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USING SWANSON'S THEORY TO IMPROVE QUALITY OF WORK LIFE TO STRENGTHEN THE HEALTHCARE SECTOR IN UKRAINE AND SOUTH AFRICA

South Africa and Ukraine share similar challenges for staff in the healthcare sector. Health care workers in South Africa have borne the brunt of the COVID-19 pandemic whereas in Ukraine health care workers, amidst the war have had to show valour and a tough spirit in caring for their patients under very trying circumstances. Arising from the above tragedies, health care workers have shown incredible bravery both in Ukraine and in South Africa, however they display extreme burn out. In Ukraine, nurses are working in the conflict zone and have to manage complex patient mental and physical health issues. Some have even been subjected to violence from traumatized patients.

This article assesses the healthcare situation both in Ukraine and South Africa and provides a descriptive report utilizing The Swanson's theory of caring. The elements of Swanson's theory consisting of maintaining belief, knowing, being with, doing for, and enabling can be linked to characteristics such as supporting patients and colleagues, being sensitive, affectionate and empathetic while feeling a sense of responsibility towards the department and patients. The study, based at selected South African public central hospitals in two provinces, adopted a descriptive exploratory paradigm. Qualitative techniques were used to administer an interview schedule to 322 frontline participants. The results revealed that despite high commitment levels, the participants still faced challenges that impact their daily work life.

The study conducted in South Africa on Quality of Work life (QWL) experiences of frontline healthcare workers leaves recommendations for the Ukrainian health care sector.

Keywords: *healthcare sector, challenges, service delivery, quality of work life, Swansons theory of caring, South Africa, Ukraine.*

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1. Introduction

The paper provides an overview of sustainability of healthcare in Ukraine and South Africa and how quality of work life and the Swansons theory may be utilized to improve healthcare. This paper further presents findings from a study undertaken in South Africa, aimed to determine how improving the quality of work life can improve the overall healthcare system.

The healthcare sector in Ukraine has undergone major transformations in recent times. From a pandemic to a war, the stress on the healthcare sector is immeasurable. Healthcare workers are key components of the healthcare system without whom the sector may become dormant. Improving the quality of work life of health workers may be instrumental in creating a strong system that can overcome adversities.

The daily challenges related to the working environment faced by frontline healthcare workers at public hospitals in South Africa limit their ability to provide high-quality care [1], resulting in a low quality of work life and a low performing healthcare sector.

Common challenges in the Ukrainian healthcare sector may also present difficulties for healthcare workers when providing a high quality of service.

In 2015, Ukraine and South Africa were two of the 193 countries that adopted Agenda 2030 which consists of 17 sustainable development goals (SDG's) to enhance the lives of their people. However, researchers have reported challenges in implementing programs that are dedicated to accelerating progress on achieving the SDGs [2–4]. Challenges highlighted comprised of constraints on collaboration, lack of funding and human resources, competition among participating agencies, limited documentation of failures, inadequate knowledge of end users, shortfalls in working with the different governments and the need to standardize how we evaluate innovation [3]. It is not possible to ignore

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that the COVID-19 pandemic has hindered the progress of attaining SDG3. However, the COVID-19 pandemic has merely exacerbated already existing issues of equity, sustainable financing, already fragile and vulnerable situations, dated data and digital health systems [4]. Recommendations to focus on strengthening existing health systems using multisectoral approaches and achieve long-term commitment from all stakeholders was made in the 2022 Global Action Plan for Healthy Lives and Well-being for All report by WHO.

Similar challenges were identified which comprise lack of coordination between different levels of government and with other stakeholders, limited financial resources, high dependency on donor support, inadequate planning and incorporation of SDGs in National planning and budgeting and lack of reliable data [2]. An investigation into the implementation of health and health-related sustainable development goals (HHHSDG) which incorporates all SDG's that are related to the achievement of SDG3 was conducted and the results indicated that an integrated approach to the implementation across SDGs is needed for the achievement of Agenda 2030 holistically [2]. The most important aspect of accelerating the achievement of the SDG's is the recognition of interrelatedness of the SDG's, the availability of efficient resources, the collaboration of governments, communities and relevant sectors. This will not only strengthen multisectoral relationships but also build capacity to maintain financial sustainability and in turn will contribute to issues such as the availability of data for monitoring and evaluating as well as resource availability to accelerate the implementation of HHSDGs.

Despite the challenges of war and weak healthcare systems, Ukraine still delivers healthcare through joint efforts of the World Bank and the Ukraine health ministry through the Health Enhancement and Lifesaving (HEAL) project. Prior to the war, the Serving People, Improving Health Project had committed approximately 300 million USD in reforming Ukraine's healthcare sector, improving medical service quality, developing medical infrastructure, and combating the COVID-19 pandemic. During this time, the project helped to define a health benefit package known as the Programme of Medical Guarantees, which was administered by Ukraine's newly established National Health Service, which contracted health facilities to supply health services. These advancements in the health-care system were also beneficial throughout the conflict [5]. However, healthcare workers bear the brunt of inefficiencies of a poor performing health care system. Studies have shown that improving how the healthcare workers experience their daily work life.

In South Africa, considerable disparities exist in health statuses across race groups, where the poorer, previously disadvantaged communities experience higher disease burdens. The richer people who can afford a private medical insurance enjoy private healthcare while everyone else is reliant on poorly resourced public sector services [6]. The public healthcare system is suffering from a serious shortage of funding from government and mismanagement of funds resulting in a shortage of health workers and an uneven distribution of resources between sectors and geographical areas and is characterized by low quality of service, longer waiting periods and crowded conditions. Due to the large number of patients who rely of public healthcare, there is a problem with overcrowding leading to higher cross infection. Additionally, longer waiting periods are a result of a lack of medical supplies and low nurse to patient ratios [1]. These challenges may have a negative effect on how services are delivered and the quality of work life of those who are delivering the services.

The aim of this study was divided into two parts: scientific and practical. The scientific component sought to boost the healthcare industry by enhancing the working conditions of frontline healthcare personnel. On the practical side, by incorporating Swanson's theory of caring into daily operations at healthcare institutions, personnel will be able to provide a higher level of service, resulting in enhanced trust in the healthcare sectors that serve the country.

2. Materials and Methods

2.1. Overview of the literature. To achieve sustainable development goal 3, healthcare systems must be supported by a capable and committed workforce. Workers are one of the most integral components of the healthcare system as they are primarily responsible for the delivery of services [7]. The accomplishment of the healthcare system is largely contingent on the knowledge, skill and motivation of the employees. Thus, healthcare organizations should be spending substantial effort and resources for recruitment, selection and retention of skilled, diligent, proactive and committed employees [8]. Sadly, although healthcare workers are a vital component healthcare system but their importance in ensuring optimum functionality of the healthcare system often overlooked [9]. The healthcare employees work in the frontlines of the system, and they work diligently to ensure that patients heal by providing care and comfort which aids the recovery of the patients [8].

High quality service delivery in the healthcare sector requires the management of resources such as staff, equipment, materials and time to ensure that the service is delivered in a cost effective and efficient manner. This may involve scheduling and coordinating staff, ensuring that equipment is properly maintained and operational and managing inventory and supplies. One of the biggest challenges facing the global healthcare sector is inadequate funding. The governments allocate a significant portion of its budget to health care, but this funding is usually insufficient to address the needs of the growing population. SA spends approximately 8.1 % of its GDP on healthcare which is lower than average when compared to other countries and approximately 7 % of GDP was spent on healthcare in Ukraine in 2022 according to the World Health Organization (WHO).

Due to shortage of funding, the healthcare sector also faces a shortage of resources including medical equipment, medication add medical supplies. This shortage is particularly acute in rural areas where access to healthcare is limited. The lack of resources impacts on the quality of care that patients receive and puts a strain on healthcare workers who must work with limited resources. Resultant issues include poor hygiene standards, delayed treatment for patients and sometime even the death of patients [1]. Shortage of funding also means that any renovations or improvements are delayed or neglected. Old and poorly maintained infrastructure and poor disease control and prevention practices have been cited as some of the shortcomings. Furthermore, poor waste management, lack of cleanliness and poor maintenance of the building, facilities such as toilets and equipment are contributing factors to poor infection control [1].

Moreover, South Africa is facing a huge energy crisis and the SA healthcare is also affected. No electricity hinders many processes in the hospital as with normal society. Blackouts infringe of the basic human rights as majority of the processes from water supply to computers do not function. In the Ukraine, the weak public healthcare sector is flawed with low salaries, no upward mobility of employees all on the backdrop of war resulting in poor working conditions, poor physical environment and poor diets [3, 4]. These aspects have shown negative impact on the quality of work life of employees of the healthcare sectors.

2.1.1. Quality of work life. The Quality of Work life (QWL) model was first identified in 1972 at a New York international labour relations conference [10]. The QWL model's objectives are high productivity, clear objectives, and high levels of job satisfaction and commitment [11] as a result of concepts such as incentives, training, growth and job security, worker participation, and providing a safe working environment conducive to enhancing workplace efficiency [12]. The QWL model identifies the interdependence of employee performance and organizational success, as well as QWL and general human well-being [10, 11, 13]. Furthermore, QWL shows that the nature of the work environment has a direct relationship with employee happiness and work behaviour [12]. In an ideal scenario, employees who feel valued contribute favourably to the institution's profitability and stability.

Understanding employees and their needs provides companies with insight into where improvements may be done to reduce negative effects on employees' QWL. Work experiences and outcomes can have an impact on a person's quality of life, either directly or indirectly, through influencing family interactions, leisure activities, and level of health and vitality. Longer working hours or time away from family result in professional burnout due to high levels of stress caused by work-life conflicts. This has an impact on employee productivity and profitability [13].

The QWL model encapsulates a range of determinants including a proper work culture, a healthy and safe workspace, sufficient rest periods between shifts for both physical and mental rejuvenation, provision of employee benefits, and most importantly a fair system of compensation and remuneration. Also, there should be enough opportunities for employees to update their knowledge, to enhance their career and provide prospects for a promotion in the future. Undoubtedly, these conditions must be available to all categories of staff from doctors, specialist physicians and nurses to clerical staff because, as health care providers, all employees must work in synergy and work under a completely integrated atmosphere to ensure a good workplace culture. Indeed, junior employees also play an essential role in the proper delivery of services. Moreover, this approach must be applicable for healthcare organizations operating both public and private sectors because there is no differentiation in the work being carried out except the paying capacity of the patients. Ultimately, having an environment that promotes QWL initiates an ability to provide high quality service delivery. A system with high QWL is characterized by happy patients, the ability to provide the best patient care and successful treatments. Productive environments typically attract funding which feeds into the health system holistically [7, 11, 12, 14].

A focus on quality of work life (QWL) of frontline workers sheds light on how the healthcare sector can be improved both in South Africa and in Ukraine, coupled with the requirements for a caring atmosphere.

2.1.2. Swansons theory of caring. The Swanson theory of caring gives importance to individualized patient care based on the idea that caring is central to the nursing profession while also combining technical skills with human connection. There are five core elements of the Swansons caring theory which include *knowing, being with, doing for, enabling,* and *maintaining belief*. The element *knowing* requires the nurses to actively seek out information about the patient and listen attentively to their concerns. The element of *being with* emphasizes the importance of being present with the patient, both physically and emotionally. The nurse should strive to create a nurturing and comforting environment to convey a sense of trust and understanding. The element of *doing for* refers to actions that must be taken by nurses to meet the physical emotional and spiritual needs of the patients by providing the necessary care and interventions such as administering medication and assisting with personal hygiene. The element of *enabling* focuses on empowering the patient to help themselves maintain control over their own health and well-being. The nurse should be able to provide education, support and resources to help the patients make informed decisions about their care. The element of *maintaining belief* involves instilling faith and hope in the patient and supporting them through challenging times [15, 16].

2.1.3. Using Swanson's theory to improve healthcare. Implementing Swanson's theory entails building an environment in which healthcare professionals thrive, feel respected, and have the resources they require to provide exceptional treatment. It also includes establishing trust through open communication, empathy, and continuously addressing the patients' needs. This will increase patients' trust in the healthcare system and build a stronger patient-caregiver relationship. Communication is an integral part of successful healthcare systems [17]. According to Swanson's idea, actively listening to patients, involving them in patient decisions, and delivering information in a caring and understandable manner are all important. Improved communication can assist in addressing patient concerns, increasing adherence to treatment programs, and increasing overall patient satisfaction. Staff involvement and a supportive work environment are frequently lacking in failing healthcare systems.

It is critical to understand that correcting a failing healthcare system necessitates a multidimensional strategy that includes structural and policy changes, as well as the use of theories such as Swanson's theory of caring. Incorporating Swanson's caring theory can assist to refocus attention on individual needs, laying the groundwork for a more successful and compassionate healthcare system. Swansons Theory promotes the value of holistic care, which includes attending to an individual's physical, emotional, and spiritual needs [16].

Fragmented care can result in poor patient outcomes in failing health-care systems. Swanson's philosophy emphasizes the significance of coordinated and ongoing care. Establishing effective care coordination systems, such as electronic health records, interdisciplinary healthcare teams, and clear communication routes amongst healthcare practitioners involved in the patient's care, is required for

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implementation. Furthermore, in failing health-care systems, workers may lack the skills and expertise required to provide appropriate care. Swanson's approach places a premium on ongoing education and professional development in order to improve competence and encourage evidence-based practice. This theory coupled with the quality of work life model can assist to improve healthcare outcomes as well as overall system performance for healthcare in Ukraine and South Africa [18].

2.2. Methods. The study was conducted in South Africa; however, the findings can be used to enhance healthcare in Ukraine. A positivist research approach was used to ensure that the research was totally objective, and that the researcher remains objective with no human interest. Furthermore, the study used a descriptive exploratory paradigm, which is a type of research design that seeks information in a systematic manner. It is typically used to describe a phenomena, circumstance, or population. It specifically assists in answering the what, when, where, and how questions about the research challenge, rather than the why. Exploratory research is required when some facts are known but additional information is required to establish a credible conceptual framework [19], as in the current study.

The sample consisted of 322 frontline healthcare workers from South African public central hospitals. Administration, admissions, nurses, doctors, chemists and ward attendants was among those interviewed. Purposive sampling enabled the researcher to ensure that the sample selected worked in frontline roles, ensuring that the data gathered was legitimate and relevant. The frontline personnel were given an interview schedule.

3. Results and Discussion

The front-line healthcare workers shared experiences of a typical day at work and provided insight into the challenges that they encountered which prevented the delivery of high-quality services. The main challenge that was cited was a severe shortage of funding which had a cascading effect leading to shortages of resources and staff. A scientific and rigorous data analysis and evaluation technique was used to find patterns, themes, and insights. The responses from the interview schedules were transcribed onto an excel spreadsheet to enable analysis. After the data had been coded, grounded theory was used to assist identify specific themes. The data was then evaluated using a coding method that entailed recognizing emerging concepts and themes. The codes were classified into themes. The emphasis on constant comparison is a major aspect of grounded theory. This means that the researcher compared fresh data to current data on a regular basis in order to detect similarities and contrasts and describe the emerging hypothesis. In accordance with the qualitative technique used in this study, ethical considerations including confidentiality, dependability, and credibility were examined during the selection of respondents, data collection, data analysis, and reporting.

There were four themes that emerged after coding and a thematic analysis of each theme is discussed below.

3.1. Working environment. Under this theme, all responses that include discussions based on leave, infrastructure, support, communication, onsite facilities, rest times were considered. It can be concluded that a positive working environment in the healthcare industry is important for the well-being of healthcare personnel, patients, and the facility as a whole. It aids in team morale, error reduction, and the promotion of high-quality work. It allows the personnel to deliver better care to patients, which helps the hospital. However, respondents believe that critical components of service delivery, such as resources, employees, medical supplies, electricity, and water, are inadequate. These shortages have a knock-on effect on the healthcare facility, resulting in other issues such as long wait times, poor hygiene, inadequate infection control measures, and poor record keeping.

3.2. Lack of resources. All responses that include discussions based on low internet connection, electricity, computers, stationery and medical supplies were considered. Due to a lack of material resources, the majority of respondents reported high cross infection rates as a result of poor hygiene measures due to a shortage of cleaners and cleaning materials. Because of the shortage, the laundry is never done on time, and the patients have to sleep on soiled bedding. This also causes delays in therapies or operations in the operating room. Longer hospital stays due to increased cross infection rates place a load on the system. Staff are also not safe since they become sick, resulting in significant absenteeism, which increases the workload and promotes employee unhappiness at work. Patients are often subjected to long periods of overcrowding, which increases problems and jeopardizes patient safety.

Some resources are not dispersed equitably, causing workers to go to neighboring departments to borrow materials, causing treatment to be delayed. This also increases the staff's workload. When equipment fails, it takes a long time to repair, and personnel must devise alternate methods to assist patients. There was also a call for hospitals to purchase authentic products. Remarks about record keeping referenced to a lack of stationery for manual record keeping or a lack of a computer system for digital record keeping. Those who use a computer system to keep records stated that they require some computer training to improve their computer skills. Others are requesting a computer system because they retain records on small bits of paper that are easily misplaced. Whenever the paper is finished, no records are kept. A problem with internet connectivity was also cited where staff use their own data to communicate.

3.3. Shortage of staff. The shortage of staff is a prominent theme indicating that this challenge is the foundation of the other challenges cited. Patient to staff ratio, burnout, tiredness, exhaustion, high patient numbers beyond the capacity of the facility were keywords that were used to code this theme. Hiring more staff may solve many challenges but it is imperative that the right staff are in suitable positions as a management and leadership crisis was cited. Due to a lack of skills and a low understanding of what is happening at ground level, leaders are making wrong decisions regarding training and distribution of resources. Some respondents cited that there are frequent changes in leadership leading to accountability issues. There is also no transparency in the way leaders are selected. Additionally, staff are taking a long time to get to leadership positions which inhibits their ability to increase their earning. Large numbers of patients beyond the capacity

of the hospital and a shortage of staff leads to an increased level of litigation because of avoidable errors as staff take on more duties particularly in times of increased disease burden.

3.4. Compensation and rewards. Compensation and rewards are seen as motivational factors for being at work as it enables employees to meet their personal and social commitments. Employees are generally satisfied with their jobs if there is «fair pay». Frontline employees are not driven by money but simply wants to be recognized for their work by being rewarded with a promotion to enable the salary increase. They are willing to change their roles and take on higher level work for a salary increase. When pay is perceived as being unjust, it may result in low commitment, high absenteeism, and high turnover rates. High absenteeism rates are noted, but they are caused by staff members being ill as a result of widespread infection and inadequate infection control practices because of a lack of resources. The length of service demonstrates a low turnover rate as frontline workers are in their positions for a significant amount of time. Long service is attributed to favourable pension benefits and a high employer percentage contribution. High commitment levels are also noted. Even though the break times are short, the respondent indicated that they do have a place to eat and rest. Additionally, extra leave is sought due to the lack of family time because of the lengthy work hours. Due to a staffing deficit, the working hours have increased. This requires further investigation.

The responses below validate the preceding discussions and show the impacts on the daily operation of the healthcare facilities sampled.

«*Infrastructure environment should be conducive to staff and patient safety, e. g. broken windows, faults and leaking roofs must be fixed. Management should buy new equipment in order to render quality patient care. Medication should be available*».

«*We need: More staff, better managers, more pay, more leave days especially family responsibility, better working conditions, better infrastructure, Advanced technology or systems to improve working conditions. Efficient workspaces, more training of seniors and junior management*».

«*Each department should do their job. As a doctor, you shouldn't have to be the porter, sample collector, nurse, social worker, counsellor, security, technician simply because other people did not do their jobs or due to a staff shortage. We need an online booking system for radiology. We need WIFI throughout the hospital so we don't have to use our own data, or the hospital must provide us with data. More leave. More humane working hours. We have severe sleep deprivation. It has been proven that sleep deprivation is equivalent to being drunk. Three of my colleagues have had motor vehicle accidents this year post call out. We don't let a doctor practice drunk; how do we allow a doctor to practice if he has been awake for more than 30 hours?*».

As noted above, randomly selected responses were lengthy and cut across all themes. Based on the discussion and comments, it is possible to conclude that the conditions under which frontline workers do their daily activities are unfavourable and do not promote the provision of high-quality services and high QWL.

It is important to note that this research was conducted in the public sector therefore the results are limited to public sector healthcare facilities. Results cannot be generalised as the private sector might experience challenges differently. Further research into private institutions might add depth to the current research.

4. Conclusions

A review of literature was conducted on the challenges experienced in Ukrainian and South African healthcare sectors and it was noted that similar challenges are prevalent which may be significant contributing factors to the low level of quality of work life experienced by the staff. Qualitative results from the study revealed that the challenges also impact on the service delivery levels. It is possible to conclude that the working environment at the selected healthcare institutions in SA included in the sample does not support raising the standard of services provided and raising QWL. A favourable climate may be achieved with including the Swanson's theory of caring when implementing strategies to improve the healthcare sector of Ukraine.

By merging the Quality of Work life model and Swanson's theory of caring, techniques for ensuring empathy, compassion, and understanding are at the heart of patient care must be developed. Healthcare organizations in Ukraine and South Africa may create a compassionate work atmosphere that benefits both healthcare providers and patients. It is critical to focus on improving the caring relationship between healthcare personnel and patients in order to improve the work environment in hospitals utilizing Swanson's idea of caring. Open and honest communication channels should be established between healthcare providers, patients, and their families. To build trust and understanding, encourage active listening and empathy. Encourage healthcare providers to collaborate and work together as a team. To guarantee comprehensive patient care, regular team meetings, collaborative decision-making, and interdisciplinary rounds, provision of education and training opportunities to strengthen caring skills may assist. The needs of patients and employees are equally important and both groups should be involved equally in decision making ensuring a patient centred and employee-centric atmosphere.

Additionally, Swanson's caring theory provides a framework for recognizing the necessity of caring for people who offer care, ultimately leading to increased job satisfaction, lower burnout, and an overall improvement in the quality of work life.

Conflict of interest

The authors declare that they have no conflict of interest in relation to this research, whether financial, personal, authorship or otherwise, that could affect the research and its results presented in this paper.

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Data availability

Data will be made available on reasonable request.

Use of artificial intelligence

The authors confirm that they did not use artificial intelligence technologies when creating the current work.

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