PROFESSIONAL NURSES' EXPERIENCE OF WORKING IN A RURAL HOSPITAL IN THE EASTERN CAPE PROVINCE

by

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Student number: 737-203-5

DECLARATION

I declare that **PROFESSIONAL NURSES' EXPERIENCE OF WORKING IN A REMOTE RURAL HOSPITAL IN THE EASTERN CAPE PROVINCE** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

SIGNATURE **DATE ……**

(Mrs SW Xego)

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ABSTRACT

The study explored professional nurses' experience of working in a remote rural hospital in the Eastern Cape Province. A qualitative phenomenological design was used and the study was conducted in a remote rural hospital in region 'D'. Eight professional nurses were selected non-randomly from a population of professional nurses who had been working in the hospital for more than one year. Purposive sampling was used to select the participants and semi-structured phenomenological interviews were conducted to collect data. Colaizzi's eight-step method was used for data analysis. The themes that emerged from the data analysis were shortage of human and material resources, poor access, communication problems and lack of safety and insecurity. The study found that the professional nurses at the remote rural hospital experience many obstacles to quality service delivery.

KEY CONCEPTS

Eastern Cape Province, qualitative research, phenomenology, professional nurse, rural health.

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I wish you all strength in your endeavours and may people be as caring and helpful to you as you have been to me.

Dedication

I dedicate this dissertation to the following special people in my life:

My late father, Kaiser, for my education, and my late mother, Roselinah Nontukunina, for bringing me into the world

My late brother, Lulama, for taking me to school, all his efforts and encouragement

My husband, Tembekile, for his love and support and for taking care of the children

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Chapter 1

Orientation to the study

1.1 INTRODUCTION

Staff shortages, especially of professional nurses, are a worldwide concern. In the United States (US) in 2002 it was reported that every four unexpected hospital deaths resulted from staff shortage (Denosa 2004:25). In South Africa, professional nurses emigrate for various reasons and those who remain in the country suffer increased workloads that contribute to work-related stress. In 2003, about 80% of nurses experienced increased workloads and 60% experienced dissatisfaction with their working environments (Denosa 2005:9). According to Denosa (2005:9), there are 32 000 vacant nursing posts in public hospitals in South Africa.

Increasing urbanisation has meant that rural hospitals are shorter staffed than urban hospitals. Professional nurses apply for transfers to urban hospitals where they can enjoy amenities like clean water supply, good lighting and good working conditions. The Eastern Cape Province is mostly rural and the main urban hospitals are in East London and Port Elizabeth. In the former Transkei region, the site of this study, there is only one academic hospital, which is a referral hospital. This puts a lot of strain on the professional nurses employed in rural areas because there are limited resources for patient care.

This chapter presents a background on which the problem is based; it also presents a research purpose and objectives formulated by the researcher. The research methods employed are briefly described to orientate the readers. The researcher concludes this chapter with an outline of the dissertation. The following section presents a research problem formulated by the researcher.

1.2 STATEMENT OF THE PROBLEM

The researcher observed that professional nurses, who are the backbone of the nursing profession and health services in South Africa, continued leaving the hospital where she

worked. Between March 2001 and March 2005 sixteen professional nurses had already left the research site for various reasons; some requested transfers and some resigned. At the same time no retention strategies other than the recently introduced rural allowance are employed.

To counteract staff shortages, nurses work long hours and sometimes sacrifice their tea and lunch breaks for the benefit of patients. Long working hours are one of the reasons for the emigration of professional nurses (Denosa 2005:40). Working long hours can cause stress among professional nurses who perform their duties in life-or-death situations.

The researcher observed that professional nurses leave remote rural hospitals for reasons emanating from their experiences of working in a remote rural area. Consequently, the researcher deemed it necessary to conduct a study on professional nurses' experience of working in a remote rural hospital, particularly since no study of this nature had yet been conducted in this institution and in the Eastern Cape Province. This problem led to the formulation of the research background as indicated bellow.

1.3 BACKGROUND TO THE PROBLEM

Professional nurses can perform their duties independently, even in the absence of doctors. This helps a great deal in the shortage of medical practitioners that is experienced in rural health services of the Eastern Cape Province. Emigration of these nurses' impacts detrimentally on health services as well as patients' lives. Separation of clinics from hospitals contributed to the shortage of professional nurses in the Libode District because the professional nurses used to staff clinics permanently came from hospitals. The clinics are there to ensure accessibility of health services to the community and they refer patients to hospitals, which are short staffed.

Making health services accessible through improvement of transport was identified as a priority in the National Health Plan (ANC 1994:9) but the problem is that government vehicles cannot be kept in good condition because of the poor condition of roads to remote rural hospitals.

In the US, staff shortages are due, amongst other things, to nurses' unwillingness to work under conditions experienced in public hospitals (Denosa 2004:20). The working conditions in public hospitals are a predisposing factor for the emigration of professional nurses in the Oliver Tambo District Municipality in Region 'D' in the Eastern Cape Province.

Apart from the poor working conditions, the global AIDS pandemic is another factor. Literature shows shortage of health workers because of the global AIDS pandemic, which increased nurses' workloads and fear of exposure to HIV/AIDS, is a universal experience (Burkhalter 2005:4).

Though poor working conditions are a major concern, the researcher also discovered that opportunities for development are of concern to nurses. According to Burkhalter (2005:4) in Ghana professional nurses have few development opportunities whereas professional nurses working in the research site, however, have many development opportunities. For example, four professional nurses have already been trained to counsel and test patients for HIV infection and also to prevent mother-to-child HIV transmission. Professional nurses' negative working experience has a serious impact on patients' health because they perform many tasks independently. Denosa (2004:21) found that registered nurse staffing makes the biggest impact on patient outcomes. Figure 1.1 presents a map of the Eastern Cape Province and its regions and indicates the research site.

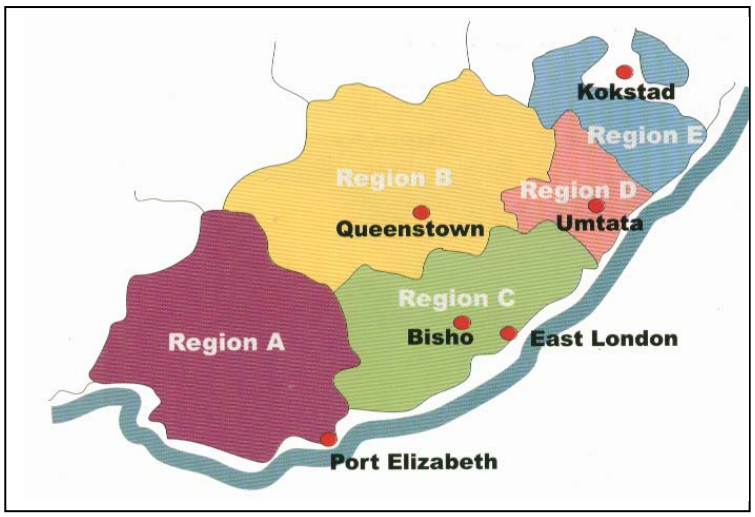

Figure 1.1

Map of the Eastern Cape Province and its regions
(Bassett 2004)

Key **Research site region**

The Eastern Cape is mostly rural and has the highest unemployment rate of all the provinces. About 63,4% of the population live in rural areas. Some of the rural hospitals are in remote areas with poor infrastructure. Based on the 1996 census data and 1995 income and expenditure survey, the Eastern Cape Province is the poorest province with a minimum household income of R800 or less per month (Mahlalela, Rhode, Meidany, Hutchinson & Bennett 2002:14). In many households in the Ngqeleni District the only source of income is either a child support or a pension grant. Community members depend on the hospital or clinics for their health care, as they cannot afford to consult private doctors except those whose tariffs are under R100. In addition, referral of clients to bigger hospitals is difficult when there is no hospital transport available, as they cannot afford transport. Figure 1.2 indicates the Eastern Cape district municipal boundaries, as well as the research site municipal boundary.

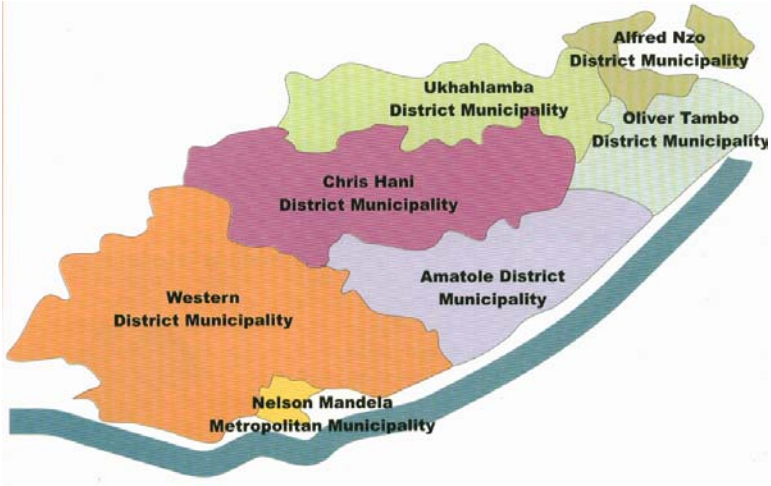

Figure 1.2

The Eastern Cape District Municipality boundaries

(Bassett 2004)

Key ***Research site municipal boundary***

The Canzibe Hospital is a remote rural hospital in the Oliver Tambo District Municipality in region 'D' in the Eastern Cape Province, about 48 kilometres from Mthatha and about 35 kilometres from Ngqeleni village. The road to the hospital is not tarred or maintained. Vans are the only transport to the hospital and some of them are in poor repair because of the bad condition of the road. Hospital vehicles have frequently to be repaired. Schools where children can get better education are far from the hospital. The hospital

is seriously understaffed, with a total of 68 nurses and a nurse to patient ratio of 1:9. The hospital has 136 active beds with an average bed occupancy rate of 96%.

Furthermore, there is a shortage of equipment and isolation units. The only isolation unit is the one used to isolate babies and children with measles. Patients, especially in the maternity and gynaecology units, share beds when it is busy. There is no unit to care for adults with burns.

A performance management system introduced in 2001 in region ‘D’ increased stress among the professional nurses who have to ensure excellent performance with inadequate equipment. The hospital has a wide catchment area and nine residential clinics, which operate separately but refer patients to the hospital whenever necessary. Some patients go to the hospital without being referred when there is a shortage of medicines in the clinics. Some patients bypass the clinics and go to the hospital because there is no doctor in the clinics.

1.4 SIGNIFICANCE OF THE STUDY

Significance refers to the relevance of research to nursing and the potential of answers to research questions to improve nursing practice and contribute to nursing theory (Polit & Hungler 1997:71).

The study will provide an insight into professional nurses’ experience of working in remote rural hospitals and highlight the problems encountered in those institutions. This, in turn, will assist planning to improve working conditions in remote rural hospitals.

Improving working conditions, including the infrastructure, in remote rural hospitals has the potential to attract professional nurses so that the quality of care provided to patients also improves. The findings of this study should enable hospital management to determine strategies to use to transform the institution for the benefit of health care providers and health care consumers. The findings should further motivate managers to review their management styles and to develop retention strategies at institutional level. This study should thus benefit the nursing profession and remote rural hospitals in particular. Based on the findings, managers will be able to make recommendations to

the Department of Health for the improvement of working conditions in remote rural hospitals.

1.5 PURPOSE OF THE STUDY

The purpose of this study was to explore professional nurses' experience of working in a remote rural hospital. This knowledge would enable managers to plan and develop strategies to improve working conditions in Canzibe Hospital and other rural hospitals in the Eastern Cape Province.

1.6 OBJECTIVES

The objectives of the study were to

- explore and describe professional nurses' experience of working in a remote rural hospital
- make recommendations for the support of professional nurses working in the context of rural Eastern Cape Province

1.7 PARADIGMATIC PERSPECTIVE

All research conducted should follow a certain paradigm. This in a way is termed by Gioiella (1997:47) as good science. Good science is further defined as science guided by theory or paradigm (Gioiella 1997:47). Creswell (1998:74) explains the paradigmatic perspective as the approach taken by qualitative researchers when they undertake an investigation. He further states that the researcher has a certain worldview, a basic set of beliefs or assumptions that guide his/her enquiry. Botes (1995:110) concurs with this notion and she further states that the researcher selects certain assumptions from the paradigm perspective in response to his/her interaction with the research field. She states that there are three kinds of assumptions, namely: meta-theoretical or ontological assumptions, theoretical or epistemological assumptions and Methodological assumptions. In this study the researcher had her assumptions about nurses working in the rural Eastern Cape Province dealt with in the following sub-headings as proposed by Botes (1995:4) and Creswell (1998:74).

1.7.1 Meta-theoretical (ontological) assumptions

According to Botes (1995:110), meta-theoretical assumptions address the nature of the reality for the researcher. These assumptions have their origin in philosophy. They are also not testable and they deal with the human being and society. The researcher in this study has values and assumptions stemming from her professional work and from working with families and communities. This is further supported by Creswell (1998:76) when saying that in qualitative research there are multiple realities, such as the reality of the researcher, those of individuals being investigated and those of the reader or audience interpreting the findings of the study. In this study in line with the argument of Botes (1995:110), Creswell (1998:78) the researcher adopted the Neuman's System Model as the paradigmatic perspective of nursing as a discipline, dealing with human beings and society. Stanhope and Lancaster (2000:203) describes a model as a way of viewing phenomena by describing the relationship between the parts. The Neuman's System Model is based on the general Systems Theory, which explains that every organism represents a system, by which term means a complex of elements in mutual interaction (Stanhope & Lancaster 2000:206). Neuman therefore linked the four concepts of nursing meta-paradigm, that is, person, environment, health and nursing in the system model.

1.7.1.1 Person/client

Stanhope and Lancaster (2000:208) explains the person/client as defined by Neuman as a physiological, psychological, socio-cultural, spiritual and developmental being. Client system may be individuals, families, communities and the person is in constant interaction with the environment. In this study persons/individuals are the nurses who are employed in a rural hospital in the Eastern Cape Province.

1.7.1.2 Environment

Neuman in Stanhope and Lancaster (2000:208) defines the environment as all the internal and external factors or influences that surround the person/client system, and affect life and development. He identifies three kinds of environment, namely, internal, external and created environments. The internal environment is made up of all forces and interactive influences that are solely within the boundaries of the client system. For

this research the internal environment is the coping mechanisms and life skills of the participants i.e. nurses working in a remote rural hospital in the Eastern Cape.

The external environment resides outside the client system and is made up of forces and interactive influences that are outside the boundaries of the client system. In this study; the remote rural hospital and the district where it is based is viewed as the external environment and have an impact on nurses working there.

1.7.1.3 Health

Neuman in Stanhope and Lancaster (2000:208) defines health as dynamic, with changing levels occurring within a normal range for the person/client system over time. In this study the mental, physical and social health of the individual is viewed in relation to the Internal and External environments.

1.7.1.4 Nursing

Neuman in Stanhope and Lancaster (2000:208) maintains that the major goal of nursing is to help the client system attain, maintain/retain system stability, through accurate assessment of the environment and the development and implementation of relevant strategies to restore the health state. This study is conducted within the nursing discipline as a result, the findings and recommendations were formulated with this idea in mind.

1.7.2 Theoretical (epistemological) assumptions

After stating her meta-theoretical assumptions, the researcher stated her theoretical or epistemological assumptions. Theoretical assumptions are testable and offer epistemic pronouncements about the research field. These assumptions contain statements about the research field and form part of the existing and accepted theory of a discipline. The researcher must make a thorough study of existing theoretical pronouncements (literature) on his/her subject of research in order to be able to state his/her theoretical assumptions (Botes 1995:111).

The Neuman's System Model is used by the researcher to reflect findings obtained by the researcher during fieldwork. Since this is a phenomenological study, the researcher entered the field without any preset theory of reference by utilising "bracketing" and "intuiting". The Neuman's System Model was then used after data analysis to reflect findings revealed by this study after interviewing nurses working in a remote rural hospital in the Eastern Cape Province.

The Neuman's System Model entails the following: Inputs, process and outputs or outcomes. In this study the inputs are nurses, patients, doctors, policies, infrastructure and the hospital equipment. The process in this study would be the nursing care rendered to patients, and finally the outputs will be the results of such procedures and patient care.

1.7.2.1 Theoretical definition of terms

Once the researcher had made her theoretical pronouncements, it was necessary to define concepts used throughout the research process. The following definitions were made by the researcher:

1.8 DEFINITIONS

For the purposes of this study, the following terms are used as defined below.

- **Professional nurse**

A professional nurse is a person either male or female who has undergone three years of training in general nursing and one year of training in midwifery or a four-year comprehensive course.

- **Experience**

Chinn and Kramer (1995:78) define experience as "perceptions of the world, which originate from feelings and attitudes". In this study experience refers to how professional nurses perceive working in a remote rural hospital and how they feel about working there.

- **Rural**

Rural refers to areas that are non-urban. Rural hospitals are hospitals situated in non-urban areas; that is, outside a town or city.

- **Remote**

Remote refers to areas, which are far away from towns or cities and even from villages. Remote rural hospitals are ones situated in places that far from towns or cities. Missionaries built most of these hospitals.

1.9 RESEARCH DESIGN AND METHODOLOGY

Once the concepts used were defined, the researcher described her research design and methods used to achieve the research objectives stated earlier in this chapter. This section discusses the research design and methods followed by the researcher.

1.9.1 Research design

Polit and Hungler (1997:153) describe a research design as the researcher's overall plan for obtaining answers to the research questions or for testing the research hypotheses. The researcher chose a qualitative, exploratory, descriptive and contextual design to explore the meaning of the phenomenon of interest, namely professional nurses' experience of working in a remote rural hospital (Burns & Grove 1997:67). Qualitative research is concerned with subjective meanings of phenomena as revealed by participants in their naturalistic setting (Kenworth, Snowley & Gilling 1996:326). In this study, the participants' naturalistic setting was the hospital where they work. The study was exploratory because the researcher had an interest in the participants' experience of working in a remote rural hospital (Brink & Wood 1998:310).

1.9.2 Research site

This study was conducted at Canzibe Hospital, in the Libode District in Region "D' in the Eastern Cape Province. The hospital is situated in a remote rural area.

1.9.3 Population and sampling

Once the research design has been presented, it is necessary to give a brief overview of the population and sampling technique used.

1.9.3.1 Population

A population is the entire set of individuals or elements that meet the sampling criteria. All the professional nurses working in a remote rural hospital constituted the population for this study (Burns & Grove 1997:292). In this study, the population refers to the entire population of professional nurses employed in a remote rural hospital used for this particular study.

1.9.3.2 Sampling

Sampling is the process of selecting a portion of the population to represent the entire population of interest (Polit & Hungler 1997:224). In this study the researcher used non-probability sampling technique. With this approach not every element of the population has an equal chance of being included in the sample (Burns & Grove 1997:302). Elements to be included in the study were selected non-randomly. The researcher's knowledge of the population determined which participants would be included in the study.

Although this approach is convenient and economical, its weakness is sampling bias hence the research results or findings may not be generalisable to the entire population. However, non-probability samples save time. Data was collected until data saturation occurred; in other words, no new information emerged.

1.9.3.3 Sample

The researcher used her knowledge of the population to select a purposive sample of participants (Burns & Grove 1997:306). Only professional nurses working in a remote rural hospital with at least one year's working experience were asked to participate. Those who were willing to participate voluntarily were selected. The size of the sample was determined by data saturation.

1.9.4 Data collection

Data collection refers to gathering information necessary to deal with and answer the research problem. Any information that is gathered must be relevant to the research problem (Langford 2001:315).

1.9.4.1 Data-collection method

The researcher collected data by means of in-depth semi structured phenomenological interviews. Interviewing was suitable for this study because it was exploratory. The interviews gave the respondents an opportunity to talk freely about their experience of working in a remote rural hospital thereby giving the researcher an insight into their experience. As the interviews were semi structured, the respondents and not the researcher controlled them. The researcher did not prepare a questionnaire as the questions arose from the participants' descriptions of their experience (Parahoo 1997:295).

1.9.4.2 Interviewing

Interviewing is the method of choice when peoples' lived experience is being studied. The researcher was studying the respondents' experiences of working in a remote rural hospital therefore interviewing was suitable. Interviewing lends itself to examining people's experiences and perceptions of as well as attitudes towards phenomena are being examined. This method is conversational in nature and allows participants flexibility. In addition, interviewing gives researchers an opportunity to gain insight into respondents' nonverbal information, for example tone of voice and other behaviours, while narrating their stories. Probing during interviewing gives researchers ample opportunity to get to understand participants' experiences of phenomena being studied. The one-to-one contact in interviewing makes it time consuming (Cormack 2000:289).

This method of data collection enabled the researcher to gain a deeper understanding of what it is like to work in a remote rural hospital and what obstacles, if any, professional nurses encounter to good performance. Interviews have a high response rate and researchers are in a position to determine whether the respondents have

misunderstood or misinterpreted a question (Polit & Hungler 1997:259). Interviewing is suitable for qualitative research studies.

1.9.4.3 Data-collection instrument

An instrument is a device used by researchers to collect data, for example a questionnaire. No data-collection instrument was constructed for this study because the researcher asked the respondents one broad question: “How do you experience working in a remote rural hospital?“ Subsequent questions arose from the respondents’ descriptions of their experience.

The researcher used probing to obtain more details and for clarification. Open-ended questions were asked to allow the respondents flexibility to respond in their own words. The respondents were further allowed to use the language of their choice to answer questions. The researcher was the only instrument in this study. The use of open-ended questions was time consuming because some respondents took some time to answer and some spoke slowly. During the interviews the researcher listened attentively to what each interviewee had to say.

1.9.5 Evaluation of data quality

Four criteria are used to evaluate data quality in qualitative research, namely credibility, dependability, confirmability and transferability (Polit & Hungler 1993:254).

1.9.5.1 Credibility

Credibility refers to the extent to which study findings can be accepted as true. To enhance credibility in this study the researcher went back to the respondents after data collection and read the transcripts to them to determine whether they were a true reflection of the interviews (Polit & Hungler 1993:254).

1.9.5.2 Dependability

Dependability refers to the extent to which data can remain stable over time and over conditions. To enhance dependability in this study, the researcher collected data from a

group of professional nurses working in the same remote rural hospital who were not included in the study, by asking the same question to determine whether the same information was obtained (Polit & Hungler 1993:255).

1.9.5.3 Confirmability

Confirmability refers to the extent to which two or more researchers reach agreement about data collected by another researcher. To enhance the confirmability of the findings of this study, the researcher asked an independent researcher to audit the data to determine whether the same conclusions could be reached (Polit & Hungler 1997:307).

1.9.5.4 Transferability

Transferability refers to the extent to which study findings can be generalised to other settings or groups. The researcher provided sufficient data to determine whether the research findings can be applied to other remote rural hospitals in the Eastern Cape Province (Polit & Hungler 1993:255).

1.9.6 Data analysis

The researcher transcribed the tape-recorded data collected verbatim at the end of each interview session. Colaizzi's seven-step method was used for data analysis. This method of data analysis is used to analyse phenomenological data and was therefore suitable for this study (Burns & Grove 1997:543).

1.9.7 Ethical considerations

Researchers must respect the rights of research subjects in studies using human subjects. The researcher therefore took informed consent, anonymity and confidentiality into consideration. The researcher explained the nature, purpose and significance of the study to the respondents as well as what was expected of them. The researcher described the potential benefits of the study to those who were interested in the study and told them that participation was voluntary. The respondents were also informed that they were free to withdraw from the study at any stage should they so wish.

The respondents were assured of anonymity and confidentiality because their names would not be used. The researcher kept all notes and cassettes throughout the research and no one had access to them except the independent researcher who audited the data to confirm the findings. The researcher destroyed the transcripts and cassettes after the study.

The researcher requested and obtained permission to conduct the study in writing from the institution's middle manager, the medical superintendent and the nursing service manager. The researcher asked the professional nurses with more than one year's working experience to participate in the study.

1.10 LIMITATIONS OF THE STUDY

The study was only conducted in one hospital in the Eastern Cape Province therefore the findings cannot easily be generalised to all remote rural hospitals in the province. Another limitation was that professional nurses with less than one year's service were not included in this study. Only professional nurses who showed an interest in this study were included in the sample, which is not an indication that those who were not interested had no problems that could be highlighted. Finally, although non-probability samples save time, the findings of the study may not represent the entire population of interest.

1.11 OUTLINE OF THE STUDY

This chapter introduced the rationale for, purpose and significance of the study, and outlined the population, sample, research design and methodology, and defined key terms.

Chapter 2 describes the research design and methodology.

Chapter 3 discusses the findings with reference to the literature reviewed.

Chapter 4 concludes the study and makes recommendations for practice and further research.

1.12 CONCLUSION

This chapter discussed the background to and nature of the problem to be studied, indicating the purpose, significance and objectives of the study. The research design and methodology, including population, sampling and data collection, were briefly discussed, key terms defined and limitations presented.

Chapter 2 describes the research design and methodology in detail.

Chapter 2

Research design and methodology

2.1 INTRODUCTION

Chapter 1 introduced the study and gives a comprehensive outlined of the dissertation. This chapter discusses the research design and methodology used to explore and describe professional nurses' experience of working in a remote rural hospital in order to develop guidelines to deal with the problems they encounter.

2.2 OBJECTIVES OF THE STUDY

The main objective of the study was to explore and describe professional nurses' experience of working in a remote rural hospital in the Eastern Cape Province.

2.3 RESEARCH DESIGN

After stating the research objective, the researcher adopted a qualitative research design that is explorative, descriptive and contextual in nature. The three aspects of the research design are discussed in detail bellow, starting with the qualitative research aspect.

2.3.1 Qualitative aspect

Basson and Uys (1991:51) cite Burns (1981:15) regarding qualitative research as research that "attempts to discover the depth and complexity of a phenomenon". Wilson (1993:239) further contends that qualitative research relies on firsthand knowledge under natural conditions and on unstructured data collection methods in which the investigator is the primary instrument or tool for data collection. Qualitative research utilizes non-numerical data usually collected through interviews, observations, and document analysis (also called narrative text or stories). Qualitative methods are useful for a study in order to address certain purposes and according to Wilson (1993:217), a

qualitative research design is used to explore the meaning of a phenomenon of interest, namely professional nurses' experience of working in a remote rural hospital.

2.3.2 Explorative aspect

An exploratory design is the design of choice when a researcher's intention is to find a problem. A phenomenological exploratory design is chosen to document a lived experience (Brink & Wood 1998:311). The goals of exploratory designs are problem discovery, problem identification as well as problem definition (Brink & Wood 1998:309). The researcher conducted this study to explore a phenomenon of interest, which was professional nurses' experience of working in a remote rural hospital and what problems they encountered.

2.3.3 Descriptive aspect

Once the researcher had explored the experience of working in a remote rural hospital it was necessary to describe what was discovered during the interviews. Hence a descriptive aspect of the design is explained. According to Basson and Uys (1991:38) collecting the accurate data on the phenomenon being studied is the most important consideration of descriptive studies. The researcher accurately and carefully describes "that which is". It is the research that yields descriptive knowledge of population parameters and relationships among those parameters (De Poy & Gilpin 1998:305). This design is used in this study to

- describe professional nurses' experience of working in a remote rural hospital in the Eastern Cape Province

2.3.5 Contextual aspect

De Poy and Glitin (1998:304) contend that context specific is one of central features of naturalistic inquiry, which refers to the specific environment of field in which the study is conducted an information is derived. Contextualization refers to the placement of data into a local area where data was collected due to the fact that it is not advisable to generalize research findings of qualitative research. This study is bound to the context of exploring professional nurses' experience of working in a remote rural hospital in the Eastern Cape Province.

2.4 ETHICAL CONSIDERATIONS

Nursing research usually involves human subjects; therefore, special precautions should be taken to ensure that the study adheres to sound ethical principles at all times. The researcher took the following ethical considerations into account while conducting the study.

2.4.1 Permission to conduct the study

Before conducting the study, permission had to be obtained from the management of the institution where the study was to be conducted (see annexure 1). Letters requesting permission to conduct this study were written to the middle manager, the nursing service manager and the medical superintendent.

2.4.2 Informed consent

Consent refers to the participants' agreement to participate in a study. For informed consent, the research participant must be legally capable of giving consent and understand the essential information about the study (Burns & Grove 1997:209). The participants voluntarily agreed to participate and were informed that they would not be rewarded financially or otherwise for participating in the study.

2.4.3 Anonymity

Anonymity is ensured when participants' names cannot be linked to information collected (Burns & Grove 1997:204). The participants' right to anonymity was respected in this study.

2.4.4 Confidentiality

While conducting the interviews the researcher respected the respondents' right to confidentiality. Interview sessions were audio-taped. The researcher kept the cassettes safely till the end of data collection. Transcriptions were done in a room with the door always locked. Only the researcher and the independent researcher who audited the data had access to the transcripts.

2.4.5 Privacy

Privacy refers to individuals' right to determine what personal information they will divulge to or withhold from others (Burns & Grove 1997:200). The respondents' privacy was protected in this study as they were fully informed about the nature and purpose of the study and their informed consent to participate voluntarily was obtained. The researcher ensured that information gathered was not shared with others in any way.

2.4.6 Respect

The researcher ensured that no psychological harm came to the participants while the study was being conducted. Accordingly, the respondents were given the option of withdrawing from the study at any stage should they wish to do so, without the possibility of retribution or victimisation.

2.5 RESEARCH METHODOLOGY

To conduct this study the researcher used the following methods, starting with population and sampling:

2.5.1 Population and sampling

On the one hand, population refers to the entire aggregation of cases that meets a designated set of criteria (Polit & Hungler 1997:223). The population for this study was all the professional nurses working in a remote rural hospital. On the other hand, sampling refers to the process of selecting a portion that represents the entire population of interest (Polit & Hungler 1997:224).

2.5.2 Eligibility criteria

Once a population has been identified the researcher has to decide what criteria will be used to select a sample for the study. To be included in this study, the respondents had to be male or female professional nurses

- who showed an interest in the study

- with at least one year's working experience in a remote rural hospital
- both male and female were acceptable, because the public hospitals in the South Africa employ people as professional nurses of both sexes

All the prospective participants who met the above eligibility criteria were included in the sample.

2.5.3 Sampling technique

As already indicated in the above-mentioned sub-heading, sampling is the process of selecting a portion of the population to represent the entire population of interest (Polit & Hungler 1997:224). The researcher used non-probability sampling. The researcher's knowledge of the population determined which elements to include in the sample.

The researcher used purposive sampling to select the respondents. The researcher approached the professional nurses who met the eligibility criteria and those who showed willingness and agreed to participate were given consent forms to sign. Data was collected from eight participants. The researcher collected data until no new information emerged, which means that data saturation determined the size of the sample in this study.

2.5.4 Data collection

Data collection refers to gathering information necessary to deal with and answer the research problem. Any information that is gathered must be relevant to the research problem (Langford 2001:315).

The researcher collected data by means of in-depth unstructured and semi-structured phenomenological interviews. Interviewing was suitable for this study because it was exploratory. In the interviews the respondents could talk freely about their experience of working in a remote rural hospital thereby giving the researcher an insight into their experience. As the interviews were unstructured and semi structured, the respondents and not the researcher controlled them. The researcher did not prepare a questionnaire as the questions arose from the respondents' descriptions of their experience (Parahoo 1997:295).

2.5.4.1 Interviewing

Interviewing is the method of choice when people lived experience is being studied. The researcher was studying the respondents' experiences of working in a remote rural hospital therefore interviewing was suitable. The interviews were conversational in nature and allowed the respondents to answer in their own words and the language of choice. In addition, interviewing enabled the researcher to observe the respondents' nonverbal information (eg, tone of voice, facial expression and body language) while narrating their stories. The researcher used probing during interviewing to understand the respondents' experiences and for clarification. Through interviewing the researcher gained an insight into how the respondents experienced working in a remote rural hospital and what obstacles they encountered.

2.5.4.2 Data-collection instrument

An instrument is a device used by researchers to collect data, for example a questionnaire. No data-collection instrument was constructed for this study because the researcher asked the respondents one broad question: "How do you experience working in a remote rural hospital?" Subsequent questions arose from the respondents' descriptions of their experience. The researcher was therefore the data-collection instrument in this study. During the interviews the researcher listened attentively to what each interviewee had to say.

2.5.4.3 Phenomenological enquiry

What people experience regarding some phenomenon is the focus of phenomenological enquiry (Polit & Hungler 1997:203). The researcher's interest was the description of professional nurses' lived experience of working in a remote rural hospital. Description of lived experience is the goal of phenomenology (Streubert & Carpenter 1995:31). Phenomenology is a qualitative research approach, which is suitable when phenomena important to nursing are being studied. Professional nurses' experience of working in a remote rural hospital is important to nursing because negative experiences in those hospitals can adversely affect recruitment of staff into these hospitals (Streubert & Carpenter 1995:29).

2.5.4.4 In-depth phenomenological interviews

Having requested and obtained permission to conduct the study the researcher asked permission to use a lecture room to conduct the interviews. The researcher contacted the professional nurses who agreed to participate and signed consent forms after being informed of the interview proceedings. The interviews were conducted whenever participants phoned to confirm their availability. The researcher asked each interviewee one broad question, “How do you experience working in a remote rural hospital?” The researcher permitted participants to respond in the language of their choice during interviews (see annexure 4). The researcher used a tape recorder to record each interview.

2.5.4.5 Probing

Probing is the technique used by interviewers to elicit more useful information from the initial reply (Polit & Hungler 1997:259). Probing was used to gain more details of the respondents’ responses for further clarity. Open-ended questions allowed the respondents to answer in their own words.

2.5.4.6 Transcription

The tape-recorded responses were transcribed verbatim after each interview session for the purpose of analysis. The researcher kept the transcripts all the time to ensure that no one had access to them.

2.5.4.7 Data saturation

In qualitative studies the size of the sample is determined by data saturation. Data saturation is the point where no new information is obtained from participants. In this study the researcher continued interviewing until data became redundant (Polit & Hungler 1997:238). Phenomenological studies use small samples of ten or fewer participants to gain an in-depth understanding of an experience (Polit, Beck & Hungler 2001:248). In this study the researcher used 8 participants.

2.6 DATA ANALYSIS

Data analysis refers to techniques used to reduce and organize data making it meaningful (Burns & Grove 2003:479). The researcher used Colaizzi's seven-step method of data analysis (Burns & Grove 1997:543) as follows:

- The researcher read all the respondents' descriptions of their experiences to acquire a feeling for them.
- The researcher re-read each transcript to extract significant statements.
- The researcher gave meaning to each significant statement.
- Formulated meanings were organised into clusters of themes and clusters of themes were referred back to the original draft to validate them and to determine if there are any discrepancies between clusters.
- The results achieved so far were integrated into the respondents' descriptions of their experiences.
- An exhaustive description of the phenomenon of interest was formulated into a clear statement of identification.
- The researcher returned to each respondent to validate findings.

2.7 LITERATURE REVIEW

Burns and Grove (2003:112) state that the purpose of a literature review in qualitative research is to compare and combine the study findings with the literature to determine current knowledge of a phenomenon. Qualitative researchers first analyse data then compare the findings of the present study with those of previous studies to determine similarities and differences. The findings of the present and previous studies reflect the current knowledge of the phenomenon (Burns & Grove 2003:112).

There is no consensus on when literature should be reviewed. Some researchers believe that literature should not be reviewed before data collection because prior studies might influence a researcher's conceptualisation of the phenomenon under study. Therefore a literature review should be done at the end of the study (Polit & Beck 2004:56).

In this study literature was reviewed for background information and again after data collection and analysis to compare the findings of the present study with those of previous studies (Burns & Grove 2003:112).

2.8 MEASURES FOR ENSURING TRUSTWORTHINESS

The researcher used Guba's (Lincoln & Guba 1985:89) model for trustworthiness to ensure the validity and reliability of this study. Trustworthiness has four criteria, namely truth-value, applicability, consistency and neutrality. In the next sub-headings, the researcher tries to apply the four criteria for trustworthiness in the research process followed.

2.8.1 Truth value

According to De Vos, Strydom, Fouche and Delport (2004:349), true value seeks to measure the degree of confidence the researcher has established in the truth of the findings from the informants and the context in which the study was undertaken. It seeks to understand how confident the researcher is with the truth of findings based on the research design, informants and context.

In this study, the researcher used in-depth phenomenological interviews as a qualitative data-collection method. This method assisted the researcher to gather the multiple realities of the experiences of the professional nurses working in a remote rural hospital in the Eastern Cape Province. The confidence the researcher gained from the study emanated from the fact that the informants were insiders of the experience of working in a remote rural hospital and stayed in a remote rural area in the Eastern Cape Province. Applying the strategy of credibility ensured truth-value (De Vos et al 2004:331).

Credibility is "an alternative to internal validity in which the main aim is to display that the study was accurately identified and described. The strength of the qualitative study that explores a problem or describes a setting, a process, a social group, or a pattern of interaction is determined by its validity" (De Vos et al 2004:351). This validity of this measure was determined by the following criteria:

- ***Prolonged and varied field experience:*** The researcher had experience relating to working in the field of research. The researcher spent time with the respondents until data saturation was reached as reflected by repeated themes and no new or further information emerging.
- ***Triangulation:*** Erlandson (1993:115) (cited in De Vos et al 2004:341) states that in triangulation the researcher consults various types of sources, including a literature review, which can provide insights into the topic under study. The researcher used in-depth phenomenological interviews to gather information. Journals articles and the Internet searches guided the researcher in controlling this study. These sources gave the researcher confidence in the study findings. The researcher worked hand-in-hand with an independent coder during data analysis. This joint effort ensured the credibility of the study and its findings.
- ***Peer examination:*** The researcher worked hand-in-hand with an independent coder during data analysis. The consensus reached between them consolidated the researcher's trust and confidence, and served as peer examination. The researcher also worked under supervision by the study leader who is a professor at the University of South Africa.
- ***Member checking:*** The researcher held follow-up interviews with the respondents after she had studied the identified themes. These sessions with the informants confirmed the validity of the study and its findings and accuracy of the interpretation.

2.8.2 Applicability

Applicability refers to the level to which the findings can be applied to other contexts and settings or other groups. It also refers to the ability to generalize the findings to larger populations (De Vos et al 2004:359). In this study, the researcher accurately and explicitly presented the experiences of the respondents when working in a remote rural hospital. Applicability is ensured by the strategy of transferability (De Vos et al 2004:331).

2.8.3 Transferability

According to De Vos et al (2004:352), this measure compels the researcher to adequately describe the methodology to be used, transcription of interviews, data collection and analysis, and literature control. This ensures the usefulness of the study

findings for other settings; in other words, the findings are applicable in other settings. The researcher achieved transferability by meeting the following criteria:

- ***Dense description*:** The researcher utilized a purposeful sample of professional nurses in a remote rural hospital in the Eastern Cape Province to gather data on their experiences of working in this context. The researcher comprehensively described the methods used in this study to the readers of this report.
- ***Consistency*:** This is the third criterion of trustworthiness of the findings of the study. It seeks to establish whether the same findings would emerge if the same study were repeated with the same informants or in a similar context (De Vos et al 2004:331). Consistency is ensured by the strategy of dependability. Dependability is an alternative to reliability in which the researcher feels accountable for the changing conditions in the phenomenon chosen for the study. This measure enhances the possibility of similar results if the study is repeated (De Vos et al 2004:352).
- ***Question checking*:** The expert in research methodology constantly did the question checking and analysed data gathered from professional nurses working in a remote rural hospital in the Eastern Cape Province. The independent expert together with the researcher identified themes and categories from the data received from the professional nurses.
- ***Stepwise replication*:** The researcher engaged an independent coder to analyse the data and discussed the findings emerging from the respondents' experiences.
- ***Peer examination*:** The researcher engaged the independent coder, who was well versed in the field of research, in order to ensure that the findings and themes emerging from the in-depth individual phenomenological interviews were a true reflection of the respondents' experiences.

2.8.4 Neutrality

This is the fourth criterion of trustworthiness and refers to the degree to which the findings are solely the work of the subjects in their own content and conditions of the study and not of any biases, motivation and perspectives. This criterion is ensured by confirmability. In this study, the researcher remained connected to her experiences and emotions by allowing the informants to share their experiences without being influenced

by her. The researcher constantly observed objectivity so that the findings reflect how the respondents experienced working in a remote rural hospital.

- ***Confirmability*:** This is about the concept of objectivity. De Vos et al (2004:352) stress the need to enquire whether another study would confirm the findings of the study.
- ***Submitting raw data for auditing*:** The researcher submitted the transcriptions, audiotapes and field notes for auditing the credibility of the findings. This meant the expert audited and examined the standard of the research.

2.9 CONCLUSION

This chapter discussed the research design and methodology used in this study, including the measures to enhance trustworthiness. Chapter 3 discusses the research findings and literature review.

Chapter 3

Findings and literature review

3.1 INTRODUCTION

Chapter 2 dealt with the research design and methods followed in this research project. This chapter, chapter three discusses the research findings and literature reviewed to support or dispute findings. The purpose of this study was to explore professional nurses' experience of working in a remote rural hospital in the Eastern Cape Province in order to highlight the problems they experience and to make appropriate recommendations to overcome these problems. The following table, table 3.1 presents themes that emerged during data collection and analysis:

Table 3.1 Themes and categories that emerged from the findings

THEME AND CATEGORIES THAT EMERGED FROM THE FINDINGS	
1	**Shortage of resources**
1.1	Shortage of nurses and doctors
1.2	Shortage of equipment
1.3	Shortage of vehicles
2	**Poor access to the hospital**
2.1	Road infrastructure
2.2	Communication problems
3	**Problems with the physical layout of the hospital**
4	**Professional nurses' experience of insecurity and lack of safety**

3.2 SAMPLE

All the professional nurses with more than one year's working experience constituted the population from which the sample was drawn. The sample comprised eight

professional nurses who showed an interest in this study. To collect data semi structured in-depth interviews were conducted. Data saturation occurred in the fourth interview but the researcher continued interviewing all eight professional nurses to determine whether any new themes emerged. Table 3.1 depicts the respondents' ages.

Table 3.2 Respondents' ages

AGE	NUMBER OF RESPONDENTS
52	1
49	2
48	2
41	2
39	1
TOTAL	**8**

3.3 FIELD EXPERIENCE

The researcher did not have difficulty entering the research site because she is employed in the research site. The authorities and the prospective respondents were interested in the research topic, the findings of the study and the recommendations that the researcher would make to bring about change in the hospital. The researcher requested and was granted permission to conduct the study (see annexure 2. The prospective participants were asked to participate in the study and agreed to do so. The researcher explained the purpose of the study and how data would be collected and obtained informed consent from professional nurses who showed interest and volunteered to participate in the study. The researcher explained to prospective participants that the information they will give will be kept confidential and that audiotapes will be destroyed at the end of the study. Consent was obtained verbally but to indicate adherence to the principle of informed consent written consent was sought from each participant (see annexure 3). Informed consent indicates that the prospective participant decides voluntarily to participate in a research study having been given all the necessary information to make such a decision (Macnee 2004:127).

In-depth phenomenological semi structured interviews were conducted with participants in a separate room where there would be no disturbance or interruptions. The researcher's only difficulty was the time spent waiting for the participants to arrive. During interviewing, the researcher asked probing questions and clarified answers with the respondents to understand the description of their experience.

Transcription was done at the end of each interview session. At the end of the study the researcher read and re-read the transcripts to determine their meanings and any differences in the respondents' descriptions of their experience. No differences were found in their descriptions and data saturation occurred in the fourth interview. The themes that emerged during data collection and analysis are discussed below.

3.4 THEMES AND FINDINGS

3.4.1 Shortage of resources

This theme revealed how professional nurses experienced shortage of resources as an obstacle to quality patient care.

3.4.1.1 Shortage of nurses and doctors

In Australia, Hegney and McCarthy (2000:347) found the shortage of nurses and midwives particularly evident in rural and remote areas. In the present study, the respondents are faced with gross staff shortages. Professional nurses who leave the hospital, whether deceased, transferred, resigned or retired, are not replaced. One respondent stated that no new professional nurses had been employed there since 1995. There is also a shortage of other category nurses, which causes stress among the professional nurses as they are forced to perform duties normally performed by enrolled nurses. The respondents reported that they did not get enough opportunity to supervise their subordinates because of an increased workload resulting from staff shortage.

In a study on the experiences of professional nurses of the availability of primary health care (PHC) in rural health care centres and clinics in the Eastern Cape Province, Twantwa (2001:25) found a shortage of human resources in these health centres. The

researcher was therefore of the opinion that a similar study should be conducted in a remote rural hospital to determine differences and similarities.

According to Cherry and Jacobs (2002: 273), the primary causes of staff turnover are career prospects or dissatisfaction with the job or supervisor. In this study it was evident that one of the reasons why many professional nurses left that hospital was dissatisfaction with the job. Professional nurses in the research site sacrificed their tea and lunch breaks to counteract staff shortages. Moreover, when a professional nurse doing night duty was absent due to any reason, for example, management would request a day professional nurse to work night duty on that particular night. The respondents experienced both physical and emotional exhaustion, which adversely affected productivity as well as job satisfaction:

> *Those staff members who are on duty are to work long hours to counteract staff shortages because patients cannot be left alone*.

Hegney and McCarthy (2000:349) revealed that work stress was made worse by nurses' lack of support from management. In the present study professional nurses sometimes provided patient care in more than one unit, which caused physical exhaustion. The respondents identified increased and progressively increasing workloads due to a chronic staff shortage as the reason why professional nurses left that hospital:

> *Nurses leave this hospital because there is a gross shortage of staff which increases the workload.*

Professional nurses are forced to work overtime and it is difficult for them to take time off. The respondents described the increased workload as de-motivating. In a survey in 2004, Zondagh (in Denosa 2005:40) found that 84% of the respondents reported increased workload. In this study, 100% of the respondents reported an increased workload. In addition, the respondents reported a shortage of doctors at the hospital and that no recruitment strategies were in place for doctors and professional nurses. Doctors did not stay long in that institution. A study conducted by the British Medical Association Board of Science (2005:11) on health care in rural settings, placing medical students in rural centres during their fifth year as part of their training, changed students'

negative attitude towards rural practice. In the present study, it was found that even doctors who came for community experience did not apply for permanent positions. When there is a gross shortage of doctors, professional nurses substituted for them.

3.4.1.2 Shortage of equipment

With regard to problems in the nursing world, Enslin (in Denosa 2005:31) found that nurses felt that there was no one who cared for them and that they lacked support for problems like no stock, lack of equipment and problems related to staff and management which they experienced on a daily basis. In this study, the respondents described the shortage of equipment, especially of beds, bedside lockers, medical equipment like blood pressure machines, and bed linen as highly stressful.

The available bedside lockers were very old, rusty and difficult to clean; the beds were old, rusty and without wheels, making it difficult to push or pull them when necessary. There was also a shortage of cot beds in the Paediatric ward. In Maternity, mothers shared beds and when it was too busy, mothers who could not get beds slept on mattresses on the floor. The respondents described the shortage of drip stands as frustrating.

> *One time we had a disaster. It was difficult to put up drips because of the shortage of drip stands so we had to improvise, using what we could find, for example, using bandages to hang drips just to save patients' lives*.

The shortage of blood pressure machines was another problem:

> *We have one BP machine used in all units. You have to go to another unit to borrow it when you want to use a BP machine and you have to wait if it is still being used*.

Even in the Outpatients Department there was a shortage of BP machines. According to the respondents, the shortage of linen in the hospital was the reason for patients' developing bed sores in hospital as it was difficult to keep patients dry at all times. Patients who were admitted with threatening bedsores developed bedsores in the

institution because of the shortage of linen. Male patients wore dresses just to cover their bodies, as there was a shortage of pajamas. Professional nurses and other nurses who got study leaves and acquired new skills became de-motivated on their return when they could not apply their newly acquired skills in clinical situations because of the shortage of equipment.

3.4.1.3 Shortage of vehicles

The respondents reported that there was only one patient transport vehicle used to transfer patients to referral centres once daily during working days. Any patients happened to be left behind by the vehicle in the morning had to use public transport or wait till transport was available again. Twantwa (2001:126) also reported a lack of vehicles to transfer clients when there was a need. The lack or shortage of resources led to professional nurses as well as doctors looking for better resourced working environments. Poorly resourced hospitals are one of the reasons for the emigration of nurses (Denosa 2005:40). Lack of retention strategies other than the rural allowance was another reason for the exodus of professional nurses and doctors in remote rural hospitals.

3.4.2 Poor access

This theme deals with accessibility and the two sub-themes of road infrastructure and communication problems

3.4.2.1 Road infrastructure

The respondents reported problems getting to and returning from work because the roads are not tarred, but graveled and become slippery when it rained. The poor condition of access roads affected patients directly because it was difficult for them to reach the hospital in time and in the hospital they waited for long periods because of the shortage of staff and equipment. The bad condition of access roads made it difficult for this hospital to retain professional nurses.

The British Medical Association Board of Science (2005:30) found that transport was an important means of gaining access to good quality health care services and access to

services was a major difficulty for many rural residents. The present study found that the respondents experienced difficulty getting to their workplace. The main mode of transport in the area was vans, which are old, always overloaded, and in poor condition. Most of the vans had short canopies and broken windows covered with cardboard, ceiling board and plastic. Other canopies had holes that leaked when it rained.

The respondents reported that having to crouch in vans caused backache, which was aggravated by lifting patients without assistance because of the staff shortage. The respondents who lived far from the hospital and used vans to come to work had to wake up very early in anticipation of transport delays to avoid coming late. The poor condition of the roads affected the transfer of patients to referral hospitals. To transfer patients who needed emergency care, Metro ambulances stationed in Mthatha were used. These ambulances took a long time to reach the hospital because of the poor condition of the road and the potholes. Caesarian sections were no longer performed in the hospital due to the shortage of doctors and equipment so the hospital relied on Metro ambulances to transfer patients for caesarian sections. When a woman in labour need help which cannot be offered immediately the respondents feared a maternal death, particularly if their condition started deteriorating while an ambulance was still on the way.

> *Metro ambulances arrive very late because of the bad condition of the road to this hospital. Sometimes you find that all the Metro ambulances are out and we have to wait. Some patients complicate while we are still waiting for an ambulance.*

The research site is one of the hospitals that do not perform caesarian sections, which puts patients' lives at risk. Some patients die while waiting for an ambulance to transfer them:

> *We wait and pray for the Metro ambulance to come early otherwise we experience difficulties because sometimes Metro doesn't come early so the patient is delayed and dies in the facility.*

The availability of public transport is a major factor in the assessment of accessibility of health services in remote rural areas. The findings reveal accessibility as a factor that

determines professional nurses' length of stay in the hospital. The effect of distance on accessibility to service is a key factor that differentiates rural and remote residents from their metropolitan counterparts (Taylor, Wilkinson, Blue & Dollard 2002:283). The long distance travelled by clients coupled with the poor condition of the roads directly affected the number of hours the respondents had to work to ensure that there was no interruption in provision of health services. This was especially the case in the Outpatients Department so that clients could go back to their homes the same day hence the respondents sacrificed their tea and lunch breaks on busy days.

The Department of Health, New South Wales (2002:19) highlighted the fact that patients in rural areas could experience difficulties getting to and from health appointments and it was worse for professional nurses who had to be there before patients arrived and until all patients (those who had not been admitted) left the hospital premises.

3.4.2.2 Communication problems

Communication is basic to all nursing and other health care professionals and contributes to the development of all therapeutic relationships (*Mosby's Medical, Nursing and Allied Health Dictionary* 2002:400).

All the respondents complained that there was a problem of power failures in the hospital, especially when it was windy. When the phones were out of order as a result of power failures, the respondents found it difficult to work because they were unable to communicate with doctors regarding patients. It was worse when a doctor had to be called for a patient who needed emergency care; for example, immediate referral to a referral centre. When the phones were out of order during the night, the respondents were obliged to go to the doctors' houses in an emergency to call a doctor. One respondent reported that there were many snakes since it was bush country there, but they had to walk through the dark to save patients' lives.

Furthermore, the respondents complained that the problem of power failure occurred more often in winter, making it extremely difficult to provide patient care. The problem of a weak network and poor reception that affected the use of cellular phones in some areas in the hospital was a further negative experience reported by the respondents.

Bassett (2004:2) found a lack of basic infrastructure such as roads and telephones in remote rural areas in South Africa.

3.4.3 Physical layout of the hospital

The respondents found the physical layout of the hospital frustrating. It is an old missionary hospital that needs re-building and only has three sections:

(a) General section
(b) TB section
(c) Outpatients department

The Gateway Clinic is also inside the hospital premises but functions as a separate entity. Most of the time the respondents are allocated to the General Section and Outpatients Department. The Gateway clinic works hand in hand with the sections but more particularly Outpatients Department as they refer to doctors there.

3.4.3.1 Unit layout

The units are small with two beds because of limited space. There are 24 beds in the Male and Female General Wards. Maternity also has 24 beds. There is no free movement of nurses in the units because of limited space between beds. The units are always congested. In Maternity, patients use floor beds, which also restrict nurses' movement between patients' beds. The respondents find it difficult to control stock because units are so close to each other so staff members occasionally borrow stock.

There is no isolation unit for adults. The only isolation unit there is for children. Maternity has only one nursery for well and sick babies, which exposes babies to cross-infection. The respondents found the size of the hospital as well as of the units stressful because they had to tell patients to share beds because of overcrowding. Bassett (2004:2) states that patients in rural hospitals share beds. The respondents working in the Gateway Clinic also complained that they provided their services in a prefabricated building with small rooms and no waiting area therefore the patients waited outside.

3.4.4 Insecurity and lack of safety

Nurses have the responsibility to ensure that patients' environment is safe and secured but the environment in which they battle to provide safe quality care for patients is increasingly becoming dangerous (Cherry & Jacobs 2002:283). In the present study, the working environment was not safe because the units were small and overcrowded, which exposed the respondents and other health care providers to infectious diseases. The patients themselves were exposed to social infections because of the lack of isolation units. The beds in the units were old and had no wheels so they had to be pulled or pushed during bed making, which was extremely difficult and contributed to backache:

> *Beds are those which have no wheels so that we suffer from backache. Just now my back is aching because when a bed has to be moved, we have to lift it.*

It is evident from the findings of this study that most of the time the respondents' and other nurses' backache was caused mainly by lifting patients and beds, which is detrimental to their health. Cherry and Jacobs (2002:284) point out that back and other musculoskeletal disorders from which nurses suffer are directly attributed to the workplace. The respondents voiced their concern about the hospital buildings, which were not up to standard and were unsafe, including doors that cannot be locked and thereby contributed to a feeling of insecurity, especially at night:

> *There is no security here. There are doors that cannot be closed. I think this hospital needs re-building.*

The respondents found it difficult to reinforce the observance of visiting hours because community members also used a back door. A high rate of housebreaking in the area near the hospital where some professional nurses resided made them feel unsafe and insecure and decide to leave the hospital.

3.5 THEORY IN SUPPORT OF THE FINDINGS

Neuman's (1972) (in Tomey & Alligood 2002:300) systems theory applies to this study, which focuses on the environmental stressors that face professional nurses working in a remote rural hospital. Neuman's theory views clients whether individuals or groups as open systems that is in constant interaction with their environment. The system is at the centre and surrounded by concentric rings known as defences. The outer ring, called the flexible line of defence, protects the inner ring, called the normal line of defence, from penetration by stressors. The normal line of defence protects the lines of resistance. The lines of resistance protect the system from intra- and extra-personal stressors. Preventing stressors from penetrating the system can achieve systems stability (Stanhope & Lancaster 1996:186).

Figure 3.1 represents Neuman's systems theory.

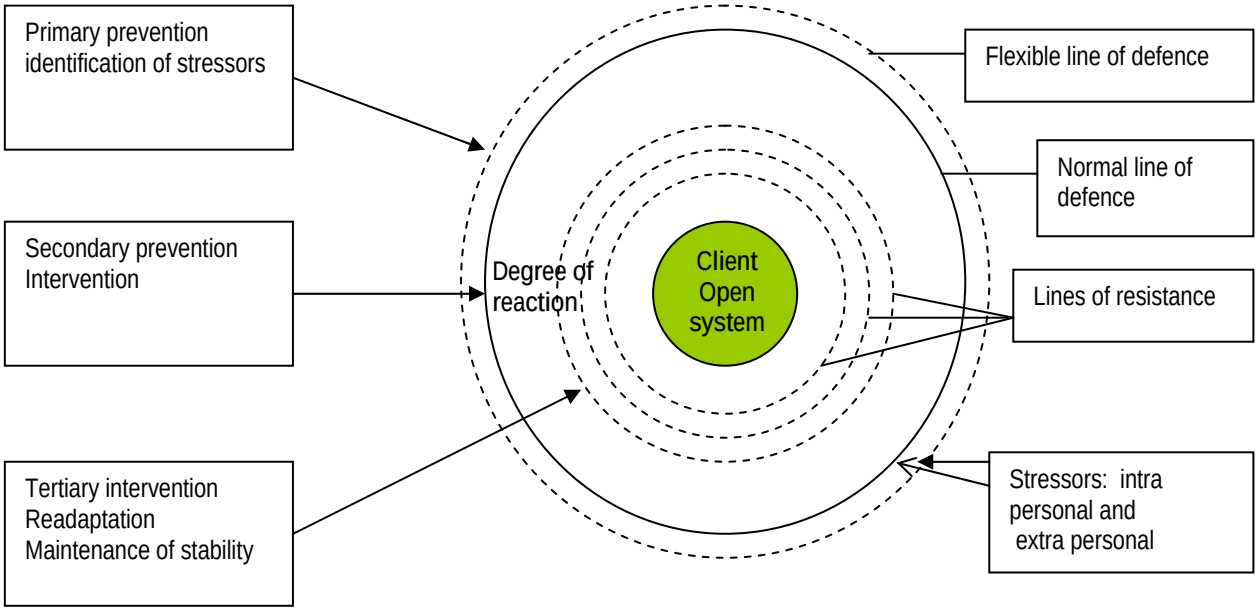

Figure 3.1

Neuman's systems theory

(Stanhope & Lancaster 1996:187)

This model depicts the system (at the centre) surrounded by the lines of resistance, the normal and the flexible lines of defence as well as three levels of prevention Stanhope and Lancaster (1996:187).

According to this theory, the respondents are a system that is in constant interaction with the hospital environment and the environment of the area in which the hospital is situated. The focus is on the prevention of professional nurses' stressors, which could lead to illness, absenteeism and high staff turnover. The aim of stressor prevention is to assist professional nurses to adapt to the working environment in remote rural hospitals (Bouwer, Dreyer, Herselman, Lock & Zeelie 2003:21; Stanhope & Lancaster 1996:186). Primary prevention aims at preventing penetration of the lines of defence by stressors. This can be achieved through identifying environmental stressors and strengthening the lines of defence. The researcher is of the opinion that exposing student nurses and doctors to remote rural centres during their training can strengthen their defences because they would know what to expect when they go to work there again. Identifying stressors like the condition of the roads that link the workplace and professional nurses' places of residence and that link the hospital and referral centres could lead to their upgrading. Identifying other stressors, like a shortage of human and material resources, and the condition and layout of hospital buildings, could remedy the situation and minimise, if not eliminate, environmental stressors. Reducing the stressors reduces the reaction to them at the same time (Tomey & Alligood 2002:303).

Intervention at the secondary level of prevention is necessary when the stressors have already penetrated the lines of defence so that the lines of resistance can be strengthened. The findings of this study revealed that professional nurses had already encountered stressors and reacted to them by leaving the institution (Stanhope & Lancaster 1996:186). The aim of intervention at this level is to minimise the degree of reaction to identified stressors and increase resistance to stressors. Identification of professional nurses' coping strategies can be fruitful at this stage (Tomey & Alligood 2002:303).

At tertiary level intervention aims at the mobilisation of coping strategies to prevent further stressor reaction in order to adapt to the situation. According to Neuman's model, reaction to stressors at this level may not be the same as in the initial stage. The reason for this difference is that at this stage the lines of defence may have been permanently damaged. As indicated by their descriptions of their experiences, the respondents appear to have exhausted their adaptive mechanisms. Considering the above, it is clear that the respondents' and other nurses' adaptive mechanisms need to

be strengthened and, more importantly, that stressors be identified and reduced thereby minimising encountering them (Pearson, Vaughan & Fitzgerald 2005:114).

3.6 CONCLUSION

This chapter discussed the research findings in relation to the literature review in order to contextualise them. The study found that the respondents were faced with problems like very poor condition of the roads, a serious shortage of human and material resources, communication problems, and lack of security and safety. From the findings it became clear that the respondents were de-motivated and had already developed a negative attitude towards the hospital. The researcher highlighted the problems so that the situation can be remedied.

Chapter 4 discusses the conclusions and limitations of the study and makes recommendations for addressing the problems and for further research.

Chapter 4

Conclusions, limitations and recommendations

4.1 INTRODUCTION

Chapter 3 covered the findings with reference to the literature review and the theory that supports the findings. This chapter presents the conclusions, limitations and recommendations.

4.2 CONCLUSIONS

The purpose of this study was to explore professional nurses' experience of working in a remote rural hospital to identify the problems they encountered. The study found that the respondents were exposed to a variety of stressful situations, which left some of them with no choice but to leave the institution. The respondents' negative experiences included a serious shortage of human and material resources, poor access roads and transport, communication problems and insecurity and lack of safety. The shortage of human resources increased their workload and reduced their tea and lunch breaks and time off. Due to the shortage of material resources, the respondents had to borrow or improvise much of the time.

The respondents and other hospital workers frequently experienced communication problems due to mal- or non-functioning telephones. Cellular reception and transmission was poor. Weak electricity and frequent power outages, mainly during the winter months, made it difficult to work especially at night and in the labour wards. The condition of the buildings and the physical layout of the institution were not conducive to quality patient care.

The poor condition of access roads was another cause of concern for the respondents. A shortage of vehicles negatively affected the referral system, as patients had to use public transport when left behind by the hospital vehicle used to transport patients to referral centres. Patients unable to afford public transport had to wait until transport was available again because many people in the research area were unemployed. Tarring

and maintaining the road between Mthatha and the hospital would improve the service provided by Metro ambulances.

The hospital environment de-motivated health workers. The lack of safety and security at the hospital caused them anxiety and the long working hours left them emotionally and physically exhausted. The lack of accommodation on or close to the hospital premises contributed to the exodus of professional nurses. Many professional nurses and doctors have left and continue to leave the hospital but there are no recruitment or retention strategies in place at present. The respondents' descriptions of their experiences indicated that they had already developed a negative attitude towards working in a remote rural hospital. However, the researcher found their wish to rebuild the hospital promising.

4.3 LIMITATIONS

The researcher identified the following limitations in the study.

4.3.1 Sampling

The researcher used non-probability sampling, which meant that the sample was selected non-randomly. Since the sampling was purposive, it did not give participants an equal chance of being included in the sample (Polit & Hungler 1997:229). This limited generalisability because it is difficult to generalise research findings beyond the sample without random sampling (Brink & Wood 1998:42). This kind of sampling technique was appropriate for this particular research.

4.3.2 Eligibility criteria

Only professional nurses with more than one year's working experience at the research site were included, which means that the experience of enrolled nurses and nursing auxiliaries was excluded from the study because the researcher's focus was on professional nurses (Polit & Hungler 1997:224).

4.3.4 Research site

The study was conducted in only one of the Eastern Cape hospitals, which prevents the findings from being generalised to the entire province or elsewhere.

4.3.5 Exclusion

Only professional nurses who were not on leave and who showed interest in the study were included. Professional nurses on night duty were excluded as interviews were conducted during the day.

4.4 RECOMMENDATIONS

Based on the findings, the researcher makes the following recommendations for alleviating the shortage of human resources and equipment, retention strategies, improving access, patient transport and referral, and further research.

4.4.1 Shortage of nurses and doctors

The hospital management should negotiate with the Department of Health for the employment of more professional nurses and doctors. More professional and other category nurses are needed in the entire health sector because of the AIDS pandemic. According to Denosa (2005:39) staffing shortages are a factor in one out of every four unexpected hospital deaths or injuries caused by errors. The present study found a serious shortage of doctors and nurses at the hospital, which resulted in the respondents being overworked and exhausted.

4.4.2 Retention strategies

Several retention strategies should be implemented to ensure retaining those staff members already employed at the hospital. Firstly, higher-level managers should support the professional nurses in their struggle to ensure quality patient care despite the shortage of resources. The respondents reported that although they received a rural allowance, it was not sufficient because the hospital is not only rural but also remote, so the allowance needs to be increased to recruit professional and other category nurses.

A salary increase should be considered with immediate effect in the entire health sector and night duty allowance and payment for extra hours worked on night duty reviewed.

4.4.3 Equipment

The Department of Health requires nurses to provide quality patient care. A performance management and development system was introduced to ensure service delivery. The performance evaluations used to monitor workers' performance increased stress on professional nurses who strive to provide quality health care despite the shortage of equipment. The Department of Health should be requested to allocate more funds for the purchase of equipment. Furthermore, the hospital management should commit more funds from the hospital budget for the purchase of equipment. In Maternity there should be protective equipment like gowns, rubber boots and glasses because in labour wards professional nurses are at risk of being infected with HIV and other blood-borne viruses, such as hepatitis B and Hepatitis C (Denosa 2004:42). These items act as barriers protecting the health care providers from coming in contact with blood, so they should always be available for use by the nurses and doctors working in the labour wards. Eye protectors should also be made available in the OPD where wounds are sutured. The unit managers should continually communicate the need for equipment to the hospital management and management should do likewise to the Department of Health so that more funds can be allocated for that purpose. AIDS has resulted in an increase in bedridden patients who need dry bed linen to prevent bedsores, which reflect poor nursing care. The study found an urgent need for more bed linen, BP machines, drip stands, beds with wheels, bedside lockers and other items. A stock control policy with emphasis on borrowing books in units should be formulated and implemented.

4.4.4 Improvement of referral system

The study found a shortage of vehicles for patient transport. The respondents reported that there is only one vehicle that transports patients to Mthatha once daily in the morning except over weekends and no standby vehicle for emergencies. Metro ambulances are called, but a patient needing an emergency transfer could die before an ambulance arrived from Mthatha. The respondents reported that patients had, in fact, died while waiting for a Metro ambulance. There should be a standby vehicle waiting for

emergency referrals 24 hours a day. In addition, there should be at least two patient transport vehicles so that more patients can be transported to limit the number of patients left behind because the vehicle is full. This means further that an extra driver should be employed.

4.4.5 Access roads

This study revealed that the access roads are in very poor condition. The road linking the hospital with Mthatha, which is a referral centre, needs to be tarred so that Metro ambulances can arrive more speedily. The hospital should request local government to upgrade, improve and maintain the roads in good condition to ease the referral of patients, especially those who need emergency health care.

4.4.6 Physical layout of the institution

The respondents found the hospital layout frustrating and ineffective. Some of the respondents stated that the hospital needed rebuilding. Hospital management should motivate for rebuilding the hospital.

4.4.6.1 Unit layout

The units in General Section, namely Paediatric Ward, Maternity, Theatre, Male and Female Wards except TB Wards, OPD and Gateway Clinic, are in one block. These units are small and overcrowded, limiting free movement of health professionals. To avoid overcrowding in units, no patients should be admitted when the beds are full. When the units are full, patients should be given treatment and wait at home until beds are available. In Maternity, mothers should not be admitted unless they are in labour or need close observation. Doctors should always consider the bed state before admitting patients. No sharing of beds in units should be allowed. Overcrowding exposes patients and health care providers to infectious diseases.

4.4.6.2 Infection control

Rebuilding of the hospital would ensure infection control because units in the existing structure are small and overcrowded. Even when there are equal numbers of patients

and beds, the beds are close to each other because of the size of the units. There should be isolation units for adult patients and for children to prevent cross-infection. In Maternity there should be two nurseries to isolate sick from well babies. To limit exposure of patients to nosocomial infections, overcrowding should be avoided in the nursing units.

4.4.6.3 Visiting hours

It was found that visitors did not observe visiting hours and used a back door when they wanted to go straight to their relatives in the units. It is recommended that the back door be kept locked. A security guard should be stationed at the main entrance to enforce visiting hour observance.

4.4.7 Communication system

Communication was a serious problem that needs to be resolved. The hospital management should approach the local authorities and Telkom for a solution to the poor landline telephone service.

4.4.8 Safety and security

Personnel safety and security are crucial. The respondents reported a lack of safety and security, especially at night, because many of the doors cannot be locked. The hospital management should ensure that all doors can be locked at night, except the main entrance used by clients and their families coming for health services. Strong doors should be installed to ensure the safety and security of health care providers and patients.

4.4.9 Accommodation

The Department of Health should allocate funds for nurses' quarters on or close to the hospital premises. The provision of good quality staff accommodation is a significant issue in attracting staff to rural areas (Department of Health, New South Wales 2002:10). Staff accommodation is both a recruitment and retention strategy. A rest room should be built at the hospital so that nurses can rest during lunch breaks. The rest

room should have plugs, comfortable chairs, a microwave oven, a television and a radio. A hall for meetings and other activities should also be built.

4.4.10 Support system

The hospital management should provide a strong support system for professional nurses to help them cope with the intra- and extra-personal environment stressors. Management should always offer the necessary support, including for social problems. Like patients, nurses require care to sustain and maintain a caring ethos in service delivery (Denosa 2005:55). Professional nurses should understand and support one another in the workplace. Management should assist professional nurses in identifying and mobilising their usual coping strategies to enable them to adapt well to their environment.

Unsupportive management coupled with poor working relationships with other health professionals negatively affects job satisfaction. To promote job satisfaction and minimise work stress, management should support professional nurses experiencing problems in the workplace (Hegney & McCarthy 2000:349).

4.4.11 Exit interviews

Prior to doctors and professional nurses leaving the institution they should be interviewed to determine the reasons for leaving. The information from exit interviews can provide the basis for planning changes.

4.4.12 Further research

It is recommended that further research be conducted on the following areas:

- There is a need to verify the findings of this research on a broader sample of professional and other category nurses' using quantitative research techniques. This would help planner in the Department of health in the Eastern Cape to see if this problem is a universal problem affecting nurses in general. Through qualitative research it would be easy to generalise findings.

- There is also a great need to see if professional and other category nurses' experience of working in remote rural hospitals in other Provinces share similar experiences with nurses working in the Eastern Cape Province.
- Further research is needed among middle and top management, this would explore the experience of working in a remote rural hospital. This kind of research among middle and top management will help show how the findings of this particular study complements the findings of management. This will then identify areas of improvement in the system.

4.5 CONCLUSION

Professional nurses are the backbone of the nursing profession hence resolving the problems they experience can change the image of the nursing profession and health care delivery. Policy makers can use the findings of this study to plan and implement changes in policy and practice in order to recruit and retain professional nurses and other category nurses and doctors in remote rural hospitals.

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ANNEXURE 1

Canzibe Hospital
Private Bag X104
NGQELENI
5140

31 May 2005

The Nursing Service Manager
Canzibe Hospital
Private Bag X104
NGQELENI
5140

Dear Madam

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I am currently an MA student majoring in Health Studies at the University of South Africa. I am engaged in a research project entitled "PROFESSIONAL NURSES' EXPERIENCE OF WORKING IN A REMOTE RURAL HOSPITAL IN THE EASTERN CAPE PROVINCE", under the supervision of Professor TR Mavundla of the Department of Health Studies at the above university.

The main purpose of the study is to explore and describe professional nurses' experience of working in a remote rural hospital so that the problems they may be experiencing there can be highlighted.

To complete this study, I need to conduct interviews of approximately 45 to 60 minutes' duration with professional nurses who are working in a remote rural hospital. These interviews will be audio-taped for verification of findings. Only the researcher and an independent expert in qualitative research who will assist with the analysis of data will share the tape-recorded interviews.

The direct benefit of this study to the hospital is that a summary of the research findings will be made available to the hospital. The long-term benefits are that the research findings will be used to formulate policy guidelines to address the problems experienced by professional nurses in the hospital.

I trust this request will receive your favourable consideration.

Thank you in anticipation

Yours truly

Mrs SW Xego
MA (Health Studies)
STUDENT

Annexure 3

Department of Health Studies
University of South Africa
PO Box 392
UNISA
0003

CONSENT LETTER FOR PARTICIPATION

Dear Sir

REQUEST FOR CONSENT TO PARTICIPATE IN A RESEARCH STUDY

I am an M Cur student at the University of South Africa, presently engaged in a research project entitled PROFESSIONAL NURSES' EXPERIENCE OF WORKING IN A RURAL HOSPITAL IN THE EASTERN CAPE PROVINCE under the supervision of Professor TR Mavundla of the Department of Health Studies.

The objectives of this study are to

- explore and describe professional nurses' experience of working in a remote rural hospital
- make recommendations for the support of professional nurses working in the context of rural Eastern Cape Province

To complete this I need to conduct interview of approximate 45-60 minutes duration which will be audio-taped for verification of findings by an independent expert who is a qualitative research expert. In this study I undertake to safeguard your anonymity by omitting the use of names and places. Confidentially will be assured to erasure of taped material on completion of transcription of these tapes. The transcribed tape material will only be shared by myself and another independent expert on qualitative research. you are giving informed consent of these proceeding 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 experience of working in a remote rural hospital in the Eastern Cape Province.

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

Mrs SW Xego
Canzibe Hospital
Private Bag X104
NGQELENI
5140

Thank you

…… ……..
(SIGNATURE) PARTICIPANTS DATE

……..
Mrs SW Xego
Researcher

……...
TR Mavundla
Supervisor: Prof, D Cur, RN

ANNEXURE 4

A PHENOMENOLOGICAL INTERVIEW

RESEARCHER: Good morning, Sister. How are you?

PARTICIPANT: I am fine, thanks, and you?

RESEARCHER: I am also fine, Sister. As promised, I am here to conduct an interview and ask you one question: “How do you experience working in this hospital?” You may answer the question in English or in Xhosa, or you can mix both English and Xhosa.

PARTICIPANT: Okay. I prefer to use Xhosa.

RESEARCHER: All right.

PARTICIPANT: I will mix languages where necessary. In the first place, the roads coming to this hospital are bad. I am sure even you, coming here, you saw that it is bad, very bad. Secondly, this hospital is so remote and isolated that people coming to the hospital die on the way because of the bad condition of the road. It’s worse with emergencies.

Next, the conditions under which we work are bad. In this hospital it is not easy to communicate with the outside world. The telephones do not work properly, especially cell phones. Electricity here is very weak; for example, when it is windy we usually experience power failures. And then, this hospital is so small and needs more wards. You find that two children use one cot bed, which exposes a child to infection; that is, acquired infection.

RESEARCHER: Yes

PARTICIPANT: Nurses leave this hospital because there is a gross shortage of staff, which increases the workload. The conditions under which we work affect the community members who come here not knowing them. We are short of many things here due to financial constraints.

RESEARCHER: Short of things, like what?

PARTICIPANT: Sometimes we run short of intravenous solutions here in the hospital. The responsible persons do order, but we do not know where orders get stuck.

RESEARCHER: Do they do follow up?

PARTICIPANT: Yes, because we ask the dispensary people and they say they made the order and were told that the items would follow. There are things that are worse for us professionals. Just imagine working in a place that is not right under unsatisfactory working conditions.

RESEARCHER: Can you just dwell more on the working conditions?

PARTCIPANT: On working conditions?

REASERCHER: Yes.

PARTICIPANT: As I said, this place is very remote and the hospital is too small.

RESEARCHER: Yes.

PARTICIPANT: There's a dire need for extension of the hospital because, as I said, we are experiencing a big problem whereby you put two patients in the same bed because of overcrowding. There are a lot of patients coming to this hospital.

RESEARCHER: Is there a shortage of cot beds?

PARTICIPANT: Yes, we do have a shortage of cot beds even the beds. Because Male General Ward only accommodates 12 patients, but do you know how many patients come for admission per day? The wards accommodate only 12 patients. How many deliveries do we conduct in this place, with only 12 beds in each ward?

RESEARCHER: How many deliveries are conducted? Just estimate how many deliveries are conducted a day?

PARTICIPANT: A day! We conduct 12 deliveries a day, you see! How many beds and how many people are waiting for those beds? Only 12 in the ward. It is difficult for us to open a kwashiorkor unit because of the lack of equipment anyway.

RESEARCHER: So you intend to open a kwashiorkor unit?

PARTICIPANT: Exactly, and the Government tell us to follow that programme. But we don't have the equipment to do this so that we can properly handle a kwashiorkor unit.

RESEARCHER: Equipment like what? What exactly do you need so that you can open a kwashiorkor unit?

PARTICIPANT: We think that it's the unit itself.

RESEARCHER: The unit itself?

PARTICIPANT: The unit itself, which is properly equipped with beds, cot beds and beds for adults because we want to promote tender loving care between the mother and the baby. That unit needs a lot of blankets, and heaters so that they are comfortable.

RESEARCHER: Yes

PARTICIPANT: Both the mother and the child need care. We need an electric mixer for making starter formulas for these malnourished children, measuring scales, measuring jugs, and a lot of equipment for the kwashiorkor unit only. The malnourished children are badly off because they are not nursed properly in the way the Government needs these patients to be nursed.

RESEARCHER: Yes, so you have a problem with nursing the patients properly?

PARTICIPANT: Yes, especially those with malnutrition because we don't have their special units.

RESEARCHER: Yes.

PARTICIPANT: So all those things cause us stress because it's not that we don't want to do the work properly. But we can't because of no equipment and the unit itself.

RESEARCHER: You mentioned something about staff.

PARTICIPANT: Staff? There is a gross shortage of staff, which increases the workload of the nurses.

RESEARCHER: What do you think causes the shortage of staff in this hospital?

PARTICIPANT: People leave because this place is very remote. Secondly, there are no replacements for the people who leave the hospital. No one is employed to replace the people who leave. There is no replacement.

RESEARCHER: Do they resign or what?

PARTICIPANT: They get transfers; some resign, others retire.

RESEARCHER: So those who leave are not replaced?

PARTICIPANT: Not at all. Anyway, we hope for the best and that perhaps your presence here will help us.

RESEARCHER: What else do you experience? Do you have any positive experiences?

PARTICIPANT: Like what?

RESEARCHER: Are there only negative experiences, no positive experiences; that is, something that is positive?

PARTICIPANT: Yes, because we live in a world of promises we can say there are positive things because they promise to help us with whatever we need. So we live in a situation of promises, you see.

RESEARCHER: What about Stores Department; have you ever contacted the Stores Department about the shortage of equipment in the wards?

PARTICIPANT: Yes, several times. We have contacted the Stores and they said they have no money to buy all those things.

RESEARCHER: They say there is no money?

PARTICIPANT: Yes, they say they are experiencing financial constraints. Even if the budget is there, they will say we are prioritising things; we are going to buy things that are needed for certain departments.

RESEARCHER: Are you not involved when they prioritise? I mean, don't they include you in those meetings?

PARTICIPANT: Yes, they do include us in those meetings, but the only thing that they say is that they have transferred funds to urgently needed items like patients' food.

RESEARCHER: Not good?

PARTICIPANT: Yes, sometimes the meat is old; the milk is sour.

RESEARCHER: Old?

PARTICIPANT: Yes, the meat is old; the milk is sour, so we can't even make the starter formulas for the malnourished children. Sometimes patients eat tins of fish for about a month.

RESEARCHER: You said something about meat that is old and milk that is sour, what I want to know is that, is there no cool room in this hospital to keep food in a good condition?

PARTICIPANT: Yes, there is a cool room but I think the only problem is with the company from which they order. This company delivers this old, not fresh meat and milk that is sour.

RESEARCHER: Which means that meat comes to the hospital already old?

PARTICIPANT: Already old, not fresh.

RESEARCHER: And milk already sour?

PARTICIPANT: Exactly, and when the kitchen staff query this, the guy insists he has brought fresh milk and fresh meat!

RESEARCHER: Have you ever queried this?

PARTICIPANT: Exactly, even the kitchen reports time and again to us that they are "experiencing a big problem with the company that is bringing us foodstuffs. It is always bringing things that are already expired." I don't know whether it is simply because the area is very remote. I think remoteness is contributing, but I don't know.

RESEARCHER: What about the companies they use, do they change companies?

PARTICIPANT: I don't know how long the company stays because it's supposed to be changed immediately. We've been telling these kitchen people to change this company and they say something about a contract. I don't know how many years the contract is for. Even the doctors are aware of that.

RESEARCHER: Do you have enough doctors?

PARTICIPANT: Yes, but they are not enough; we only have four doctors and two are leaving.

RESEARCHER: Two are leaving, why?

PARTICIPANT: For better conditions because there is no education here that is suitable for their children because these doctors come from the Netherlands. There are no multiracial schools here, you see, so they want to take their children back. That 's why they are leaving.

RESEARCHER: What about the doctors who leave, are they going back home?

PARTICIPANT: No, they are not going back home. They are going to greener pastures around here in the Eastern Cape.

RESEARCHER: So they are leaving this hospital for greener pastures?

PARTICIPANT: Yes.

RESEARCHER: What about patients, do you experience any other problems regarding patient care?

PARTICIPANT: We experience a problem regarding child support grants. There's a big problem with the child support grant. Our people here have no certificates. If you do follow-up, you find that this woman has no ID.

So that is why it is difficult for her to get a birth certificate for the child. Some children who died of malnutrition here did not have birth certificates, and as a result had malnutrition. If you do follow-up and you go to the home, you find that the husband is not working, the grandmother only receives an old age grant, which is not enough for the grandchildren and it's not enough for the family. We experience a lot of these problems with patients having no ID or birth certificate.

RESEARCHER: How does it affect you as professional nurses when a person does not get a disability grant, or a person cannot get a birth certificate for the child?

PARTICIPANT: It affects us in this way: if you are nursing these patients, you have to nurse them in totality you see! That is, to nurse them physically, emotionally and even socially; in other words, you have to go and find out what is happening at home, how they get their means of living and so on. That is how it affects us.

RESEARCHER: Well, let me thank you, Sister, for the information that you have given me. Thank you very much for your time.

PARTICIPANT: Thanks.

RESEARCHER: Have a nice day.

PARTICIPANT: Thank you.