

# Associations of Demographics, Living Conditions, Work and Lifestyle, with Levels of Satisfaction of Nursing Personnel in Grahamstown, South Africa

J HODGSKISS<sup>1, 2</sup> & S ZSCHERNACK<sup>3</sup>

¹Human Factors in Mining, CSIR

<sup>2</sup>School of Public Health, Faculty of Health Sciences, University of the Witwatersrand <sup>3</sup>Department of Human Kinetics and Ergonomics, Rhodes University

#### INTRODUCTION

Diverse demographics, living conditions, working conditions and lifestyles in the South African workforce are likely to affect levels of satisfaction and quality of life. Stressors facing nursing personnel include high mental and physical demands, occupational stress, declining job satisfaction and burnout. Understanding how home and work variables affect satisfaction levels could assist to formulate interventions to improve worker wellbeing.

The aim of the study was to assess the association of demographic, living condition, work and lifestyle variations, with levels of life, living condition, health, job, and working condition satisfaction among nursing personnel.

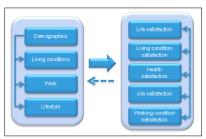


Fig 1: Conceptual framework of the study

### **METHODOLOGY**

The study sample comprised 152 nursing personnel, who worked at seven clinics (n=32) and one hospital (n=120) in Grahamstown, South Africa. Questionnaires were used to gather quantitative data about basic demographics, working conditions, living conditions, lifestyle, and subjective levels of satisfaction, and Body Mass Indices (BMIs) were calculated. Statistical analysis was conducted using STATA 13. Ethical approval was received from Rhodes University, and permission was received from the Eastern Cape Department of Health, the Primary Health Care Department of Makana, and the participating hospital and clinics.

## RESULTS AND DISCUSSION

Demographic data of the sample can be found in **Table 1**. Data were grouped or omitted in cases where the number of participants per group was less than 10. Percentages of participants who reported to be satisfied with their lives, living conditions, health, jobs, and working conditions were 48%, 54%, 71%, 54%, and 38%, respectively (**Figure 2**). Associations between the demographic, work, living condition, and lifestyle variables with levels of life, living condition, health, job and working condition satisfaction, are displayed in **Table 2**.

Table 1: Demographic information

Gender	92% female, 9% male
Age	14% <30 years, 21% 31-40 years, 40% 41-50 years, 25% >60 years
Language	65% Xhosa, 35% other
Race	71% Black, 29% other
Marital status	49% married, 51% unmarried

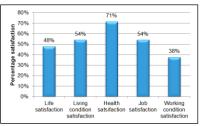


Fig 2: Satisfaction with life, living conditions, health, jobs, and working conditions

**Table 2:** Associations of satisfaction with demographic, work, living condition, and lifestyle variables

	Life satisfaction	Living condition satisfaction	Health satisfaction	Job satisfaction	Working condition satisfaction
Gender	0.654	0.238	0.646	0.571	0.591
Age	0.314	0.799	0.572	0.793	0.454
Language	0.005	0.011	0.743	0.513	0.615
Race	0.003	0.007	0.560	0.708	0.394
Marital status	0.316	0.506	0.813	0.245	0.391
Workplace	0.247	0.357	0.613	0.357	0.125
Job position	0.091	0.630	0.531	0.309	0.326
Tenure	0.423	0.170	0.193	0.441	0.555
Intent to leave	0.708	0.425	0.382	0.022	0.110
House type	0.336	0.418	0.743	0.457	0.728
House condition	0.043	0.019	0.004	0.297	0.242
Crowding	0.080	0.116	0.059	0.101	0.535
Access to water	0.102	0.036	0.149	0.446	0.310
Transport	0.001	0.000	0.029	0.241	0.775
Transport time	0.003	0.004	0.001	0.249	0.368
Income	0.009	0.072	0.250	0.885	0.118
Dependants	0.963	0.803	0.044	0.168	0.210
Grants	0.377	0.233	0.090	0.124	0.719
Smokes	0.979	0.675	0.689	0.964	0.905
Drinks	0.384	0.459	0.583	0.888	0.964
Exercise	0.015	0.004	0.852	0.456	0.020
Sleep received	0.996	0.476	0.871	0.117	0.026
BMI	0.313	0.797	0.307	0.969	0.949

Blacks and Xhosa-speaking individuals had lower levels of life and living condition satisfaction than those in the other language and race groups, which is likely a residual effect of apartheid.

Higher levels of life, living condition, and health satisfaction were seen in those with better housing conditions, as inferred from data pertaining to the roof not leaking when it rained, piped water inside the house, use of a car, and a relatively short time taken to travel to work. Higher levels of life and health satisfaction were reported by those with higher incomes, and fewer dependants.

Those who performed vigorous recreational exercise reported higher life, living condition and working condition satisfaction than those who did not. Those who usually had seven or more hours of sleep were more satisfied with the working conditions than those had less; this could be as a result of shifts worked. Although obesity was highly prevalent in this sample, it was not significantly associated with levels of satisfaction.

Relatively few associations with work-related variables were found. However, as expected, those with lower job satisfaction were more likely to be thinking about leaving nursing.

Life, living condition, health, job and working condition satisfaction were strongly correlated, as those with high levels of satisfaction in one area were more likely to report higher levels of satisfaction in another area.

#### CONCLUSION

Various demographic, living condition and lifestyle variables were associated with levels of satisfaction. In general, higher socioeconomic status was associated with higher levels of satisfaction. As various factors outside of the workplace influence levels of satisfaction, a holistic approach should be taken when assessing the well-being of a workforce.

## ACKNOWLEDGEMENTS

Support was received from the Ernst and Ethel Eriksen Trust and the Young Researchers Establishment Fund. I would also like to thank Prof. Gill Nelson from the School of Public Health at the University of the Witwatersrand for her assistance with compiling this presentation. Much appreciation goes to the study participants.



