

Role of the Nurse Managers during Nursing Personnel Strikes

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Abstract: Salaries remains one of the most important factors that lead to strike, nursing personnel usually strike because they want higher wages and this demand increases because of the rise of the cost of living. So they have gone on strike to improve their economic and non-economic conditions. The present study aimed to assess role of the nurse managers during nursing personnel strikes at Mit Ghamr hospitals. This study was conducted at Mit Ghamr hospitals using descriptive design. A simple random sample of 249 of staff nurses and all nurse managers(48) was used. Data were collected using two tools; staff nurses' questionnaire and nurse managers' questionnaire. Study results illustrates that the first cause of nursing personnel strike was salaries followed by unsuitable working condition. As well, the first measure that was used by nurse managers to prevent strike was rapid intervention of management to know reasons of strike and try to solve. However, the main measures that were used by nurse managers to provide continuation of patient care during strike were patients' combination in a few wards followed by calling nurses from home. It can be concluded that staff nurses were the main category who participated in strike, and the main causes of strikes were salaries and unsuitable working condition. Consequently it is recommended that nurse managers should schedule periodical meetings with staff nurses to discuss their problems in the work place and try to solve them and staff nurses should attend training programs to increase their experience and responsibilities toward work.

Keywords: Nurse Managers, Nursing personnel, Strike.

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I. Introduction

Nurses in particular constitute the largest group of workers in hospitals and often have a considerable impact on patients. As well, nurse managers know that nurses are the safety net and they are the folks that are right there in the real time catching medication errors, preventing patients' falls, recognizing when patients need something, and avoiding failure to rescue. When nurses were not satisfied financially or emotionally, they would have strike in the hospital to achieve their demands and after they try to negotiate (Gonathan, & Kleiner, 2012; and Everhart et al., 2013). Strike is a preventable way of dispute resolution in the health care system, this strategy used by a group of nurses in an attempt to force the nurse manager to meet their demands. Generally strikes are discussed in terms of the economic nature of the events, but it extends beyond this economic nature such as increasing mortality and morbidity rate and the unsuitable health care resources and expenditures that it caused by unnecessary hospitalization or by patients dropping out of care (Olalekan, et al., 2012).

As well, strikes are means of balancing power between the nurse manager, staff nurses and socio-economic conditions which influence this relationship may have to be considered when determining the rules on strike (Waas, 2012). A strike is an organized work stoppage by union members or the withholding of work to bring economic pressure on the nurse manager to coerce him to meet the nursing demands; it's usually used as a last resort (Marriner & Tomey, 2009). In fact, striking is a social practice that is deeply embedded which has the possibility that could enable nurses to negotiate with their nurse managers on terms of approximate equality, it is wrong to think that the unions are in themselves able to secure this equality between workers (Fudge & Tucker, 2012). Wages remains one of the most important factors that lead to strike, staff nurses usually strike because they want higher wages and this demand increases because of the rise of the cost of living (Selala, 2014). Additionally, staff nurses participated in strike for unsafe working conditions (Gray, 2010).

There were several positive outcomes of nurses' strikes on patients which lead to increase quality of care, such as; increase in government sponsored medical positions, increases resources and staff for the peripheral parts of the country, according to some interviews this improvement in health equity was one of the most successful outcomes of the strikes and something that had never been emphasized before (Weil et al., 2013). On the other hand, a recent study concludes that nurses' strikes lower the standards of patient care (Dhai, et al., 2011). So, Nurse managers should do some important tips in an attempts to control nurses' strike and

provide continuous care to patients, such as; keep talking and continue communicate with nurses with a clear style, think positively and remember that nurses fighting a battle with others, asses the risks for both hospital and patients that may occur as a result of strike, and finally achieve some demands of staff nurses and don't win everything (**Garrett, 2016**). Also the nurse managers should improve the quality of healthcare delivery system to ensure patients' safety, improve/enhances clinical effectiveness and create trust between nurses and administration (**Armstrong et al., 2015**).

1.1 Significance

Nurses are a crucial part of the hospital production function and are considered the heart and soul of the hospital but dissatisfaction with salaries and unsatisfactory working conditions can causing strikes which is the powerful weapon used by them to get their demands accepted. Strikes by nursing personnel are a threat to patient care in that they put patients' lives at risk because of the failure to provide needed emergency and total care may result in unnecessary deaths, temporary or permanent suffering or disablement and loss of trust in the nursing profession. Such a situation is a challenge for nurse managers at various management levels since they are responsible for facilitating provision of continuous quality patient care. Additionally, their expertise in handling complaints and grievances is crucial to minimize serious grievances which might result in job dissatisfaction and a felt need to strike. So this study aims to, assess role of nurse managers during nursing personnel strikes at Mit Ghamr hospitals.

1.2. Aim:

The current study aimed to assess the role of the nurse managers during nursing personnel strikes at Mit Ghamr hospitals.

II. Methodology

2.1. Design:

A descriptive research design was used to achieve the aim of the study.

2.2. Setting:

This study was carried out at Mit Ghamr Hospitals that consists of three hospitals were: Tumor Mit Ghamr Hospital, Kidney Mit Ghamr Hospital and Central Mit Ghamr Hospital. These hospitals affiliated to Egyptian Ministry of Health.

2.3. Subjects:

The study sample included two categories:1- All nurse managers (48). 2- Simple random sample of 249 staff nurses have at least three years of experience and working during incidence of strike in the above mentioned settings. Sample size of staff nurses was calculated by using a simplified formula provided by Yamane (1967) ($n = N / 1 + N (e)^2$) to calculate sample size. The confidence interval was 95%, the coefficient factor was 0.05.

2.4. Instruments

Two tools were used to collect data for this study.

Tool 1: Staff nurses' questionnaire: It was originally developed by **Treعه and Treعه (1986)**. This tool contained two parts as follows: The first part: Personal characteristics of staff nurses; this part was used to collect data about personal characteristics of nurses that were: Gender, age in years, educational qualification, years of experience, department, hospital name and categories of nurses involved in strike. The second part: Experience of strikes; this part was used to collect data about experience and reasons for nurses' involvement in strikes, it included 14 items.

Tool 2: Nurse Managers' questionnaire: This questionnaire was originally developed by **Treعه and Treعه (1986)**. This tool contains three parts as follows: The first part: Personal characteristics of nurse managers; this part was used to collect data about personal characteristics of nurse managers at their management or supervisory roles that were: Gender, age in years, years of experience, present position, educational qualification, hospital name, the presence of crises and disaster management unit in the hospital, attending any human development courses, and hospital name. The second part: Awareness of strikes; this part was used to collect data from nurse managers to determine their awareness about the occurrence and consequences of nurses strikes, it included eight items. The third part: Personal experience of strikes; this part was used to collect data from nurse managers to assess their experience of strikes and measures that were used to prevent nursing personnel strikes, it included 13 items

2.5. Validity and reliability

- The questionnaire sheets were tested for their face and content validity by a group of experts by "five" experts. Experts were requested to express their opinions and comments on the tools and provide any suggestion

for any additional or omissions of items. According to their opinions all recommend modifications were performed by the researchers.

- Cronbach's alpha test will be done for tools reliability. Reliability for staff nurses questionnaire was 0.83 and for nurse managers questionnaire was 0.71.

2.6. Field work

The data collection process was started from November 2015 to April 2016. Data were collected throughout different shifts. The researchers explained the aim of the study to each nurse either individually or through group meetings. Each subject was given the opportunity to fulfill the questionnaire under the guidance and supervision of the researcher. The time consumed to answer each questionnaire sheet of staff nurse and nurse manager ranged from 20 minutes to 30 minutes.

2.7. Pilot study

Pilot study was carried out before starting the actual data collection to confirm understanding, clarity, and applicability of the tools. Additionally, to estimate the time required for filling the questionnaire sheet. The pilot study was carried out on 25 (10 % of the study sample) staff nurses from different hospitals. Nursing personnel were selected randomly and excluded from the main study sample, and the results of pilot sample were excluded from the main study results. The necessary modifications were done.

2.8. Ethical consideration

Verbal and written explanation of the nature and aim of the study have been explained to staff nurses and nurse managers included in the study sample. They were given an opportunity to refuse or to participate, and they were notified that they could withdraw at any stage of filling in the questionnaire, without giving any reasons; also they were assured that the information would be utilized confidentially and used for the research purpose only. Confidentiality was confirmed by not writing their names. The researcher assured to participants that the participation is absolutely voluntary.

2.9. Statistical analysis

After data collection, each sheet was scored, and data were organized, categorized, results were presented in tables and were analyzed by using the statistical package for social science (SPSS) program, version 21. Numerical qualitative data were expressed as frequency, percentage, mean, and standard deviation (SD).

III. Results

Table 1: Shows that the mean age of the staff nurses was 33.15 years and more than half of them (60.6%) aged less than 35 years. As regards, years of experience; 67.9% of them worked from 10-20 years. Additionally, 81.5% of them were female and about two thirds (65.9%) had school of nursing. As well, 42.1% and 59% staff nurses worked in surgical department and Mitghamr general hospital, respectively. Moreover, 71.8% of nursing participation in strike was staff nurses while, 2.4% of them was nurse managers. Furthermore, 93.2% of them mentioned that there was nursing personnel strike in their hospitals. The table indicates that the mean age of nurse managers was 43.56 years and more than half (62.5%) of them aged 40 years or more. As regards, their years of experience, 54.2% of them worked from 20 to 30 years. Additionally, 77.1% were female, while, 22.9% were male and 52.1% was nursing supervisor. Moreover, 68.8% and 45.8% of them had baccalaureate in nursing and worked in Mit Ghamr general hospital respectively. Furthermore, the highest percentage (87.5%) of nurse managers mentioned that they didn't attend human development courses and 70.8% hadn't crisis and disaster management unit in their hospital.

Figure 1: Illustrates that the highest percentage of nurses' strikes occurrence (36.2%) happened in 2011, while the lowest occurrence (0.8%) was in 2010.

Figure 2: As portrayed from this figure, the first cause of nurses' strike was salaries (50.2%), followed by unsuitable working condition (39.7%).

Table 2: Indicates that the first benefit of strike was: Making commission in enquiry (44.1%), followed by there wasn't benefits from strike (22.4%). However, the last one was discrimination between nursing in promotion (11.2%). Additionally, staff nurses reported that the first adverse effect of strike was loss of trust between nursing and authorities (39.7%), while the lowest one was closure of some departments (7.6%).

Table 3: Clarifies that 72.9% of studied nurse managers mentioned that the incidence of nurses' strike in hospital during the three years ago was seldom. As well, 64.6% of them reported that the incidence of strike decreased in 2015 as compared to the previous years. Moreover, 35.4% of them mentioned that relationship and management policies were the main factors that could increase or decrease strike. Also, 31.3% and 31.3% of

nurse managers reported that the more likely departments to staff nurses' strike were all departments especially the emergency department, respectively. Furthermore, the highest percentage (79.1%) of them mentioned that the responsible person of nurses' strike was the top management.

Table 4: Indicates that more than half of nurse managers (58.3%) reported that prolonged hospitalization was the main consequence of staff nurses' strike. As well, 64.5% of them mentioned that mistrust and lack of confidence in nursing was the main consequence on community. As for consequences on management, 43.8% of them mentioned that the main one was deterioration and mistrust in nursing personnel. Additionally, 45.8% of nurse managers reported that pressure and overwork load on remaining nurses was the main consequences on nursing personnel. Also, 47.9% of them reported that bad impression about nursing profession was the main consequence of strike on nursing profession.

Table 5: Reveals that 66.7% of nurse managers agreed that strike was prevented from the hospital. As well, 37.6% of them mentioned that rapid intervention of management to know reasons of strike and try to solve them was the main measures that could be used to prevent strike. On the other hand, 37.6% of nurse managers who mentioned that strike couldn't be prevented reported that regular meeting with nurses to know their problems was the main proactive measures to prevent strike. Additionally, 58.3% of studied nurse managers mentioned that there wasn't strike by nurses in the hospital. Otherwise, 40.0% and 40% of nurse managers who reported that there was strike in the hospital mentioned that salary disparity and low salaries, and nurses used for non-nursing duties, respectively were the main reasons of strike. While, the highest percentage of them (77.0%) mentioned that nursing personnel were the main category of nursing that was involved in strike followed by nurse supervisor (43.7%).

IV. Discussion

The results of the current study revealed that, the highest incidence of staff nurses' strike occurred during years of 2011. This is might be due to the revolution of 25 January which leads to increase the ability for self-expression of injustice, inequality and sense of power for nurses that they can make change in hospital. As regards the causes of strike as reported by staff nurses; the findings of the present study showed that salaries are the main cause of strike. This might be due to lack rewards and incentives that are unsuitable with high living expensive. This result is congruent with **Dhai et al. (2011)**, who performed a study to evaluate a representative group of South Africans for their views about healthcare nurses' strikes and related matters, and founded that nurses didn't satisfy financially or professionally which lead to strikes. While, this finding was in contrast with **Nala (2014)**, who carried out a study to highlight the problem brought about the lack of proactive strategies to maintain a balance between human and professional rights and responsibilities of nurses within the legal framework of South Africa, and reported that nursing personnel participated in strikes because there wasn't recognition for the work they do.

As for, benefits of strikes; the findings of the present study revealed that making commission of enquiry was the highest benefit of nursing personnel strike. This might be due to the nurse managers try to make session with the strikers and leaders of them to resolve disputes which lead to strike. This result is compatible with **Paschaline (2012)**, who performed a study to assess the influence of strike action on employees performance and productivity in Nigeria, and found that the first benefits of strike on nurses was communicating nurses' complains to the higher levels and increasing chances of negotiations.

Concerning, adverse effects of strike; the finding of the present study showed that loss of trust between nursing and authorities was the highest percentage of adverse effects of strike. This is might be due to the nurse managers didn't trust nurses and afraid from going to strike again. This result is compatible with **Heriyanto (2011)**, in Indonesia, who performed a study to investigate the influence of strike on political and economic stability, and found that the adverse effects occurred as a result of strike was loss of trust between nurses and hospital administrators. On the other hand, this finding isn't compatible with **Ogunbanjo et al. (2014)**, who performed a study to determine the effect of strike in hospitals by healthcare workers, in South African, and explored that the first adverse effect that occurred as a result of strike was the increased harm and dangers including death of patients. Also **Kunene (1995)**, who conducted a study to investigate the problem of strike action by staff nurses in South Africa, and found that the adverse effects of strike were patients' suffering, premature deaths, patients were transferred to other hospitals far from relatives, and they were neglected and confused.

As for, the incidence of nurses' strike; the results of this study demonstrated that the highest percentage of nurse managers mentioned that the incidence of staff nurses strike in the hospital during three years ago was seldom and it decreased in 2015 as compared to the previous years. This might be due to rules and regulation that were put to prevent strike. In the contrary a study done by **Semono (2014)**, to explore the

distribution of work stoppage and wage lost between nurses in South Africa, found that strike increased during the last years. Also, **Kunene (1995)**, found that strike was frequent and increase, in the last years.

In relation to factors that lead to changes in the incidence of strike from the opinion of the nurse managers; the present study findings presented that relationship and management policies were the highest factors that could lead to increasing or decreasing strike. This result is contradicted with a study done by **Tenza (2015)**, who carried out a study to determine the impact of strikes on nurses' income and image in South Africa, and found that the main factor that could lead to increasing strikes was refusing the work during holiday days. Concerning, departments that more likely to nurses' strike; the present study clarified that the more likely departments to nursing personnel strike were all departments specially the emergency department. This may be due to the increasing number of accidents and workload throughout the week in Mit Ghamr hospitals. The results of the current study also indicated that the responsible person for nursing personnel strikes was the top management. Possible explanation of this result is the top management wrong decisions which could have negative impact on nurses. This findings is in contrast with **Binkowska-Bury et al. (2013)**, who conducted a study to explore nurses' and patients' opinions in Proland going to strike, and determine that the responsible for nursing personnel strikes was the ministry of health followed by directors of healthcare center and finally the nurses themselves.

Regarding to the consequences of nurses' strikes as reported by nurse managers; the present study revealed that more than half of nurse managers reported that prolonged hospitalization was the first consequence of nursing strike on patients. This could be related to lack of nursing care that provided to patients during strike that may lead to complications. This finding isn't in the same line with **Jeffrey et al. (2014)**, who carried out a study to determine the impact of an employees' strike on a community mental health center in New York, and found that there was negative outcomes for patients with severe and chronic illness.

As regards consequences of nurses' strike on the community; the findings of the current study revealed that the main consequences of strike on the community were mistrust and lack of confidence in nursing followed by frustration and anger. This may be due to bad impression from media on nursing due to high morbidity and mortality as a result of nurses' strike. The same point is supported by **Campbell et al. (2011)**, who conducted a study to assess how the public sector strikes will affect services in Germany, and found that mistrust and lack of confidence was the highest consequences of strike.

The result of the current study also showed that deterioration and mistrust in staff nurses was the first consequence of strike on management. This could be to bad reputation of the administration in front of the ministry to deal with problems. This finding is in compatible with **Israelstam, (2011)**, who performed a study to determine strikes' consequences on patients, managers and nurses in South Africa, and found that deterioration and mistrust are the highest consequences of strike on management. Additionally, the present study revealed that the main consequence of strike on staff nurses was the pressure and overwork load on the remaining nurses. This result can be explained from the shortage of nurses who remain to perform their work. This finding is in agreement with **Dhai et al. (2011)**, who found that there was increased workload on the remaining nurses as a result of strike. Concerning consequences of strike on the nursing profession; the present study results clarifies that bad impression about nursing profession was the main consequence of nursing personnel strike on the nursing profession. This might be due to the bad image that community and media portray about nursing profession which could be related to nurses' work always done imperfectly. This result is contradicted with **Campbell, (2013)**, who performed a study to discuss image of nursing in the media lately in British Colombia, and found that bad impression about nursing profession was the main result of strike.

As regards, proactive measures to prevent nurses' strike as reported by nurse managers; the present study findings confirmed that two thirds of nurse managers assured that strike can be prevented from the hospital by rapid intervention of management to know reasons of strike and try to solve them. This result is in compatible with a study done by **Rycroft (2013)**, to illustrate that strike related violence continues to be a destructive feature of hospital in South African, and found that negotiation could be used to prevent strike. Also, **Tenza (2015)** found that following correct channel of grievance or resolving disputes could be used as proactive measures to prevent strike.

Concerning causes of nurses' strike as reported by nurse managers; the findings of the present study indicated that the highest percentage of nurse managers mentioned that the main causes of nurses' strike were salary disparity and low salaries, and nurses used for non-nursing duties. Such result might be attributed to the economic condition of the country and increase prices with absence of rewards that might force nurses to

strike for increasing their salaries. This result is not consistent with **Nala (2014)**, who found that bad communication and working condition were the main causes of nurses' strike.

As for, the presence of nurses' strike in the hospital and the categories that were involved as reported by nurse managers; the present study findings revealed that more than half of nurse managers reported that there wasn't strike by staff nurses in hospital. On the other hand, the highest percentage of them mentioned that staff nurses were the main category of nursing that was involved in strike. This might be due to measures used by nurse managers to prevent incidence of strike. This result is not consistent with **Ogunbanjo et al. (2014)**, who found that doctors was the main category that involved in the hospital strike.

V. Conclusion

In the light of the current study, it can be concluded that, the highest percentage of staff nurses were the main category who participated in strike, and the main causes of strikes were salaries and unsuitable working condition. As well, the first measure that was used by nurse managers to prevent strike was rapid intervention of management to know reasons of strike and try to solve them. Likewise, the main measures that were used by nurse managers to provide continuation of patient care during strike were patients' combination in a few wards followed by calling nurses from home.

VI. Recommendations

For nurse managers:

- Schedule periodical meetings with staff nurses to discuss their problems in the workplace and try to solve them.
- Develop short and long term plans to provide continuation of patients care even during strike.
- Provide suitable working condition for nurses such as the appropriate supplies, good ventilation and lighting.
- Manage conflicts that occur between nurses and distribute incentives and rewards fairly.
- Motivate staff nurses by giving moral reward for the idealism nurse of the department monthly.
- Provide crises and disasters management unit in hospitals.
- Distribute basic and special duties and responsibilities on staff nurse fairly.

For staff nurses:

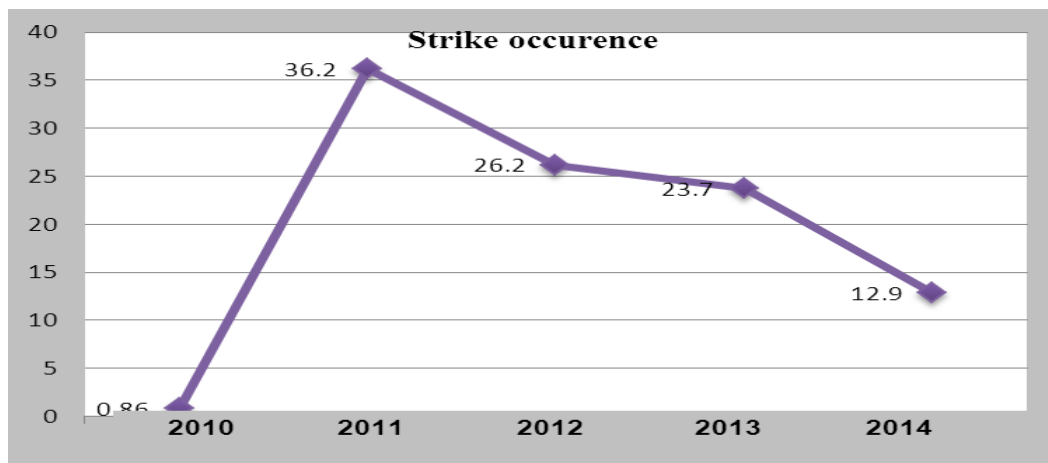
- Attend training programs to increase their experience and responsibilities toward work.
- Follow the correct channels of communication and negotiations with top management instead of strike.

Table (1): Personal characteristics studied sample (staff nurse &nurse manager) .

Characteristic of staff nurses	n=249	%	Characteristic of nurse managers	n=48	%
Age (years):			Age (years):		
• <35	151	60.6	• <40	18	37.5
• ≥ 35	98	39.4	• ≥ 40	30	62.5
Mean ±SD	33.15±6.114		Mean ±SD	43.56 ± 5.943	
Experience in years:			Experience (years):		
• <10	49	19.7	• <20	15	31.2
• 10-20	169	67.9	• 20-30	26	54.2
• >20	31	12.4	• >30	7	14.6
Mean ±SD:	14.04±5.741		Mean ±SD	23.33 ± 6.557	
Gender:			Gender:		
• Male	46	18.5	• Male	11	22.9
• Female	203	81.5	• Female	37	77.1
Educational qualification:			Present position:		
• Bachelor in nursing	36	14.4	• Nurse manager	4	8.3
• Institutional nurse	49	19.7	• Agent nursing	10	20.8
• School of nursing	164	65.9	• Assistant nurse manager	9	18.8
			• Nursing supervisor	25	52.1
Department:			Educational qualification:		
• Internal	48	19.3	• Baccalaureate in nursing	33	68.8
• Surgical	105	42.2	• Institutional nurse	5	10.4
• Pediatric	23	9.2	• School of nursing	10	20.8
• Outpatient and emergency	59	23.7			
• Economic	14	5.6			
Hospital:			Hospital:		
• Mitghamr general hospital	147	59.0	• Mit Ghamr general hospital	22	45.8
• Tumor hospital	33	13.3	• Tumor hospital	14	29.2
• Kidney hospital	69	27.7	• Kidney hospital	12	25.0

Types of nursing participated in strike:* <ul style="list-style-type: none"> • Nurse manager • Supervisory nurse • Head nurse • Nursing personnel • Supervisor and nursing personnel 	6	2.4	Attending human development courses: <ul style="list-style-type: none"> • Yes • No 	6	12.5
<ul style="list-style-type: none"> • 9 • 13 • 179 • 44 	9	3.6		42	87.5
<ul style="list-style-type: none"> • 13 • 179 • 44 	13	5.2			
<ul style="list-style-type: none"> • 179 • 44 	179	71.8			
<ul style="list-style-type: none"> • 44 	44	17.7			
Presence of strike by staff nurses in hospital: <ul style="list-style-type: none"> • Yes • No 	232	93.2	Presence of crisis and disaster management unit in hospital: <ul style="list-style-type: none"> • Yes • No 	14	29.2
<ul style="list-style-type: none"> • 17 	17	6.8		34	70.8

(*) mean that staff nurses who participate in the study select more than one item.



(*) mean that the number of staff nurses who mentioned that select presence of strike in the hospital, was 232.

Figure (1): Occurrence of strike by staff nurses*.

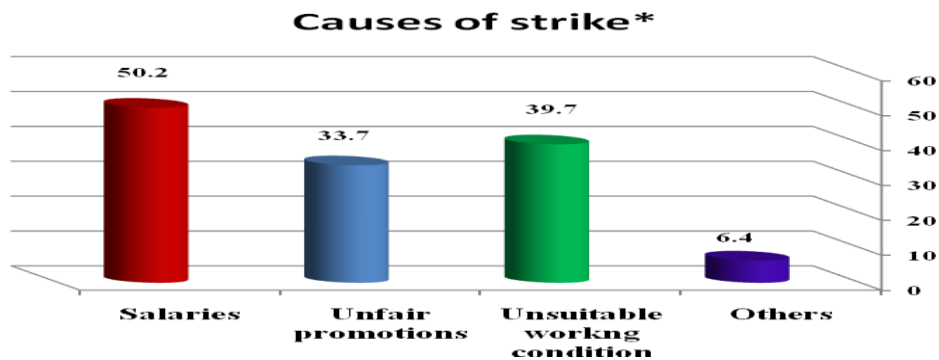


Figure (2): Causes of strike as reported by staff nurses.

(*) mean that staff nurses who participate in the study select more than one item.

Table (2): Benefits and adverse effects of strikes as reported by staff nurses (n=249).

Items	N	%
Benefits of strike*		
• Increase in salaries	56	22.4
• Discrimination between nursing in promotion	28	11.2
• Making commission in enquiry	110	44.1
• No benefits	57	22.9
Adverse effects with strike*		
• Theft of equipment	26	10.4
• Closure of some departments	19	7.6
• Suffering patient and premature death	44	17.6
• Loss of stuff control on nursing personnel	70	28.1
• Loss of trust between nursing and authorities	99	39.7

(*) mean that staff nurses who participate in the study select more than one item.

Table (3): The incidence of staff nurses strike, factors of increasing or decreasing it, departments more likely to strike and responsible person for it (n=48).

Items	N	%
Incidence of staff nurses strike in hospital during 3 years ago:		
• Frequent	8	16.7
• Seldom	35	72.9
• Never	5	10.4
Incidence of strike in 2015 as compared to previous years:		
• Increased	2	4.2
• Decreased	31	64.6
• No change	15	31.2
Factors that lead to increasing or decreasing strike:*		
• Salaries	6	12.5
• Working condition and promotion	11	22.9
• Relationship and management policies	17	35.4
• Others (provide security in hospitals and managers fear from writing complaints or grievances).	15	31.2
Departments more likely to staff nurses' strike:		
• Outpatient clinics	10	20.8
• Operation department	1	2.1
• Medical and surgical department	6	12.4
• Renal dialysis department	1	2.1
• Emergency department	15	31.3
• All departments	15	31.3
The responsible person of staff nurses' strike:*		
• Top management	38	79.1
• Supervisor	4	8.3
• Other member in the health team	13	27.0

(*) mean that the nurse managers who participate in the study select more than one item.

Table (4): Consequences of staff nurses strikes' awareness as reported by nurse managers (n=48).

Consequences of staff nurses strike	N	%
A) On patients:		
• Increase number of deaths	11	22.9
• Psychological trauma	8	16.7
• Prolonged hospitalization	28	58.3
• Others (patient exposure to risk factors)	1	2.1
B) On the community:		
• Frustration and anger	12	25.0
• High morbidity and mortality	5	10.4
• Mistrust and lack of confidence in nursing	31	64.6
• Others	0	0.0
C) On management:		
• Stress, frustration and guilt	7	14.6
• Unable to achieve objectives	20	41.6
• Deterioration and mistrust in nursing	21	43.8
• Others	0	0.0
D) On nursing personnel:		
• Pressure and overwork load on remaining nurses	22	45.8
• High staff turnover to other hospitals	14	29.2
• Aggression due to anxiety, fear and insecurity	12	25.0
• Others	0	0.0
E) On nursing profession:		
• Lowered standards of nursing care	10	20.8
• Bad impression about nursing profession	23	47.9
• Loss of faith and interest in the nursing profession	15	31.3
• Others	0	0.0

Table (5): Proactive measures to prevent staff nurses' strike as reported by nurse managers (n=48).

Items	N	%
Prevention of strike from becoming actual in this hospital:		
• Yes	32	66.7
• No	16	33.3
For yes; measures to prevent strike are (No=32):		
• Meeting with nursing to negotiate	10	31.2
• Rapid intervention of management to know reasons of strike and try to solve them	12	37.6
• Unfulfilled promises fulfilled	10	31.2
• Others	0	0.0
For no; proactive measures to prevent strike (No=16):		
• Short and long term planning to prevent crises management	5	31.2
• Hold regular meeting with nurses to know their problems	6	37.6
• Adequate health care facilities	5	31.2
• Others	0	0.0
Presence of strike by nursing in this hospital:		
• Yes	20	41.7
• No	28	58.3
For yes, reasons of strike are (No=20):*		
• Salary disparity and low salaries	8	40.0
• Shortage of human and material resources	5	25.0
• Nurses used for non-nursing duties	8	40.0
• Others	0	0.0
Categories of nursing involves in strike are:*		
• Nurse directors	2	4.2
• Nurse supervisor	21	43.7
• Head nurse	1	2.1
• Nursing personnel	37	77.0

(*) mean that the nurse managers who participate in the study select more than one item.

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