# TOPIC: PROFESSIONAL NURSES' PERCEPTIONS ON QUALITY PATIENT CARE IN ONE OF THE EASTERN CAPE STATE HOSPITALS

BY

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**DECLARATION**

I, Khanyisa Judith Somahela, hereby declare that this study is my original work and that all other sources of reference have been acknowledged. This dissertation has not been previously submitted for a degree at this university or at any other university.

___________________________ 10 December 2014

Candidate: K. J .Somahela Date:

## DEDICATION

I dedicate this work first and foremost to the Lord God Almighty to whom I owe my entire being. You gave me strength and wisdom to complete this dissertation. I also dedicate this work to the following:

My loving husband: Thobile; you always supported and believed in me. You kept me focused to pursue the goals I dreamed of reaching.

Finally, to my daughters: Somila and Uluthando and my family. You were always there for me, to support, love, and laugh with me, when I needed it. You earnestly prayed and supported me in every manner possible.

**ABSTRACT**

The focus of this study was to explore the perceptions of professional nurses in the quality of care rendered by nurses in the public hospitals. Nursing is a challenging, demanding, and yet fulfilling profession, whose goal is to provide quality care to individuals, families and communities. However, there are inconsistencies regarding the quality of care rendered by nurses in the public hospitals. The media and the public portray nurses as providing poor quality care in the health care facilities. Conversely, the nurses view that they are doing their best, considering the challenging circumstances under which they work in public institutions.

The study followed a qualitative approach and an exploratory descriptive design. A purposive sample of 13 professional nurses participated in the study. The sample size was not pre-determined. Data were collected until data saturation, when the interviews yielded no new information.

The study was conducted in a state hospital in the Eastern Cape, using an interview guide. Responses were recorded using a tape recorder. No incentives were given to participants. Data were collected and analysed following the Tesch's method. Prior to conducting the study, the researcher obtained ethical clearance from the University of Fort Hare research ethics committee.

The perceptions of the professional nurses who participated in this study were inconsistent. The majority pointed out that the quality of patient care was deteriorating which means the patient care is poor. whereas some participants indicated that the quality of patient care was still the same; it had not changed or deteriorated, The contributing factors to the poor quality patient care were indicated as; shortage of staff, shortage of resources such as equipment, inadequate empowerment of staff, insufficient training of students, staff arriving late for duties, lack of passion their work, skipping and missing of routines, support service that was not working hand in hand with the nursing staff, increased hospitalization of patients and the Eastern cape Department of Health failing to remunerate the nurses as promised.

## CONCLUSION:

Overall, the majority of participants reported that the quality of patient care had deteriorated. The majors contributing factors to poor quality of care were shortage of staff and non-adherence to hospital rules.

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## ACRONYMS

| | |
|---|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| HIV | Human Immunodeficiency Virus |
| WHO | World Health Organisation |
| SANC | South African Nursing Council |
| NHS | National Health Service |

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# CHAPTER 1: STUDY OVERVIEW

## 1.1 INTRODUCTION AND BACKGROUND

Concern about the quality of patient care is nothing new in the nursing profession. Throughout the nursing profession, attempts to assess and improve the quality of patient care have been made by nurses (Simms, Prince & Ervin 1994:242). This study focused on perceptions of professional nurses on the quality of patient care. It was be conducted in one of the Eastern Cape state hospitals.

In the United Kingdom the image of nursing has taken a battering in recent years. Frequent headlines about killer infections, starving patients and overcrowded wards have done little to enhance the reputation of today's nurses (Waters 2008:10). There is a perception from some of the community members of the KwaZulu Natal that nursing is gradually losing some of its important values which have given the profession a good name. This resulted in the fear that the profession holds many uncertainties for the future health needs of the public (Kunene, Nzimande & Ntuli 2001: 35).

Quality patient care has a wide variety of meanings: To some, sitting in the waiting room a short time to see a professional nurse or a doctor means quality patient care. Quality patient care, to others means being treated politely by the professional nurse. There are those who define 'quality patient care' by how much time the professional nurse devotes to examining or interviewing the client (Homes; 2011:1). While these activities are important, clinical quality patient care is broader and more important. For instance, if one takes one's television to the television repairer, the people in the repair shop can be friendly and listen to the individual's complaints, but the most important factor is whether or not they fix the problem with the television. Similarly, when one goes to a hospital, one wants the health professionals to resolve the problem one has and help make one better (Homes, 2011:1).

Hospitals and professional nurses differ in how well they provide appropriate care to patients. The quality of the care provided by the professional nurse and hospital may influence the patient's health (Homes, 2011:1).

The study of Mcintosh & Stellenbosch (2009:12), in the South African Nursing Council (2005, n.d.: iv) considers that 'quality nursing practice is based on adequate knowledge, skills or competencies, ethically and scientifically based comprehensive and holistic patient care, timely, accurate and complete or comprehensive recording'.

The above statement shows how important the professional nurses in the community are, and how they are looked upon as good products. With technology involved, budget involved, and time spent, efforts are made to produce efficient and effective professional nurses, who can render quality care to the patients.

The media is publishing articles about medical malpractices and hospital scandals. Oosthuizen, 2012:49.states that hardly a day passes in which the newspaper does not receive at least one letter from an angry, frustrated and often traumatised community member, citing yet another horrendous experience at one of the state hospitals The Department of Health customer care centre is receiving complaints from the community about poor patient care. The situation is unacceptable as the public health facilities are the only hope for most of the sick people, especially those from poor communities. There are articles about "Why do nurses abuse patients?" Around the world many people with chronic conditions are failing to receive appropriate care. This failure of care is due to both quality and access issues and is experienced, often to the greatest extent, by disadvantaged subgroups of the general population (Epping-Jordan, Pruitt, Bengua and Wagner, 2004: 299).

Deteriorated or poor quality patient care is not acceptable as it is against the mission and vision statement of the Department of Health (DoH). The vision of the DoH is 'An accessible, caring and high quality health system'. While its mission is **'**To improve health status through the prevention of illnesses and the promotion of healthy lifestyles, and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability' (Department of Health, 2010a:10). Poor quality patient care is costly. Some of its costs are deaths, prolonged illness, misdiagnosed patients, incorrect use of drugs/antibiotics, incorrect treatment, wasted materials, wasted time, dissatisfied patients, prolonged infectiousness, unnecessary services, suspicious communities, lost productivity,

dissatisfied managers, and frustrated workers, and it can even lead to legal actions (Roemer & Montoya-Aguilar, 1988:53).

## 1.2 PROBLEM STATEMENT

According to Roemer and Montoya-Aguilar, (1988:53), quality patient care is doing the right thing the first time; doing it better the next time, within the available resources, and to the satisfaction of the community. WHO, (2006, 10.) defines quality care as 'the proper performance of interventions that are known to be effective, efficient, accessible, patient centred equitable and safe and have the ability to produce an impact on mortality, morbidity, disability and malnutrition'.

The researcher, who is employed as a professional nurse in one of the Eastern Cape hospitals, has noticed that quality patient care is compromised in some hospitals Schilling (2014:np) indicated that; there is an increase in the nurse-patient ratio, where professional nurses and subcategory nurses are not enough to maintain quality patient care in the wards. Wards are thirty- three to forty- bedded. They are staffed by one or two professional nurses, one or two enrolled nurses and one to three assistant nurses in the morning session. Then in the afternoon, by only one professional nurse and one to two subcategories. Nurses in these wards are caring for patients with different types of sicknesses, at the same time. The ward might have patients that the professional nurses need to prioritise, while there are other patients that also need care but are deprived due to a shortage or lack of staff. Patients that are nursed in these hospitals are post operative cases or one day post operative cases, very ill patients, isolated patients, confused patients, disabled patients, anxious patients and emergency cases needing resuscitations. These few nurses must be hands on all over, and render quality patient care. The chances of rendering quality patient care are limited under these circumstances, especially during night shifts where there are only two people for the ward; a professional nurse and an enrolled nurse. The number of responsibilities that a professional nurse is expected to render are too numerous for one such nurse to be able to render quality patient care.

The problems result in long stays of patients, more burdens to hospital staff, and a shortage of beds, since the beds are blocked by those patients that are staying longer in hospitals. Additionally, these working conditions result in the use of more hospital supplies, which also results in shortages of supplies. The long stay in hospital has a negative impact on patient outcomes. For example, some patients end up with hospital infections.

Besides the comments of poor patient care cited by non-nursing personnel, the literature was void of studies on the quality of patient care from the perspective of professional nurses. This prompted the researcher to explore the perceptions of professional nurses regarding quality of patient care in the Eastern Cape Province state hospitals.

## 1.3 THE AIM OF STUDY

The aim of this research study was to determine and describe perceptions of the professional nurses regarding the quality of patient care in the Eastern Cape State Hospital and to recommend strategies to improve the quality of patient care.

## 1.4 PURPOSE OF THE STUDY

The purpose of the study is to determine, through systematic and scientific inquiry the positive and negative perceptions that the professional nurses have about the quality of patient care, with the aim of assisting policy makers and health professionals with strategies to improve the quality of patient care.

## 1.5 RESEARCH OBJECTIVES

The objectives of this study are to:

Identify and describe perceptions of professional nurses about the quality of patient care.

Determine professional nurses' perceptions regarding contributory factors to poor quality of patient care if any.

## 1.6 RESEARCH QUESTIONS

The research questions derived from the objectives are as follows:

What are the perceptions of professional nurses regarding quality patient care?

What are the factors that professional nurses perceive as contributing to poor quality patient care, if any?

## 1.7 SIGNIFICANCE OF THE STUDY

Professional nurses have a responsibility to provide quality patient care according to the scope of practice set by SANC. They also have a supervisory role over the lower categories. According to Muller, Bezuidenhout and Jooste (2006:492) professional nurses are responsible and accountable for monitoring the competence of other professional nurses and nursing categories, and should actively intervene when care is below acceptable standards. The findings of this study will assist professional nurses in finding strategies to improve the quality of care rendered to the patients.

## 1.8 DEFINITION OF CONCEPTS

The concepts that are used in this study are defined for clarification.

**Quality:** refers to care that meets the acceptable technical standards, as well as the needs and expectations of users and communities (Donabedian 1988:1743-1748). Operationally it is 'doing the right thing right the first time, doing it better next time within the available resources and to satisfaction of community' (Roemer & Montoya-Aguilar, 1988: 53).

**Quality assurance:** this term provides systematic monitoring and evaluation of patient care delivery whereby trends that show problematic areas are determined and activities put in place to resolve the defined problems (Rosdahl & Kowalski 2008:23). Operationally, it is the care that is provided by nurses according to set standards, monitoring and improvement of performance, so that the care provided is as effective and as safe as possible (Roemer & Montoya-Aguilar, 1988:5).

**Quality nursing care:** refers to the degree to which health services given to the community increases the likelihood of desired health outcomes and are consistent with current professional knowledge (Simms, Price & Ervin 1994:243).

**Perception**: is described as 'one's experience of one's presence in the world at the moment when things, truths or values are constituted' (Morse & Field; 1996:125). In this context it is the experiences of the professional nurses working in a state hospital, about the quality of patient care they render to patients.

**Professional nurse**: is a person trained and educated as a nurse and registered as a professional nurse by the South African Nursing Council (SANC, 2005:25). In this study professional nurse in a nurse registered with SANC as such and working in the state hospital.

## 1.9 THEORETICAL FOUNDATION OF THE STUDY

The study was guided by Watson's theory of caring. Watson's views nursing as a service driven system involving human caring. Nursing is seen as a moral ideal, a humanistic service, with a central notion of caring. Beliefs and values are central to this theory (Polit & Beck 2004:123). According to Watson's theory there is a relationship among the person, environment, health, nursing and human caring.

*Person.* The person should be valued, cared for, respected, nurtured, understood and assisted. The person is viewed as being greater than, and different from, the sum of her and his parts, and must be seen in terms of her or his development and conflicts arising during development. The individuality of each person is a vital precept.

*Environment.* This refers to society with all of its influences. It encompasses social, cultural and spiritual aspects, provides values, and determines how a person should behave, and which goal he or she should strive for.

*Health.* Health encompasses a high level of overall physical, mental and social functioning, a general adaptive maintenance level of daily functioning and absence of illness. It is seen as a subjective state within the person's mind. Each person must define a personal state of health.

*Nursing.* Nursing is concerned with promoting and restoring health, preventing illness and caring for the sick. It uses the caring process to help people gain a high degree of harmony within the self in order to promote self- knowledge and self-healing, or to gain insight into the meaning of the happenings in life. The aim of nursing through the caring is to help people gain a high degree of harmony within the self (Wagner 2010:1).

## 1.10 SUMMARY

In this Chapter the researcher has introduced the study overview in terms of the background to the study, the problem statement, purpose of the study, objective and research questions and defined terms.

In the next chapter the methodology of the study will be presented. There are conflicting views among qualitative researchers, about doing literature review. On one extreme, some believe that literature should not be consulted before collecting data, for fear that is could influence the researcher. On the other extreme other qualitative researchers others believe that doing a full literature review is proper. (Polit & Beck (2004: 56). These authors indicated that at least the preliminary literature review should be consulted. In this study the literature control will be presented together with the discussion at the end of the study.

# CHAPTER 2:  RESEARCH METHODOLOGY

## 2.1 INTRODUCTION

In the previous chapter the researcher introduced the research background, problem statement, the purpose of the study and the significance of the study.

This chapter will focus on the methodology, research design and sample and sampling methods, inclusion and exclusion of criteria, data collection and analysis, pilot study and trustworthiness.

The study followed a qualitative, explorative and descriptive approach.  Burns and Grove define (2009:717) define qualitative research as a “systematic, interactive, subjective approach used to describe life experiences and give them meaning.” Brink, Van der Walt & van Rensburg (2006:121) further asserts that studies following qualitative approach provide information from the perspective and context of the participants.

The qualitative approach was found to be appropriate for the study, as the researcher was interested in the meanings of how people made sense of their lives, experiences they had had and how they saw the structure of their world (Creswell 2008:232).  The researcher was interested in professional nurses’ perceptions, according to their observations and their experiences in the quality of patient care rendered on a daily basis (Brink, Van der Walt & van Rensburg 2006:113).

## 2.2 RESEARCH DESIGN

An explorative descriptive design was used. The purpose of the descriptive design is to obtain complete and accurate information about the phenomenon under view. In this study the researcher explored and described professional nurses’ perceptions of the quality of patient care, and how they experience it (Polit & Hungler 2007:11).

## 2.3 THE STUDY POPULATION

The research population consisted of all the professional nurses from one of the state hospitals in Port Elizabeth, Eastern Cape Province.

## 2.4 THE STUDY SAMPLE AND SAMPLING METHOD

The study was conducted in one of the state hospitals in Port Elizabeth. The researcher used a purposive sample. The size of the sample was not predetermined. Data were collected until saturation point, or until no new information was brought forth by the participants. (Burns and Grove, 2009:361). In this study a sample size of thirteen participants, who met the required criteria for participation in the study was utilised.

### 2.4.1 INCLUSION CRITERIA

Included in the study were participants who met the following criteria:

- Only the professional nurses registered with SANC.
- Employment by the Eastern Cape Department of Health (ECDoH) and working at the institution where the study was conducted.

### 2.4.2 EXCLUSION CRITERIA

The following were excluded from the study:

- Professional nurses with less than 2 years of experience
- Non- nursing professions
- Those on various types of leave
- Nurse managers

## 2.5 DATA COLLECTION

To collect data the researcher conducted interviews in a natural environment, the procedure was followed for all the participants was as follows: Informed consent to participate was requested before commencing the interviews. In-depth interviews were conducted and all the participants were asked the same main question, namely:

"***Can you tell me what your perceptions are regarding the quality of patient care that is provided to patients in your area?"***

The interviews were conducted until the data was found to be saturated, meaning that the data analysis, which was done concurrently with the interviews, revealed no further new themes. Data yielded only the concurrency of material that had already been mentioned by the participants.

The interviews were conducted in English as it is a common official language. Field notes were made immediately after concluding each interview.

The strengths of the interview were that the researcher had an opportunity to observe and assess the emotions and gestures of the participant and to take note. Participants also had an opportunity to ask questions where there were misunderstandings. The same applied to the researcher. The participants also elaborated on their answers with the help of the researcher, asking probing questions or asking for explanations. Advantages were that the researcher was able to investigate a topic in depth, interpret the outcomes based on the participants' perceptions and not on the researcher's perspective, which created a holistic picture of the situation. (Brink,Van der Walt & Van Rensburg, 2006:151-152). The weakness of an interview is that it is time consuming (Kock & Hanyane; 2005:44). For example, the researcher made appointments and met with each participant at different times that were suitable for each participant.

The researcher had a tape recorder to record participants' responses, so that during analysis the researcher was able to capture all the data from the participants, and for the information to be transcribed verbatim.

## 2.6 DATA ANALYSIS

Data was processed and reduced to themes and categories with the aid of a coding procedure. A descriptive data analysis was done using Tesch's method of data analysis (De Vos 1998:343). Throughout the data analysis the researcher:

- Conducted a systematic and comprehensive analysis which proceeded in an arranged and well-organized manner.
- Segmented data. In other words, divided data into relevant and meaningful units, a process which commenced during the first reading of the raw data to achieve 'a sense of the whole', fertilising the interpretation of individual data pieces.
- Parts of the data with regard to items they contain, forming themes, and categories.
- Compared and constructed data units during analysis, formed categories, established boundaries for categories, assigned data segments to categories, summarised the context of each category and found negative evidence. This was all done to discern conceptual similarities, to refine the discriminative power of categories and to discover a pattern within the data.
- Ensured that categories were tentative and preliminary in the beginning and that they remained flexible (Morse & Field 1996:111).

The research was analysed, interpreted and then conclusions were drawn.

The interviews were transcribed verbatim as soon as possible after the conclusion of the interviews. The data consisted of field notes and audio-tape recordings. All this data were transcribed, analysed and coded by the researcher. On completion, the researcher made use of an independent coder who is an expert in the coding of qualitative interviews. After the independent coder had completed her coding, a consensus discussion meeting was held between the researcher and the independent coder. Both reached an agreement on the identified themes and sub-themes.

## 2.7 PILOT STUDY

A pit is a small scale trial run of the actual project, to assess if the study can proceed as planned. It is done to test the feasibility of the main study (Brink,Van der Walt & Van Rensburg 2006:54).

The researcher conducted a pilot study in order to find out if the questions were clear to the participants, and also to improve the researcher's skills in conducting the interviews. Three professional nurses, who did not participate in the main study, were interviewed.

## 2.8 TRUSTWORTHINESS

Four criteria were used to assess the trustworthiness of the study for truth-value, applicability, consistency and neutrality Guba (1985) in De Vos (1998:349).

### 2.8.1 Truth value:

Established how reliable the truth of the findings was, based on the research design, participants and context, (Lincoln & Guba (1985) in De Vos (1998:349). It was obtained from the discovery of professional nurse experiences as they lived and perceived them.

### 2.8.2 *Applicability:*

Is the ability of the study findings to be generalised to the larger population, or extent to which the findings can be applied to other similar contexts and settings or groups (De Vos 1998:349). In this study the researcher gave detailed information on the setting and methods used.

### 2.8.3 Consistency:

Is based on whether the researcher's questions were able to provide the same measurements over time. It also evaluates whether the findings would remain consistent if the enquiry was repeated with the same participants, or in the same

context (Morse & Field 1996:18). The investigator gave detailed information of methods inclusive of the interview questions used.

### 2.8.4 *Neutrality:*

Is the autonomy from unfairness in research procedures, and the results. It refers to the degree to which the findings are a function purely of the participants and the conditions of the research, and not biases or unfairness, motivations, or perceptions of the researcher (De Vos 1998:350). The investigator engaged an independent coder. Both researcher and the independent coder had consensus discussions.

## 2.9 ETHICAL CONSIDERATION

Ethics were the means of striving for rational ends when others were involved. Ethics considered justice, generosity, trust, faithfulness, love and friendship. All these ends reflected respect for the other person (Burns & Grove 2009:61).

Prior to the study being conducted, permission to conduct the study was obtained from the University of Fort Hare ethics committee, and the Eastern Cape Department of Health Research Committee.

Permission was obtained from the Medical Superintendent of the hospital and from the councillors of the areas selected for study. Informed consent was also obtained from the participants after explaining the purpose of the study, and they were assured of confidentiality. Voluntary participation was also emphasised.

Participants were given full information about the research aims and objectives, and the purpose of the study before obtaining their written consent that they would participate in the research. Participants were asked for their permission to be interviewed. They were not forced to do so. They had the freedom to participate. No incentives were offered to draw participants' interest to the study, or to commit them.

### 2.9.1 Privacy

Participants' privacy was considered, as they were still employed by their departments. In the questionnaires no names were used. They were quoted anonymously or as participants only. No participant requested that his/ her name be stated and they were saying that fully conscious and alert not under any influence Privacy and feelings were acknowledged, and sensitiveness was considered when the participants were reluctant or hesitant to give answers.

### 2.9.2 Confidentiality

All the information received from the participants was treated confidentially, and was locked away. No unauthorised person had access to the information locked away, except those permitted to do so, or the researchers. For any unauthorised person to gain access to information, the participants had first to give their written consent. The information was used only for the study, and to improve the quality of patient care.

### 2.9.3 Fair treatment

People were not influenced or given information beforehand. They were only selected according to the sampling approval, no preferences. There was no discrimination, and no risks were noted. For the participant who happened to say something that could offend a third party, or should the information happen to be very important, it was used, but the participant's identity was concealed to avoid any harassment of the participant.

## 2.10 SUMMARY

In this chapter the methodology and research design was explained, as the qualitative, explorative and descriptive approach was found to be appropriate. Study

population, inclusive and exclusive criteria, data collection using Tesch's method of study, and data analysis were explained.

# CHAPTER 3: PRESENTATION OF FINDINGS

## 3.1 INTRODUCTION

In the previous chapter, the researcher discussed the research methodology. In this chapter the researcher presents the results of the study. The data obtained through transcribed interviews, were analysed, and themes, categories and subcategories were identified to describe the experiences and perceptions of professional nurses regarding patient care.

## 3.2 THEMES AND SUB-THEMES:

### 3.2.1THE QUALITY OF PATIENT CARE

The majority of the participants displayed mixed feelings concerning the quality of patient care. Few of the professional nurses reported that the quality of patient care is not deteriorating. The above is supported by some responses from the participants relating to the information supplied in the subheading:

#### 3.2.3.1 Positive responses about the quality of patient care

*“Quality of patient care is not getting worse.”*

*“Staff is not contributing to the deteriorating standard.”*

*“Nurses are trying to put the standards of quality up.”*

*“…not deteriorating as such.”*

#### 3.2.3.2 Negative responses about the quality of patient care

Most of the participants stated that the quality of patient care is deteriorating. The following extracts are from the remarks made by various participants regarding the quality of patient care:

*“The patient care in the hospital it is dropping.”*

*“At the moment quality of patient care is going very low.”*

*"The quality of patient care is going down."*

*"Nurses are trying to put the standards of quality up but they are trying in vain."*

*"To improve the quality patient care it is a hard feeling."*

*"The patients do not get the care they suppose to get at the right time."*

*"The quality of patient care is compromised by the shortage of staff, there is a gross shortage of staff and that really compromises it severely otherwise the few that are there are really doing their best."*

*"Patient care is deteriorating, patients are not getting the best care they are not getting what they really need and expect from the hospital from the nurses in the hospital."*

*"Nursing care is not the same as before but there is still a percentage of the nursing staff that really does, renders and gives their best care but there is also another percentage that is doing things very quick they just want to get their job done."*

*"The nursing care is not like in the olden days as it used to be but it must understandable that things change it is a new generation. In the olden days the nursing staff was more patient. It does not mean that they are not now but then they were "more" passionate about their job and about the care that they were giving they were considerate also."*

### 3.2.2 AREAS OF CONCERN WITH REGARD TO PRACTICE

This is the theme that was identified during data analysis. It has categories that will be explained by subcategory discussions.

#### 3.2.2.1 Non adherence to rules of the hospital

The finding of the study showed that non-adherence to the rules; by the nurses was one of the aspects that were highlighted by the participants, as is indicated in the following discussion:

#### 3.2.2.1.1 Use of cell-phones by nurses whilst attending to patients.

Nursing is hands on; it needs full focus when attending to the patients, in order to give holistic care. However, this does not seem to be the case as the nurses answer their phones in front of the patients. They go on laughing regarding their personal matters, instead of attending to patients. It shows that they do not put themselves in the shoes of the sick one, and will not hear all that the patient is saying, which means that poor listening skills are practised. Also, to them the principle of Batho Pele does not seem to be taken into consideration. Patients seem not to be their priority. At that moment, personal issues are prioritised. One might miss some of the important information that was raised by the patient, and result in neglecting it. Then patients lose trust and confidence in the nurses, hence the following excerpt:

*"They are answering their phones in front of the patient, laughing from the phones"*

*"…e.g. a patient that cannot turn himself must be turned two hourly, it is not done like that because most of the time you will be like a bad sister if you say no people do not twit, or answer the phone in front of the patient. People have lot of rights now. They will tell you they have right even the sisters they are answering their phones in front of the patient, laughing from the phones"*

#### 3.2.2.1.2 Improper dress code whilst on duty.

It was indicated that some nurses' dress code is unacceptable. In nursing there is a dress code to look presentable and to be identifiable. Guides are issued to identify proper dress. If people are not dressed accordingly they can pose a danger to themselves, and to the patients they are serving because they will not be protected. If nurses do not put on a clean uniform they will spread infection to the patients (Muller 2009:17).

People are concerned with their comfort and beauty, and are unaware of the danger they put themselves in. One of the interviewed participants said:

*"You cannot tell them that the dress code is not right for the hospital they can say that they can wear even slip-ons or whatever they are comfortable with."*

*“Professional nurses must identify themselves must have identity tags and must be clothed in full uniform for the patient to feel safe.*

#### 3.2.2.2 Some of the nurses are not passionate about their work.

Data further revealed that some of the nurses are not passionate about their work. They come only for the income. Nursing to them was not a calling, but just another job. These findings are discussed in the following categories.

##### 3.2.2.2.1 Nurses that come late for duties.

Most of the participants agreed that late-coming is also an issue of concern. Duties start at a specific time for a reason. In the hospital duties start at 07:45 in the morning, because nursing is a continuing process of caring for the patients. The staff that was working must hand over information about the patients’ progress, orders, what had been done and what must still be done, to the staff that is going to take over the work. Therefore, the staff taking over must be on time in order to find out what the diagnoses, progress and orders are, and carry on from there. If nurses do not report for duty on time they might miss the important part of the report, and as a result not be ready to carry on with the care of the patients. This, in turn, that might delay the patients’ progress and prolong their stay in hospital, which translated to a waste of patients’ time and finances. The following are extracts from the participants, which are in line with this summary of findings:

*“Tendency of coming late on duty if one must be at work at certain time must be on time because the patient will have to wait for this staff member for the services to be rendered because she/he is allocated certain tasks for certain patients and she/he is going to miss the important report about some of the patient if she missed handing over from the other shift.”*

*“Nurses must work towards the speed recovering of the patient avoid wasting the patients’ time and the states’ money. If the procedures that are supposed to be done for the patients’ are not done in the expected time or ordered time that prolongs the patients’ hospital stay and wasting patients’ time and money from the governments’*

*side because the patient had to stay now longer unnecessary. That result to the government to come up with the fund."*

#### 3.2.2.2.2 Skipping and missing of routines.

Skipping and missing of routines happened because some of the nurses were not passionate about their work. They neglect to do some of the work they were supposed to do. This is regarded as negligence. The latter has many consequences and can lead to prolonged hospitalization, complications, incidents and even deaths. If there is prolonged negligence the patients begin to lose confidence and trust in the nurses and the hospitals concerned. They may choose not to visit the health facility ending up with serious complications and death in some cases. The participants said:

"*The nursing care is not like in the olden days as it used to be but it must understandable that things changes. It is a new generation in the olden days the nursing staff was more patient. It does not mean that they are not now but then they were more passionate about their job and about the care that they were giving. They were considerate also.*"

#### 3.2.2.2.3 Nurses do not know the vision and of department

One of the participants highlighted that there were nurses who did not even know the vision mission of the ward, nor that of the hospital. Participants felt sorry for the nurses and wondered how these nurses would plan for their work. How could they have goals if they did not know the vision and the mission? They are one of the tools to measure the quality of patient care and to set standards for the quality of care. This could result in nurses working neglectfully, without knowing if they are improving

the standards or not, and without setting goals and achievements. They will not be able to pick up the strengths and weaknesses. This can result in nurses that are disorganised, not planning ahead. They are working for the sake of working, hence the following excerpt:

*"Some of the nursing staff does not know the vision of the institution, or of the department or of the ward because every ward, institution and department must have a vision, mission and objectives. If a nurse works that direction and he/she will also be eager to uphold the professional image."*

#### 3.2.2.2.3 Some of the nurses are not observant.

Some of the participants reported that there were nurses who were not observant. These nurses who tended to take for granted what the patient knew, or should know. This can result in patients also losing respect for nurses who have no interest in their work. This results in nurses missing patients' problems and not treating them correctly. Hence the following excerpt:

*"They don't organise their work and that makes one to run around. If one plans and organise ones tasks and work according to plans. If not organised it cause chaos and have impact on the quality of patient care."*

### 3.2.3 STUDENT NURSES' AFFAIRS RELATE TO PRACTICAL EXPOSURE

According to the study, this means that to get competent nurses for the future, student training needs to be considered, as the following subcategories indicate:

#### 3.2.3.1 Inadequate student training.

It also emerged from the findings of the study that the training of the students was not sufficient. The four-year study comprehensive Diploma in Nursing course for one to qualify as a professional course was found to be too compact by participants. They indicated that Basic nursing alone needs to be done for a longer period, because student nurses needed to be exposed to all different kinds of sickness in order to understand how to treat a patient. In those four years they learnt many dimensions of nursing within a short period of time. Participants felt that it was not enough time to learn. Each dimension needed a special time to learn and understand before a student can be credited in order to qualify. They even

mentioned that students were visionless and clueless regarding nursing issues. They did not associate nursing with patient contact. According to the student nurses nursing was done by dealing with pen and paper. The following extracts from the participants are in line with these findings:

"*The training in those years was appropriate because one would stay 3 years just for general nursing but now within 4 years all these other post basic courses that normal taking the whole year per course that is included into this 4 year course. It is like a compact course and the nurses do not have exposure to all the nursing disease and activities and problem that came out and how to resolve and have a critical thinking"*

"…*they maybe thought they are going to work like doctors, they will use stethoscopes and thermometer but not attending to the patients' needs. With the nursing you must nurse the patient physically, emotionally, mentally and spiritually"*

*"Student nurse are the future of tomorrow they must be trained skilled of the procedures that are done, so that they must competent to nurse independently when they are employed as professionals."*

*"In-service training for the student nurses is also important they must not be taken as if they know anything teach them from the beginning so that if one or they missed something from the other period they get a chance to learn."*

*"Nurses must be patient with the student nurse thinking that people have no same level of understanding things. They are new to your ward and they have different level of confidence and ambitions."*

*"Support do not compare to other groups who were excellent or competent. Educate, support, encourage and advise. Give student chance to practise under supervision, do not ignore student because they do not know and be so concern about the wards' work that is a lot."*

*"In the cases where there wards are very busy there student nurse mentor can be appointed from the college to assist students because they know the students better than the professional nurses that will bring up competent nurses."*

#### 3.2.3.2 Concerns with ethical issues.

Some of the participants revealed that etiquette was not taught thoroughly, that is, how one must conduct and present oneself in the working area. For the services that one is rendering to the people, one must be presentable so that one can be confident and proud of one's work. They further indicated that the way some students present themselves was unacceptable and unprofessional. One of the participants said:

*"There is no etiquette from the college, they are not teaching but there are ethos of nursing but the etiquette is not thought for example how one must behave. Nursing home was a study institution but now there is noise, there are families living in the nurses' home"*

It was indicated by one of the participants, that student nurses were not supposed to be taught curriculum only. The discipline, according to the profession, is taught because the nurses are going to work with people of different ages and cultures. The participant even said that discipline applies not only to patients but also to one's work, one's managers, one's colleagues and to one's self. It was found by some of the participants that there is no emphasis on the discipline of the students.

*"In these days like now we have got students where you cannot tell them that the dress code is not right for the hospital"*

*"Students that you cannot stop them from socialising or using social networks at work during working time"*

### 3.2.4 SUPPORT SERVICE SYSTEM IS NOT SUPPORTIVE

Support service systems are other services rendered in the hospital that are essential, besides the nursing services. These are services like food, portering, transport, cleaning, clerical and others.

One of the participants felt that some of the support service systems did not work collaboratively with the nurses. They cited that some of the support service staff had diplomas or university degrees; that they are qualified individuals, but because of the

lack of jobs they ended up applying for these service jobs just to earn income, though their interest was not in these services. They indicated that some came just to have employment exposure, yet they were neither satisfied with the income, nor with the services that they were supposed to be rendering. Even the environment is not conducive to them. Thus they end up having no enthusiasm. These are discussed in the following categories:

#### 3.2.4.1 Porters are not enthusiastic about their job.

Porters are employed to assist in transferring patients from bed to stretcher, or the other way round; and the transporting of patients to and from other areas of treatment like X-rays, or theatre. They are allocated to different wards, or have a pool where they can be found and called to perform their job.

The participants also indicated that there was ineffective governance of this category of staff. The porters deliberately did not render their duties efficiently and did not account to anyone. There was no control over the meeting times for union members and representatives. The participant therefore expressed the following:

*"You must take the staff nurse out of their jobs like dressings to do porters' job. The porters are leaving the ward and go to the meetings meanwhile in the wards their work is waiting. They attend the meeting for long hours. While in the wards work is not being done so the nurses must do their jobs. The patient does not come first now".*

*"There is no control because of these unions' many meetings to attend. The porters must leave the ward and go to the meetings meanwhile in the wards their work is waiting. And it was still early in the morning and the person has reported for the duty and is going to be paid for the day according to his scope of practise but he is not here he is in the union meeting."*

According to some of the participants the portering system is ineffective. Some of the nurses had to beg porters to do their work. Most of the nurses reported that they battle to work with most of the porters, as the porters did not avail themselves for their job. The porters are nowhere to be found and they did not have good

communication skills. The porters were not doing their work as they were supposed to do. That caused the nurses to get exhausted, because they were overworked, and behind with their scheduled work. The following extracts are from remarks expressed by various participants regarding portering services:

*"Nurses have to fight or beg with the porters for porters to do their job…"*

*"Porters are lazy really even if they are on duty. It is worse now with this allocation of porters into the wards because there is only one porter in each ward which it means if the porter is not there the nurses must do porters' job the wards are busy every day"*

*"The female porters they disappear. They really disappear. The porters were working hand in hand with the nurses in transporting of the patient to and from the other disciplines. There were no female porters that time. It was only males they were responsible one will just call them from their pool telephone number and they will come immediately. There was no porter allocation they were responsible they would respond as soon as possible to the ward calls."*

#### 3.2.4.2 General Assistants sometimes do not work properly.

General assistants are the staff members employed to look after the hygiene of the hospital. Patients are entitled to a clean environment. It is reported that there are other categories too, like the cleaning staff, who are contributing to the decline in the quality of patient care.

It was indicated by some of the participants that cleanliness is a problem in some areas of the hospital. As a result it was of concern to the nursing staff as they understood clearly the importance of environmental hygiene to the quality of patient care, hence the following excerpt:

*"General assistant have to keep the wards clean at all times to prevent nosocomial infections that can delay patient progress and results in hospital long stay."*

*"If the environment around the patient is not hygienic and conducive it is going to also compromise the patients' quality of care, healing and recovery of the patient"*

### 3.2.5 GOVERNMENT'S SHORTCOMINGS WITH REGARDS TO RESOURCES

The above is supported by some responses from the participants, relating to the information supplied in the following sub-headings:

#### 3.2.5.1 The government fails to give employees what is due to them.

Most of the participants mentioned that the government failed to give employees financial support that was due to them. It does not communicate with them properly regarding remuneration matters, and that leads to employees' dissatisfaction and strikes. The participant therefore expressed the following:

*"When there is budget government must give people their money because people won't come to work because they do not have money for bus fare petrol and there is no is no food at home everything depends on money."*

*"Government need to give incentives to those that are already working hard so that they do not get burn out. People need to get what is due to them in time like these performance management development skills that is dragging others are getting it others are not getting it. People need to get incentives just to motivate and encourage them to work harder because people can be burned out under these circumstances."*

*"People were given incentives before; you could not see a nurses' strike but now there is a lot of strikes because government is not giving people the incentives."*

#### 3.2.5.2 There is inadequate employees' empowerment and advancement.

Participants also expressed their frustration very strongly, regarding inadequate employees' empowerment. Participants felt that acquiring crucial skills would also improve the standards of care, as expressed by the following extracts:

*"There must be in-service trainings and auditing of skills. For the working staff workshops are needed. Government must create workshop they are so scarce especially for assisted nurses staff nurse and professional nurse."*

*"In-service training is needed even if they are not taken to the year courses, just to have knowledge of the different conditions, how this condition is different to that one and how this condition must be treated differently to that one. So that if they are admitted in the ward, they must be allocated accordingly, must not be mixed."*

*"Nurses have to deal with circumstances they are not trained for, for an example a patient admitted for an operation but is also having a psychiatric problem, a nurse who has not done psychiatry course will not be able to handle that patient."*

#### 3.2.5.3 Non-participation of managers in patient care during shortage of staff

Some of the participants revealed that managers were supposed to help when there was a gap, yet the managers did not fill in the gap. Instead, they tasked professional nurses from other wards to multitask, and to work in two wards. That lead to overwork which, in turn can lead to medico-legal hazards, especially if the nurse had never been orientated in the new ward, where she had to take additional responsibility. Burnouts can also result in absenteeism and further shortages of staff. The participants therefore expressed the following:

*"Another thing the managers also they are expecting professional nurses to do a lot for the patient and they do not come and help in the wards. If there is a sister who does not come on duty because of sickness, the manager is asking a sister from another ward to work now in two wards, like one on night duty when there is no sister on duty for the other floor a Professional nurse has to work 2 floors at the same time. How can one manage that with 30 to 32 patients in each ward? You must give medications and drugs whereas at a certain time you must be finished with the patients to rest."*

*"And you cannot refuse because a manager wants you to do that and one is also doing it for the patients. That is why really you cannot do your best for the patient."*

*“It is a problem because sometimes a professional nurse works alone in the ward then another nurse is brought from the other ward, that nurse is not going to be of good help because she/ he does not know what is going on in this ward. First, this person was not on ward rounds because she was allocated late in this ward after the supervisors have noticed that there is shortage that can cause crises then nurse is called to come and work in this ward. When she comes to this ward the professional nurse here is very busy starting their routine because they know that there is this shortage, they start to panic and have less or even no time to give full report again to this just coming nurse. Sometimes this person who is allocated here is new to this ward, has never worked in this ward previously, so she/he needs orientation. Where will that time come from if there ward is busy and there is shortage? Then the professional nurse who is getting this help feels as if she is getting another load of work on top of the shortage she had, now, to train this new comer nurse. She get stresses and sometimes lose patience and temper because of the pressure she is getting from the ward’s routine and demands. She/he gets over worked, because she must see to it that everything is done accordingly, on time and competently, and she is the one who is accountable and responsible.”*

*“Quality of service if you talk management, there is no top management there are acting people and acting is not the same as managing it is acting they do not take much responsibility in the job and do not have same responsibilities as the appointed manager.”*

*“Manager should also have vigilant eye and have listen skills and work hand in hand with their staff so that they get to know what their problem is. They should encourage their staff not overpowering and forcing them. They must do the survey and find out what people want there are lot of people want to work where they are not placed whereas in those areas those that are there are not interest to be there they want somewhere as. Because nurse though it is a profession but you need to work and like what you are doing.”*

#### 3.2.5.4 Nurses emigrating due to wage gaps between the provinces and countries

Some of the participants stated that there are wage differences between the provinces, and nurse's salaries are better overseas, so nurses may emigrate to more developed countries. The participants therefore expressed the following:

*"The government it not doing well for professional nurse, they are not happy because the main thing is the money. We need money but most of the time with backlog waiting night duty money is not there, that thing is frustrating it can result in compromising of working conditions. When there is budget government must give people their money, because people won't come to work because they do not have money for bus fare petrol and there is no food at home everything depends on money."*

*"Nurses' salary is also too low. Nurses has also studied they need to be considered. The nurses are going away going overseas and Western Cape and doctors, good doctors, specialists because there is a difference between the salary of Eastern Cape and that one of Western Cape."*

#### 3.2.5.5 Favouritism in the workplace

Some of the participants revealed that nurses are not all treated the same. , There is favouritism and undermining of colleagues. These are the quotes from some of the participants:

*"…if one's ideas are always undermined that person's intelligence is demolished, and becomes de-motivated. In nursing to become an expect it is because of experience one have so if those that got experience have favours and attitude the newly appointed and newly qualified finds themselves unaccepted in the areas and happen to hate nursing and leave for other careers or jobs."*

*"Nurses must be treated the same no matter where they studied, where they are from, or who they are."*

#### 3.2.5.6 Legal issues sometimes take up the patient care time

The majority of the participants displayed mixed feelings concerning legal concerns that sometimes consume the patients' time. Other participants said that nurses spend more time on paper work than on the patient. With fewer staff available and an increased number of patients, it was easy to miss recording some of the duties that had been carried out, because by the time one had completed a certain duty, other duties required attention, but one was already behind schedule. Quote from one of the participants:

*"Recording of all the interventions is very important for evidence and information for when at the end of the day there are legal cases. There will be information and evidence of what exactly happen and the institution will give the files boldly and say this the care that was rendered to the patient and it was done to the hospitals best because they know they have documented every details of the incidents that had happened on the patient hospital stay and had done the hospitals best to the patient."*

### 3.2.6 THERE ARE CONCERNS WHICH RELATE DIRECTLY TO PATIENTS

Some matters directly concern patients.

#### 3.2.6.1 Minimal health education:

*Minimal health education is given to the patients* of the expected outcome, possible complications and acceptable progress. Hence the participants stated the following:

*"Health education to the patients and to the patients' family is not done; there is no time to explain properly time"*
*"Educate the relatives of the patients and the patient himself like here we have patient with haematuria, which is not a very bad thing but it can complicate for instead if you tell a patient drink lot of water. If the patient is reluctant does not want to drink at the end of the day he will come up with a big problem end up in theatre if you educate the relatives that do this and this and this and you can see relative that really do care for their member they try to do their best.*

*"Nurses must explain everything to the patients they might be clueless of the health education because this new ward is the strange environment to them at the moment till they get a chance to go around and see it and learn the routines and duties."*

*"Health education, nurses must talk to the patient must teach them and inform them, because if they can do it themselves they can do not need to come back to her nurses. Also give health education to the family because they are the people who are going to take care of this discharged person when is at home family must problem not be excluded must be involved. This will help the patient to go home and be healed from their sickness and prevent further complications and relapses."*

*"Patients must be educated because even if the patient is discharged and is given the treatment, the patients do not take their treatment at home or sometime they do not take them as ordered so now few months down the line they come back and the condition is worse. Patients need to be given education or rather information on how to take treatment. there are conditions where it feels like the patient can be followed up at home to see the condition at home and the levels of understanding of the treatment and to also see if they are following the instructions a given. Some of the patient they need to be checked their social life which might be the reason they could not comply properly with the treatment- things like general hygiene (basic hand wash), environment, sanitation, food, education, disabilities and others. Some conditions need a good personal hygiene. Some of the patients when they are discharged they come back because their conditions are worsening."*

*"Patients must be educated because even if the patient is discharged and is given the treatment. The patients do not take their treatment at home or sometime. They do not take them as ordered, so now few months down the line they come back and the condition is worse. Patients need to be given education or rather information on how to take treatment. There are conditions where it feels like the patient can be followed up at home to see the condition at home and the levels of understanding of the treatment and to also see if they are following the instructions a given. Some of the patient they need to be checked their social life which might be the reason they could not comply properly with the treatment- things like general hygiene (basic hand wash), environment, sanitation, food, education, disabilities and others. Some*

*conditions need a good personal hygiene. Some of the patients when they are discharged they come back because their conditions are worsening."*

#### 3.2.6.2 There is an increase in sicknesses and the hospitalization of patients

Participants stated that patients were getting sicker and were admitted regularly. That aggravated the shortage of staff. The above was supported by some responses from the participants relating to the information supplied in the sub-heading:

*"People are getting more and sicker is not enough to look after the patients and they need hospitalization. The ratio of people who are getting sick is more than the staff."*

*"Nurses must work towards the speed recovering of the patient avoid wasting the patients' time and the states' money. If the procedures that are supposed to be done for the patients' are not done in the expected time or ordered time that prolongs the patients' hospital stay and wasting patients' time and money from the governments' side because the patient had to stay now longer unnecessary. Nurse must bear in mind that some of the patient that are admitted are bread winners, so their long stay in the hospital is actually affecting them financially and they are worried about their jobs that this hospitalization might give negative impact to the employer and must be given a chance to inform their employers about their whereabouts and progress, like when they can be expected to go back to work how long are they going to stay in the hospital. Also the social welfare patients are also worried about their grants must get help from the social worker because a patient that is stressed while being treated the healing might not be effective."*

*"One of the reasons there is a decrease in patient care it is because in the olden days there was lot of nurse lots of hands but now the cost cutting is not so must it make every department to get a minimum amount of nursing staff. But the patient numbers is increasing daily people are sick especially with this HIV/Aids pandemic. The increase of HIV/Aids infection has increased peoples becoming sick but and the hospitals are full but the staff in not increases. Sick people need quality care to the totality and if not the healing process will be delayed and that patient will have a long*

*hospital stay blocking bed for other sick patients result in admitting very serious patients that need more and if they are a lot and are expensive to treat and the staff is very limited they will definitely not recovery fully and the staff because of the over load of work will not come to duties will be sick."*

#### 3.2.6.3 There is a concern about the hospital that runs without the casualty

Some of the participants expressed that it was a big mistake to close the casualty section of the hospital, as the decision affected them directly. The following extracts were from the remarks expressed by various participants regarding the above subheading:

*"It was a big mistake to close down the casualty because it is the entrance of the patient in need. Patients go to one place and flock there. Patient must wait almost the whole night and day waiting to be seen. When you are very sick you cannot sit the whole time. Most of the patients lost their lives while still waiting to be attended. There is too many emergency for one place. It is not doctor or nurses' fault. It is how you can choose emergency because everybody is an emergency especially at night. Personally, I think you are compromising on patients' lives to close down a casualty just to save money."*

*"People told me they have experienced these things. Most of the poor people are the ones that suffer because they do not have medical aids. It is the people that are less fortunate that are affected by these changes."*

*"There is also a casualty problem; the hospital does not have casualty that resulting to the procedures that were supposed to be done from casualty are now done in the ward and the ward priorities are ignored work is stuck now. The patients do not get the care they suppose to get at the right time while the staffs are busy doing casualty duties in the ward. Some of the patients from other town they come straight to the ward and there are no doctors it is only one or two doctors they also have theatre cases and must do their rounds and must be in the out- patient departments these same doctors that are also doing the casualty emergencies procedures."*

### 3.2.7 SHORTAGE OF DOCTORS AND NURSES

It also emerged from some of the participants that they were concerned about the shortage of doctors. It also affected them in their scope of practice, as they had to do some of the doctors' jobs. They found themselves having no option but to perform these duties. Participants felt that the shortage of doctors was a major problem, hence the following extracts:

*"There shortage of doctors even now and nurses has to do their jobs e.g. inserting of the drips."*

*"…and there are no doctors it is only one or two doctors they also have theatre cases and must do their rounds and must be in the out- patient departments these same doctors that are also doing the casualty emergencies procedures."*

*"Doctors are overworked, and most of them migrate. The few that is left gets irritable because they are dealing with life threatening disease and they are exhausted, they are living for the hospital. They end up making mistakes that result to long stay of patients in the ward. They change personality"*

*"Like one day I was phoning doctor he was irritable, and I know he is not that type of a person"*

*"Because the doctors are doing lot of operations nowadays in one day in a rush they can make mistakes then causing severe problems. Everything is done in a rush and there are so many operations done by few doctors and few professional nurses. In the olden days there were only few operations a day like 2 operation cases and more staff was available. Those times of 1996 but now it is 10 to 15 patients a day"*

It also emerged from the findings of the study that, due to the shortage of nurses, there was a problem of burnout that leads to skipping of duties or routines, and also resulted to the imbalance of the nurse- patient ratio. This was caused by absenteeism and staff shortages, and went back to burnouts of the few dedicated staff members. Then there was frustration of the dedicated nurse. Participants felt that shortage of staff was a major problem, hence the following extracts:

*"…because the staffs are getting less and there is not enough to look after the patients."*

*“Government must employ more staff.”*

*“There is a lot of shortage of nurses, government is employing and they go so they must keep on employing every time.”*

*“You cannot do everything that you want to do because of the shortage of staff if they can employ more staff”*

*“Patients from other hospital that have bed sores of which they were admitted without them from their homes because of the shortage of staff patients don’t receive quality care.”*

*“Patient are dished and by the time you come to feed the patient the food is cold and there is no time to go and warm the food again the poor patient must eat because there is no time and there are no nurses. Shortage of staff is the problem.”*

*“Government has also contributing to this because if the nurses are gone, government does not replace that person. Nurses become fed up because of work overload.”*

*“The ratio for the patient nurse is not accurate according to the number of patients in the ward and that of nurses employed. The nurses’ shortage is high.”*

*“You will find 1 professional nurse doing the job of two or three professional nurses. Like on night duty there is one professional nurse and one assistant nurse for 28 bedded ward and sometimes the ward is full and even on weekend there is only one professional nurse one staff nurses and one assistant nurse and sometimes there ward can be very busy and full and there can be theatre cases and emergencies and the professional nurses’ duties being doctors’ rounds for all the 28 patients, medications. There are a lot of duties and there is only one professional nurse.”*

*“The nurses that have resigned and retired are also not replaced.*

### 3.2.8 THE HOSPITAL EQUIPMENT IS NOT IN GOOD CONDITION.

Participants expressed their frustration, very strongly, with regards to the equipment that was either not working properly, or not working at all and was very basic. The

participants felt that new equipment is needed. For example, modernised equipment such as dianamaps, ivacs and other items. These are the quotes from the some of the participants:

*"The hospital's equipment is way outdated. It is the stock from 1960s. It is never updated with the change of times. Now we are struggling with equipment that keeps on breaking down because it is too old to be fixed. It is time consuming to use them because one struggle to work with. It broke down too many times. It is in the workshop not with patient most of the time."*

*"Equipment is all faulty and there is no necessary equipment or there is no equipment for one to render nursing services. Stock sometimes is out of stock from store and the supplier is not paid that is why they do not issue stock to the hospital. And the person who is rendering the service is in procumbent."*

*"The unavailability of equipment – like the banemometer, the haemoglucose test machine the haemoglobin meter there is one haemoglobin meter which is also not functioning at the moment and resources for instead it takes time for things to be fixed when they are broken it takes time for everything to be done. So it is a struggle to do observation. All the equipments that are used are one available in everything and when that one is broken the staff struggles. There is a workshop to fix these things but it takes long to be fixed basically things moves slow."*

*"The problem is also that government is always saying there is no money. The new equipment is needed, modernised equipment like here now we don't have ivac so you have to count drops for intravenous infusing the current ivac / or control flow are not accurate are old we need modernised ivac pumps."*

*"The quality of equipments also has gone done. Old equipments like banemometer have been replaced by the digital and when the digitals are broken, you will wait long for them to be repaired from the stores, and you must borrow from other wards.*

#### 3.2.8.1 Poor maintenance of resources such, as lifts and bells.

Participants revealed that broken equipment was not condemned and not replaced on time. Mechanical devices such as lifts were used even if they were hazardous. The participants therefore, expressed the following:

*"People from private hospital employed in our hospitals can be frightened when they see these hospitals. The building of some of the hospitals are worse they need renovations. The lifts every day we are afraid that the lifts can stop at anytime from working. When you come to work or when you go home you are afraid that you might be trapped in the lift. Everything must be upgraded. The lifts that are used to transport patients to theatre, x-rays and other departments are not working sometimes. They need to be considered sometimes there is only one lift working for the whole hospitals. In this one lift that is working there is overcrowding; the patients' beds, food trolley, dust bins, patients and nurses. Infections can occur because the service lifts are not working so the dust bins and dirty linen also use the patients' lift."*

*"Patient will complain that he has been calling a nurse for help but because he is calling by the mouth because the bells system is not good they are very high patients cannot reach the bells. Then he will decide to phone the relatives at home and the relatives must phone hospital to tell that their person has a problem. This matter has been reported several times but no change."*

## 3.3 SUMMARY OF THE FINDINGS

It was clear from this study that professional nurses were experiencing problems in the selected state hospitals in the Eastern Cape due to numerous factors. Shortage of health professionals especially in the clinical department was cited as the main factor compromising the quality of patient care. The Eastern Cape Department of Health was also to be blamed for making the running of the hospital difficult and not looking well after the employees. The professional nurses reported that they felt that if the non-clinical department could work hand in hand with the clinical department, the overload on non nursing duties would be relieved. They also raised concern on

the negative of attitudes of nursing and the lack of supervision and support of students.

# CHAPTER 4: DISCUSSION, LITERATURE CONTROL, LIMITATIONS OF THE RESEARCH, SUMMARY OF THE STUDY, AND RECOMMENDATIONS

## 4.1 INTRODUCTION

In the previous chapter, the researcher presented the results of the study. In this chapter the discussion and the literature control is presented. This is followed by a discussion of the limitations of the research, and a summary of the study, with recommendations for practice and further studies.

## 4.2 DISCUSSIONS

Discussion on the themes, and literature control are presented in the sections that follow.

### 4.2.1 QUALITY PATIENT CARE

The findings of this study were that the nurses displayed mixed feelings regarding the quality of patient care. Some reported that was it deteriorating while others reported the opposite.

It is important that nurses should provide quality patient care. The nurses are obliged to do so. They owe this to society and to Council.

Although there were mixed reports regarding the quality of care currently provided. Some saying it is going down, while others said it is not. The nurses are under a moral, legal and professional obligation. SANC (2005:25) in the *Nursing ACT, (ACT No. 33 of 2005) define* a professional nurse as a ‘person who is qualified and competent to independently practise comprehensive nursing in the manner, and to the level, prescribed and who is capable of assuming responsibility and accountability for such practice.

Kunene, Nzimande and Ntuli (2001:35) argue that nurses have a responsibility to uphold the high standards of nursing care which is expected by the individuals, families and communities. They found that the results of their study were contrary to the assumptions that nurses have a negative image. All the variables in this study were rated as either ‘good’ or ‘very good’.

In a recent study on quality improvement, according to Dondashe-Mtise (2011:20) nurse managers have a moral obligation to ensure that quality patient care is provided by everyone in a health facility, through quality improvement programmes.

### 4.2.2 AREAS OF CONCERN WITH REGARD TO PRACTICE:

Each institution has rules and regulations. In this study participants' responses revealed that there is non-adherence to the rules, as discussed below:

#### 4.2.2.1 Non adherence to rules of the hospital

In this study the participants indicated that there was non-adherence to the hospital rules, such as the use of cell phones, improper dress codes and late arrivals.

The nurses are not supposed to use cell phones while attending to the patients, as it is a distracting practice. The use of a cell phones does not take into consideration the principle of Batho Pele which stipulates that the clients or patients should be treated with courtesy (Muller, 2009: 19). The patients seemed not to be the nurses' first priority at that moment, as personal issues were prioritised. One might miss some of the important information raised by the patients, and consequently not attend to it in some cases with detrimental effects. This may in turn lead to the patients losing trust and confidence in the nurses.

Earlier investigators argue that cell phones do not have to be completely abandoned from the work place. They indicated that cell phones could be used in a manner that would promote quality of patient care. Kind, Genrich, Sodhi and Chretien (2010:15), reported that medical students used social media for education purposes. They cited that almost all United States (US) medical schools had a Face book presence. Yet, most did not have policies addressing students' online social networking behaviour. While social media use increases, policies informing appropriate conduct in medical schools lagged behind. Established policies at some medical schools could provide a blueprint for others to adopt and adapt.

Miers, Rickay and Pollard (2007:1196) in their study, revealed that the internet was progressively more a part of everyday life. They carried out the study by facilitating

networking opportunities, and offering ways to associate with others who had similar interests, values, or goals. They surveyed 644 first-year students and 413 graduating students via Survey Monkey, to investigate their media preferences, to determine if they were active on social media sites, and to evaluate their responses to advertisements. Students interviewed were in the health profession field, that is: biotechnology, couples and family therapy, medicine, nursing, occupational therapy, physical therapy, public health, radiologic and imaging sciences, and pharmacy. Results indicated that students' preference was for online media as their primary source of information. They argued that understanding social media usage has several implications for educating, connecting with, and researching health profession students, from all stages of their academic career.

##### 4.2.2.1.1 Improper dress code whilst on duty.

According to Muller, Buizedenhout & Jooste (2009:17) if nurses did not put on clean uniforms they will spread infection to the patients. Dolamo (2013:52) stated that nurses should wear clean white uniforms as it would reflect the present healing environment and reduce the infection host. The important aspect is that a clean uniform reflects lessening of infection, because a white uniform will get dirty so nurses will change it daily, instead of those dark coloured uniforms that a nurse can wear several times without it showing that it is dirty, but meanwhile the nurse is spreading infection. Researcher even mentioned that white dress code means cleanliness and holiness to the public, as a white dress code is not associated with dirt.

Park, Jeon, Hong & Cho (2014:np.) recommended guidance on a uniform aimed at those who undertake nursing care, and their employers. They reported that the professional image presented by nursing staff significantly contributes to the way in which nursing in general is regarded by colleagues, patients and the public. In recent years there has been much debate about uniforms and their desirability, as well as the importance of a smart professional appearance in increasing patient and public confidence. It is highlighted that uniforms give nurses a recognisable identity that helps to promote public trust and confidence. Some patients may view uniforms negatively, as intimidating symbols of authority, or barriers to communication.

Moreover, because the general public associates nurses' uniforms with the risk of infection, this can result in complaints and reduced confidence in the nursing profession, when staff is seen in uniform outside of the workplace.

Mahlangu's study (2013:35) mentioned that comfortable shoes were a priority but they must meet the nursing guidelines for protection. According to The Royal College of Nursing (2013:2), Health and Safety at Work Act (1974) outlines the general duty of employers to protect staff at work and to implement safe systems of work. It is also mentioned that these duties extend to the type of uniform worn, and the decision as to whether a uniform is actually needed. For instance, in some areas of the UK, community nurses feel less vulnerable to attack if they are not in uniform when visiting patients.

The United Kingdom Department of Health (2010: 8) in the Health and Social Care Act of 2008 states a code of practice on the prevention and control of health care associated infections (HCAI) and related guidance. It has set the guidelines for the prevention and control infections in an organization. The code requires that uniform and work wear policies ensure that clothing worn by staff when carrying out their duties is clean, fit for the purpose and supports good hand hygiene. Hats can interfere with free movement when performing patient handling techniques, and should not be worn in locations where nurses need to move and handle patients. There are even minimum standards that should embrace the following points:

- Any uniform must allow unrestricted movement at the shoulder, waist and hips (options include dresses with shoulder vents and skirt pleats, culottes or trousers, tunic tops or polo shirts).
- Postures, like bending and reaching, should be undertaken without compromising the dignity of the nurse or patient;
- Wearer comfort is key, especially if work is being undertaken in a warm environment;
- Clothing fabric must withstand laundering (including washing and tumble drying) at the correct temperature required for thermal disinfection for infection control fabric containing Lycra or polyester may not endure thermal disinfection processes;

- Footwear should be comfortable – shoes should be non-slip, have enclosed toes and provide support, while sandals, clogs or shoes without heel support may not be deemed suitable when undertaking patient handling;
- The special needs of pregnant staff should be assessed, and advice obtained from the occupational health service (The Health and Social Care Act 2008:8)

The Royal Nursing College (2013:6) in their studies, suggested that uniforms may become contaminated by potentially disease-causing bacteria, including staphylococcus aureus, clostridium difficile, and glycopeptides resistant enterococci (GRE). Although it has been suggested that uniforms act as a reservoir, or vector for transmission of infection in hospitals, no evidence is currently available linking the transmission of bacteria to patients. Although studies investigating nurses' uniforms have identified that contamination occurs, it is estimated that one-third of the organisms present originated from the actual wearers themselves, as a result of their normal bacterial skin flora being in contact with the uniform (The Royal Nursing College 2013:6)).

Maximum contamination occurs in areas of greatest hand contact; for example, pockets, cuffs and apron areas potentially cause the re-contamination of washed hands. However, it is important to note that all clothing worn by all staff (for example, doctors, therapists and cleaners) has the potential to become contaminated via environmental micro-organisms, or those originating from patients or the wearer, and that nurses uniforms are not unique in that respect. This reinforces the need to ensure that all clothing worn by staff, wherever care is provided, is fit for the purpose and able to withstand laundering. The wearing of rings is known to be associated with higher numbers of bacteria on the hands and can affect the effectiveness of hand hygiene techniques (The Royal Nursing College 2013:6). This effect is pronounced if stone or multiple rings are worn. The wearing of plain wedding rings is considered acceptable, and staff should be encouraged to manipulate rings during hand washing to ensure the skin under the rings is cleaned.

#### 4.2.2.1.2 Late coming for duties.

Participants agreed that late coming is also an issue of concern. Nurses are supposed to report for duty at appropriate times. According to Booyens (1999:355) late coming is the same as absenteeism, because that is any time away from scheduled work. Duties start at a specific time for a reason. It is the cost, and the continuity of patient care can be affected (Booyens 1999:361). Muller, Buizendenhout & Jooste (2006:319) agree that it is an unacceptable behaviour as it is costly and inconveniencing.

Late coming is missing the essential part of patient care preparation with the handing over of reports about the patients. According to Booyens (2008:218) the handover, or change of shift, report is a further valuable learning opportunity that avails itself in the work setting.

Department of Labour (2014: np.) in the South African Labour Guide state that absent "does not only mean not being at work. Absent also means: arriving late is still absent as long as the employee is not at work. Leaving early is still absent if he is not at work. Extended tea or lunch breaks - the employee is not at the workstation, and therefore absent. Attending to private business during working hours - the employee is at work, but is not attending to his/her duties in terms of the employment contract-and is therefore absent. Extended toilet breaks - same as extended lunch or tea breaks. Feigned illness, thus giving rise to unnecessary visits to the on-site clinic, or take time off to "visit the doctor" - which they never do, because they don't need a medical certificate for less than 2 days off. Undue length of time in fetching or carrying (tools from the tool room, for example, or drawings from the drawing office, etc). Other unexplained absences from the workstation or from the premises. There are a number of remedies- a large number, in fact - that can be used to combat this scourge."

Department of Labour (2014: np.) further stated that the employee has an obligation to come to work and remain in the workplace for the numbers that have been agreed upon. If the employee absent her/himself, this can compromise continuity of patient care. Booyens (2008:219) also emphasised the importance of receiving the change

of shift information, and its effect on the quality of patient care. The author further indicated that if the important information about patients and their care is omitted, the oncoming nurses' abilities to effectively carry out the responsibilities are hampered.

#### 4.2.2.2 Some of the nurses are not passionate about their work.

The study revealed that some of the nurses were not passionate about their work. They come only for the income. Nursing to them was not a calling but just another job. Other relevant behaviour is the following:

##### 4.2.2.2.1 Omission of routines

Routine refers to the standard of daily functions and activities in a nursing unit, to facilitate quality nursing care and optimal utilisation of personnel, time and other resources. It is established according to the type of ward, ward requirements, and daily activities. It is done to plan according to the priorities and smooth running of the ward, without omitting important activities. Muller, Bezuidenhout & Jooste (2006: 319)

Frush, Alton & Frush (2006:291) in their study, reported that there is evidence from numerous studies indicating that large numbers of patients are harmed by medical errors while receiving health-care services in the United States.

According to Reason (1995:80) omission of important activities is a medical error. The author further revealed that the nurses', human error contribute the greatest threat to complex and potential hazards rather than technical failure. Human factor problems originate from individual psychological factors like forgetting, inattention, and distractions which are impossible to predict or control, so teamwork is emphasised.

##### 4.2.2.2.2 Nurses do not know the vision and mission of Department of Health

The findings of the study were that there were nurses who did not even know the vision, or mission of the ward and that of the hospital. Each department has vision and mission statements that go with the objectives of the hospital. A vision is a

dream, aspiration or idea as to what the future should be, or look like. Mission is what we believe we can do (Muller et al 2006:531, 538).

The vision and mission of the Eastern cape Department of Health are as follows:
**Vision-"**An accessible, caring and high quality health system"
**Mission**-" To improve health status through the prevention of illnesses and the promotion of healthy lifestyles, and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability" Department of Health (2010b: np)

According to Hausler (2014:np) mission statement is worthless unless it has the support of the employees in the organization. It will only be successful if each employee commits to its success and owns it. Once the statement is completed it should be shared with the entire company, directly from top management in order to set the example. Organizations should be creative in making employees aware of the mission statement. Placing it strategically in locations where employees gather will increase awareness and remind them of the goals of the organization. Videos outlining the details of the new mission statement are often useful; however, the employees should be given a chance to discuss the statement with members of management to reveal areas where the company does not meet the standards set by the mission statement if any.

The findings of the study are that the vision and mission statement are the value and inspirations of the institution, nurses need to understand and own them for their guidance and goal of the institution.

#### 4.2.2.2.3 Some of the nurses are not observant.

Gormley (1996:585) cited that caring in nursing practice is not the mechanical details of any execution, nor the agility of the performer, but it is the creative imagination and the sensitive and intelligent spirit lying at the back of the skills. Without these, nursing may become a highly skilled trade but it cannot be a profession or fine art.

Vaga, Moland,Evjen-Olsen Leshabari and Blystad (2013:1045) in their study reported that nursing care in sub-Saharan Africa is commonly represented by lack of compassion and lack of respect for patients, and is further criticised for an

authoritarian approach to patients. In contrast to the participants' responses, the researcher observed a close relationship between patients and nurses, and the confidence the patients had in the nurses. But the nurses, seemingly, were professionally strict for the benefit of the patients.

The recent study of Smith (2008: 367-370) highlighted that good attitude and good communication amongst nurses have good results to patients. Welcoming and conducive environment promotes speedy patient recovery. She pleaded that nurses should dedicate themselves towards the services, taking care of the ill and the infirm.

Nurses that tend to take for granted what the patient knows or should know, resulting in patients' also losing respect for nurses. They have no interest in their work. This may result in nurses missing patients' problems, and not treating them in totality. Code Blue Education revealed that there is inadequate training of nurses; two thirds of nurses do not believe that the current training of nurses inadequately prepares nurses for the job, according to a new poll. In the survey that they conducted of more than 2,500 nurses for the Nursing Standard magazine, their responses were: "Newly qualified nurses feel basic nursing care is not sufficient for them. Moreover they need ward-based training to be properly reintroduced, to teach them even how to "feed people and how to communicate effectively", Code Blue Education (2012: np).

Code Blue Education (2012: np) mentioned that Government advisers, working as part of the NHS Future Forum said there was a universal concern about the huge variations in quality of education and training for nurses, and this was supported by some of the researchers that it is also a concern, even in the Eastern Cape. The following sub headings support the above mentioned concern:

#### 4.2.3 STUDENT NURSES' AFFAIRS RELATED TO PRACTICAL TRAINING

The findings of this study were that there was inadequate training of students, and there were studies that support that in different ways. Student nurses are the future of the nursing profession. Studies indicate that future nurses need proper training.

#### 4.2.3.1 Inadequate training of student nurses

It also emerged from the findings of the study that the training of the students is not sufficient; the four year course that the students attend to qualify for nursing is too compact. Basic nursing alone needs to be done over a longer period because student nurses need to be exposed to many different kinds of sickness in order to understand how to treat a patient.

Adequate student training was one of the challenges identified in this study. This finding supports a more recent study in the Eastern Cape Province. Hlosana-Lunyawo and Yako (2013:1-2) reported that the newly qualified nurses, after completion of their training, still needed supervision, mentoring and support. The need for training of student nurses is also supported by the Nursing Act 33 of 2005, which stipulates that newly qualified nurses should undertake community service work for one year in primary health care facilities, where they would develop skills in the provision of quality patient care.

Training and development are essential for student nurses and it is essential for qualified professionals because it improves their performance by changing their knowledge, skill and behaviour (Hlosana-Lunyawo & Yako, 2013:9). Newly-qualified nurses are sometimes not offered "any further training or induction, meaning that they fail to understand the values of the NHS or "have the right basic skills" (Code Blue Education 2012: np).

There are comprehensive standards set by SANC for the initial education of professional nurses and midwives, which are intended to serve as a benchmark for moving education and learning systems forward to produce a common competency–based outcome in an age of increasing globalization. South African Nursing Council (2005:2) states:

- ‘Nursing education and training across South Africa is responding to the changing needs, developments, priorities and expectations in health and healthcare.
- Nurses who acquire the knowledge, skills and behaviours that meet our standards will be equipped to meet these present and future challenges,

improve health and wellbeing and drive up standards and quality, working in a range of roles, including practitioner, educator, leader and researcher.

- As autonomous practitioners, nurses will provide essential care of a very high standard and provide complex care, using the best available evidence and technology where appropriate'

South African Nursing Council (2005:2) standards aim to enable nurses to give and support high quality care in a rapidly changing environment. The standards reflect how future services are likely to be delivered, acknowledge National Health Priorities, and re-engineer Primary Health Care and National Health Insurance. Nurses and midwives must be able to develop, practice, promote and sustain change.

#### 4.2.3.2 Concern with ethical issues

One finding of the study was that the participants revealed that etiquette was not taught thoroughly. That is, how one must conduct and present oneself in the working area. For the services that one is rendering to the patients, one must be presentable so that one may be confident and proud of one's work. There were students that were presenting themselves unacceptably in the profession. .

The study of Park , Jeon, Hong and Cho (2014:1) suggested that identifying and understanding specific ethical issues faced by nurses in their own areas may be an effective educational approach to motivate nurses and to facilitate nurses' reflections on their experiences. The Findings of the study of Park, et al. (2014: 1) were that nurses from different nursing units experienced differences in the types, or frequency, of ethical issues. In particular, intensive care units had the greatest means of all the units in all three component scales, including end-of-life treatment issues, patient care issues, and human rights issues.

The findings of the current study supported earlier investigators as it was indicated by one of the participants that the curriculum for student nurses should include discipline. The discipline should be taught because student nurses were going to work with people of different ages and cultures and they had to treat these clients

appropriately. The participant went further to say “discipline not only to patients but also to your work, to your managers, to colleagues and to yourself”.

According to Crotty (1993) in Payton (2007:489) “there is attitude towards students and educators that reflects confusion regarding the expectations, boundaries, and knowledge required to perform the role of clinical educator well” According to the study of Paton there is a challenge that is encountered by nurse educators and student nurses while teaching them. There is a difference between teaching practical skills and the classroom teaching. According to the study done by Ulrich, Taylor, Soeken, O'Donnell, Farrar, Danis & Grady (2010: 2510). nurses face daily ethical challenges in the provision of quality care. It was suggested that to retain nurses, targeted ethics related interventions that address caring for an increasingly complex patient population, are needed. The relationship among nurse educators and student nurses should be flexible.

The recruitment of student nurses was pointed out as a key problem. "Selection in nursing was a particular issue, with a sense that the focus has moved away from selecting students on their ability, capacity for compassion and caring and desire to work in nursing," they said. "This has led, in some cases, to significant dropout rates and issues with basic skills such as numeracy." Code Blue Education (2012: np)

Booyen’s (2008:324) point of view is that it is important that the recruiters should be trained, so that they can project a clear picture of the benefits of a career with a particular organization, to prospective applicants. Ideally, they should be able to help with interviewing.

In an earlier study, Breier, Wildschut & Mgqolozana (2009:83-84) reported that the students participated in the study mentioned that they chose nursing as a career, because of parental or family influence, status and image of the career, including the uniform, desire to help others and earning some money while studying,. While, some took the nursing, as a stepping stone to other careers. Others said they accidentally applied for nursing and it is only a few that had a passion for nursing as a career.

The study also revealed that, though some applied to do nursing with no interest, developed a passion when they were busy with the career. Some applied, but were frightened by the practical experience. However, they had no other choice so had to

continue due to circumstances. Nursing is a career that needs passion and caring, dedication time and enthusiasm. It has become difficult for students to cope with the studies as the career seems compact.

Findings of this study supported earlier investigators. Fottler, Hernandez and Joiner (1998:204-205) cited in Lunyawo-Hlosana and Yako (2013:8) mentioned the major reasons why health service organizations provide training and development. These were, to improve performance; continually update the skills of employees in response to technological; organizational and managerial changes; and to orientate new employees.

According to Breier, Wildschut and Mgqolozana (2009:102-103) some of the students experienced challenges of being abused by the patients verbally, physically and emotionally. The students stated that they did report the abuse to those in charge of the ward, but it was not taken into consideration. Instead, they were expected to work again with those patients under those circumstances, and were expected to work wearing a friendly face, but that they did not give up, or lose hope.

Breier, Wildschut and Mgqolozana (2009:88) indicated that if the student nurses were given a very good training and support they might see nursing as their career of choice. Even though some came with no interest in nursing, but came because of the bursary, they ended up being good nurses.

### 4.2.4 SUPPORT SERVICE SYSTEM IS NOT WORKING HAND IN HAND WITH CLINICAL DEPARTMENT

The findings of this study, with regard to support service systems, were that the participants, who in this study were nurses, felt that some of the support service systems were not working collaboratively with the nurses. They did not have the enthusiasm to do their job as they were supposed to, or according to their scope of practice.

#### 4.2.4.1 PORTERS ARE NOT ENTHUSIASTIC TO DO THEIR JOB.

The researcher's findings were that the portering system was ineffective. Some nurses had to beg porters to do their work. Additionally the nurses reported that they were battling to work with most of the porters, as the porters were not availing themselves to do their job. The porters had no good communication skills. This caused the nurses to get exhausted, as they were overworked, and ran behind with their own scheduled work.

National career service highlighted the important role of the porter in the health service sector, and the problems encountered if there are not enough porters. Porters provide a varied and supportive role, helping to keep a hospital running smoothly. To become a hospital porter one needs to have the following personality: To be in friendly and helpful manner, able to work under pressure, to cope well with the difficult situations of a hospital porter, to be physically fit, to be able to follow instructions, to have a reliable and hardworking approach and to be able to cope well with sickness, death and distress. From the findings of the study, most of the porters did not meet the criteria, or were not focusing on their work, which indicated the need for frequent in-service trainings and workshops. This in turn would promote the quality of patient care (National Career Service 2012: np).

The researcher's findings, according to the report obtained from some of the participants, are that the portering system is ineffective and it contradicts the portering systems requirements.

#### 4.2.4.2 GENERAL ASSISTANTS ARE NOT WORKING PROPERLY.

It was indicated by some of the participants that cleanliness was a problem in some areas of the hospital. As a result, it was a concern to the nursing staff as they understood clearly the cost of the lack of environmental hygiene, to the quality of patient care. The findings of the study revealed that nurses were not happy with the work of the general assistants that were employed to look after the hygiene of the hospital. The patients have a right to a clean environment. Muller (2009:15) in the South African Patient's Rights Charter stated that the patients had a right to a

healthy and safe environment that would ensure physical, and mental health or well-being, including an adequate water supply, sanitation, and waste disposal, as well as protection from all forms of environmental dangers such as pollution, ecological degradation and infection.

Ziady & Small (2004:140) in Minnaar (2008:37) stipulated that although the environment plays a limited role in the spread of nosocomial infections, a dirty patient area can promote cross-infection. The purpose of cleaning is to physically remove the dirt and micro-organisms from the surface, in order to prevent contamination from environment to patient, and from patient to patient. In extremely vulnerable patient units, such as infant and neonatal care units, and immuno-compromised patient units, the environment does play a role in nosocomial infection spread, and therefore meticulous attention should be given to the cleanliness of these environments. It is indicated that there are other categories where quality of patient care relies on, like the cleaning staff are contributing to the inclining or declining of quality patient care.

### 4.2.5 GOVERNMENT'S SHORTCOMINGS WITH REGARDS TO RESOURCES

The above is supported by some responses from the participants relating to the information supplied in the sub-headings:

#### 4.2.5.1 GOVERNMENT FAILS TO GIVE EMPLOYEES WHAT IS DUE TO THEM.

The findings of the study revealed that the government fails to give employees what is due to them. It did not communicate with them properly on certain financial matters and that lead to employees' dissatisfaction and strikes. Hay Group (2001:6) indicated that employers have to start thinking about the people they employ, in the same way they think about customers. That means offering them a rewarding environment to work in, and not just financial rewards. The demands of employees are beginning to mirror the demands which customers now make on businesses. In the past two decades, customers have become increasingly demanding, and businesses have

responded by forging new “value propositions” for customers, usually through value-added service.

#### 4.2.5.2 THERE IS INADEQUATE EMPLOYEES’ EMPOWERMENT AND ADVANCEMENT.

The participants in this study expressed their frustration very strongly with regards to inadequate employees’ empowerment. Findings of the study also revealed that acquiring crucial skills would also improve the standards of care. The study of Hlosana- Lunyawo & Yako’s (2013:6) reported that training and development programmes were ineffective, as they were given only to certain people, while others were not involved, whereas they were part of the institution. There were employees that were taken as a workforce and were not given an opportunity to attend the in-service trainings.

The findings of the study revealed that there were professional nurses who were genuinely not happy with the inadequate employees’ empowerment and advancement. Booyens (1999:603) citing Deming’s principle of quality improvement, stated that the short courses that are being provided by the Department of Health should be made available in the Eastern Cape region in state hospitals. Priority should be placed on identifying gaps in knowledge of professional nurses.

Frush et al (2006:293) also held that a key premise behind the development of a patient safety programme, in order to lead change and enhance patient safety, needs to be empowered and to be protected. It also needs to have the knowledge and resources necessary to change the system.

Muller, Bezuidenhout, & Jooste, (2011:424) emphasised that training and development were essential in the socialisation of newly qualified professional nurses. Training improves employee performance by changing the knowledge, skills, and behaviour of such an employee, while development provides the newly qualified professional nurse with learning opportunities and improvement in the competencies of such a nurse, over time. In this study the participants felt that this was also essential for everyone as they were enthusiastic about it but it was not available.

Zurn, Dolea & Stilwell (2005:3-16) in Collier (2010:18) confirmed that for nurses to experience increased levels of job satisfaction, they required skill, knowledge and experience to perform their jobs, and flexible working hours and work autonomy to enhance job satisfaction.

Van der Heever (2009: 26) illustrates in the conceptual map, how empowerment of care nurses can be accomplished through staff participation, with specific reference to the scheduling of off-duties, presentation at managerial meetings and participative decision making.

The findings of the study support Watson's theory that the person should be valued, cared for, respected, nurtured, understood and assisted. The person is viewed as being greater than, and different from, the sum of her or his parts, and must be seen in terms of her or his development, and conflicts arising during development. The individuality of each person is a vital precept (Jooste 2010:17). This study suggests that empowered employees are motivated to work, and more likely to remain in the organisation. Employees that do not get what they expect from employers lose confidence and get de-motivated to do their work.

#### 4.2.5.3 NON-PARTICIPATION OF MANAGERS DURING SHORTAGE OF STAFF

Some of the participants revealed that managers who were supposed to help when there was shortage, did not take such a responsibility. Instead, they overloaded professional nurses from other wards to multitask, and to work in two wards. That lead to overwork which could lead to medico-legal hazards, especially if the nurse had never been orientated to that ward. Burnout could also occur, which could result in absenteeism and more shortages of staff.

Hay Group (2001:3) stated that engaged performance is defined by the result achieved by stimulating employees' enthusiasm for their work, directed towards organizational success. They cited the importance of employees' relationships' with their line managers as the critical factor for company success and emphasized that

the mangers should give employees the zeal about their work in order to stop these employees from finding it elsewhere Hay Group (2001:3).

#### 4.2.5.4 NURSES EMIGRATING DUE TO WAGE GAPS

The researcher reported that some of the participants stated that there were differences among the provinces, in nurses' salaries. They further stated that the salaries were better overseas, so nursing staff was reduced by nurses moving to more developed countries. Hay Group's (2001:6) statement was that the organizational working relationships changed over the years, that there was an unspoken contract that existed between employer and employee among the older generations. Employees were committed to working for a specific company for a long term and the company would offer employees security, good pay and promotions. Conversely, the new generation had deviated from that mind-set. There was a new attitude among young and liberated people who began their careers in the years after the 1990s. The authors further indicate that young employees currently do not expect lifetime employment with a single employer. They consider personal fulfilment in their work as a birth right and this attitude is unlikely to change because now they have more options than the in the past.

According to Booyens, long term planning of manpower, particularly health man-power, should include efforts to retain personnel. Hospital managers should consider the total cost of training and personnel development as an asset which has a positive influence on productivity and quality of service (Booyens 1999:602).

Breier, Wildschut & Mgqolozana (2009:1) reported that the nursing profession in South Africa today was in need of care. Thousands of nurses left the country, either temporary or permanently, to seek greener pastures abroad. The investigators further indicated that that US nurses earned up to three times more than South African nurses.

Some participants in this study have supported the findings of earlier investigators by recognising poor salaries as a major cause of dissatisfaction. In September 2007 the government concluded a holistic agreement, named the Occupational Specific

Dispensation (OSD), with various trade unions, including DENOSA, that raised the salaries of public service nurses substantially. It was expected that these changes would do much to elevate the status of nursing and bring back to the public sector the nurses who left the profession after the closure of colleges (Ditlopo, Blaauw, Rispel, Thomas & Bidwell 2013: 138).

#### 4.2.5.5 FAVOURITISM IN THE WORKPLACE

The participants revealed that nurses were not treated the same; there was favouritism, lack of appreciation and undermining of colleagues.

Hay Group (2001:7) employee attitude surveys indicated that less than half of the employees felt that they did interesting work. One-third felt they could advance, while another one-third felt that better performance would lead to better wages. Employees started every day with an extraordinary amount of energy, but the amount of unrestricted effort that they applied to their jobs varied enormously from employee to employee. The study showed that, even in simple jobs the difference in unrestricted performance between superior and regular workers was small

According to Mariner-Tomey (2004:93) in Collier (2011:21) the meaningful recognition was essential to job satisfaction and could raise performance. Employees at all levels want to be recognised for their achievements. Therefore it was important for managers to recognise and acknowledge the potentials of employees.

Kotter (2001) in van der Heever (2009:25) stated that motivation of workers wiould not be attained by pushing them in the proper or best direction, but by satisfying the basic human desire for achievement, a sense of affinity, acknowledgement, and a feeling of being in control of one’s own life

### 4.2.6 LEGAL ISSUES SOMETIMES ALSO CONSUME PATIENTS' TIME

The majority of participants displayed mixed feelings concerning legal concerns that sometimes consumed the patients' caring time. Some participants stated that nurses spend more time on the paper work than on the patient. Quality healthcare depends on the accurate and chronological recording of the care provided. There is a universal dislike of paperwork, among health professionals in general, and by nurses in particular. A sizeable number of the South African Nursing Councils' disciplinary measures result from inaccurate record keeping (Ngidlana 2006:47 in Booyens, 2008:132). Although managers and most practising professionals realise the importance of accurate and timely documentation of patient care, they also see it as an activity that removed them from the patient's bedside, and that increased their overall workload (Aiken 2004: 185 in Booyens 2008: 132).

Medico-legal risks resulting from omitting or duplicating medication can be costly to both the client and the health facility. Unfortunately accurate record keeping is often neglected and the reason usually cited for this is that there is a shortage of nursing staff. Reporting on incidents provides protection to staff and gives information on possible risks in the service. The statistics that can be derived from patients' records are essential for future healthcare planning. When the nurse does not keep proper records, the chain of communication and continuity of care are jeopardised, as it is not possible to rely on the memories of all those involved in caring for a patient (Booyens 2008:133).

### 4.2.7 CONCERNS RELATING TO PATIENTS' MATTERS

Some of the matters affect patients directly.

#### 4.2.7.1 MINIMAL HEALTH EDUCATION GIVEN TO THE PATIENTS

The participants were concerned that the patients were not health education. Yet, health education should be given to the patient so that they have some knowledge about the expected outcome, possible complications and acceptable progress resulting from the treatment. This confirms the statement by Patient Education

Institute 2013: np) that defines patient education as ‘any set of planned educational activities designed to improve patients’ health behaviours and health status with a main purpose of maintaining or improving patient health or, in some cases, to slow deterioration’. These authors went to explain that patient and family health education is broader and goes beyond this main purpose. They further indicate that an informed and educated patient can actively participate in his or her own treatment, thus improving the outcomes and reducing length of hospital stay.

#### 4.2.7.2 INCREASED SICKNESSES AND HOSPITALIZATION OF PATIENTS, AND THEIR DEMANDS

The findings of the study revealed that participants were concerned about the increased number of patients admitted daily in the hospital and severity of these patients’ ill health. Breier et al (2009:4) stated that the burden of disease was a concern in South Africa. The country had a quadruple burden of disease, which included diseases related to poverty and underdevelopment, chronic disease, injuries, and HIV/AIDS (Brashaw, Groenewald, Laubscher, Nannan, Nojilana Norman Pieterse, Schneider, Bourne, Timaeus, Dorrington & Johnson, 2013:682-688).

In 2013 an estimated 5.24 million South Africans were living with HIV (Statistics South Africa 2013:4). TB as the most serious HIV/AIDS- related opportunistic infection, and South Africa had the fifth highest number of TB cases in the world Breier et al (2009:4). With an increase in sickness there will be increase in hospitalization, which in turn will increase the demand for more staff.

Some participants raised their concern about the hospital that runs without a casualty section. Some of the participants considered that it was a big mistake to close the casualty for the hospital as the decision affected the participants directly. Casualty is an essential department of the hospital for emergencies. This contradicts what the National Department of Health (2007:4) had recommended “An increase in health care capacity increases health care use. With more services and resources

available, more people will want to use these services. This can help to extend the delivery of health care services to previously under-served populations."

### 4.2.8 SHORTAGE OF NURSES & DOCTORS

It also emerged from the findings of the study that, due to the shortage of nurses there was a problem of burnout, that lead to skipping of duties or routines, which also resulted in an imbalance in the nurse- patient ratio. It also caused absenteeism and more staff shortages. There was the frustration of the dedicated nurses. Participants felt that shortage of staff was a major problem. The study of Dondashe-Mtise (2011:13) supports that a human resource shortage poses a great challenge to the nurse managers responsible for the implementation of quality improvement programmes. It has been continually identified as a critical factor in deteriorating health system development. Participants were also concerned about the shortage of doctors as it also affected them in their scope of practice as they had to do some of doctors' jobs.

Dondashe-Mtise (2011:36) quoted O'Rourke (2007:47) stating that reports about the shortage of nurses and its consequences had been a global problem. According to Breier, et al. (9:29) different sources have not disputed the fact that there was a massive shortage of health workers inclusive of nurses, nurse leaders and medical doctors. The shortage affected the quality of patient care.

### 4.2.9 THE HOSPITAL EQUIPMENT IS NOT IN GOOD CONDITION.

Participants expressed their frustration, very strongly, with regards to the equipment that is either not working properly or not working at all or is inadequate. It emanated also from the findings of the study that the participants felt that new equipment is needed - modernised equipment like dianamaps, ivacs and others. They even mentioned that the equipment is not properly functioning. Dondashe-Mtise (2011:29) supported this, and nurse managers cited inadequate supply of materials, lack of technical equipment; unsuitable treatment norms as a challenge to implementing quality improvement programmes.

#### 4.2.9.1 POOR MAINTENANCE OF RESOURCES

Findings of the study revealed that participants stated that the broken equipment was not condemned and replaced in time. Equipment such as lifts were used even if they were hazardous.

Motivation of new and additional resources such as equipment, and nurses is needed. When equipment and supplies are purchased, health service should not just consider the purchase price but should consider all the costs involved and involve the sellers as part owners or as shareholders of the organization (Booyens 1999:601).

Equipment comprises a large portion of a health service's budget. Quality care can only be rendered if there is sufficient equipment of high quality to meet the needs of the patients and to improve the health workers' productivity. A clear policy regarding the standard allocation of equipment to a unit should be available (Booyens 2008:161).

The study of Walia, Huria & Cordero (2010) revealed that many eye care units purchase (or receive as a donation) expensive and delicate equipment which, because of poor maintenance, ends up breaking down. If there is not a system in place to report breakages and to plan or carry out repairs, equipment can remain unusable for long periods of time. Sometimes, this equipment ends up being dumped.

Preventative maintenance prevents breakages and ensures that equipment is operational and safe to use. It also guarantees the accuracy and reliability of equipment. For example the autoclave sterilises properly and the keratometer readings are correct (Walia, Huria & Cordero 2010:26-29).

## 4.3 LIMITATIONS OF THE STUDY

The following limitations in the study were identified by the researcher:

On requesting the professional nurses to participate in the study, mistrust and suspicion were noted. Some professional nurses refused to participate in the study

even though they could have provided valuable information. Some were concerned about their time while others reported that they were too busy to participate. These concerns made selecting the participants who could give quality information, difficult. This problem could in future be overcome by better preparing the research population by emphasising the purpose of the study and giving more information to the prospective participants.

Another limitation to the study was methodological. The study followed a qualitative approach. Therefore, .its findings cannot be generalised to other situations or populations.

## 4.4 RECOMMENDATIONS

The following recommendations, based on the study, are made and applied to the following areas:

### 4.4.1 CLINICAL PRACTICE

Each professional nurse must take it upon himself/herself to strive for and to acquire knowledge of skills that are relevant to the practice. This could eliminate the problem of the nurses who are caring for cases that need special care, without having the relevant knowledge about the specific illness.

### 4.4.2 NURSING EDUCATION

The expressed need for improving the quality of patient care and teaching of students in the clinical area must be addressed using a number and relevant strategies. It is recommended that training, personal development and short courses should be prepared for those who are already practising. In-service training in different skills should be revised and implemented at regular intervals to improve the quality of nursing care. Professional nurses should take their supervisory role and mentorship of student nurses seriously. Each institution should have a library with internet services and nursing updates or journals, in order to be aware of new developments and challenges in the nursing profession

### 4.4.3 THE RECRUITER

The recruiters of student nurses should be trained, so that they can project a clear picture of the nursing profession to prospective students and inform them of the benefits the profession and career progression. Ideally they should also be able to help with interviewing.

### 4.4.4 NURSING RESEARCH

The study used a qualitative approach using a small sample state hospital in the Eastern Cape Province. It is recommended that a replication of the same study involving participants from other institutions should be conducted. It is also recommended that studies using a quantitative approach covering the entire province should be conducted in order to generalize the findings

## 4.5 CONCLUSION

The focus of the study was to determine perceptions of professional nurses on quality of the patient care in a state hospital in the Eastern Cape Province. The study highlighted some of the challenges that the nurses faced when caring for the patients in state hospital. The participants identified several factors that negatively affected the quality of patient care. These included shortage of staff, non-adherence to hospital rules by staff such as use of inappropriate uniform, inadequate and non-functional equipment and inadequate supervision and teaching of student nurses in the clinical setting. To overcome the problems a collaborative effort among the nurses, mangers and the Eastern Cape Department of Health is advocated. Each professional nurse should take the responsibility to continuously acquire knowledge and skills that are relevant to their practice. The institution should provide an environment and opportunity for further education and training. The student nurses should be taught and supported in the clinical area. Further research should be conducted using other approaches and larger samples.

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# APPENDIX A: ETHICAL CLEARANCE CERTICFATE

**OFFICE OF THE DEPUTY VICE-CHANCELLOR:**
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## ETHICAL CLEARANCE CERTIFICATE

| | |
|---|---|
| Certificate Reference Number: | YAK021SSOM01 |
| Project title: | **Professional nurses' perceptions on quality patient care in one of the Eastern Cape state Hospital** |
| Nature of Project: | M.Cur |
| Principal Researcher: | Khanyisa Somahela |
| Supervisor: | Dr EM Yako |
| Co-Supervisor: | |

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

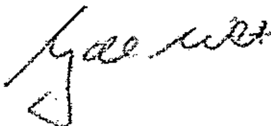
The Principal Researcher must report to the UREC in the prescribe format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

The UREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
  - Any unethical principles or practices are revealed or suspected
  - Relevant information has been withheld or misrepresented
  - Regulatory changes of whatsoever nature so require
  - The conditions contained inthis Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project

The Ethics Committee wishes you well inyour research.

Yours sincerely



Prof Gideon deWet

**Acting Deputy Vice-Chancellor: Academic Affairs and Chair**

16July2012

**APPENDIX B: CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

LETTER OF CONSENT

Department of Nursing

Port Elizabeth

Telephone no:

I ……………………………………………………………., a professional nurse of ……………………………….. Hospital, gives consent to Ms Khanyisa J. Somahela to

carry out her proposed research for her thesis regarding the professional nurses' perceptions of quality patient care. She has explained to me how she intends to go gathering the essential information. She has also assured me of the confidentiality of my hospital and my identity. A copy of the proposed thesis will also be made available to the library of the institution.

Signed ………………………………….

Date ………………………………….

**APPENDIX C: LETTER OF APPLICATION TO CONDUCT THE STUDY**

LETTER OF INTRODUCTION

Department of Nursing

Port Elizabeth

Telephone no:

15 March 2012

Dear Professional Nurse

I hereby request your permission to participate in my study as described below.

I am a Master's degree student at University of Fort Hare, Department of Nursing Sciences.

My topic of research is study of professional nurse's perceptions of quality patient care in the selected Eastern Cape state hospital. This study is a response to the negative publicity about the deterioration of the care that the patients receive from state hospitals.

To gather the essential data, I need to conduct in-depth interviews with professional nurses that are working in the selected state hospital, during which they could describe how they perceive the quality of patient care in their working areas. The data will be recorded with the help of tape-recorder and be transcribed assist in analysis. Confidentiality will be maintained at all times and names of participants and their institutions will be kept anonymous.

If you are interested please complete the consent accompanying this letter. I would be pleased with your involvement in this study. There are no known risks and discomforts associated with your participation in this research.

Please feel free to withdraw from the study at anytime if you so wish your choice to leave will not affect your relationship with your institution. Once I have completed my study a copy of my dissertation will be made available to your institution. You will not

benefit directly from your participation in this study, however the recommendations that will come up as a result of this study may influence the future development of the policy guidelines for quality patient care in state hospital.

From this study one can identify whether any complication you may be experiencing are the same as those of the other professional nurses. Guidelines will be developed to assist professional nurses to improve quality patient care.

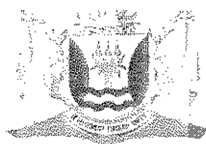
If you have any questions, concerns or complaints about research you may contact my supervisor DR E. Yako at this number: 073 181 3123 or at eyako@ufh.ac.za

For questions about your rights while participating in this study, you may contact the Institution Review Board at University of Fort Hare, The Ethics committee at 043-704 7588

Thank you for your participation.

Khanyisa J. Somahela

## APPENDIX D: LETTER OF APPROVAL FROM THE EASTERNCAPE DEPARTMENT OF HEALTH



Eastern Cape Department of Health

| | | | |
|---|---|---|---|
| **Enquiries:** | **Zonwabele Merile** | Tel No: | 040 608 0830 |
| Date: | 271h **August 2012** | Fax No: | 043 642 1409 |
| **e-mail** | **zonwabele.merile@impilo.ecprov.gov.za** | | |

Dear Ms K Somahela

Re: Professional nurses' perceptions on quality patient care in one of Eastern Cape state hospital

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved basd 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, obsrve 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.

RECTOR: EPIDEMIOLOGICAL RESEARCH & SURVEILLANCE MANAGEMENT

**APPENDIX E: LETTER OF APPROVAL FROM THE PORT ELIZABETH STATE HOSPITAL**

Province of the

EASTERN CAPE HEALTH

Office of the Clinic:al Governance Manager- PE Hospital Complex

Room Bl6 • Walton Building • Conyngham Road •Port Eli.RWeth • Eastem Cape

Priva1e BagX60672 • Greenacres • 6057 • REPUBLIC OF SOUTH AFRICA

18/09/2012

Tel.:+27 (0)41391 8002 • Fmt: +27 (0)41 391 8001• E-mail :aydin.vehbi@impilo.ecproy.gov_%a

Ms Kanyisa Somahela

Re: REQUEST FOR APPROVAL TO CONDUCT A RESEARCH STUDY ON PROFESSIONAL NURSES' PERCEPTIONS OF QUALITY PATIENT CARE IN SELECTED EASTERN CAPE STATE HOSPITALS, PE PROVINCIAL HOSPITAL

I have no objection to you conducting your research in the PE Provincial Hospital, one of the institutions of the PE Hospital Complex.

The logistics of such needs to be arranged by yourself and the relevant hospital nursing manager, Mrs. N Tonjeni, Telephone contact details :041392 3228 or 041392 3201

Please present a copy of this letter when meeting with Mrs. Tonjeni, as proof that you have the necessary authorization.

Thank you.

Sincerely,

DR A. VEHBI HEAD :CGM

AV/jhm

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## APPENDIX F: INTERVIEW GUIDE:

QUESTIONS

- What are the perceptions of professional nurses regarding quality patient care?
- What are the factors that professional nurses perceive as contributing to poor quality patient care, if any?

Probe according to the questions.