

**INTERVIEW 4**

**INTERVIEWER:** How do you perceive the implementation of a quality circles programme in this public hospital of the Eastern Cape Province?

**RESPONDENT:** Thank you, I think the implementation of the quality circles, in fact I'll talk about the department I am working in, that is, the psychiatric department, the implementation of quality circles has improved a lot in our nursing care, in that, those quality circles have engendered the teamwork in our units. And also it is a platform wherein we discuss our problems pertaining to our patient care. It gives us time to reflect on our improvement in the patient care, because that's where we get time to discuss whatever problem we encountered. But at the same time, the people in our department have a tendency to change the importance of the quality circles programme and they want to involve their social issues rather than the patient care. So that's the part we've been battling with, that is, people (quality circle members) that a quality circle is for patient care issues.

**INTERVIEWER:** Okay, thank you, otherwise you have mentioned teamwork. Could you tell me more about the role of quality circles in engendering teamwork?

**RESPONDENT:** Okay, first of all the quality circles are for everybody, all categories are included in those quality circle meetings, so it makes the personnel aware that quality circles are for them. So it enhances teamwork because they know they have to attend the meetings. Secondly it enhances teamwork because in those meetings we have the time to share the knowledge amongst all the units that form the quality circle. So the problem encountered in a female psychiatric ward will be shared with those encountered in a male psychiatric ward and in that the nurses gain knowledge on how to work as a team. And also because it involves everybody, even the general assistant cleaners, in matters pertaining to them they know that this enhances a team effort because all categories are there and they are needed there. They have an input in that and all enhances patient care, so that there is good quality patient care.

**INTERVIEWER:** Okay, you referred to quality circles as a platform where problems relating to patient care are discussed. Can you elaborate on that?

**RESPONDENT:** Thank you, it is indeed a platform to discuss problems pertaining to patient care in that, let me make an example, in a ward let's say they have a problem with care of patients' property. I'll quote an instance when in our female psychiatric ward we had a problem with care of patients' property just because we moved into a new ward, then there was a linen room that was not properly locked. This caused a problem for keeping patients' kit safely, and then this was brought to a quality circle by the nursing unit involved and advice came from the quality circle that let's make a special cupboard that will be locked whilst we are using that room that is not locked at the moment. That's why I was saying we share patients' problems in the quality circle meeting

**INTERVIEWER:** Does it happen at times that you discuss conflicts between the service providers in the quality circle?

**RESPONDENT:** It does happen.

**INTERVIEWER:** In what way?

**RESPONDENT:** It does happen, because when you are working as team, conflicts arise, at any given time. Then, if the unit cannot solve the problem it had, the problem is referred to the quality circle meeting where there are members from various units of the same department.

**INTERVIEWER:** Could you elaborate on what could be the sources of these conflicts?

**RESPONDENT:** The sources could be a lack of good relationships amongst service providers and sometimes when the leader in that department did not apply good problem-solving skills.

**INTERVIEWER:** You mentioned earlier on that quality circles are a platform to discuss problems relating to patient care, is it possible that that platform could be used for setting standards? How do you feel about that?

**RESPONDENT:** It is true, when the problem arises it draws attention to what the standards are to be followed. Then we come to the knowledge that we should be setting a standard if there were none, and if there were standards, people are reminded that these are standards that should be

followed. So it is a platform to set standards, like referring to the example I quoted before, that we started setting standards about the care of patients' property.

**INTERVIEWER:** Thank you, I understand. Do you perhaps have a monitoring mechanism or strategies to monitor these standards in your department? How do you make sure that the standard you have just set is going to be adhered to?

**RESPONDENT:** We do set monitoring tools. For instance, there was a problem with patients being referred to psychiatric department whereas they do not belong to that department. So we started collecting statistics of patients who were wrongly referred to a psychiatric ward, and then those statistics were to be monitored monthly, that is how many patients were admitted this month and they had to be transferred to other departments because they were wrongly referred to psychiatry.

**INTERVIEWER:** Can you say more?

**RESPONDENT:** These statistics had to be checked at the end of the month, because there were other mechanisms that were started that there should be sessions conducted in the whole hospital for in-service service providers on how to assess psychiatric patients. So we had to check if the statistics were going up or down and also to see if the in-service sessions have been initiated.

**INTERVIEWER:** Okay, thank you. You mentioned something about referral system involving other departments. Could you elaborate on the role of the quality circle in your area in as far as that interdepartmental relationship?

**RESPONDENT:** The role of the quality circle is to make sure that there are people that were allocated to increase the awareness in other departments that there is this problem in psychiatry. So there were people allocated to hold in-service sessions as to how to assess psychiatric patients on admission. And then the quality also ensures that doctors were involved in drawing up a **circular**, which will notify other departments on how to go about referring patients to psychiatric department. I am talking about full examination on general terms, because some patients will be maybe diabetic who because they came in hospital in a coma due to hypoglycaemia or

hyperglycaemia, but because the patient was not fully assessed s/he is being referred to psychiatry, so the **circular** that was written addressed the doctors on those lines.

**INTERVIEWER:** Okay, basically, I was asking this question in general, but it was fine that you related it to that issue of the referral system. You know, your department is not self-sufficient, you still depend on other departments for survival. How does the quality circle succeed in doing that, if it does.

**RESPONDENT:** I am not sure if it does, but each and every department is not self-sufficient.

**INTERVIEWER:** I am thinking about matters like laundry, if you don't have linen, if you don't have food, medication, if you have problems with the clerks. What is the role of the quality circle to make sure that these problems are solved?

**RESPONDENT:** Okay, when you have to communicate with the other departments, the problem is discussed first at the quality circle level. Then the quality circle comes to an agreement that this is a problem. Then from the quality circle if we need to go to that department, somebody is delegated to communicate with that department. Sometimes it may be the chairperson of the quality circle, but it is not always like that. Anybody whom the quality circle has agreed upon can do the job allocated, and then s/he will communicate with the department and give a report to the next quality circle meeting.

**INTERVIEWER:** You talked about the chairperson of the quality circle. In your view what is the role of the chairperson in a quality circle?

**RESPONDENT:** The role of the chairperson is to organize the quality circle meetings, is to make sure that all units are represented in the quality circle and ensure that quality circle meetings are attended almost weekly because the meetings are held weekly. The chairperson should also take into consideration what the agenda of the meeting is, so that she is aware that most of what is discussed is about quality patient care more than the social issues pertaining to the people of that department.

**INTERVIEWER:** Could you cite some attributes of the chairperson of the quality circle?

**RESPONDENT:** She must be a responsible person, diligent person with good communication skills because most of the time people will not be willing to attend the quality circle meetings, so with good communication skills, she will be able to encourage them to attend the meetings. She must also be a committed person because the calibre of the quality circle will depend on her. If she cannot control the quality circle, it will end up not focused on patient care.

**INTERVIEWER:** The chairperson is a chairperson because there are quality circle members s/he is leading. What is the role of the quality circle members in as far as the success of the quality circle is concerned?

**RESPONDENT:** By other members, do you mean those members that are elected?

**INTERVIEWER:** The whole steering committee.

**RESPONDENT:** The role of the vice-chairperson is the same as that of the chairperson, that she functions as a chairperson when the chairperson is not there. Then there is a secretary preparing for the meetings, writing agendas and letting the people know it, writing and preparing minutes and circulating them before the meeting and taking the minutes during the meeting and carrying out any other activity during the meeting. It does happen that we have some funds in the quality circle so there is also a treasurer, though it's not a lot of funds, so the treasurer keeps those little funds that are the steering committee's.

**INTERVIEWER:** What is the role of the people in the quality circle other than the office bearers?

**RESPONDENT:** Their role is to participate in the meeting and give input, and go back to their department and give a full report on anything that was discussed in those quality circle meetings. They bring it to the ward and if there is anything to be discussed, they discuss more in the ward and give feedback to the quality circle meeting. So the main role of that person is to ensure that what was discussed in the quality circle meeting goes to the ward and everybody gets the information.

**INTERVIEWER:** Your efforts in the referral system is a form of quality improvement project. Could you elaborate on how the quality circle engages in the quality improvement projects in general?

**RESPONDENT:** That referral system was one of the quality improvement projects undertaken by the department. I don't know if you want me to give details of the project.

**INTERVIEWER:** What I want is the role of the quality circle in quality improvement projects in general in the department.

**RESPONDENT:** No, I don't understand.

**INTERVIEWER:** If I were to look at what you have said, the engine of the quality circle is running smoothly with no problems, is that a fair judgement?

**RESPONDENT:** I wouldn't like to say there are no problems. The quality circle is running smoothly at times, but it so happen that one or two weeks pass with no quality circle meeting taking place, so that is the main problem we are battling with. The department is not too big, it's made up of three wards. So if one ward is not represented due to shortage and can share one person, and the other ward cannot spare anybody so we find that there are only three people in the quality circle. So that day we think we cannot forge forward, so that is the only problem.

**INTERVIEWER:** If you were to take stock, what would you say the quality circles were able to usher in the entire nursing division or entire hospital?

**RESPONDENT:** I would say the most important thing they were able to usher in is that teamwork.