

Resilience of nurse managers in the private healthcare sector in Gauteng, South Africa

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ABSTRACT

Nurse managers of private hospitals play a critical role in ensuring that quality care is delivered to all entrusted to their care. The challenges within the private healthcare sector, shortage of staff, increased stress levels and burnout leads to high staff turnover and absenteeism. That is the reason nurse managers need to be resilient within the role. The same effects are also experienced by other healthcare sectors in South Africa and within the African continent, which include overcrowded hospitals and high patients' loads with limited resources and finances.

A number of studies have been conducted about resilience of nurses in South Africa (Koen *et al.*, 2011; Pillay 2010, Gray, 2012) but not on the experience of nurse managers with regard to their resilience specifically their strengths and coping skills. The researcher then identified that a supporting, positive environment is lacking for nurse managers to improve their resilience specifically their strengths and coping skills.

The purpose of this study was to explore and describe the experience of nurse managers with regard to their resilience, specifically their strengths and coping skills in the private healthcare sector in Gauteng, South Africa. The information provided by the study guided the researcher to formulate recommendations to support nurse managers in improving their resilience, specifically their strengths and coping skills. A qualitative hermeneutic phenomenological design was used with an interpretive approach.

Unstructured interviews were conducted with participants to collect data. The population was comprised of nurse managers from the private healthcare sector who were selected by purposive sampling. Sample size was determined by data saturation while data analysis was conducted simultaneously with data collection. Four themes and thirteen sub-themes were identified during a consensus meeting between the researcher and the co-coder. Main findings were related to the nurse managers' experiences with regard to their resilience specifically their strengths and coping skills, and how they could be supported in improving their resilience.

Conclusions were drawn with regard to: adversity experienced by participants, lack of support and limited resources and induction in their role; coping measures for nurse managers and suggested recommendations for building resilience. Recommendations were formulated for nursing practise, nursing education, nursing research and nursing policy that

focused on supporting and improving resilience of nurse managers, specifically their strengths and coping skills within a private healthcare company, in Gauteng South Africa.

Key words: nurse managers, resilience, strengths, coping skills.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	i
ABSTRACT	ii
LIST OF FIGURES.....	viii
LIST OF TABLES	viii
CHAPTER 1: INTRODUCTION AND OVERVIEW OF THE RESEARCH	1
1.1 INTRODUCTION	1
1.2 PROBLEM STATEMENT.....	6
1.3 RESEARCH QUESTION.....	7
1.4 RESEARCH PURPOSE	7
1.5 PARADIGMATIC PERSPECTIVE.....	7
1.5.1 Meta-theoretical assumptions.....	7
1.5.2 Theoretical assumptions.....	10
1.5.3 Methodological assumptions	11
1.6 RESEARCH DESIGN.....	12
1.7 RESEARCH METHOD	13
1.7.1 Population.....	13
1.7.2 Sampling.....	13
1.7.3 Data collection	13
1.7.4 Data analysis	14
1.8 LITERATURE INTEGRATION	14
1.9 TRUSTWORTHINESS	14

1.10	ETHICAL CONSIDERATIONS.....	15
1.11	SIGNIFICANCE OF THE STUDY.....	15
1.12	FURTHER CHAPTER OUTLINE	15
1.13	SUMMARY	15
	CHAPTER 2: RESEARCH DESIGN AND METHOD.....	17
2.1	INTRODUCTION	17
2.2	RESEARCH DESIGN.....	17
2.3	RESEARCH METHOD	18
2.3.1	Population.....	18
2.3.2	Sampling.....	18
2.3.3	Recruitment	19
2.3.4	Data collection	20
2.3.5	Data analysis	23
2.4	TRUSTWORTHINESS	25
2.4.1	Truth Value	26
2.4.2	Applicability.....	26
2.4.3	Consistency	27
2.4.4	Neutrality.....	28
2.4.5	Authenticity	28
2.5	ETHICAL CONSIDERATIONS.....	28
2.5.1	Respect for people.....	29
2.5.2	Beneficence and non-maleficence.....	29

2.5.3	Principle of justice	30
2.6	SUMMARY	31
CHAPTER 3: DISCUSSION OF RESEARCH FINDINGS AND LITERATURE		
	INTEGRATION	32
3.1	INTRODUCTION	32
3.2	REFLECTION ON DATA COLLECTION AND ANALYSIS	32
3.3	RESEARCH FINDINGS AND LITERATURE INTEGRATION	32
3.4	SUMMARY	48
CHAPTER 4: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS		
4.1	INTRODUCTION	49
4.2	LIMITATIONS OF THE RESEARCH.....	49
4.3	CONCLUSIONS	49
4.3.1	Adversity experienced by participants	49
4.3.2	Lack of support and limited resources and induction in their role.....	50
4.3.3	Coping measures for nurse managers	50
4.3.4	Suggested recommendations for building resilience	50
4.4	RECOMMENDATIONS FOR NURSING PRACTISE, NURSING RESEARCH, NURSING EDUCATION, NURSING MANAGEMENT AND NURSING POLICY	51
4.4.1	Nursing practise	51
4.4.2	Nursing research	53
4.4.3	Nursing education.....	54
4.4.4	Nursing management	54

4.4.5	Nursing policy	54
4.5	REFLECTION	55
	REFERENCES	57
	APPENDIX A- ETHICAL CLEARANCE FROM NWU ETHICS COMMITTEE	62
	APPENDIX B: APPROVAL LETTER FROM COMPANY A	64
	APPENDIX C: INFORMED CONSENT FOR PARTICIPANT	65
	APPENDIX D: INFORMED CONSENT FOR MEDIATORS	68
	APPENDIX E: CO-CODER INFORMED CONSENT	71
	APPENDIX F: TRANSCRIPTION OF INTERVIEW WITH PARTICIPANT NO. 1	74
	APPENDIX G: FIELD NOTES FOR PARTICIPANT NO. 1	78

LIST OF FIGURES

Figure 1: Hermeneutic cycle	24
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LIST OF TABLES

Table 1: Participants' experience of resilience, specifically their strengths and coping skills in a private healthcare company in Gauteng, South Africa	33
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CHAPTER 1: INTRODUCTION AND OVERVIEW OF THE RESEARCH

1.1 INTRODUCTION

South Africa is currently facing challenges within healthcare services, such as staff shortages, overcrowded hospitals and high patient loads along with budget constraints. This has resulted in nurses experiencing increased stress levels and burnout, and not being emotionally engaged with those entrusted to their care. The high level of stress and burnout in this profession leads in addition to high staff turnover, excessive sick leave, and reduced productivity and efficiency, which results in the deterioration of the quality of care provided (Gorgens-Ekermans & Brand, 2012:2276). Lubbe and Roets (2013:58) further claim that the nursing profession is experiencing a crisis due to the shortage of nurses throughout the African continent, and this is a problem that is worsening each year. In addition, evidence through research, reveals that stress and burnout threatens the occupational health and wellbeing of nurses, both in South Africa and elsewhere (Gorgens-Ekermans & Brand, 2012:2276). This is also true for the private healthcare setting, as nurse managers are expected to manage their hospitals with these same challenges, such as a shortage of nurses; managing nursing cost and staff turnover (Nursing Innovations, 2015/16:8-9).

Nurse managers as part of the management teams of hospitals, have a critical leading role in ensuring that these issues are addressed. Undoubtedly, nurse managers must be taught how to be resilient and to cope with all these challenges facing the private healthcare sector, as they are key role players. With regard to nurse manager's engagement, it is suggested that nurse managers seek education, designated mentorship and work-life balance upon entry to the nurse managers' role, to enable them to meet the challenges that the private healthcare sector is facing (Gray, 2012:194).

In addition, Sankelo and Akerblad (2008:829) state that some nurses move out of the private healthcare sector and start their own practises due to challenges such as high workload, time pressure, rigidity, the working of shifts, and low salaries in the private healthcare system. For this reason, Sankelo and Akerblad (2008:830) conducted a study on the concept of nurse entrepreneurs' attitudes toward management and their role. They believed that the managers' qualities and management style are important in ensuring the wellbeing of staff, as well as increasing job satisfaction. Sankelo and Akerblad (2008:830) elaborated by stating that the nurse managers' role not only was linked to an increase in job satisfaction and staff wellbeing, but also correlated with positive customer satisfaction and business

profitability. Furthermore, it is confirmed that appreciation and recognition of staff contributed to job satisfaction (Glasberg *et al.*, 2007:11).

In addition, Pillay (2010:135) and Koen *et al.* (2011:104) claim that the healthcare system in South Africa is unable to improve the health and socio-economic wellbeing of the majority of the population. Pillay (2011:179) further adds that this is due to the challenges that the healthcare system is facing, such as international immigration of professional nurses and the migration from rural to urban areas. Koen *et al.* (2011:104) concur that there is an alarming increase in the shortage of nurses in South Africa, whereby fewer nurses are expected to care for more patients, along with a high workload and low morale. Therefore, nursing managers have a key responsibility to improve work environments within a dynamic culture, which will result in increased job satisfaction for nurses and achieving optimal health for all (Pillay, 2010:135; Gray, 2012:194).

However, due to lack of initiatives and coordination from healthcare stakeholders, it becomes nearly impossible for nurse managers to achieve organisational goals. It is especially difficult to support newly qualified nurses, and to ensure that continuous professional development takes place in terms of their training and improving of their competencies (Jooste & Jasper, 2012:57; Paliadelis, 2013:378). In addition, Jooste and Jasper (2012:57) claim that nurse managers and educators have a long-term aim of supporting services to ensure the vision of a long and healthy life for all South Africans. Therefore, this vision and objectives requires nurse managers to have a sound understanding of both the South African context and the needs of the community they serve (Pillay, 2010:134).

Undoubtedly, nurse managers and educators continue to experience an increased workload and increased stress levels which are related to the challenges that the healthcare system is currently facing in South Africa (Jooste & Jasper, 2012:57). These challenges include people living with HIV and AIDS, people who are infected with the tuberculosis bacteria and are non-compliant, as well as lack of resources at primary healthcare facilities (Jooste & Jasper, 2012:5). Nurse managers are expected to collaborate with various partners and key role players in the healthcare context, to ensure that the vision of the healthcare system is achieved (Paliadelis, 2013:379).

Furthermore, shortages of nurses adversely influence the quality of care, and ultimately, patients experience a lack of passion from nurses (Lubbe & Roets, 2013:59). Therefore, nurse managers have a challenge to ensure that competent nurses care for patients

entrusted to healthcare workers, in order to deliver quality care (Lubbe & Roets, 2013:58). That is the reason that nurse manager's resilience; specifically their strengths and coping skills must be promoted in order to enable them to function optimally within their working environment (Koen *et al.*, 2011:104).

Although the nurse manager's role is stressful, this role remains critical for organisational success; job satisfaction and empowerment of staff (Kath *et al.*, 2013:1475). In addition, nurse managers have a variety of role expectations, such as leadership of subordinate nurses, ensuring job satisfaction, retention through coaching, and mentoring. Another role expectation is that of human resource management to meet staffing needs, productivity targets and staff retention. The last and important role expectation is that of budget planning to meet organisational outcomes, amongst others (Kath *et al.*, 2013:1475). Therefore, they are expected to establish a healthy working environment for staff which will in turn assist in the maintenance of staff job satisfaction resulting in an environment that is safe and conducive for both staff and patients (Kath *et al.*, 2013:1475).

Moreover, in the nurse manager's role, the scope of responsibilities, work demands and span of control may be unrealistic; however, some nurse managers cope well with the role complexity. These nurses cope well because of them being resilient within their working environment, whilst others report negative physical, psychological and social effects mainly due to stress. Some nurse managers approach this role with insufficient orientation, and may not have a clear understanding of the expectations and challenges that encompass this role (Kath *et al.*, 2013:1475).

In my own experience as a nurse manager, nurse managers in charge of healthcare facilities in the private healthcare sector are faced with the same challenges as in the broader healthcare system, specifically pertaining to their job performance and attainment of organisational goals. They are expected to take up their role with insufficient training and also deliver results immediately. They often experience work overload, as they are the driving force of all activities within their working environment. These challenges nurse managers are experiencing happen as a result of them working in silos with limited support. They must ensure that the nursing business strategic plan is compiled and executed and that unit managers align this nursing business strategic planning within their own unit. This nursing business strategic plan is a document that has the aims and objectives for the nursing department within a certain private healthcare sector including the expected outcomes. It contains risks identified for that particular private healthcare sector with target dates; it contains projects that are planned and to be executed for that current financial year.

It serves as a guideline for the nurse managers to ensure that the company strategy is effectively delivered.

Nursing cannot advance in tandem with the changing society unless nurse managers and nursing staff are focused on their professional career and duties (Gray, 2012:193). Nurse managers' engagement with their role is presumed to be linked to a complex combination of consequences which affects nursing staff engagement and retention, productivity, organisational goal attainment, and profitability (Gray, 2012:193; Kath *et al.*, 2013:1475). Furthermore, the nurse manager's role brings the healthcare organisation together; therefore, it is important that they be fully engaged in their duties in order to support the organisation's goals (Gray, 2012:194; Pillay, 2010:135).

Quality of care and patient safety is affected when nurses who are incompetent or are delivering care outside their scope of expertise are assigned to certain duties. Therefore, nurse managers must ensure that duties are allocated accordingly and that nurses are supervised (Lubbe & Roets, 2013:59). Wellbeing of healthcare workers exercises a major influence in ensuring that they are occupationally fit to perform their duties to the best of their abilities, and emotional intelligence may be a helpful personal resource in coping with stressful situations (Gorgens-Ekermans & Brand, 2012:2276). In addition, emotional intelligence training programmes may be an effective technique for improving individuals' stress and building their resilience. Moreover, it is found that nurses with high levels of emotional intelligence report smaller burnout symptoms than their counterparts with lower emotional intelligence (Gorgens-Ekermans & Brand, 2012:2276). The researcher emphasises the fact that nurse managers do experience stressors within their working environment in the private healthcare sector, and further confirms that measures, initiatives and programmes should be put in place to build resilience of nurse managers.

In the different divisions in the private healthcare sector, stressors are experienced. For example in the operating theatre nurses experience high levels of stress due to shortages of resources and an inappropriate skills mix (Gillespie *et al.*, 2007:427). It is further said that another factor that increases the stress levels in the operating room department, is the shortage of skilled nurses and the unending training of the neophyte nurses, which affects the morale of the current remaining nurses (Gillespie *et al.*, 2007:428). Moreover, Mealer *et al.* (2012:1446) also agree that, intensive care unit nurses also develop psychological disorders with symptoms of anxiety, resulting in some seeking more favourable and less stressful working conditions. Although some of these nurses leave their current positions,

there are those who thrive in the work environment and have the capacity to tolerate the effects of these stressors (Mealer *et al.*, 2012:1446).

It is then clear that it is not nurse managers alone who experience stressors within their working environment, but nurses from sections in the private healthcare sector such as the operation room and intensive care unit experience the same. Therefore it is necessary to ensure that there are programmes available to assist nurse managers to improve their resilience, especially their strengths and coping skills.

One characteristic that allows nurses to cope with the stressors is resilience, which further enables them to continuously deliver excellent patient care (Mealer *et al.*, 2012:1446). Resilience is defined as a multidimensional characteristic that consists of personal traits which enable one to thrive in the face of adversity (Mealer *et al.*, 2012:293). In addition, resilience can be learned, and psychologists have identified factors which promote resilience; such as family bonds, individual temperaments and the external support system. These may result in increased personal abilities and thriving towards personal goals (Mealer *et al.*, 2012:293). Developing resilience might therefore be the answer to nurse managers' need for support and coping skills to enable them to function in this demanding and competitive environment. In addition, resilience qualities may assist nurse managers to overcome occupational stress (Gillepsie *et al.*, 2012:428).

Nurse managers need to have an understanding of the diversity of cultural backgrounds, personal characteristics, and approaches in order to enable them to understand each generation and to make sense of how life experiences affect core personal values (Hendricks & Cope, 2012:18). Furthermore, it is critical for nurse managers to focus on providing an environment that reflects the needs of the current generation's workforce whilst also focusing on the sustainability of the nursing profession. This can be achieved by making it attractive for younger nurses to enter the profession and for older nurses to stay in their chosen profession (Hendricks & Cope, 2012:718). That is the reason that Koen *et al.* (2011:104) further stipulate the importance of focusing on more positive approaches to nursing, such as strengthening work autonomy, in order to develop the strength and coping skills of South African nurses to promote resilience.

Jooste and Jasper (2012), Kath *et al.* (2012) and Gray (2012) address the same issue that nurse managers are faced with, namely the challenge of a demanding workload, and experiencing stress due to the demands of the private healthcare sector. One could ask the question as to what the resilience of nurse managers, within their context, is, what their

coping mechanisms are, and how they “bounce back” and continue to function under these difficult circumstances. Resilience of nurses is becoming critical within the healthcare setting because it contributes to strengthening the morale of practicing nurses, and enables healthcare workers, including nurse managers, in dealing with challenges within their working environment. Researchers thus seek to explore factors that will enable individuals to successfully overcome adversity. This includes promoting the strengths and coping skills of healthcare workers (Koen *et al.*, 2013:495), in this case, nurse managers.

Resilience is defined as a multi-dimensional construct that has four interactive components. These include risk factors such as high workload and shortage of staff; protective factors such as hope and optimism; vulnerability factors such as fatigue and burnout; and positive adaptation such as strengths and abilities to cope with the demands of the workplace (Koen *et al.*, 2011:104). By addressing these components, there is no doubt that overall functioning of professional nurses, as well the quality of nursing care and healthcare services will be improved (Koen *et al.*, 2011:105). These authors further state that, despite the difficult circumstances and working conditions, nurses still choose to remain in the profession, and continue to provide high quality care. These nurses remain in the profession because of being resilient and have strengths and coping skills that enable them to overcome the stressors they experience within their working environment.

1.2 PROBLEM STATEMENT

The South African private healthcare system is experiencing a crisis (Jooste & Jasper, 2012:56; Pillay, 2010:135). Leaders are committed to meet the increasing demands of the healthcare system by addressing the complex burden of diseases and ensuring responsiveness to the population’s health needs (Jooste & Jasper, 2012:56). There is no doubt that nurse managers’ role in this is critical by bringing the private healthcare organisation together to ensure that organisational outcomes are achieved (Gray, 2012:194; Jooste & Jasper, 2012:56).

However, nurse managers are often faced with challenges which include having to manage their facilities with a shortage of nurses, high workload, and patient overload. This increases stress levels due to little or no support from healthcare stakeholders (Jooste & Jasper, 2012:56; Gray, 2012:194). In company A, a private healthcare company, many programmes have been implemented to improve the quality of nursing care and a caring attitude in their nurses. However all these programmes, for example, the reward and recognition

programme; care for the carer; and golden award of the month do not necessarily focus on nurse managers.

Therefore, a positive approach to develop the strengths and coping skills of nurse managers in the private healthcare sector is important to improve their resilience and to ensure that positive adaptation increases (Koen *et al.*, 2011:104). Studies have been completed on the resilience of professional nurses by Koen *et al.* (2011); Gillepsie *et al.* (2007) and Mealer *et al.* (2012), but no study could be found that addresses resilience of nurse managers in the private healthcare sector in Gauteng, South Africa, specifically with regard to their strengths and coping skills. It therefore seems important to explore nurse managers' experience of their resilience, specifically their strengths and coping skills, in order that data is generated to provide insight into how these nurse managers' resilience may be strengthened.

1.3 RESEARCH QUESTION

What is nurse managers' experience of their resilience, specifically the strengths and coping skills of nurse managers in the private healthcare sector in Gauteng, South Africa?

1.4 RESEARCH PURPOSE

The purpose of this study was to explore and describe the experience of nurse managers with regard to their resilience, specifically their strengths and coping skills in the private healthcare sector in Gauteng, South Africa. This might lead to the formulation of recommendations to support nurse managers to improve their resilience, specifically their strengths and coping skills in a private healthcare setting in Gauteng, South Africa.

1.5 PARADIGMATIC PERSPECTIVE

The paradigmatic perspective includes meta-theoretical, theoretical and methodological assumptions and is described below:

1.5.1 Meta-theoretical assumptions

Meta-theoretical assumptions attempt to make sense of the world as seen through the eyes of the participants. Therefore, the researcher followed the interpretive paradigm, as it emphasises the importance of the participants' viewpoints about their experiences, and what these experiences mean to them (Botma *et al.*, 2010:42). The world is seen as complex and dynamic, and experiences are believed to be constructed and interpreted when people

interact with one another within their social context (Botma *et al.*, 2010:44). The interpretive paradigm's philosophical underpinnings are informed by hermeneutic phenomenology (Ajjawi & Higgs, 2007:616; Lopez & Willis, 2004:728).

Hermeneutic phenomenology is concerned with lived experiences and its meaning by participants, and produces descriptions of selected phenomena in the life world of individuals (Ajjawi & Higgs, 2007:616). The interpretive research paradigm is based on the epistemology of idealism (Ajjawi & Higgs, 2007:616). In idealism, knowledge is based on subjective beliefs, values and understanding (Botma *et al.*, 2010:45). Knowledge is constructed and is about the way in which people make meaning in their lives and how they interpret this meaning (Botma *et al.*, 2010:45).

Lopez and Willis (2004:729) further elaborate that in the interpretive paradigm, individuals' realities are influenced by the world they live in. The two authors emphasise that humans cannot abstract themselves from the world, and therefore the individuals' narratives about what he/she experiences everyday should be the focus of hermeneutic enquiry (Lopez & Willis, 2004:729). In this research the purpose is to explore and describe the experience of nurse managers of their resilience, specifically their strengths and coping skills in the private healthcare sector in Gauteng, South Africa in a company the researcher calls company A.

The nurse managers were expected to share their experience of resilience with the researcher, specifically their strengths and coping skills during a typical day at work as a nurse manager within their unique environment. That is the reason the researcher followed the interpretive paradigm, with hermeneutic phenomenology, as it focuses on the lived experiences by humans and the meaning of these experiences. In this research, these were the nurse managers within a specific society, and the nursing department within company A, in Gauteng South Africa.

The following meta-theoretical assumptions were defined by the researcher within her view: man, environment, health and nursing (Botma *et al.*, 2010:188).

1.5.1.1 Man

Man is the unitary personality that unites the divine and human natures. Moreover man is one (as a human being, a partnership, or a corporation) that is recognised by law as the subject of rights and duties (Anon, 2015). In this research, man is the nurse manager working in a private healthcare sector in Gauteng, company A, being a unitary personality, and accountable for his/her rights and duties. Nurse managers are embedded in their world,

and their subjective experiences are closely linked with their social and cultural contexts. The researcher thus believes that nurse managers are linked to their context, which is the private healthcare sector in Gauteng, South Africa.

1.5.1.2 Environment

Environment is the conditions that surround someone or something, and which influence and affect the growth, health and progress of someone or something (Anon, 2015). Thus the environment is the natural world. Moreover environment is the aggregate of social and cultural conditions which influences the life of an individual or community. In this research, environment is the working place for nurse managers within Gauteng in a private healthcare sector, called Company A, where he/she has to display resilience after being empowered and receiving continuous support, and which has an influence on his/her experience of resilience.

1.5.1.3 Health

Health is a condition of being sound in body, mind or spirit; especially freedom from physical disease or pain. Health is a condition that ensures that the body, mind or spirit performs its vital functions normally or properly (Anon, 2015). Health is not separated from man and his/her environment (Lopez & Willis, 2004:729). Therefore health is the state of wellbeing of nurse managers and their ability to function optimally by displaying their strengths and coping skills to deal with their work overload and staff shortages within their context, which is the private healthcare sector in Gauteng South Africa.

1.5.1.4 Nursing

Nursing is the protection, promotion, and optimisation of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response and advocacy in the care of individuals, families, communities and populations (Grove *et al.*, 2013:1). In this research study, nursing manager's experience was constructed and interpreted within their context as they make specific meaning in their role. Furthermore, nursing entails nurse managers' responsibility and ability to carry out their duties. These include strategic planning for the nursing department and its implementation. Strategic planning refers to the organisational goals and outcomes to be achieved at the end of the financial year.

1.5.2 Theoretical assumptions

The researcher describes theoretical assumptions which include the central theoretical statement and conceptual definitions. Botma *et al.* (2010:45) state that theories are shaped by social and cultural contexts, and therefore they are built and constructed from multiple realities. Theories are revisable; they are about the truth and sensitive to the context (Botma *et al.*, 2010:450).

1.5.2.1 Central theoretical statement

An exploration and description of nurse managers' experience of their resilience (specifically strengths and coping skills) will contribute to the formulation of the following recommendations: recommendation to support nurse managers to improve their resilience specifically their strengths and coping skills in a private healthcare setting in Gauteng, South Africa.

1.5.2.2 Conceptual definitions

1.5.2.2.1 Nurse Manager

A nurse manager delivers the company's strategy as overall operational manager of nursing, clinical nurse leader and full management partner within the hospital management team. Moreover, he/she sets and sustains the culture for strategy delivery in the nursing department and promotes interdepartmental relationships including staff and patient advocacy (NUR-JPM-NM, 2015:5-7). In this research, a nurse manager is a qualified registered nurse, working in a private healthcare setting in Gauteng, South Africa, and managing, overseeing and implementing the strategic nursing processes of the entire hospital.

1.5.2.2.2 Resilience

According to Mealer *et al.* (2012a:293), resilience can be seen as the ability to return to a normal health or state of mind after suffering an illness or difficulties. Resilience is further defined as a multidimensional characteristic that consists of personal traits that enable one to thrive in the face of adversity. Resilience in this research refers to a strategy by which a nurse manager is able to overcome or cope with challenges that she may face within her working environment by using her strengths and coping skills.

1.5.2.2.3 *Strengths*

Strengths are built-in capacities for certain thoughts, feelings and behaviours, and are an integral part of resilience (Anon., 2014). Strengths are associated with the following characteristics that each individual possesses, namely: wisdom, courage, humanity, justice, temperance and transcendence. It is further said that each individual possesses one or more of these characters which when utilised continuously yield positive enhancement for the individual (Anon., 2014). In this research, strengths refer to the nurse manager's emotional and mental qualities necessary in dealing with difficult and distressing situations within her working environment.

1.5.2.2.4 *Coping skills*

Coping skills are skills used to offset disadvantages in daily life, which can be positive or negative, and which form part of resilience (Anon., 2012). Coping skills are those tools that are used to handle changes that happen in life, whether they are exciting or boring (Anon., 2012). In this research study, coping skills are conscious efforts of nurse managers in a private healthcare sector to solve personal and interpersonal problems, and seeking to minimise and tolerate stress.

1.5.2.2.5 *Private healthcare setting*

A private healthcare setting is an entity that is owned by individuals and companies for profit. Private healthcare settings must adhere to the government legislative framework in terms of healthcare, even though they are privately owned and controlled and receive funding only from patients and their insurance policies. It is mostly centralised, meaning that all instructions and strategic decisions are centrally made. It follows strict rules in terms of expenditure, budgeting and lines/channels of communication and it is mainly structure bound (Anon., 2014). In this research a private healthcare setting is owned by a specific private company, which functions according to the government legislation in terms of healthcare.

1.5.3 Methodological assumptions

The philosophy of the researcher conducting qualitative research shapes his/her view of science, which results in shaping the approaches and methods of the study (Grove *et al.*, 2013:58). For that reason the researcher agrees that the quality of research findings is dependent on the methodological procedures (Botma *et al.*, 2010:188). Thus, the research problem and purpose were formulated in a clear manner in order that they could guide the

researcher about the research design the study was to follow. During the research process the researcher attempted to develop an understanding of how each part is related and how was it connected to the whole (Botma *et al.*, 2010:47).

In this study the researcher took the stance as the co-creator of meaning and brought along their own subjective experience (Botma *et al.*, 2010:47). For that reason the researcher followed a hermeneutic phenomenological method, as it aimed at producing rich textual descriptions from the participants about their experiences (Ajjawi and Higgs, 2007:616). In addition, the hermeneutic phenomenological method assisted with further abstraction and interpretation of theoretical and personal knowledge by the researcher within the context of the study (Ajjawi and Higgs, 2007:616).

The methodological assumptions are further described by the researcher according to the Botes model (1995) from Botma *et al.* (2010:188-189). The three orders of this model are described as applied in this research. The first order is the practice of nursing discipline, which involves the phenomenon that the researcher is exploring and describing in the area of practise (Botma *et al.*, 2010:188). In this research, the experience of nurse managers of their resilience, specifically their strengths and coping skills, was explored. The second order focuses on the research methodology of the study. This was guided by principles of rigour, as discussed under section 9 of this chapter, as well as by ethical considerations, as guided by the Health Research Ethics Committee of the NWU Potchefstroom campus. Furthermore, research decisions in this research were made within the framework of the meta-theoretical, theoretical and methodological assumptions of the researcher as described in this section.

Meta-theoretical assumptions, which focus on the researcher's beliefs and theoretical assumptions, which involve models and theories within the practise area are presenting the third order of the model (Botma *et al.*, 2010:189). This research was based on the interpretative paradigm which aims to understand and describe human nature. Its philosophical underpinnings are informed by hermeneutic phenomenology. A phenomenological design was thus followed by the researcher to explore and describe nurse managers' experience of their resilience with regard to their strengths and coping skills (Brink *et al.*, 2012:121).

1.6 RESEARCH DESIGN

A hermeneutic phenomenological study was conducted to explore and describe nurse managers' experience of their resilience, specifically their strengths and coping skills in the

context of a private healthcare company. The focus of this study was to examine an aspect of a human experience through the descriptions that were provided by participants and the meaning they attached to this experience (Brink *et al.*, 2012:121). A hermeneutic phenomenological design was thus appropriate. A detailed discussion on the design follows in Chapter 2.

1.7 RESEARCH METHOD

An overview on the population, sampling, data collection and data analysis are discussed in this section. These aspects are discussed in more detail in Chapter 2.

1.7.1 Population

In this study, the population consisted of nurse managers from 22 hospitals of a specific private healthcare company in Gauteng, South Africa. These hospitals are located in Johannesburg, Pretoria, Benoni, Brakpan, Roodeport, Randfontein, Heidelberg, Germiston and Springs Parkland. There are plus or minus 4000 beds in total within these hospitals, and there is one nurse manager per hospital. A further detail of the population is discussed in Chapter 2.

1.7.2 Sampling

Purposive sampling was utilised in this research study, because it is based on the judgement of the researcher about participants who were knowledgeable about the question at hand (Grove *et al.*, 2013:351). Furthermore, selection of participants in hermeneutic phenomenological research is aimed at those who have lived experience about the focus of the study (Laverty, 2003:29). Inclusion and exclusion criteria were used to identify a sample (see Chapter 2). The sample size was determined by data saturation. The researcher invited participants via the mediators in the recruitment process. The mediators in this study were regional nurse managers from the specific private healthcare sector in Gauteng, South Africa. A detailed recruitment process is discussed in Chapter 2.

1.7.3 Data collection

Data was collected through unstructured interviews, as this study aimed to achieve a complete perspective of the participants' experience of a particular topic (Botma *et al.*, 2010:149). In hermeneutic phenomenological studies, participants are asked a specific question openly to describe their experience of the topic being researched (Laverty,

2003:29). An unstructured interview is aimed at understanding the experience of other people, the meaning of that experience, and how they interpret it (Botma *et al.*, 2010:149). In addition, the researcher took field notes to support the interviews that were conducted (Botma, *et al.*, 2010:217). In this study, the researcher focused on exploring and describing the experience of resilience of nurse managers, specifically their strengths and coping skills. Further detail is discussed in Chapter 2.

1.7.4 Data analysis

In this study, unstructured interviews were the method used for collecting data, and an audio-recorder and the researcher's notes were utilised to record the data. Data analysis was performed applying the hermeneutic cycle that was constituted by reading the data, and reflective writing and interpretation of the data in a consistent way. Within this approach, the researcher followed steps for data analysis according to Creswell (2009:184), further explained in detail in Chapter 2. These steps were followed within the six stages of data analysis in hermeneutic phenomenological research, which are immersion, understanding, abstraction, synthesis and theme development, illumination and illustration phenomena and integration and critique (Ajjawi and Higgs, 2007:621-622).

1.8 LITERATURE INTEGRATION

The researcher conducted a literature search after data collection, for the purpose of comparing and integrating the results with current literature (Grove *et al.*, 2013:265). In addition, literature integration is used to address assumptions about the phenomena by comparing them with the research findings (Higgs and Ajjawi, 2007: 621).

1.9 TRUSTWORTHINESS

The researcher ensured that trustworthiness was maintained by following five epistemological standards, namely truth value, applicability, consistency, neutrality and authenticity and relating strategies to enhance the quality of the research (Botma *et al.*, 2010:231). Some of the strategies included ensured that the researcher's approach was consistent although flexible, across the research process; writing field notes, and communicating with the co-coder (Creswell, 2009:190-191; Botma *et al.*, 2010:231). These and other strategies are discussed in detail in Chapter 2.

1.10 ETHICAL CONSIDERATIONS

The researcher applied the three fundamental principles of ethical considerations namely, respect for people, beneficence and justice. Respect for people requires the researcher to respect the participants' autonomy, which in this study are nurse managers. The principle of beneficence means that the researcher will do good and minimise harm. Lastly, the researcher ensured that the nurse managers were treated fairly and that confidentiality was maintained (Brink *et al.*, 2012:235). A detailed discussion of the ethical consideration follows in chapter 2.

1.11 SIGNIFICANCE OF THE STUDY

A positive and conducive working environment is important to all nurses in the healthcare industry. The research study intended to contribute to the body of knowledge of nursing within a private healthcare sector company in Gauteng, South Africa. Lastly, recommendations were formulated to support nurse managers to improve their resilience, specifically their strengths and coping skills in a private healthcare setting in Gauteng, South Africa.

1.12 FURTHER CHAPTER OUTLINE

Chapter 2: Research design and method

Chapter 3: Research findings and literature integration

Chapter 4: Conclusion, limitations and recommendations

1.13 SUMMARY

In this chapter, the introduction, problem statement and purpose, research design, method, rigour and ethical considerations were discussed. It was evident that nurse managers were experiencing challenges within their working environment such as increased workload and stress levels. The purpose of the study was to explore and describe the experience of nurse managers, with regard to their resilience, specifically their strengths and coping skills, in the private healthcare sector in Gauteng, South Africa. This information might contribute to the formulation of recommendations that would support nurse managers, in improving their strengths and coping skills in a specific private healthcare company in Gauteng, South Africa which the researcher called company A. The research study has the potential for enhancing

a positive working environment for nurse managers, with the aim of increasing and promoting their resilience, and with specific focus on their strengths and coping skills.

CHAPTER 2: RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

Research methodology concerns rules and procedures that specify how the researcher must study or investigate what he or she believes must be known (Botma *et al.*, 2010:41). Therefore, the purpose of this chapter is to provide a dense description of the research methodology which entails research design and methods, population and sampling, data collection and data analysis. In addition, trustworthiness and ethical considerations are also discussed in detailed.

2.2 RESEARCH DESIGN

The researcher was interested in the meaning nurse managers attach to resilience, specifically strengths and coping skills. Nurse managers may attach a specific meaning, or may have certain experience of resilience, specifically strengths and coping skills, based on or developed through their experience of being a nurse manager. A hermeneutic phenomenological design was thus followed. In these types of studies, the purpose is to explore experiences with regard to a certain phenomenon and the meaning that is attached to this experience, which may include perceptions, beliefs, memories, and feelings related to the experience (Botma *et al.*, 2010:190).

Ajjawi and Higgs (2007:616) also state that a hermeneutic phenomenological study aims to describe the experiences of the participants about the selected phenomena within their specific context. Furthermore, a hermeneutic phenomenology study aims at producing textual descriptions in the world of the participants regarding selected phenomena (Ajjawi & Higgs, 20017:616). That was the reason, the research followed this design, because the purpose of the researcher was to explore and describe the experience of resilience of nurse managers, specifically their strengths and coping skills in the context of the private healthcare sector in Gauteng, South Africa which I will call company A.

This design is in line with an interpretive paradigm (Botma *et al.*, 2010:42; Wagner *et al.*, 2012:56). This paradigm emphasises the importance of the participant's viewpoints in understanding social realities (Botma *et al.*, 2010:42; Wagner *et al.*, 2012:56), as in this case. Furthermore, an interpretative paradigm comprises the belief that people have the ability to interpret a situation and decide how to respond to the situation (Botma *et al.*, 2010:42). A hermeneutical phenomenological design thus allowed the researcher to explore and describe the experience of nurse managers of their resilience, specifically their strengths

and coping skills, in the context of a private healthcare company. It also allowed the researcher, based on the results of the research, to make recommendations on how to support and improve the resilience of nurse managers in the specific context of a private healthcare setting.

2.3 RESEARCH METHOD

The population, sampling, inclusion and exclusion criteria, data collection and data analysis is discussed in this section.

2.3.1 Population

Population is the entire group of persons or objects that meets the criteria that the researcher is interested in studying (Brink *et al.*, 2012:131; Grove *et al.*, 2013:351). In this study, the population consisted of nurse managers from 22 hospitals of a specific private healthcare company, in Gauteng, South Africa. These hospitals were located in Johannesburg, Pretoria, Benoni, Brakpan, Roodeport, Randfontein, Heidelberg, Germiston and Springs Parkland.

There were plus or minus 4000 beds in total within those hospitals, and there is one nurse manager per hospital – thus a population of 22 nurse managers. All nurse managers agreed to participate in the study and later two of them withdrew from participation. The nurse managers were expected to work and adapt to their role on short notice and under pressure with little orientation. The nurse managers role amongst others was, managing budget for nursing; recruitment of staff and purchasing of equipment and stock. The hospital sizes ranged from small, with a total number of 150 beds, medium with 200 beds plus and a large hospital with 300 beds and above. Each hospital housed different disciplines, ranging from medical units, neurosurgery, gynaecology and obstetrics, paediatrics, neonatal and paediatric intensive care units, adult intensive units and high care, oncology, orthopaedics, general surgical units, maternity, labour, cardiovascular, trauma units, and nuclear medicine.

2.3.2 Sampling

Sampling involves selecting a group of people, events, or behaviours with which to conduct a study (Grove *et al.*, 2013:351). Purposive sampling was selected for the study, because this method was based on the judgement of the researcher regarding participants who were typical or representative of the studied phenomenon, or who were knowledgeable about the question at hand (Brink *et al.*, 2012:141). A purposive selection method is recommended for

hermeneutic phenomenological research (Ajjawi & Higgs, 2007:616). The researcher continued to sample until data saturation occurred which is the point where no new information emerges during the data collection process (Brink *et al.*, 2012:144). The advantage of this sampling method was that the researcher selected participants who were knowledgeable about the question at hand, based on inclusion and exclusion criteria.

Inclusion criteria:

The following participants were included:

- Nurse managers from a specific private healthcare sector in Gauteng, South Africa, which the researcher called company A.
- They must have had a year's experience and above in the current position as nurse manager of a private hospital within company A, to ensure that they were information-rich participants.
- Nurse managers that would voluntarily give written consent to participate.

Exclusion criteria:

- All nurse managers from the public sector in Gauteng, South Africa, as the context of this study was the private healthcare sector.
- Nurse managers from the other 8 provinces and from other private healthcare companies, as the context of this research was a specific private healthcare company in the Gauteng province.
- Nurse managers that were less than a year in their current position within a private hospital within company A, to exclude participants who might not have rich information on the phenomenon under study.
- Nurse managers that declined to participate, to ensure voluntary participation.
- Nurse managers that were on leave at the time of data collection

2.3.3 Recruitment

The researcher invited participants via mediators in the recruiting process, and the participants were not reporting directly to the mediators or to the researcher. The mediators in this research study were the regional nurse managers of the specific private healthcare sector in Gauteng, South Africa. In addition, permission was obtained from the regional managers first according the company's channels of communication. Therefore, that is the

reason the researcher invited participants via the mediators. The researcher explained to the mediators the purpose and process of the study. Thereafter, the researcher requested the mediators to sign confidentiality agreements to ensure that confidentiality was maintained (see Appendix D). The mediators met with the potential participants first, informed them about the research and the nature of participation, invited those that were willing to participate in the research study, and offered them an informed consent letter (see Appendix C). Once participants agreed to participate and handed back the signed consent form to the mediators, the researcher was invited to meet the participants who agreed to take part.

The researcher then had an opportunity to arrange appointments directly with the participants. These were made via the direct emails of the participants, and were confirmed a day before the interview commenced. The researcher further explained to the participants the purpose of the research study. The researcher informed them that the interview would take about 60 minutes, at a time and place convenient for them. The researcher informed both the participants and the mediators that no cost would be incurred by participating in the research study; furthermore they would also not receive any reimbursement from the researcher. Participants had an opportunity to ask questions from the researcher should there be any need for clarification purposes.

2.3.4 Data collection

Data collection is discussed by means of answering critical questions, namely what data were collected and how they were collected.

2.3.4.1 *What data were collected?*

Data were collected about the experience of nurse managers of their resilience, specifically their strengths and coping skills, within their work context.

2.3.4.2 *How were the data collected?*

Data were collected through unstructured interviews, as this study aimed to gain a complete perspective of the participants' experience of a particular topic (Botma *et al.*, 2010:149). Data collection may be through interviews, observations, reflective exercise and field notes in a hermeneutic phenomenological research (Ajjawi and Higgs, 2007: 619; Kafle, 2011:194). In this study, the researcher focused on exploring and describing the experience of resilience of nurse managers, specifically their strengths and coping skills. During the interview, the researcher stated the purpose of the study.

The researcher then explained the purpose of the study and that it may benefit nurse managers in the private healthcare company A. The unstructured interview then started with a single broad open-ended question, followed by a clue and cue process, using communication skills, such as paraphrasing, reflecting, and active listening, showing interest, understanding and respecting what the participant was saying (Botma *et al.*, 2010:149). It was important to listen for implicit and explicit meanings of the participants' explanations. The interviewing process was lengthy and tiring for both the researcher and the participant, therefore the researcher ensured that it did not take more than an hour (Botma *et al.*, 2010:14 and Kvale, & Brinkmann, 2009: 24-24).

The broad open-ended question was: "Kindly share with me examples of times when you were resilient during difficult work situations by using your strengths and coping skills". This question has been formulated in collaboration with the study supervisors, in line with the purpose of the research and in line with the interpretive approach in phenomenological research, as explained in Chapter 1 (see section 1.5.1). The purpose of this question was to explore nurse managers' experiences of resilience, specifically their strengths and coping skills, as these experiences were typically lived, and the meaning that was attached to this experience may have included perceptions, beliefs, memories, and related feelings.

The researcher used an audio-recorder, took notes during the interview and explained the reason for using these instruments to the participant. The interview question was given to participants in a typed format to allow them to read it, and thereby allowing them to choose where to start the process.

The researcher was considered the main tool of data collection, by using the open ended question and following probing questions to explore the participants' experiences on a deeper level, e.g. how did the participant respond to that conflict situation, and what coping skills did the participant used when confronted with challenges? She concentrated on what the participant was saying during the interview whilst not forgetting to monitor the interview process. The researcher also used non-verbal communication to observe participants that were not focusing or were becoming uncomfortable with the interview. These observations included facial expression, eye contact, gestures, fidgeting and body language as well. Communication techniques such as paraphrasing, reflecting, and active listening were used.

Field notes are what the researcher feels, sees, hears, and experiences during and after conducting the interview. Field notes were written to provide broader and more analytic interpretations of the interview (Botma *et al.*, 2010:217) (see Appendix G, for an example of

field notes taken). It was important that the researcher set aside time to complete the notes immediately after the interview, which assisted in remembering and exploring the interview process. Botma *et al.* (2010:218) further added that qualitative researchers make use of the following notes to understand the field notes properly. These contain descriptive notes, including accounts of particular events, portraits of the participants, and physical settings, and must be completed objectively and completely. Reflective notes are the researcher's personal thoughts such as problems, feelings and speculations. Lastly, demographic information includes time, place and the date of the field setting. In addition, field notes consist of a transcript file which is the raw data from the interviews; a personal file consisting of participant's information and their settings, and lastly the analytical file which consists of reflections and insights from the research related to the question (Ajjawi & Higgs, 2007:619).

Data collection took place in a private environment free from distraction. A trial run was done by the researcher to verify that the question was understood and relevant to the participants, also to ensure that the researcher was competent to conduct interviews. Lastly, the trial run was done to ensure that the question was addressing the research problem. The trial run was conducted with the same population of the study and results were included as part of data collection. Before the trial run, a role play was conducted by the researcher to familiarise herself on how to conduct the interviews and, supervisors gave feedback.

2.3.4.3 *Role of the researcher in data collection*

According to Botma *et al.* (2010:203), qualitative researchers must ensure that they adhere to their roles, and these roles are discussed as follows: Firstly the researcher had obtained ethics approval for the study from the Health Research Ethics Committee of the Faculty of Health Sciences, North-West University (see Appendix A). The researcher further obtained permission to conduct a study in the particular setting, in this case a private hospital company (see Appendix B). She also associated herself with the people that connected her with the participants, namely the regional nurse managers from the different private hospitals who had acted as mediators. These regional nurse managers were provided with clear inclusion and exclusion criteria so that the correct participants were identified. She ensured that interviews were conducted in a comfortable, private room free from interruptions. She further explained the purpose of the research study; and ensured that participants knew what was expected of them during the interview (Botma *et al.*, 2010:203).

2.3.5 Data analysis

Data analysis is a process of examining and interpreting data to draw out meaning, gain understanding and develop empirical knowledge (Grove *et al.*, 2013:279). In this study, unstructured interviews was the method used for collecting data, therefore an audio-recorder and the researcher's notes were utilised to record the data. Data from the audio-recorder were transcribed into verbatim transcripts (Pohjanen & Kortelainen, 2016:177). A co-coder was involved to assist with analysing the transcripts. Field notes were used in conjunction with the transcripts to confirm and enrich the data.

Data analysis was performed through applying the hermeneutic cycle (Laverly, 2003:30) that constituted reading, reflective writing and interpretation in a consistent manner (see Figure 1). To perform this cycle of data analysis, six strategies in hermeneutic phenomenological research were applied, namely immersion, understanding, abstraction, synthesis and theme development, illumination and illustration of phenomena and integration and critique (Ajjawi & Higgs, 2007:621-622).

The steps are discussed as follows: step one is immersion, the researcher must organise data set into texts and interpret text to facilitate coding; the next step is understanding, the researcher needs to understand participants' constructs and how to code the data. The third step is abstraction whereby second order constructs are identified, the fourth step is synthesis and theme development that entails grouping of themes and sub-themes. Step five is illuminating and illustration of phenomena that involves linking the literature to the themes and sub-themes identified above and the last step is integration and critique, whereby the researcher analyses the themes and reports final interpretation of the research findings (Ajjawi & Higgs, 2007:622).

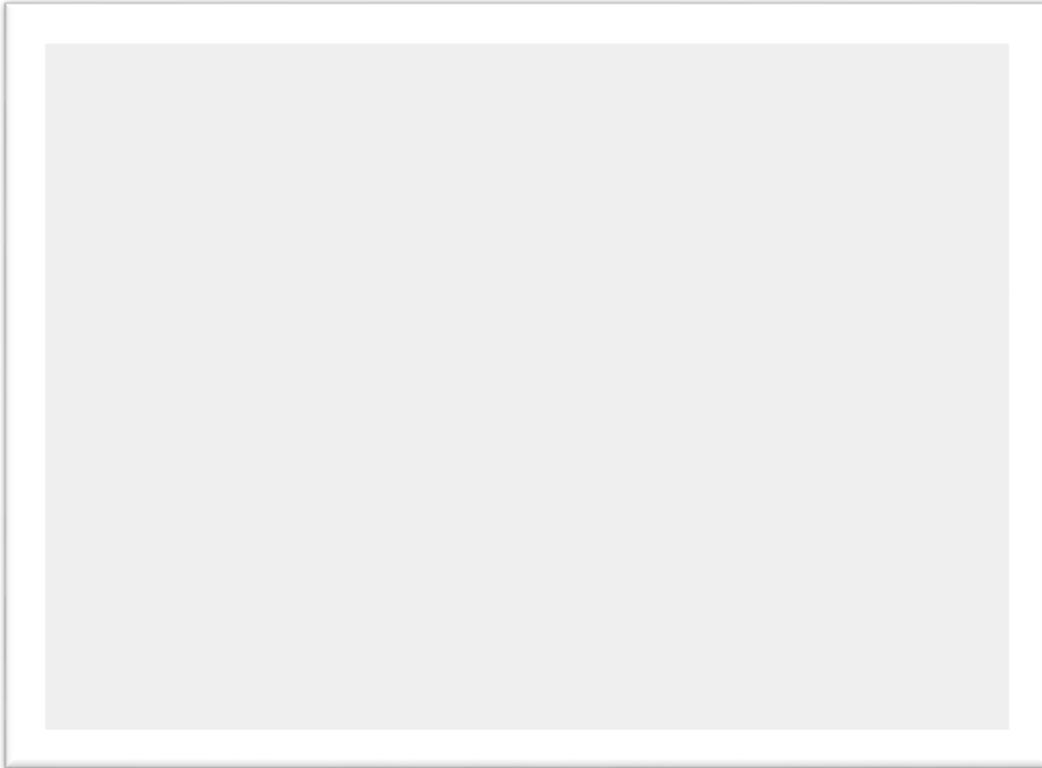


Figure 1: Hermeneutic cycle (Kafle , 2011:195)

In applying immersion and understanding, transcripts were read carefully and repeatedly for emerging themes. The researcher further examined the field notes (Chan *et al.*, 2014:100). In the application of these strategies, as well as the strategies of abstraction, synthesis and theme development, Creswell's method of data analysis was adopted as follows.

Step1. Organise and prepare the data for analysis. This involves arranging the data into different types depending on the sources of information (Creswell, 2009:184). In this case, the researcher sorted out the information including the transcripts and typing out of field notes as part of the immersion and understanding strategies.

Step 2. Also as part of the immersion and understanding strategies, the researcher then read through all the data multiple times, in order to be familiar with the interview information (Creswell, 2009:184).

Step 3. The researcher then began the detailed analysis (synthesis, abstraction and theme development) with a coding process. Coding is the process of organising the information into segments of text enabling the researcher to develop a framework to discover the meaning of information (Creswell, 2009:186). The researcher followed guidelines within this step of coding, as follows:

- Pick one document and read to understand the underlying meaning. Underline major meaning segments.
- Make a list of all meaning segments and cluster similar segments together.
- Find the most descriptive wording for the meaning segments. This enabled the researcher to reduce the total list of segments.
- Abbreviate the descriptive wording for the meaning segments into codes. Make the final decision on the abbreviation for each segment and alphabetise these codes. Analyse the rest of the transcripts by using these codes as a framework.

Step 4. The synthesis, abstraction and theme development strategies were then continued by clustering similar codes together into themes. Meanings were discovered through reflective reading, for example asking “What were the lessons learned?” (Creswell, 2009:185). The researcher also searched for patterns in the codes and themes, and kept the context of the participants in mind, by keeping the field notes at hand and relating the codes and themes to the field notes.

Step 5. The illumination and illustration strategies were applied by representing the findings as themes (see Chapter 3) in table format, and in narrative passage, where the themes are described in a rich and dense manner supported with quotes from the transcripts and references to the field notes.

Step 6. Integration and critique were applied simultaneously with step 5, namely that literature integration was conducted.

2.4 TRUSTWORTHINESS

In qualitative studies, researchers must ensure that trustworthiness is maintained in their studies (Botma *et al.*, 2010:233). There are five epistemological standards that qualitative researchers must take into consideration, truth-value, applicability, consistency, neutrality and authenticity according to Lincoln and Guba (cited by Botma *et al.*, 2010:232). These standards were discussed as follows:

2.4.1 Truth Value

Truth-value ascertains whether the researcher has built confidence in the truth of the findings with the participants and the context in which the research was undertaken (Botma *et al.*, 2010:233). Truth-value is ensured through credibility.

Credibility- credibility is the degree to which the findings and methods used to generate information can be trusted (Rossouw, 2003:180). In this study, the researcher ensured credibility by prolonged engagement, peer examination and interaction with the participants and authority of the researcher. Furthermore, credibility relates to data collection, analysing data and selecting population and the sample (Rossouw, 2003:180).

Prolonged engagement- The researcher ensured prolonged engagement with the participants by building rapport and gaining their trust to eliminate misconceptions and to familiarise oneself with their culture and values (Rossouw, 2003:180). Years of experience in the private healthcare company and within the nurse managers' role assisted the researcher to understand and relate to each participant's experience within their context (Rossouw, 2003:181).

Peer examination- peer examination is a process whereby the researcher participates in an argument by viewing and exploring various aspects of the research process with the experts concerning the phenomenon under study (Rossouw, 2003:181). In this study, the researcher submitted written summaries of collected data and transcripts to the co-coder, and a consensus was reached. Regular meetings were held with the study supervisor in preparation for the fulfilment of the requirements of the dissertation.

2.4.2 Applicability

Applicability refers to the degree to which the research findings can be applied to different contexts and groups (Botma *et al.*, 2010:233). Moreover, applicability is the ability to generalise from the findings to larger population by implementing the strategy of transferability (Botma *et al.*, 2010:233).

Transferability means that the research findings can be generalised or transferred to a larger similar target population and it is based on the sample's representativeness of the

target population (Rossouw, 2003:182). The researcher ensured transferability through the following techniques:

Selected sample

Sample selected was based on purposive sampling, as it is believed that participants are knowledgeable about the phenomena under study, not forgetting the researchers' knowledge as well (Botma *et al.*, 2010:201). In this study, the researcher selected participants via the regional nurse managers who had signed informed consent (Appendix D). In addition, permission was obtained from the regional nurse managers first according to the company's channels of communication.

Data saturation

Data saturation occurs when no new or relevant information is emerging from the interviews, all avenues have been followed and the story is complete and redundancy achieved (Botma, *et al.*, 2010:200). In this study, the researcher collected data continuously and analysed them until saturation was reached.

Thick dense description

The researcher documented a detailed description of the research design and methods, the audio- recorded unstructured interviews including transcripts of each participant. In addition, the results of the research, conclusions, limitations and recommendations were also provided.

2.4.3 Consistency

Consistency considers whether the findings will be cogent or logical if the research is repeated with the same participants in a similar context (Botma *et al.*, 2010:233; Rossouw, 2003:177). A dependability strategy was used which included an audit trial.

Dependability - dependability refers to whether the research findings are coherent over time in different situations, and it includes the following criteria: an audit trial, traceable variability that can be ascribed to identifiable sources, and stepwise replication of the study (Botma *et al.*, 2010:233). It is further said that dependability can be ensured directly through stepwise replication, investigative audit and triangulation or indirectly by applying measures of credibility (Rossouw, 2003: 183). In this study the researcher ensured dependability

indirectly by applying measures of credibility (Rossouw, 2003:188), for an example, an audit trail run was conducted.

Audit trail- is a detailed description of how the researcher collected data and the kind of data collected (Botma *et al.*, 2010:233). In this study, data were collected using unstructured interviews with participants. An open ended question was compiled and reviewed beforehand with the study supervisor. A trial run was conducted by the researcher to ensure that the question was understood by the participants and was relevant. A role play was also conducted by the researcher to familiarise herself on how to conduct the interviews and supervisors gave feedback. Furthermore, the study supervisor guided the study from the beginning until it was completed.

2.4.4 Neutrality

Neutrality refers to the degree in which the research findings are solely from the informants and conditions of the research and not of other biases, motives or perspectives (Botma *et al.*, 2010:233). Neutrality further refers to the impartial, unprejudiced way in which the research is carried out to eliminate prejudice, interests and individual views (Rossouw, 2003:177). The strategy of conformability was used to ensure neutrality by analysing and scrutinising the data collected by the researcher and the supervisors. In addition, after the researcher completed data analysis, the transcripts of the interviews were sent to the co-coder (Appendix E) for analysis. A consensus meeting was held to compare the results on coding.

2.4.5 Authenticity

Authenticity refers to the extent to which the researcher fairly and faithfully shows the range of different realities. Authenticity emerges in a report when it conveys the feelings and tones of participants' lives as they lived it (Botma *et al.*, 2010:234). In this study, the researcher included the verbatim transcripts of the interviews between the researcher and the participants (see Appendix F for an example).

2.5 ETHICAL CONSIDERATIONS

The research study was approved by the Health Research Ethics Committee of the North-West University's Faculty of Health Sciences, Potchefstroom campus (Reference number NWU-00021-15-A1) (see Appendix A), and the Directors of the private healthcare company in Gauteng, South Africa. The research project formed part of the researcher's Master's

degree in Health Service Management. The researcher ensured that the fundamental ethical principles, as described by Brink *et al.* (2012:35-37), was strictly adhered to, namely respect for people, beneficence and justice.

2.5.1 Respect for people

Participants were invited via the mediators which in this research were the regional nurse managers. The researcher ensured that the mediators signed confidentiality agreements (see example in Appendix D). The researcher also ensured that the recruitment process and the mediator's role were explained to the mediators, as discussed under section 2.3.3. The researcher also informed participants that they could withdraw from the study at any given time and that they would not be penalised. The researcher ensured that participants were not coerced to participate in the study; by involving mediators and by allowing them to sign informed consent voluntarily (see Appendix C).

The researcher used an audio-recorder and took notes during the interview, and therefore, the reason for the audio-recording equipment and note taking materials being used was explained to the participant. Furthermore, participants were informed that confidentiality would be maintained and that their identities would be protected throughout the study as per fundamental principles (Brink *et al.*, 2012:37). Participants were requested to sign voluntary consent forms, which was confirmed in the audio-recorded interviews.

2.5.2 Beneficence and non-maleficence

The study was based on describing and exploring experience of nurse managers and how they interpreted those experiences and what meaning the experiences held for them. As describing your own experiences might affect some participants emotionally, the researcher ensured that counselling was available for nurse managers that might experience discomfort during the interview. *Careways* (Independent Counselling and Advisory Services) was arranged for further counselling should the need arise. The direct benefit for nurse managers was that, they would have had an opportunity to share their experiences, specifically their strengths and coping skills within their environment. The indirect benefit was that a recommendation for supporting nurse managers to improve their resilience specifically their strengths and coping skills was formulated because of the research study.

An important aspect for the researcher was to consider the risk benefit ratio. According to the guideline, the risk should not exceed the potential benefits to be gained by the study (Brink *et al.*, 2012:42-43). In this research study, the potential benefits exceeded the

potential risks. The potential benefits as mentioned above were that participants had an opportunity to share their experiences which was a direct benefit, and moreover recommendations to supporting nurse managers improve their resilience specifically their strengths and coping skills was formulated and was an indirect benefit.

Another direct benefit was enhanced self-esteem from the participants as a result of them being able to share their experience. The risk in this study for participants was emotional distress resulted from self-disclosure, describing their own experiences and perceptions in their working environment with regard to their strengths and coping skills. That is the reason, the researcher ensured that counselling by *Careways* (Independent Counselling and Advisory Services), was made available for nurse managers that might experience discomfort during the interview.

2.5.3 Principle of justice

The researcher ensured that selection of participants was based on reasons directly related to the research and not because they were easily accessible. Information collected from participants was kept anonymous and confidential. Participants were not linked to any data or identified on the report (Brink *et al.*, 2012:236). Informed consent was voluntarily obtained from participants. The consent form (see Appendix C) included the following:

- The title of the research project.
- An introduction to the research activities, extending the invitation for the participant to participate in the study.
- The purpose of the project.
- The selection of the study population and the sample.
- An explanation of methods and procedures by which data was collected.
- A description of any risks and discomfort involved, be it physical, psychological, emotional, as well as benefits.
- Confirmation of anonymity and confidentiality.
- Voluntary participation.
- Consent to incomplete disclosure.
- Researcher answered any questions that were asked by the participant.
- Name of a contact person should the participant needed to talk to someone regarding his/her participation.
- A clearly delineated space for signatures of the researcher, the participant and that of the witness (Brink *et al.*, 2012:39-40).

Participants were given an opportunity to ask questions. Data collected were kept safe and secure during and after the research study by locking hard copies in cupboards in the researcher's office, and for electronic data by a protected password. As soon as the recordings had been transcribed it was deleted from the recorders. The transcripts will be stored for five years.

Trustworthiness was ensured, as explained above. Feedback on the research results was provided to participants and other nurse managers through a conference. The completed research was also posted on the intranet (Gateway) Research Register of the specific private health sector, to be shared with the rest of the company.

2.6 SUMMARY

The research design and method directs the selection of a population, sampling process, methods of measurement and a plan for data collection and analysis. The researcher was guided by this chapter to conduct the research to reach the purpose of the research. The following chapter will be discussion of the findings and reflection on data collection and data analysis.

CHAPTER 3: DISCUSSION OF RESEARCH FINDINGS AND LITERATURE INTEGRATION

3.1 INTRODUCTION

In this chapter, the researcher discusses the findings with regard to nurse managers' experience of their resilience, specifically the strengths and coping skills of nurse managers in the private healthcare sector in Gauteng, South Africa. The findings are generated from the unstructured interviews and supported by the field notes taken during the interviews. The findings are interpreted by integrating them with relevant literature.

3.2 REFLECTION ON DATA COLLECTION AND ANALYSIS

Unstructured interviews were schedule with twenty-two nurse managers, and data saturation was reached after conducting ten interviews. The interviews were all conducted in the participants' offices after the researcher was granted permission. Research findings were generated from the participants' responses to the open ended question, "Kindly share with me examples of times when you were resilient during difficult work situations by using your strengths and coping skills". Field notes were taken and categorised as methodological, observational and theoretical notes (Appendix G).

The researcher applied strategies for data analysis in hermeneutic phenomenological research (Ajjawi & Higgs, 2007:621-622; Creswell, 2009:184) within the hermeneutic cycle (Laverty, 2003:30), as explained in detail in chapter 2. A meeting was held between the researcher and the co-coder to compare findings. In the following section the research findings are presented and discussed as themes and the sub-themes that emerged from the data analysis.

3.3 RESEARCH FINDINGS AND LITERATURE INTEGRATION

Four themes, each with two to four sub-themes emerged from the interviews (see Table 1). The themes and sub-themes are discussed in detail supported by quotes from the interviews. Furthermore, the themes and sub-themes are integrated with literature. Quotes from participants are reported as follows: P = Participant.

Table 1: Participants' experience of resilience, specifically their strengths and coping skills in a private healthcare company in Gauteng, South Africa

THEME 1: PARTICIPANTS EXPERIENCE CHALLENGES THAT CONTRIBUTE TO ADVERSITY IN THE WORKPLACE	THEME 2: PARTICIPANTS RESPOND WITH RESILIENCE IN THEIR WORKPLACE	THEME 3: PARTICIPANTS' EXPERIENCE OF THEIR STRENGTHS AND COPING SKILLS	THEME 4: PARTICIPANTS SUGGESTED RECOMMENDATIONS THAT MIGHT STRENGTHEN THEIR RESILIENCE
Sub-theme 1.1: Conflict situations	Sub-theme 2.1: Participants experienced resilience through hard work	Sub-theme 3.1: Participants experienced that mutual support contributed in building their strengths and coping skills	Sub-theme 4.1: Participants suggested that support and appreciation/recognition from their executives and hospital managers might contribute to building their resilience
Sub-theme 1.2: Limited resources	Sub-theme 2.2: Participants' resilience was strengthened through their personal and work experience	Sub-theme 3.2: Debriefing sessions contributed to participants' coping skills	Sub-theme 4.2: Participants suggested that empowering their teams contributed in strengthening their resilience
Sub-theme 1.3: Lack of support and limited induction to their role	Sub-theme 2.3: Participants experienced resilience through team work	Sub-theme 3.3: Participants experience that reflectiveness and self-directedness contributed to their resilience	
Sub-theme 1.4: Resistance to change		Sub-theme 3.4 Participants experienced that their spiritual values and family support contributed in building their strengths and coping skills	

Theme 1: Participants experience challenges that contributed to adversity in the workplace

According to participants, it is important for them to work in a safe secure environment, as they will optimally deliver the business's outcomes. It is important for them to have the necessary resources to be able to function optimally in their roles. Having mentioned that, they had faced some challenges within their workplace. These challenges, as described in the following sub-themes, constitute much of the context within which the participants had to fulfil their role as nurse manager. This description of the context provides insight into what adversity the participants experienced and responded to with resilience, strengths and coping skills.

Sub-theme 1.1: Conflict situations

While participants mentioned that working in a safe environment is important for them, they did however experience conflict situations. These conflict situations caused stress and instability within their role, instability in the sense that in some of the cases they did not know how to handle the challenges. The conflict situations that the participants experienced were mostly from doctors and hospital managers. Furthermore, these challenges caused insecurity and instability in their role, as doctors are shareholders within this private healthcare sector. Moreover, participants report directly to hospital managers, so if they are experiencing conflict situations with them it causes instability and fear of losing their jobs. Participants affirmed that in building their resilience they needed to be strong and endure such challenging situations.

Participants stated that sharing such challenges with family members or a colleague assisted them in understanding their experiences and its meaning in a positive way. Such support contributed positively in building their strength and enabled them to cope through such situations. Participants mentioned that the challenges they experienced from the doctors were abusive language, being belittled in front of their staff members and being embarrassed. These challenges made the participants doubt their capabilities and they became stressed. That is the reason why some of the participants mentioned that formal debriefing sessions would assist them in dealing with such challenges and conflicts.

These findings are confirmed in the field notes taken by the researcher, namely that a participant mentioned that hospital managers made her feel unwelcome. Another participant further mentioned that the human resource manager "did things behind her back".

“There were lots of conflicts between the hospital manager and the human resource manager...” (P1). “I was confronted by the hospital manager ...” (P3). “I mentioned earlier that doctors are our biggest challenge, as a nurse manager you need to keep them happy at any given time” (P4). “One stresses up and not sure how to deal with such conflict” (P5). “The Government hospitals started to strike, as the only private hospital we had to cater for the whole community” (P7). “They were at a point very aggressive towards me and my nursing staff” (P8). “Some other challenges that I have experienced is one of the doctors that broke me down in front of my staff and my team” (P4).

It is confirmed by literature that nurse managers in a private healthcare must have support of the human resources managers, employee relations and upper management as they address such conflict situations (Lindy & Schaefer, 2010: 291). Further to this, it was stated that the private healthcare institutions have an obligation to put in place clear expectations regarding communication, teamwork, professionalism and respect amongst all employees including doctors (Lindy and Schaefer, 2010:291).

In addition, literature confirms that policy makers and company’s administrators should invest in promoting effective conflict management programs for nurse managers (Al-Hamdan *et al.*, 2016:143). In addition, these programs should be through training and continuous education sessions. It is further said that such programs do help nurse managers to improve their information and be kept informed; it also contributes to their empowerment, which increases their resilience (Al-Hamdan *et al.*, 2016:143).

Sub-theme 1.2: Limited resources

The researcher mentioned earlier in chapter 2.3.1 under the heading “population” that, in this private healthcare company hospitals are categorised from a small hospital with 150 beds to a large hospital with 350 beds. Participants, especially within the small hospitals, experienced limited resources and were unable to perform their duties as expected.

Moreover, participants expressed their experience about limited resources amongst others, shortage of staff, and lack of human resources especially in the small hospitals, insufficient stock, equipment and unrealistic budgets. Participants stated that within the small hospitals, resources are scarce and that poses a challenge within their working environment. This does not only pose challenges, but it adds to the participant’s workload, as they are expected to do recruitment and all the other human resource functions. Participants did confirm that lack

of these resources poses a challenge and causes unhappiness from staff members including doctors.

Through their experience as nurse managers, participants mentioned that they could not function effectively without these resources, and that shortage of staff impacts negatively on patient satisfaction. Participants further mentioned that support from the company and hospital managers with regard to resources will add value to their roles, and thereby contribute to building their resilience.

The researcher's field notes confirmed that participants did mention that in the small hospitals they experienced challenges with limited resources such as support from human resource managers.

"In a small hospital like that one of ours, resources are limited ..." (P. 3).

"My first challenge that I experienced was my nursing agency cost that was above budget ..." (P. 4). "The difficult situations she did not understand or the importance of having certain equipment" (P. 6). "We ran out of stock" (P. 7).

Nurse managers require support services from hospital management with regard to resources especially adequate staffing (Laschinger & Heather, 2004:358). Furthermore, hospital management can demonstrate respect for nurse managers by consulting with them in decision making about nursing related issues.

Furthermore, literature confirms that a stronger foundation in areas of finance, budgeting, relationship building and performance evaluations should be made part of nurse managers' induction program that is more structured (Moore *et al.*, 2016:101). It is also said that this program will provide support for nurse managers and ensure that they have enough resources available to them to function optimally within their role (Moore *et al.*, 2016:101).

Sub-theme 1.3: Lack of support and limited induction to their role

Participants indicated that through their lived experience, not having induction has made their adaption to their role stressful. Furthermore, they did not understand what was expected of them as they had to draw their own performance document, and they had to learn from one another. Participants mentioned that it was not easy when they first started in their roles; they mentioned that they felt incompetent. Participants mentioned also that having no induction, resulted in them making errors and having to learn from those errors.

This is how some of the participants have learned to be strong and to build their strengths and resilience.

Moreover, participants stated that support from hospital managers and from their own teams enhanced a positive working environment and assisted in building their resilience. Participants report directly to hospital managers in this private healthcare sector company A, therefore their support and guidance is of importance. Participants felt they were standing alone and had no support from the hospital manager. This has made their workload heavier as they had to support and motivate their decisions to these hospital managers all the time.

“I had no induction; I had to draw my own joint performance management document “(P2).” As I mentioned earlier that no support from the business due to lack of knowledge and understanding of the facility” (P2). “The company needs to have NM induction programmes in place, focusing specifically on teaching them how to manage difficult situations” (P3). “No training programmes for nurse managers nor induction programme” (P4).” You learn from one another” (P4).

“When I started here 3 years ago I got no support from the previous hospital manager, no support ...” (P1).

“The only support and guidance I received was from other sister hospitals not from within the company itself” (P2) “... “I had not induction when I started” (P3) “Firstly, I was not given my job specification of what was expected of me” (P4) “.No support at all for nurse managers” (P4).

“I had no support from the hospital manager, I was standing alone and I needed his support” (P5). “And not having somebody to support you when you go to the contractors and raise your concerns ...” (P6).

Literature confirms that, nurse managers require support services from hospital management with regard to resources, especially adequate staffing (Laschinger and Heather, 2004:358). In addition to the support from hospital managers, a formal programme for nurse managers including certification courses and venues to facilitate their growth and development will be beneficial. This will include mentors that will facilitate role socialisation and on-going feedback for nurse managers.

In addition, more structured induction programmes of nurse managers including performance evaluations, relationship building and professionalism must be in place to equip them to cope in their role (Moore *et al.*, 2016:102).

Sub-theme 1.4: Resistance to change

While participants confirmed that their experience in building interrelationships was essential in their role, they also experienced resistance to change from some of the staff members. This resistance to change needs someone with tenacity and who is able to persevere no matter how hard it is. Participants mentioned that it was difficult to convince some of the staff that were resistant to change to accept change, hence it hindered their performance. Participants also realised that for them to be successful in their roles they needed to ensure that they understood change management.

Participants mentioned that support is needed from the company's directors to offer training to participants in conflict management, as this will assist in building their resilience. Furthermore, participants mentioned that training on change management would be beneficial to them.

From the field notes, participants mentioned that they faced resistance from unit managers who did not want to embrace change within their units. They further influenced other team members negatively within their units and that increased their workload.

"The other challenge I was faced with it was with the ICU unit manager that was resistant to change" (P3). "... Change of environment, changing of environment and adaption into a new place where it is all new" (P9). "I came at a time where two hospitals were to merge" (P10).

Literature supports this finding. From a study conducted by Kath *et al.* (2012:1479), nurse managers are known to multi task with multiple demands from the organisation such as role conflict. Therefore, nurse directors from the organisation should be more visible and provide support in teaching nurse managers how to manage conflicting demands. This will enable nurse managers to function optimally and to cope better in their role (Kath *et al.*, 2012: 1479).

Moreover, literature confirms that nurse managers experienced resistance due to cultural differences and lack of trust from staff members (Marx, 2014:969). The author further states that its' crucial for nurse managers to build trusting relationship with staff members and to

have knowledge and understanding of cultural diversity within their role. This will assist them in gaining trust of their staff members and hence contribute to their coping skills and improve their resilience (Marx, 2014:971).

Theme 2: Participants respond with resilience in their workplace

According to the participants, their own hard work and tenacity helped them in building their own resilience and overcoming adversity.

Sub-theme 2.1 Participants experienced resilience through hard work

Participants mentioned that nurse managers in this private healthcare company experienced a high workload and high expectations from the executives. This workload made them realise that they needed to do something about it, otherwise they were not going to cope. That is the reason, participants mentioned that in their experience, they had to work twice as hard to be able to finish their work. Some participants mentioned that they had to put in extra hours and that they are on call 24 hours.

Participants mentioned that the hard work that they had put in has contributed in building their resilience. Participants further mentioned that their working experience has contributed to them strengthening their resilience such as number of years within their role. Participants viewed hard work as finding ways to deal with challenges, to continue to work and persevere no matter what, and to endure and not to stop. Through the hardship they had to endure, they became stronger each day and built on their strength.

Field notes taken by the researcher confirmed the findings by stating that participants did mention that they have to work hard, and their working hours are not 7h00 to 16h00, they work more than those hours each day.

“The frustrations and the challenges I faced did not take away my passion and my personal growth (P2). “I had put in extra hours to ensure that I cover all aspects of the project. “I had to work hard to gain her trust on me again” (P4). “You are 24 hrs. on call (P4)”.I am hard worker and a go getter (P4)”. “I need to be strong all the time and my tenacity is what keep me going” (P3). “We just need to always be strong and always have a smile in our face, we need to function” (P1). “You have just to find a way and means to get through the challenges” (P8).

“As a mature nurse manager you know that you have to make it work no matter what” (P3). “As you grow within your role, you build your strength and your coping skills, as you need to be

strong every day” (P4). “Coming from an acute environment and having realised my maturity and my patience, the company’s executive chose me to take this job” (P10:2).

Similarly, according to Hart *et al.* (2014:727), there are intrapersonal characteristics that contribute positively to resilience of nurse managers amongst others hope, self-efficacy, control, coping, flexibility, hardiness and sense of coherence. In addition, years of experience and age do contribute positively to building resilience in operating room nurses (Hart *et al.*, 2014:727). Research further state that nurse managers in a private healthcare are cognisant of their position within the hospitals and how critical their role is, and had to ensure that organisational outcomes were achieved (Toffoli *et al.*, 2011:347). Therefore, they needed to work harder to achieve these organisational outcomes (Toffoli *et al.*, 2011: 347).

Sub-theme 2. 2: Participant’s resilience was strengthened through their personal and work experience

Although participants experienced resilience through their hard work, it was actually their own personal and work experience that made them persevere. Participants further mentioned that if they did not have such personal and work experience, they would have not be able to survive the adversity they experienced within their role .Participants learned to be resilient from their experience as nurse managers. They shared that their own personal and work experience has contributed in building their resilience and coping with difficult situations within their environment. “I did not have this resilience, it was something I had to develop with time and build on “(P6). In addition, participants’ own experiences have contributed to their tenacity and strength to continue with their daily challenges within their environment. Participants also affirmed that they have learned to be patient and to prioritise as they grew in their role. They further stated that their experience has contributed to them being mature and be able to face adversity within their role.

Participants stated that they needed to continue to function no matter what, as they would not want to disappoint their staff. Experience of nurse managers has made them realise that they needed to be role models not only for their staff but also for doctors and other departments in their hospitals. Furthermore, participants did mention that their passion and personal growth contributed to strengthening their resilience.

These findings are confirmed by field notes taken by the researcher, in which participants mentioned that as they grew within their role, they built on their resilience, because when they started they did not have such resilience.

"I am thinking at that time on how I manage to go through that difficult time" (P8). "The answer for me is resilience, resilience in sense of not failing myself or my nursing staff, but enduring, committing to a positive or better end result" (P8). "It is that I won't stop even though I want to say that but I cannot afford to say that" (P 8). "My philosophy in life is that nothing is impossible as I believe I can do it" (P 2). "The challenges and the frustrations I have did not take my passion and my personal growth" (P2). "As a mature nurse manager you just know that you have to make it work no matter what" (P3). "I also learned this from experience as well" (P1). "My personal experience has changed my life completely" (P5).

Research has revealed that developing personal/individual resilience was a key factor for nurse managers in coping with a stressful working environment (Hart *et al.*, 2014:726). Moreover, the development of personal resilience is achieved through self-control, through self-management skills and better ways of dealing with stressful situations. Furthermore, it is the capacity of nurse managers in recognising their own feelings and those of their teams, capacity in motivating self and others, and capacity for managing emotions within themselves and within their relationships in their roles (Cope *et al.*, 2014:89-90).

Sub-theme 2.3: Participants experienced resilience through teamwork

Participants mentioned that staff and other team members were working in silos, not helping one another. Participants stated that it was difficult to disseminate information or to receive information from other departments. Therefore, participants made every effort to build relationships, as they became aware that teamwork is essential in building their resilience. They did not only build relationships with their own teams but also with doctors and hospital managers.

In addition, this team work ensured that they received the necessary support and guidance and that the team helped one another. Furthermore, team work enables nurse managers to function optimally within their roles and in achieving organisational outcomes. Participants realised through their lived experienced that empowering their team by keeping them informed and involved resulted in a positive working environment and appreciation. This further contributed in building their resilience.

Field notes confirmed that when participants first started they did not empower their team; they wanted to do everything themselves.

"My focus for me is to train my unit managers and empower them so they are independent and they will be able to support me in turn" (P2). "The company needs to invest more on nurse

managers so they can be able to empower their own unit managers” (P4).” It’s better to work with your team, because in team work people help one another and you get buy in as a nurse manager” (P9).

“I went all out from my side to build the relationship, because I saw that we cannot function in silos” (P1). “I had weekly appointment with the HM...” (P3). “She supported and guided me a lot” (P4). “Building a relationship with your doctors is important ...” (P 6). “I was also very lucky to work with strong hospital managers ...” “Team work and the support I got from strengthen my resilience in a way” (P7). “I found that here there is a lot of team work, people help each other” (P9).

Literature from Jackson *et al.* (2007:6) confirms that building professional relationships is important for nurses and it is a significant component of resilience. Moreover, it is said that such relationships become the support system when tensions are running high within their own working environment. Lastly, all nurses need to be nurtured, and it is important to strengthen these relationships to be able to cope at the workplace (Jackson *et al.*, 2007:6).

Theme 3: Participant’s experience of their strengths and coping skills

Specific strengths and coping skills were utilised by participants to overcome adversity within their working environment.

Sub-theme 3.1: Participants experienced that mutual support contributed in building their strengths and coping skills

While participants made every effort to build relationships with their own team, doctors and hospitals managers, they mentioned that it is important to give support to their staff as well. This involves not only giving support to staff members but also receiving support from staff. Participants mentioned that from their experience, providing staff with necessary resources enabled them to function effectively. All nurses need to be nurtured and supported in their roles; this assists the participants to cope in their working environment.

Moreover, receiving support included empowering your staff to perform their duties independently, as empowerment contributed to building their team. Participants further said that when the team understands what is expected of them and they are empowered, they in turn support their managers.

Participants stated that from their experience, support from colleagues has contributed in building their resilience as these colleagues understand better what challenges these participants are encountering. In addition, participants stated that without support from staff, they will not succeed in their roles.

Field notes confirm the findings that participants saw the need to provide support to their team and appreciate them and further experienced that support from colleagues has strengthened their resilience within their working environment.

“I supported the second in charge all the way...” (P1). “I gave support to my unit managers and I was not judgemental” (P2). “The most important aspects of a nurse manager are that you need to intervene for your staff and show that you are there for them” (P4)

“Because you need the support of your colleagues” (P6). “She was there as a personal support to me, understanding me, hearing my difficulty and my stress” (P8). “...my colleagues helped me a great deal without them; I wouldn't be where I am today” (P10)

Research reveals from a study by Jackson *et al.* (2007:6) that building professional relationships is important for nurses and is a significant component of resilience. Moreover, it is said that such relationships become the support system when tensions are running high within their own working environment. Lastly, all nurses need to be nurtured, and it is important to strengthen these relationships to be able to cope at the workplace (Jackson *et al.*, 2007:6).

Sub-theme 3.2: Debriefing sessions contributed in building participants strengths and coping skills

Participants mentioned that from their experience, that debriefing sessions allowed them to share their load and find better ways of coping at work despite the fact that they referred themselves. Debriefing sessions are contact sessions with a psychologist from an external provider that address the emotional needs of the participants. They further mentioned that it was beneficial to also arrange such sessions for their teams.

That is the reason; participants affirm that support from the company's executive and hospital managers plays an important role in their working environment. Moreover, through their experiences they mentioned that the company's wellness programme has benefited them emotionally and assisted them in coping with challenging situations. Participants stated that more of these programmes may be arranged in a formal manner to enable them to voice their challenges, thereby building their resilience.

The researcher mentioned in the field notes that participants arranged debriefing sessions for their team as well, as they saw the need and the importance of sessions for their teams.

“I arranged debriefing sessions for all of us in the facility ...” (P2). “I refer myself to ICAS for debriefing sessions with them and for professional advice ...” (P3). “Need more time for debriefing sessions, it will contribute to build more resilience for nurse managers” (P7).

This sub-theme is supported by research, that once nurse managers realise the need for debriefing, a professional should be requested to assist with the process (Hanna & Romana, 2007:40). Researchers further elaborate that nurse managers involved in a distress situation should be invited to participate. These sessions assist nurse managers to explain the crisis and talk about their challenges in a safe environment. Not only do they speak about their challenges, but debriefing sessions help nurse managers to cope and have strength to continue to function optimally (Hanna & Romana, 2007:40).

Sub-theme 3.3: Participants experienced that reflectiveness and self-directedness contributed to their resilience

Participants mentioned how reflectiveness and self-directedness contributed to their resilience. They shared that they have learned to disengage from emotions when necessary and have learned to be patient and not be reactive to challenging situations. Participants stated that as they grow within their roles they spontaneously apply reflectiveness and acquire coping skills through their journey as nurse managers. Moreover, participants realised that through their experience they needed to work hard, persevere and are able to multi task. This skill comes with years of experience as a nurse manager.

Field notes confirm this finding that participants had to learn to prioritise and to disengage from emotions, and still be able to persevere.

“As you grow within your role, you build your strength and your coping skills, as you need to be strong every day” (P4). “But I am a go getter and a hard worker” (P4). “My greatest support comes from family and friends” (P4). “I have learned to be patient, to persevere and to disengage from the emotions” (P5).

“But you have to prioritise, as I said you have to take it one day at a time” (P6). “My balance between my work and my family has helped me to cope better” (P7). “I believe that what helps me to come to a point of resilience was to understand my purpose ...” (P8). “To continue and

never give up” (P9). “Keep a good work balance between your work and home life, otherwise you will not survive” (P9).

Literature supports this finding. According to Czihak *et al.* (2014:100), first line nurse managers display reflective practise as they report their experiences. Furthermore the authors mentioned that these nurse managers were self- directed and they sought advice when they were facing challenges. Lastly, they demonstrated independence and resilience in an effort to manage their departments.

Skagert *et al.*,(2011:890), support this finding by stating that nurse managers remain resilient within their roles because they were focused on developing their managerial roles and maintaining good health. This contributed positively in building their resilience specifically their strengths and coping skills.

Sub-theme 3.4 Participants experienced that their spiritual values and family support contributed in building their strengths and coping skills

Some participants experienced that debriefing sessions have assisted them in coping better with adversity. It was however different for some of the participants as they experienced that their spiritual values and family support helped them in building their strengths and coping skills in their roles. In addition, through their journey they utilised emotional strengths, spiritual values and support from family to grow in their role as nurse manager. At the same time, they acquired emotional strength and social coping skills through the same journey.

Participants confirmed that they grew their personal strength through their spiritual values and family support. Not only did the spiritual values contribute emotionally to the participants’ strength, but their resilience and copings skills improved as well. They further mentioned that support from family members and friends assisted them in coping with difficult situations. It was these personal strengths that enabled them to overcome adversity and strengthen their resilience. Participants stated that through their hard work, they learned to prioritise, to be patient and to persevere, and this helped them to cope better in their role.

Field notes taken by the researcher confirmed these findings, namely participants mentioned that they trusted in God in all they do. Their Christian values contributed in building their resilience within their role.

“My spiritual values and support from my family also helped me a lot to cope with the situation better” (P2). “My greatness support comes from family and friends” (P4). “I spent lot of time

praying, so that helps me a lot" (P6). "My religion helped me a great ..." (P10). "I think I'm very fortunate in the sense that I trust God for everything" (P6). "I spent lot of time praying, so that helps me a lot" (P6). "I trust in God's guidance and the guidance of the Holy Spirit, for me that is the only reason I persevere "(P6).

Literature supports this sub-theme. It states that social support frequently takes the form of non-tangible types of assistance such as words of encouragement, positive feedback and talking over a problem. Family support is one of the attributes that contributes to the resilience of nurse managers (Cope *et al.*, 2014:90; Kim & Windsor, 2014:24). Furthermore, literature supports this finding by stating that the source of stability is the one that connects nurses to their anchoring force in life (Jackson *et al.*, 2007:7).

Theme 4: Participants suggested recommendations that might strengthen their resilience

Participants have revealed that to be appreciated and be valued increases their willingness to function optimally, without forgetting empowerment.

Sub-theme 4.1: Participants suggested that support and appreciation/ recognition from their executives and hospital managers might contribute in building their resilience

Experience of participants with regard to support and appreciation was that it was not always available for them. They faced confrontations and were questioned about not achieving the company's goals. They constantly had to give explanations as to why goals were not achieved, and despite such challenges they persevered and continue to function, though it was difficult. At times they felt like the company's executives did not understand what was happening at the hospitals.

That is why, as the researcher mentioned earlier that participants value the support of hospital managers and from the company's directors. This support meant that they were appreciated and recognised as employees as well.

Participants mentioned that they do not necessarily want monetary rewards, only acknowledgement which will contribute in building their resilience. Participants stated that this support from staff, from doctors and other departments in the hospital is important as it enables them to function optimally.

Field notes confirmed these findings, namely that participants mentioned that executives might be more visible in their hospitals and be supportive.

“...really need to have programmes to support nurse managers, appreciate nurse managers...” (P1). “... I can say that our head office needs to ensure that we have all their support ...” (P3). “We need more support” (P4). “More support from hospital manager can be of great value and be appreciated...” (P5).

“I think the company need to make a realistic expectation “(P8). “I think the leadership supporting the nurse manager needs to be thoughtful about them ...” (P8). “They have to give them time out when they start to develop them and induct them properly” (P9). “We do not want money per se, we just need to be appreciated, we need that acknowledgement ...” (P10).

Opportunities for development, advancement in skill and knowledge contribute to nurse manager’s resilience and appreciation of being a valued employee (Laschinger *et al.*, 2006:28). Nurse managers play a vital role in ensuring that all units are adequately staffed, and that quality care is rendered to all entrusted in their care (Laschinger *et al.*, 2006:28). Formalised reward and recognition programmes for nurse managers should be in place.

Therefore, hospital administrators should create conducive working conditions for nurse managers to remain in the organisation, and should acknowledge them as fully functioning members of the management team (Laschinger *et al.*, 2006:28). Moreover, nurse managers expressed a need to be appreciated by administrators and policy makers, to enable them to function optimally within their working environment (Laschinger & Heather, 2004:358).

Sub-theme 4.2: Participants suggested that empowering their teams contributed in strengthening their resilience

Participants mentioned that through their experience, empowerment meant that they need to empower their team so the teams can support one another. Empowerment of teams and unit managers was scanty, and it made participants’ workload heavier. Further to this, the doctors and hospital managers were questioning the participants’ capabilities of managing their departments effectively, meanwhile teams were not empowered.

Participants suggested that the company needs to invest more in their unit managers. This can be achieved through development programmes, workshops, conferences and seminars. Participants further mentioned that these development programmes will enhance their resilience and coping skills within their environment. Moreover participants added that

empowerment for them meant that they empower their unit managers, which will result in team cohesion and delivery of company's outcomes.

The researcher confirmed this finding from field notes taken, that participants suggested empowering of their teams has contributed in strengthening their resilience. This assisted them, because teams understood what was expected of them, and they were valued and appreciated.

"My focus for me is to train my unit managers and empower them" (P2). "That the company needs to invest more in their nurse managers, so that they can empower their unit managers to be able to function independently" (P4).

"Yes, I think nurse managers can be trained on emotional intelligence to improve their resilience" (P.5). "You need to equip yourself, have a lifelong learning" (P7). "I think every new nurse managers should go through onmicor organisation development solutions or psychometric testing" (P7). "I think it will be useful for the company to focus more on the individual other than processes" ... (P8).

Nurse managers described that a patient's journey is shared and leads to patient's satisfaction (Ott & Ross, 2014: 764). Moreover, the patient's shared journey requires nurse managers to build their teams by involving them in decision-making, empowerment and administrative support. Several managers commented that they felt that they had accomplished their job if their teams felt empowered and could take on more responsibility (Ott & Ross, 2014:764).

3.4 SUMMARY

The results and the realisation of data collection concerning experiences of nurse managers' resilience, especially their strengths and coping skills in a private healthcare sector company A in Gauteng South Africa was discussed in this chapter. In the next chapter (4) the conclusions, limitations and recommendations will be discussed.

CHAPTER 4: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The experience of nurse managers' resilience, specifically their strengths and coping skills was discussed in chapter 3. The conclusions and limitations will be presented in this chapter. Recommendations will be presented as well to support nurse managers improve their resilience, specifically their strengths and coping skills in a private healthcare setting in Gauteng, South Africa.

4.2 LIMITATIONS OF THE RESEARCH

This research was done in a very specific context and cannot be generalised to the larger population of nurses. This limitation is addressed through densely describing the research process.

4.3 CONCLUSIONS

The conclusions are based on the research findings as discussed in chapter 3 as well as on relevant literature.

The nurse managers that were part of the study fulfilled the role of nurse manager for periods of 1 year to 27 years. Through their lived experiences, nurse managers have learned to be resilient as they grew in their roles. An overall conclusion is thus that within the adversity of their workplace, nurse managers make a decision (consciously or sub-consciously) that they just have to cope, and this gives them the drive to persevere. This decision is made possible through their inner strengths and coping skills and support in their workplace.

4.3.1 Adversity experienced by participants

In spite of adversity experienced, namely conflict situations, nurse managers managed to stay resilient through sharing such challenges with family members or a colleague. Furthermore, participants utilised debriefing sessions to cope with such adversity. Participants did confirm that they also experienced resistance to change from staff members including unit managers. Staff members were working in silos and unable to help one another. Nurse managers ensured that they built relationships with their teams to help to cope in such challenging situations. Moreover, not only did participants experienced conflict

situations, but there was lack of support from hospital managers as well. That is the reason why they had to make an effort to gain the trust and build relationships with the hospital managers.

4.3.2 Lack of support and limited resources and induction in their role

While participants endured conflict situations in their role, they also experienced lack of support, limited induction and limited resources. This posed a challenge and added to participants' workload. Participants then saw that they had to do all in their power to work twice as hard as they could not afford to lose. They further mentioned that these frustrations did not take away their passion and their tenacity, but they had to persevere. They had to draw their own work procedures; they had to call one another for help, they had to rely on their family members for support. That is the reason they remained strong and resilient in their roles.

4.3.3 Coping measures for nurse managers

Although nurse managers experienced challenges, conflict situations and resistance to change, they also had responded with resilience in their workplace. Nurse managers displayed their strengths' and coping skills through team work. They realise that teamwork is essential, and they ensured that they empowered their team and provided mutual support. Furthermore nurse managers strengthened their resilience through reflectiveness and self-directedness, they learned to disengaged from emotions and be patient not to be reactive to challenging situations. They further mentioned, that they had to prioritise and be multi tasked as they realised their workload.

Nurse managers experienced that empowering their unit managers has contributed in building their resilience. They further stated that what kept them going were their strong spiritual beliefs and Christian values. Nurse managers affirm that their personal growth within their role did contribute in building their resistance. They further said that this comes with years of experience within their role.

4.3.4 Suggested recommendations for building resilience

Nurse managers suggested that appreciation and recognition from the company executives including hospital managers might contribute in strengthening their resilience. Not only might this contribute to building their resilience, they mentioned that support and acknowledgement from the executives will add value in their workplace. Nurse managers did confirm that they

don't need monetary recognition, just appreciation and visibility of the executives will be important to them.

4.4 RECOMMENDATIONS FOR NURSING PRACTISE, NURSING RESEARCH, NURSING EDUCATION, NURSING MANAGEMENT AND NURSING POLICY

Based on the research findings as well as the conclusions, recommendations for nursing practise, nursing research, nursing education, nursing management and policy could be formulated. In this private healthcare sector, the executives and the hospital managers play a major role in implementing the recommendations formulated in this study with the purpose of strengthening nurse managers' resilience, especially their strengths and coping skills.

4.4.1 Nursing practise

Recommendations for the nursing practise are related to the central theoretical statement of the study, which refers to the formulation of recommendations to support nurse managers, and improve their resilience specifically their strengths and coping skills in a private healthcare setting in Gauteng, South Africa.

4.4.1.1 *Debriefing sessions for nurse managers*

Based on the research findings and relevant literature, it is confirmed that debriefing sessions is one of the tools that can be implemented to assist nurse managers to cope within their environment. Debriefing sessions may be formalised, and can be conducted quarterly by an external provider, such as the *Careways* Wellness Program. Further to this, shortcomings and concerns raised by nurse managers from the debriefing sessions may be taken back to the executives, and action plans be put in place to address such shortcomings.

Moreover, debriefing sessions may be part of the nurse manager's monthly meetings; an hour be allocated to discuss their concerns from the different hospitals. Adding to this, nurse managers may advise one another on how to handle such concerns, and if not, the regional nurse manager may forward the concerns to the executives. It is recommended that such concerns be forwarded to the executives be addressed accordingly. By addressing all these challenges, nurse managers will be supported in improving their resilience especially their strengths and coping skills.

4.4.1.2 Resources made available

All resources needed within a nurse manager's role may be made available, including adequate staffing, realistic budgets, equipment, and human resource. Recruitment of critical positions such as registered nurses must be conducted, and vacant positions must be filled quicker. Furthermore, it is strongly recommended that nurse managers be involved in preparing for the nursing budget yearly as per requirements by the executives and hospital managers.

4.4.1.3 Team building sessions

Team building sessions must be formalised for each hospital, depending on the number of beds and staff, and this team building must be aimed at building interrelationships with other departments within the hospitals. Each hospital may have their team building sessions for unit managers and general staff members yearly. Groups may be made for the sessions, and the programme can include conflict management and coping with change.

Nurse managers are faced with conflict situations daily within their roles including hospital managers and doctors, which is the reason it is strongly recommended that team building sessions be formalised within this private healthcare sector. Team building contributes in bringing the staff members together and working as a team and supporting one another, thereby assisting the nurse managers to cope and achieve organisational outcomes.

4.4.1.4 Induction programme for nurse managers

Formal programmes will be beneficial for nurse managers including certification courses and venues to facilitate their growth and development. This will include mentors that will facilitate role socialisation and on-going feedback for nurse managers. Furthermore, these programmes may include technology for incident simulation, debriefing sessions, and a conducive supportive environment with adequate coaching. Thus, it will enhance nurse managers' resilience (Shirey *et al.*, 2013:12-13).

Moreover, it is recommended that the induction programme may include conflict management training, change management training and be guided on how to reflect and take action within their role. By including such training on the induction programme, nurse managers will be well equipped and be prepared emotionally and psychologically on how to handle such challenging situations. Therefore, this training may assist nurse managers in improving their resilience, specifically their strengths and coping skills.

4.4.1.5 *Appreciation from management*

Based on the research findings, it can be confirmed that within this specific private healthcare company there are programmes in place to appreciate staff members in general but none for nurse managers. Therefore, it is recommended that nurse managers be appreciated by management with programmes like Care for the Carer, nurse managers of the Region which are reward and recognition programmes specifically aimed at nurse managers. Selection criteria may be compiled and be distributed amongst the hospitals for consistency and fairness.

4.4.1.6 *Conflict management*

From the research findings, it is recommended that debriefing sessions be beneficial for addressing conflict situations within the nurse managers' environment. Furthermore conflict management might be added to the formal induction programs for the nurse managers, as it will positively contribute in supporting them to improve their resilience, specifically their strengths and coping skills.

4.4.1.7 *Coping with change*

It is evident from the research findings that resistance to change causes instability at the workplace. Therefore it is recommended that change management programs be made part of induction for all nurse managers employed in this particular private healthcare company. Such programs might contribute in building the nurse managers' resilience, specifically their strengths and coping skills.

4.4.1.8 *Addressing incivility in the workplace*

Nurse managers experienced conflict situations including being belittled by doctors in front of their staff, and being questioned by some hospital managers. It is recommended that strict policy be implemented which will address uncivil behaviour especially for doctors.

4.4.2 *Nursing research*

Further research is needed on the implementation of the recommendations for nursing practice and policy to support nurse managers in building their resilience specifically their strengths and coping skills. Based on the research findings and literature, it is confirmed that further research is needed to explore and describe the experiences of nurse managers with

regard to their resilience in all provinces. This research was conducted in the Gauteng province only; therefore it is recommended that this research be conducted on a larger scale.

4.4.3 Nursing education

Nursing education should include the recommendations of this study in the undergraduate and post basic (diploma or degree) nursing curriculum offered at colleges and universities. Participants in this research study confirmed that to be an effective nurse manager, you need to be resilient within your role. That is the reason the researcher is recommending that resilience programs be part of education for nurse managers, especially in nursing management diplomas or degrees either in a university or a college. These programs will assist and prepare nurse managers of what to expect when they embark in this journey of being a nurse manager. Furthermore, it is recommended that the community year service for professional nurses should be done in such a way that they are accompanied in their development as nurse managers.

4.4.4 Nursing management

The nursing profession requires strong leadership with resilience that is the reason; the researcher recommends that programs such as mentoring program; succession planning, career development; continuous professional development and appointment requirements be part of nursing management training. In this way nurse managers will be fully equipped and be prepared to take their roles and their resilience will be built through such programs.

4.4.5 Nursing policy

It is every human being's right to be treated with dignity and to be protected from discomfort and harm (Brink *et al.*, 2012:34-35). Nurse managers experienced adversity within their role, they were confronted by hospital managers and doctors in uncivil manner, they needed to support their staff members from such confrontations, yet they had limited support. Therefore it is strongly recommended that there must be a policy in place covering a code of conduct for all working within this specific private healthcare sector. The company must ensure that all under their employment are protected according to the South African Human Rights Commission Act No 40 of 2013. Such policy must be supported and enforced by the executives and ensure that it is consistently applied.

4.5 REFLECTION

It was not an easy journey throughout with the research study. The researcher's personal and professional growth was enhanced. Moreover, the researcher's listening skills became better and was challenged to be a critical thinker. The researchers' writing skills improved, and problem solving skills in a more in depth. Performing the study has taught the researcher to be more time conscious, and furthermore the researcher gained knowledge on how to write a qualitative dissertation.

The researcher followed a qualitative approach which is a hermeneutic phenomenological design, with the aim to explore and describe the experience of nurse managers of their resilience specifically their strengths and coping skills in the context of a private healthcare company. Permission was sought and granted by the relevant Ethics committee and healthcare sector. Permission was granted by the participants including the mediators which were the regional nurse managers. Participants were invited via the mediator. Interviews were conducted at each participant's office as initially planned. All nurse managers who met the criteria participated except for two of them that initially agreed and later withdrew. This did not have an impact on the sample, as there were enough participants and data saturation was reached.

Trustworthiness was ensured throughout the research process. The study supervisors guided the research project throughout the process. A co-coder analysed the data and a meeting was held with the researcher to compare the results, and consensus was reached. Four main themes emerged from the research findings, and discussion of the themes and sub-themes were enhanced with direct quotations from the transcriptions by the nurse managers during the unstructured interviews supported by the field notes. Verification of the themes and the sub- themes was conducted by the researcher by integrating it with relevant literature.

Nurse managers experienced workload and high expectations from the company's executives with no support. They further experienced instability within their workplace resulting from the conflicts that they had between them and the doctors including hospital managers. Furthermore, participants experienced difficulty in placing staff due to unrealistic budget constraints. Nurse managers were faced with difficult doctors that were abusive and belittled them in front of their staff. Not only did the doctors demean them, but they were also abusive towards the staff verbally, and the nurse managers needed to cope under those circumstances.

In addition, nurse managers experienced resistance to change from some of the staff members, including unit managers. Together with resistance to change, nurse managers experienced that staff members and teams were also working in silos. This caused stress for the nurse managers and made it difficult to disseminate information, however despite all these challenges they demonstrated resilience by enduring and never giving up. The nurse managers are on call for their hospital 24 hours, and they have to multitask and deal with adversity within their environment.

In conclusion, it can be identified that the research question was answered and the purpose of the research study was met of exploring and describing the experience of nurse managers with regard to their resilience, specifically their strengths and coping skills, in the private healthcare sector in Gauteng, South Africa. This lead to the formulation of recommendations to support nurse managers to improve their resilience, specifically their strengths and coping skills within a private healthcare sector in Gauteng, South Africa.

The recommendations were based from the results and conclusions and can guide the company's executives and hospital management in supporting nurse managers in their roles. The recommendations that were formulated in the study would be useful and should be considered.

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APPENDIX A- ETHICAL CLEARANCE FROM NWU ETHICS COMMITTEE

ETHICS APPROVAL OF PROJECT

The North-West University Research Ethics Regulatory Committee (NWU-RERC) hereby approves your project as indicated below. This implies that the NWU-RERC grants its permission that provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: RESILIENCE OF NURSE MANAGERS IN THE PRIVATE HEALTHCARE SECTOR IN GAUTENG

Project Leader: Prof E du Plessis

Ethics number: **N W U - 0 0 0 2 1 - 1 5 - A 1**

Institution Project Number Year Status

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation

Approval date: 2015-05-06 **Expiry date:** 2015-11-30

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- *The project leader (principle investigator) must report in the prescribed format to the NWU-RERC:*
 - *annually (or as otherwise requested) on the progress of the project,*
 - *without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.*
- *The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-RERC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.*
- *The date of approval indicates the first date that the project may be started. Would the*

project have to continue after the expiry date, a new application must be made to the NWU-RERC and new approval received before or on the expiry date.

- *In the interest of ethical responsibility the NWU-RERC retains the right to:*
 - *request access to any information or data at any time during the course or after completion of the project;*
 - *withdraw or postpone approval if:*
 - *any unethical principles or practices of the project are revealed or suspected,*
 - *it becomes apparent that any relevant information was withheld from the NWU-RERC or that information has been false or misrepresented,*
 - *the required annual report and reporting of adverse events was not done timely and accurately,*
 - *new institutional rules, national legislation or international conventions deem it necessary.*

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project.

Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof Linda du Plessis

Chair NWU Research Ethics Regulatory Committee (RERC)

Private Bag X6001, Potchefstroom

South Africa 2520

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Linda du Plessis

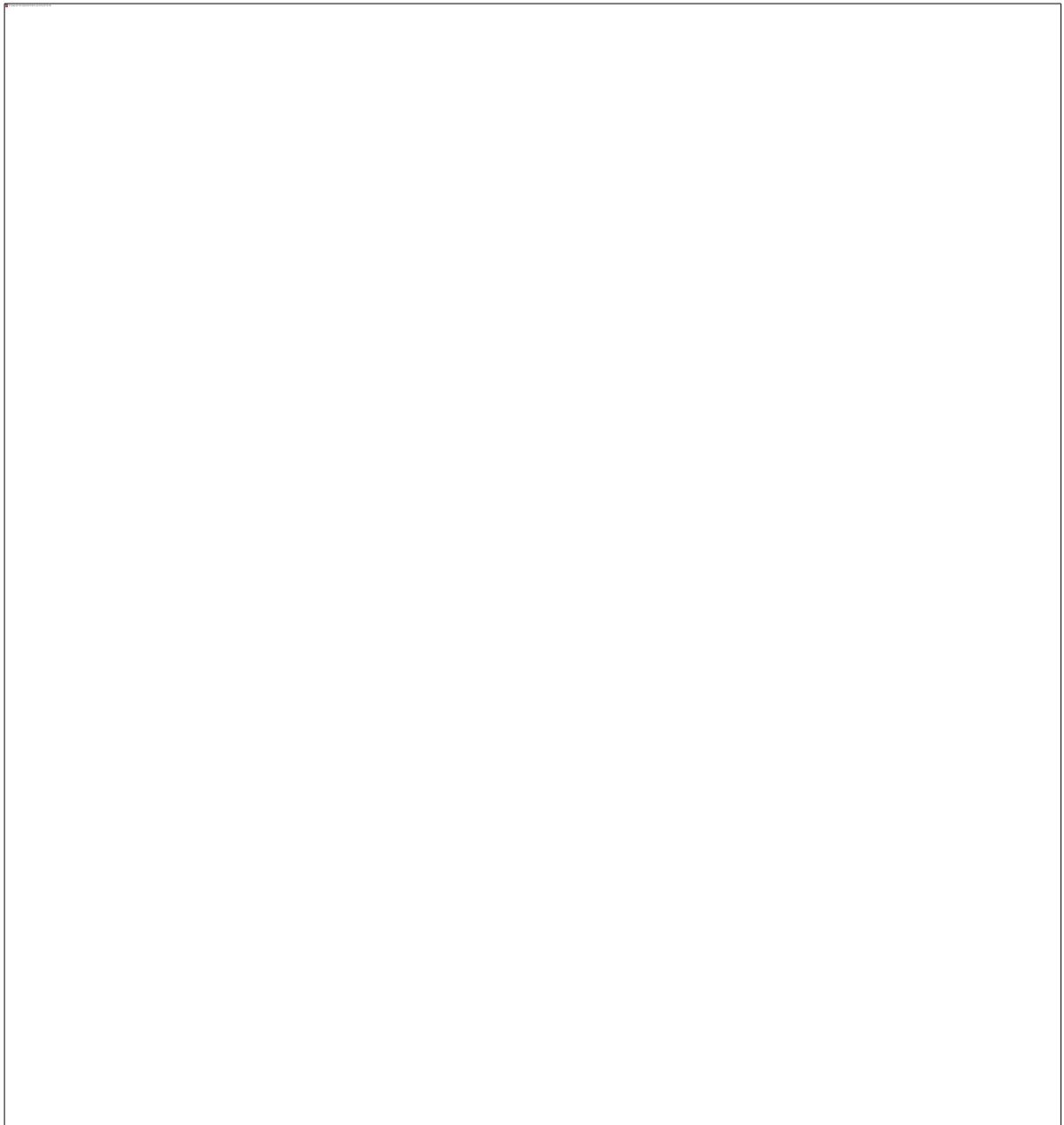
Digitally signed by Linda du Plessis

DN: cn=Linda du Plessis, o=North-West University, ou=Vice-Rector:

VTC, email=Linda.duPlessis@nwu.ac.za, c=ZA

Date: 2015.05.13 14:01:40 +02'00'

APPENDIX B: APPROVAL LETTER FROM COMPANY A





APPENDIX C: INFORMED CONSENT FOR PARTICIPANT



PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM FOR: NURSE MANAGERS OF A SPECIFIC PRIVATE HEALTHCARE COMPANY

TITLE OF THE RESEARCH PROJECT: Resilience of nurse managers in the private healthcare sector in Gauteng, South Africa.

REFERENCE NUMBERS: (NWU-00021-15-A1)

PRINCIPAL INVESTIGATOR: Gertrude Phiri

ADDRESS: School of Nursing Science, North-West University

CONTACT NUMBER: 073

You are being invited to take part in a research project that forms part of my Master's degree in Health service management. I have completed a module in research methodology and experienced supervisors supervise me. I thus have the necessary expertise to conduct this research.

Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no,

this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00021-15-A1)** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

Declaration by participant

By signing below, I agree to take part in a research study entitled: Resilience of nurse managers in the private healthcare sector in Gauteng, South Africa.

I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions to both the person obtaining consent, as well as the researcher and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 20....

.....

Signature of participant

.....

Signature of witness

Declaration by person obtaining consent

I (*name*) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did not use an interpreter.

Signed at (*place*)on (*date*) 20....

.....

Signature of person obtaining consent

.....

Signature of witness

Declaration by researcher

I, Thabisile Gertrude Phiri declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did not use an interpreter.

Signed at (*place*) on (*date*) 20....

.....

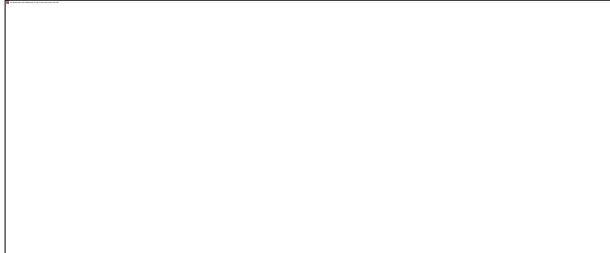
Signature of researcher

.....

Signature of witness



APPENDIX D: INFORMED CONSENT FOR MEDIATORS



PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM FOR: REGIONAL NURSE MANAGERS OF A SPECIFIC PRIVATE HEALTHCARE COMPANY

TITLE OF THE RESEARCH PROJECT: Resilience of nurse managers in the private healthcare sector in Gauteng, South Africa

REFERENCE NUMBERS: (NWU-00021-15-A1

PRINCIPAL INVESTIGATOR: Gertrude Phiri

ADDRESS: School of Nursing Science, North-West University

CONTACT NUMBER: 073

You are being invited to take part in a research project that forms part of my Master's degree in Health Service Management. Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. In addition, your participation is **voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00021-15-A1)** and will be conducted according to the ethical guidelines and principles of the international

Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

Declaration by participant

By signing below, I agree to take part in a research study entitled: Resilience of nurse managers in the private healthcare sector in Gauteng, South Africa.

I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions to both the person obtaining consent, as well as the researcher and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 20....

.....

Signature of participant

.....

Signature of witness

Declaration by person obtaining consent

I (*name*) declare that:

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above

- I did/did not use an interpreter.

Signed at (*place* on (*date*) 20....

.....
Signature of person obtaining consent

.....
Signature of witness

Declaration by researcher

I, Thabisile Gertrude Phiri declare that:

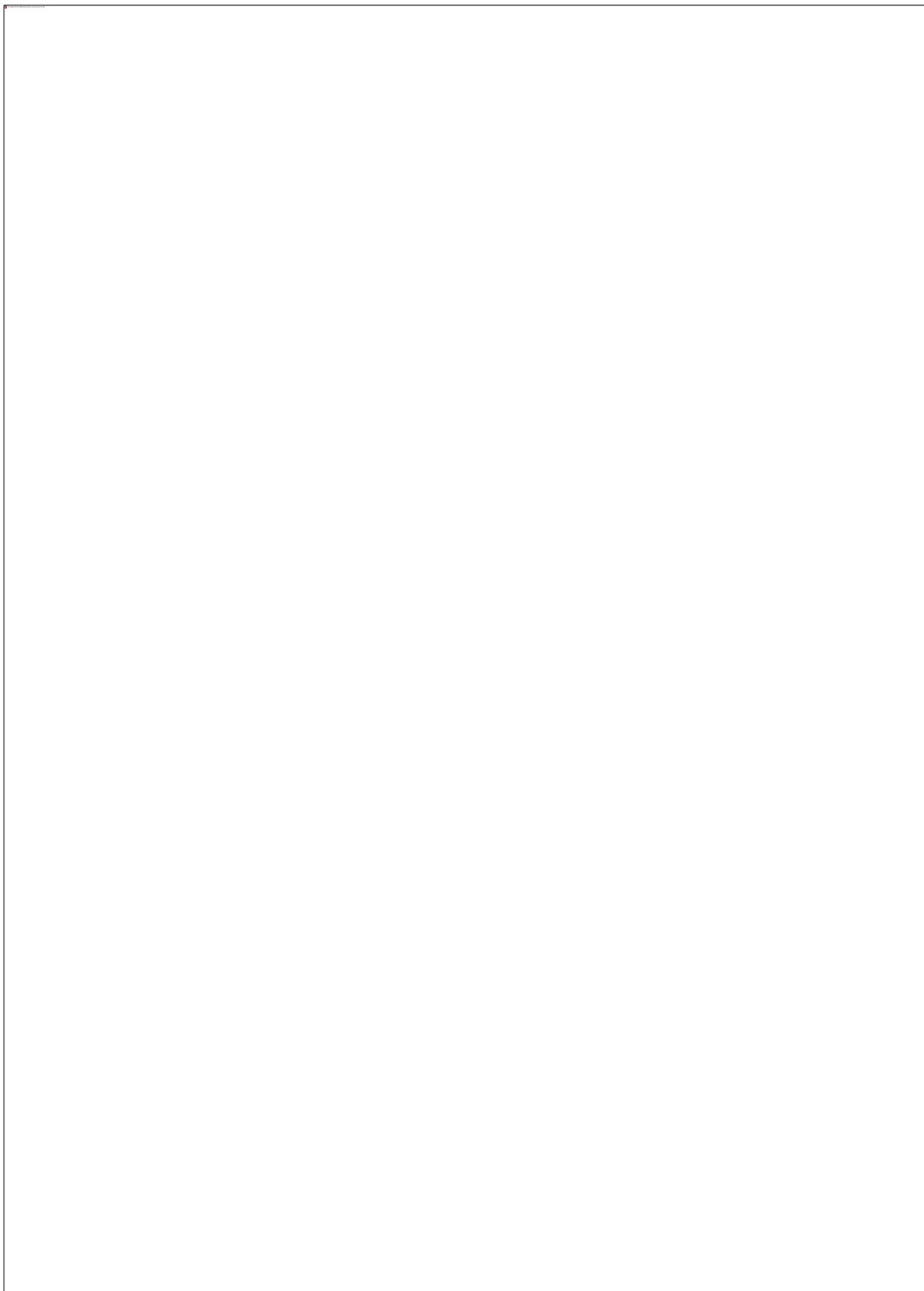
- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did not use an interpreter.

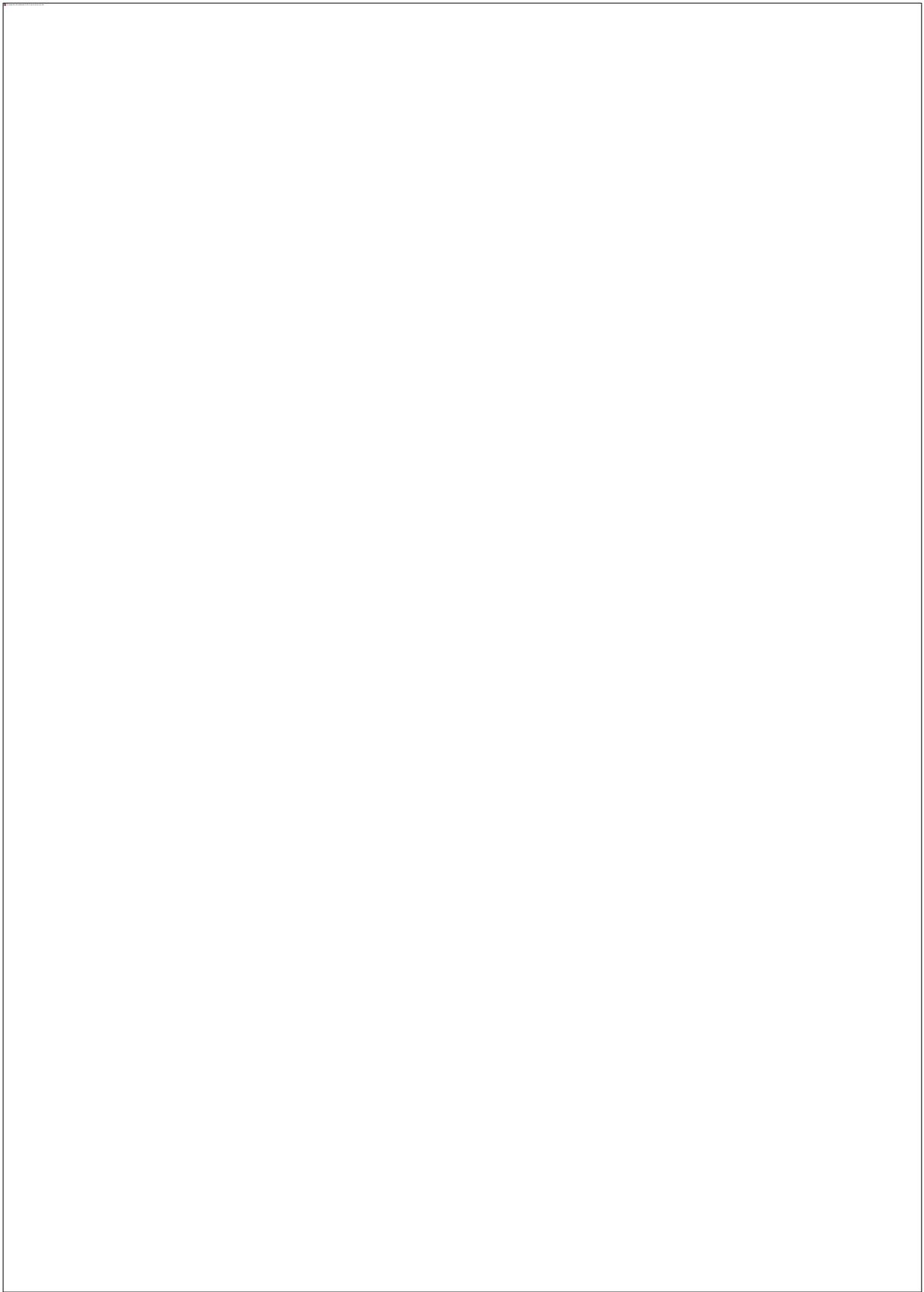
Signed at (*place*)..... on (*date*) 20....

.....
Signature of researcher

.....
Signature of witness

APPENDIX E: CO-CODER INFORMED CONSENT









APPENDIX F: TRANSCRIPTION OF INTERVIEW WITH PARTICIPANT NO. 1

Researcher: Good morning, as previously discussed about my research study” Resilience of nurse manager in a private healthcare company. You have agreed to participate by signing the informed consent. For confidentiality of the study “I am going to call you participant no. 1.

Participant no 1: Good morning, it’s okay and yes I have signed the informed consent.

Researcher: you are free to withdraw from the study if you feel that your private space is violated. There will no punishment against you. “Kindly share with me examples of times when you were resilient during difficult work situations by using your strengths and coping skills” or let’s start by saying how long are you being a nurse manager in this private healthcare company?

Participant 1: I have been a nurse manager for 3 years

Researcher: 3 years in the role

Participant 1: yes,

Researcher: thank you. Kindly share with me examples where you were resilient or you encounter difficult situations and how you have overcome those situations

Participant 1: most recent, there are actually a couple of examples or maybe I must use the recent one. In this year I had 5 unit managers that resigned for a new private hospital that opened in the area. People always think that if there is great exodus of managers is bad management and cause a rumble in the jungle and instability and it causes unsureness from the staff and doctors.

One of the Um’s was from ICU and in December 2014 I did interviews and I had already made an offer in January 2015. One of the doctors called me to tell me that the candidate is going to withdraw because we are not doing enough; I then explained to the doctor that I have been

communicating with the candidate. The next day I received an email from the candidate declining my offer.

I re-advertise the position again. But the unit was not left alone; I had very competent second in charge that ran the unit well. I supported the second in charge all the way. there was always this one physician that thinks he is managing the hospital. This one day I had a Um meeting, the second in charge called me informing me that there are staff members that did not report on duty. I then asked her how can I support you, she said she is fine. While I was busy with the meeting this physician call the marketing manager informing her that I am needed in ICU as there is a crisis.

I then answered that unfortunately I am busy with my um meeting. I am not going to go to ICU and belittled in front of staff. If he wants to see me he can make an appointment to come see me in my office. I am not going to allowed that. The next morning he called again that he is demanding my presence in ICU or am I crippled must he send a wheelchair to come and fetch me? I replied to the marketing manager that tell the doctor that I am not crippled , if he wants to see me he is got my number he can phone to make an appointment with me in my office. He knows where my office is.

Researcher: if I can stop you there what make you to respond like that, that he can come to see you in your office?

Participant 1: out of experience, not to protect yourself but you know how doctors are, they want you in the unit in front of staff to break you down and belittle you. I think us as nurse managers have a right to protect ourselves. I think it's better to meet each other on mutual ground not in the unit. Why must I go to the doctor, he wants to see me. I also learned this from experience as well. After two days he called me that I must come see him in his office when I arrived he said to me he has been waiting for me for two days in ICU, I also said to him that I have been waiting for him for two days in my office as well. I asked him what were his frustrations and he said that there was a crisis in ICU, he needed me to go and make beds with the staff and support the. I then said to him clearly doctor you don't know what the role of a nurse manager is. I explain to him that I'm the nurse manager.

Researcher: how did he take that?

Participant 1: he then said that I am not his enemy and he is not fighting with me. I then said to him I'm also not fighting with him; he must stop picking on me as he always busy with me.

Researcher: in terms of your experience you have got a way of handling difficult situation, how do you handle a situation that is unresolvable?

Participant 1: we learned again through i-Leap, that you need to go back and do self-introspection. How can I handle the situation differently? What can I change in my behaviour, what I can change in the hospital, how can I lessen the doctors frustrations? What I have learned, is that you go and listen and let them vent and rave and go on. Then afterwards you inform him that I will investigate, put improvement strategies in place and provide him with feedback. I will sometimes go to the hospital manager and discuss a difficult situation and to bounce it back with him.

Researcher: let's now focus on your role as participant no 1, with support from your superiors, from the company at head office, were you given guidelines and were you inducted?

Participant 1: the Regional nurse manager supported me when I started here and she inducted me for 3 months. When I started here 3 years ago I got no support from the previous hospital manager, no support from previous human resource manager, no support from pharmacy manager. I really felt unwelcomed, not wanted and alienated. The first year in this place was the roughest year ever. There were lots of conflicts between the hospital manager and the human resource manager, they were doing things behind my back. The regional nurse manager trained me on the nursing cost and the trading review. Within my first year we had a million stock losses in theatre and I was new in this place so I had to investigate. I had to give answers in conjunction with the pharmacy manager. We were summoned to head office to go and answer and I was still new in this facility

Researcher: you have already said how the whole situation made you felt, the regional nurse manager was the only person that supported you. In terms of relationships how did you build the relations with the key role players in the hospital especially the human resource manager?

Participant 1: I went all out from my side to build the relationship, as saw that we cannot function in silos. So when I needed some information or assistance, I called to make the appointment so I could be assisted. I went to the pharmacy manager as well to understand the stock management in this facility as well and with all the reports that I needed to write as well. Things eventually changed, but I had to work hard from my side to gain their trust and to build the relationship. If they can do more induction it will be better.

Researcher: any information that you would like to add please feel free

Participant 1: as nurse managers you are the meat in the sandwich, you are pressed from the bottom and the top. I think sometimes we are the forgotten ones. Who cares for us? We care for everybody and no one cares for nurse managers. we just need to always be strong and always have a smile in our face, we need to function. I think they need to have a programme to care for nurse managers. There are monthly programmes for staff, employee of the month, care of the year, golden awards for staff. What is there for nurse managers, there is nothing; there is just never a thank you. When you struggle everybody knows about it, and when you do good no thank you from head office.

Researcher: how does that made you feel?

Participant 1: what am I doing here? Everyone wants to feel appreciated. There is lots of pressure and everything is nursing. Nursing is overloaded. All the projects in the company are nursing. They really need to have programmes to support nurse managers. Appreciate nurse managers. Involve nurse managers with projects before making decisions on their own

Researcher: thank you for your time, and keep well

Participant 1: thank you



APPENDIX G: FIELD NOTES FOR PARTICIPANT NO. 1

Methodological notes

The interview took place at the participant's office after the researcher was granted an appointment. The office had an air conditioning system, and there were two big windows for sunlight. There were two tables in the office, one with the participants' computer and telephone (work station) and the other one was at the corner of the office, which is the one we utilised. The recorder was placed on the table with a book and a pen for the researcher to take field notes.

Observatory notes

The researcher went to the participant's office as per appointment on the 26th of August 2015. Participant no.1 was a lady wearing her full uniform, navy pants and white camisole and a blue jacket with her name tag and her maroon epaulettes. Participant no.1 welcomed the researcher and offered her coffee. Participant no.1 looked relaxed and confident. The researcher introduced herself.

Theoretical notes

The researcher then asked participant no.1 if she is ready to start with the interview, and the answer was yes. The question was posed to participant no1, the interview started with a broad open-ended question "Kindly share with me examples of times when you were resilient during difficult work situations by using your strengths and coping skills. Participant no.1, responded by saying that she will start with the most recent. She further said actually she had couple of examples, the first one it is when five unit managers resigned in her hospital, and everyone was talking saying its bad management and causes instability. She did manage to replace the ones that left. She further mentioned that she did not have any support from her hospital manager.

Descriptive notes

Participant is 3 years in the role of a nurse manager in this private company A.

In December 2015, 5-unit managers resigned as it causes instability in the hospital. She battled to get replacement for the ICU unit manager. Eventually an offer was made, and was waiting for approval from Head office. Was struggling with the doctors they were unhappy and the candidate withdrew her application and decline our offer. I had to re-advertise; in the meantime, a competent second in charge was managing the unit.

One of the doctors called me to go and see him in the ICU, out of my experience I did not go, and asked him to make an appointment. He wanted to break me in front of the staff. I have learned through my experience that I also need to protect myself. The doctor needs to make an appointment. At the end when we eventually met, and he informed me that he was expecting me to make beds in the unit. I then explained to him my role as a nurse manager in the hospital.

As a nurse manager you need to go and sit down, and look what can you change in your behavior and how can you lessen the doctors' frustrations. You need to listen and give them feedback.

3 years ago, the Regional nurse manager supported me –and gave me a mini induction on the financial part. I had no support from the hospital manager, no support from the pharmacy and human resource manager as well. I felt unwelcome and alienated, the human resource manager did not like me and he did things behind my back, that I did not know about. My first year was the roughest year ever in my life. I had a million stock loss in theater which I needed to provide explanations at head office and I did not understand the company's' pharmacy procedure. So they can more specific inductions from other department and it will help as well.

Not once did the hospital manager sat with me and I did not know my expectations, then I decide to went all out from my side to build relationship with the hospital manager, the pharmacy manager and human resource manager. I had to work hard to gain their trust.

As a nurse manager you we are meat in the sandwich, you are pressurised from both sides, no one care for us. We just always need to be strong. A program to support nurse managers can be implemented, as we are forgotten ones. What is there for nurse managers, no thank you and nothing from head office either. Sometimes it makes us feel unwanted. Everybody wants to be appreciated, as there too much pressure and we don't feel appreciated. Everything is nursing and all the project as well before a project start they need to involved nurse managers. They do not involve do not nurse managers on anything; they need to take it slowly.

Thank you.