PERCEPTIONS OF CLIENTS WITH EYE PROBLEMS BEFORE CATARACT SURGERY AT A PUBLIC HOSPITAL IN SEDIBENG DISTRICT, GAUTENG PROVINCE

by

HLUPHEKILE MARIA MODISE

Submitted in accordance with the requirements.

for the degree of

MASTER OF ARTS

IN

NURSING SCIENCE

in the subject

Health Studies

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: DR SH MBOWENI

24 NOVEMBER 2023

DEDICATION

I dedicate this study to my family, especially my son and my supervisor, Dr SH Mboweni for their support and encouragement. This study would not have been possible without them.

DECLARATION

Name: Hluphekile Maria Modise

Student number: 62037676

Degree: Master of Arts in Nursing Science

Title: Perceptions of clients with eye problems before cataract surgery at a public hospital in Sedibeng District, Gauteng Province.

DECLARATION

I declare that the above dissertation 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.

I further declare that I have submitted the dissertation to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any education institution.

15 /11/2023

HLUPHEKILE MARIA MODISE **DATE**

ACKNOWLEDGEMENTS

Firstly, I would like to thank God my saviour and creator for giving me the strength and courage to complete this study. He has made everything beautiful in its time, yet no one can fathom what God has done from beginning to end (Ecclesiastes 3:11).

I also want to acknowledge the following people who contributed to this study:

- My special thanks to my supervisor, Dr SH Mboweni, for good guidance, patience, mentorship, and excellent continuous support.

- My brother Pule and my Son Tshepo, who helped me out while I was having trouble with technology and supported me by teaching me computer skills.

- Dr Precious Phatudi, the Ophthalmologist, and the Eye Clinic staff for their continuous support during data collection and providing a private room for conducting the interviews.

- Boniswa Bholo, my research assistant, who assisted me in finding participants for my study.

- The Gauteng Department of Health Ethics Committee and the University of South Africa, CREC for giving me permission to conduct the study.

- Chief Executive Officer of Sedibeng District for granting permission for this study to be conducted in the facility.

- My appreciation to the study participants who were kind enough to share their perceptions.

ABSTRACT

PERCEPTIONS OF CLIENTS WITH EYE PROBLEMS BEFORE CATARACT SURGERY AT A PUBLIC HOSPITAL IN SEDIBENG DISTRICT, GAUTENG PROVINCE.

STUDENT NUMBER: 62037676

STUDENT: HLUPHEKILE MARIA MODISE

DEGREE: MASTER OF ARTS IN NURSING SCIENCE

DEPARTMENT: HEALTH STUDIES, UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: DR SH MBOWENI

ABSTRACT: Despite efforts to convince patients to undergo cataract surgery, over 50 million people are blind and at least 135 million people worldwide have significant vision impairments, with cataracts accounting for 51% of these instances. Individuals with cataracts are reluctant to undergo surgery, which is why the purpose of the study is to explore and describe the perceptions of clients with eye problems before cataract surgery at a public hospital in Sedibeng district, Gauteng Province. A qualitative descriptive phenomenological was used in this study. The purposive sampling method was used to select participants who met the inclusion criteria. The researcher collected data employing semi-structured, face-to-face individual interviews. Data was collected until saturation was reached with n=15 participants. An audio tape recorder was used with the permission of the participants for the accurate collection of data. Data analysis was done utilising Colaizzi's seven-step analysis of the open coding analysis framework. Trustworthiness was enhanced by using credibility, transferability, dependability, and confirmability. Ethical standards were ensured by adhering to the principle of respect for persons, the principle of beneficence, and the principle of justice. Five (5) themes emerged from the study's findings, notably; clients' positive perceptions regarding cataract surgery; clients' understanding surrounding cataract surgery; perceived hurdles that are thought to exist surrounding cataract surgery; perceived loss of independence; and perceived coping techniques related to cataracts. Findings were conceptualized within the relevant literature. To eliminate cataracts the study recommended policy formulation, and knowledge reinforcement on cataract surgery through education, awareness and support.

KEYWORDS: Blindness, cataracts, cataract surgery, clients, coping techniques, eye problems, loss of independence, perceptions, perceived hurdles, public hospital

Table of Contents

LIST OF TABLES **PAGE**

LIST OF FIGURES **PAGE**

LIST OF ANNEXURES **PAGE**

LIST OF ABBREVATIONS

CSR	Cataract Surgical Rate
DoID	Department of International Development
GAP	Global Action Plan
HBM	Health Belief Model
IAPB	International Agency for the Prevention of Blindness
LMICs	Low and Middle Income Countries
MSVI	Moderate to Severe Visual Impairment
SDG	Sustainable Development Goals
UV	Ultraviolet
VI	Visual Impairment
VRQoL	Visual Related Quality of Life
WHA	World Health Assembly
WHO	World Health Organisation

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Preventing eye diseases and vision impairment will increase productivity and lower informal and intangible expenses since eye care is an excellent investment (World Health Organization (WHO) 2019: 74). Additionally, good eye health makes it possible to work, live comfortably, and earn a living (Xulu-Kasaba & Kalinda 2022:6). Blindness and severe visual impairment are important factors in early mortality, especially for the poor, and are associated with lower than average life expectancies in developing country settings (Rabiu, Taryam, Yusuf & Maji 2023:1). Also, blind people do not have access to environments that would allow them to meaningfully participate in development efforts and community life. In order to improve their quality of life, educational prospects, and productivity at work, it is crucial to provide services to prevent and mitigate visual impairment (Rabiu et al 2023:1).

To restore visual function, cataract surgical procedures are used, which may help people who were previously blind to do their everyday tasks more effectively (Zitha & Rampersad 2020:10). In 75%-90% of cases, an individual's productivity and quality of life improve after cataract surgery in a developing nation (Norris & Norris 2019:1). Moreover, a healthy, independent, and well-functioning person need cataract surgery, as having good vision and not being blind increases a person's dietary and personal hygiene decisions (Xulu-Kasaba & Kalinda 2022:6). For this reason, it is important to make cataract surgery accessible to those who need it, especially in underdeveloped nations (Zitha & Rampersad 2020:10).

Despite these advantages, a growing number of clients choose not to undergo cataract surgery. This led the researcher to explore and describe perceptions of clients with eye problems before cataract surgery at a public hospital in the Sedibeng district, Gauteng Province in order to suggest appropriate strategies to lessen the impact of cataracts on clients before cataract surgery following qualitatitive research methods.

1.2 BACKGROUND OF THE RESEARCH PROBLEM

Around 17.7 million individuals are blind worldwide as a result of cataracts (Khoza, Nunu, Ndou, Ramakuela, Manganye, Murwira, Tshivhase & Mambanga 2020:2). The vision 2020 global program was started in 1999 by WHO and the International Agency for the Prevention of Blindness (IAPB) to eradicate preventable blindness by the year 2020. The World Health Assembly (WHA) in 2013 approved the Global Action Plan (GAP) for Universal Eye Health, which prioritizes the treatment of cataracts. The plan aims to reduce preventable blindness and visual impairment by 25% between 2010 and 2019 (Sengo, Salamo, Santos, Mate, Chivinde, Moragues, Perez, & Lopez-Izquierdo 2023:2).

According to the most recent Global Burden of Disease study, the burden of blindness and Moderate-to-Severe Visual Impairment (MSVI) was estimated to be 43.3 and 295 million, respectively, in 2020. With 2.95 million blind and 15.2 million MSVI in 2019, China is a developing nation that has the highest rate of cataract-related visual impairment worldwide (Tan, Han, Zheng, Jin, Qiu, Zhu, Chen, Zhang, Dickey, Wang, Huang, Liu, Liang, Zeng, Lin, He, Luo, Huang, He, Lio, Huang, Congdon & Liu 2023:355). The European Union saw more than 4 million cataract surgeries in 2016, and the UK saw 452,000 procedures in 2018 and 2019 (Theodoraki, Naderi, Lam, Tan, Jameel, Lai, Garcia, Low, Bhogal, Robbie & O'Brart 2022:1). Even though vision 2020: Right to sight, a global project to end preventable blindness, ends in 2020, the 73rd WHA adopted the World Report on Vision in 2020 after it was released by the WHO in 2019. The report and resolution urge that advancing eye health and implementing integrated, people-centered eye care be priorities to achieve universal health coverage and sustainable development goals (Burton, Ramke, Marques, Bourne, Congdon & Jones 2021:492).

According to Sengo et al (2023:2), the high prevalence of visual impairment (VI) on the continent is a result of the unavailability, restriction, and limitation of access to eye health services. Africa is a prime example of this, with less than 1% of the world's ophthalmologists practicing there, and only 13 African countries having attained the recommended minimum number of eye care professionals per population. Khoza et

al (2020:4) indicates that cataracts are thought to be the primary cause of blindness in more than 66% of blind persons in South Africa and 80% of underprivileged groups. Furthermore, a study done in Cape Town found that South Africa is unable to perform the recommended number of cataract surgeries per million people (CSR), which results in significant surgical backlogs (Heitmann 2019:7). The main cause of South Africa's high rates of unmet surgery needs, is due to the lack of human resources for eye health (Xulu-Kasaba & Kalinda 2022:7).

In South Africa, it has been established through evidence that visual impairment is the most prevalent form of disability. As such, its growth may have serious negative effects on the country's health and economic systems as well as a delay in the achievement of the United Nations (UN) Sustainable Development Goal 3 (SDG 3) which seeks to: "Ensure healthy lives and promote well-being for all at all ages." (Xulu-Kasaba & Kalinda 2022: 7). Therefore, to address this common cause of preventable blindness in the nation, CSR must be given higher priority and improved (Xulu-Kasaba & Kalinda 2022: 7).

According to Metelerkamp (2022: 2), the Western Cape's public health facilities have more cataract surgery backlogs as a result of the pandemic. Tygerberg and Groote Schuur, the two biggest hospitals in the province, have 1,200 and 2,500 procedures backlogged, respectively. The country has never actually attained the 2,000 operations per million people mark. The Member of the Executive Committee (MEC) for the Gauteng Health Province revealed this before the legislature, stating that the worst backlogs and waiting times are 22 months at Sebokeng Hospital and 18 months at the other Gauteng hospitals, which include Mamelodi Hospital, Thella Mogoerane Hospital, George Mukhari, and Chris Hani Baragwanath. However, some ophthalmologists believe the number is at least triple this due to the COVID-19 disruptions (HO 2021: 2).

One of the most affected regions is Sedibeng District Hospital, where there are around 3,000 patients on the waiting list, 2,250 of whom must wait up to nine months for cataract operations (Gcwabe 2023:3). Therefore, even though the WHO has established numerous methods, such as the Cataract Surgical Rate (CSR) and campaigns to prevent blindness, the prevalence of cataracts is still rising in developing nations, particularly South Africa. The researcher became interested in conducting a

study to explore and describe the perceptions of clients with eye problems before cataract surgery at a public hospital in Sedibeng District, Gauteng Province, to improve the quality of life and general health of clients in Sedibeng District.

1.2.1 Legislation

Legislation essentially refers to government-made laws and regulations. It may also be used to describe the act or process of passing laws. Legislation can also be used to authorize, regulate, outlaw, sanction, grant, declare, or impose restrictions, among other things (Cambridge English Dictionary 2023, sv "legislation"). A written law enacted by a body or individual empowered to do so by the constitution or other legislation is known as legislation (Merriam-Webster's Unabridged Dictionary 2023,sv "legislation"). The following law is significant to this study since it deals with healthcare.

Charter for National Patient Rights

Everyone has the right to access health care services, including assistance for their unique needs as new-borns, children, pregnant women, and older individuals with disabilities. The Patient Rights Charter has been declared as the accepted benchmark for achieving the realization of this right by the Department of Health (DoH), which is committed to defending, promoting, and safeguarding it. Section 27 (1), Chapter 2 of the Constitution of South Africa (Act No. 108 of 1996) guarantees this right to access health care services, and it must be fulfilled.

1.3 PROBLEM STATEMENT

A cataract is said to be a serious condition that requires prompt and effective treatment worldwide including in South Africa. The eye plays a vital role in life, and if it is not treated right away, it may interfere with daily activities, which will undoubtedly lower human life quality. However, Cahyono and Mahyuvi (2023:1) stated that most patients experience preoperative anxiety before cataract surgery, with fear of death predominating the patient's concerns regardless of whether the patient underwent

surgery. According to Ngah, Muhamad, Aziz, Hussein, Salowi, Kamarudin, Abdullah, and Aris (2023:1), there are 2.2 billion visually impaired people in the world. At least 1 billion of them suffer from an avoidable vision impairment. Approximately 51% of all cases of blindness are caused by cataracts, with 95% of those cases occurring in low- and middle-income countries (LMICs) (Ngah et al 2023:1). Thus, according to Purola, Nattinen, Ojamo, Rissanen, Gissler, Koskinen, and Uusitalo (2022:1), cataract and related visual impairment are consequently linked to several negative outcomes, including a higher risk of accidents and a lower quality of life. It is necessary to assess the disease's effects on aging populations because aging is the primary risk factor for cataracts. Many studies have been conducted on the experiences after cataract surgery from the viewpoints of the patients (Webber, Fylan, Wood & Elliot 2020:1).

However, not much research has been done on how patients view their feelings, thoughts, and fears prior to cataract surgery. It is interesting to learn about the views, opinions, and attitudes of patients regarding cataract surgery because, for many, the eye is an extremely valuable and significant organ since it is connected to their capacity to carry out daily tasks and live freely. Hence, the purpose of this study is to explore and describe the perceptions of clients with eye problems before cataract surgery at a public hospital in Sedibeng district, Gauteng Province.

1.4 PURPOSE/AIM OF THE STUDY

1.4.1 Research purpose/ aim

The purpose of a research study is connected to the outcomes that the researcher hopes to achieve with the study (Gray et al 2017:207). A research target is a defined, quantifiable outcome that directs research (Brink et al 2018:74). The study aims to explore and describe the perceptions of clients with eye problems before cataract surgery at a public hospital in the Sedibeng district, Gauteng Province in order to give recommendations to support their care and eventually improve the quality of their life.

1.4.2 Research objectives

The objective of this study was to:

1) To explore and describe the perceptions of clients with eye problems before cataract surgery at a public hospital in the Sedibeng district, Gauteng Province.

2) To describe the recommendations to support clients with eye problems before cataract surgery in the Sedibeng district, Gauteng Province.

1.4.3 Research questions

- What are the perceptions of clients with eye problems before cataract surgery at a public hospital in the Sedibeng district, Gauteng Province?
- What are the recommendations that can be made to support clients with eye problems before cataract surgery?

1.5 SIGNIFICANCE OF THE STUDY

Through early screening and prompt referrals, the study may reduce the waiting period for cataract surgery and the amount of reversible blindness brought on by cataracts. The clients' understanding of how to prevent complications from cataract surgery, such as vision loss, could be improved by the study, which would also enhance the health and quality of life of the Sedibeng population. The study may potentially contribute to the improvement of current methods for reducing cataract-related blindness.

1.6 DEFINITION OF KEY TERMS

1.6.1 Eye problems: An eye problem is defined by Naipal and Rampersad (2018:1) as a condition of decreased visual performance that is not treatable with refractive correction (contact lenses or spectacles). In this study, eye problems refer specifically to clients with cataracts who were booked for cataract surgery at a public hospital in the Sedibeng district, Gauteng Province.

1.6.2 Perceptions: Oxford English Dictionary (2023, sv "perception") defines perception as one's perspective, understanding, or interpretation of something. For this study, the perceptions refer to the insights or knowledge perceived by clients with eye problems before cataract surgery at a public hospital in the Sedibeng district, Gauteng Province.

1.6.3 Cataracts: refer to the clouding of the lens of the eye, which prevents clear vision. (Khoza, Njabulo, Tshivhase, Murwira, Mambanga, Ramakuela, Manganye, Ndou & Nthomeni 2020:3). In this study, cataracts refers to a condition whereby clients eye lens changes from being clear to having milky or cloudy appearance.

1.6.4 Clients: Someone for whom a professional person or organization is providing a service or doing some work or a company that receives a service from them in return for payment (Collins English Dictionary 2023, Sv "client"). In this study, 'clients' refer specifically to the individuals or patients who were booked for cataract surgery in the eye clinic at a public hospital in the Sedibeng district, Gauteng Province.

1.6.5 Cataract surgery: This is when the opaque lens of the eye is removed and replaced by an artificial intraocular lens (Jain, Rajshekar, Aggarwal, Chauhan & Gauba et al 2019:2). For the purpose of this study, cataract surgery refers to the procedure that will be performed to remove the lens of the eye and replace it with an artificial lens on the clients who were booked for cataract surgery at a public hospital, in the Sedibeng district, Gauteng Province.

1.6.6 Public Hospital: According to the South African National Health Act (Act no 61 of 2003) Section 35, a public hospital is an institution that provides health services to the public and provides education and training to health care providers in different specialties. In this study, a public hospital refers to a Level II (regional) hospital as a facility that provides cataract surgery and eye health services in the Sedibeng district, Gauteng Province.

1.7 PARADIGMATIC FOUNDATIONS OF THE STUDY

1.7.1 Research Paradigm

A paradigm, often known as a "worldview," is a fundamental collection of beliefs that serve as a basis for action (Creswell & Creswell 2018:44). Paradigms, as defined by Mwita (2022:619) are favoured approaches to gaining knowledge, comprehending reality, and learning about the outside world. Paradigms offer direction on how to approach a specific research subject. In this study, the qualitative research method was guided by the constructivist paradigm.

1.7.1.1 Constructivism Paradigm

A constructivist worldview aims to rely as much as possible on the participant's perspective on the event being studied (Creswell & Creswell 2018:45). The constructivist' paradigm is concerned with how a researcher sees the world from a subjective point of view by interpreting meanings from the collected data. The constructivist paradigm is concerned with how research interprets meanings from data obtained and views the world from a subjective point of view. An analyst of social phenomena interprets what a responder says about it. Truth and knowledge are dependent on people's experiences and how they understand them, and they are also contextualized by culture and history.

According to constructivism, a researcher's values and beliefs cannot be wholly dissociated from their work (Mwita 2022:619). By carefully gathering and analysing narrative and subjective qualitative data, constructivist researchers typically advance our understanding of the lived human experience (Polit & Beck 2017:46). People often negotiate their subjective interpretations of their experiences in social and historical contexts, according to social constructivists (Creswell & Creswell 2018:45).

The following assumptions were mentioned in Creswell and Creswell discussions of constructivism (2018: 46):

1. Humans construct meaning as they engage with the reality they are understanding. Open-ended questions are a typical tool used by qualitative researchers to provide participants with the chance to express their viewpoints. To allow participants in this study to express their opinions about the perceptions that may be contributing to the occurrence of cataracts among them, the researcher made sure that open-ended questions were asked during the interview.

2. People interact with their environment and interpret it in light of history and culture. Qualitative researchers attempt to understand the circumstances of the individuals by directly visiting them and gathering data. They interpret their findings as well, which is influenced by the researchers' backgrounds and experiences. The study was conducted at a public eye hospital in the Sedibeng district, where the researcher met with the participants. Data were collected through individual interviews and analysed in the form of Colaizzi's phenomenological data analysis method.

3. Social interactions between people are the underlying source of all meaning creation. Because qualitative research is inductive, the researcher derives meaning from the field data. In this study, the researcher interpreted data collected through field site interviews.

1.7.1.2 Constructivism assumptions

- *Ontology*

The nature and properties of reality are central to the ontological framework. Naturalistic research means that reality is not a static thing but rather the fabrication of the study participants (Polit & Beck 2017:44). Various constructions are also possible, and reality occurs in context. According to Brink, Van der Walt and Van Rensburg (2018:19) ontology is a structured system of premises about reality. The study took place at a public eye hospital in the Sedibeng District, where the researcher interviewed 15 clients with eye problems regarding their perceptions before cataract surgery.

- *Epistemology*

According to a constructivist theory of epistemology, knowledge is produced by the interaction between the study's participants and the researcher (Polit &Beck 2017:43). According to Brink, Van der Walt and Van Rensburg (2018:19) epistemology is the study of reality. In this study, the researcher collected data through semi-structured individual interviews. The research findings were then reflected upon or reviewed concerning the perceptions of the clients with eye problems before cataract surgery at a public hospital in the Sedibeng District, Gauteng Province.

- *Methodology*

The methods by which the inquirer obtains knowledge or the strongest evidence are addressed through the constructivist methodological position (Polit & Beck 2017:43). In studies utilizing the constructivist paradigm, participants give their experiences a variety of subjective meanings (Creswell & Creswell 2018:45). The constructivist paradigm depends on the participants' perspectives of the event under study hence the questions posed must be wide and all-inclusive so that participants can construct the situation's meaning.

The overarching question posed to participants in this study is “What is your understanding of cataract surgery?” Given that this paradigm is based on many realities, this question allowed participants to voice their various perspectives on cataract surgery (Polit &Beck 2017:43). The researcher believed that qualitative research methods were an appropriate choice to describe and explore perceptions of clients with eye problems before cataract surgery in the Sedibeng district, Gauteng Province because they are a method for examining and understanding the meaning people or groups assign to a social or human problem (Creswell & Creswell 2018:45).

- *Axiology*

The axiological assumptions centre on the significance of values, and the researchers openly acknowledge the fact that their research is biased by values. They also actively disclose their own beliefs and prejudices. The researcher openly described the narrative guiding principles and provided both his or her interpretation and those of the participants (Polit & Beck 2017:43). The researchers freely accept that their study is influenced by values, which is at the heart of their axiological ideas about the importance of values. Additionally, they openly express their own prejudices and ideas. In addition to providing both his or her interpretation and that of the participants, the researcher was transparent in describing the narrative guiding principles (Polit & Beck 2017:43). In conducting this study, the researcher adhered to ethical standards at all times, sought permission to do the research and access the study site, obtained informed consent, protected participants' privacy and confidentiality, and raised issues of fairness, beneficence, and non-maleficence.

1.7.2 Theoretical framework

The definition of theory provided by Brink, Van der Walt, and Van Rensburg (2018:16) is "a systematic abstraction of reality that serves some purpose". According to Gray et al (2017:275), the theory is a logical, abstract framework of meaning that directs the course of a study and helps the researcher to connect the results to the body of knowledge in nursing. The theoretical grounding of this study was based on Daniati, Widjaja, Olalla Gracia, Chaudhary, Nader Shalaby, Chupradit & Fakri Mustafa's Health Belief Model (2021:522). According to the Health Belief Model (HBM), improved knowledge can lower the likelihood of getting cataract-related blindness, which is correlated with clients' knowledge and beliefs and it is represented in figure 1.1

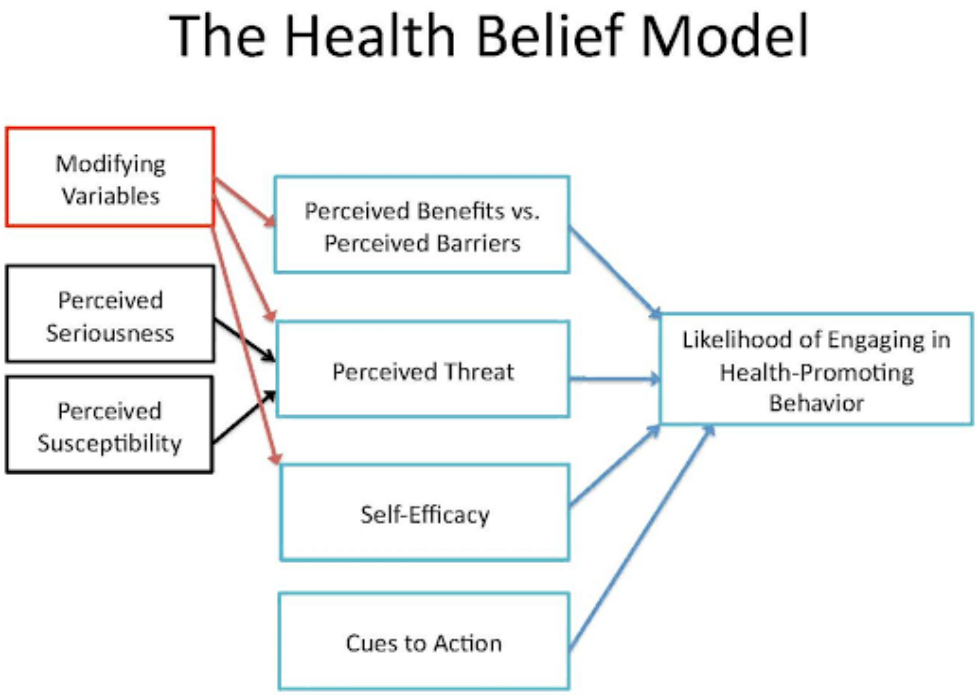

Figure1.1: The Health Belief Model (Adapted from: https://www.researchgate.net/publication/).

The HBM is concerned with a person's attitudes, behaviours, and convictions. To address issues with the preventive mechanism, the model has also been altered. Numerous actions can be taken to either minimize the impact of cataracts on clients or to lessen the severity of cataracts at the levels of the individual, the community, and the medical facility. In summary, the HBM model was founded on the idea that someone will act in a way that is connected to their health if they:

1. Believe serious medical conditions like cataracts may be avoided (Ibanga, Essien, Etim & Udofia 2022:130).

2. Has the hope that by complying with a recommendation, such as early cataract screening, a hazardous health issue can be avoided.

3. Believes that prescribed medical treatment can be successfully carried out, such as having cataract surgery.

An individual's motivation to engage in healthy behaviour can be divided into three categories; namely, the likelihood of action, individual perspective, and behaviour modification (Daniati et al 2021:522). The model proposes that decision-makers determine whether the benefits of a promoted behaviour change outweigh its real-world and psychological costs or barriers, or whether personal conduct and an internal assessment of the net benefits of changing one's behaviour before deciding whether to act (Ibanga et al 2021: 130). Knowledge, values, and attitudes of a client as well as social factors such as those that people associate with, their community of residence, and the organizations they belong to all have an impact on how they perceive cataracts. The Health Belief Model was suitable for this study as it assisted the researcher in understanding the perceptions of the clients with eye problems before cataract surgery at a public hospital in the Sedibeng district, Gauteng Province.

1.8 RESEARCH APPROACH AND DESIGN

1.8.1 Qualitative Approach

In this study, a qualitative research was adopted as the research approach/method. To examine the human experience from the perspective of the research participants in the context in which the activity takes place, qualitative research focuses on the narrative dimensions of meaning, experience, and understanding (Brink et al 2018:104). According to Polit and Beck (2017:44), qualitative research is a technique used by researchers to plan studies and gather and analyse data pertinent to their research questions. According to Creswell and Creswell (2018:50), qualitative research is a technique for examining and understanding the significance that people or groups attach to social or human issues. To explore and describe clients' perceptions before cataract surgery in the Sedibeng District, Gauteng Province, the researcher used this methodology.

1.8.2 Research design

Research design describes how often data were to be collected, the kinds of comparisons that will be made, and the location of the study (Polit & Beck 2017:120). According to Brink et al (2018: 104) research design is the overall strategy for obtaining data for a research study. The perceptions of clients with eye problems before cataract surgery at a public hospital in the Sedibeng district of Gauteng Province were investigated and described using phenomenological, descriptive, contextual, and exploratory approaches.

1.8.2.1 Exploratory design

According to Polit and Beck (2017: 53), exploratory design is a qualitative research method that considers a phenomenon's whole range, how it expresses itself, and other important elements. In this study, exploratory investigations enabled the researcher to examine with the interview guide as a starting point, the perspectives of cataract surgery patients in the Sedibeng District, Gauteng Province.

1.8.2.2 Descriptive design

According to Gray et al (2017:79), descriptive design accurately represents or takes into consideration the characteristics of a particular person, situation, or group. This study is descriptive since the researcher gathered data during the interview in the form of words that were recorded.

1.8.2.3 Contextual design

Creswell and Creswell (2018: 262) believe that in order to ensure that studies are contextualized, participants should not be provided data collection tools to complete, and that data must be acquired in the field where participants experience the problem being studied**.**

1.8.2.4 Phenomenological design

Phenomenology is the study of subjective, first-hand accounts of consciousness (Smith 2021:16). Phenomenology incorporates both a descriptive and an interpretative approach (Polit & Beck 2017: 824). Understanding another person's experiences and worldview is feasible courtesy of Heidegger's Hermeneutic phenomenology. The researcher in this study used a phenomenological approach to analyse and characterize the clients' lived perceptions before cataract surgery in the Sedibeng district. To explore and clarify the lived perceptions of clients at a public hospital in the Sedibeng district, Gauteng Province, this study used a phenomenological design.

For this qualitative study, trustworthiness was ensured through the application of principles such as credibility, transferability, dependability, and confirmability. Ethical approval and permission were obtained from UNISA and the institutional review board of the Gauteng and Sedibeng health districts. In chapter three of this study, the detail information regarding methodology, ethical considerations and trustworthiness specifics will be dealt with in detail in chapter 3.

1.9 SCOPE OF THE STUDY

Only clients who lived in the Sedibeng District, Gauteng Province were interviewed for the study. Only those between the ages of 18 and above were scheduled for cataract surgery at a public hospital in the Sedibeng district and who suffered eye problems before the procedure.

1.10 STRUCTURE OF THE STUDY

There are five chapters in this research study.

To grasp the research problem, the objectives and purposes of the research, its significance, and the definition of essential terms have been provided.

Chapter 1: provides background information for the study. All aspects of the study's theoretical foundations, research design and methodology, and study scope were examined.

Chapter 2: describes the literature review for the study.

Chapter 3: the research techniques and designs are described.

Chapter 4: the descriptions, analysis, and presentation of the research findings are the main focus of this chapter.

Chapter 5: the study's recommendations and conclusions are presented in light of the research's findings.

1.11 SUMMARY

The main topics of this chapter were an introduction to the research problem, background information, an explanation of the study's aim and purpose, significance, the definitions of keywords, theoretical justifications for the study, research methodology, research design, and study scope. Chapter 2 will present the literature review.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

A research literature review is a written summary of the data regarding a topic of study (Polit & Beck 2017:217). According to Creswell and Creswell (2018:29), a study of the appropriate research enables the researcher to assess whether the topic they have chosen is worth investigating, as well as to concentrate their attention and restrict their area of inquiry. The librarian assisted in performing a literature search by utilising specific search terms and criteria, which involved selecting complete articles from reputable international journals published within the past five years. Various databases such as Google Scholar, PubMed, EBHOST, Medline, and CINAL were utilised for this purpose. This chapter focuses on research of clients' perceptions before cataract surgery at a public hospital in the Sedibeng district, Gauteng Province.

2.2 CATARACTS

2.2.1 The concept of cataract

According to Mencucci, Stefanini, Favuzza, Cennamo, Vitto, and Mossello (2023:1), a cataract is a partial or complete opacification of the lens that is typically progressive and irreversible, resulting in vision loss with medical, social, and economic ramifications. Cataracts are described by Cahyono and Mahyuvi (2023:1), as a condition that occurs when eyes that appear clear at first become cloudy.

2.2.2 Signs and symptoms of cataracts

According to Nizami and Gulani (2023:3), cataract has the following signs and symptoms:

- **Decrease or blurring in the vision:** slow and painless; depending on which eye is affected, unilateral or bilateral; and at an advanced stage, even with glasses.
- **Diplopia or polyopia:** due to numerous refractions through clear regions in between the opacities, the effect is primarily uniocular but can be binocular.
- **Coloured halos around the light:** Rainbow halo; apparently caused by water drop accumulation between lens fibre layers functioning as a prism, dividing light into its seven colours.
- **Sensitivity to glare:** particularly auto headlights and sunshine.
- **Increased frequency of changing refractive glasses:** a person with cataracts may need to see their ophthalmologist for refraction more frequently as the cataract becomes worse.
- **Disturbance in colour vision:** objects start to fade or yellow, eyesight becomes hazy, and night vision is poor.

2.3.3 How do cataracts occur?

Kentayiso, Alto, Abebaw, Misker, and Boynito (2023:7), state that as an individual ages, the protein component of the lens—which was arranged precisely to keep the lens clear and allow light to pass through it—may clump together and start to cloud the lens. This clouding may grow larger over time, making it harder to see, and speeds up the development of cataracts. The accumulation of cloud patches on the lens of the eye can result in cataracts, which impair vision and eventually cause blindness (Rabiu, Taryam, Yusuf & Maji 2023:1).

2.3.4 Complications related to cataracts

According to Ibanga, Essien, Etim, and Udofia (2022: 126), cataracts can result in blindness if left untreated. Muhamad, Aziz, Hussein, Salowi, Kamarudin, Abdullah,

and Aris (2023:1), demonstrate further that cataracts, which have affected over 18 million people worldwide, are among the main causes of blindness.

2.3 PREVALENCE OF CATARACTS

At least 2.2 billion people suffer from visual impairment (VI) worldwide. Among these, 65.2 million people have cataracts that cause moderate to severe distance vision problems or blindness (Xulu-Kasaba & Kalinda 2022:2). Africa continues to have the highest number of people who are blind due to cataracts (Khoza et al 2020:3). According to research done in Ghana, cataracts are the main cause of blindness and are predicted to affect 1% of Ghana's 18 million people (Morny, Boadi-Kusi, Ocansey, Kyei, Yeboah & Mmaduagwu 2019:2). Estimates for Ethiopia's prevalence of impaired vision and the number of cataract-related blindness cases are 3.7 and 1.6%, respectively. There are reports of a higher prevalence of cataracts in South Asia (5.1%) and Sub-Saharan Africa (Xulu Kasaba & Kalinda 2022:2).

Another study done in South Africa reveals that in Sub-Saharan Africa, the planning and execution of initiatives to prevent blindness are hampered by the poor quality and scarcity of data about human resources in eye health (Verwey & Mahommed 2020:1). The number of cataract surgeries in LMICs is still small despite technological advancements in the treatment of cataracts (Mailu et al 2020:2). To enhance eye health and stop the spread of avoidable blindness, it is crucial to understand the epidemiology of vision impairment (VI) and blindness.

Additionally, understanding the various forms of ocular abnormalities is necessary to implement the right therapeutic measures (Xulu Kasaba & Kalinda 2022:2). In a different South African study, which examined the prevalence of cataracts among elderly pensioners gathered at a pay point, it was discovered that among 1 000 pensioners, more women than men had cataracts (Khoza et al 2020:4). Due to its negative effects on economic output, blindness and poverty are intimately related (Zitha & Rampersad 2020:1). Additionally, it has been demonstrated that blindness and visual impairment negatively impact general health, social status, and vision-related quality of life (VRQoL) as well as an increase mortality (Zitha & Rampersad

2020:1). Despite its consequences, the prevalence of vision impairment (VI) is still rising (Xulu-Kasaba & Kalinda 2022:1). The burden of sickness has a detrimental effect on people's quality of life, access to education, and other aspects of development in different communities (Xulu-Kasaba & Kalinda 2022:1).

Although a cataract is predominantly an age-related problem, additional variables, such as the use of corticosteroids, smoking, exposure to UV radiation, and other morbidities including diabetes mellitus, may enhance the risk of the disease (Mailu, Virendrakumar, Bechange, Jolley & Schmidt 2020:1). The incidence of preventable blindness in the nation would be greatly reduced by early screenings and interventions to maximize cataracts at primary health levels (Xulu-Kasaba & Kalinda 2022:2).

2.3.1 Factors associated with cataracts

2.3.1.1 Age

Various factors that cause or are linked to cataracts have been identified by various studies; the most frequently reported are age, corticosteroid use, smoking, sun exposure, genetics, trauma, and other morbidities like diabetes mellitus and hypertension. This study will investigate them to determine if they also play a role in cataract development in South Africa, specifically in the Sedibeng District, Gauteng Province. Past research that demonstrated a substantial correlation between aging and the occurrence of cataracts, age and comorbidities are regarded as contributing factors to cataracts (Khoza et al 2020:3). A study by Mahakud (2023:17) found that as you get closer to 60, you should be mindful of the signs of age-related eye conditions that could cause vision loss, especially age-related cataracts. Furthermore, a study by Ko, Pumpaibool, Wynn, Win, Kyi and Aung (2021: 815) discovered that the senior population is expanding quickly in every country. By 2050, it is anticipated that one in five persons will be 60 years of age or older, up from the current one in 10. Age is a major risk factor for issues with eyes, including glaucoma, cataracts, trachoma, and blindness.

2.3.1.2 Chronic conditions

According to other studies, cataracts coexist with diabetes and hypertension. In terms of increased mortality, the combined effects of cataracts and these very prevalent co-morbid disorders (diabetes 9.1%; hypertension 30.2%) have substantial psychosocial and healthcare service delivery implications (Khoza et al 2020:3). Furthermore, Das et al (2022:2) found that about 35 (60.34%) of all patients had co-morbid illnesses like diabetes mellitus, hypertension, kidney, heart, and neurological problems. Further explanation of how vasospasm and ischemia alter the nature of hypertension in various body organs was provided by Kentayiso, Alto, Abebaw, Misker, and Boynito (2022:8). The development of cataracts is the manifestation of this change, which affects the eye as one of the sensitive organs.

2.3.1.3 Gender

Compared to their male counterparts, more women are seen to be affected by cataracts. These results are in line with those of other studies that discovered a connection between gender and the occurrence of cataracts (Khoza et al 2020:9). Gender-related inequities were found to be the most prevalent findings across contexts, according to an African study. The barriers that women have in obtaining eye care services are widely known and frequently linked to the subpar social and economic standing of women in numerous contexts (Mailu et al 2020:13). Men are viewed as superior to women in this socio-cultural perspective to the point where both sexes place a higher priority on men's health than on women's health (Mailu et al 2020:13). Das et al (2022:2) discovered that even in a small study group, there were more females than males, which in some respects mirrors the gender prejudice pervasive in modern culture. Other social hazards that we still face in the present period include the dependency on male family members in rural and semi-urban areas as well as the potential social danger of ignoring female health care. Although women have the largest frequency of cataracts, patients' decisions to proceed with treatment are influenced by social status and gender norms. Often because they are less likely to have family-related support, women are also the least likely to undergo surgical therapy (Norris & Norris 2019:2).

2.3.1.4 Educational status

In South Africa, 228 respondents, or 58.9%, answered that they were unaware of the primary cause of cataracts, with the majority of those who did identify witchcraft as the culprit (Khoza et al 2020:8). According to Du, Guan, Zhang, Ding, and Wang (2022:7) 52.24% of the participants thought that cataracts could be cured by using medication. This proved that it was difficult to determine the appropriate course of action for these patients. Because they think eye drops or other medications may replace surgery, people who hold this incorrect idea may decide against undergoing cataract surgery. Additionally, they asserted that screening, diagnosis, treatment adherence, and prevention of eye diseases depend greatly on a person's awareness and knowledge of eye disorders. The importance of patients comprehending their health and the healthcare system has also been demonstrated (Norris & Norris 2019:2). Patients may believe they do not need surgery because they are unaware of the consequences or the gravity of their ailment and do not view their operation as a priority (Norris & Norris 2019:2).

In addition, a study by Mahakud (2023:10) discovered that even though the only effective treatment for cataracts is surgery to remove the lens and replace it with an artificial lens, patients' ignorance of the condition and their attitudes prevent them from receiving the right care, resulting in poor vision and blindness, which have negative effects on both the individual and population levels, including psychological, social, and economic issues. The above theory is confirmed by a North Indian study that discovered that many patients in rural areas had inadequate and/or incorrect attitudes and behaviours regarding cataracts and their treatment.

They must therefore be educated and trained to achieve the goals of the country's multiple cataract projects (Bhagde, Kini & Manjula 2019:36). In contrast, a study done in Ethiopia found that participants who had completed primary and high school or higher were 2.3 and 5.5 times more likely to have good knowledge than those who had not received any formal education (Fikrie, Mariam, Amaje & Bekele 2021:7). This could help to explain why people with higher levels of education would read more and utilize social media to learn more (Fikrie et al 2021:7).

2.3.1.5 Family history

Of the majority of participants who had a history of visual impairment in their families, about 168 (43.4%) have reported having a family history of cataracts. Of these participants, 87 (51.8%) noted that they were connected to these cataracts patients (Khoza et al 2020:3). According to a study done in Southern Ethiopia, prior eye exams and a family history of cataracts were found to be important influences on people's understanding about cataracts (Fikrie et al 2021:2).

2.3.1.6 Fear

According to a study done in Kenya, preoperative anxieties are directly related to or fuelled by stories of cataract surgery, and 65% of the participants said their anxiety was brought on by stories their friends and relatives had told them (Gabbort, Roberts & Briesen 2019:1). These rumours ranged from false information to misleading descriptions of the surgical procedure (Gabbort et al 2019:1). When asked if fear of the surgical outcomes could prevent people from getting cataract correction, the majority of respondents (42.7%) concurred (Mahakud 2023:15). A study conducted by Hall, Herrod, Crookston, Sherief, and Ahmed (2022:5) discovered that 17.5% of respondents cited fear of cataract surgery as a barrier to care. The most common reason, however, was fear of worse outcomes (80.6%), which was followed by fear of pain (19.4%).

2.3.1.7 Religion

Ibanga, Essien, Etim and Udofia (2022:127) found that several religious authorities concurred that prayers ought to be said before a church member is instructed to go to the hospital. This trend may be rather hazardous to the members of their congregation if there are eye conditions that require urgent care but which the spiritual leaders are unable to identify. However, religious leaders should be able to keep hospital consultations for their congregants in the back of their thoughts for eye-health-related

difficulties, whether they are imminent or delayed, as some of them may make it more difficult for their adherents to get eye-care services effectively and on time (Ibanga et al 2022:127).

2.3.1.8 Residence

Das et al (2022: 4) revealed that good and accessible transportation facilities are very important while dealing with chronic diseases as well as diseases requiring surgical interventions because of the need for follow-up, as the majority of their study population was from semi-urban and rural areas and conveyance was a major issue for them.

Because the hospitals were not directly connected to the major routes, patients had to transfer to two or three different public transit options to get to the hospital (Das et al 2022:3). Norris and Norris (2019:2) support the above idea that accessibility is a significant factor in the uptake of ophthalmic surgical services since patients are considerably more likely to consent to surgery if transportation to the hospital is offered. They also assert that inadequate transportation, long travel times, and poor road conditions are the primary contributors to this (Norris & Norris 2019:2).

2.3.2 Effects contributing to cataracts

Reduced mobility, mental health issues, a higher risk of dementia, an increase in the incidence of falls and car accidents, a greater need for social care, and ultimately higher mortality rates are all consequences of vision impairment (Burton et al 2021:493). Reduced physical activity may also have a significant role; older Americans with vision impairment took 26% fewer daily steps and spent 48% less time engaging in moderate-intensity physical activity than those with healthy eyesight (Burton et al 2021:500). Similar findings were made by a Taiwanese study which concluded that cataracts are a clear long-term risk factor for depression according to a stringent diagnostic standard. Additionally, depression is linked to functional impairment, a higher risk of dementia, and a higher mortality rate (Chen, Liu, Lin, Wang, Huang & Loh 2020:1).

Du et al (2022:2) discovered that people with cataracts are more prone to suffer from social isolation and despair. According to a South African study, a drop in exercise and self-care is associated with visual impairment (Verwey et al 2020:2). Chen et al (2020:5) established that visually impaired people have trouble with daily tasks, particularly those that are necessary for survival and recreational activities. These were also supported by several studies that reasons for delaying timely treatment are low economic status and lack of transportation (Alimaw, Hussen, Tefera, Yibekal 2019:2; Xulu -Kasaba & Kalinda 2022:2; Norris & Norris 2019:2).

2.3.3 Strategies for the reduction of cataracts

There are still gaps in patient care despite the development of numerous initiatives around the world, including early screening and management, patient education on the condition, and better eye health services (Verwey et al 2020:5). Policymakers to improve decision-making on programs for the prevention of blindness (Xulu- Kasaba & Kalinda 2022:2).

Furthermore, strengthen further screening and treatment of cataract patients who are targeted groups such as the aged population as early as possible (Ahmed, Beletew, Mengesha & Markos 2020:10). However, in 2020, during national COVID-19 lockdown times, elective cataract surgery stopped. In addition, large numbers of ophthalmic staff were redeployed, and it would have been challenging to deliver safe standards of elective care (Theodoraki, Naderi, Lam, Tan, Jameel, Lai, Garcia, Low, Bhogal, Robbie & O'Brart 2022:3). According to Das et al (2022:3) who support the above-mentioned fact that normal medical services were severely impacted by the ongoing COVID-19 pandemic, which was yet another factor that led patients in their study to delay surgery.

Furthermore, following the lockdowns, when elective activity resumed to safeguard patients and health care professionals, several measures were introduced, including social distancing within clinical settings, asking patients to isolate themselves at home and have proof of a negative COVID polymerase chain reaction 3 days before surgery, and as such, the number of patients that could be operated per list was limited, despite cataracts being one of the most common causes of blindness. As a result, some of the strategies were not achieved (Theodoraki et al 2022:3).

2.4 SUMMARY

The literature review of this study primarily focused on the prevalence of cataracts, factors associated with cataracts, impacts contributing to cataracts globally, in Africa, and South Africa, as well as strategies for cataract reduction. The study approach and design are covered in Chapter 3.

CHAPTER 3

RESEARCH DESIGN AND METHOD

3.1 INTRODUCTION

This chapter covers the study's research design and methodology. According to Gray, Grove, and Sutherland (2017:106), research methodologies are "techniques researchers use to structure a study and gather and analyse data relevant to the research question," whereas research designs are "a strategy for carrying out a study that is selected to address a particular research question." This chapter discusses the qualitative approach, as well as the descriptive, contextual, explorative, and phenomenological designs utilized to carry out the study's objectives. The researcher ensured that all research techniques were valid and trustworthy and that any concerns about the study's ethics were resolved.

3.2 RESEARCH DESIGN

The process for gathering, evaluating, interpreting, and reporting data in research is known as a research design (Boru 2018:1). It is the overarching strategy for tying relevant and empirical research to conceptual research problems. According to Asenahabi (2019:78), a research design is an approach, framework, and method of study that is chosen to answer research questions with the best possible control over variables.

3.2.1 Qualitative research

Through qualitative research, a social phenomenon is explored, feelings connected to the issue are revealed, and the subjective experiences of those connected to the issue are understood. The goal of qualitative research is to comprehend, clarify, investigate,

uncover, and grasp the circumstances, emotions, perceptions, attitudes, values, beliefs, and experiences of a specific group of individuals (Mwita 2022: 619). A qualitative researcher's purpose is to give the researcher a way to comprehend a phenomenon through studying or interacting with study participants (Boru 2018:12).

As a result, this study pursued the qualitative approach to explore and describe perceptions of clients with eye problems before cataract surgery in the Sedibeng district, Gauteng Province. As stated by Boru (2018:12), qualitative research is a process of understanding inquiry in which a researcher creates a thorough, all-encompassing picture, examines language, presents particular participant perspectives, and carries out the study in an organic setting.

3.2.1.1 Characteristics of qualitative designs

Creswell and Creswell (2018:257) identified the following as characteristics of qualitative research:

Researchers as crucial tool: needs dedication to spending a lot of time in the field. Face-to-face, individual interviews were employed by the researcher to gather data for this study.

Numerous data sources: typically have numerous sources of data gathered using different techniques. Information for this study was collected via semi-structured interviews, field notes, and a digital voice memo from the researcher's cell phone.

Both inductive and deductive methods of data analysis are used by qualitative researchers: themes, genres, and patterns are created from scratch. Analysing data is a continuous process. Five primary themes and nineteen sub-themes emerged from the data collection for this study.

Meaning of the participants: finding out what the participants mean when they refer to the research issue is the main goal. There will be several viewpoints and points of view on a subject which places a focus on deliberate sampling. The researcher concentrates on discovering the meaning that participants have towards the problem or subject, as opposed to the meaning that the researcher adds to the study or that authors express in the literature.

Design that emerges: the initial research strategy cannot be strictly established. It is critical to be adaptable because load shedding made it difficult to collect the necessary data for this study, additional participants were sought out and appointments were rescheduled.

Reflection: because the researcher and the research are inextricably linked, the study includes elements that reflect the researcher's prejudices, views, and life experiences. They need to think about how these might influence their interpretations.

Comprehensive account: create a detailed image of the problem you are researching. Report different viewpoints, list numerous aspects at play, and paint the overall picture that appears. In this study, which took place at a public hospital in the Sedibeng district of Gauteng Province, a detailed picture of the perceptions of clients with eye problems before cataract surgery was created.

3.2.1.2 Indications for the use of qualitative research

With this method, the researcher can better understand problems by looking into their unique context and the meaning that people assign to them (Asenahabi 2019:6). Finding solutions to research problems that go beyond "what works" and toward "what works for whom, when, how, and why" as well as focusing on intervention improvement rather than accreditation are among the issues that can be tackled particularly successfully with qualitative methods (Busetto, Wick, & Gumbinger 2020:2). Consequently, qualitative research can aid in improving understanding of clients with eye problems before cataract surgery at a public hospital in Sedibeng District, Gauteng Province.

The following advantages of qualitative research are listed by Mwita (2022: 621):

The qualitative research approach was used because it has the following advantages that apply to this study.

Versatility: it is clear from the results that doing research with a qualitative method allows a significant degree of flexibility. As a result, the researcher can see and recognize additional problems that were not initially considered or covered during the study's conceptualization phase.

Comprehensive information: Qualitative methods such as interviews, observation, and open-ended questionnaires allow a researcher to probe and seek more detailed information.

Using several techniques for data collection: A researcher has the chance to delve deeper and look for more specific data using qualitative approaches including interviews, observation, and open-ended questions.

Incorporating human touch: Through qualitative methods of data collecting, it is simple to study and comprehend respondents' feelings of rage, happiness, preparedness, attitudes, and perspectives.

Reducing the likelihood of missing data: Due to the small sample size utilized and the two-way nature of communication in qualitative research, missing data difficulties are not frequently an issue. As a result, effective communication is simple to achieve.

Cost-effectiveness: It enhances the likelihood that research problems will be solved even for those whose access to financial resources is restricted when a modest number of resources are used in the study execution.

Overcoming the constraints of quantitative research: Only via the narrative of their own unquantifiable stories can people express precisely how they feel and perceive specific phenomena. Because of this, qualitative research is a crucial method for elucidating people's emotions, perceptions, attitudes, values, and beliefs.

3.3 DIMENSIONS OF THE RESEARCH DESIGN

According to Polit and Beck (2017:120), a component of research design is the frequency, type, and context of the comparisons that will be undertaken. Plans and procedures for conducting research are referred to as research designs, and they involve everything from broad ideas to precise methods for collecting, analysing, and interpreting data (Creswell & Creswell 2018:40). Perceptions of clients with eye problems before cataract surgery at a public hospital in the Sedibeng District, Gauteng Province, were explored and described utilising phenomenological, exploratory, descriptive, and contextual methods.

3.3.1 Exploratory design

Exploratory research is carried out when there is insufficient information available regarding a phenomenon or issue that is not well defined (Boru 2018:4). According to Makri and Neely (2021: 3), the objectives of exploratory research designs are to determine the current situation, investigate new hypotheses, and assess phenomena from novel perspectives. Thus, this element of the design was utilized by the researcher in this study to explore and describe perceptions of clients with eye problems before cataract surgery at a public hospital, in the Sedibeng district, Gauteng Province.

3.3.2 Descriptive design

According to Makri and Neely (2021:3), the purpose of descriptive design is to give a precise account of an individual, event, or circumstance. It should also elucidate the manner in which these elements align and the relationships, connections, and timings that exist between phenomena and events. Furthermore, descriptive research identifies the true causes of a phenomenon (Boru 2018: 4). Since the researcher recorded each participant's remarks during the course of the interviews, the study is descriptive (Polit & Beck 2017:374).

3.3.3 Contextual design

In order to ensure that studies are contextualized, Creswell and Creswell (2018: 262) believe that participants should not receive data collection tools to complete and that data must be collected in the field where participants experience the problem being studied. Attempts must be made by the researcher to characterize and comprehend events as they occur in their natural environments. Because the study was carried out in a natural environment at a public hospital in the Sedibeng District, Gauteng Province, the eye clinic where the participants were seeking medical attention gave it a distinctive context.

3.3.4 Phenomenological design

Considering the aforementioned, the researcher concluded that phenomenology was the most appropriate method and approach for this particular study. A qualitative research strategy called "phenomenological research" aims to comprehend and characterize a phenomenon's fundamental elements. The methodology examines human experience in daily life while suspending the researcher's prior notions regarding the issue (Delve & Limpaecher 2022:3). Phenomenological research delves deeper into the particular experiences of distinct individuals within a particular scenario, thereby investigating not what is perceived to be a reality, but rather what is actual (Boru 2018:4).

3.3.4.1. Indications for the use of the phenomenological approach

The premise behind phenomenological research design is that individuals employ a common structure or essence to interpret their experiences. To understand the core of the event under inquiry, researchers interpret the participants' emotions, perceptions, and beliefs (Delve & Limpaecher 2022:3).

This method is also used to investigate lived experience, analyse human thought processes, and broaden a researcher's understanding of a phenomenon (Delve & Limpaecher 2022:3). According to Brink et al (2018:105), phenomenology research should outline participants' experiences with particular occurrences as well as their interpretations of those experiences. By doing this, the researcher can understand what participants mean when they use words like "health" or "caring."

In order to provide recommendations for supporting clients, a phenomenological approach was employed to explain the significance of the lived perceptions of clients with eye problems before cataract surgery at a public hospital in the Sedibeng district, Gauteng Province.

3.3.4.2. Characteristics of the phenomenological research approach

According to Umanailo (2019:1), phenomenological research has the following characteristics:

Description: The goal of phenomenology is to describe a phenomenon, not to attempt to explain it. This includes any new occurrences, such as the feelings, ideas, and behaviours of people.

Reduction: reduction is a method that delays the assumptions and biases about the phenomena to make sure that they do not taint the description of the observations and that the description is written in the same way that the objects are.

Essence: the essence is the fundamental significance of every person's unique experience as they are in a given phenomenon. This requires exploring the phenomenon utilizing one's free imagination, intuition, and contemplation. For instance, consider the fundamentals of the educational process.

Intentionality: intentionality is expressed in phenomenology by the terms noesis and noema. Intentionality is the relationship between noema and noesis that provides a clear understanding of the event. As a result, we have no concept of reality (objective claims), since reality is what it is.

3.3.4.3. Justification for the use of phenomenology

Because of the characteristics of clients with eye problems before cataract surgery at a public hospital in Sedibeng District, Gauteng Province, the researcher used phenomenology as the primary method in this study.

Phenomenology is a tool used by researchers to better understand people's conscious structures in particular contexts. This aids in their comprehension of the significance and driving forces behind survival-oriented behaviors (Neubauer, Witkop, & Varpio 2019:91). Smith (2021:63) went on to say that phenomenology provides a way to better understand the particular needs of each patient.

3.3.4.4 Special phenomenological techniques

As three crucial processes in the phenomenological design, intuiting, analysing, and describing are discussed by Brink et al (2018:105). They are discussed below:

- Intuiting

Now that participant experiences are being conveyed, the researcher can start to comprehend ideas (Brink et al 2018:105). To focus on the topic at hand, the researcher must ignore any criticism and opposing viewpoints. The researcher participated in the interviews and listened to participants' perceptions regarding cataract surgery to make sure intuition was there. Data were routinely assessed and analysed to learn how clients felt about having cataract surgery (Brink et al 2018:105).

- Analysing

Analysis entails precisely what Brink et al (2018:105) refer to as "identifying the essential characteristics of the phenomenon under research based on the data collected and the way the data were presented." Numerous themes, divisions, and sub-categories arose as the researcher took notes on the clients' perceptions regarding cataract surgery.

- Describing

According to Brink et al (2018:105) the goal of describing is to transmit information and to offer both written and verbal descriptions depending on how the phenomenon is categorized or sorted.

The premature description of phenomena by researchers must be avoided. This element of the design was employed by the researcher in this study to:

- Describe perceptions of clients with eye problems before cataract surgery at a public hospital in the Sedibeng district, Gauteng Province.
- Prescribe relevant recommendations regarding the uptake of cataract surgery in a particular public hospital eye clinic in the Sedibeng district, Gauteng Province.

3.4 STUDY SETTING

The tendency of qualitative researchers to gather data in the field at the location where participants experience the issue or problem under study has been noted as one of their features. Setting refers to the place where research is being done (Gray et al 2017:1089). The Sedibeng district, Gauteng Province is the site of this study. In the centre of South Gauteng's heavily populated mining industrial complex, in the Sedibeng Municipal District, lies the regional facility that has been chosen as the public hospital. Serving an estimated 1 million largely African people, it is a level 2 regional public hospital. About 50.2% of people are unemployed, and of those who do work; the majority are self-employed or work in the manufacturing, trade, and transportation industries, as well as community services. The public hospital of choice is a multidisciplinary facility that combines general specialist areas like surgery, internal medicine, paediatrics, gyneacology, ophthalmology, and emergency trauma care. It acts as a referral institution for about 15 clinics, 4 community health centres (CHS), and 1 hospital. The study was conducted in the Sedibeng District public hospital, which was chosen for its convenience in terms of accessibility and the kind of service it provides eye services. Refer to Figure 3, which displays a map depicting the geographical location where the study took place.

Figure 3.1: The map of Sedibeng District

(Adapted from: https://www.municipalites.co.za)

3.5 POPULATION

According to Gray et al (2017:1076), a population is any element that satisfies the study's sample criteria, including people, things, occasions, and substance. Population is defined by Brink et al (2018:116) as the complete collection of individuals or objects that the researcher is interested in and that fit the criteria they are interested in investigating. Clients scheduled for cataract surgery in an Opthalmology clinic at a public hospital in the Sedibeng district, Gauteng Province made up the study's target population. The term "accessible population" refers to a group of people who are easily accessible for a research study (Brink et al 2018:116). The target population for this study refers to clients with eye problems before cataract surgery at a public hospital in the Sedibeng District, Gauteng Province, and who were easily accessible during data collection. The population was established first, and then a sample was selected.

3.6 SAMPLE AND SAMPLING METHOD

3.6.1 Sampling methods

Choosing a subset of the population to reflect the entire population is the process of sampling (Polit & Beck 2017: 743). The selection of a group of individuals, occasions, behaviours, or other elements for use in a study is described as sampling by Gray et al (2017:1076). In this study, non-probability, purposive sampling was used by selecting only clients aged 18 years and above who came for eye services because were seen as knowledgeable on the issues related to cataracts. The participants were identified from Monday, Tuesday, Wednesday and Thursday booking lists from 24 March to 16 May 2023. The sample was purposively selected from clients in a Sedibeng District Public Hospital, before cataract surgery. Phenomenological semi-structured interviews were conducted and data saturation was reached at the 15th participant, when no new information emerged from the interviews. The sampling criteria for inclusion and exclusion in the study were as follows:

Inclusion requirements

- Clients who will be booked for cataract surgery.
- Clients who have missed the appointments.
- Be above 18 years.
- Be prepared to take part in the research. Be able to speak Sesotho or English.
- Have the capacity to give free, specific consent to engage in research and have their voices recorded.

Exclusion requirements

- Clients who are under 18 years
- Non-cataract clients aged 18 and above.
- Clients not living in Sedibeng district and not utilising Sedibeng eye clinic.

3.6.2 Sampling size

In qualitative studies, the sample size is guided by the data saturation of data, whereby, there is no new information obtained despite the addition of new participants. Data saturation was deemed to have been reached when no new information was obtained. In this study, 5 interviews were conducted for a pilot study in which their outcomes were included in the main study. Individual face to face interviews were conducted from 15 Participants of which data saturation was reched with this sample. According to Saunders, Sim, Kingstone, Baker, Waterfield, Bartlam, Burroughts, and Jinks (2018:1895), saturation occurs when a researcher finds no new data and repeatedly observes instances that are similar to one other, leading to an extreme level of confidence that a category is saturated. Saturation was defined by Guest, Namey and Chen (2020:2), as the point at which there is insufficient new data to enable the researcher to supply the attributes of the category.

3.7. Ethical approval and acceptance

According to Brink et al (2018:29), for a researcher to perform research ethically, the following considerations have to be made. The University of South Africa College of Human Sciences Research Ethics Committee (CREC) granted ethical clearance reference number: 62037676_CREC_CHS_2023, and the Chief Executive Officer (CEO) reference number: GP_202302_034 of the regional public hospital in the Sedibeng district as well as the operational manager of the Sedibeng eye clinic granted permission to perform the study. The ethical principles of conducting human research, as outlined in the Helsinki Declaration, were adhered to and described as follows:

3.7.1. Principle of Respect for Persons

By guaranteeing the participants' right to self-determination and getting their permission before beginning the study, this principle was upheld. It was promised to participants that they would not be penalized for leaving the study at any point (Polit &

Beck 2017:261). The collected data was handled anonymously. The two research questions served as a guide for conceptualizing the data needed to accomplish the study's objectives and outlining participant recommendations. It was communicated to every participant that the data collected would be used exclusively for this research. Codes rather than real names were used. Information about participants and any data gathered during the study will be treated with confidentiality. Transcripts and digital recorders will be kept secure for about five years, or until the intended study objectives have been achieved. Information would not be accessible to anyone but those actively involved in data collection and analysis.

3.7.2. Right to complete transparency

The phrase "full disclosure" refers to the researcher detailing the study, the subject's right to decline participation, the researcher's obligations, and any risks and advantages that might be involved (Polit & Beck 2017:261). By introducing herself to the participants, the researcher built trust.

The researcher made sure that participants were aware of the purpose of the study, the procedures, and the methodologies that would be applied. During an interview, it was disclosed that a voice recorder and field notes had been taken. The participant was also told of the length of the interview, what to expect during the interview, and the benefits of participating, as well as their contribution.

3.7.3 Non-maleficence and beneficence

According to the ethical concept of beneficence, researchers must lessen harm and increase benefits. This concept protects both the right to be free from injury and misery and the right to be protected against exploitation (Polit & Beck 2017: 258).

3.7.4. The privilege of being free from harm and distress

The non-maleficence principle, which mandates that researchers avoid, prevent, or minimize harm in studies involving humans, was applied to deal with this problem. To prevent emotional injury, the researcher made sure the interviews were limited to the

perceptions of the clients with eye problems before cataract surgery. The researcher made sure to explain all of the data collection methods in a way that made it apparent what was going to be gathered to put the participants at ease throughout the interview. A quiet area with sufficient ventilation was found for the interviews. Throughout the interview, a 1.5-meter distance was maintained. The researcher made sure that the participants' mouths and noses were covered with masks since droplets that come out of the mouth and nose are how COVID-19 spreads. The researcher made sure that clean water, soap, and sanitizer were available for hand cleaning.

3.7.5. Justice

Participants' rights to confidentiality and fair treatment are included in the moral principle of justice (Polit & Beck 2017: 262).

3.7.6. Fairness

The researcher ensured that all the participants were treated equally and that none of the exclusionary characteristics of gender, race, disability, or socio-economic status were used. The researcher made sure that any incidences were reported to the government and refrained from asking questions about issues that would make participants feel uneasy. When a client declined to participate in the study, the researcher made sure they were handled fairly.

3.7.7. Privacy

The ability to control when, how, and circumstances in which personal information is shared or kept private is referred to as the right to privacy (Gray et al 2017:281). Because only the research questions were posed and no private information was disclosed in the interviews, privacy was protected in this study. The researcher informed the participants that the assistant researcher was involved and assured them that the assistants had signed a confidentiality agreement to prevent unintentional disclosure of participant data (see Annexure H).

3.8 DATA COLLECTION

3.8.1 Data collection method

Polit and Beck (2018: 899) define data collection as an exacting, methodical process of obtaining information pertinent to the specific goals, queries, or hypotheses of a study or the purpose of the research. To elicit the rich, detailed perspective of the participants regarding hesitancy to undergo cataract surgery, data was gathered through individual face-to-face semi-structured interviews. In this study the researcher utilized a semi-structured interview guide, beginning with a primary question and followed by probing questions to explore participants' perceptions of cataract surgery. This method enabled an in-depth exploration of personal and sensitive aspects related to the participants' thoughts, emotions, and opinions regarding cataract surgery. Semi-structured interview guides are useful for collecting information from key informants who have personal experiences, attitudes, perceptions, and beliefs about the issue of interest (DeJonckheere & Vaughn 2019:1). The interview guide was used as an orientation plan to control the interview session. The two research questions that followed guided the data collection process, around which data was gathered:

- What are the perceptions of clients with eye problems before cataract surgery at a public hospital in Sedibeng District, Gauteng Province?
- What are the recommendations that can be made to support clients with eye problems before cataract surgery?

3.8.2 Data collection procedure

The participants were consulted to determine the most convenient time, date, and location for the interviews, which took place in a private room at the hospital. Data was collected from 24 March to 16 May 2023. The researcher prepared an interview guide which had a list of questions to be covered with each participant in English and Sesotho language, because the researcher speaks Sesotho and English well, a translator was not required (see Annexure I and J) as a tool guide for data collection.

To determine whether the data collection instrument would be feasible, the researcher conducted interviews with two participants to make sure they could understand the questions and that they provided clear answers to all of them. The researcher proceeded with the prepared questions and did not require any modifications to the research instruments. Each interview took place for 30 to 45 minutes. After answering the first question sufficiently, a break took place. The prevailing attitude was one of respect and nonjudgment.

The researcher demonstrated a genuine, respectful, and amiable demeanor along with positive reinforcement to create a non-threatening atmosphere that fostered freedom of speech. Before the interview began, a summary of the study's objectives was provided. Before being allowed to participate in the research and have the audio tape recorder used during the interview, the participants had to sign an informed consent form. The researcher was able to obtain precise data through the use of a tape recorder, which allowed for verbatim transcription (Creswell &Creswell 2018:266). Taking field notes allowed for the collection of nonverbal communication dynamics, which gave the data more validity. Each participant was interviewed in-depth using a semi-structured phenomenological approach until they provided a detailed account of their perceptions. The form of the interviews was suited for this study since it allowed for the perceptions to unfold as they had been perceived by the participants (Meyers 2019:43).

Open-ended questions allowed participants to share their narrative stories and offered a deeper, more comprehensive understanding of the subject researcher utilized the probing skills for semi-structured interviews recommended by DeJonckheere and Vaughn (2019:6):

Wait time: after asking a question, the researcher does not say anything. This gives the participant time to consider their response and frequently prompts the interviewee to speak, as in the case of the question, "What do you understand about cataract surgery?" Wait for the participant to finish speaking before asking any further questions.

Echo: to get the participants to go into more detail, the researcher may repeat or summarize their comments (e.g. Right you perceive cataract surgery as…).

Verbal agreement: the researcher speaks positively to the person to persuade them to say more (e.g. Yes…).

Expansion: when the participant gives a response, the researcher may urge them to elaborate, for example. Explain further. Tell me an instance of that. Can you elaborate on that?

Explanation: a participant is asked by the researcher to elaborate on a specific statement (e.g. Tell me what you mean when you say cataracts are barriers?).

Leading: the participant is asked to describe their thinking by the researcher e.g. you said that you will encourage people with cataracts to come. Tell me more about how you can encourage them.

Ending: I believe I have covered all the questions I had, but I wanted to make sure I had not missed anything regarding your knowledge or experience. Would you like to ask me any questions?

3.9. Data analysis

Data analysis is the process of organizing, structuring, and deriving meaning from data (Polit & Beck 2017:933). To construct a cogent interpretation of data, Creswell and Creswell (2018:267) claimed that data collection and analysis go hand in hand. Immediately following the interviews came the first step in the data analysis process. Data collected was transcribed verbatim and analysed together with the field notes, using (Colaizzi's 1978 cited in Meyer 2019:33) open coding method in phenomenological data analysis which consisted of seven steps in the following order:

- Reading each transcript multiple times to get a general idea of the entire content. The information gathered from the field notes and audio tape recorder was used in this step.

- Extracting key quotes that are relevant to the topic being studied from the transcripts. The subjects were grouped by the researcher into three categories: major, distinct, and leftover.
- Formulating the key statements to create meanings. The initial organizational plan was created to observe if any fresh themes or codes would surface.
- Arranging the developed meanings according to themes, clusters of themes, and categories. To shorten the overall list of themes by organizing them based on how they related to one another, the researcher selected the topics with the most descriptive language and used those as themes.
- Combining themes to create a thorough explanation of what the participants said. After compiling the information relevant to each theme, the researcher conducted a preliminary analysis.
- Describing how the phenomenon is structured. Next, themes that corresponded were arranged alphabetically.
- Validating the results with the study participants. To help validate the data analysis, member checks were employed in this step.

To decide on the theme, a discussion meeting was convened. To establish the validity of the research findings, the discussion was crucial. Follow-up interviews were conducted with participants to verify the identified themes. This enhanced the reliability of the results.

3.10. TRUSTWORTHINESS IN QUALITATIVE RESEARCH

In qualitative research, there are multiple levels of trustworthiness that constitute validation (Meyers 2019:49). Lincoln and Cuba (2000) developed four standards for researchers to take into account while verifying the truthfulness of a qualitative study.

The study first received approval from the University of South Africa College of Human Science Research Ethics Committee (CREC), ethical clearance reference number: 62037676_CREC_CHS_2023, and the Chief Executive Officer (CEO) reference number: GP_202302_034 of the regional public hospital in the Sedibeng district as well as permission from the operational manager of the Sedibeng eye clinic who also

acted as gate keepers to perform the study. Additionally, the researcher gave readers details on how to get to the study's locations and participants, how participants were chosen for the study, what happened during participant interviews, how data were collected, how it was analysed, and how transcriptions were made. Participants in the study were asked to answer all questions honestly and with sincerity.

3.10.1. Credibility

Credibility stems from how closely the results match reality (Nyirenda, Kumar, Theobald, Sarker, Simwinga, Kumwenda, Johnson, Hatzold, Corbett, Sibanda, & Taegtmeyer 2020:2). Meyers (2019:51), asserts that building rapport and trust with subjects is necessary for credibility in order to enable valuable and comprehensive responses. The credibility of this study was ensured by doing it in a way that increases its credibility and by taking steps to reach conclusions. Actual quotes from the participants added to the themes' credibility, and each theme's categories and sub-categories were linked to the data acquired for the study.

3.10.2. Dependability

The ability of a study to be repeated and the degree to which the research team members agree on what they see and hear when there are multiple observers are two indicators of reliability (Nyirenda et al 2020:2). According to Meyers (2019:52), a researcher's dependability is defined as their capacity to clearly explain the entire research process so that others can comprehend it and use it to replicate the same research in analogous or different contexts. The rigorous recordkeeping and upkeep of an audit trail in this investigation served to verify dependability. Both the generated data collection tool and the raw data were documented.

3.10.3. Confirmability

According to Nyirenda et al (2020:2), confirmability is the researcher's impartiality in interpreting the results. Confirmability guarantees that the conclusions, recommendations, and findings align with the data gathered (Meyers 2019:51). The researcher increased the study's verifiability by giving voice-recorded data from the study's raw data, field notes, and research reports for an external audit.

3.10.4. Transferability

Transferability, which is the ability to apply findings to different contexts, is achieved by carefully describing the study's background and underlying presumptions (Nyirenda et al 2020:2). According to Meyers (2019:52), transferability is the degree to which qualitative results can be applied to different contexts or populations. Field notes and direct statements from participants were used.

3.10 SUMMARY

This chapter describes the research design, methods, sample, data collection, and data analysis. The study's trustworthiness and ethical considerations were thoroughly discussed. Chapter 4 will be devoted to the presentation, analysis, and explanation of the research findings.

CHAPTER 4
DESCRIPTION, ANALYSIS AND PRESENTATION OF THE RESEARCH FINDINGS

4.1 INTRODUCTION

Chapter 3 provided a comprehensive presentation of the research methods and designs that were employed in the study, offering detailed explanations and descriptions. This chapter presents the data analysis and key findings from (15) research participants, aged between 38 and 72, undergoing cataract surgery at a public hospital in the Sedibeng District. The purpose of this study was to explore the perceptions of clients with eye problems before cataract surgery in the Sedibeng District, Gauteng Province.

The objectives of the study were to:

- Explore and describe perceptions of clients with eye problems before cataract surgery in the Sedibeng District, Gauteng Province.
- To describe the recommendations to support clients with eye problems before cataract surgery in the Sedibeng district, Gauteng Province.

4.2 MANAGEMENT AND ANALYSIS OF DATA

Segments are integrated into qualitative data analysis (Polit & Beck 2017:942). Creating conceptual patterns that are relevant, it also involves fusing different ideas to create intriguing mental patterns. It involves employing an inductive method to identify prevailing ideas and find general concepts. To make sure that all of the data were properly collected, the researcher started the data analysis process with a digital voice recorder. The field notes and recordings were examined collectively to search for terminology, words, and expressions that resembled the study's title. Because the interviews were performed in Sesotho before being translated into English, all data

were recorded verbatim. It was done following Colaizzi's method for phenomenological data analysis (adapted from Colaizzi's, 1978; mentioned in Meyers 2019:33). Due to the reductionist nature of data management in qualitative research, significant amounts of data must be reduced into smaller, simpler groupings (Polit & Beck 2017:2019). All participant information, including any data gathered throughout the course of the study, will be kept strictly private.

The researcher's personal computer was used to store all verbatim transcripts and recordings with a secure password. For approximately five years, or until the intended outcome of the study was achieved, a digital recorder, field notes, hard copies of transcripts, and consent forms would be hidden away. Only individuals who are actively involved in data collection and analysis will have access to the information.

4.3 RESULTS

4.3.1 CHARACTERISTICS OF THE PARTICIPANTS

The interviews included a total of 15 participants. The participants were between the ages of 38 and 72 years old, scheduled for cataract surgery, willing to take part in the study, who missed the appointment for the cataract surgery, and able to offer their signed, written consent after receiving all the necessary information. They also agreed to have their voices recorded for the study. The majority of the participants were married, Christians, and from semi-urban areas; four (4) participants were from urban areas. Only one (1) participant made it to tertiary education, whereas eleven (11) participants attended school up to the secondary level. Three (3) participants dropped out of school while in the primary grades. Two (2) participants were employed, five (5) were unemployed, and the majority of participants were retired. Most of the participants had chronic illnesses like hypertension and diabetes mellitus, which might have contributed to their poor vision, whereas the other two (2) did not have any chronic diseases.

Table 4.1 lists the participants' ages, genders, marital statuses, places of residence, work situations, educational backgrounds, and chronic illnesses.

Participant Code/ID no	Age	Gender	Marital status	Residence	Religion	Employment	Education Level	Chronic Condition
1	62	Male	Single	Semi-urban	Christian	Retired	Primary	Hyper-tension
2	46	Female	Divorced	Semi-urban	Christian	Unemployed	Secondary	Hypertension
3	52	Male	Single	Semi-urban	None	Unemployed	Primary	None
4	69	Male	Married	Semi-urban	Christian	Retired	Primary	Hyper-tension
5	69	Female	Married	Urban	Christian	Retired	Tertiary	Diabetes+ Hyper tension
6	38	Male	Married	Urban	Christian	Employed	Secondary	None
7	72	Male	Married	Semi-urban	None	Retired	Secondary	Hyper tension, Diabetes + Cardiac

Participant Code/ID No	Age	Gender	Marital status	Residence	Religion	Employment	Education Level	Chronic Condition
8	49	Female	Married	Semi urban	Chris-tian	Unemployed	Secondary	Diabetic
9	69	Female	Married	Semi urban	Christian	Retired	Secondary	Diabetes+ Hypertension
10	68	Male	Married	Semi urban	Christian	Retired	Secondary	None
11	68	Male	Married	Urban	Christian	Retired	Secondary	Hypertension, Cholesterol +Thyroid
12	64	Female	Married	Semi urban	Christian	Retired	Secondary	Hypertension
13	52	Female	Single	Semi urban	Christian	Unemployed	Secondary	Hypertension
14	66	Male	Married	Urban	Christian	Retired	Secondary	Hypertension
15	56	Female	Married	Semi urban	Christian	Unemployed	Secondary	Hypertension+ Glaucoma

4.4 PRESENTATION OF FINDINGS

After data analysis, five themes and 19 sub-themes emerged from the data. The study themes encompassed a range of topics or subject areas that were investigated and explored and includes: (1) Positive perceptions of clients surrounding cataract surgery, (2) Clients understanding of cataract surgery, (3) perceived independence loss, (4) perceived hurdles thought to exist in relation to cataract surgery and (5) perceived coping techniques related to cataracts and were summarised in Table 4.2.

TABLE 4.2: THEMES AND SUB-THEMES

THEMES	**SUB-THEMES**
THEME1:POSITIVEPERCEPTIONS OF CLIENTS SURROUNDING CATARACT SURGERY	1.1. Lowers the chance of blindness 1.2. Improves eyesight
THEME 2: CLIENTS' UNDERSTANDING OF CATARACT SURGERY	2.1. Limited knowledge 2.2. Myth surrounding cataract surgery 2.3. Fear
THEME 3: PERCEIVED INDEPENDENCE LOSS	3.1. Reduced mobility 3.2. Inability to carry out daily tasks 3.3. Social isolation 3.4. Reliance 3.5. Jobless
THEME 4: PERCEIVED HURDLES THOUGHT TO EXIST IN RELATION TO CATARACT SURGERY	4.1. Waiting time 4.2. The lack of sufficient resources e.g. human, material and financial resources 4.3. Load shedding

THEMES	SUB-THEMES
	4.4. Public sector strikes 4.5. Fewer cataract operations 4.6. Uncontrolled blood sugar 4.7. COVID19 pandemic restrictions
THEME 5: PERCEIVED COPING TECHNIQUES RELATED TO CATARACTS	5.1. Touch walls to improve sense of location 5.2. Rely on shades, patterns and structure to identify people or place

THEMES AND SUB-THEMES

The themes and sub-themes are displaye below. There are sub-themes for each theme, which are subsequently followed by verbatim quotations. An analysis of the available literature was done to support the findings of the study.

4.4.1 THEME 1: POSITIVE PERCEPTIONS OF CLIENTS SURROUNDING CATARACT SURGERY

The participants discussed how even though they have not yet undergone cataract surgery, they still hold certain positive health beliefs regarding the procedure, which led to the emergence of these themes. These beliefs are in terms of health advantages that can benefit individuals, clients, and the larger community. Two sub-themes emerged; namely, lowers the chance of blindness and improves eyesight. Each sub-theme has been followed by relevant verbatim quotations.

4.4.1.1 Lowers the chance of blindness

The majority of participants explained that while cataract surgery offers some degree of protection against disease, people must also employ medical services to treat the condition. This is supported by the following quotations:

> *"It won't matter if the doctor can operate on both of my eyes; I just want to see again".[P5]*
>
> *"My eyes are blurry and I can't even see you clearly; I can only make out colours. "I want it taken out so I can see again".[P8]*
>
> *"I am glad to be taking this thing out because all I see is cloudiness". [P10]*
>
> *"I can't even see money; when you can't see, you lose a lot of things, making you believe that something has changed in the world". [P15]*

The study findings were supported by the study conducted by Ibanga, Essien, Etim and Udofia (2022:127) which indicated that health-related interventions are more likely to be accepted if their perceived advantages and/or efficacy outweigh any perceived dangers or adoption barriers. Additionally, Ibanga et al (2022:127) noted that a person's beliefs and knowledge are crucial in shaping their behaviour. This suggests that if an activity is seen positively and a person is aware of it, he or she is likely to modify behaviour. Mahakud (2023:8) supported the above notion that the general behaviour of eye patients towards seeking timely care has been greatly attributed to the knowledge and attitude that they possess.

Another participant said:

> *"It is important because when you do cataract surgery, you are protected from blindness". [P2]*
>
> *"My dad had cataract surgery before he passed away and he was fine, so I believe I will see you again". [P13]*
>
> *"I have faith that I will be able to see after cataract surgery because everyone in my family has had the procedure done". [P2*]

Furthermore, a study by Xulu-Kasaba et al (2022:2) in South Africa found that early screening and efforts to maximize cataracts at the primary healthcare(PHC) level

would significantly lessen the prevalence of preventable blindness in the vision. The aforementioned idea was reinforced by a study done in Southern Ethiopia by Kentayiso, Alto, Abebaw, Misker, and Boynito (2023:6) which found that 13.3% of the participants thought surgery would be a good way to solve their problem.

4.4.1.2 Improves eyesight

In addition to offering immunity from disease, some of the study participants saw cataract surgery as a measure to improve their eyesight as the doctor told them that eyeglasses are no longer effective and the only way to do so was through surgery. Quotations below support this sub-theme:

> *"Obviously cataract surgery is going to improve my eyesight". [P11]*
>
> *"I am happy because I am going to see you again and be able to help my child with homework".[P8]*
>
> *"Doctors told me that eyeglasses are not going to help me anymore, so I am happy because I am going to get helped and be able to see again". [P12]*

According to a study by Hellem, LaBelle, Matossian, and Karpecki (2023: 1003), as more patients' visual outcomes improve, the cataract community as a whole has higher expectations, and patients as a whole start to demand more. This is consistent with a study by Alimaw, Hussein, Tefera, and Yibekai (2019:6) which found that having favorable knowledge about cataracts lessens the burden of cataract-related blindness by enabling people to take timely action and learn how to delay the onset of the disease. Hall, Herrod, Crookston, Sherief, and Ahmed (2023:3), mentioned that patients in developing nations who were previously visually impaired can successfully undergo cataract surgery and regain their visual function.

As a result of the majority of participants in this study having favourable perceptions of cataract surgery and being aware of its benefits, these beliefs may operate as incentives for having cataract surgery.

4.4.2 THEME 2: CLIENT UNDERSTANDING OF CATARACT SURGERY

Knowledge determination regarding cataract surgery to all consent is very crucial, thus why research is conducted globally to assess clients' knowledge regarding cataract surgery. Knowledge of the definition of cataract surgery and what it entails is crucial in determining whether one gets cataract surgery or not. The quotations presented below support the sub-themes. Each sub-theme has been presented below.

4.4.2.1 Limited knowledge of cataract surgery

Even though the majority of the participants in this study were aware of the benefits of cataract surgery, some participants were still having a knowledge deficit in relation to the causes of cataracts. The following quotes from four participants are cited to validate the finding:

> *"I assume that my eyes are dirty and are going to be cleaned, and this **"bolepu"** meaning cataracts, will be removed, and they will be sprayed so that I can see".[P1]*
>
> *"I didn't know that cataracts could be removed; I thought they would stay with you until..."[P9*]
>
> *"I think doctors are going to wash my eye so that I can be able to see". [P6]*
>
> *"All I know is that I have cataracts; I have no idea what they are or what caused them". [P11]*

Du et al (2022:7) revealed that 52.24% of the participants believed that taking medicine could cure cataracts. This showed that the best form of treatment for these people was not apparent. People who hold this false belief may decide against having cataract surgery because they believe that eye drops or other drugs can replace surgery. Additionally, a study by Mahakud (2023:10) found that even though surgery to remove the lens and replace it with an artificial lens is the only effective treatment

for cataracts, patients' ignorance of the condition and their attitudes prevent them from receiving the right care, leading to poor vision and blindness, which have detrimental effects on both the individual and population levels, including psychological, social, and economic issues.

4.4.2.2 Myths surrounding cataract surgery

Myths are explanations and ideas that many people hold dear but which are untrue. Myths can be described as tales or stories. These clients' misconceptions about cataract surgery result in a low demand for these services. These claims lack support from literature or the sciences. Four of the participants are quoted as follows:

> *"I believe that my eye will be taken out, set aside, and then put back in again, according to someone". [P7]*
>
> *"I believe that last year, when I learned that my husband had an extramarital affair, I cried a lot every day, weakening my eyes and causing cataracts" (**Emotional**) [P8]*
>
> *"I wonder if the food I eat could contribute to cataracts".[P15]*
>
> *"I believe those with medical aids are the ones who know because they have the chance to visit an optometrist regularly and they will be able to know."[P13]*

In a study by Hall et al (2023:5), forty percent (40%) of participants believed that their cataracts could not be treated and that it was only an inevitable part of aging. This is consistent with a study conducted by Hossain, Khanom, and Islam (2021:7) which found that 726 (72.36%) cases preferred cataract surgery without an intraocular lens and 180 cases (27.64%) preferred an intraocular lens. It is possible that the majority of study participants were from rural areas, where the rate of literacy is lower and there are more cases of intraocular surgery.

4.4.2.3 Fear

As they did not know what to expect, some participants voiced out fear as their concern regarding cataract surgery. This sub-theme has been supported by the following quotations:

> *"I am afraid because I don't know what is going to happen on me because it is my first time coming for surgery, especially when they said they are not going to put me to sleep" (**Laughter**). [P8]*
>
> *"Someone frightened me about cataract surgery, but I promised myself I'd go". [P8]*
>
> *"Nervousness and anxiety prevent you from accepting surgery". [P8]*
>
> *"Many people struggle with the fear of going completely blind after cataract surgery, they said it is better to have some vision than none at all". [P2]*

The results of the study were in line with research by Konjevoda, Gusar, Peric, Striber, Kolega, Pavicic, Pastar, Grasic, Peric, Caktas, and Canovic (2021:611) which found that fear predominates before cataract surgery and is correlated with the most common fear in life—fear of becoming blind in 44.7% of patients. This is supported by Gabbort, Roberts, and Briesen (2019:1), who discovered that preoperative anxiety is influenced by or directly linked to rumors surrounding cataract surgery; 65% of participants reported that their fear stemmed from stories that friends and family had told them. There were rumors about everything from completely untrue information to erroneous reporting of the cataract surgery procedure.

In the same vein, a study conducted by Cahyono and Mahyuvi (2023:2) agreed that most patients who undergo cataract surgery experience perioperative anxiety, regardless of the type of surgery performed, the patient's primary concern is death.

This concurs with the findings of the study where participants highlighted the lack of knowledge regarding cataract surgery even though they emphasized the benefits of cataract surgery for eyesight improvement and protection against diseases like blindness.

4.4.3 THEME 3: PERCEIVED LOSS OF INDEPENDENCE

In this study, the participants claimed having cataracts made them feel less independent because they could no longer carry out their everyday tasks as they formerly could such as reduced mobility, inability to carry out daily tasks, social isolation, reliance, and joblessness. The sub-themes and their quotations have been presented below:

4.4.3.1 Reduced mobility

The participants have revealed aggravating factors such as reduced mobility due to cataracts as evidenced below:

> *"I can't sit all the time, I like to walk freely, and I walk slowly because I am afraid to walk fast because I can only see closer".[P4]*
>
> *"I only take a chair and sit near the door when I'm feeling hot". [P1]*
>
> *"Even if there is danger, you won't be able to flee since you won't know where to go, you will inevitably wind up heading to where the danger is".[P15]*
>
> *"Last month, I was trying to cross the main road when I almost got hit by a car twice because I couldn't see it".[P11]*

Purola, Nattinen, Ojamo, Rissanen, Gissler, Koskinen, and Uusitalo (2022:1183) corroborate the aforementioned narratives, stating that cataracts and related visual impairment are linked to several negative outcomes, including reduced quality of life and an elevated risk of accidents. According to the Medical Dictionary (2023: Online), visual impairment, also known as low vision, is a significant reduction in vision that is not treatable with regular glasses or contact lenses. It also limits a person's capacity to perform some or all of their daily activities.

4.4.3.2 Inability to carry out daily tasks

The study participants expressed that cataract had a detrimental impact on their daily tasks, such as writing, cleaning, and performing other daily activities As cited below:

> *"Not being able to see is painful because you are powerless to do anything; i can't even do laundry". [P15]*
>
> *"If they can get rid of this grey thing because even when I write, all I see is a black line and I can't see very well".[P10]*
>
> *"I just want to make my daily life better". [P11*]

Cataracts and the resulting vision impairment affect the individual, family, society, and country as a whole. It decreases one's level of independence, social engagement, and quality of life (Mahakud 2023:8). The above notion was supported by Tetteh, Fordjour, Ekem-Ferguson, Yawson, Boima, Entsuah-Mensah, Biritwum, Essuman, Mensah, and Yawson (2020:2) that people with vision impairments experience depression more frequently, which is linked to challenges with day-to-day functioning.

4.4.3.3 Social isolation

Some study participants claimed that they were unable to recognize persons and their surroundings, making it impossible for them to even watch television or socialize with friends. The quotations below support this sub-theme:

> *"I only listen to a radio. I can't even watch television. I can't even socialize with friends; I just recognize their voices and shake their hands when they greet me" (**Smiling**).[P1]*
>
> *"It stresses me out that I can't see because I keep thinking about it". [P3]*
>
> *"You can't even see who greeted you, so you know how horrible it is". [P10]*

According to a study conducted by Tetteh et al (2020:16) social isolation is associated with several unfavorable health outcomes, particularly in older adults who have visual impairments. The correlation between social isolation and visual impairment (VI) in older adults may stem from their reduced vision from their younger years, which hinders their ability to perform daily tasks and puts emotional and psychological strain

on them. This is consistent with research by Huang-Lung, Angell, Palagyi, Taylor, White, McCluskey, and Keay (2020:1) which discovered that cataract sufferers have impaired contrast sensitivity, increased glare sensitivity, and blurred vision, which negatively impacts their capacity to work, care for others, drive, and carry out daily tasks.

4.4.3.4 Reliance

The majority of participants claimed that because cataracts had negatively affected them, they had to rely on their family when they visited the hospital, when they received their pension, and when they went shopping. As cited below:

> *“Because I can't see, I rely on my wife to go with me to the ATM to obtain my pension money”. [P4]*
>
> *"Today, I even asked my daughter, who has a young child, to accompany me to the hospital”. [P14]*
>
> *“When I go shopping, I rely on my child to hold my hand”.[P8]*

The aforementioned account was corroborated by Winarni, Puspitosari, and Priyanto (2020:3) who discovered that family support plays a critical role in helping cataract surgery patients, as it can serve as an additional incentive to undergo the procedure. Huang-Lung, Angell, Palagyi, Taylor, White, McCluskey, and Keay (2022:1) discovered that cataract sufferers have decreased contrast sensitivity, increased glare sensitivity, and blurred vision, which makes it difficult for them to drive, work, care for others, and carry out daily tasks.

This is in support of the study findings, in which participants reported that their partners and families have helped them go shopping, collect their pensions, and visit the hospital for medical care.

4.4.3.5 Jobless

Some of the participants stated that their cataracts had left them jobless and that this had significantly impacted their ability to improve their quality of life because no one would hire them. The quotations below support the sub-theme:

> *"Since I am unable to see, I am not working" (**Emotional**).[P15]*
>
> *"I'm no longer able to fix automobiles since I can't see".[P10]*
>
> *"I quit my job because of eye problems". [P5*]

The research findings of Rabiu, Taryam, Yusuf, and Maji (2023:1) show that low vision due to cataracts can have a significant financial impact on both individuals and households. This supports the claim made by Tan, Han, Zheng, Jin, Qiu, Zhu, Chen, Zhang, Dickey, Wang, Huang, Liu, Liang, Zeng, Lin, He, Luo, Huang, Congdon, and Liu (2023:356) that persons with better visual function are more likely to participate in income-earning activities and have a lower risk of accidents and unintentional injuries at work.

The aforementioned excerpts can be used to compare these results, that the detrimental impact of vision impairment on one's ability to work, earn money, and have access to reasonably priced treatments is exemplified by the vicious cycle of poverty caused by cataracts and other eye conditions.

4.4.4 THEME 4: PERCEIVED HURDLES THAT ARE THOUGHT TO EXIST IN RELATION TO CATARACT SURGERY

Although the participants acknowledged the potential advantages of cataract surgery, they also listed the following barriers that prevent these advantages from being fully realized. This theme is supported by the eight sub-themes and their quotations have been presented below. Each sub-theme has been presented below.

4.4.4.1 Waiting time

While public health care services are free, the majority of participants stated that the waiting lists are too lengthy and that the services are slow, ineffective, and difficult to access. They went on to say that they might pass away while they were still waiting. The quotations below are in line with the sub-theme:

> *"Since I've been visiting the clinic since 2018 and they keep telling me to come every six months, the waiting list has been too long since the diagnosis". [P11]*
>
> *"They always said they would call us, since 2019 but they didn't, someone I used to go to the clinic with even gone to **"Badimong"** meaning passed away while waiting to be done"(**Angry**). [P10]*
>
> *"In 2022 when the doctor said I will be operated on this year I even said, **"Iyoh kgale tje"** which translates as That's too long, I wonder whether I will be able to see at that time" (**Laughter**). [P9]*

The above narratives of this study were supported by Vedachalam, Yamini, Venkatesh, Kalpana, Shivkumar, Shekhar, Haripriya and Sathya (2022:2155) that reasons for delaying cataract surgery were multifactorial, during the initial phase of the lock down, there was a lack of clarity among the hospitals regarding the protocols to be followed that would ensure the safety of patients undergoing surgery as well as the surgical team. According to Huang-Lung et al (2022: 2) patients who wait longer for cataract surgery may experience adverse outcomes, such as a higher chance of falls-related injuries, a loss of their diving license, or a 25% reduction in driving.

The majority (88%) of rural Indians prefer to operate primarily during the winter or during the rainy season, which Bhagde, Kini, and Manjula (2019:36) claimed to be another significant barrier. As a result, to accommodate the influx of patients wishing to undergo cataract surgery, resources are stretched during the winter to handle the rush of patients willing for the cataract surgery.

4.4.4.2 The lack of sufficient resources such as human, material, and financial resources

The majority of the study participants complained that a lack of resources, including human, material, and financial resources delay the delivery of surgical care in public healthcare facilities. They also mentioned that private healthcare is quick and offers high-quality services, but that it is also expensive, making it more or less inaccessible. The quotations below are in line with the sub-theme:

> *“Since there are only four of us, you might wonder how much linen is available, but they claim that the lack of linen prevents them from performing surgery on us” (**Disappointed**).[P5]*
>
> *"Last year, they said they had ordered the correct lens for my eye, but after six months, when I returned, the lens (size 0.8) was not there". (**Shaking her head**).[P14]*

According to Sengo, Salamo, Santos, Mate, Chivinde, Moragues, Perez, and Lopez-Izquierdo (2023: 2) claimed that in addition to the recommended population-based ratio of eye care professionals, the World Health Organization (WHO) recommends distribution of 1:250 000 for ophthalmologists and optometrists and 1:100 000 for ophthalmic technicians. Infrastructure, equipment, supplies, and technology are necessary to provide high-quality care. The above statement is supported by the fact that the prevalence of blindness and low vision depends on a nation's socioeconomic status, the accessibility of medical and healthcare facilities, and the population's level of literacy (Ngah et al 2023:1).

On the other hand, Das et al (2022:2) argued that gender bias and financial difficulties continue to be the main reasons why people put off seeking healthcare when a working member developed a cataract because they were afraid of losing their job during the days the patient would be in the hospital.

4.4.4.3 Load shedding

Because they are delayed when there is load shedding, one of the study participants identified load shedding as a barrier to receiving healthcare services and said:

> *"I believe the hospital should have backup electricity so they can continue operating us, they said they could not operate us with a torch". [P5]*

Malange (2023:52) argues in favour of the above-mentioned idea by pointing out that the nation's public healthcare quality is still being negatively impacted by the worsening power outages. Another devastating blow is felt in surgical units, where surgeons are now required to perform operations using torches. Low lighting during procedures is also associated with a higher error rate and more postoperative issues.

Loadshedding, according to a statement from the South African Minister of Health, threatens the nation's efforts to uphold its constitutional mandate to protect, promote, and maintain the health, safety, and well-being of patients and the general public by ensuring that all South Africans have access to high-quality pharmaceutical care (South African Department of Health 2022).

4.4.4.4 Public Sector Strike

One of the study participants' explained that the effects of the public sector strike also contributed to delays in receiving their scheduled cataract surgery on time, as cited below:

> *"There may be a public strike and the doctors and nurses may not be available when you arrive for your appointment". [P5]*

According to Essex, Ahmed, Elliot, Lakika, Mackenzie and Weldon 2022:2), most fundamentally, as a strike is generally designed to disrupt healthcare delivery, it has the potential to impact healthcare delivery and patient outcomes. The South African

Department of Health (2023), strongly condemns any form of violence and intimidation directed towards patients, health workers, or infrastructure.

4.4.4.5 Fewer cataract operations

Three participants alluded to their dissatisfaction with fewer operations, describing them as catastrophic because they delay surgical interventions. The quotations below support the sub-theme.

> *"I wish there were more doctors so we could finish as quickly as possible and not pick and choose or skip days as they do". [P2]*
>
> *"They can't complete us because the list is too long, this cataract is "Kobo anela" meaning it affects everyone". [P14]*
>
> *"I'm also fortunate in that I first came here in 2021, whereas others have said they arrived in 2019 and so forth".[P5]*

The above claim that socioeconomic status, lack of human resources, direct and indirect costs, and cultural concerns are some of the major barriers to receiving eye care services is supported by Goel, Wemyss, Harris, Steinbach, Stancliffe, Cassels-brown, Thomas & Thiel (2021:2). Additionally, a study done in Malaysia found that a hospital's high patient volume and space limitations could force cataract patients to wait up to a year for surgery (Ngah, Muhamad, Aziz, Hussein, Salowi, Kamarudin, Abdullah & Aris 2023:3).

4.4.4.6 Uncontrolled blood sugar

Two participants mentioned their unfavourable opinions about cancellations brought on by poorly managed blood sugar, and they also expressed how it delays cataract surgery. This has been supported by the following quotations:

> *"Occasionally, if your blood sugar is high when you have an appointment to have cataract surgery, they postpone the procedure". [P5*]

"*They informed me that they could not perform a procedure while my blood sugar was up, and they only do one thing for four years".[P7]*

Vedachalam et al (2022:2156) confirmed that patients' pre-existing systemic illnesses, such as diabetes mellitus or hypertension, worsened as a result of the lack of access to local medical services, corroborating the above extract. Because of their inadequate systemic control, this further precluded them from having cataract surgery. According to research by Cahyono and Mahyuvi (2023:2), a person with a history of high blood sugar will cause the lens of the eye to adhere to the posterior capsule, making cataract removal more difficult and requiring specialized care.

4.4.4.7 COVID19 pandemic lockdown restrictions

One participant expressed the following opinions about the COVID-19 pandemic restrictions as a hindrance to getting prompt cataract surgery and said:

"Even with this COVID-19 of theirs, I left the other COVID-related delay time since 2019 but now I decided to come to find out why they didn't call me".[P10]

The aforementioned account was verified by Vedachalam et al (2022:2155) who stated that procedures were originally withheld and new protocols were being developed because COVID-19 was believed to be a droplet infection and cataract surgeries could produce droplets near the surgeon's face.

Huang-Lung, Angell, Palagyi, Taylor, White, McCluskey and Keay (2022:1) confirmed that the estimated true waiting times for cataract surgery have increased as a result of the COVID-19 pandemic; these times now range from four to thirty months. Public hospitals are primarily affected by these longer wait times.

The research findings of this study about aggravating factors such as waiting periods and resource constraints as a barrier to timely access to cataract surgery are supported by the studies mentioned above.

4.4.5 THEME 5: PERCEIVED COPING TECHNIQUES RELATED TO CATARACTS

Some participants admitted to using certain cataract-related coping strategies as cited in the following sub-themes.

4.4.5.1 Touch walls to improve sense of location

One participant highlighted that cataract made him have coping skills while waiting for the cataract surgery to be performed and said:

> *"To feel how the toilet sits, I touch the wall and the machine as I use the reverse motion, and I make sure I have toilet paper in my hands". [P1]*

Bhagde et al (2019:35), confirmed that blindness imposes limitations on their lives that affect them psychologically and economically in addition to physical lives. Kurniyawan, Kartika, Siswayo, Wantiyah, Murtaqih, Deviantony and Fitria (2023:2) suggest that to help patients become adaptive and prepared for surgery, nurses are expected to apply health education to patients undergoing cataract surgery.

4.4.5.2 Rely on shades, patterns, and structure to identify people or places

One participant pointed out that she had challenges identifying her children as she hardly recognized people's faces. This has been supported by the following quotation:

> *Since I can't see people's faces, I recognize my kids by their structure, patterns, and walking gait".[P5***]**

World Health Organization (2023:4), states that vision impairment increases the risk of falls and fractures, early admission into nursing or care homes, social isolation, and difficulty walking. Because of the vital role the eye plays in life, failing to treat it promptly

may cause it to interfere with daily activities, which will undoubtedly lower the quality of life (Cahyono & Mahyuvi 2023:1).

This is confirmed by the study findings, as some of the participants noted that while they were waiting for cataract surgery to be done, they used coping mechanisms including touching walls and using shades to help them navigate their surroundings.

4.6 SUMMARY

Data analysis, presentation and description of the research findings were discussed in this chapter. Chapter 5 will interpret the findings and describe recommendations.

CHAPTER 5

RECOMMENDATIONS, LIMITATIONS, AND CONCLUSION

5.1 INTRODUCTION

The study's findings were discussed in Chapter 4 of clients' perceptions of cataract surgery in the Sedibeng district. The primary findings are summarized in this final chapter, along with suggestions for the implementation of cataract surgical services at a public hospital in the Sedibeng district, Gauteng Province. The researcher addresses the weaknesses of the study and draws a conclusion. The researcher offers suggestions for healthcare practice, policy development, and research in light of the findings.

5.2 RESEARCH DESIGN AND METHODS

Chapter 3 provides a discussion of the methodology and study plan. Qualitative descriptive phenomenological design methods were employed to explore and describe perceptions of clients with eye problems before cataract surgery at a public hospital in the Sedibeng district, Gauteng Province. The study was carried out in Sedibeng District, a public hospital. The sample of the study included 18-year-old and above clients with eye problems before cataract surgery. Individual phenomenological interviews were conducted to gather data utilizing semi-structured interview guides, field notes, and a digital voice recorder. The majority of the participants chose to speak in their mother tongue, except two who could speak English, hence Sesotho was utilized as the common language of exchange. The age range of all participants in the study was 38 to 72. The research methodology employed made it easier for the researcher to comprehend the perceptions of clients with eye problems before cataract surgery at a public hospital in the Sedibeng district, Gauteng Province. Clients voiced their various perceptions of cataract surgery, and some of those perceptions acted as barriers for those clients to undergo cataracts.

The researcher's attempt to respond to the primary study question was relevant to this design because only a small sample was studied and qualitative designs do not aim

for generalization, the design had some problems that prevented the results of this study from being applied to a larger population (Polit & Beck 2017:888).

5.3 RECOMMENDATIONS TO SUPPORT CLIENTS WITH EYE PROBLEMS BEFORE CATARACT SURGERY AT A PUBLIC HOSPITAL IN SEDIBENG DISTRICT, GAUTENG PROVINCE.

Recommendations in this study are made in accordance with the themes. The described recommendations answer to the second research question:

- What recommendations can be described to support clients with eye problems before cataract surgery at a public hospital in Sedibeng District, Gauteng Province?

5.3.1 Theme 1: Positive perception surrounding cataract surgery.

The participants in this study findings noted that even though they have not yet undergone cataract surgery, they still hold certain health beliefs regarding the procedure, as it lowers the chance of blindness and improves eyesight.

It is recommended that:

- Clients should continue to explore and acquire knowledge regarding cataract surgery to enrich their knowledge and understanding and give advice to other clients with the same condition.

5.3.2 Theme 2: Client understanding of cataract surgery

The study findings showed that even though the majority of the participants were aware of the benefits of cataract surgery, some participants still had a knowledge deficit in relation to the causes of cataracts, while others had misconceptions, and fear about cataract surgery.

It is recommended that:

- Before cataract surgery, it is important to gain a better understanding of the clients, change their negative beliefs, build a social support network, and ensure their safety.
- Everyday education on cataracts must be offered as a routine to dispel false beliefs as some of the study participants showed, and this will fill the knowledge gap regarding cataract surgery.

5.3.3 Theme 3: Perceived loss of independence

The study findings revealed that the majority of participants had different conceptions of loss of independence about cataract surgery and their loss of independence was reduced to mobility, inability to carry out daily tasks, social isolation, reliance, and joblessness.

It is recommended that:

- Nurses should invite the family to the educational sessions concerning cataract surgery so that they can be involved with understanding to give the necessary emotional support to the clients before cataract surgery.
- Clients should have the opportunity to speak with a nurse or a counsellor every day in a private setting about their opinions and concerns regarding cataract surgery. This activity will alter the client's perceptions, which will ultimately persuade them to undergo cataract surgery.

5.3.4 Theme 4: Perceived hurdles that are thought to exist in relation to cataract surgery

The study findings revealed that waiting time, lack of sufficient resources such as human, material, and financial resources, load shedding, the public sector strike, fewer cataracts operations, uncontrolled blood sugar levels and the COVID-19 pandemic restrictions were perceived as hurdles that existed in relation to cataract surgery.

It is recommended that:

- To prevent disruptions in healthcare services brought on by power outages and public sector strikes, healthcare institutions should have backup electricity and emergency procedures to preserve the continuity of care.

5.3.5 Theme 5: Perceived coping techniques related to cataracts

The study findings noted that some of the participants shared that they even resorted to coping skills in order to cope before cataract surgery especially when they need to help themselves such as going to the latrine and recognizing people.

It is recommended that:

- Clients should be referred to a psychologist who will help them deal with their coping mechanisms to express their feelings openly on how to cope with the condition.

The following recommendations are made for the Sedibeng District Public Hospital:

Policy formulation: Mass media campaigns must be taken into account when determining the cataract surgery policy. This will fill the knowledge gap that was found during data collection because some clients may not be sufficiently informed about the importance of cataract surgery. There is a need to increase the availability of eye healthcare specialists in local communities. This is done to enable clients with cataracts to discuss their struggles with their primary healthcare practitioner openly.

Education: The following is suggested for a nurse education and training program in the Sedibeng district: When nursing education is reviewed later, cataract surgery-related issues must be taken into consideration. The Medical and Surgical module must include information on the justifications for cataract surgery and its importance. This will assist nursing students in incorrectly informing cataract patients about their condition before cataract surgery during community health outreach initiatives.

Future Research: Since this study's focus was on clients' perceptions of cataract surgery, a research method that can be applied to future quantitative survey studies must be created and put to the test. The survey instrument indicated above will let health researchers conduct a comparable study on a larger sample of clients in the Sedibeng district and elsewhere in the world because this study was qualitative. A quantitative study investigating the perceptions of cataract surgery clients in the Sedibeng District will aid in the generalizability of the results to a broader sample of clients.

5.4 CONTRIBUTIONS OF THE STUDY

The following will be accomplished by the Sedibeng communities by examining and describing the perceptions of clients with eye problems before cataract surgery in the Sedibeng district:

Through early screening and prompt referrals, the study could contribute to lowering the waiting period for cataract surgery and the amount of reversible blindness brought on by cataracts.

The study could raise participants' positive knowledge because they would have learned how to prevent cataract consequences including vision loss, which would enhance the communities of Sedibeng's health.

The study might add to the improvement of current methods for reducing cataract-related blindness.

5.5 LIMITATIONS

According to Brink et al (2018:189) a study's limitations show readers that the researcher was aware of these restrictions and considered them when interpreting the findings. Because of the previously mentioned fact, the researcher is confident that the study's findings are reliable and that the scientific community can put them to use. The researcher noted the following restrictions: this study was qualitative in design

and included just a few participants. Instead of attempting to generalize the subject under study, qualitative research aims to contextualize it. Due to the study's specific context, its results were applied to a hospital setting in the Sedibeng district rather than being generalized.

5.6 CONCLUSION

The focus of the study was on the perceptions of clients with eye problems before cataract surgery at a public hospital in the Sedibeng district, Gauteng Province. The objectives of the study were met through the in-depth research study that generated themes and sub-themes from the data collected from participants. The findings of the study revealed that the increased number of clients with eye problems before cataract surgery in the Sedibeng district is aggravated by a lack of knowledge, fear, and waiting time due to a shortage of resources such as human, material and financial resources, load shedding, uncontrolled blood sugar levels, the COVID19 pandemic restrictions, social isolation, reliance and loss of independence. The study revealed positive perceptions of clients surrounding cataract surgery because surgery reduces the chances of blindness and improves eyesight. To eliminate cataracts in the Sedibeng district of Gauteng Province, the study suggested the creation of policies, education, and support.

6. REFERENCES

Ahmed, M, Beletew, B, Mengesha, A & Markos, M. 2020. Prevalence of Cataract and its associated factors among adults aged 40 years and above in Waghimra zone, Amhera, Northeast Ethiopia: A community-based cross-sectional study. From: https://doi.org/10.21203/as.z.20312. (Accessed 14 March 2022).

Alimaw, YA, Hussen, MS, Tefera, TK & Yibekai, BT. 2019. Knowledge about cataract and associated factors among adults in Gonder town; Northwest Ethiopia. PLoS ONE 14(4):eO2115809. From: https://doi.org/10.1371/journal.pone.0215809. (Accessed 15 April 2022).

Asenahabi, BM.2019.Basics of Research Design: A guide to selecting appropriate research design. International Journal of Contemporary Applied Researchers. (IJCAR) (ISSN: 2308-1365)From: www.ijcar.net (Accessed 15 November).

Bhagde, S, Kini, S & Manjula, B. 2019. Knowledge, Attitude and Practice Regarding Senile Cataract in Rural Patients Undergoing Cataract Surgery in North India. From: www.iosrjournal.org (Accessed 27 May 2023).

Brink, H, Van der Walt, C & Van Rensburg, G. 2018. *Fundamentals of research methodology for health care professionals.* 4th edition. Cape Town: Juta.

Busetto, L, Wick, W & Gumbinger, C.2020. How to use and assess qualitative research methods. Neurological Research and Practice. From: https://doi.org/10.1186/s42466-020-00059-z (Accessed 12 November 2023).

Boru, T. 2018. Chapter Five Research Design and Methodology 5.1introduction Citation: Lelissa TB (2018); Researh Methodology; University

of South Africa, PHD Thesis. From: https://www.researchgate.net/publication/329715052 (Accessed 16 November 2023).

Burton, MJ, Ramke, J, Marques, AP, Bourrne, RRA, Congolon, N & Jones, I. 2021. The Lancet Global Health Commission on Global eye health vision beyond 2020.*LancetGlobalHealth.2021*; 9(4):e489-551.From:https://doi.org/10.1016/52214-109X (20) 30488-5 (Accessed 15 November 2023).

Cahyono, D & Mahyuvi, T.2023. Factors Affecting Anxiety Levels in Pre-Cataract Surgery Patients. Indonesian Journal of Nursing Scientific, Juni, 2023, 3 (1); 1-10. From: DOI:doi.org/10.58467/ijons.v3il.47 (Accessed 16 November 2023).

Cambridge English Dictionary.2023. Sv "legislation". From: https://dictionary.cambridge.org (Accessed 10 November 2023).

Chen, WP, Liu, PPS, Lin, SM, Wang, JH, Huang, HK & Lon, CH. 2020. Cataract and increased risk of depression in general population-based: a 16-year nationwide population-based longitudinal study. From: https://doi.org/10.10338/s41598-020-70285-7 (Accessed 4 April 2022).

Collins English Dictionary.2020.Sv "client" From: https://www.collinsdictionary.com (Accessed 15 November 2023).

Creswell, JW & Creswell, JD. 2018**.** Research Designs*: Qualitative, Quantitative and Mixed Methods Approaches. 5th edition. California:* SAGE.

Daniati, N, Widjaja G, Olalla Gracia M, Chaudhary P, Nader Shalaby, M, Chupradit, S & Fakri Mustafa Y. 2021.The Health Belief Mode's Application in the Development of Health Behaviors. Health Edu-cation and Health Promotion. 2021:9 [Special Issue]:521-527. From: https://www.researchgate.net/publication (Accessed 30 April 2023).

Das, M, Sen & Agrawal, K. 2022. A Study to Evaluate the Causes of Delayed Presentation for Cataract Surgery at a Tertiary Eye Centre, Odisha, India. From: https://www.jcdr.net/publication (Accessed 27 May 2023).

DeJonckheere, M &Vaughn, LM, 2019. *Semi structured interviewing in primary care research: a balance of relationship and rigour.* From: http//www.fmch.bmj.com (Accessed 26 July 2022).

Delve, HO, L & Limpaecher, A. 2022. What is Phenomenological Research Design? Essential Guide to Coding Qualitative Data. From: https://delvetool.com (Accessed 26 July 2023).

Du, K, Guan H, Zhang Y, Ding Y & Wang D. 2022. Knowledge of cataracts and eye care utilization among adults aged 50 and above in rural Western China. From: https://www.frontiersin.org (Accessed 26 May 2023).

Essex, R, Ahmed S, Elliot H, Lakika D, Mackenzie L& Weldon, S, M. 2022. The impact of strike action on healthcare delivery: A scoping review. From: https://onlinelibrary.wiley.com/doi/ (Accessed 15 July 2023).

Fikrie, A, Mariam, YG, Amaje E & Bekele, H. 2021.Knowledge about Cataract and associated factors among adults in Yirgalem town, Sidena National Regional State, Southern Ethiopia, 2020: a community-based cross-sectional study design. From: https://creative commons.org/licences/by/40/ (Accessed 13 March 2022).

Gabbort, T, Robberts, H & Briesen, S. 2019. Assessing the fear of cataract surgery in rural Kenya From: https://doi.org/10.1080/2331205X.2019.1607434. (Accessed 10 April 2022).

Gcwabe, L. 2023. Surgery backlogs: TAC warns public healthcare near collapse. Health System News. From: https://health-e.org.za (Accessed 15 November 2023).

Goel, H, Wemyss, TA, Harris T, Steinbach, I, Stancliffe, R, Cassels-brown A, Thomas, PBM & Thiel, CL.2021. Improving Productivity, Costs and environmental impact in International Eye Health services: using the 'Eyeffiency' cataract surgical services auditing tool to assess the value of cataract surgical services. BMJ Open Opthalmology 2021; 6:e000642.doi:10.1136/bmjophth-2020-000642. (Accessed 11 November 2023).

Gray, JR, Groove, SK & Sutherland, S. 2017.*The practice of nursing research: Appraisal, synthesis, and generation of evidence.8th edition.* St Louis: Elsevier.

Guest, G, Namey, E & Chen, M. 2018. A simple method to assess and report thematic saturation in qualitative research. PLoS ONE 15(5): E0232076. From:https://doi.org/10.1371/journal.pone.0232076 (Accessed 21 November 2023).

Hall, C, Herrod S, Crookston, B, Sherief, ST & Ahmed, A.2023. Barriers to Cataract surgery in Africa: providers' perspective (Research Protocol).Faculty Publications.6652. From: https://scholarsarchive.byu.edu/facpub/6652. (Accessed 10 November 2023).

Hellem, A, LaBelle, S, Matossian, C & Karpecki, P. 2023.Interpersonal Communication in Eye Care: An Analysis of Potential Impacts on Cataract Surgery Candidates' Expectations and Behaviors, Clinical Opthalmology, 16:, 1003-1008. From: DOI:10.2147/OPTH.S356895 (Accessed 12 November 2023).

HO, U.2021. What is behind the massive cataract surgery backlogs in Gauteng? From: https://www.dailymaverick.co.za. (Accessed 15 November 2023).

Hossain, S, Khanom, T, T, & Islam, MM.2021. Knowledge, Attitude and Practices Regarding Cataract Surgery among Senile Cataract in Dhaka, Bangladesh .SAS J Surg. ISSN2454-5104 From: DOI:10.36347/sasjs.2021.v07i01.002 (Accessed 12 November 2023).

Huang-Lung J, Angell, B, Palagyi, A, Taylor, HR, White, A, McCluskey, P, Keay, L.2022. The true cost of hidden waiting times for cataract surgery in Australia. Public Health Res Pract.2022; 32(3):e313342116.First published 21 October. From: htttps://doi.org/10.17061/phrp31342116 (Accessed 11 November 2023)

Ibanga, AA, Essien, EA, Etim, BA &Udofia, O. 2021. Attitude to Eye Health: A focus Group Discussion Among Christian Religious Leaders in Calabar Nigeria. From: https://www.nigerianjournalopthalmology.com (Accessed 20 June 2023).

Jain, S, Rajshekar, Aggarwal, A, Chauhan, A & Gauba, VK. 2019. Effects of cataract surgery and intraocular lens implantation on visual function and quality of life in age-related cataract patients: a systematic review protocol. From: https://pubmed.ncbi.nlm.nih.gov (Accessed 15 March 2022).

Kentanyiso, TM, Alto, AA, Abebaw, Z, Misker, D & Boynito, WG.Cataract Prevalence and Its Associated Factors Among Adult People Age 40Years and above in South Ari District, south Ethiopia.2023. https://doi.org/10.1155/2023/1996608.

Ko, KK, Pumpaibool, T, Wynn, MMM, Win Y, Kyi, TM & Aung PC. 2021. Door-to- Door Eye Health Education to Improve Knowledge, Attitude and Uptake of Eye care services Among Elderly with Cataracts: A Quasi-

Experimental Study in the Central Tropical Region, Myanmar. From: https://doi.org/10.2147/OPTH.S287257 (Accessed 25 June 2023).

Konjevoda, S, Gusar, I, Peric', S & Striber, N.2021. Fear of blindness in Patients Undergoing Cataracts Surgery. Psychiatria Danubina, 2021; Vol.33, Suppl.4, pp 609-612. From:https://www.researchgate.net (Accessed 12 November 2023).

Khoza, LB, Nunu, WN, Tshivhase, SE, Murwira, TS, Mambanga, P, Ramakuela, NJ, Manganye, BS, & Ndou N. 2020.Survey on Prevalence of Cataract in Selected Communities in Limpopo Province of South Africa, Scientific, African. 2020. From https://doi.org/10.1016/j;sciaf.2020.e00352 (Accessed 31 March 2022).

Kurnijawan,EH, EH, Kartika PDP, Siswoyo, Wantiyah, Murtaqib, Deviantony F & Fitria Y.2023. Perioperative Health Education Improves Coping Mechanisms in Perioperative Cataract Patients. From: DOI: https//doi.org/10.53713/htechj.v1i1.2 (Accessed 11 November 2023).

Mahakud, AK. 2023. Patients with Cataracts Understanding and Attitudes Towards Cataracts and Cataract Surgery. 2023. From: https://www.bcomss.id (Accessed 28 May 2023).

Mailu, EN, Virendrakumar, B, Bechange, S, Jolley, E, & Schmidt, E. 2020).Factors associated with uptake of cataract surgery and interventions to improve uptake in low – and middle-income countries: A systematic review.PLos ONE 15(7):e0235699. From: https://doi.org/10.1371/journal.pone.0235699. (Accessed 10 April 2022).

Makri, C & Neely, A.2021. Grounded Theory: A Guide for Exploratory Studies in Management Research. *International Journal of Qualitative Methods Volume*20:114.From:https://doi.org/10.1177/16094069211013654 (Accessed 13 Novembef 2023).

Malange, TD. 2023. Load shedding and Healthcare: Salt in the wound? From: https://doi.org/10.7196/SAMJ.2023.v113i2.431 (Accessed 28 June 2023).

Medical Dictionary.2023. Sv “Visual Impairment" From:https://medical.thefreedictionary.com/Visual+Impairmet (Accessed 18 November 2023).

Mencucci, R, Stefanini, S, Favuzza, E, Cennamo, M, DeVitto, C &Mossello, E. 2023. Beyond Vision: Cataract and Health Status in old age, a narrative review.Front.Med.10:1110383.doi:10.3389/fmed.2023.1110383.

Merriam-Webster's Unabridged Dictionary.2023. Sv "legislation" From: https:www.merriam-webster.com (Accessed 15 November 2023).

Metelerkamp, T. 2022. Cataract Surgeries are backing up in the Western Cape, but it’s not a new problem. From: https://www.dailymaverick.co.za (Accessed 15 November 2023).

Meyers, A. 2019. A Phenomenological Study of the Lived Experiences Counselling Students in a Co- Facilitated Experiential Group. From: https://www. scholarworks.uark.edu/etd/3272. (Accessed 16 April 2022).

Morny, EKA, Boadi-Kusi, SB, Ocansey S, Kyei, S, Yeboah, K, & Mmaduagwu, MA. 2019. Assessing the Progress towards Achieving “VISION 2020: The Right to Sight” Initiative in Ghana. From: https://doi.org/10.1155/2019/3813298 (Accessed 28 March 2022).

Mwita, K. 2022. Strength and weaknesses of qualitative research in social science studies. From: https://www.researchgate.net/publication/363520457 (Accessed 23 July 2023).

Naipal, S & Rampersad, N. 2018. A review of visual impairment. Afr Vision Eye health.2018; 77 (1), a393. From: https://doi.org/10.4102/aveh.v77i1.393 (Accessed 12 November 2023).

Neubauer, BE, Witkop, CT&Varpio, L. 2019. How phenomenology can help us learn from the experiences of others. Perspect Med Educ. 2019 Apr;8 (2):90-97. From: doi:10.1007/s40037-019-0509-2.PMID:30953335;PMCID:PMC6468135. (accessed 16 November 2023).

Ngah, NF, Muhamad,NA, Aziz, RAA, Hussein, E, Salowi ,MA, Kamarudin, Z, Abdullah ,NH & Aris, T. 2023. Evaluating Cataract Surgical Rate through Smart Partnership between Ministry of Health, Malaysia and Federal territory Islamic Religious Council. Medicines 2023, 10, 12. From: https://doi.org/10.3390/medicines 10010012. (Accessed 11 November 2023).

Nieder-Heitmann, N. 2019. Outreach cataract surgery services good are their outcomes? Faculty of Health Sciences, University of Cape Town. From: http://hdl.handle.net/11427/31084. (Accessed 14 March 2022).

Nizami, AA & Gulani, AC.2022. Cataract. [Updated 2022 Jul 5]. In: StatPearls Publishing; 2023 Jan-. From: https://www.ncbi.nlm.nih.gov/books/NBK539699/ (Accessed 14 July 2023).

Norris, AJS & Norris, CE. 2019. Factors influencing non-attendance to scheduled eye surgery in rural Swaziland. Africa Vision Eye Health.2019; 78(1), a490. From: https://doi.org/10.4102/aveh.v78i1.490 (Accessed 19 March 2022).

Nyirenda, L, Kumar ,MB, Theobald, S, Sarker ,M, Simwinga ,M, Kumwenda, M, Johnson, C, Hatzold, K, Corbett ,EL, Sibanda, E & Taegtmeyer ,M.2020. Using research networks to generate trustworthy qualitative public health

research findings from multiple contexts.BMC Medical Research Methodology (2020)20:13 From:https://doi.org/10.1186/s12874-019-0895-5. (Accessed 13 November 2023).

Oxford Dictionary.2023. Sv "perceptions". From: https://www. dictionary.oxford.com (Accessed 15 November 2023).

Polit, DF & Beck, CT. 2017. *Nursing Research: Generating and assessing evidence for nursing practice. 10th edition.* Philadelphia: Wolters Kluwer.

Popovic, MM, Hurst, M, Diemert, LM, Chu, C, Yang, M, Defraway, SCI, Ahmed, IIK, Rosella, L& Schlenker, MB.2023. A retrospective population-based analysis of wait times for cataract surgery in Ontario, Canada. Doi: 10.9778/cmajo.2022003.From:www.cmajopen.ca/content/11/2/E329/suppl/DCI) (Accessed 15 November 2023).

Purola, KM, Nattinen, JE, Ojamo, UI, Rissanen, HA, Gissler, Koskinen, VP & Uusitab, MT. 2022. Prevalence and 11-year Incidence of cataract and Cataract Surgery and the effects of socio-Demographic and Lifestyle Factors. From: https://www.dovepress .com/terms.php (Accessed 10 November 2023).

Rabiu, MM, Taryam, MO, Yusuf, M & Maji, IK. 2023. The economic impacts of cataract surgery on sustainable vision and quality of life in Katsina state. From: https://doi.org/10.1002/hcs2.39 (Accessed 10 November 2023).

Sengo, DB, Salamo, ZMA, Brito dos Santos, II, Mate, LM, Chinde, SM, Moragues, R, Perez, PC & Lopez-Izquierdo. 2023. Assessment of the distribution of human and material resources for eye health in the public sectorinNampula,Mozambique.From:https://creativecommonns.org/license/by/4.0/ (Accessed 13 November 2023).

Saunders, B, Sim, J, Kingstone, T, Barker, S, Waterfield, J, Bartlam, B, Burroughs, H & Jinks, C. 2018. Saturation in qualitative research: exploring

its conceptualization. *Qual Quant* 52, 1893-1907 (2018). From: https://doi.org/10.1007/s11135-017-0574-8 (Accessed 21 November 2023).

Smith. 2021."The Lived Experiences of Chronic pain: On the Contributions of Phenomenology in Understanding Chronic Pain Disorders"(2021).honors Undergraduate Theses.1076. From: https://stars.library.ucf.edu/hhonorstheses/1076. (Accessed 18 November 2023).

South African Department of Health.2022.Impact of load shedding on the provision of healthcare services and intervention measures. From: https://www.gov.za (Accessed 15 November 2023).

South African Department of Health .2023. Health Condemns Violet and Disruptive Actions at Health Facilities. From: https://www.gov.za (Accessed on 15 November 2023).

South African Department of Justice and Constitutional Development.1996. *Constitution of the Republic of South Africa*, *Act No.108 of 1996*.Pretoria: Government Printer.

Tan, X, Han, X, Zheng, Y, Jin L, Qui, X, Zhu, Y, Chen, C, Zhang, J, Dickey, H, Wang, D, Huang, S, Liu,B, Liang, X, Zeng, Y, Lin, H,He, M, Luo L,Huang, W, Longdon, N & Liu, Y. 2022. Impact of cataract surgery on Income in Rural Southern china: The SUCCESS Randomized controlled Trial. From: DOI:10.1097/APO.0000000000000624.2023 Asia-Pacific Academy of Opthalmology (Accessed 10 November 2023).

Tetteh, J, Fordjour, G, Ekem-Fergoson, G, Yawson, AO, Boima, V, Entsuah-Mensah, K, Biritwum, R, Essuman, A, Mensah, G & Yawson, AE. 2020. Visual Impairment and Social Isolation, Depression and Life Satisfaction Among Older Adults in Ghana: Analysis of the WHO's study on global Ageing and adult health (SAGE) Wave2. BMJ Open Opthalmology 2020;

5:e000492. From: doi: 10.1136/bmjophth-2020-000492 (Accessed 14 November 2023).

Theodoraki, K, Naderi, K, Lam, CFJ, Tan, JK, Jameel ,A, Lai L, Garcia LO, Low, S, Bhogal, M, Rabbie, S & Brart DO. 2022. Impact of cessation of regular cataract surgery during the COVID pandemic on the rates of posterior capsular rupture and postoperative cystoid macular oedema. From: https://www.nature.com/reprints (Accessed 10 April 2022).

Umanailo, MCB. 2019. Overview Phenomenological Research. From: https://www.researchgate.net (Accessed 26 July 2023).

Vedachalam, R, Yaamini, K, Venkatesh & Kalpana, N, Shivkumar, C, Shekhar, M, Haripriya, A, & Sathya, R. 2022. Reasons for delay in cataract surgery in patients with advanced cataract during the COVID-19 pandemic. Indian Journal of Opthalmology 70(6):2153. From: DOI:10.4103/ijo.IJO_544_22 (Accessed 15 November 2023).

Verwey, VF & Mahommed, S. 2020. The burden of eye conditions at a specialised eye hospital in Kwazulu-Natal, South Africa, 2020; 79(1), a58. From: https://doi.org/10. (Accessed 11 April 2022).

Webber, KJ, Fylan, Wood, JM & Elliot, DB. 2020. Experiences following cataract surgery-patient perspectives. Ophthalmic Physiol opt 2020. https://doi.org/10.111/opo.12709

Winarni, J, Puspitosari, DR & Priyanto, A.2020. Relationship of Family Support With Motivation For Cataract Surgery In Cataract Patients. JPdk Volume 2 NO1 Tahun 2020 Halaman 167-171 JURNAL PENDIDIKAN dan KONSELING. Research & Learning in Primary Education. (Accessed 13 November 2023).

WHO. 2023. Blindness and vision impairment. From:https://www.who.int (Accessed 15 November 2023).

WHO. 2019. World Report on Vision. Geneva. License: CC BY-NC-SA 3. O IGO. From: https://www.who.int/classifications/icd/en/ (Accessed 17 April 2022).

Xulu- Kasaba ,ZN & Kalinda, C.(2022).Prevalence of the Burden of Diseases causing Visual Impairment and Blindness in South Africa in the period of 2010-2020: A Systematic Scoping Review and Meta-Analysis. From: https://doi.org/10.3390/tropicalmed702203 (Accessed 13 April 2022).

Zitha, AJ & Rampersad, N. 2020. Impact of cataract surgery on vision-related quality of life. From: https://Doi:10.4102/aveh.v79i1.498 (Accessed May 202

ANNEXURE A: ETHICAL CLEARANCE

UNISA university of south africa

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

5 January 2023

NHREC Registration # :
Rec-240816-052
CREC Reference # :
62037676_CREC_CHS_2023

Dear Ms Hluphekile Maria Modise

Decision:
Ethics Approval from 25 January 2023 to 25 January 2024

Researcher(s): Name: Ms. H. M. Modise
Contact details: 62037676@mylife.unisa.ac.za
Supervisor(s): Name: Dr. S. H. Mboweni
Contact details: mbowesh@unisa.ac.za

Title: PERCEPTIONS OF CLIENTS WITH EYES PROBLEMS BEFORE CATARACT SURGERY AT A PUBLIC HOSPITAL IN SEDIBENG DISTRICT, GAUTENG PROVINCE
Degree Purpose: Masters

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for one year.

The ***low risk application*** *was reviewed by* College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.

in terms of assurances made with regards to the protection of participants' privac
confidentiality of the data, should be reported to the Committee in writing, accom
a progress report.

5. The researcher will ensure that the research project adheres to any applicabl
legislation, professional codes of conduct, institutional guidelines and scientific
relevant to the specific field of study. Adherence to the following South African le
important, if applicable: Protection of Personal Information Act, no 4 of 2013; Chi
no 36 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes
condition that the research objectives are similar to those of the original
Secondary use of identifiable human research data require additional ethics clea
7. No fieldwork activities may continue after the expiry date (**25 January 2024**). S
of a completed research ethics progress report will constitute an application for
Ethics Research Committee approval.

Note:

*The reference number **62037676_CREC_CHS_2023** should be clearly indicated on
of communication with the intended research participants, as well as with the Comm*

Yours sincerely,

Signature:

Prof. KB Ilkan
CHS Research Ethics Committee Chairperson
Email: ilkanb@unisa.ac.za
Tel: (012) 429 8210

Signature: pp

Prof ZZ Nkosi
Acting-Executive Dean: C
E-mail: nkosizz@unisa.a
Tel: 012 429 6758

ANNEXURE B: DEPARTMENT OF HEALTH GAUTENG PERMISSION LETTER

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Sedibeng District Health Servic
Enquiries: Ms. N. Tusw
Tel: 016 950 62
Email: Nomonde.Tuswa@gauteng.gov.

Date: 20 February 202

Ms. Hluphekile Maria Modise
University of South Africa
31 Klipspringer Street
Vanderbijlpark
1911

Dear Ms. Modise

RE: PERCEPTION OF CLIENTS WITH EYE PROBLEMS BEFORE CATARACT SURGER AT A PUBLIC HOSPITAL IN SEDIBENG DISTRICT, GAUTENG

Kindly be informed that permission has been granted for you to carry out the above-mentione research at Sebokeng Regional Hospital. It is noted that you have already obtained Provinci Ethics Committee as well as Research Ethics Clearance from University of South Africa (UNISA

Kindly note that a copy of the report on the findings (especially) that concerns Sedibeng Distri Health Services should be submitted to the Chief Director's office at the completion of the study

This permission is also subject to the conditions stated in the protocol and any change in desig and methodology must be communicated to the Chief Director.

We wish you success in your research endeavours.

Recommended / Not recommended / Recommended as amended

Prof. OB Omole
Chairperson: Sedibeng Research Committee
Date: 22/2/2023

Approved / Not approved / Approved as amended

Mr. MT Magoro
Acting Chief Director: Sedibeng District Health Services
Gauteng Health Department
Date:

RESEARCH PROPOSAL DETAILS: GP_202302_034

ANNEXURE C: PERMISSION LETTER (SEDIBENG DISTRICT PUBLIC HOSPITAL)

31 KLIPSPRINGER STR

VANDERBIJLPARK

1911

FOR ATTENTION: SEDIBENG DISTRICT PUBLIC HOSPITAL OPERATIONAL MANAGER

Dear Sir/Madam

I, Hluphekile Maria Modise, a student at the University of South Africa studying towards a Master's qualification in Nursing Science would like to schedule an appointment with you in order to discuss the possibility of conducting my study in your facility. The study aims to explore and describe perceptions of clients with eye problems at a public hospital in Sedibeng district, Gauteng Province.

Clients with cataracts before cataract surgery between 18-75 years who reside in the Sedibeng district will be included. The interview will last approximately between 30-45 minutes. Confidentiality will be strictly adhered to. The researcher will also ensure that the rules and regulations of COVID-19 are followed. All data collected will be kept safe under lock and key.

I would appreciate it if you discuss my request with your staff, as they will be of assistance in terms of identifying potential participants.

Yours faithfully

H M Modise

0731224450

Email: hluphi.modise@gmail.ccm

ANNEXURE D: PARTICIPANTS INFORMATION SHEET

REQUEST TO PARTICIPATE IN THE STUDY

Dear Prospective Participant

My name is Hluphekile Maria Modise and I am doing research with Dr Sheillah Mboweni, a Senior Lecturer in the Department of Health Studies towards a Master's Degree at the University of South Africa. We are inviting you to participate in a study entitled Perceptions of Clients with Eye Problems Before Cataract Surgery at a public hospital in Sedibeng district, Gauteng province.

WHAT IS THE PURPOSE OF THE STUDY?

I am conducting this research to explore and describe the perceptions of clients with eye problems before cataract surgery at a public hospital in Sedibeng district, Gauteng province, in order to describe recommendations for their support before surgery.

WHY AM I BEING INVITED TO PARTICIPATE? You are invited to participate in this study entitled: Perceptions of a client with eye problems before cataract surgery at a public hospital in Sedibeng district, Gauteng Province. The participating clients will be those admitted to the Opthalmology department in the hospital and booked for cataract surgery at the time of data collection.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

Describe the participant's actual role in the study.

The study will involve semi-structured interviews; the researcher will also request your permission to audiotape the interviews so that no information will be missed. This will increase the truth value of the study through accurate recording of the data collected. The data will be collected through individual interviews: the duration of the session will be approximately 30 minutes. The following questions will be asked during the interview:

How do you feel before the operation to remove your cataract?

What could be done to support you?

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

The researcher will inform you about voluntary participation in the study and the right to withdraw at any stage without being penalised.

To ensure that you remain anonymous, throughout the interview codes will be used instead of names. Informed consent will be obtained from you after the explanation of the purpose and method of the study.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

The benefit you are likely to gain from participation in this study is that you will have a chance to express your perceptions on cataract surgery.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

There are no negative consequences to taking part in this study; instead, the benefits will describe the recommendations to support clients before their surgery. Moreover, should the researcher observe signs of emotional discomfort from the participants, the interview will be discontinued immediately and the participants will be referred to the counsellor.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

To ensure privacy the interview will be directed by the research questions and no probing into your private affairs will be done. To ensure that you remain anonymous, throughout the interview codes will be used instead of names. You have the right to insist that your name will not be recorded anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research. Your answers will be given a code number or a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings.

Only the supervisor, co-supervisor, and the independent person to help with the analysis of data will have access to the data. Your answers will be reviewed by people responsible for making sure that research is done properly, including the transcriber, external coder, and members of the Research Ethics Review Committee. Otherwise, records that identify you will be available only to people working on the study unless you permit to other people to see the records.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA? The researcher will store hard copies of your answers for a minimum period of five years in a locked cupboard in the researcher's office in the hospital.

For future research or academic purposes; electronic information will be stored on a password-protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. The data will be destroyed five years after the completion of the research.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

No payment or any incentives are offered for participating in this study.

HAS THE STUDY RECEIVED ETHICS APPROVAL

This study has received written approval from the Research Ethics Review Committee of the *[identify the relevant ERC],* Unisa. A copy of the approval letter can be obtained from the researcher if you so wish.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact Hluphekile Maria Modise on 0731224450 emails: 62037676@mylife.unisa.ac.za ./hluphi.modise@gmail.com. The findings are accessible for December 2024.

Should you have concerns about the way in which the research has been conducted, you may contact Dr Mboweni at 0124534827 or email: mbowesh@unisa.ac.za

Contact the research ethics chairperson of the CHS Research Ethics Committee Chairperson: Prof. Khan, Email:khankb@unisa.ac.za, contact details: 012 429 8210 if you have any ethical concerns.

Thank you for taking the time to read this information sheet and for participating in this study.

signature:  Hluphekile Maria Modise

ANNEXURE E: CONSENT FORM

CONSENT TO PARTICIPATE IN THIS STUDY

Research title: Perceptions of clients with eye problems before cataract surgery at a public hospital in Sedibeng district, Gauteng Province.

Researcher: Hluphekile Maria Modise

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits, and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty.

I am aware that the findings of this study will be processed into a research report, journal publications, and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the interviews which will be voice-recorded for verification of findings.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname…… (Please print)

Participant Signature……..Date……

Researcher's Name & Surname: Hluphekile Maria Modise

Researcher's signature: 

Date:

ANNEXURE F: TUMELANO YA HO NKA KAROLO (CONSENT FORM) (SESOTHO)

Hluphekile Maria Modise

31 Klipspringer Street

Vanderbijlpark

1911

Monghadi/Mofumahadi

KOPO YA HO NKA KAROLO DIPHUPUTSONG

Lebitso la ka ke Hluphekile Maria Modise, mooki sepetleleng sa Sedibeng ya ntseng a ithutela tsa bophelo ba setjhaba University ya Afrika Borwa (UNISA). Ke ntse ke etsa diphuputso ka **"Maikutlo a bakudi ba nang le bothata ba mahlo pele leho tlosa lelwapi sepetleleng sa Sedibeng, Gauteng."**

Sepheyo sa diphuputso tsena ke ho utlwisisa Maikutlo a bakudi ka ho tlosa lelwapi. Dipuisano di tla hatiswa mme puisano e tla nka metsotso ya mashome a mararo ho isa mashome a mane a metso e mehlano. Ditaba tse buwang mono di tla bolokwa ele lekunutu mme mabitso a hao a ke ke a tsebiswa batho. Ona le tokelo ya tswa diphuputsong tsena neng kapa neng ha u se u sa batle ke ke wa patalwa ha o nka karolo diphuputsong tsena, ha o batla ho buwa le mofuputsi ka dintlha tseo o di lebetseng tsa puisano, o ka mo fumana nomorong ya (+27731224450).

Ke lebohela ho nka karolo ha hao.

Ya nkang karolo Letsatsi

Mophuputsi Letsatsi

ANNEXURE G: CONFIDENTIALITY AGREEMENT

CONFIDENTIALITY AGREEMENT

I **Hluphekile Maria Modise** in my capacity as a principal researcher on research titled **Perceptions of Clients with Eye Problems Before Cataract Surgery at a public hospital in Sedibeng district, Gauteng province** acknowledge that I am aware of and familiar with the stipulations and contents of the conditions of ethical clearance specific to this study. I shall conform to and abide by these conditions. Furthermore, I am aware of the sensitivity of the information collected and the need for strict controls to ensure confidentiality obligations associated with the study.

I agree to the privacy and confidentiality of the information that I am granted access to in my duties as the principal researcher. I will not disclose nor sell the information that I have been granted permission to gain access to in good faith, to anyone.

I also confirm that I have been briefed by the research team on the protocols and expectations of my behaviour and involvement in the research as the principal researcher.

SIGNED: 

Date:

SIGNED:

ANNEXURE H: CONFIDENTIALITY FORM

CONFIDENTIALITY AGREEMENT

I _____in my capacity as a principal researcher/ (Assistant) researcher on research titled **PERCEPTIONS OF CLIENTS WITH EYE PROBLEMS BEFORE CATARACT SURGERY AT A PUBLIC HOSPITAL IN SEDIBENG DISTRICT, GAUTENG PROVINCE**, acknowledge that I am aware of and familiar with the stipulations and contents of the conditions of ethical clearance specific to this study. I shall conform to and abide by these conditions. Furthermore, I am aware of the sensitivity of the information collected and the need for strict controls to ensure confidentiality obligations associated with the study.

I agree to the privacy and confidentiality of the information that I am granted access to in my duties as the principal researcher. I will not disclose nor sell the information that I have been granted permission to gain access to in good faith, to anyone.

I also confirm that I have been briefed by the research team on the protocols and expectations of my behaviour and involvement in the research as the principal researcher.

SIGNED: 

Date:

ANNEXURE I: DATA COLLECTION TOOL (ENGLISH)

Demographic data

1. Participant code----------

2. Gender----------

3. Age _____

4. Marital status (Tick that is applicable)

- Married [ ]

-Single [ ]

- Divorced [ ]

- Widowed [ ]

5. Residence (Tick that is applicable)

-Rural [ ]

-Urban [ ]

- Semi-urban [ ]

6. Religion (Tick that is applicable)

- African traditions [ ]

- Christian [ ]

- Judaism [ ]

- Islam [ ]

Other (specify) [ ]

7. Employment Status (Tick that is applicable)

- Source of income , specify ----------

- Self-employed [ ]

- Employed [ ]

- Unemployed [ ]

8. Level of Education (Tick that is applicable)

- Primary [ ]

-Secondary [ ]

-Tertiary [ ]

- None [ ]

9. Chronic condition: Specify

_____

10. The central question, followed by probing

- What are the perceptions of clients with eye problems before cataract public hospital in Sedibeng District, Gauteng Province?
- What are the recommendations that can be made to support clients with e before cataract surgery?
- What is your understanding regarding cataract surgery?

How do you perceive the cataract surgery?

What can be done to encourage people with cataracts to seek help and come ou surgery as soon as possible?

What are the barriers or factors that prevent people with cataracts from acceptir

ANNEXURE J: DITABA TSA YA NKANG KAROLO (SESOTHO)

1. Nomoro ya motho ya nkang karolo.....

2. Dilemo.....

3. Botshadi / Botona.....

4. Ditaba tsa lenyalo (kgetha e nepahetseng)

- Ha ke so nyale [ ]
- Ke nyetse [ ]
- Re hlalane [ ]
- Ke moholohadi [ ]

5. Tumelo (kgetha e nepahetseng)

- Mokereste [ ]
- Moisilamo [ ]
- Mojuta [ ]
- E nngwe (hlalosa) [ ]

6. Bodulo (kgetha e nepahetseng)

- Mabalane [ ]
- Mahaeng [ ]
- Seka-mabalane [ ]

7. Ditaba tsa thuto (kgetha e nepahetseng)

ANNEXURE K:LETTER FROM EDITOR

Centre for Scholarly Publishing Services (PTY) Ltd
Reg no: 2015/444302/07

04 September 2023

Hluphekile Maria Modise
Department of Nursing Science
Faculty of Health Sciences
University of South Africa
Pretoria, South Africa

This serves to confirm that an MA dissertation in Nursing Science titled *Perceptions of clients with eye problems before cataract surgery at a public hospital in the Sedibeng district, Gauteng Province* by Hluphekile Maria Modise, in the discipline of Health Sciences, at the University of South Africa has undergone both a thorough copy-editing as well as proof-reading processes.

Sincerely,

.....

Solani Ngobeni
Publishing Director

Centre for Scholarly Publishing Services

Cell: 061 506 6115
www.csps.co.za

ANNEXURE L: TURNITIN