

## CHAPTER 5

### Conclusions, limitations and recommendations

#### 5.1 INTRODUCTION

Chapter 4 discussed the guidelines for planning and implementing a quality circles programme in public hospitals. This chapter concludes the study, discusses its limitations, draws conclusions from the findings and makes recommendations for nursing practice and education as well as further study.

#### 5.2 CONCLUSIONS FROM THE FINDINGS

This study had two purposes: to examine the professional nurses' perception of the implementation of the quality circles programme in a public hospital in the Eastern Cape Province, and to develop guidelines for the implementation of a quality circles programme in public hospitals. The researcher adopted a qualitative approach that was explorative, descriptive and contextual in order to acquire insight into the professional nurses' perception of the implementation of the quality circles programme. Brink and Wood (1998:287) indicate that qualitative research is explorative as well as descriptive. The researcher was thus able to describe the professional nurses' perception of the implementation of the quality circles programme and then contextualise the findings to the professional nurses of this public hospital in the Eastern Cape Province who are Xhosa speaking and belong to the ethnic group of the Xhosas.

Data was gathered by means of in-depth individual semi-structured interviews and observation in the form of field notes. Data analysis was done concurrently with data gathering. The tape-recorded interviews were transcribed verbatim and analysed using Tesch's method (Cresswell 1994:155). Data analysis revealed the theme of **perception of quality circles as a forum for discussing and planning quality patient care**. The theme had four broad categories: *staff empowerment; team building in nursing; maintenance of standards by nurses and challenges to the momentum of a quality circles programme*.

The researcher developed guidelines for the implementation of a quality circles programme in public hospitals in the three phases of planning, implementation and evaluation.

The researcher drew the following conclusions from the study and its findings:

- The theme, categories and subcategories that emerged from this study supported Donabedian's (1980) evaluation model for health services because all the categories were processes: staff empowerment, team building in nursing and maintenance of nursing standards.

### **5.3 LIMITATIONS OF THE STUDY**

This study involved only the Xhosa-speaking professional nurses of a single public hospital. This means the findings of the study are understood within a certain context, that is, professional nurses of the Eastern Cape Province who belong to the ethnic group of the Xhosas. The sub-professional categories were not included hence their perception of the implementation of the programme was not included.

### **5.4 RECOMMENDATIONS**

Based on this study and its findings, the researcher makes the following recommendations for nursing practice, nursing education, and further nursing research.

#### **5.4.1 Nursing practice**

In this study, quality circles are perceived as a forum for discussing and planning quality patient care. To improve the interpersonal, intradepartmental and interdepartmental communication in nursing service management, it is recommended that the three tiers of nursing management be involved in the quality circles programme. Nursing practice is then likely to improve as quality circles depend on evidence-based practice, which is characterised by constant improvement of services and products (MacPhee 2002:450-454).

#### **5.4.2 Nursing education**

Nurse educators need to improve their partnership with nursing service management by actively participating in the quality circles programme. Clinical teaching that relies on teamwork amongst nurse educators, nursing managers, unit managers and the preceptor can flourish in the quality circles programme. The researcher is of the opinion that continuous quality improvement should constitute an integral aspect of the nursing curriculum so that nurses become conversant with quality management concepts at an early stage of their professional lives. Nursing education could utilise the quality circles programme as this forum would give the nurse educators and student nurses an opportunity for rapport that is crucial in any teamwork.

#### **5.4.3 Nursing research**

It is recommended that further research be conducted into

- the implementation of quality circles, involving professional nurses of other ethnic groups in other public hospitals
- enrolled nurses' perception on the implementation of the quality circles programme
- quantifying the findings of this study to determine whether these views are generalisable within the public hospital where the project was conducted
- quantitatively testing hypotheses about the guidelines developed and described in this study