Appendix 2

CONSENT LETTER FOR PARTICIPANTS

University of South Africa
Faculty of Humanities and Social Sciences
Department of Health Studies

Dear Sir/Madam

I am an M Cur (Health Service Management) student at the University of South Africa, presently engaged in a research project entitled "Professional nurses' perception of the implementation of a quality circles programme in the nursing division of a public hospital in the Eastern Cape Province", under the supervision of Professor TR Mavundla and Dr JH Roos, both of the Department of Health Studies.

The objective of this study is to explore and describe the perception of professional nurses of the implementation of a quality circles programme in the nursing division of the public hospital in the Eastern Cape Province, and to develop and describe guidelines for the facilitation of the implementation quality circles program in public hospitals.

To complete this study I need to conduct interviews of approximately 45 to 60 minutes' duration, which will be audio-taped for verification of findings by an independent qualitative research expert. In this study I undertake to safeguard your anonymity by omitting the use of names and the places. Confidentiality will be assured by the erasure of taped material on completion of transcriptions of these tapes. The transcribed material will only be shared by myself and an independent expert in qualitative research. You are giving your informed consent to these proceedings and reserve the right to cancel it at any stage of the proceedings. It is understood that you are under no obligation to participate in this study.

The direct benefit to you for participating in this study is that you will have the opportunity to verbalise your perception of the implementation of a quality circles programme in the nursing division of the hospital.

A summary of the research findings will be made available to you on request. Should you wish to contact the researcher do this at the following address:

Mr Mbovane
1863 NU-17
MDANTSANE
5219
Cell: 083 457 5852

Thank you.

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SIGNATURE (PARTICIPANTS) **DATE**

MM Mbovane
RESEARCHER – BA (Cur), RN

TR Mavundla
SUPERVISOR – D Cur, RN

JH Roos
JOINT SUPERVISOR – D Litt et Phil, RN