributed more to those that designed the work systems than to those who are actually within the work system itself (Oldham and Hackman, 2010: 466).

Unsurprisingly, therefore, job design theory has been receiving considerable attention in literature in the last few decades (DeVaro *et al.*, 2007: 986). One of the earliest writings on job design theories could be traced to the 1850 essays (Smith, 1850 in Oldham and

Hackman, 2010: 463) wherein Adam Smith, describing how pins are made, narrated that

“One man draws out the wire, another straightens it, a third cuts, a fourth points it, a fifth grinds it at the top for receiving the head: To make the head requires two or three distinct operations: to put it on is a peculiar business, to whiten the pins is another; it is even a trade by itself to put them into the paper; and the important business of making a pin is, in this manner, divided into about eighteen distinct operations, which in some manufactories, are all performed by distinct hands, though in others the same man will sometime perform two or three of them”

This way of designing jobs was advanced by Frederick W Taylor. Writing on what became known , in job design research, as Taylorism, Lawrence (2010: 419) explained that it involved designing jobs that had minimal variety and learning time; involved minimal talking or human interactions and had as little autonomy as possible. This job design theory is based on the economic model of man (Lawrence, 2010: 420) and is premised on the assumption that workers are interchangeable and replaceable units in the production process. (Oldham and Hackman, 2010: 463). This, routine, repetitive way of designing jobs was found to negatively impact on employee job outcomes and heighten their sense of threat (Lawrence, 2010: 419)

Partly due to the failure of the Taylorist approach to achieve the efficiency envisaged by its adherents (Walker & Guest, 1952 in Oldham and Hackman, 2010: 463), by the early 1960's, the Motivation –Hygiene (or two-factor) theory of work design by Herzberg and co –researchers started gaining currency (Oldham and Hackman, 2010: 463). In the follow up study to their 1959 seminal work, Herzberg (1965: 395-396) described “motivator” factors as those factors in the work that bring about job satisfaction. According to him, these relate to contents of the job and include; recognition of achievement, interesting work, task achievement, increased responsibility, career advancement and the possibility of career advancement. The incorporation of the above mentioned factors in jobs, with the aim of enhancing task efficiency and employee satisfaction, is the essence of job enrichment as promulgated by Herzberg (1959). Employee dissatisfaction with work, on the other hand, was said to be determined by

how “hygienic” the work environment is for the wellbeing of the employee. The Hygiene factors (also known as “maintenance” factors) protect against dissatisfaction with work and relate to the work environment. They include: pay; job security; quality of relationship with supervisors, subordinates and peers; company policy and administration (Herzberg, 1965: 395). In essence, the Motivation-Hygiene theory made two important postulates: that work should be enriched rather than simplified as advocated by Taylorism; and that factors that protect against dissatisfaction with work do not, in themselves, motivate employees (Oldham and Hackman, 2010: 463; Herzberg, 1965:396).

Empirical research has not, however, supported the job enrichment model upon which Herzberg’s two factor theory is based (Oldham and Hackman, 2010: 464) but the theory has, nonetheless triggered off such theories as the Job Characteristics Theory (JCT) of Work design by Oldham and Hackman (1975).

The JCT has been described as an important theoretical basis for job design, re-design and enrichment studies (Morris and Venkatesh, 2010: 146) and the most widely cited model in the work design literature (DeVaro *et al.*, 2007: 986, 988). Remarkably, many of the more recent theoretical developments in job design research have been either direct extensions of it or have been strongly influenced by it (DeVaro *et al.*, 2007: 986). The JCT deals specifically with how job characteristics influence key job outcomes (Casey and Robbins, 2011: 13) as prior research had extensively related these two sets of constructs (Morris and Venkatesh, 2010: 144).

2.4 THE JOB CHARACTERISTICS THEORY OF OLDHAM AND HACKMAN (1975)

The Job Characteristics Theory (JCT) is conceptually based on expectancy theory (Oldham and Hackman, 2010: 464). This is because the concept that underlies the JCT is the belief that the promise of rewards or the chance of receiving (or avoiding) supervisory attention is not enough to motivate people to do their work. Rather, people would try to perform their job well simply because it felt good when they do the job and/or it felt bad when they did not (Oldham and Hackman, 2010: 464).

In brief, the Expectancy Value Theory (Vroom, 1964 in Van Den Broeck *et al.*, 2010: 300) is a cognitive-motivational model in which an individuals’ motivation to seek to

achieve a particular goal is regarded as a (multiplicative) function of their expectancies to successfully achieve this goal and the subjective valence (ie attractiveness, importance or desirability) the individual ascribes to that goal. The JCT predicts that five core job characteristics critically influence three psychological states in employees (DeVaro *et al.*, 2007: 986). The five core characteristics (Oldham and Hackman, 2010: 464) are task identity (the extent to which the job involves completing a task from start to finish); skills variety (the extent to which the performance of the job requires different skills and talents from the employee); task significance (the extent to which the job has substantial impact on the lives of others, both within and beyond the organization); autonomy (the degree of exercisable independence and freedom that employees have in determining the work schedules and procedures for performing the job) and job based feedback (the extent by which the performance of the job activities provides clear feed back to the employee about his/her effectiveness in performing the job). These five job characteristics would impact on the psychological states of experienced meaningfulness, responsibility and knowledge of results. Casey and Robbins (2011:14-15) explained the psychological states further. Experienced meaningfulness refers to the perception, by the employee that the work is important, worth performing and of value. This gives a personal meaning to the work and it is contributed to mainly by task significance, skills variety and task identity. Experienced responsibility (for outcomes of the work) pertains to the feeling that the employee has that he is personally responsible and accountable for the outcome of the work performed. It is contributed to by autonomy. Knowledge of results refers to the job giving regular feedback on how effectively the employee is performing the job. It is contributed to by built-in feedback characteristic of jobs.

When these three psychological states are enhanced by the job characteristics in the employees, the employees will be internally motivated to perform their duties well (Oldham and Hackman, 2010: 464).

In addition to internal motivation, the three critical psychological states affect important job outcomes like job satisfaction, growth satisfaction, work effectiveness, lower absenteeism and lower turnover (Simons and Jankowski, 2008:16). The JCT also acknowledges that there are factors that moderate the response of employees to the job

characteristics (Oldham and Hackman, 2010: 464; Simons and Jankowski, 2008:16). These include (i) context satisfaction (which involves contentment with job security, remuneration, relationship with co-workers, style and quality of supervision). This follows from the observation that work motivation may be diminished when employees are grappling with issues arising from unsatisfactory organizational environment (Oldham and Hackman, 2010: 464). (ii): two individual differences namely Growth Need Strength [GNS] (the extent to which an employee treasures personal growth and development in the job) and job-relevant knowledge and skill.

The JCT is thus, helpful in planning and implementing the re-designing of jobs especially during downsizing or restructuring in organizations, so as to improve the organization's overall ability to compete in the global market place (Casey and Robbins, 2011: 13-14). Therefore, the JCT was the main theoretical lens through which an evaluation of the impact, on key employee job outcomes, of the PPP-initiated restructuring and job re-design at the hospital was made.

2.4.1 EMPIRICAL TESTS OF THE JCT

The JCT has been tested, over the years, in many industries (Casey and Robbins, 2011: 14). Traditionally, the JCT has been the dominant framework in studies on the relationship between work characteristics and motivation, satisfaction and performance in the work setting (Robbins, 1998 in Debnath *et al.*, 2007: 813). The findings of a comprehensive meta-analysis of over 200 studies on the validity of the JCT (Fried and Ferris, 1987: 287-322) suggested that, while specific outcomes are associated more with some job characteristics than others, indeed, all five core job characteristics are associated with positive employee outcomes, both psychological and behavioural ones. Griffin *et al.* (2012: 1140, 1141), in their study of burnout among correctional service staff using the JCT, concluded that the characteristics of the job, although limited in scope compared to the broader organizational context, had significant influence on employee and organizational outcomes. Individual characteristics were reported to have played a much lesser role than work characteristics in determining work-related outcomes. Similarly, a study among Generation Y employees in the retail industry found that the JCT was robust enough to guide the evaluation of the mediating effect of job

characteristics on the negative effects of role ambiguity and work involvement on job performance (Kim *et al.*, 2009: 554). Recently, the application of the JCT has even been creatively extended to studies that explored the optimization of business school students' motivation by the redesign of the course work (Debnath *et al.*, 2007: 812-831).

However, empirical support for the moderating role of the Growth Need Strength (GNS) of the JCT was found to be weak in a comprehensive meta-analysis study of the JCT (Fried and Ferris, 1987: 314) and some researchers have even gone as far as proposing that the GNS be eliminated from the JCT as a moderator (Bottger and Chew, 1986 in Debnath *et al.*, 2007: 815). Consequently, the moderating effect of GNS will not be explored in this study.

2.4.2 METHODOLOGY FOR APPLYING THE JCT IN SOCIAL SCIENCE AND BUSINESS STUDIES

Typically, the methodology for data collection and analysis in studies applying/testing the JCT has been predominantly quantitative in nature. Previous studies (Fried and Ferris, 1987: 300; Birnbaum *et al.*, 1986: 599) have collected data from large number of study participants using such quantitative tools as the Job Descriptive Survey [JDS] (Hackman and Oldham 1980), Job Descriptive Index [JDI] (Smith, Kendall and Hulin, 1969), the supervisors' Job Rating Form [JRF] (Hackman and Oldham 1980), and so forth. Despite this emphasis on quantitative approaches, qualitative evaluative research method has also been described as appropriate for "determining the success or failure of a social intervention" (Babbie, 2011: 376, 378) such as the re-design of job characteristics, as was the case in this study. Like any other research approach, qualitative research methods have both strengths and limitations. Lund (2012: 155-156) reported that its main limitation, compared to the quantitative method, is its deficiency in the objectivity and (statistical) generalizability domains. However, Lund (2012: 156) went on to state that the major strength of qualitative over the quantitative research method is that the researcher "ordinarily obtains greater depth than (would have been possible) by quantitative ones". In the same vein, Sandbæk (2006: 131), in making a case for the use of qualitative studies, specifically, for effect studies and the evaluation of health strategies, stated that qualitative studies, (such as this) can play the very

important role of laying the “groundwork” for developing quantitative tools and providing results and themes (in a local setting) which can subsequently be further investigated using quantitative methods. Indeed, Herzberg (1965:393-402) while conducting a cross-cultural validation of his Motivation-Hygiene Theory (an important job enrichment theory closely related to the JCT), conducted a quantitative study on 139 lower-level Finnish supervisors based on the ‘translation of the interview’ of an original study of a sample of accountants and engineers.

An extensive literature review on the Ebscohost databases showed no published hospital – based, JCT-guided job-enrichment study in the South African setting. Only one study (Moloi, 2007: 57-64) which empirically tested the JCT among grade 11 and 12 educators in secondary schools in the Eastern Free State Province was encountered and the author (Moloi, 2007:62) concluded by suggesting that there was a need to conduct more detailed research to either “confirm or disprove the propositions of the job characteristics model (in South Africa)”. The decision was then taken in this study, in line with the approach taken by Herzberg (1965:393-402), that cross cultural validation of the JCT in a new (South African hospital) setting, may benefit from an initial qualitative study. This is also in line with the assertion by Oldham and Hackman (2010: 476) that work redesign is a very important concept which “requires fresh thinking about the phenomenon and about the most productive ways to continue to learn about it”.

One of the unique contributions of this research will then be the application of qualitative research methods, within a JCT theoretical framework, in the evaluation of the impact of job characteristics on some key employee outcomes.

2.5 EMPLOYEE JOB OUTCOMES

Job re-design affects job characteristics which in turn affect some key personal and job outcomes. Some of the outcomes reported in job enrichment studies include internal work motivation, general job satisfaction, growth satisfaction, lower absenteeism, lower turnover, organizational commitment and work effectiveness (DeVaro *et al.*, 2007: 986; Simons and Jankowski, 2008:16). However, considering time and logistic constraints, the outcomes to be considered in this study are job satisfaction, intention to leave or stay and internal work motivation (see Figure 1 below). This is due to their recurrence

and prominence in prior job enrichment research reports (Chen and Chen, 2008: 283; DeVaro *et al.*, 2007: 986; Oldham and Hackman, 2010: 464; Rad and De Moraes, 2009: 52; Simons and Jankowski, 2008: 16) and importance in the hospital industry (Dumont and Zurn, 2007 in Crush and Pendleton, 2010: 3; Rad and De Moraes, 2009: 52).

THE THEORETICAL FRAMEWORK OF THE STUDY

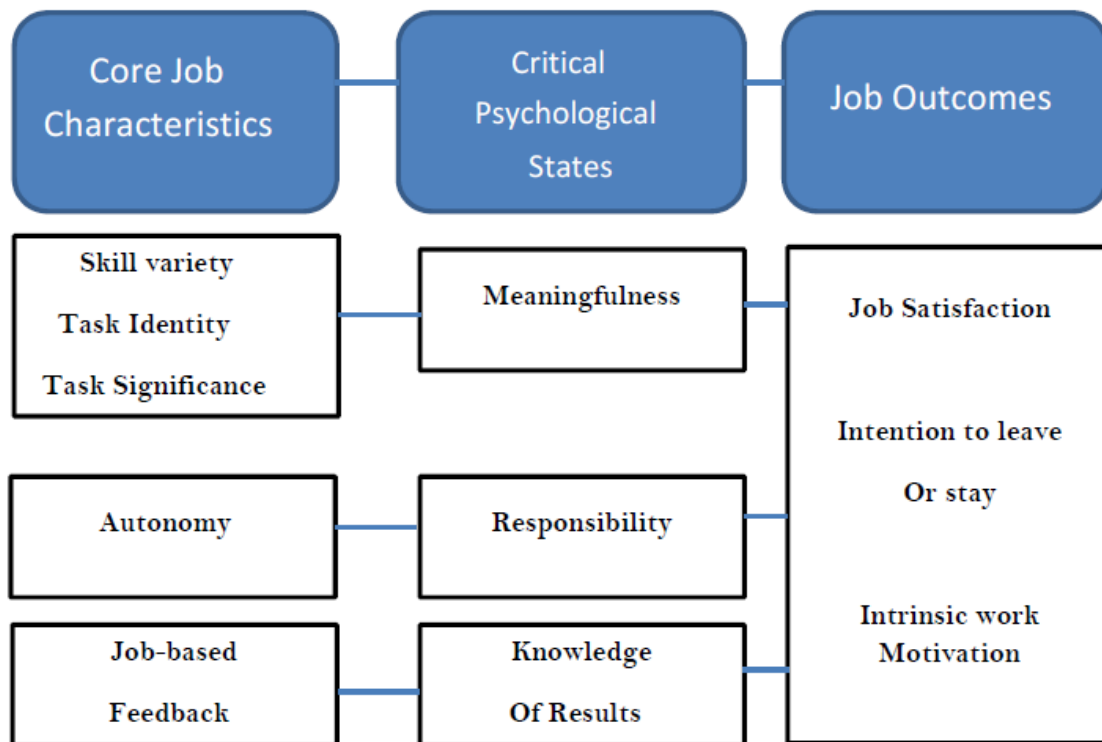


Figure 3: Theoretical framework of the study based on the Job Characteristics Theory of Oldham and Hackman (1975)

2.5.1 JOB SATISFACTION

Rad and De Moraes (2009: 52) defined employee job satisfaction as an attitude that people have about their jobs and the organizations in which they perform these jobs. While this definition brings out the importance of the moderating effect of the environment within which work is performed, it, unfortunately, seems to suggest that job satisfaction may be a positive, negative or neutral attitude. But this is not the case. Job

satisfaction is a positive construct. Hence the definition offered by Morris and Venkatesh (2010:145) that “Job satisfaction is ...the extent of **positive** emotional response to the job resulting from an employee’s appraisal of the job as **fulfilling** or **congruent** with the individual’s values”. A modification of the two definitions will be adopted as the meaning of job satisfaction in this study. Job satisfaction will be taken as ‘the extent of a positive attitude of a job incumbent to the job resulting from the appraisal of the job and the organization as fulfilling or congruent with the job incumbent’s individual needs, values and aspirations.

Interest in employee job satisfaction is important for knowledge-based, service industries and particularly so for the hospital industry where long-term specialist training and retention issues are very critical (Rad and De Moraes, 2009: 51). This research chose employee satisfaction as one of the job outcomes of interest because research had correlated low levels of healthcare providers’ job satisfaction with high turnover, low morale, absenteeism, tardiness and grievance expression (Rad and De Moraes, 2009: 52). Furthermore, it has been reported that in the hospital environment, employees’ interaction with clients plays a critical role in customer satisfaction and clients’ perception of quality (Rad and De Moraes, 2009: 52).

2.5.2 INTENTION TO STAY OR LEAVE

Intention, by employees to stay in, or leave a health facility has been found by many researchers (De Gieter *et al.*, 2011: 1563; Hann *et al.*, 2011: 500; Van Dam *et al.*, 2013:36) to be an accurate predictor of actual employee retention and turnover, respectively. Intention to stay is, also, easier to study than turnover as it may be difficult to study employees that have already left the organization. Some researchers believe that intention to leave is the most immediate antecedent to turnover (Borda and Norman 1997 in Delobelle *et al.*, 2011: 372). Hence in this study, employee intention to stay or leave will be explored, rather than employee retention and turnover. Operationally in this study, intention to leave is defined as “anticipation of vacating the job in the foreseeable future” (Cho *et al.*, 2009: 374; Price, 1981 in Liu *et al.*, 2012: 256). It is the subjective judgement an employment arrives at regarding the probability of him or her leaving the organization in the foreseeable future. Typically, the ‘foreseeable future’ is taken as

within one year (Hauge *et al.*, 2010: 428). Intention to stay, on its own, will refer to “employee’s conscious and deliberate willingness to stay with the organization” (Tett and Meyer, 1993 in Cho, 2009: 374). In this study, intention to stay will exclude the use of coercion or contractual terms to bind employees to the organization while the intention to leave will exclude retirements, expiry of contracts or any contractual compulsion to leave.

Intention to leave or stay, as a proxy for staff turnover and retention respectively, is an important employee outcome to both researchers and practitioners. While managers in the healthcare industry desire to have a stable and skilled workforce, researchers are very interested in understanding the factors which influence an employee’s intention to leave or stay at an organization (Rad and De Moraes, 2009: 52). Studies have reported that in South Africa, the shortage of skilled personnel is one of the major obstacles to economic growth (Kock and Burke, 2008: 457) and that the health sector has been particularly hit by this skills shortage (Dumont and Zurn, 2007 in Crush and Pendleton, 2010: 3).

2.5.3 WORK MOTIVATION

To be motivated is to be moved to do something (Ryan and Deci, 2000: 54). Someone who is energized towards a goal is considered motivated whereas someone who has no urge, inspiration or zeal to act is characterized as being unmotivated (Ryan and Deci, 2000: 54). A basic distinction has been made, in job design literature, between two types of motivation; *extrinsic and intrinsic motivation*. Extrinsic motivation is a construct that relates to doing an activity to attain a separable outcome which may have been as a result of external pressures, coercion, reward or an effort made to avoid unpleasant repercussions (Ryan and Deci, 2000: 60). Intrinsic motivation, on the other hand, was defined as the undertaking of an activity purely for its inherent satisfaction rather than for a separable outcome while intrinsically motivated activities were described as those activities for which “the reward was in the activity itself” (Ryan and Deci, 2000: 56,57). Kuvaas and Dysvik (2010: 2340) likewise stated that intrinsic motivation may originate from the job itself wherein the employee engages in the job tasks “because they experience pleasure, interest, and enjoyment in their jobs”. This agrees with the

postulates of the JCT, above, that the characteristics of the job may influence the motivation that the employee has to perform his/her job. Specifically, the JCT describes internal motivation as the state of an employee feeling good about himself/herself and his/her work output as well as experiencing a sense of accomplishment (Hackman and Oldham, 1975 in Casey and Robbins, 2011: 15). As the theoretical framework that underpins this study is the JCT, only intrinsic work motivation was of interest in this study, just like in other related studies (Kuvaas and Dysvik, 2010: 2340; Van Den Broeck *et al.*, 2011: 581-609).

2.6 CONCLUSION

This section highlighted organizational restructuring as an important consequence of a PPP implementation and suggested that job redesign offers the employees an opportunity to deal with any negative outcome of such restructuring. The evolution of job design theories was traced while enrichment theories were isolated as needing further consideration. The last few sections dwelt on the Job Characteristics Theory of Hackman and Oldham (1975), its choice as the underlying theoretical framework that guided the research as well as a justification for the research methodology (qualitative methods) adopted and the employee job outcomes of interest in this study.

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SECTION 3: RESEARCH METHODOLOGY

3.0 INTRODUCTION

This part of the research report focuses on the scientific methodology employed in the conduct of the research. The research purpose is answered by stating the aims and objectives that the research sought to achieve. The paradigm that guided the research as well as justifications for the choice of the case study research approach is also proffered. The data sampling technique, collection method and analysis are then explained in some details. Then, quality and ethical issues that are peculiar to case studies and/or health sector studies involving human participants are then examined, with mention made of steps that were taken to contain them in the conduct of this research. This section ends by alerting the reader to some limitations of the study.

3.1 RESEARCH AIM AND OBJECTIVES

The aim of the research was to evaluate the impact of the redesign of jobs, occasioned by the PPP implementation, on job outcomes of hospital clinical staff working in the shared service areas of the hospital.

The following specific research objectives were addressed:

1. To evaluate if and how the redesign of jobs, at the three shared service areas, has impacted on the five core job characteristics above as described by the JCT.
2. To evaluate if and how any change in job characteristics has impacted on three employees' psychological states as described in the JCT.
3. To then evaluate if and how the redesign of jobs has impacted on three key employee job outcomes namely: job satisfaction; work motivation and intention to leave/stay.
4. To make recommendations on how to redesign jobs at the hospital to enhance positive impact on employee job outcomes.

3.2 RESEARCH PARADIGM

A paradigm is a “worldview” that defines, for the holder, the nature of the world (Guba and Lincoln, 1994: 107) and helps organize how he/she seeks to understand social life (Babbie, 2011: 61). It is a general perspective on the complexities of the real world (Polit and Beck, 2008: 13). This research has a post-positivist orientation which is ontologically based on critical realism (Guba and Lincoln, 1994: 107). Ontology deals with the answer to the question of “what is the nature of reality?” (Polit and Beck, 2008: 13). The post-positivism with critical realism ontology adopted in this study stems from the researcher’s belief that even though reality exists (in this case, the impact of job redesign on employees’ job outcomes), its existence is still imperfect, fallible, probabilistic and revisable (Guba and Lincoln, 1994: 109). This is because “human intellectual mechanisms” are basically flawed (Guba and Lincoln, 1994: 110) and hence the views expressed by the study participants could thus, not be taken as perfect, irrefutable reality. Epistemologically, the researcher adopted a modified dualist/objectivist stance. Epistemology defines the relationship between the inquirer (“knower or would be knower”) and what is to be known/studied (Polit and Beck, 2008: 13; Guba and Lincoln, 1994: 108). This is because while objectivity could only be aspirational and idealistic, the researcher always questioned if the study findings “fit with pre-existing knowledge” (Guba and Lincoln, 1994: 110). In this instance, the researcher questioned whether the findings “fit” with existing knowledge espoused in the JCT.

3.3 RESEARCH DESIGN

A research design is a ‘blueprint’ that guides the conduct of a research to ensure maximum control over factors that could otherwise affect the validity of the research findings (Burns and Grove, 2005: 211). It guides the researcher in the planning and implementation of a study in a way that gives the study the greatest chance of achieving its intended goal (Burns and Grove 2005: 211).

This study is an applied research which, in contrast to basic research, aims to generalize its findings only to the specific context under study, in order to assist decision

makers draw some conclusions about a particular problem in that context (Terre Blanche *et al.*, 2006: 47; Polit and Beck, 2008:19)

3.3.1 QUALITATIVE RESEARCH METHOD

This study is a qualitative evaluative research. Leininger (1985 in Burns and Grove, 2005: 23) explained that qualitative research is a systematic, interactive approach used to “describe life experiences and give them meaning”. Babbie (2011: 376, 378) further described qualitative research as research that occurs within the context of real life and seeks to determine the “success or failure of social interventions (Babbie, 2011: 376, 378). The intervention in this case is the redesign of jobs at the shared service areas since the commencement of the PPP. Furthermore, Babbie (2011: 362) justified this evaluative approach when he opined that an evaluation research is “appropriate whenever some social intervention occurs or is planned”. Similarly, Sandbæk (2006: 131) pointed out that there was a need, henceforth, to involve qualitative research methods, in the evaluation of health strategies.

3.3.1.1 Case Study Method

The case study has been a common research approach in business and nursing (Yin, 2009: 4). It is a research method that allows investigators to have an in-depth exploration of a single instance of a social phenomenon (Babbie, 2011:301; Yin, 2009:4) while retaining the holistic and meaningful characteristics of real life events (Yin, 2009: 4). The case study has been suggested as an ideal research method when a “how” and/or “why” question is to be asked about a contemporary set of events (Gray, 2004: 124) and an in-depth exploration of a single instance of a social phenomenon is sought (Babbie, 2011:301). Hence the use of a case study research method is justified in this instance as the answer sought is “if, how and why the redesign of jobs occasioned by the implementation of a social phenomenon (a PPP model implementation) has impacted on some key employee outcomes of interest”.

It has been advocated by researchers (Yin, 2009: 36; Riege, 2003: 75; Gray, 2004: 124) that theory development prior to the collection of data is a critical step in a case study.

Consequently, the Job Characteristics Theory (JCT) by Oldham and Hackman (of 1975) (Oldham and Hackman, 2010: 464), which is said to be the most widely cited model in the work design literature (DeVaro *et al.*, 2007: 986, 988) and an important theoretical basis for job design, re-design and enrichment studies (Morris and Venkatesh, 2010: 146), guided the development of the schedule of questions for the semi-structured interviews (see Appendix 1). This research adopted a deductive approach, which is one of the two possible approaches used in social science (the second being the inductive approach) (Babbie, 2011: 53). As was done in this study and explained by Babbie (2011: 53), “deduction begins with an expected pattern that is tested against observations”.

3.3.1.1.1 Units of analysis

Babbie (2011: 73) defined the units of analysis as “what or whom” that is being studied. Great heed was paid, in this study, to Yin’s advice (2009: 30) that selection of an appropriate unit of analysis is dependent on accurate specification of primary research questions. Section 3.1 above spells out the research aim and objectives that answer the research question. Babbie (2011: 75) also stated that classes of individuals are typical units of analysis in social research. The units of analysis in this study are the clinical employees in the operating theatre, Accident & Emergency and radiography units of the hospital where the research took place.

3.4 SAMPLING

3.4.1 RESEARCH PARTICIPANTS

The sampling frame were hospital employees who are currently working in the three shared service areas; accident & emergency, operating theatre and radiography units. The eligibility criteria for selection were that a subject must have been involved in the clinical management of patients and must have been working in any (or all, in the case of doctors) of the shared service area prior to the PPP implementation. The participants were one radiographer (one was eligible); two nurses from the A&E (three were eligible), three nurses from the theatre unit (six were eligible), one public doctor (one

was eligible) and one private general practitioner (GP) (five eligible GP practices were working part-time in the shared service areas at the time of the study)

3.4.2 DATA SAMPLING TECHNIQUE

Sampling is the process of selecting observations (Babbie, 2011: 176). Purposive or judgmental sampling technique was employed in this study. This is a non-probability sampling technique in which the research participants are selected based on a researcher's judgment "about which ones will be the most useful and representative" (Babbie, 2011: 179). This was an appropriate sampling technique in this study as only the employees who had been working in one or all of the shared service areas prior to the implementation of the PPP model at the hospital could give responses that could assist in answering the research aim and objectives. The researcher then identified this particular class of employees and recruited them to the study. This is in consonance with the assertion by Polit and Beck (2008: 355) that "many qualitative studies" employ purposive sampling technique since participants that will give most benefit to a study should be selected. Purposive sampling therefore made it possible for qualifying staff working in all the three shared service areas to be sampled so as to get perspectives from all the three areas. Also, as nurses work in groups (shifts), purposive sampling made it possible to select eligible participants from different groups within each shared service area

3.4.3 DATA COLLECTION METHOD

Primary data collection was by in-depth semi-structured, one on one, face to face interviews. A qualitative interview is a conversation in which the interviewer sets the general direction of the conversation and explores specific topics raised by the respondent (Babbie, 2011: 312). It is an active process through which an interviewer and a respondent create knowledge through their interaction (Kvale and Brinkmann, 2009:17) and "is particularly suited" for studying people's description and elaboration of their experiences and understanding of meanings in their lived world (Kvale and

Brinkmann, 2009:17). Similarly, Diefenbach (2009: 882) concurred that “Interviews can reveal ideas and deliver insights no other (data collection) method can provide”

Data was collected from eight qualifying employees who were working in the three shared service areas as at the study time. Each interview lasted approximately 55 minutes. Each interview session was audio-recorded and transcribed verbatim.

The schedule of questions that guided the interview (see Appendix 1) was developed based on the JCT by Oldham and Hackman (of 1975). The first series of questions explored if and how the redesign of jobs affected any or all of the five job characteristics namely; task identity, skills variety, task significance, autonomy and job-based feedback in this order. The next series explored if and how any change in job characteristics affected any of the three critical psychological states in the employees namely; experienced meaningfulness, responsibility and knowledge of results. Finally, the three last questions evaluated if and how the three psychological states affected three employees’ outcomes namely job satisfaction, work motivation and a proxy for staff turnover/retention (intention to leave or stay)

3.4.3.1 Triangulation

Triangulation, in qualitative data collection, is a process that involves collecting materials from as many sources as possible with the aim of achieving a better understanding of a phenomenon (Terre Blanche *et al.*, 2006: 287). This is because the researcher is able to approach a phenomenon from different perspectives (Terre Blanche *et al.*, 2006: 287). Denzin (1970 in Terre Blanche *et al.*, 2006: 380) identified data, investigator, theory and methodological triangulation as the four basic types of triangulation which can be applied in qualitative research. Similarly, Meijer *et al.* (2002 in Diefenbach 2009: 882), writing on triangulation, stated that it could be achieved by “referring to additional data sources (e.g. data collected from different persons, or at different times, or from different places), using different methods (e.g. observation, interviews, documents, etc.), using different researchers, applying different theories, and using different types of data”. Even though triangulation is a labour intensive process (Yin, 2009: 117) and “often not feasible for smaller research projects” (Terre

Blanche *et al.*, 2006: 287), it has still been suggested that case studies that used multiple sources of evidence are rated higher than those that did not (Yin, 2009: 119). Moreover, “an invaluable advantage of the case study strategy” is the use of multiple sources of evidence (Yin, 2009: 118). Hence in this study, triangulation was done by collecting data from different categories of clinical health care workers (doctors from the public and private sector, a radiographer, trauma nurses and theatre nurses) so as to give the researcher different perspectives on the subject matter under study. Subsequently, the “potential problem with construct validity (of case studies)” (Yin, 2009: 118) was mitigated by the analyses of a diversity of available documents at the hospital namely: patients complaints register, annual staff survey documents, staff change documents and exit interview documents of former clinical staff that worked at the shared service areas. Quantitative methods (tables, graph) were also employed to display some of the results. Indeed, Diefenbach (2009: 882) reported that the emergence of certain patterns by data triangulation “can improve the quality of interview data”.

3.5 DATA ANALYSIS TECHNIQUE

Yin (2009: 126) described data analysis as the examination, categorization, tabulation, testing or otherwise and the recombination of evidence in order to draw empirically based conclusions. In line with Yin’s general strategies for case study data analysis (Yin 2009: 130-136), analysis of the data in this study relied on the propositions of the JCT. This, in general, helped to “focus attention on certain data and to ignore other data” (Yin, 2009: 130). A second general strategy employed in this study was *examining rival explanations* (Yin, 2009: 133). The contrasting perspectives of the study participants produced rival descriptive frameworks which were all tested and explained.

While the two general strategies above guided the data analysis, some specific analytic techniques (Yin, 2009: 136-144,) were applied to deal with the problems of ensuring internal validity and external validity in case study research (Yin, 2009: 136). Pattern matching was used in this study to compare the empirical data collected in this study with the predictions of the JCT (or any other theory espoused in extant job design/enrichment literature). The coincidence, in many respects, of the patterns of data

collected from different participants helped strengthen the internal validity of this research (Yin, 2009: 136). Indeed, pattern matching used in this study is justified as it is “one of the most desirable techniques” in case study data analysis (Yin 2009: 136). Secondly, explanation building was also used as a specific analytic technique in this study. In explanation building, the aim is to analyze the case study data by building an explanation about the case (Yin, 2009: 141). Narratives of participants were used to reflect theoretically significant propositions of job design/enrichment theories while rival explanations were tested. As explanation building is reported to be particularly “fraught with dangers” (Yin, 2009: 144), due care was exercised during the explanation building process. This included formally storing the entire interview sessions for possible scrutiny by a third party, following a chain of evidence, adherence to the approved case study proposal and the researcher’s entertainment of alternative explanations and thorough knowledge of relevant job design/enrich theories.

3.6 QUALITY ISSUES IN CASE STUDY IN CASE STUDY METHOD

Though there have been concerns about the validity and reliability of the case study as a research approach (Riege, 2003: 75), a number of methods and techniques are available (and were employed in this study) to ensure rigour and objectivity in this case study research (Riege, 2003: 75, Yin, 2009: 40.).

3.6.1 CONSTRUCT VALIDITY

Construct validity was enhanced in this study by prior development of sufficient operational measures for the theoretical concepts that were studied (Riege, 2003: 80; Yin 2009: 41) as well as by data and method triangulation (Yin, 2009: 117). Extensive engagement with job design literature and other relevant theories ensured that subjective judgements were not used to collect or analyse data. In the course of analysing the data, a chain of evidence was established (by analyses of multiple sources of evidence) while key information-rich study respondents also reviewed drafts of the interview transcripts, data analyses and the case study report (Yin, 2009: 41).

3.6.2 INTERNAL VALIDITY

In traditional quantitative research, internal validity refers to establishing a cause- and – effect relationship (Riege, 2003; 81; Yin, 2009: 42). In case study research however, internal validity deals with the issue of making inferences in a credible way (Riege, 2003; 80). In this study, internal validity was enhanced by anticipating such questions (Yin 2009: 43) as “is the inference being made correct?” ; “Are there rival explanations for the occurrences reported?”; “Do all the evidence add up in an air tight way?” Additionally, in the conduct of this research, the researcher also enhanced internal validity by cross-checking of results, use of diagrams in the data analysis phase to enhance explanation building and the researcher’s self-monitoring and awareness of his worldview, assumptions and theoretical orientation. The findings of the research were also interrogated to ensure internal coherence and systematic relationship with the theoretical concepts underpinning the study (Riege, 2003: 78)

3.6.3 EXTERNAL VALIDITY

External validity is the extrapolation/generalizability of the research findings beyond the immediate case study (Yin 2009: 43; Riege, 2003: 81). Burns and Grove (2005: 25) pointed out that the findings of a qualitative study are unique to the study setting and that “it is not the intent of the researcher to generalize the findings to a larger population”. For the case study, the more relevant mode of generalization is *analytic generalization* (the use of previously developed theory as a template to compare evidence collected in a case study) and not statistical generalization (Riege, 2003: 81). In this research, external validity was supported by pre-study definition of the units of analyses, comparison of findings with the JCT in the data analysis phase and the use of thick descriptions

3.6.4 RELIABILITY

This refers to the demonstration that procedures and operations of the research can be followed by subsequent researchers with a high likelihood of obtaining similar results for the *same* case (Yin, 2009:45). Riege (2003: 81) however argued that this is difficult to

ensure for case study research as “people are not as static as measurements used in quantitative research ...hence data on real-life events collected by different researchers may not converge into a consistent picture”. The researcher strived to assure reliability in this study by exhaustive review of job (re)design literature before the study commencement, recording of interviews with tape recorders and use of peer review/examinations.

3.7 ETHICAL ISSUES

Ethics is a system of moral values that deal with the extent to which research procedures adhere to professional, legal, and social obligations towards the study participants (Polit and Beck, 2008: 753). According to Polit and Beck (2008:167), when using human beings as study participants, adequate care must be exercised to ensure that the rights of those humans are protected. Similarly, Babbie (2011: 324) cautioned that responsible conduct of social research should entail confronting many ethical issues that arise from a researcher’s direct contact with study subjects.

While there are several approaches to ethics, four widely accepted, basic ethical philosophical principles are applied to determine whether a research is ethical, particularly in healthcare research involving human subjects (Terre Blanche *et al.*, 2006: 67; Joubert and Ehrlich, 2007: 32). This approach, which has become known as *principilism* (Terre Blanche *et al.*, 2006:67-68), guided the ethical conduct of this research:

Autonomy and respect for the dignity of persons: This principle deals with voluntary informed consent and protection of individual and institutional anonymity/confidentiality as well as freedom from coercion of any sorts. In the conduct of this research, before a research participant was interviewed, he/she was given an information sheet (see Appendix 5) that contained all relevant information about the research which among other things specified the purpose of the research and the fact that participation in and exit from the study was completely voluntary. The information sheet also notified the potential participant that no reason needed to be proffered for a sudden exit from the study and that no rights or privileges were to be lost by non-participation in or sudden

exit from the study. Each participant then signed a written informed consent (see Appendix 4) only after the information sheet had been read and understood, and all queries by the participant addressed by the researcher. Due to the fact that a research interview “can never be considered anonymous” (Babbie, 2011: 482), individual confidentiality was maintained by arranging and conducting the interviews in secluded private places thus ensuring that only the researcher knew the identity of the research participants. Additionally, all statements or information that could be traced to or used to identify individual respondents, when and where reasonably possible, were expunged from the study report. Furthermore, the researcher did not use his position as a senior public sector medical doctor to influence participants’ responses or increase response rates

Non maleficence: This principle states that it is the obligation of the researcher to do no harm to the research participants (Babbie, 2011: 479; Joubert and Ehrlich, 2007: 32; Terre Blanche *et al.*, 2006: 67). The researcher ensured that the interviews were conducted at a time and place of convenience of the participants and no interview was conducted during the work hours of the participants to avoid disruptions of work at the hospital.

Beneficence: Polit and Beck (2008: 170) argue that this is the most fundamental ethical principle in research and which imposes the responsibility on researchers to maximize benefit and minimize harm to research participants. In line with this, the interview sessions were conducted in the shortest possible time and with minimum interruption, so as to minimize participants’ fatigue. The researcher was also sensitive during the interviews and abandoned any line of questioning that were suspected to have the potentials of causing undue stress to the psyche of the participants. Additionally, the questions were structured to avoid any intrusion on the privacy of participants. Lastly, while there may not be any direct benefits to the research participants, the critical insights which the findings of this research would give to the management of the hospital (public and private partners alike) may assist in the redesigning of existing jobs, at the shared service areas, in ways that may be beneficial to the employees

Justice: The principle of justice asks the question, “Who ought to receive the benefits and bear the burdens?” (Joubert and Ehrlich, 2007: 33). The participants in this study were treated with fairness, respect and equity at all stages of the study. The basis for the selection of the participants was the fulfilment of pre-set eligibility criteria and not based on a participant’s compromised or subordinate position in the organization. The researcher was also ready to provide assistance to any participant who may have become distressed as a result of participation in the study.

In addition to the four ethical principles above, it is generally accepted that protocols of studies involving human participants be subjected to institutional review (Burns and Grove, 2005: 199; Babbie, 2011:184,500). Consequently, before data collection commenced, approval of the research protocol was secured from the Rhodes Higher Degrees Committee, the Eastern Cape Department of Health’s Research Committee (see Appendix 6) and the hospital management (see Appendix 8). The ethical integrity of the schedule of interview was also assured by an ethical committee at the Rhodes Business School.

Scientific integrity of the research: An exhaustive review of relevant literature was undertaken prior to data collection. Also, the approved protocol was strictly adhered to during the conduct of the study. In addition, data collection was honestly done, data collection was rigorous and thorough while the findings were truthfully reported.

3.8 LIMITATIONS OF THE RESEARCH

Yin (2009: 14) warned that the greatest concern for the case study as a research method remains the lack of rigour, partly due to the scarcity of literary articles on guidelines for conducting case study research. In this study, the researcher strived to obviate this limitation by strict adherence to techniques mentioned above which enhance quality in case study research.

Also in this study, the research participants in this study were purposively selected by the researcher on the assumption that they were information- rich. There is always the chance that this assumption was wrong. If this turns out to be the case, then the views expressed by the study participants may not have been completely representative of

those of the generality of the employees. Also, the researcher as at the time of conducting the interviews was a senior public sector medical practitioner in the hospital and it is possible that his perception, by the participants, as a senior staff of the hospital, may have influenced the responses given by the participants. The researcher however, made every effort to mitigate this by conducting the interviews at places and times that put the interviewees at ease and also by explaining the research purpose and potential benefits to the employees.

Furthermore, the findings of this study cannot be generalized to other PPP models in the Eastern Cape Province because the model and the way the jobs are designed is unique to each PPP site. Neither can the findings of this study be generalized to other public hospitals in the Eastern Cape Province which make up the majority of the hospitals in the Province.

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Appendix 1: SCHEDULE OF INTERVIEW QUESTIONS (BASED ON THE JCT)

THE IMPACT OF JOB REDESIGN ON EMPLOYEE JOB OUTCOMES: THE CASE OF THE IMPLEMENTATION OF A PUBLIC-PRIVATE PARTNERSHIP MODEL AT A HOSPITAL

Q1: Kindly tell me what you do at the hospital

Q2: Can you tell me if and how your employment conditions have changed since the commencement of the Public-Private Partnership (PPP) at the hospital

Q3: Can you tell me if and how your job has changed since the PPP was implemented.

Depending on how elaborately Q3 is answered, further probing questions will ensue along the lines below

COMPARED TO YOUR JOB BEFORE THE PPP WAS IMPLEMENTED, IN TERMS OF YOUR CURRENT JOB

Q4: Do you think it involves more of or less of completing tasks from start to finish. Please explain how

Q5: Do you think it requires more or less variety of skills and talents from you in the performance of the job. Please explain how.

Q6: Do you think it has a greater or lesser impact on the lives of others, both within and beyond the hospital. Please explain how.

Q7: Do you think you have more or less freedom and independence in deciding how you wish to perform your job. Please explain how.

Q8: Do you think the job now gives you more or less feedback on how you are performing the job, whether good or bad. Please explain how.

Q9: How do all the changes in your job, which you have just told me about, make you feel?

Depending on the how elaborately Q9 is answered, all or some of Q10 - Q12 below will be asked

Q10: Has there been a change in the way you feel about your job being important, valuable and worth performing? How so?

Q11: Has there been any change in the way you feel that you are personally responsible and accountable for the outcomes of the tasks that you do? Please explain

Q12: Has there been any change in the way that you feel your job gives you regular feedback on how effectively you are performing your tasks. How so? Depending on how exhaustively the second part (“How so?”) is answered, further probing questions will be used to elicit more details viz: What is the usual content of the feedback? Through what channel do you usually receive your feedback?

AS A RESULT OF HOW YOU NOW FEEL ABOUT YOUR JOB THAT YOU JUST MENTIONED / EXPLAINED TO ME, COMPARED TO YOUR JOB PRIOR TO THE PPP IMPLEMENTATION,

Q13: Do you find your current job as satisfying, fulfilling and meeting your personal goals and aspirations? Can you explain the reason(s) for your answer further?

Q14: Do you look forward to doing your job or not? Is there any pleasure or sense of accomplishment that you derive from the job itself? Please explain your answer.

Q15: Do you have the intention to *voluntarily* stay at or leave the hospital within the next year? Please give reasons for your answer.

Appendix 2: ANNUAL STAFF SURVEY QUESTIONNAIRE TEMPLATE

STAFF SURVEY March 2014

The time has come again for the institution to embark on staff survey. All staff members are urged to participate. For confidentiality you may not put your name on the form. Put your answered form in an envelope and submit it to your Operational Manager.

NB: TICK YOUR ANSWERS

Department: _____ **(Optional)**

1. FEEDBACK	AGREE	DISAGREE
I receive useful and constructive feedback from my manager. (Operational manager/ Area manager/ supervisor)		
I receive feedback that helps me improve my performance, e.g. PMDS/general performance		
My supervisor gives me praise and recognition when I do a good job.		
<u>1.0 COMMENTS:</u> 		
2. TEAMWORK		
Teamwork is encouraged and practiced in my department		
There is a strong feeling of teamwork and cooperation in this organization.		
<u>2.0 COMMENTS:</u> 		

	AGREE	DISAGREE
3. QUALITY AND CUSTOMER FOCUS		
People are held accountable for the quality of work they produce.		
The quality of our nursing / care is very important to this organization.		
This organization understands its customers' needs.		
Customer needs are the top priority in this organization		
<u>3.0 COMMENTS:</u>		
4. MISSION AND PURPOSE		
I have a good understanding of the mission and the goals of the hospital / department		
I understand how my work directly contributes to the overall success of the organization.		
<u>4.0 COMMENTS:</u>		
5. OPPORTUNITIES FOR GROWTH		
I have adequate opportunities for professional growth in this organization.		
My operational manager/area manager/supervisor is actively interested in my professional development and advancement.		
I am encouraged to learn from my mistakes.		
My work is challenging.		
My work is stimulating		
I have a mentor at work.		
<u>5.0 COMMENTS:</u>		

	AGREE	DISAGREE
6. WORK/LIFE BALANCE;STRESS AND WORK PACE		
My job does not cause unreasonable amounts of stress in my life.		
I am able to satisfy both my job and family responsibilities.		
The organization has reasonable expectations of its employees.		
The pace of the work in this organization enables me to do a good job.		
<u>6.0 COMMENTS:</u>		
7. FAIRNESS / RESPECT		
My Operational manager / area manager / immediate supervisor treat all his/her employees fairly.		
Favouritism is not an issue in this department.		
Everybody is treated fairly in this department.		
<u>7.0 COMMENTS:</u>		
8. MANAGEMENT (Middle Manager / Nursing management etc.)		
I am able to communicate with management.		
I feel that confidentiality and privacy are maintained by management when I approach them.		
<u>8.0 COMMENTS:</u>		

	AGREE	DISAGREE
9. IMMEDIATE SUPERVISOR / OPERATIONAL MANAGER (In-charge)		
I am able to communicate with my supervisor / operational manager		
I feel that confidentiality and privacy are maintained by my supervisor / operational manager when I approach them.		
9.0 COMMENTS:		
10.0 GENERAL COMMENTS / SUGGESTIONS:		

THANK YOU FOR PARTICIPATING IN THE STAFF SATISFACTION SURVEY.

Appendix 3: EXIT INTERVIEW QUESTIONNAIRE TEMPLATE

Exit Interview

Employee Name _____

Termination Date _____

Employee ID # _____

Eligible for Rehire Yes No

Job Title _____

Reasons for Termination

Voluntary

Another Position

Personal Reasons

Relocation

Retirement

Return to School

Other _____

Involuntary

Attendance

Violation of Hospital Policies

Lay Off

Reorganization

Position Eliminated

Other _____

Employee Comments:

Interviewer Comments:

Questionnaire

1. What are your primary reasons for leaving?

2. What did you find most satisfying about your job?

3. What did you find most frustrating about your job?

4. Were there any company policies or procedure that made your work more difficult?

5. Would you consider returning to this hospital in the future?

6. Would you recommend this hospital to a friend as a good place to work?

7. Is there anything the hospital could have done to prevent you from leaving?

Employee's Signature _____

Date _____

Interviewer's Signature _____

Appendix 4 : CONSENT FORM



Rhodes Business School
Leadership for Sustainability

CONSENT FORM

Title of research project: The Impact of Job (re)design on Employee Job Outcomes: The Case of the Implementation of a Public-Private Partnership Model at a Hospital.

This research has been described to me in a language that I understand and I freely and voluntarily agree to participate in the above-named study. My questions about the study have all been answered. I understand that my identity will never be disclosed and that I may withdraw from the study at any stage without giving a reason and this will not negatively affect my person nor lead to any penalty or loss of any benefits to which I otherwise qualify.

Signature of research participant.....

Date

Should you have any questions regarding this study or wish to report any problems you have experienced related to this study, please contact the research supervisor.

Prof Pearse, Noel James

B Bus Sc. (UCT), B A (Hons) (UCT), M Soc S. (UCT), PhD (Rhodes).

The Academic Coordinator

Rhodes Business School

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Appendix 5: INFORMATION SHEET



Rhodes Business School

Leadership for Sustainability

INFORMATION SHEET

Dear Sir/Madam,

I am Dr Onaga Chukwuka Moses, a student at the Rhodes Business School and in partial fulfillment of the requirements for the Master of Business Administration degree which I am reading towards, I wish to conduct a study at Settlers Hospital with the title and details as shown below.

Project title: The Impact of Job (re)design on Employee Job Outcomes: the Case of the Implementation of a Public-Private Partnership Model at a Hospital.

What is this study all about: [REDACTED] was previously a wholly state-owned district hospital but in [REDACTED], it became a Public-Private Partnership (PPP) hospital. In this partnership there are three shared service areas namely: the accident & emergency unit, the radiology department and the operating theatre. This study targets those employees who were working in these shared service areas prior to the PPP implementation and who are still working in these areas. It seeks to find out, from this specific group of employees, if the PPP implementation has affected their job and how and why this has affected them, the employees. This scientific and candid evaluation is necessary after four years of existence of this PPP model and the findings of the research will give critical insight to the management on employees' perspective on issues relating to redesign of jobs at the hospital, especially after a restructuring exercise.

What will I be asked to do if I agree to participate

You are being approached for participation in this study because you have been working in one of the above-named shared service areas pre- and post-PPP implementation. If you agree to participate, you will be required to make yourself available to be interviewed by myself at a time and place of your convenience. The interview is estimated to last about 45 minutes and the questions to be asked will be relating to if/how the PPP implementation has affected the way you do your work at your unit and if/how that has affected you.

How will confidentiality be maintained in this study? Neither the management nor any employee in this hospital is/will ever be aware of your participation in this study. The interview will be conducted at a location and time of your choice such that your participation in this study remains known only to you and

I. The final report will not contain any information, phrases or clauses that can be traced back to you or any study participant. A draft of the study report will be shown to you, prior to submission of the final draft, for you to confirm that your identity has remained confidential.

What are the risks of this study?

There are no known risks anticipated by your participation in this study apart from the time you will spend during the interview session.

What are the benefits of this study?

The findings of this study will be shared by the management of both the public and private partners. It is expected to provide them with information, obtained through a scientifically rigorous process, that will give them insight into if/how the redesign of jobs, occasioned by the PPP implementation, has affected you, the employees. The study will also make recommendations, based on the study findings, on how best the jobs can be redesigned going forward. It is the hope that the study results will assist, in no small measure, in making Settlers hospital a better work environment for you.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this study, you may stop participating at any time. If you decide not to participate in this study or you stop participating at any time, you will not be required to give any reasons for your decision. Neither will you be penalized or lose any benefits to which you otherwise qualify.

Is there any assistance available if there is any negative effect of this study and what if I have questions?

I, the researcher, am available to assist in the event of any (unforeseen) negative effect linked, directly or indirectly, to the conduct of this study. I will also be pleased to answer any other questions you may have regarding this study. You may also wish to contact the research supervisor (**Prof Noel James Pearse, email: n.pearse@ru.ac.za. Tel No: (046) 603-8963 or 8617**) for assistance and/or if you have further questions.

This research has been approved by the Higher Degrees Committee of the Rhodes University Commerce faculty, the Eastern Cape Department of Health Research Unit and the Settlers Hospital management.

Thank you,

Dr Onaga Chukwuka Moses, *MD, MPH (UWC), Dip HIV Man (SA)*

Appendix 6: RESEARCH APPROVAL FROM ECDoH

13/11/06 02:49AM HP LASERJET FAX

p. 01



Eastern Cape Department of Health

Enquiries: Zonwabele Merle
Date: 08th November 2013
e-mail address: zonwabele.merle@mplo.ezdoth.gov.za

Tel No: 040 608 0830
Fax No: 043 642 1409

Dear Dr Onaga

Re: The Impact of Job (Re) design on Employee Key Outcomes: The Case of the Implementation of a Public Private Partnership Model at a South African Hospital

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.


DEPUTY DIRECTOR: EPIDEMIOLOGICAL RESEARCH & SURVEILLANCE MANAGEMENT



Appendix 7: RESULTS OF DOCUMENTS ANALYSES

To enhance validity of the interview findings, analyses of a variety of available documents at the hospital that were relevant for the study were also done (methodological triangulation). The source documents that were analysed included:

- The complaints registers at the hospital
- The March 2014 staff satisfaction survey documents
- Staff change records.
- Former employees exit interview records.

Complaints registers: These contain official complaints of patients on any issue of concern to them. The table below contains a summary (as directly extracted from the complaints register) of the complaints received per category of complaints for the financial year ending 31st march 2014

Table 4: Report on categories of complaints for ‘Bright’ hospital for the financial year 1/4/2013 to 31/3/2014

Category of complaint	Total number of complaints
Respect and dignity (staff attitude)	43
Access to information for patients	1
Physical access	2
Continuity of care	1
Waiting times and management of queues	21
Complaints management	4
Patients care	2
Medicines and medical supplies are in stock	0
Diagnostic services	2
Therapeutic and support services	0
Safe and secure environment	0
Hygiene and cleanliness	1
Linen and laundry	0
Others	4
TOTAL	81

The results above show that staff attitude, as reported by the employees themselves during the interviews, was, by far, the commonest concern of patients, accounting for more than half of all the complaints received in the entire hospital in the financial year under review.

A further breakdown of the complaints per ward (see Table 5 below) shows that the Accident and Emergency unit was the unit in the 'Bright' Hospital from which the greatest number of complaints for the financial year emanated . As the Table 5 shows, despite the assumption of the employees interviewed in the Theatre and Radiography units, none of the complaints they may have received (and referred to during the interview) was followed up with a formal complaint letter during the financial year.

Table 5: Summary report of complaints received per ward at 'Bright' hospital for the period 1/4/2013 to 31/3/2014

WARD NAME	NUMBER OF COMPLAINTS RECIEVED
Accident and Emergency	28
Radiology	0
Theatre complex	0
Card room	3
Allied Health Professionals	1
Main entrance	2
Maternity	1
Medical	2
Out patients Department	22
Pediatric	7
Palliative Care	1
Pharmacy	1
Surgical	9
Management	4

A breakdown of the complaints received concerning the A& E unit (Table 6 below) again validated the report of the interviewees concerning staff attitude as a problem at the unit.

Accident & Emergency unit:

Table 6: Complaints received for shared areas at 'Bright' hospital for the period 1st April 2013 to 31st March 2014

Month	Total received	Classification:
April 2013	2	Waiting time , Attitude
May	3	Attitude x2, Hotel (Cleaning)
June	3	Attitude x2, Waiting time
July	3	Attitude, Continuity of care, Other (transport)
August	3	Attitude x2, waiting time
September	1	Waiting time
October	0	
November	5	Waiting time x4, Attitude
December	1	Waiting time
January 2014	4	Attitude x3, Waiting time
February	2	Waiting time , Attitude
March	1	Waiting time
TOTAL:	28	

Note: No complaints were received for the theatre complex and radiology unit.

Also noteworthy is the observation that of all possible complaints, staff attitude accounted for 14 of the 28 complaints received for the period Apr 2013 to March 2014 at the A&E unit. That is 50% of all complaints by the end users (patients) were about staff attitude.

Staff satisfaction survey (for financial year ending March 31st 2004): Twelve anonymously completed annual staff satisfaction questionnaire from the theatre complex were analyzed (see Appendix 2 for the standard questionnaire template that is used at 'Bright' Hospital). As at the time of data collection, the A&E and radiography units had not returned the completed questionnaires. Note that the staff satisfaction survey is routinely administered to *all* categories of *DoH* staff at the end of the financial year and because of anonymity of responses, clinical staff's responses (of interest in this study) could not be isolated from those of the non-clinical staff.

However, 50% of the respondents disagreed that their manager gave them constructive feedback, 50% disagreed that they received feedback that made them improve their performance while 75% disagreed that they received praise and recognition from their managers for work well done. Interestingly, 100% of the selected agreed that they found their work both challenging and stimulating. Furthermore 66.6% of the respondents indicated that they found their work stressful while a similar percentage (58.3%) indicated they were unable to satisfy both work and family commitments.

Under general comments (Question 10 in the survey), the main themes were surrounding perceived poor management at the theatre and loss of free time. Some of the sentences read thus (verbatim)

“Supervisor never sets foot in unit”

“DoH management never solves our problem”

“We are employed by DoH, why are you distant from us”

“it is not right that we are expected to work full hours a day after we were on call the previous night. There is no time for the family and other things these days”

There was no data available to the researcher to compare these responses with theatre complex staff satisfaction surveys from the pre-PPP era

“Staff change” records at the Human Resource unit: “Staff Change” is the appellation for the records of any change(s) in staff allocation to each unit of the hospital. A review of these records at the Human Resources unit revealed that of the three shared service areas, the A&E unit had, by far, the greatest staff turnover since the commencement of the PPP.

Table 7: Summary of staff turnover at shared service areas at ‘Bright’ Hospital from 1st 2009 to 30th April 2014

	Accident and Emergency unit	Radiography unit	Theatre complex
Number of DoH clinical staff at unit prior to PPP implementation	16	2	7
Number of these clinical staff still working at the unit (shared service area)	3	1	6
Percentage of <i>original</i> DoH clinical staff who have left the shared service area since the implementation of the PPP (1 st Sept 2009) to May 2014	81.2%	50%	14.2%

The graph below (Figure 4) clearly shows that the A&E unit, for some reason(s), has been the shared service area worst hit by extremely high turnover among the DoH clinical staff who started initially at the three shared service areas.

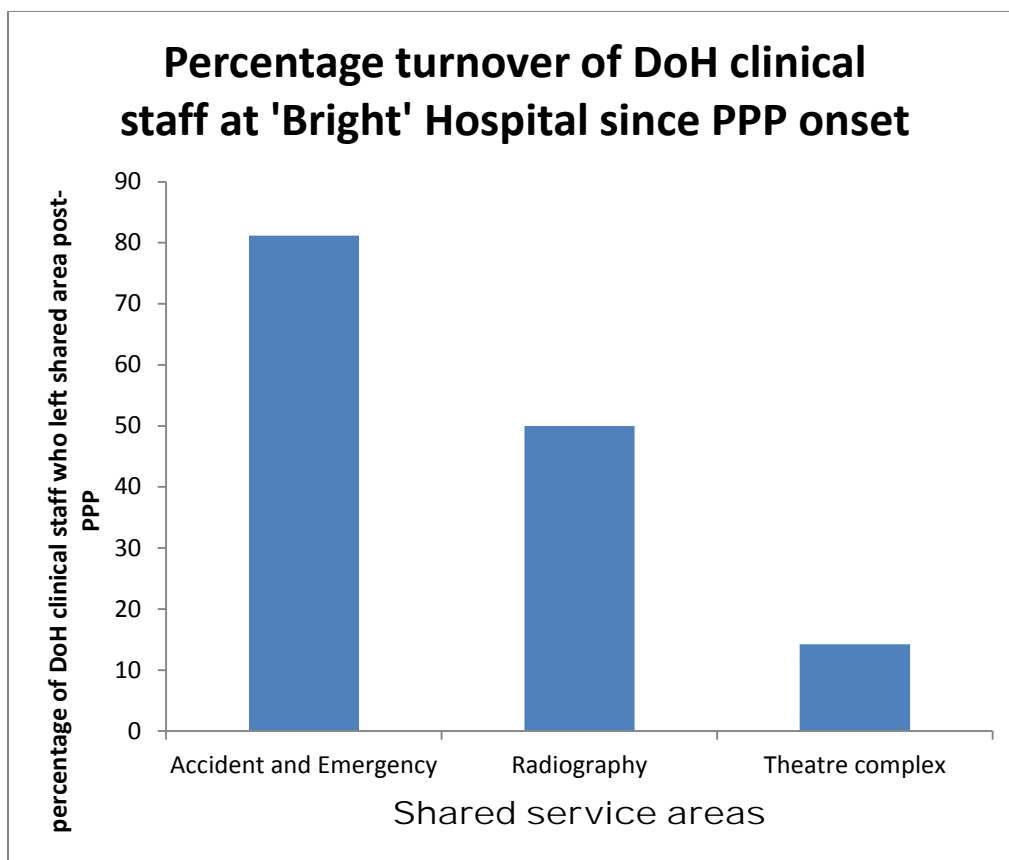


Figure 4: Percentage clinical staff turnover per shared service area post PPP at 'Bright' hospital from 1st Sept 2009 to 30th April 2014

Further investigations of the records revealed the reasons for staff leaving the shared areas (see table 5 below)

Table 8: Reasons for leaving among shared service area clinical staff, 'Bright' Hospital from 1st September 2009 to 30th April 2014


Reason for leaving the shared service area	Accident and Emergency	Radiography	Theatre complex
Employee went on early retirement			
Employee requested transfer to another hospital		0	0
Employee embarked on study leave with full pay	1	0	0
Employee dismissed after disciplinary		0	0

process			
Private management requested employee transfer out of the unit to other wards in 'Bright hospital' outside the shared service areas		0	0
Employee requested transfer out of shared service area for 'personal reasons'	1*	0	0

Table 9: Relevant data from exit interview documents of former employees at the A& E unit, 'Bright' hospital

Question	Employee 1	Employee 2	Employee 3
What is your primary reason for leaving?	Personal	Relocation-to be closer to home	Early retirement
What was did you find most satisfying about your job?	"Being able to help patients and feeling good about it"	"Working with dedicated colleagues"	"Working with good people"
What did you find most frustrating about your job?	Not enough staff	Shortage of staff	None
Is there any company policies or procedures that made your job more frustrating?	No	No	No
Will you consider coming back to this hospital in future?	No	No	No

Appendix 8 : APPROVAL FROM HOSPITAL CEO

 Province of the
EASTERN CAPE
HEALTH

Private Bag [REDACTED] 6140, REPUBLIC OF SOUTH AFRICA
Tel: [REDACTED] Email: bongolwe.moyake@lmnito.ecprov.gov.za

20/11/2013

To: Nursing Service Managers and Hospital Manager

**Accident and Emergency Unit
Theatre
Radiology Unit**

From: Mrs B.C. Moyake

**Re: Approval to conduct research (Impact of re/ design of Jobs on Employee outcomes):
The case of Public Private Partnership implementation at a South African Hospital**

This serves to notify that Dr. Onaga C.M. has been given approval to conduct the above named research at [REDACTED]. This is the partial fulfilment of the requirements of the Masters of Business Administration (MBA) degree which he is studying towards.

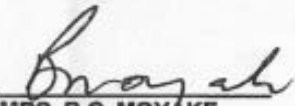
The findings of his research will provide critical insight to the hospital into if and how the employees have been affected by the PPP implementation.

He will be interviewing some staff Members who were working at the hospital prior to the PPP implementation. The honest answers to the questions he will pose to them will add value to this research effort.

It is important to note that the identity for his respondents will only be known by him and his formal report will not contain any information that can expose his respondent's identity.

Do accord him all necessary assistance.

Yours Faithfully,


**MRS. B.C. MOYAKE
MIDDLE MANAGER: HEALTH**
[REDACTED]