

Resilience characteristics in nurses working for the South African National Blood Services

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Dissertation submitted in partial fulfilment of the requirements
for the degree *Magister of Nursing Science* in
Health Service Management at the
North-West University

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November 2017

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ACKNOWLEDGEMENTS

All praise and thanksgiving to God Almighty for his love and grace, and for giving me the ability and strength to persevere through challenges during this journey. He is always the same. Jeremiah 29:11: “‘For I know the plans I have for you,’ says the Lord. ‘They are plans for good and not for disaster, to give you a future and a hope.’”

I would like to thank the following people who supported me through on journey and made it possible for me to persevere by encouraging and supporting me making it possible to complete my studies:

- My supervisor and mentor Professor Emmerentia du Plessis who guided, supported, and encouraged me. Your calm spirit always gave me the comfort and reassurance that I needed, you were always available throughout my journey.
- The participants who took part in this study, who shared their time and experiences during data collection. Without your willingness and help, this study would not be possible.
- My second interviewer, Christel Bornman, for offering your time and experience to make this study possible.
- My brother Herbert, you were always there and available to help me with children and in many other ways that made this journey easier. I love and appreciate you.
- My mother and second mother and support Jeanette Mafaro and Ous Maria, my children are like your own. I could travel and stay up late, you were always there at the right time. Thank you for your love and support.
- My colleagues and friends, your continuous support and encouragement made such a huge difference, I thank you.
- My two precious gifts from God, my children, I always pray that I raise you in the ways of the Lord and that you will stay close to him. Your unconditional love and care made this easier. You gave me a reason to persevere so I can be an example to you.
- To my family for support and love.
- Last, but not least, to the shelter and rock of our family, my husband. Thank you for your support, encouragement, patience and love during this journey with all the challenges and life happening at the same time. I hope I made you proud. I love you.

ABSTRACT

Key words: resilience, characteristics, nursing, phlebotomy nurse.

The South African National Blood Services (SANBS) has to collect 3000 units of blood every day to ensure sufficient safe blood supply for South Africa. This blood is collected from voluntary non-remunerated donors. The working environment of the phlebotomy nurses working for the SANBS is completely different from nurses in other disciplines and requires a specific set of characteristics to ensure that they are resilient in their work place. Numerous studies have been conducted about resilience within different nursing disciplines. However, no studies have been conducted with regard to the resilience or characteristics that this specific nursing group needs for their specific working environment.

The purpose of the study was to explore and describe the perceptions that nurses working for SANBS have of the characteristics they would need to be resilient in their specific working environment. The data collected during this study enabled and guided the researcher to formulate recommendations that can be used by nurses who work or want to work for the SANBS. A qualitative descriptive inquiry method was used for this study.

The population comprised of enrolled nurses and registered nurses working for the SANBS as phlebotomy nurses. Individual semi-structured interviews were conducted with a sample of 12 participants to collect data. This ensured data saturation. Concurrent descriptive data analysis was conducted. Four themes and related sub-themes were identified. The main themes relate to working for the SANBS as a phlebotomy nurse, participants' understanding of resilience, characteristics a nurse need to remain resilience when working as a phlebotomy nurse and environmental and service related factors that influence resilience.

The conclusions address participants' transition from other work environments to the SANBS; the characteristics needed to be resilient in the SANBS work environment; and the characteristics displayed during challenges in the working environment. Recommendations were formulated for nursing practice, nursing education, and nursing research to improve the resilience of nurses working for the SANBS.

OPSOMMING

Sleutelwoorde: veerkragtigheid, eienskappe, verpleegkunde, flebotomie-verpleegkundige.

Die Suid-Afrikaanse Nasionale Bloeddiens (SANBD) moet 3000 eenhede bloed per dag insamel om te verseker dat daar genoeg veilige bloed is vir Suid-Afrika. Die werksomgewing van die flebotomie-verpleegkundige wat vir die SANBD werk verskil van dié van verpleegkundiges in ander dissiplines en vereis 'n spesifieke stel eienskappe om veerkragtigheid in die werksomgewing te verseker. Verskeie studies is al onderneem om veerkragtigheid binne verskillende verpleegdissiplines te ondersoek. Geen studies is egter beskikbaar oor die eienskappe wat hierdie spesifieke groep benodig vir veerkragtigheid binne hulle spesifieke omgewing nie.

Die doel van die studie was om die persepsies wat verpleegkundiges wat vir die SANBD werk het van die eienskappe wat hulle benodig om veerkragtig te wees in hulle spesifieke werksomgewing te toets. Die data wat ingesamel is gedurende die studie het die navorser in staat gestel om aanbevelings te formuleer vir verpleegkundiges wat vir die SANBD werk, of wil werk. 'n Kwalitatiewe beskrywende ondersoekmetode is vir hierdie studie gebruik.

Die populasie het bestaan uit ingeskrewe en geregistreerde verpleegkundiges wat vir die SANBD werk as flebotomie-verpleegkundiges. Individuele semigestruktureerde onderhoude is gevoer met 'n steekproef van 12 deelnemers om data in te samel. Dit het data-saturasie verseker. Gelyklopende beskrywende data-analise is uitgevoer en vier temas en verwante subtemas is geïdentifiseer. Die hooftemas het betrekking op werk by die SANBD as 'n flebotomie-verpleegkundige, deelnemers se begrip van veerkragtigheid, die eienskappe wat verpleegkundiges benodig wanneer hulle as flebotomie-verpleegkundiges werk, en omgewings- en diensverwante faktore wat veerkragtigheid beïnvloed.

Die gevolgtrekkings spreek deelnemers se oorgang van ander werksomgewings na die SANBD aan, asook die eienskappe wat hulle benodig om veerkragtig te wees gedurende uitdagings binne die werksomgewing. Aanbevelings is geformuleer vir verpleegpraktyk, verpleegopleiding en verpleegnavoring om die veerkragtigheid van verpleegkundiges wat vir die SANBD werk te verbeter.

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CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION

This study focuses on the perception of nurses working for the South African National Blood Service (SANBS) of the type of characteristics they would need to be resilient in this working environment. In this working environment, the clients that the nurses deal with on a daily basis are not sick like in other disciplines of nursing where nurses require different characteristics to stay resilient.

The following is discussed in this chapter: the background, problem statement, research questions, research objectives, research methodology, measures to ensure rigor and ethics considerations.

1.2 BACKGROUND

In my own experience as a registered nurse working for the SANBS, nurses at the SANBS work under strenuous and stressful working conditions on a daily basis. This is due to factors such as heavy workload, long working hours, collection targets, long travel distances, and the supervision and training of non-professional staff members at clinics. Due to these pressures, there is a high staff turnover, high absenteeism and a low morale among staff members (SANBS HR, 2013). However, there are staff members who have been working for the service for years and continue to be passionate and committed to their jobs. This is possibly indicative of a difference between nurses who have the resilience that is needed to persevere in their jobs and to stay passionate about it, and those choosing to leave the service (Koen *et al.*, 2011:103).

The SANBS has to collect 3000 units of blood daily to ensure that there is sufficient and safe blood supply for South Africa (SANBS, 2012, SANBS, 2014). There must be at least three days' worth of bloodstock to avoid blood shortages (SANBS, 2012). Phlebotomy nurses have to visit businesses, rural areas across South Africa, and fixed blood donor centres using mobile clinics to ensure that there is sufficient blood supply for South Africa. In an effort to ensure that they reach their goal, they often have to work at hours that are convenient for the blood donors and they have to travel to the donors

(SANBS, 2012). These are all factors that lead to strain, stress and burnout, as well as absenteeism among nursing staff (SANBS, 2012).

Burnout and stress are some of the leading contributors of high staff turnover and low morale among nurses (Edward & Hercelinsky, 2007:240; Barr, 2017:214-222). Burnout and stress can ultimately also influence the quality of the nursing care that nurses render to patients. Stress is a factor that is normally associated with nursing due to the ever-changing challenges that nurse's deal with, such as high work volumes and long hours (Edward & Hercelinsky, 2007:240, Hart *et al.*, 2012:721; Kikuchi *et al.*, 2014:426-427). Stress at work can influence the physical and mental health of nurses (Grafton *et al.*, 2010:698, Hart *et al.*, 2012:721; Kikuchi *et al.*, 2014:426-427). Studies have shown that nurses display very high levels of emotional exhaustion, which is caused by physical and psychological stress factors in their workplace. Another contributing factor is excessive demands and work responsibilities like management, finances, changing working conditions, long working hours and priority conflicts (Garcia & Calvo, 2011:102; Puerto *et al.*, 2017).

There is a need for nurses to find ways of coping with stress factors so that they can be resilient and can avoid burnout in the workplace. If this were achieved, there would be lower staff turnover and higher staff morale among nurses (Hart *et al.*, 2012:721). No research could be found on phlebotomy nurses working for the SANBS regarding their working conditions and morale. In a preliminary literature overview with the assistance of an information librarian, the researcher found that there are also almost no studies on an international and national level about nurses working in blood collection services in connection with stress and/or resilience. Similarly, the study done by Koen *et al.* (2011) shows that at the time, no South African guidelines were available that could assist nurses to enhance their resilience.

Resilience derives from the Latin word *resilia*, meaning "to leap back" (Echterling & Stewart, 2007:192). Resilience consists of a range of characteristics that make up the individual's ability to express positive adaptation (Grafton *et al.*, 2010). Resilience is also seen as an internal force within an individual that can lead to positive stress response (Mealer *et al.*, 2012). Nurses who have resilience are better equipped to cope with the stress that comes with their job (Koen *et al.*, 2011:103).

Resilience, as described by Kaplan (1999) and Landon (1993), includes hope, optimism, coping, and self-efficiency, a sense of coherence, mental health and well-

being. Other characteristics that also play a role in building resilience are joyfulness, having dreams, hope, forgiving, self-respect, perseverance, overcoming obstacles, self-reflection, self-control, self-discipline, being passionate, being flexible, and confidence (Koen *et al.*, 2011:104; Lowe 2013:53). Other traits related to resilience are empathy, positive self-image, self-reflection and adaptability (Pine *et al.*, 2011:1483-1484). All these traits and many others can equip nurses to be more resilient in the work place and to cope better with stressful work situations (McAllister *et al.*, 2008:373). Nurses who possess these traits normally stay in the job and have a passion for what they are doing.

More such traits include adaptability, positivity, and cognitive flexibility. Nurses who apply adaptability have better problem solving skills in the work place (Gillespie *et al.*, 2009:969). Positivity is also another characteristic that, if applied, can make a difference in the work experience of nurses and patients (Jackson *et al.*, 2007:6). A positive approach can be linked to an optimistic attitude, which can help in difficult situations. A positive attitude can also improve the health and well-being of nurses. Cognitive flexibility leads to optimism, self-care, emotional health, coping skills, optimism, finding resilient role models, social networking and developing a set of moral behaviours.

Self-reflection, which is also one of the traits of resilience, can at times teach nurses how to acquire other traits of resilience. Self-reflection allows nurses to reflect on why it is that they behave in a certain manner under certain circumstances (Edwards *et al.*, 2010:241). Self-reflection also enables nurses to reflect on how they responded to changes, stress or a situation in workplace. This enables them to reflect and find solutions and ways of coping better and reacting differently (Edwards *et al.*, 2010:241-242).

Numerous studies with regard to resilience have been done with nurses practicing in different fields, namely with student nurses, operating room nurses, ICU nurses, and oncology nurses. Each of these studies highlights the type of resilient characteristics nurses need to cope in their specific environment (Hodges *et al.*, 2008:80-81, Matos *et al.*, 2010:308-311). Studies conducted by different researchers about professional nurses highlight the different characteristics needed and the importance of resilience among nurses. Jackson *et al.* (2007) found that nurses could influence and develop their own personal resilience, which helps them to cope with their working conditions better. Resilience among nurses was further explored by Koen *et al.* (2011:103-119),

where it was found that strengthening certain characteristics of resilience in nurses makes them less vulnerable to stress and burnout in their work environment. Koen *et al.* (2011:103) further show the difficult working conditions of nurses and provide guidelines to enhance resilience among nurses. They developed guidelines such as pride and professional integrity in nurses, a positive support system, positive appraisal and environmental support.

A further study is that of Gillespie *et al.* (2007:428-429), who found that operating room nurses work in very clinical and specialized environments and that comes with various stressors relating to the type of nursing they do. This study shows the different resilience qualities that this nursing group has to have to enable them to cope in their specialized working environment. Characteristics like hope, self-efficiency, coping, workplace culture, age and education can be used in future to create a model for resilience for operating room nurses that use effectively. Characteristics such as age, experience and education levels were also studied by Gillespie *et al.* (2007:428-429) to further examine other resilience aspects to improve the coping skills of operating room nurses. They found in this study that personal resilience traits are not the only answer for operating room nurses and should not be looked at in isolation, but that the work environment should also be taken into consideration.

A number of studies have also been done on the type of characteristics that nurses that work in oncology units should have to cope with the unique challenges they face on a daily basis. Grafton *et al.* (2010:700-702) found that certain resilience characteristics and the development and understanding of such characteristics can help oncology nurses to better cope with stressors in their particular working environment, namely hardiness, coping, self-efficacy, optimism, patience, tolerance, faith, self-esteem and sense of humour. Resilience among paediatric oncology nurses was also studied by Zander *et al.* (2011). In the study, the researchers looked at strategies that can be used to promote resilience development in this particular nursing group to improve their working conditions and coping skills, such as self-care indulgences, personal rituals and emotional management (Zander *et al.*, 2011).

1.3 PROBLEM STATEMENT

It is obvious that the workplace in nursing can be characterised as a strenuous work environment with a high staff turnover (Grafton *et al.*, 2010: 698; Puerto *et al.*, 2017:2895). Research by Koen *et al.* (2011:103) shows that nurses feel emotionally

overloaded and due to low job satisfaction, many leave the profession. However, there are still those who choose to remain in the profession and their characteristics of resilience may play a role in this regard. Mealer *et al.* (2012:1446), for example, highlight how nurses in ICU units manage to cope with stressors in their work environment by applying resilient characteristics in their work place and they remain in the profession.

Numerous studies with regard to resilience and resilience characteristics have been done in different nursing sectors, such as with midwives (Foureur *et al.*, 2013:114) and ICU nurses (Rice *et al.*, 2016:326-327), but none have been done with phlebotomy nurses who work for blood collection services such as the SANBS, even on the international front. These nurses also work in a unique, strenuous environment and because their clients are also unique – they are voluntary non-remunerated donors – there is a need to identify what type of characteristics they need or have that contribute to their resilience in their workplace.

The type of people (patients or clients) phlebotomy nurses in SANBS work with are different from patients that other nurses work with in the sense that they are healthy, voluntary, non-remunerated blood donors, which makes the type of working environment different than that of other nurses who were studied. The phlebotomy nurses have collection targets that they must meet to ensure that there is sufficient blood available for health care services. They have to ensure that they are accessible and available for blood donors and such factors lead to strenuous working conditions. Their jobs do not only deal with the actual nursing procedure of phlebotomy for blood collection and donor care and medical assessment of donors, they also have to do continuous education and marketing to ensure that they get enough donors. If they get enough donors, the mission of SANBS can be reached, which is to provide sufficient safe blood products to health care services. This nursing group is unique and a very important part of a health care service that is important in health care and not many studies have been done about them compared to other nursing groups, specifically regarding their resilience. Resilience characteristics may help these nurses to remain in their workplace and even flourish in their work environment (Grafton *et al.*, 2010). However, it is not known what phlebotomy nurses' perceptions are regarding characteristics that can help them to remain resilient.

1.4 RESEARCH QUESTION

The following research question was formulated based on the problem statement and from an explorative viewpoint:

- What are the perceptions of phlebotomy nurses working at SANBS about characteristics they need to be resilient in their work environment?

1.5 RESEARCH PURPOSE

The purpose of the study was to explore and describe the perceptions of phlebotomy nurses working at SANBS of characteristics they need to be resilient in their work environment.

1.6 PARADIGMATIC PERSPECTIVE

The paradigmatic perspective is the researcher's view about research and the research world. It consists of meta-theoretical assumptions, theoretical assumptions and methodological assumptions (Botma *et al.*, 2010:187).

1.6.1 Meta-theoretical assumptions

Meta-theoretical assumptions describe the world as seen by the researcher. This includes the researcher's view about man, environment and health within this research and as a whole (Botma *et al.*, 2010:187).

1.6.1.1 Man

The researcher sees man as a holistic being created in the image of God. Man consists of physical, spiritual and social components, which function as one. In this research, man refers to the phlebotomy nurses working for SANBS. The researcher believes that the man in this study is unique and with characteristics of resilience, he/she would be able to function and work optimally in their specific working environment.

1.6.1.2 Environment

Environment refers to a place in which a person works and lives. The environment has an impact on the health and well-being of a person. The researcher agrees with Florence Nightingale's view that a "difficult environment leads to poor health and

disease,” and that “the natural laws would allow healing to occur” (Selanders, 2010:81). In this study, the environment is the SANBS work environment. It is the place where the phlebotomy nurses must do their daily duties. The researcher believes that the environment in which the phlebotomy nurses work poses challenges to their resilience and requires of them to have characteristics of resilience that they must apply daily to be able to cope in this environment.

1.6.1.3 Health

The World Health Organization defines health as a state of complete physical, mental and social well-being and not only the absence of illness and disease (WHO, 2006). The researcher realizes the importance of complete health for phlebotomy nurses to enable them to be productive and happy in their working environment. Man, environment and health cannot be separated, they function together to ensure a holistic human being.

1.6.2 Theoretical assumptions

Theoretical assumptions in this study consist of a central theoretical statement and conceptual definitions. The central theoretical statement of the study is discussed below followed by the conceptual definitions.

1.6.2.1 Central theoretical argument

The exploration and description of the perceptions of phlebotomy nurses working at the SANBS of characteristics they need to be resilient in their work environment will provide the necessary insight to address the research gap. The research gap entails the fact that although research has been done with regard to the resilience of nurses in different settings and context, no research could be found on nurses in this specific setting. Because the work environment may require phlebotomy nurses to have specific characteristics to be resilient, this research may contribute to the existing body of knowledge through exploring and describing such characteristics. Based on the findings of the research, recommendations for nursing practice, education and further research may be formulated with regard to the resilience of phlebotomy nurses working at SANBS.

1.6.2.2 Definition of concepts

The key concepts of this study are resilience, characteristics, nursing and phlebotomy nursing.

1.6.2.2.1 Resilience

According to Grafton *et al.* (2010:698), resilience can be defined as an innate energy or motivating life force present to varying degrees in every individual, exemplified by the presence of particular traits or characteristics that, through application of dynamic processes, enable an individual to cope with, recover from and grow as a result of stress or adversity. In this research, resilience refers to the phlebotomy nurse's ability to cope under strenuous working conditions.

1.6.2.2.2 Characteristics

Characteristics are the qualities or features that belong to a person and makes him or her recognizable; or is something that is typical of a person, and a distinguishing quality, attribute or trait (Collins English dictionary, 2017:online). In this research, characteristics refer to the traits those nurses possess that strengthen their resilience and enable them to cope with difficulties at work. These characteristics are traits that can be formed during childhood and also during adult life through experiences, training and exposure to certain characteristics (Hart *et al.*, 2014:722-734).

1.6.2.2.3 Nursing

The International Council of Nurses (ICN) (2009) defines nursing as follows: nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well, and in all settings. Nursing includes the promotion of health, prevention of illness and care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participating in shaping health policy and in patient health systems management, and education are also key nursing roles (Mellish *et al.*, 2010:14). In this research, nursing refers to registered and enrolled nurses doing phlebotomy nursing at SANBS.

1.6.2.2.4 Phlebotomy nursing

A nurse or other health worker trained in drawing venous blood for testing or donating (Free Dictionary, 2017).

In this research, the phlebotomy nurses are the registered nurses and enrolled nurses working for SANBS.

1.6.3 Methodological assumptions

The researcher agrees that research should be characterised by the strategy of identifying a research problem, a research design, and by data collection and analysis (Burns & Grove, 2009:223). This requires planning and conducting the research using scientific principles. This process should consist of the following: conceptual phase, research design, analysis and interpretation of data (Botma *et al.*, 2010:38-39). It also should include the communication and dissemination of findings.

This view guided the researcher to follow a scientific process with sequential phases. During the first phase, the researcher formulated the research problem and questions and conducted a preliminary literature review to get scientific information about the identified research problem and questions. During the second phase, the researcher chose the most appropriate design, namely a qualitative descriptive inquiry, to ensure that data collection would be suitable for the study and to enable the researcher to accomplish the purpose of the study. This included a suitable population and sample, namely phlebotomy nurses working at the SANBS in the Free State and Northern Cape.

The third phase was data collection. The researcher used methods that ensured that the relevant data were collected to answer the research question. In this study, the researcher used individual semi-structured interviews and field notes until data saturation had been reached. The final phase is the analysis of the data and writing of findings and recommendations. In this study, four main themes were identified with sub-themes. Limitations were noted and recommendations were formulated. The research findings will be disseminated in feedback sessions to the participants and in a scientific journal article.

1.7 RESEARCH METHODOLOGY

The research methodology, which consists of the research design and method, are briefly discussed. An in-depth discussion is provided in Chapter 2.

1.7.1 Research design

A qualitative study was appropriate to explore the perceptions of phlebotomy nurses working at SANBS of characteristics that help them to be more resilient at work. A qualitative study was chosen because very few studies have been done about this specific nursing group and about the characteristics that they need to be more resilient at work (Creswell, 2009:18).

More specifically, a qualitative descriptive inquiry (Botma *et al.*, 2010:191) design was used because a specific nursing group's view with regard to the characteristics they need in their specific context to be more resilient were explored and described. The researcher took this research approach to discover the participants' perceptions and their input on what they think is needed based on their experiences in their unique context, namely being a phlebotomy nurse working for the SANBS.

1.7.2 Research method

The research method is discussed, namely the population, sampling, data collection and data analysis.

1.7.2.1 Population

The population in this study consisted of enrolled nurses and registered nurses who have been working in branches in a specific zone of the SANBS for a period of longer than a year. These zones are in the Free State and the Northern Cape, representing urban and rural areas. These branches are also a representation sample of other SANBS branches nationally and the staffing structure of the SANBS. These branches were chosen because the researcher could collect data that would be representative of other branches in SANBS without having to travel nationwide. For future studies, other branches can be included.

1.7.2.2 Sampling

Sampling was done to select a group of people who could be studied by the researcher that would best represent the phenomena studied (Rossouw, 2003:1080). Purposive sampling was used, which refers to select individuals who understand and have knowledge about the phenomena and have experienced it being studied (Creswell, 2009:214). The individuals in the sample also have unique knowledge about the

questions of the research (Brink *et al.*, 2012:141). Purposive sampling is effective in studies where individuals in the sample selected by researcher are information rich (Grove *et al.*, 2013:364), as is the case in this study. The sample criteria used were to ensure that data saturation would be achieved. The sample criteria are further discussed in Chapter 2 together with the criteria that had to be met. Mediators were involved to recruit participants and to obtain informed consent.

1.7.2.3 Data collection

Data collection is discussed by referring to the data collection method, the role of the researcher and recruitment. Two interviewers conducted the interviews, namely the researcher and an independent interviewer. This is because the researcher in the study is the manager of one of the branches in the Free State province and the independent interviewer was requested to conduct the interviews in this branch. This eliminated any researcher bias that may have occurred.

Limited research has been done with this specific nursing group with respect to their working conditions and the characteristics that are needed for them to be more resilient. Therefore, semi-structured individual interviews were used to collect data. This method was used because the researcher wanted to know more about the perceptions of this specific nursing group in their unique context (Rossouw, 2003:148). The researcher wanted to gain an understanding of the specific nurses' perceptions regarding the phenomenon and semi-structured individual interviews enabled the researcher to get optimal information from participants (Botma *et al.*, 2010:149). The interviewers encouraged the participants to answer using methods such as nodding of the head and encouraging them to elaborate by means of clarification, paraphrasing and summarising (Burns & Grove, 2011:270). The questions that were asked were planned beforehand were based on expert information to ensure that they were appropriate and relevant to the specific study (Botma *et al.*, 2010:207) (see Chapter 2 for details).

The interviewers in the study made use of audio recorders and made notes during the interview (see Appendix F). This helped to ensure accuracy as the recordings could be transcribed (Botma *et al.*, 2010:214). It also allowed the interviewer to focus more on the interview being conducted (Botma *et al.*, 2010:214).

1.7.2.4 Data analysis

Data analysis can be described as a process where the researcher tries to make sense of all the data that have been gathered (Botma *et al.*, 2010:220). A descriptive approach was followed in data analysis (Creswell, 2009:184). The first step was to organize, anonymize and manage the data that had been gathered (Creswell, 2009:184). The data gathered from the audio-recorded interviews was transcribed by the researcher. This provided written records of the data, but also served as a way of immersing herself in the data. The analysis used was thematic analysis based on the type of study.

The research supervisor is not familiar with the context of the SANBS as a work environment and could therefore act as an independent co-coder. There was a consensus meeting between the researcher and the supervisor as co-coder to correlate and validate the data collected and the data analysis.

1.8 MEASURES TO ENSURE RIGOUR

Rigour was ensured by applying trustworthiness strategies as explained by Lincoln and Guba (1986:73-84), such as truth-value, applicability, consistency and neutrality. The applications of these principles are discussed in more detail in Chapter 2.

1.9 ETHICS CONSIDERATIONS

Research ethics should be an integral part of the research process and the principles should be applied (Botma *et al.*, 2010:4). The researcher of this study applied the following principles as prescribed by the National Health Research Ethics Committee (DOH, 2015) during this study:

Ethics approval was obtained from the Health Research Ethics Committee, Faculty of Health Sciences, North-West University, Potchefstroom Campus (reference number NWU-00007-16-A1) (see Appendix A). Permission to conduct the research was obtained from the national donor manager of SANBS (see Appendix B). The results of the study will be shared with SANBS by means of submission to the SANBS research and development committee with findings and will also be submitted to research committee for possible presentation at an SANBS Transfusion Congress.

The participants' right to respect was ensured in that the researcher assured them that they could decide to participate in the study on a voluntary basis and would be

respected if they declined to participate (Brink *et al.*, 2012:35). The researcher also ensured that no harm was caused to the participants and that they were not exposed to physical, emotional and spiritual discomfort (Brink *et al.*, 2012:36). The selection process of participants was done in a fair and just manner. They were chosen because they can contribute to the study and not because they may have been easily manipulated (Brink *et al.*, 2012:36-37). Informed consent was obtained from participants. The application of ethical principles is discussed in more detail in Chapter 2.

1.10 CHAPTER OUTLINE

The dissertation is structured as follows:

Chapter 1: Overview of the study

Chapter 2: Research methodology

Chapter 3: Discussion of research findings and literature integration

Chapter 4: Conclusion, limitations and recommendations

1.11 SUMMARY

Chapter 1 covered the background, problem statement, research question, research purpose, paradigmatic perspective and outline of the research design and method. Measures to ensure rigour and ethical considerations were also briefly discussed. In Chapter 2, the research methodology is discussed in detail.

CHAPTER 2: RESEARCH METHODOLOGY

2.1 INTRODUCTION

Methodology pertains to rules and procedures that specify how the researcher intends to study or investigate what he or she believes must be known (Botma *et al.*, 2010:410). This chapter discusses the research methodology by presenting the research design, research methods, population and sampling, data collection and data analysis. Rigour and ethical considerations are also discussed in detail.

2.2 RESEARCH DESIGN

Research designs are plans and the procedures for the research that span the decision on broad assumptions to detailed methods of data collection and analysis (Creswell, 2009:3). A qualitative study was appropriate to explore the perceptions of phlebotomy nurses working at SANBS of characteristics that help them to be more resilient at work. A qualitative study was chosen because very few studies have been done about this specific nursing group and about the characteristics that they need to be more resilient at work (Creswell, 2009:18).

A qualitative descriptive inquiry (Botma *et al.*, 2010:191) design was used because a specific nursing group's view of the characteristics they need in their specific context to be more resilient was explored and described. The aim was to explore and describe the perceptions of this nursing group (Botma *et al.*, 2010:190), specifically in terms of characteristics to strengthen their resilience in their work environment. This type of study also allowed the participants to describe their perceptions and what resilience characteristics mean to them (Brink *et al.*, 2012:122). This allowed the researcher to focus on the important information related to the research topic from the viewpoint of the participant (Botma *et al.*, 2010:190).

A qualitative descriptive inquiry is a means of exploring and understanding the meaning that individuals and groups ascribe to social or human problems (Botma *et al.*, 2010:194). In this study interviews were conducted with phlebotomy nurses working for SANBS in a specific region to determine their perception of the characteristics they need to be resilient in their specific working environment.

2.3 RESEARCH METHOD

The population, sampling, data collection and data analysis are discussed in this section.

2.3.1 Population

According to Creswell (2009:175), qualitative researchers tend to collect data in the field at the site where participants experience the issue or problem under study. In this case, the population consisted of a mixture of enrolled and registered nurses working at SANBS clinics at fixed sites and at mobile clinics. Phlebotomy nurses at SANBS were chosen because they have gained experience in how to cope in this work environment and would be able to share information on characteristics that strengthen their resilience. These phlebotomy nurses at specific branches in the Free State and Northern Cape were also chosen because they form part of one zone in the SANBS and are familiar with the working environment of the SANBS and can best describe their perceptions.

The main reason why this sample was chosen is that the sample is a typical representation of other zones in the SANBS and the data collected in this study may be used as reference for future broader studies. The sample from this population was big enough to ensure rich data. Another reason why this specific sample was used is that the branches were accessible and convenient logistically.

The phlebotomy nurses working for SANBS consist of both male and female nurses doing the same jobs and working in same environment. The sample therefore consisted of both male and female participants. One year of experience is deemed sufficient as phlebotomy nurses in the SANBS are exposed to the working environment and expected to function independently within 3 months of appointment. They are orientated and trained on SANBS policies and procedures in the first three months of appointment. A year would therefore give them the experience that is needed in this research.

2.3.2 Sampling

Sampling was done to select a group of people who would best represent the phenomena being studied (Rossouw, 2003:1080). Purposive sampling was thus used to select individuals who understand and have knowledge about the phenomena and have experience on the matter under study (Creswell, 2009:214, Brink *et al.*, 2012:141).

Purposive sampling is also effective in studies where individuals in the sample selected by researcher are information rich (Grove *et al.*, 2013:364), as is the case in this study. This specific nursing group has not been studied before and they have information about their unique working conditions and resilience characteristics.

In this study, the researcher with the help of a mediator selected participants who met the inclusion criteria: registered nurses and enrolled nurses working for SANBS as phlebotomy nurses, employed for SANBS for a year or more. The exclusion criteria were as follows: phlebotomy nurses and enrolled nurses employed with the SANBS for less than a year.

2.3.2.1 Gaining entry to participants

Entry to participants was gained through two mediators. The mediators provided a link between the researcher and the participants, as discussed by Botma *et al.* (2010:203). The collections managers of the selected branches were invited to act as mediators. The collections managers are registered nurses who manage the different branches. The managers were asked to recruit participants and to obtain informed consent. A meeting was held with both mediators where the purpose and nature of research was explained. Mediators were trained in this way to be able to provide information about the study to the participants.

Thereafter the mediators sent an invitation to all potential participants in the form of a written invitation circular informing them about the proposed research. This was followed by a staff meeting with all the branches included in the research. The researcher was allocated a time slot at the staff meetings of all the branches where she was introduced by the relevant mediator and the purpose of the research was explained. Possible participants were given an opportunity to raise any concerns and questions they had to get clarity about the study. They were given time to consider if they wanted to participate. The mediators also explained the nature of the research and what was expected of participants in face-to-face meetings with the nurses and an opportunity was given to ask questions and adequate time to consider the invitation (at least 24 hours). Those indicating willingness to participate were requested to give written informed consent, with a witness present (see Appendix C).

2.3.2.2 Sample size

The sample was from three branches in the Free State and Northern Cape zone consisting of enrolled nurses and registered; referred to at SANBS as donor care officers (DCO) and phlebotomy nurses (enrolled nurses). The sample size was determined by data saturation. The final sample size consisted out of 12 phlebotomy nurses, which included 10 registered nurses and two enrolled nurses.

2.3.3 Data collection plan

The data collection plan includes the role of the researcher, the setting and the data collection method.

2.3.3.1 Role of the researcher

The proposal was submitted to and approved by the scientific committee of the INSINQ research focus area. The researcher then obtained ethics approval from the Health Research Ethics Committee, Faculty of Health Sciences, North-West University, Potchefstroom Campus (reference number NWU-00007-16-A1) (see Appendix A). Permission was then sought from and granted by the SANBS to conduct the research (see Appendix B).

After obtaining permission, the researcher provided full information on the research and clear inclusion and exclusion criteria of the sample to the relevant collection managers. The mediators then recruited participants and obtained informed consent. At the same time, the researcher and independent interviewer ensured that they have the necessary skills to conduct the interview through conducting a role-play with non-participants. The researcher sent recordings of these role-plays to the research supervisor, who provided feedback on the interview skills used by the researcher and independent interviewer.

Appointments for interviews were then arranged. Interviews occurred at times that were convenient for the participants. The researcher/independent interviewer (Brink *et al.*, 2012:159) were able to interview only three staff members in the relevant branch due to the lack of availability of staff and the researcher's professional commitments.

The researcher and independent interviewer followed the same procedure during data collection. Everything mentioned in this discussion therefore applies to the independent interviewer as well. The researcher ensured that the venue that was used to conduct

the interview had enough privacy (Brink *et al.*, 2012:159). The researcher ensured that the interviews are conducted in quiet and private and confidential areas with sufficient light and ventilation. She ensured that confidentiality is maintained by not divulging any personal information of the participants to any person outside the research project.

The researcher once again explained the purpose of the study to the participants. She also explained the benefits of the study and what benefits it would have for participants (Botma *et al.*, 2010:203). The researcher ensured that the participants who took part in the interviews had given informed consent (Brink *et al.*, 2012:39, Botma *et al.*, 2010:214). The participants were reassured about the principals of confidentiality and privacy and that it would be maintained with this study (Brink *et al.*, 2012:37). English was initially planned as medium of communication because all participants were able to speak and understand English and it is the business language that is used in SANBS. The researcher was, however, comfortable to use Afrikaans if the participant preferred to communicate in Afrikaans.

The researcher explained that field notes would be taken and that the discussion would be recorded during the interview. The duration of the interviews were no longer than an hour and a half because interviews can be exhausting (Botma *et al.*, 2010:208). The researched explained to participants that the interviews were recorded and that anonymity of data was ensured by removing any identifying information from the transcripts (Kvale *et al.*, 2009:185). The digital recorder was placed in such a manner that it did not distract the participants and was checked immediately after the interview for audibility and completeness. The researcher filled in any gaps in the recording with notes that were taken during the interview (Botma *et al.*, 2010:214). Transcriptions were undertaken immediately after each interview (Botma *et al.*, 2010:214).

The participants were informed that they could withdraw at any time from the study and that there were counsellors available for debriefing sessions. There is an employee wellness program at SANBS (ICAS) and participants were made aware that they may make use of this service if needed for debriefing sessions after participation in this study.

2.3.3.2 The setting

Interviews took place in private, quiet offices at each participating SANBS branch. The air conditioners were on to circulate enough fresh air. There was adequate light in the

rooms. The 'do not disturb' sign was put on door to ensure privacy. Comfortable chairs were provided and all obstacles and possible distractions were removed, all cell phones were switched off for the interview. Seating was arranged so that the interviewer and interviewee comfortably faced each other to ensure eye contact.

2.3.3.3 Semi-structured individual interviews

Semi-structured individual interviews were conducted. Initially an open-ended question was formulated with the help of the study supervisor and in line with the research purpose, namely: "Share with me times where you had to be resilient in your unique working conditions and what characteristics did you use to ensure that you handle these times with resilience". Additional questions were also formulated with the purpose of building rapport and to probe and enhance participants' understanding of this opening question. These questions included:

- How long have you been employed as a phlebotomy nurse at SANBS?
- How would you describe resilience?
- What type of characteristics do you think a phlebotomy nurse would need to cope in your specific working environment?
- What would you describe as daily challenges that you face in your daily work?
- Please describe specific characteristics that you have applied when working under difficult strenuous conditions?

These questions were used in a flexible manner and enabled the interviewers to probe more and to elicit more information from participants (Brink *et al.*, 2012:158). The interviewers' role was to encourage the participants to answer using methods such as nodding of the head and encouraging them to elaborate by means of clarification, paraphrasing and summarising (Burns & Grove, 2011:270). The interviewers concentrated on what was said during the interview and did not distract the participants or get distracted.

To practice their skills in semi-structured interviewing, the researcher and the independent interviewer each conducted a role-play with a non-participant before actual data collection began. They conducted an audio-recorded role-played semi-structured interview and submitted it to the research supervisor for feedback on interviewing skills,

the interview question and probing questions. This ensured that the researcher and independent interviewer have expertise in conducting semi-structured interviewing. The independent interviewer is a nurse educator who has completed a Master's degree and who has experience in conducting research interviews. The interviewer was requested to sign the confidentiality undertaking (Appendix D) to ensure that confidentiality is maintained at all times.

2.3.3.3.1 Trial run

The trial run was included in the study and was analysed as part of the data. The first participant was used for the trial run to test the appropriateness and applicability of the research question and probing questions. The participant was encouraged to speak audibly and clearly. While conducting this interview, the researcher realised that it was more meaningful to start with the probing questions, instead of starting with the open-ended question, as this enabled her to first build rapport with the participants. Furthermore, the probing questions also addressed the content that is explored by the open-ended question, and it was found that it was not necessary to ask this question.

In the following interviews, the researcher and independent interviewer encouraged participants to clarify ideas that they verbalised by probing and asking questions to encourage them. The researcher and independent interviewer summarised and highlighted the main ideas that had been verbalised. The researcher and independent interviewer did not impose their ideas, but listened attentively in a non-judgemental manner to what was said.

2.3.3.3.2 Field notes

Field notes were written about what the interviewers heard and saw. Notes were also made after each interview to ensure that all data given were recorded and clear for use during data analysis. The interviewers also made notes of what was observed regarding the body language and reactions when questions were asked. See Appendix F for examples of these field notes.

2.3.4 Data analysis

Data analysis can be described as a process where the researcher tries to make sense of all the data that had been gathered (Botma *et al.*, 2010:220). A descriptive approach was followed in data analysis (Creswell, 2009:184). The first step was to organize,

anonymize and manage the data that had been gathered (Creswell, 2009:184, Brink *et al.*, 2013:193). The data gathered from the audio-recorded interviews were transcribed by the researcher (Brink *et al.*, 2013:193). This provided written records of the data, and also serves as a way of immersing herself in the data. The researcher then analysed the transcribed interviews in the following manner:

- The researcher read the data over and over and tried to make sense of it. During this time the researcher made notes with regard to distinctive phrases, emotional responses, the atmosphere of the interview, the context, language used and own reflections, to find meaning in the data (Creswell, 2009:184, Brink *et al.*, 2012:193). The notes taken during the interview were reviewed and integrated with the description of the findings.
- The next step is called the coding process. During this phase the notes made in the previous step were organised into groups with similar topics (themes) (Creswell, 2009:184, Brink *et al.*, and 2012:193), provided with descriptive names and abbreviated to codes.
- The next step was to code the remaining data (Creswell, 2009:184) to enrich and refine the themes. The theme that was described was the perceptions of phlebotomy nurses working at the SANBS of the characteristics they need to be resilient in their work environment.
- The next step was where the researcher decides how the findings would be represented. This was done by discussing the themes and sub-themes in detail, referring to quotes from the interviews as evidence (Creswell, 2009:184).
- The final step was data interpretation. During this step, the researcher drew conclusions on what has been learned and new questions that arose based on this study were identified (Creswell, 2009:184). This step was done by means of a literature integration to compare the findings with existing knowledge and theory and to make meaning of the finding within the body of knowledge in nursing and related disciplines. This step was completed by drawing conclusions as discussed in Chapter 4.

2.4 LITERATURE INTEGRATION

The purpose of literature control was to compare the findings of the study with existing literature (Botma et al, .2010:196). The findings that were available in literature were compared to findings in this study. New findings that were found that were not available in literature were also identified. The findings and literature integration are documented in Chapter 3.

2.5 TRUSTWORTHINESS

Trustworthiness in a qualitative study should consist of the following standards: truth-value, applicability, consistency, neutrality and authenticity as advocated by Lincoln and Guba (1986:73-84). These standards were implemented in the following way:

Truth-value: the researcher first built a relationship with the participants during the interviews. She and the independent interviewer made use of communication techniques such as probing and clarification to explore the perceptions of the participants at a deeper level. This ensured that the researcher has confidence in the truth in the content that was found in the research (Botma *et al.*, 2010:233). Truth-value is furthermore ensured through credibility.

Credibility refers to the confidence in the truth of the data collected. The research must be done in such a way that information can be trusted (Brink *et al.*, 2012:172). Prolonged engagement was thus applied. The researcher had prolonged engagement with the participants to build rapport with the participants and to gain their trust to eliminate any misconceptions and to gain data. The researcher's years of service and experience at SANBS assisted the researcher to relate to the participants' experiences within their context (Lincoln & Guba, 1986:77).

The researcher also applied peer debriefing. Peer debriefing is where the researcher explores various aspects of the research process with the assistance of an expert in the person of the researcher supervisor (Lincoln & Guba, 1986:77). During this study, the researcher had meetings with her research supervisor, regular written summaries of the research were sent to the supervisor and discussions were held with regular feedback to reach consensus.

Applicability was also ensured. Applicability indicates the degree to which the research findings can be applied to different context or group (Botma *et al.*, 2010:233).

Applicability is thus the ability to generalize the findings to a larger population by implementing the strategy of transferability (Botma *et al.*, 2010:233). The researcher ensured transferability through the following techniques:

Purposive sampling was used as the participants and the researcher was knowledgeable about the phenomena (Botma *et al.*, 2010:201). In this study, the participants were registered nurses and enrolled nurses working for SANBS Free State and Northern Cape region who gave informed consent. Consent was also obtained from SANBS to conduct the study with the participants.

Data saturation was furthermore ensured. Data saturation occurs when no new or relevant information emerges from the individual semi-structured interviews (Botma *et al.*, 2010:200). In this study, the researcher managed to reach data saturation within the selected population during the interviews. Thick dense description was applied. The researcher documented the research design and the research method used, the audio recordings of the semi-structured interviews, transcripts and field notes. The research results, conclusions, limitations and recommendations are also documented and provided in this dissertation.

Consistency considers whether the findings of the research will be logical if the research is repeated with similar participants in a similar context (Botma *et al.*, 2010:233). A dependability strategy was used to ensure consistency. Dependability is to ensure that the research findings can be applied over time in different situations (Lincoln & Guba, 1986:77). An audit trail is used as a strategy to ensure dependability.

An audit trail is a description of how the researcher collected data and a documentation of the way in which the data were collected (Botma *et al.*, 2010:233). An audit trail is ensured through the documentation of the research in this dissertation. In short, in this study the researcher used individual semi-structured interviews with participants. Open-ended questions were compiled and discussed with the research supervisor. A trial run was done by the researcher to ensure that the questions are suitable for collecting the appropriate data. A role-play interview was also done with the second interviewer and discussed with the supervisor to ensure that it was done correctly. The supervisor was involved and guided the study from start to finish.

Neutrality refers to the degree to which the researcher can ensure that the findings are based on the information from the participants and not any other biases and motives

(Botma *et al.*, 2010:233). Neutrality also refers to the fact that the research was done in a manner that ensured that all prejudice, personal interests and individual views were eliminated. Neutrality was ensured through involving a co-coder and through active listening and putting aside own views during the individual semi-structured interviews.

Authenticity refers to the practices of showing all the different realities found during the data collection (Botma *et al.*, 2010:234). The researcher reports on all findings from data collection. Quotes from the interviews are provided as evidence in the discussion of the findings in Chapter 2 and a transcript of an individual semi-structured interview is included as an appendix (See Appendix E).

2.6 ETHICAL CONSIDERATIONS

Ethical considerations were applied during all stages of the research, namely the conceptual phase, planning and the implementation phases (Botma *et al.*, 2010:04). This application is discussed below.

2.6.1 Permission to conduct the study

Permission was granted by the Health Research Ethics Committee, Faculty of Health Sciences, North-West University, Potchefstroom Campus (reference number: NWU-00007-16-A1) (see Appendix A). Permission was also granted by SANBS to conduct the study at SANBS and to use SANBS staff as participants (see Appendix B).

2.6.2 The principle of beneficence

The benefit of the research is that new knowledge was generated so that recommendations for nursing practice, education and further research can be formulated with regard to the resilience of phlebotomy nurses working at SANBS. The participants did not benefit directly from the research. Furthermore, the researcher has a responsibility to ensure the wellbeing of the participants. They should not be exposed to harm, discomfort physically, emotionally, and spiritually (Brink *et al.*, 2012:36). The researcher and independent interviewer ensured that they are competent to conduct the interviews, as explained. The researcher, through the informed consent forms, informed all participants of the risk and benefits of the research. Furthermore, the researcher and the independent interviewer was aware and on the outlook when interviewing participants for any forms of distress and there were support systems in place, such as ICAS, to support participants if it was need. The researcher and interviewer monitored

the participants for the need for breaks during the semi-structured individual interview and provided such breaks. Privacy and confidentiality was ensured. The risks of this study were minimal and included the possibility of slight emotional and/or physical discomfort due to participating in an individual interview. These discomforts did not exceed normal day-to-day discomforts. This is a low risk study, and the benefits outweighed the risks.

2.6.3 The principal of respect for the person

The researcher ensured that the participants' decision to take part or decline was respected. The researcher also respected the fact that the participants can withdraw from the study at any time during the study without any penalty (Brink *et al.*, 2012:35). To achieve this, mediators were involved, as discussed, and written informed consent was obtained.

The researcher ensured that the participants understood what the research is about and of all risk and benefits before they decide to take part in the study. This was done when the researcher explained and introduced the study at branch meetings. The safety of the participants was also taken into consideration at all times. The branches where the interviews were conducted have safety and evacuation plans in place and all the participants were aware of them and have been trained as a requirement for working at SANBS.

2.6.4 The principle of justice

The researcher was fair when selecting participants. They were selected because they could contribute to the study, not because they may have been easily manipulated and not because they may be easily available (Brink *et al.*, 2012:36-37). The right of privacy of the participants was respected and applied during the study. The researcher reassured the participants about this. All information collected remains anonymous and confidential.

Informed consent was obtained on a voluntary basis. The consent form (see Appendix C) contains the following:

- The title of the research project

- An introduction to the research activities and an invitation to participants to take part in the study
- The researcher's title and position
- The purpose of the research
- The selection of the sample and the study population of the study
- An explanation of the study method and procedures by which the data would be collected.
- A description of any risk and discomfort that may occur during the research process, be it physical, emotional, psychological, economical
- Voluntary participation
- Consent to complete disclosure
- Researcher to answer any questions that the participants may have
- The name and contact person should the participants want to talk about the research
- Clear delineated space for the signatures of the researcher and the participants and for witnesses.

Right to anonymity was applied in this study. Participants' names were not used as coding was used to identify participants. Only the researcher and independent interviewer knew who the participants were. The independent interviewer also signed a confidentiality form to ensure that all information is kept confidential Confidentiality was also discussed to put participants at ease.

Right to privacy was also respected. All data collected are kept in a cupboard in a locked office. The electronic data are also kept on a password-protected computer. Participants were ensured of privacy and interviews were also conducted in private room with no disturbances while they were conducted.

The right to confidentiality was ensured as all records and data collected were kept safe and confidential. Participants were ensured that all data collected would be handled in

confidential manner and that their right of privacy and confidentiality would be respected by the interviewers.

2.7 SUMMARY

The research methodology was discussed in detail in this chapter. The design, population, sampling, data collection, data analysis, literature integration and ethical considerations were discussed. In Chapter 3, the research findings and literature integration are discussed.

CHAPTER 3: DISCUSSION OF RESEARCH FINDINGS AND LITERATURE INTEGRATION

3.1 INTRODUCTION

In this chapter, the findings regarding the perceptions of phlebotomy nurses working for SANBS of the characteristics they think are needed to be resilient in their unique working environment are discussed. The findings are supported by the data from interviews conducted with nurses working for the SANBS. Relevant literature was used to draw comparisons between findings from this research and existing literature.

3.2 REFLECTION ON DATA COLLECTION AND ANALYSIS

Individual interviews were planned with registered nurses and enrolled nurses working for the SANBS at all branches in the Free State and Northern Cape zone. This had to be changed because nurses in two branches in the Free State were not available due to sick leave and not meeting the inclusion criteria. However, data saturation was still reached during interviews at three branches, including branches in the Free State and the Northern Cape. One branch in the Free State was interviewed by the second, independent interviewer. Three registered nurses were interviewed at this branch.

In total, twelve individual interviews were conducted, including a trial run for data collection. Most interviews were conducted in Afrikaans at the request of the participants as they could express themselves better in Afrikaans. Field notes were taken during the interviews by the researcher and the independent interviewer (see Appendix F for examples of the field notes). The interviews were transcribed and analysed, and the findings could be categorized into themes and sub-themes during data analysis. The research supervisor was not familiar with the context of the study and do not have contact with the SANBS or any of the participants and could thus act as independent co-coder. During consensus discussions, the researcher and supervisor – in the role of co-coder – agreed on the themes and sub-themes, and agreed that data saturation had been reached.

3.3 RESEARCH FINDINGS AND LITERATURE INTEGRATION

The research findings were derived from the responses from the participants during the interviews. They responded to questions mentioned in Chapter 2. Four main themes emerged from the questions with related sub-themes, namely working for the SANBS as phlebotomy nurse, understanding of resilience; characteristics a nurse need to remain resilient when working as a phlebotomy nurse and environmental and service-related factors that influence resilience. The themes and sub-themes are discussed in detail with quotes from interviews with participants.

3.3.1 Theme 1: Working for the SANBS as phlebotomy nurse

The participants' employment periods at SANBS ranged from two years to 31 years, which indicated different levels of experience. Most of them moved from hospitals to SANBS, which they experience as being completely different from the hospital setting. They also shared their level of satisfaction with working at the SANBS.

3.3.1.1 Sub-theme 1: Average time working for SANBS

During the individual semi-structured interviews with the participants, the average period working for SANBS was from two years to 31 years of service. Some participants have moved between branches, but within the SANBS. The participants' experience varied greatly, but they all had adequate experience of the working environment at SANBS.

“For 10 years, first year in (name of place withheld), second year in (name of place withheld) and eight years in (name of place withheld).” (Participant 1)

“For two years as a relief DCO (donor care officer).”(Participant 4)

“Five years part time and ten years permanent.”(Participant 7)

3.3.1.2 Sub-theme 2: Transition from nursing in the hospital environment to working at SANBS as phlebotomy nurse

During the semi-structured interviews with the participants, it was establish that most of them moved from the hospital nursing environment to the SANBS. The first year was seen as a difficult year and the time it took to adapt to different working environment. There were participants where transition was not a struggle. The average time for participants to adjust from a hospital to SANBS was between seven months and one

year. The participants stated that the environment at the SANBS is different from hospitals and it does take time to adjust to the environment.

“First seven months in SANBS were difficult.” (Participant 3)

“First year in SANBS was very tough. Was always a nurse in hospital before SANBS” (Participant 6)

“First year was good I learned a lot.” (Participant 9)

3.3.1.3 Sub-theme 3: Level of satisfaction

The participants gave different views on their experience of working for the SANBS. Participants explained that it can be frustrating due to constant changes in the SANBS. At times they are under a lot of pressure to meet their targets. Some participants expressed that they are very happy at the SANBS and satisfied to work for them due to their passion for nursing and their love for the patients; and due to being motivated and goal-oriented. The overall feeling from interviews was that of satisfaction despite daily challenges experienced by participants.

“Work at SANBS for 8 long happy years.” (Participant 2)

“SANBS has been very good to me it’s a different discipline of nursing but grew on me.” (Participant 3)

“It has been hectic especially the distances you have to travel.” (Participant 6)

“We have to make target and we under extreme pressure to make target.” (Participant 4)

“Very happy at the branch, always been happy.” (Participant 7)

“Must be very flexible, because of changes on daily basis.” (Participant 8)

“Flexibility is important and to adapt fast to changes and to except it and fast a lot of changes in SANBS.” (Participant 5)

From the above sub-themes it is evident that the participants’ time working at SANBS differ, but what most of them mentioned was that once they adapted and got a sense of meaning for the type of work they do, job satisfaction developed and this enabled them

to stay and cope in their work environment. This finding is in line with existing literature, namely that compassion satisfaction, which refers to personal satisfaction based on the work nurses are doing to make a difference with like-minded colleagues, feeling competent and like they are making a contribution, lead to positivity and resilience (Barr, 2017:214-217). Job satisfaction is also described as an employee's reaction to a job and if the job meets the needs of the employee (Viotti *et al.*, 2016:440-441). In this research participants highlighted that the SANBS looks after them and is a good company and this is one of the reasons that they are resilient and find ways to cope at work.

3.3.2 Theme 2: Participants' understanding of resilience

The participants all gave descriptions of resilience in their own words. This gave them the opportunity to express it in a manner that they understand and can identify with. The majority of participants had a clear and similar understanding of resilience and how it can be applied at their work environment. Participants mainly viewed resilience as the ability to bounce back and overcome challenges by applying certain characteristics at work (as explained under Theme 3 below).

“Resilience is somebody who is able to take on the challenges that you get in your workplace and still survive and stay on.” (Participant 1)

“Someone who can keep going can make things count in their favour and people they work with and for the company, if it's difficult don't give up keep coming back look for new ways.” (Participant 3)

“It's motivation.” (Participant 2)

“Would say it's somebody who can survive setbacks and who can bounce back, who can experience troubles and overcome it.” (Participant 4)

Literature supports these definitions of resilience as described by most participants. Resilience is described as the ability to encounter and overcome significant hardship while still being effective in your daily life (Rice *et al.*, 2016:326-328). Literature also describes resilience as the ability to keep on going under difficult circumstances and staying positive (Koen *et al.*, 2011:103; Lowe, 2013:53). The participants who described resilience mainly described it as the ability to bounce back in difficult times and to cope

during those times. Resilience is also described in literature as a process where a person learns to adapt in adverse conditions to be able to cope (McGee, 2006:45).

3.3.3 Theme 3: Characteristics a nurse need to remain resilient when working as a phlebotomy nurse

Participants shared several characteristics that help them to remain resilient, namely being professional and proud of their work, being committed and flexible, having a strong personality, willing to be friendly and respectful towards patients and having faith.

3.3.3.1 Sub-theme 1: Being professional and proud of work

Participants highlighted the importance of remembering that a phlebotomy nurse is still a professional nurse and want to be proud of their profession. They shared that even if their working environment is different from the usual nursing environment that most nurses are used to; they still need to be professional and proud in their job. This passion for their profession helped them to stay resilient.

“And remember that phlebotomy is a nursing discipline; be proud of the profession and knowledgeable.” (Participant 1)

“En doen jou werk, doen jou werk die eerste keer en dan hoef jy nie terug te gaan nie.” (And do your job, do your job the first time than you don't need to go back) (Participant 4)

“Ek was altyd in die hospitale was ek mal om drips op te sit dit was vir my lekker daai gespesialiseerde werk en dis lekker om naalde in te sit en dis my passie om te probeer om nooit n skenker twee keer te steek nie ek wil hom net een keer steek. Want ek self het ook n naaldvrees.” (I always enjoyed to put up drips in hospitals it was nice to do those specialised jobs and it's nice to put in needles it's my passion and I try not to prick the donors twice I just want to do it once, because I have a fear for needles myself) (Participant 5).

“Wat vir my baie na aan my hart lê is my skenkers wat hier inkom, weet jy ek voel hulle betaal my salaris ek voel hulle moet ten volle, ten volle moet hulle baie goed behandel word.” (What's very close to my heart is my donors that comes here, I feel they pay for my salary and they should be treated very well) (Participant 2).

“Ek is baie gelukkig hier.” (I am very happy here) (Participant 2).

3.3.3.2 Sub-theme 2: Being committed

Participants emphasised that the work environment at SANBS requires of them to be very committed. They have to work long hours and after hours and they have to be willing to work hard. They also stated that work at SANBS is very physical and require for staff to work hard and staff should be prepared to do this. Participants mentioned that they have to set up clinics and break down clinics; they carry equipment so it is important that they are hard workers.

“Hardwerkend, eerlike, oop kommunikasie.” (Hardworking, honest and open communication.) (Participant 2).

”Daai fisiese inspanning is ook nogal n uitdaging maar ag wat ons werk saam as ek die dag bietjie af is, is daar iemand.” (The physical strain van is a challenge but we work together if I am a bit off today than there is someone.) (Participant 6).

”Dus maar jy moet rîrig stamina het om op en af te pak en elke dorp het maar sy eie probleemskenkens.” (Thus you need stamina to handle packing in and out and each town has its own difficult donors.) (Participant 5).

“En jy moet hard kan werk jy moet ’n werker wees.” (You need to be able to work hard, you must be a worker.)

“You won’t survive if you can’t be flexible and your work must be structured according to needs of SANBS.” (Participant 3)

3.3.3.3 Sub-theme 3: Strong personality and flexible

The majority of participants interviewed alluded to the term “sterk persoon,” stating that you have to be a strong person working for SANBS. For them a strong person would be someone who is assertive and who stands up for what they believe and a person who can cope under difficult situations. At the same time, they also emphasised the constant changes that take place at the SANBS and the importance for staff to be both a strong person, but also to be flexible to ensure job satisfaction and survival.

“Ek sal vir hulle sê jy moet n sterk persoon wees en jy moet fokus op dit wat jy graag wil bereik.” (I will tell them that you have to be a strong person and you must focus on that which you want to achieve.) (Participant 6).

” Ja jy moet baie aanpasbaar wees en jy moet net werk want dit is waarvoor ons hier is on bloed in te samel.”(Yes you have to be very flexible end you must work that is why we are here to collect blood.) (Participant 7).

“Dit werk vir my die aanpasbaarheid werk is my soms is dit bietjie tough om dit te aanvaar veral as jou gestel bietjie af is, is dit moeilik om te aanvaar dan aanvaar jy dit tog.” (It works for me, the adaptability at times it is difficult especially when you not feeling well but you do except it). (Participant 5).

“You have to be very strong and assertive” (Participant 1).

Hmm very flexible I would say very flexible” (Participant 8).

“Baie sterk, kyk ek is mos n baie sagte geardheid en goeters verstaan jy maar jou persoonlikheid speel ook n groot belangrike rol ja.” (Very strong, I am a soft-natured person but your personality plays a big important role.) (Participant 2).

3.3.3.4 Sub-theme 4: Willing to be friendly and respectful towards donors

Friendliness and respect are means through which participants ensure that donors come back to donate, and this is very important in their job environment. Friendliness was mentioned several times and the importance of it with donors under any circumstances. Working for SANBS requires friendliness to come as second nature. Donors are voluntary and need to be treated with respect and gratitude from staff of SANBS.

“Treat donors with respect, treat them well, listen to them, ensure that complaints are addressed before donor leaves.” (Participant 2).

Soos ek sê jy moet maar vriendelik wees ten alle tye en jy moet aanpas by jou skenker jy moet nou nie kom met jou moeilikheid nie en verwag die skenker moet vriendelik wees nie jy moet op eweredige basis wees met hulle.” (As I said, you must be friendly at all times and you must be adapt to your donor you can’t come with your problems and expect that donor should be friendly, you must be on an even playfield.) (Participant 10).

“Jy moet smile jy kan nie eens lipstiffie op jou lippe sit nie want jy moet spark. En dan soos jy nou alles reg maak die skenkers wat ontevrede is, die rye wat wag hulle word langer. So ja jy moet customer service moet jy handhaaf deurentyd. (You must smile you can’t even apply lipstick on your lips because you must spark. And you must still

prepare everything with unhappy donors and long lines and they get longer. You must maintain customer service.) (Participant 9).”

Absoluut ek voel die skenker is van kardinale belang vir my want as hulle nie hier was sou ek nie hier gewees dit nie.” (Absolutely I feel the donor is the most important if they were not here I would not be here.) (Participant 2).”

“They must be friendly, they must be patient and you must be open to that person to let them know what SANBS is all about.” (Participant 3).

”Ons kry baie moeilike skenkers en dan raak jy maar ekstra vriendelik, jy byt op jou tande en jy raak ekstra vriendelik.”(We get very difficult donors, then you become friendly, you bite on your teeth and you become extra friendly.” (Participant 4).

“Nederigheid jy moet nederig is in hierdie werk want as jy nie nederig is nie dan gaan jy elke dag in ’n fight wees.” (Humble you have to be humble because if you are not going to be humble you will be in a fight every day.) (Participant 5).

“As jy in so tipe werk is waar jy met mense werk moet jy geduldig wees, jy moet nie vinnig kwaad word jy moet ’n humeur het wat jy kan beheer.” If you in the type of job where you work with people you have to be patient you should not get angry quickly you must be able to control your temper.) (Participant 6).

3.3.3.5 Sub-theme 5: Having faith

The importance of spirituality and faith was also highlighted by the participants and that those characteristics ensure that staff perseveres in SANBS working environment. The participants described their faith and spirituality as one of the cornerstones that is needed in the job. The participant’s faith and spirituality gives them the internal strength to continue under difficult situations, it gave them the ability to bounce back. These characteristics were also described by them when they had to describe their own resilience characteristics they use in workplace.

“You as a person can do this with the help of God. Trust in God” (Participant 7)

“I pray, have faith in God.” (Participant 7)

The above characteristics described in the sub-themes are supported by literature of previous studies on resilience. The resilience scale as described by Lowe (2013:52-57)

highlights most of the characteristics described by participants in this study, such as understanding the purpose of their work, being trustworthy, taking pride in work, flexibility, adaptability, confidence, a 'can do' attitude, problem solving skills and optimism. Flexibility is a characteristic that was repeated by participants and when applied it can have a positive contribution to the working environment during changes (Lowe, 2013:52-57). Indeed, individuals who are more resilient are considered to be adaptive within the changing workplace (Rice *et al.*, 2016:325-331). Faith was also mentioned by participants as one of the factors that keep them going and positive. This is confirmed in literature that people with a strong religion tend to be more resilient (Rice *et al.*, 2016:326-328). Furthermore, literature states that if meaning is found in one's job and one sees the necessity of it, it gives one more drive to carry it out and be driven (Pines *et al.*, 2011:1483-14850).

3.3.4 Theme 4: Environmental and service related factors that influence resilience

This theme entails that participants mentioned environmental and service-related factors that either improved their resilience, or had a negative effect on them. These factors included orientation, need for strong leadership, teamwork, policies and procedures, logistical challenges, customer services and operational challenges.

3.3.4.1 Sub-theme 1: Orientation

Most of the participants came from different nursing environment to SANBS and there was a transition time before they could adapt. Participants also stated that new staffs have a misconception of what working for SANBS entails. They suggested that SANBS has to be open and honest with new staff so they know what is expected from them.

"Yah than the person can make an informed decision whether he wants to join SANBS or not. Because for instance it's not say for instance in nursing situation people know what to expect but because SANBS is different culture they don't know what to expect. So your interviewer must be open and honest with that person and tell them about medical legal hazardous that's in SANBS and about the working hours." (Participant 3).

"Heel eerste moet jy bereid wees om te leer, ok, jy moet nie skaam wees nie want daar is nie n stupid vraag nie."(Firstly you must be willing to learn, you must not be shy to ask questions because there no such thing as a stupid question.) (Participant 4)

“You must be open to the person to let the person know what SANBS is all about. It’s no use telling the person you only going to work one Saturday because at the end the people will see you as a liar and then they leave because they expected something different than what you told them and what they experience.” (Participant 3).

3.3.4.2 Sub-theme 2: Need for strong leadership

Participants stated that their work environment requires a strong leadership to be in place. Even though they have to be able to work in teams at SANBS they are also required to take the lead and apply leadership skills, no matter what their job title. They are required to use the traits of leadership to enable them to cope and do the job. Participants also stated that support from the leadership of SANBS and consistency from them are very important.

“En ek gaan altyd omdat ek n negatiewe ,my eerste ingang was baie negatief gewees en ek niemand ken wat hierso werk en so aan daarom sal ek altyd n nuwe persoon ek sal haar altyd of vir hom aan die hand vat en ondersteun en help waar ek kan.” (I will always because of my negative, my first entrance here was very negative, I did not know anyone working here that is why I will take a new person by the hand and give support where I can and help where I can.) (Participant 6).

“Wat ek agtergekom het is dat die persone wat ons alreeds aangestel het hulle wil nie leiding neem nie, en as jy sal r rig moet leiding neem in SANBS moet jy leiding neem, nevermind nou of jy n DCO, supervisor of n DA is. Maar die nuwe persoon wat nou gaan kom moet r rig leiding kan neem.” (What I noticed was the people that we already appointed do not want to take the lead, never mind if you are a DCO, supervisor or DA, you have to take the lead. The new person coming now will have to take the lead.) (Participant 9).

3.3.4.3 Sub-theme 3: Teamwork

Different staff related challenges were described. Participants highlighted that teamwork is very important in their work environment you have to function as a team. A negative atmosphere amongst team members, teamwork not always being present, poor communication, and team conflict are challenges that participants described that make their work environment difficult.

“At times the negative atmosphere at work from other team members.” (Participant 6)

“Negative feedback about your job.” (Participant 6)

“Poor communication with some team members.” (Participant 8)

“Team conflict amongst team members.” (Participant 9)

“I think conflict you must know your team and you must not jump to conclusions. Sometimes we tend to ignore but it’s not the right way I think conflict you must face head on but you must be open minded if there is conflict. Because this is in a work environment you must not offend either of the parties, so you must listen to both parties and don’t be judgemental and let them come up with a solution.” (Participant 3).

“Ja vriendelik, verdragsaam, patient willing to change en jy moet kan in ‘n span kan werk.” (Yes friendly, tolerant patient willing to change and you must be able to work in a team.) (Participant 10).

3.3.4.4 Sub-theme 4: Clear policies and guidelines

The standard operational procedures (SOP) which are the guidelines and procedures for staff to work according to were described by participants as a challenge in terms of how they are written. They said that it’s written in an English which is even difficult for non-English speaking people to understand, leading to misinterpretation and misunderstandings.

“Uitdagings is natuurlik die SOP’S en goeters wat baie erg is. Vir my is Engels n groot probleem.” (Challenges are the SOP’S and stuff that is very bad. To me English is a big problem.) (Participant 5).

“It’s not written clearly I read them and I think this is not correct English and if I don’t understand the steps that’s why there is so much confusion.” (Participant 8).

3.3.4.5 Sub-theme 5: Logistical challenges

The logistical outlay of the zone creates challenges in that the distances travelled are vast. Teams have to travel to all the towns in surrounding area of their branch to collect blood from donors and with the logistical outlay of the area this can be challenging. Participants stated that they spend more times on the road than at clinics, and this is more exhausting than the actual work.

“Time on the road is more exhausting than the actual job.” (Participant 9)

“Distances are a challenge, to get to a clinic, distance more exhausting than the work that needs to be done.” (Participant 2)

“Mobile clinics long hours, long distances most challenges at mobiles.” (Participant 2)

“Physical job you get tired to set up clinics.” (Participant 7)

“Physical work set up of clinics.” (Participant 6)

3.3.4.6 Sub-theme 6: Customer service

The majority of participants referred to and described that they have to deal with difficult donors at work. They highlighted that this becomes difficult, as they need donors and not the other way around. They do realise that the donors are very important to their jobs hence they have found ways to deal with this challenge. Customer services are different in this area of nursing because donors are volunteers and donors need to be treated courteously to ensure that they come back.

“Customer service is of the utmost importance. You must be patient, because you can get difficult donors.” (Participant 1)

“Donor the most important person.” (Participant 2)

“The donor is always right but they can be very rude and unreasonable because they are voluntary donors they doing us a favour we should be more grateful towards them it feels at times as if they want you to beg.” (Participant 4)

3.3.4.7 Sub theme 7: Operational challenges

Operations at SANBS rely on the collection of blood from donors. Participants described the target that they need to reach can be a challenge. SANBS need to collect 3000 units of blood daily to ensure sufficient blood supply for South Africa, (SANBS). Each zone gets an annual target they should achieve to contribute to national target.

“We have to make target and we under extreme pressure to make target.” (Participant 4)

“Target and planning wrong the way clinics are planned.” (Participant 8)

The participants described in the above sub-themes the work environment and service related aspects that require them to be resilient. Similar literature exists, namely that the work environment may pose both adversities and supportive factors that may both require and support nurses to be resilient (Gilepsie *et al.*, 2012:428). Environmental factors mentioned by participants that were seen as difficulties were policies and procedure that are not always clear and causing mistakes and the fact that new staff don't really know what is expected from them. Literature showed that when staff are familiar with policies and procedure and orientated correctly with regard to their work place, they tend to be more resilient and cope better (Hodges *et al.*, 2008:83-84). It also confirmed participants' input that new staff should ask questions if they don't know something until they have a clear understanding (Hodges *et al.*, 2008:83-84).

Environmental factors such as physical, emotional and psychological stressors can trigger resilience characteristics that enable staff to cope at work and remain positive (Grafton *et al.*, 2010:700-702). Leadership and teamwork were also of the characteristics that emerged from data collected from participants as important to be resilient, this is confirmed with literature which stated that in workplaces or institutions where there are strong supervisory or leadership support staff tend to be more positive and if a person has leadership skills they tend to embrace and encourage teamwork (Koen *et al.*, 2016:6-7, Lowe, 2013:53; Koen *et al.* 2011:103; Rice *et al.*, 2016:326-327, Weigl *et al.*, 2016:1176). Resilience can be developed if the following is applied: support, supervision, reflective practice and professional development (Edward & Herculinskyj, 2007:242).

Operational environmental factors were mentioned as factors leading to stress at work. Research has identified that factors in the environment can lead to burnout and workers have to find ways to deal with it (Lowe, 2013:52-59). Lowe (2013:52-59) also highlighted the importance of leadership to create a healthy working environment, the participants mentioned that you need leadership characteristics and team support to be resilient in their work area. Teamwork and relationships between team members was described as one of the important cornerstones for them to function effectively and be happy. Rice and Lui (2016:326-327) confirm that peer support, team members and management support are factors leading to employee resilience.

All the above characteristics discussed is a process and if applied and resilience characteristics are developed and applied, the working environment would become a more pleasant and productive place.

3.4 SUMMARY

The perceptions of nurses working for SANBS on the characteristics needed to work for SANBS was explored and described through data collection and results. In Chapter 4, the conclusion, limitations of the research and recommendations are discussed.

CHAPTER 4: CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The research findings, which consist of perceptions of nurses working for SANBS about characteristics, they have to be resilient in their work environment was discussed in Chapter 3. In this chapter, the limitations and conclusion of this study are addressed. The recommendation for characteristics needed for nurses working in SANBS environment are also presented.

4.2 LIMITATIONS OF THE RESEARCH

Although this study provides rich data and discussion on the perceptions of nurses working for SANBS on characteristics they have to be resilient in their work environment, there were some limitations that need to be noted.

The following limitations were identified:

The sample that was planned and scheduled had to be changed from four branches to three due to staff annual leave and sick leave. The sample at one branch was also much smaller as anticipated due to staff resignations and availability of time from participants and second interviewer. The second interviewer were used to ensure that data collected was done by an independent person as the researcher currently work in one of the branches where data was collected. This eliminated any researcher bias. The independent interviewer only conducted three interviews where similar themes emerged, although this interviewer did not explore these themes in the same depth as the researcher. These changes did not influence the research in a major way, because the nurses interviewed were still many and allowed for data saturation on the subject of the research topic.

4.3 CONCLUSIONS

The conclusions are based on research findings discussed in Chapter 3 as well as relevant literature on this specific topic.

4.3.1 Average time working for SANBS, transition from previous working environment to the SANBS work environment and the level of satisfaction

The average time that participants working for SANBS ranged from period of two years up to 30 years. This gave indication of the level of experience of participants within SANBS. The majority of the participants moved from hospital working environment to SANBS working environment. They found that the working environment at SANBS were completely different, the donors they have to deal with are not sick and must be dealt with differently. The average time it took for participants to adapt to SANBS working environment from their previous work was between seven months and one year. After this period, they were able to settle into SANBS working environment. Participants did state that the first few months are the difficult period to adapt but after that it improves and staff is able to cope and fit in.

Participants expressed different views on their level of satisfaction of working for SANBS. Some participants are very happy working for SANBS and have job satisfaction. They also feel that SANBS takes good care of their employees. The fact that they feel they making a difference in society by working for SANBS gives them satisfaction.

In contrast, participants also experience frustration working for SANBS and the biggest factor for them is the constant changes that take place in SANBS, to which they have to adapt to they have to be flexible. They are also under significant pressure to reach targets. Due to constant changes participants stress that you have to be a strong person to work and make it a success.

It can be concluded that nurses working for SANBS encounter positive and negative experiences. Both positive and negative experiences can be used to make SANBS a working environment in which nurses can thrive.

4.3.2 Characteristics nurses would need to be resilient when working for SANBS

Data collected to answer this question was gained by using two different questions, namely:

What characteristics do you think nurses would need to be able to work at SANBS?

What characteristics of your own do you use to be able to cope in SANBS environment?

With these two questions enough data could be collected that could contribute to this study the following findings were made. The majority of participants mentioned that you have to be a strong person. They referred to personality traits that a person needs and to certain values. Friendliness, humility, positivity, being a leader, hardworking, good communication and assertiveness all seems to be interwoven in these characteristics. Due to consistent changes at SANBS, it is very important that nurses are able to adapt and be very flexible. Success in the work environment requires teamwork nurses should be able to adapt in team and work in a team, teamwork very important at SANBS. Flexibility and teamwork were highlighted as characteristics needed to ensure that day-to-day operations in SANBS working environment continue.

The working environment also requires that you have characteristics like strong spiritual believe system and support. These characteristics enable a person to cope in working environment and to persevere. The participants mentioned these characteristics when asked which characteristics they apply to be resilient in SANBS environment. It can be concluded that by displaying above characteristics and applying them in day-to-day working environment in the SANBS, nurses will become resilient and be able to cope in the SANBS environment. Flexibility and been a strong person was repeated by most of participants followed by teamwork and customer service and this is based on constant changes and the type of client nurses deal with on daily basis.

4.3.3 The SANBS working environment enhances the resilience characteristics of nurses

Participants described daily challenges that they experience in working environment and by doing this, they further highlighted the type of characteristics that are needed to be resilient during challenges. The nature of work at SANBS is very physical, especially at mobile clinics and this requires for nurses to be hard workers and work in team to make work easier. The logistics of travelling was also described. Staff has to travel long distances to collect blood and this can be more exhausting than actual job of collecting blood staff have to adapt to this and still be friendly and helpful when getting to clinic.

Due to constant changes at SANBS staff also has to be flexible and be able to adapt fast so that the operations can continue. Participants also describe that they have to deal with difficult donors and because they need the donors, you have to find ways to deal with the donors without losing donors. Customer service was highlighted as very important.

Staff related challenges were also mentioned such as negative atmosphere among team members, poor communication, and participation in teams and conflict in teams. Participants mentioned different traits they use to handle this, such as open communication, separating personal live from work live and staying positive.

Operational challenges which was mentioned was documents written in English and difficult to understand they not written clearly and duplication in administration work.

All the challenges mentioned by participants further highlighted that certain characteristics such as flexibility, adaptability and friendliness need to be applied daily to enable nurses to be resilient in SANBS working environment.

4.4 RECOMMENDATIONS FOR NURSING PRACTICE, NURSING EDUCATION AND FURTHER RESEARCH

4.4.1 Recommendations for nursing practice

From the findings and conclusions it seems that recommendations for nursing practice, in this case for enhancing the resilience of nurses at SANBS, should focus on recruitment, retention and enhancement of nurses.

4.4.1.1 Nursing recruitment

According to participants in this research, there are specific characteristics that nurses need to be resilient in SANBS working environment. The characteristics identified include personality traits, values and characteristics that could have an impact on environment. When recruiting new staff members these should be considered and identified in possible suitable candidates. This could be done during interviews. Interviews should be constructed in manner that would enable the recruiter to identify if candidates possess the characteristics needed to be resilient. This can be done in different manners, such as role-play or probing questioning, which would highlight characteristics needed at the SANBS.

Potential candidates should also be informed about the working conditions at SANBS as it was described by participants that environment at SANBS is different from other disciplines and possible candidates should be made aware of this to give them an opportunity to evaluate if they would still consider working for SANBS.

4.4.1.2 Nurse retention

The time periods of participants working at SANBS ranged from two years to thirty-one years, which is indication that the SANBS does have the ability to retain staff. However, during data collection a number of staff members did resign. Participants also described frustrations that they experience at work. It was also establish that majority of participants happy at SANBS despite challenges. The recommendation made in this regard is to enhance the work environment, which would ensure that nurses at SANBS stay and are content at SANBS. Positive work environment should be created where nurses feel appreciated and can be productive. Training or workshops should be implemented to enhance flexibility or change management and training in emotional intelligence for nursing staff. Documentation should be written in manner that makes it easier for staff who must implement it to understand and implement. Teambuilding exercises with aim to build relationships amongst teams should be held on regular basis. Participants also described that the average time it takes to adapt in SANBS environment ranges between seven months to a year. During this time, support and guidance should be provided to new staff to ensure that they adapt successful in SANBS environment. The orientation programme used to induct new staff members should be of such that staff get familiar with the actual reality of working for SANBS and should include practical exposure to actual working conditions.

4.4.1.3 Enhancement of resilience characteristics

Characteristics described by participants could be further developed by training, coaching and mentoring. Focus should not only be on what nurses don't do. Recognition should also be give when they do right. This can be done in different manners, employee of year, branch of year, best improving branch. Further research is needed to explore methods to enhance and strengthen characteristics needed to ensure staff remains resilient at work.

4.4.2 Recommendations for nursing education

Currently nursing education focuses on nursing from a healthcare point of view where nurses are the cares. However, there are other nursing disciplines which play an important role in healthcare. Very little focus or studies are done for these disciplines and they are not included in the curriculum of current nursing education leading to nurses working in these environments having to equip themselves when working there. All other types of nursing disciplines should be explored by nursing education and induction of them should be included in the curriculum.

4.4.3 Recommendations for further research

During this research, it was found that much research has been done on nurses in other nursing fields but not on this specific nursing group and they represent a large and valuable group of nurses in the country. Apart from this current study, little is known on the type of characteristics needed to be resilient in their working environment. Future research should be done about nursing disciplines not working in hospitals but in settings such as the SANBS, and similar settings such as bone marrow or organ donor nursing practitioners, nurses working at pathologists to explore their working environments and challenges.

4.5 REFLECTION

A qualitative descriptive inquiry was followed to explore the perceptions of phlebotomy nurses working at SANBS on characteristics that help them to be more resilient at work. Permission was sought and granted by SANBS to conduct research at SANBS. Nurses were selected and recruited with the help of the managers at the different branches. At the beginning of the relationship, more branches were identified to participate but due to resignations, annual leave and sick leave not all branches were used as samples.

Trustworthiness was ensured throughout the research process. The study supervisor guided the research project throughout the process. Ethical considerations were adhered to, ethical clearance was requested and granted by the NWU ethical committee and the SANBS ethical committee. The supervisor could act as co-coder and analysed the data and a meeting was held with researcher to compare results. Four main themes emanated from research findings, subthemes were derived from main themes with

direct quotations from transcripts as provided by participants during unstructured interviews.

4.6 CONCLUSION

In conclusion, it can be stated that the purpose of exploring and describing the perceptions of nurses working for SANBS for characteristics needed to be resilient in their workplace was met. This led to recommendations for recruitment, retention and enhancing nurses' resilience by looking for the characteristics that have been identified during this research.

The recommendations, which were based on results and conclusions, can guide the SANBS to ensure that nurses working in their environment have the characteristics that would ensure resilience in their specific working environment. The recommendations that were formulated could be useful and should be considered.

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APPENDIX A: ETHICS CLEARANCE FROM NWU ETHICS COMMITTEE



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom,
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Web: <http://www.nwu.ac.za>

Institutional Research Ethics Regulatory Committee

Tel: +27 18 299 4849

Email: Ethics@nwu.ac.za

2016-05-17

ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by Health Research Ethics Committee (HREC) at the meeting held on 10/03/2016, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby approves your project as indicated below. This implies that the NWU-IRERC 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: The perceptions of nurses working for the South African Blood Services on characteristics needed to be resilient in the work environment.																														
Project Leader/Supervisor: Prof E du Plessis																														
Student: UD Mafaro																														
Ethics number: <table border="1"><tr><td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>0</td><td>0</td><td>7</td><td>-</td><td>1</td><td>6</td><td>-</td><td>A</td><td>1</td></tr><tr><td colspan="3">Institution</td><td colspan="5">Project Number</td><td colspan="2">Year</td><td colspan="5">Status</td></tr></table> <small>Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation</small>	N	W	U	-	0	0	0	0	7	-	1	6	-	A	1	Institution			Project Number					Year		Status				
N	W	U	-	0	0	0	0	7	-	1	6	-	A	1																
Institution			Project Number					Year		Status																				
Application Type: Full Single Application																														
Commencement date: 2016-05-17	Expiry date: 2017-05-16	Risk: <table border="1"><tr><td>Minimal</td></tr></table>	Minimal																											
Minimal																														

Special conditions of the approval (if applicable):

- Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HREC (if applicable).
- Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HREC. Ethics approval is required BEFORE approval can be obtained from these authorities.

General conditions: <i>While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:</i> <ul style="list-style-type: none">• The project leader (principle investigator) must report in the prescribed format to the NWU-IRERC via HREC:<ul style="list-style-type: none">- annually (or as otherwise requested) on the progress of the project, and upon completion 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.- Annually a number of projects may be randomly selected for an external audit.• 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 HREC. Would there be deviation 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-IRERC via HREC and new approval received before or on the expiry date.• In the interest of ethical responsibility the NWU-IRERC and HREC retains the right to:<ul style="list-style-type: none">- request access to any information or data at any time during the course or after completion of the project;- to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.- withdraw or postpone approval if:<ul style="list-style-type: none">· any unethical principles or practices of the project are revealed or suspected,· it becomes apparent that any relevant information was withheld from the HREC 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.• HREC can be contacted for any report templates Ethics-Monitoring@nwu.ac.za or further assistance via Ethics-HRECAppl@nwu.ac.za: 018 299 1206.

The IRERC 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 IRERC or HREC for any further enquiries or requests for assistance.

Yours sincerely

**Prof LA
Du Plessis**

Digitally signed by Prof LA Du Plessis
DN: cn=Prof LA Du Plessis, o=North-West University, ou=Campus Rector, email=Linda.DuPlessis@nwu.ac.za, c=ZA
Date: 2016.05.19 07:38:49 +0200

Prof Linda du Plessis

Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)

APPENDIX B: PERMISSION FROM THE SOUTH AFRICAN BLOOD SERVICES TO CONDUCT THE RESEARCH

Toll Free: 0800 11 9031

Head Office or Zone
Head Office
1 Constantia Boulevard
Constantia Kloof Ext 22
1709

Postal Address: Private Bag X14, Weltevreden Park, 1715

Tel: 011 761 9100

Fax: 086 623 2932

Email: siemi.prithviraj@sanbs.org.za www.sanbs.org.za



Request for Approval to Use SANBS Staff as Sample for Research Study

This serves to confirm that Ursula Mafaro is granted permission to use SANBS staff based in the Free State and Northern Cape provinces as a sample population for research on Resilience characteristics in nurses working for the South African National Blood Service, in fulfilment of the requirements for the degree *Magister Curationis* in Health Service Management at the School of Nursing Science at Potchefstroom Campus of the North-West University.

Yours sincerely



Siemi Prithvi Raj

Senior Manager: Donor Services

Board of Directors:

Executives: T Vroom (CEO), C Ingram (Medical Director), N Mankungu (CFO).

Non-Executives: A Ramalho (Chairman), A Christians, D Dondur, W Gumede, P Knox, V Moodley, G Simelane, R Theunissen.

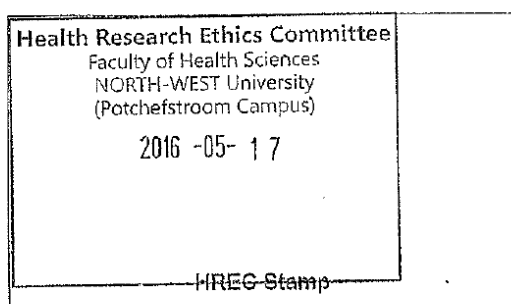
Company Secretary: M Luthuli.

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1001481 REV 16 (10/11/15)

Page 1 of 1

APPENDIX C: INFORMED CONSENT FORM FOR PARTICIPANTS



Participant information leaflet and consent form for nurses

Title of the research project:

The perceptions of nurses working for the South African Blood Services on characteristics needed to be resilient in the work environment

Reference number: NWU-00007-16-A1

Principal investigator:

Prof Emmerentia du Plessis (M.Cur student: mrs Ursula Mafaro)

Address:

INSINQ research focus area, School of Nursing Science, NWU, Potchefstroom Campus, Private Bag X6001, Potchefstroom, 2520 (c/o Prof Emmerentia du Plessis)

Contact number:

018 299 1876 OR 051 447 4122

We gladly invite you to take part in a new research project on the perceptions of nurses working for the South African Blood Services (SANBS) on characteristics needed to be resilient in the work environment. As a nurse working for the SANBS for more than one year, you are an expert on this topic, and can contribute immensely to this field of research.

Please take some time to read the information presented here, which will explain the details of this project. Please ask the mediator and 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-00007-16-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. These records will not contain any of your private information and nobody apart from the research team will be able to tell that you have participated in this research.

What is this research study all about?

- This study will be conducted at South African Blood Services at two urban and two rural branches in the Free State and Northern Cape Provinces and will involve semi-structured individual interviews conducted by the researcher. In the case of the branch where the researcher is employed, an independent interviewer experienced in qualitative research will conduct the interviews.
- The purpose of this research is to explore and describe the perceptions of nurses at the SANBS on the characteristics needed to be resilient in the workplace. This will contribute to the exploration and description of characteristics that phlebotomy nurses need to cope in their work environment.

Why have you been invited to participate?

- You have been invited to participate because you are a phlebotomy nurse working for SANBS and have rich information about your unique working environment and characteristics needed to cope in this working environment.
- You have also complied with the following inclusion criteria:
- Registered and enrolled nurses working for SANBS as phlebotomy nurses
- You must be employed in this position as phlebotomy nurses for 1 year or more
- Voluntary participation

Employees who are phlebotomists, but not nurses, will not be allowed to participate.

What will your responsibilities be?

You will be expected to:

- Participate in a semi-structured individual interview which will last about 30-90 minutes. During the interview you will be asked to share examples of times when you have had to be resilient in your unique working conditions and characteristics you needed to be resilient during these times. You will be given the opportunity to ask questions before the interview starts.
- You can choose to participate in the above or not.
- The semi-structured individual interview will be audio-recorded for data analysis purposes.
- The date and time of the semi-structured individual interview will be arranged at a time convenient for you.

Will you benefit from taking part in this research?

- You will not benefit directly from this research, but the indirect benefit will be that more information will be gathered and recommendations for nursing practice, education and further research can be formulated to strengthen the resilience of nurses working for SANBS.

Are there risks involved in your taking part in this research?

The risks in this study are you might experience emotional and/or physical discomfort during your participation. These risks are not expected to exceed discomfort ordinarily encountered in daily life. Comfort breaks and refreshments will be provided during the interview. In the case of nurses working at the same branch as the researcher, an independent interviewer will conduct the interviews, to ensure that participants feel free to share their perceptions.

What will happen in the unlikely event of some harm/form of discomfort occurring as a direct result of your taking part in this research study?

Should you experience emotional discomfort and have the need for further discussions after the interview an opportunity will be arranged for you to see a counsellor.

Who will have access to the data?

Anonymity and confidentiality will be protected by not divulging any identifying information in research reports or to anyone outside of the interviews. Reporting of findings will be anonymous by not mentioning any identifying information. Only the researcher, independent interviewer and a data-analysers will have access to the data. A confidentiality agreement will be signed by this data-analysers and the independent interviewer. Data will be kept safe and secure by locking hard copies in locked cupboards in the researcher's office and for electronic data it will be password protected. As soon as data has been transcribed it will be deleted from the recorders. Data will be stored for 7 years, after it will be destroyed by means of deleting it permanently from the computer and by means of shredding.

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the study but refreshments will be served. There will thus be no costs involved for you, if you do take part.

Is there anything else that you should know or do?

- You can contact me, Ursula Mafaro at 051 447 4122 if you have any further queries or encounter any problems, or my research supervisor, Prof Emmerentia du Plessis, at 018 299 1876.
- You can contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206; carolien.vanzyl@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.
- You will receive a copy of this information and consent form for your own records.

How will you know about the findings?

- The findings of the research will be shared with you verbally when research complete and accepted by the North-West University, as well as in the form of a short report.

.....
Signature of investigator

Declaration by participant

By signing below, I agree to take part in a research study entitled: **The perceptions of nurses working for the South African Blood Services on characteristics to be resilient in the work environment.**

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 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 investigator

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 a interpreter.

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

.....

Signature of investigator.....

.....

Signature of witness

APPENDIX D: CONFIDENTIALITY AGREEMENT WITH MEDIATORS, INDEPENDENT INTERVIEWER AND CO-CODER



NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

CONFIDENTIALITY UNDERTAKING

Entered into between (the researcher and the co-coder) / (the researcher and the independent interviewer):

I, the undersigned

Prof / Dr / Mr / Ms / Mrs _____

Identity Number: _____

Address:

Hereby undertake in favour of the **NORTH-WEST UNIVERSITY**, a public higher education institution established in terms of the Higher Education Act No. 101 of 1997

Address: Office of the Institutional Registrar, Building C1, 53 Borchard Street, Potchefstroom, 2520

(Hereinafter the "NWU")

1 Interpretation and definitions

In this undertaking, unless inconsistent with, or otherwise indicated by the context:

“Confidential Information” shall include all information that is confidential in its nature or marked as confidential and shall include any existing and new information obtained by me after the Commencement Date, including but not be limited in its interpretation to, research data, information concerning research participants, all secret knowledge, technical information and specifications, manufacturing techniques, designs, diagrams, instruction manuals, blueprints, electronic artwork, samples, devices, demonstrations, formulae, know-how, intellectual property, information concerning materials, marketing and business information generally, financial information that may include remuneration detail, pay slips, information relating to human capital and employment contract, employment conditions, ledgers, income and expenditures and other materials of whatever description in which the NWU has an interest in being kept confidential; and

“Commencement Date” means the date of signature of this undertaking by me.

The headings of clauses are intended for convenience only and shall not affect the interpretation of this undertaking.

Preamble

In performing certain duties requested by the NWU, I will have access to certain Confidential Information provided by the NWU in order to perform the said duties and I agree that it must be kept confidential.

The NWU has agreed to disclose certain of this Confidential Information and other information to me subject to me agreeing to the terms of confidentiality set out herein.

Title to the Confidential Information

I hereby acknowledge that all right, title and interest in and to the Confidential Information vests in the NWU and that I will have no claim of any nature in and to the Confidential Information.

Period of confidentiality

The provisions of this undertaking shall begin on the Commencement Date and remain in force indefinitely.

Non-disclosure and undertakings

I undertake:

to maintain the confidentiality of any Confidential Information to which I shall be allowed access by the NWU, whether before or after the Commencement Date of this undertaking. I will not divulge or permit to be divulged to any person any aspect of such Confidential Information otherwise than may be allowed in terms of this undertaking;

to take all such steps as may be necessary to prevent the Confidential Information falling into the hands of an unauthorised third party;

not to make use of any of the Confidential Information in the development, manufacture, marketing and/or sale of any goods;

not to use any research data for publication purposes;

not to use or disclose or attempt to use or disclose the Confidential Information for any purpose other than performing research purposes only and includes questionnaires, interviews with participants, data gathering, data analysis and personal information of participants/research subjects;

not to use or attempt to use the Confidential Information in any manner which will cause or be likely to cause injury or loss to a research participant or the NWU; and

that all documentation furnished to me by the NWU pursuant to this undertaking will remain the property of the NWU and upon the request of the NWU will be returned to the NWU. I shall not make copies of any such documentation without the prior written consent of the NWU.

Exceptions

The above undertakings by me shall not apply to Confidential Information which I am compelled to disclose in terms of a court order.

Jurisdictions

This undertaking shall be governed by South African law be subject to the jurisdiction of South African courts in respect of any dispute flowing from this undertaking.

Whole agreements

This document constitutes the whole of this undertaking to the exclusion of all else.

No amendment, alteration, addition, variation or consensual cancellation of this undertaking will be valid unless in writing and signed by me and the NWU.

Dated at Potchefstroom this _____ 20_____

Witnesses:

1

2

(Signatures of witnesses)

(Signature)

APPENDIX E: EXAMPLE OF TRANSCRIPT OF INDIVIDUAL SEMI-STRUCTURED INTERVIEW

The researcher introduced herself and explained the purpose of the study. Confidentiality and anonymity were explained to participants and that a recorder will be used and notes taken to ensure all information recorded. It was also explained that even when recorder off they can still give more information if needed.

Researcher: Morning (participant: 1) How are you?

Participant 1: Well thank you and yourself?

Researcher: Hmm thank you for giving us time and allowing us to do the study. It's going to be confidential the records will be kept confidential and you have a right to withdraw at any time. So I hmm I explained to you the title of the study it's basically your perception on what characteristics you need to be resilient in SANBS. So to start off can you explain how long have you been working for SANBS?

Participant 1: I am in my 31st year this year.

Researcher: Yoh laughing you're a national asset?

Participant: Laughing probably older than most of the staff.

Researcher: When did you start?

Participant 1: In 1986.

Researcher? Yoh

Participant 1: In January I am 31 years.

Researcher: That's forever mhmm. Is it a good sign or a bad sign? Laughing

Participant 1: No they've been very good to me and I really enjoy the career part and I enjoy SANBS. I was very frustrated in my first six seven months.

Researcher: Mmhh

Participant 1: Exceptionally frustrated because of the different disciplines in SANBS and then I was pregnant and I couldn't move anywhere and gradually it just grew on me. Laughing

Researcher: Laughing you just stayed?

Participant 1: Laughing Ja so I am still here 30 odd years later.

Researcher: If you could describe now in your own words what is resilience? What is a resilient person?

Participant 1: I would say its someone who can keep going and you know they can make things count in their favour as well as whoever's working with them and with the team and with the company and whether its difficult or not they must just keep going, they mustn't give up and decide it's not worth going there .

Researcher: So it's somebody who can keep on coming back endlessly?

Participant 1: Yah yah and try look for new ways don't just knock your head.

Researcher: So if I am a new nurse now and I want to come work here as a phlebotomist what characteristics do you think I would need to survive or to stay?

Participant 1: In SANBS itself or?

Researcher: Yes in SANBS itself.

Participant 1: In SANBS itself, well what I find out of experience is that people seem to lose their discipline in themselves and in their nursing

When they come into SANBS. I am not quite sure why because we are not, I would not say that we are not a disciplined but they more relaxed than the nursing medical field. People seem to forget that they actually still a part of the medical field.

Researcher: Mmhh

Participant 1: And what I also find out because of experience is that they get dictated by other people of the streets meaning our DA our CA, meaning they don't have any

medical background and they seem to be intimidated by them. I don't know for that reason, because they have the medical background so they shouldn't be intimidated but. I mean I just had a turnover of 4 to 5 people and its simply because of that they listening to the non-medical people and then as a medical person you have to step in because they forget they not only working in a medical platform here in SANBS with your donor you working in a medical platform for hospitals you need a safe and quality product.

Researcher: And it's a national?

Participant 1: It's a national yah I am not quite sure where they get this from, they usually here for 2 months than they fine than you find that after that they having trouble with the discipline. And just the self-control, they just not proud of themselves and their epaulets that's what I found.

Researcher: so those are the two main characteristics that you will need if you want to be consistent and stay?

Participant 1: Absolutely yah.

Researcher: They need to be disciplined.

Participant 1: And not forget you that you in a medical field and I think they inclined to forget that because we more relaxed we not.

Researcher: Like the hospitals.

Participant 1: Yah like the hospitals I mean we got our rules and regulations but it's not as stringent as the hospitals.

Researcher: Mhh so how would you say could they like keep been disciplined?

Participant 1: Well you know what I have actually been thinking about that quite hard because I' been having a problem with my team because they had 4 or 5 different sister in charges and we have to just go back to the basics. I played sports I played hockey and I've always seen when a team is so disorientated you have to take them back to the basics and they have to understand why they doing things. I think we as management just assume that every knows that they must do something, we just make this

assumption, so maybe we just throwing them in the deep end, we not telling them what we expect from them.

Researcher: So better preparation?

Participant 1: Yah definitely better preparation the SOP is there but they not using them that is a problem and the time frame. Sending staff over to Johannesburg is a problem they get expose to training but they don't get expose to the practical. So when they come here they actually very, very confuse and then you got to start again. Than you already lost two months.

Researcher: Of getting that person into the hang of things.

Participant 1: And I have seen before all this training took part we use to do the training at the centre itself and those people have stayed because they understand the outlook and why we do things and everything. So I don't if it's us going over to Joburg again that gives people this conception that's its now in la la di la di land because you stay in a nice hotel and everything's been paid for you, not traveling and your hours are fantastic.

Researcher: It's a controlled environment.

Participant 1: Absolutely and when you get back here its very uncontrolled especially the mobiles, I mean they spend nights out and then we seem to lose them. Because the one guy that I just lost now he went on two mobile clinics and said to me he's not gone go there again and he is definitely not gone sleep over. And yet in the interview we specified that. So I think with him going away and everything he was living in na di na di land and had to come back to reality and it wasn't as nice.

Researcher: So by listening to all of this my next question would be what the biggest challenges are? It's like say I am coming in I am working what is the daily challenges that staff face in SANBS nurses?

Participant 1: I would say that if I look at what happened here is that hmm the supervisor is not an example she is not leading by example so because she is not leading by example they are trying to find their own way and they falling around. So when they do get rectified they are horrified as simple thing like I was discussing yesterday with my ISC they've been told how many times that when you finish this evening everything must be washed so that they can be air dry for tomorrow and it

doesn't happen than you walk into the bleeding room at ten o'clock and there blood in certain areas and it has not been washed. And when you ask the supervisor why is this happening she tells you it's her site and people should know what to be doing. She is dumping she is not delegating.

Researcher: **So there is no strong leadership?**

Participant: No no that's what I have found and I also actually mentioned to my supervisor and I know I am not allowed to go there but I am going to go back and I am going to interfere and make sure that everyone work according because its ever since these supervisory positions came into play that things got so out of hand, because there is really no discipline. As to whether it's them not wanting to feed the discipline through because they want to be buddy, buddy and I have a problem with that I don't know if it's my personal problem but I have seen by what we did than by what we do now and I don't like what I have seen.

Researcher: And you mentioned something about the hours that when they come and then they realize that it's not as, is that a challenge?

Participant 1: It is a challenge that our physical work in [REDACTED] itself is not that difficult **it's the hours that you spend on the road**. Hmm even though you **going with a team you still exhausted because you spending more time in the vehicle than you are physically working**. And I was offered more staff but that's not the solution and there is actually no solution in my eyes because the distances have to be travelled.

Researcher: That's a reality.

Participant 1: All you gone do is sit with more people who will be more difficult and the solution we had was when we do [REDACTED], than [REDACTED] and then [REDACTED]. Than everybody had to only travel 200 km that was realistic because you know one get tired extra, etcetera. And you must remember also that in our area that **we do everybody is after hours. The clinics must take place after four o'clock**.

Researcher: To suit the donors and that can be challenging.

Participant 1; Yah and we tried when they first said let's make everything earlier but then we just lost to may donors, so we reverted back to our later clinics.

Researcher: And collections is important than?

Participant 1: Very, very and what I am finding know it's just an internal problem people are not managing the Alex procedures because remember its similar to any apheresis procedure you should work on appointments and they not doing that and as a result because they not doing that you find 4 people presenting at the end of the clinic.

Researcher: And that frustrates everyone.

Participant 1: Everybody because that's another two hours because now the procedure has to take place the next one has to wait for the next one and everything has to close up. So there is a lot of frustration so I think at end of the day if we can all just.

Researcher: is frustration from both sides?

Participant 1: I think so the donors and the staff. And the staff the accountability from nurses in [REDACTED] is not there and that's a major problem, because ever since they brought this title out sister in charge or clinic supervisor I always get this I am not the sister in charge or that you know.

Researcher: I don't solve problems.

Participant 1: Yah and I have honestly and I am prepared to say it and I will say it here as well I don't want another supervisor; I want the sisters to take responsibility for their own clinics. And if the company feel that they have to remunerate anyone they should do it on the remuneration on the performance of that clinic and how sister managed that clinic. Than I feel if they do that there will not be an extra cost because those salaries will be automatically be into this remuneration and then you also get better performance they getting something out of the deal. And I don't mind being the Guiney pig if they want to do it.

Researcher: So you will try it first?

Participant: Yah really we are busy with a motivation and we hoping that [REDACTED] will actually approve it. I have said I am not taking another sister in charge in [REDACTED] or in [REDACTED]. I mean we had an interview yesterday and the guy just did not pitch up, how you even trust somebody like that. So yah maybe I am old fashion.

Researcher: So if you can describe like more specific characteristics that a person would need to work for SANBS under difficult situations like for example clinics?

Participant 1: I would say prioritizing is major really prioritizing and really teamwork. If they can't team it's not gone happen. Right now [REDACTED] is not teaming it's very sad to say that because we never had this before but the stats talk for themselves.

Researcher: So those two is our core if you prioritize correctly you will do more.

Participant 1: And if you team work, everything will automatically fall in place. It's like they say if anus stops what happen to rest of the body.

Researcher: And discipline as you said?

Participant 1: Yah no there no discipline right now and I can't put my finger on it I am not sure what's happening. I've been moaning since January for the team to tell me so that we sort it out, whatever the problem is. But no one is coming forward but I hear thss thss but no one actually comes to me to say what the problem. I think the union is part of the problem we had a lot of union problems specifically if I tell them what to do or we go to disciplinary code they go to the union. And they feel that union can do everything. I spoke to the recruiter this morning we will not get our September increase this year we won't if we carry on like this. And I said you can go to the union as much you want ,the minister of education or to health but we are not going to get our bonus and he said but no they have to do something. I said no we have to do something.

Researcher: So that accountability.

Participant 1: We have to be accountable, I really do think its the union that guy is a very negative impact on the rest of the union and it's a pity because they very good workers.

Researcher: So if you come in you have to have a personality that has to be resistant to that and assertive.

Participants 1: You have to be very strong and assertive. Right now if mobile team had someone like me that do not take nonsense and does not get frightened because the union is picking up the phone than it will work for us but we have not found someone like that. We got very much peoples pleasers right now. Our supervisor here at the site is a people's pleaser and she is finding it difficult and you must remember she was always part of the team and now she must isolate herself because she can't hide behind

anyone anymore. She can't blame any other supervisor anymore because she is the only supervisor for all the sites and she finds it difficult because she is a people pleaser.

Researcher: So if you can box it let's say I am starting to work now for SANBS it's a difficult working environment it's not as easy as it looks but if you do the following you use the following traits you will make it what would you say to me?

Participant 1: I would say hmm it's definitely a different discipline and please leave your epaulets at the door when you walk through the door, laughing, because you have to bring you medical through the door please remember that. It sounds like a tape recorder where it will say to you the whole time you will be responsible and lose your epaulettes that is honestly how it goes that is accountability. And you have to be exceptionally assertive you have to actually be hard ass and you have to be thick skinned and don't take on a personal level. And stop the gossiping immediately when you hear it and don't involve yourself in the gossip or someone comes to you with gossip get the other one just so you can get the story so that you stop it immediately. And because people worked together for so long time it really makes it worst they make you feel like an outcast especially if you not the favourable one.

Researcher: And do as the rest.

Participant: The other thing as well it does not help to turn around and say this one said that has to stop you have to turn around and say I am the sister here and I am telling you this is how it's gone happen and if his like. I was saying to the girls and I got a man here if you need a counselling tell them to draw their own counselling form and you do the disciplinary you don't give it to someone else. Because they must understand at that particular time on that clinic you were the sister in charge, because they always use it as an escape goat you not my sister in charge.

Researcher: Thank you

APPENDIX F: EXAMPLE OF FIELD NOTES FOR INDIVIDUAL SEMI-STRUCTURED INTERVIEWS

Methodological notes

The interviews took place at the different three branches in private offices .The offices were well ventilated and had adequate light. A sign was put on door not to be disturbed. In one branch the walls were dry wall you could hear phones from outside but sound were not heard from inside to outside. Recorder was placed to record clear note book were used to record notes. Clock watch was visible in room but no specific timeframe was given. Recorder was switched of at end of interview but conversation continued to get additional information.

Observational notes

Participants were scheduled for interview according to availability; participants who had to go to clinics later that day were interviewed first. Participants were ensured of confidentiality and asked to relaxed and feel free to talk and give their input. Most of participants relaxed after going through consent form. Chairs were set up opposite each other to create a relaxed interview environment. Researchers introduced her and explained the purpose of research to all participants.

Theoretical notes

After consent was obtained and introductions were done the first question was posed. For how long have you been working at SANBS? The participants responded by mentioning the amount of years which ranged from two years to thirty one years. To probe more the researcher asked if it was seven fat years or seven thin years, this made participants relax more and they felt free to give more input.

APPENDIX G: DECLARATION OF LANGUAGE EDITOR



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DECLARATION OF LANGUAGE EDITING

I, Christina Maria Etrechia Terblanche, hereby declare that I edited the research study with the title:

Resilience characteristics in nurses working for the South African National Blood Services

for U Mafaro for the purpose of submission as a research study for examination. Changes were suggested in track changes and implementation was left up to the author.

Regards,

CME Terblanche

Cum Laude Language Practitioners (CC)

SATI accreditation nr: 1001066

Full member of PEG