

**EMOTIONAL EXPERIENCES OF PROFESSIONAL NURSES IN A CRITICAL CARE
UNIT OF A PRIVATE HOSPITAL IN GAUTENG: A CASESTUDY**

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RESEARCH OUTLINE

The research in this study is presented in an article format including the following:

1. Overview of the research
2. A literature review
3. One article as follows:

Article title	Journal submitted to
Nurses' Emotional Minefield: A Critical Care Case Study in a Gauteng Private hospital.	Journal of advanced Nursing

4. Conclusions, shortcomings and recommendations for further research.

AUTHOR'S CONTRIBUTION

This research was planned and executed by the three researchers from the School of Nursing Science at the North-West University; Potchefstroom Campus integrated in the RISE-program. The contribution of each researcher to this study is indicated in the table below:

Mrs. Heleen Brink	M.Cur. Nursing Management; liable for the <ul style="list-style-type: none">• review of literature,• the performance of the pilot study,• conducting the research process, and• writing the text.
Dr. Petra Bester	Supervisor and reviewer of the study
Dr. Emmarentia du Plessis	Co-supervisor and reviewer of the study

The following is a declaration by the co-authors to confirm their role in the study and to agree that the article format is appropriate and acceptable for submission as a thesis.

A declaration:

I hereby declare that I have approved the inclusion of the article as mentioned above in this thesis and that my contribution to this study is indeed stated as above. I hereby grant permission that this article may be published as part of the M.Cur thesis for Mrs. Heleen Brink.

Dr. Petra Bester
Supervisor

Dr. Emmerentia du Plessis
Co- supervisor

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Thank you Lord for guiding me through this adventure, for Your Love presence and strength -Solí deo Glória

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." [\(NLT\)](#)

To my husband, Johann- Thank you for your love and support. You give new meaning to my life every day.

To my precious little girls: Karlien and Jana. You are amazing

My parents, thank you for believing. Love you.

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ABSTRACT

The focus of this study was on the regulation and management of emotions among professional nurses in a critical care unit in a private hospital in Gauteng.

The **aim** of this project is to explore and describe the level of resilience of professional nurses, in this case specifically, critical care nurses. The background portrays a journey from emotions and emotional experiences as main focus. The main focus was transformed into sequential emotion regulation and management as precursors to emotional intelligence. An initial literature investigation into emotional intelligence among professional nurses in general indicated that: Much international and national research has been conducted on emotional intelligence among nurses; emotional intelligence is an essential aspect of nursing, as an emotion-laden profession; and emotional intelligence implies positive benefits for nurses. The **purpose** of this study was to enhance professional nurses' regulation and management of their emotions in a critical care unit in a private hospital in Gauteng in order to enhance the level of emotional intelligence.

Methodology: A qualitative, phenomenological research design was most suitable for this research that was also explorative, descriptive and contextual and within a case study strategy, combined with the use of interviews. C purposive **sampling** (Botma, *et al.*, 2010:126) was used to select participants. ASE records included incident reports; organisational records of employee satisfaction, as well as documents that portrayed the care rendered in the unit. Participants were informed about the research by means of a PowerPoint presentation. The sample size was established once the research by saturation of data (Botma *et al.*, 2010:200). Participants were informed about the research by means of a slideshow.

Conclusion

The results re-confirmed the existence of emotional labour in the critical care unit, as well as the different emotions experienced in the critical care unit. Results reflect the strain critical care nurses need to cope with, and the different ways they use to regulate these emotions and emotional experiences.

Keywords: emotions, emotional intelligence, emotional experiences, emotional management, emotional labour, Gauteng, critical care nurses.

OVERVIEW OF THE RESEARCH

1.1. INTRODUCTION

The focus of this study was on the regulation and management of emotions among professional nurses in a critical care unit in a private hospital in Gauteng. The importance of emotions and emotional regulation forms an integral part of resilience, and this has been incorporated into the RISE project of the Nursing School at the North-West University. The aim of this project is to explore and describe the level of resilience of professional nurses, in this case specifically critical care nurses. The background portrays a journey from emotions and emotional experiences as main focus. The main focus was transformed into sequential emotion regulation and management as precursors to emotional intelligence.

An initial literature investigation into emotional intelligence among professional nurses in general indicated that:

- i) Much international and national research has been conducted on emotional intelligence among nurses (Ball, 2009; Feather, 2009:376-382; Kerfoot, 1996:59; Nel, 2005; Schneider, Lyons *et al.*, 2005; Smith, McGrath & Cummings, 2009:1624-1636);
- ii) emotional intelligence is an essential aspect of nursing, as an emotion-laden profession (Henderson, 2001:130-138; Bennet & Lowe, 2008:537-546; Birks & Watts, 2007:368-374; Humpel, Caputi & Martins, 2001:55-60; Kuremyr *et al.*, 1994:670-679; Kovacs, Kovacs & Hegedus, 2010:432-442; Smith, Pearson & Ross, 2009:230-237);
- iii) emotional intelligence implies positive benefits for nurses (Feather, 2009:376-382; Celik, 2008: 796 -804; Gray, 2009:168-175; Prati, Ammeter & Buckley, 2003:21-40; Fernandez & Baker, 2007; Copperman, 2010:5-8; Gaines, 2011).

Yet a more thorough literature investigation was done by the researcher into emotional intelligence among professional nurses in general, and it indicated a lack of understanding of the emotions nurses experience (Nel, 2005; Van Wyk, 2010).

In addition to the emotional nature of nursing various international challenges on the nursing profession were identified in literature. Nursing practice experiences many change as hospitals are increasingly managed from a business perspective (Needleman, *et al.* 2006:5). Professional nurses, in general, become a commodity to meet an immense range of competing demands within the volatile health-care system (Hofmeyer & Marck, 2008:143). Staff shortages increase the burden on professional nurses even more when they are replaced by unskilled workers (Aiken, 2002), and this creates an unsafe practice environment (AACN, 2005:2). Nurses may become overwhelmed by their day-to-day tasks and having to pay more attention to the emotional needs of their patients. They then tend to negate their own emotional needs (Cruz, 2008:6).

Emotions are an integral part of the nursing profession. Literature (McQueen, 2004:107; Kerfoot, 1996:50) confirmed that nursing is a profession where nurses are in daily contact with the emotions of their patients, colleagues and their own emotions. Higher quality nursing and better patient outcomes have been reported when nurses were more in contact with their own emotions and able to facilitate the emotions of their colleagues and patients (Cumming *et al.*, 2005:2-12).

A clear description of this interaction of emotions between patient and nurse was found in a study in emotional intelligence in palliative care (Codier, Moneno & Freitas, 2011:4). The professional nurse assessed her patient's emotions as fearful, and it did not focus on dying. She focused on the symptoms he experienced, in this case struggling to breathe. The nurse identified his emotions accurately, and she could administer medication to decrease the fluid in his lungs, as well as decreasing intravenous fluids. This would relieve the patient in the experience of 'drowning', and therefore it decreased anxiety, because the patient realised that the nurse had addressed his physical symptoms as well as his emotional needs.

1.2 BACKGROUND AND PROBLEM STATEMENT

Botes (1996:3) described the professional nurse as a perceptive (sensitive) therapeutic professional who cares for patients and their families. In these relationships decision-making has to take place, and when professional nurses use emotions as pointers of

their moral dimension this may lead to more patient-focused decisions (AACN, 2005:5; Smith *et al.*, 2009). Previously emotion was generally seen as restricting in terms of decision-making (Clore, 2011:1). But according to the emotional intelligence theory, emotion can be a potent motivator. As motivator emotions give the decision-maker the opportunity to re-evaluate their way of thinking, and therefore think critically (Clore, 2011:1; Smith *et al.*, 2009).

Nurses feel professionally compelled to become part of their patients and their families, and this can be very stressful (Smith *et al.*, 2009). Emotions are experienced daily, and are vital to genuine, authentic and compassionate relationships (AACN, 2005:3, Smith *et al.*, 2009). Professional nurses working in a burns unit described their practice environment as stressful and emotionally demanding. These nurses realized that they needed support, but struggled to find the time to express their emotions (Cronin, 2001:346). Although it was acceptable for professional nurses in general to express their emotions (Rego *et al.*, 2007), professional nurses get so caught up in their work responsibilities that they forget their own emotions (Stayt, 2009:1273). The accumulation of emotions, for example grief, reflects not only the psychological well-being of the nurse but also his/her physical well-being (French, 2008; Nejtek, 2002:349). Due to the negative effects of the accumulation of emotions there is an international trend for health-care providers to develop so-called “soft skills” in staff, especially if they want to keep the competitive edge in the health-care industry (Sherman & Pross, 2011; Copperman, 2010; Kerfoot, 1996:59; Fernandez & Baker, 2007:80; Gainess, 2011). To maintain the competitive edge in South Africa, the challenges of the nursing profession were intensified by the dichotomy between a public versus a private health-care sector (Bester, 2009). The general household survey done in 2008 indicated that about 16% of the South African population belonged to a medical aid and make use of private hospital treatment (South African Government, 2008). The private health-care sector depends heavily on medical insurance for economic viability (Thom, 2008). In the private health-care sector, medical doctors are seen as indirect sellers of health-care (Thom, 2008) which may lead to over-servicing of patients to ensure an investor incentive to main investor satisfaction. Despite investor pressures, selected private health-care companies do align to adapt to a social capital system (Hofmeyer & Marck, 2008:10) in which more attention is granted to people as an integral reality in an organisation as

well as the networks among these people in order to position the organization in the context of the triple bottom line of the social capital system. As part of this reality nursing staff manage their emotions for the purpose of compensation which may cause long-standing harm to them (Grandey, 2000:95).

Research conducted about positive practice environments indicated that critical care nurses needed to be “in control” of their environment and patients (Pretorius, 2010). To manage these emotions and experience control, emotional intelligence is needed, not only to manage the nurses emotions, but to perceive the patient’s emotions as well (George, 2000:1038; Prati *et al.*, 2003:35; Fernandez & Baker, 2007:80). Emotional intelligence can be defined as “the capacity to reason about emotions, and of emotions to enhance thinking. It includes abilities and to reflectively regulate emotions so as to promote emotional and intellectual growth” (Mayer & Salovey, 2004:197).

In 1990 groundbreaking work was done on emotional intelligence by Mayer and Salovey (1990:185). These authors described emotional intelligence as a set of skills hypothesized to contribute to the accurate appraisal and expression of emotions in oneself and others, the effective regulation of emotion in self and others, and the use of feelings to motivate, plan and achieve in one’s life. For this research Mayer, Salovey and Caruso (2004:507) described a four-branch model of emotional intelligence. This model consists of: firstly, managing emotions to attain specific goals; secondly, understanding emotions, emotional language and signals conveyed by emotions; thirdly, using emotions to facilitate thinking and fourthly perceiving emotions accurately in oneself and others. In 1995 Goleman published a bestseller on emotional intelligence. He claimed the ‘hermeneutic wonder’ of emotional intelligence and became the public face thereof – and that that led to various critiques from the scientific community (Ashtonakis, Ashkanasy *et al.*, 2009:247-262; Mayer, Salovey *et al.*, 2008:504).

This research of emotional intelligence is presented as an underlying theme and a way of ensuring positive practice environment through relationships (Cummings *et al.*, 2008:244). Avolio and Gardner (2005:22) states that a leader in nursing is aware of the context in of these relationships in which they operate and how this add to the well-

being of the staff and patients (George, *et al.*,2007:133-135). Therefore, professional nurses' that demonstrate continuous provision of emotional support and can result in burnout (Stayt, 2008:1267; McQueen, 2004). Emotional intelligence as a moderator of mirror a positive effect on burnout in relationships (Smith *et al.*, 2009:5).

Emotional events at work may help explain employee attitudes and behaviour (Weiss & Cropanzano, 1996) and the source of events may influence the extent of the emotional regulation performed (Grandey, 2000:103). With regard to emotional regulation, nurses in critical care units can respond in two ways. Firstly a "fight or flight" response may be used, indicating a stress response resulting in increased levels of cortisol that can damage human tissue. Secondly, the nurse could stay and deal with the situation by expressing emotion (Cruz, 2008:25) - this is predominantly experienced as somewhat positive, illuminated by humour (Driscoll, 1992; Cruz, 2008).

The critical care unit as work environment implies a unique context in which the professional nurse renders an emotion-laden service. A critical care unit was designed to provide a wide-range of care to critically ill patients and contains complex multi-system life support equipment such as mechanical ventilation, renal replacement therapy, inotropic support and invasive cardiovascular monitoring (Pretorius, 2009; Gillespie *et al.*, 2006:52). Research on the emotions of the professional nurse in relation to caring for the critical ill during organ donation and the death process, indicated that the breaking of bad news and interpersonal relationships were sources of emotional stress for the critical care nurse and the family (Stayt, 2008:1267; Driscoll, 1992). Horschchild (1983) investigated ways to manage emotions from a dramaturgical perspective and portray it in two ways; "namely through surface acting, where one regulates the emotional expression; and through deep acting where one consciously modifies feelings in order to express desired emotion." This was called emotional work and adds value to the holistic patient-centred experience for the patients and families (Gray, 2008:173). As patients' needs change, patients don't expect physical care only but also emotional support (also referred to emotional work) (Kerfoot,1996:57). Emotional work illustrates a relationship between professional nurses in general and the patients they care for. Emotional work can also be viewed as a commodity (Henderson, 2001:136).

To summarise, nursing is an emotion-laden profession (McQueen, 2004:107) especially in a critical care unit where professional nurses are exposed to several stress factors such as emotional labour, keeping up with technology, staff shortages and relationships in the multi-professional team. Emotional intelligence as underlying construct for this study emphasizes the regulation and management of emotions (Mayer & Salovey, 2004). Emotions in the workplace and the influence they have on professional nurses' attitudes and behaviour (Grandey, 2000) are important factors in work environments. The researcher recognised the need to gain a deeper understanding of the emotional experiences, emotional regulation and emotion management evidenced by professional nurses in a critical care unit in a private hospital in Gauteng. Therefore the following research questions were formulated:

- I. What were the emotions that professional nurses experienced in a critical care unit in a private hospital in Gauteng?
- II. Which affective events and situations did professional nurses experience in a critical care unit in a private hospital in Gauteng?

How could professional nurses regulate and manage their emotions in a critical care unit in Gauteng?

1.3 PURPOSE AND OBJECTIVE

The **purpose** of this study was to enhance professional nurses' regulation and management of their emotions in a critical care unit in a private hospital in Gauteng in order to enhance their levels of emotional intelligence.

In order to achieve this purpose, the overall **aim** of this research was to determine:

- the emotions that professional nurses experienced in a critical care unit in a private hospital in Gauteng;
- the affective events and situations that professional nurses experienced in a critical care unit in a private hospital in Gauteng leading to these emotions; and

- how professional nurses regulate and manage their emotions in a critical care unit in a private hospital in Gauteng.

From the above-mentioned aim, the following **objectives** were formulated:

- to *explore* and *describe* the professional nurses' in a critical care unit in a private hospital in Gauteng's experiences with regard to the their:
 - emotions;
 - affective events and situations; and
 - regulation and management of emotions.
- To suggest recommendations for the enhanced regulation and management of professional nurses' emotions in a critical care unit in a private hospital in Gauteng.

1.4 CENTRAL THEORETICAL STATEMENT

Professional nurses employed in a critical care unit are responsible for nursing seriously ill patients within a context of a shortage of critical care qualified professional nurses. This contributes to the intensity and pressures of this environment (Richards *et al.*, n.a.). The risk of burnout and compassion fatigue among professional nurses is generally on the increase (Kuremyr, *et al.*, 1994:670-679; Kovacs, Kovacs & Hedegus, 2010:439). Evidence from literature has indicated that more insight into the regulation and management of emotions might be an essential link into assisting professional nurses (Cummings *et al.*, 2008:244 and Feather, 2009:376-382). This research might assist in gaining a better understanding of the regulation and management of emotions among professional nurses working in a critical care in a private hospital in Gauteng in order to enhance the emotional intelligence of these professional nurses.

1.5 RESEARCHER'S ASSUMPTION

Burns and Grove (2009:712) described a paradigm as a particular way of viewing a phenomenon in the world. According to Moody *in* Brink *et al.* (2012:26) a paradigm provides an organisation of thinking, observing and interpreting what was seen. It is a lens through which a discipline concerned will be viewed and the direction that a

research project will take. In this section the researcher declares her paradigmatic perspective by means of meta-theoretical-, theoretical- and methodological assumptions.

1.5.1 Meta-theoretical assumptions

Due to the fact that not all data can be proved on the foundation of empirical research, the researcher needs to declare assumptions in defending certain theories and strategies followed (Mouton & Marais, 1996:192). These assumptions are discussed in more detail in chapter 2.

1.5.2 Theoretical assumptions

The following definitions have been central to this research:

Emotional intelligence

Emotional intelligence is “the capacity to reason about emotions and of emotions to enhance thinking. It includes the abilities to accurately perceive emotions, assess thought, understand emotions and emotional knowledge and to reflectively regulate emotions so as to promote emotional and intellectual growth” (Mayer & Salovey, 2004:197).

Emotion

Emotions are short-term, object-specific changes that tune body and mind to respond quickly and efficiently. Each emotion leads to a specific pattern of activity in the autonomic nervous system, a process whereby it prepares the body the body perform appropriate actions for the concept of action readiness (Chassy & Gobet, 2011:202).

Emotional experience

Emotional experiences are the experiences or events detached from distinctive events or situations through resorting to abstraction (Semin, Gorts, Nandram & Semin-Goossens, 2002:26).

Emotional work

The work that requires of one, is to induce or suppress feelings in order to sustain the outward countenance that produces the proper state of mind in others. In this case it is the sense of being cared for in a convivial and safe place. This kind of labour calls for a co-ordination of mind and feelings and is sometimes a source of self, honoured as a deep and integral part of individuality (Hoschschild, 1983).

Professional nurse

The professional nurse (PN) is a skilled and competent individual registered with the South African Nursing Council (SANC) as a professional nurse in terms of the Nursing Act (Act 50 of 1978) amended in 2005 (Act 33 of 2005). Due to the fact that PN's function in a critical care unit, they are either registered in and in accordance with Regulation 212 of 1993 as amended in Regulation 74 of 1997 regarding the registration of an additional qualification in Clinical Nursing or the experience in the critical care unit (Government Gazette, 2003).

Critical care unit

The critical care unit is a hospital-based unit designed to provide a wide-range of care to critically ill patients and contains complex multi-system life support equipment such as mechanical ventilation, renal replacement therapy, inotropic support and invasive cardiovascular monitoring (Pretorius, 2009:79; Gillespie *et al.*, 2006:52).

Private hospital

A private hospital is a health facility not owned or controlled by or run under the state or auspices of the state (Government Gazette, 2003). Private hospitals function from a business model and accommodate in general the majority of patients with medical aids and private patients (HASA, 2011). In South Africa there are three dominant private hospital groups.

Emotional management

Refers to managing one's internal states, impulses and resources by cultivating a rapport and attunement within a broad diversity of people (Goleman, 1998:318; Wolf, 2005:3).

Emotional regulation

Handling of emotions by a person that facilitate rather than interfere with task at hand (Goleman, 1998:318).

1.5.3 Methodological assumptions

Methodological assumptions guide the beliefs concerning the nature of research and what is seen as good research (Mouton & Marais, 1996:23). The research process was guided by the Model for Nursing Research developed by Botes (1991). This model describes three orders in nursing activities namely; nursing practice, nursing science and the philosophy of nursing.

The *first* order was the empirical reality of the nursing practice that can be studied, problems or research questions that can be identified and possible solutions that can be recommended. Nursing actions are based on the knowledge of nursing, but in practice, actions take place with pre-scientific knowledge of nursing (Botes, 1991:19). Appendix A provides a visual illustration of the Model of Research in Nursing (Botes, 1991:24).

The *second* order entails the activities of nursing and involves research and theory development. This is a meta-functional activity that implies that the researcher identifies nursing problems as they are experienced, and investigates these problems, describing the problem and suggesting solutions. For the purpose of this study the concepts emotions, affective events and situations, as well as the regulation and management of emotions would be explored, described and recommendations made.

The *third* order describes the philosophy of nursing and is seen as a meta-theoretical activity, involving the analysis and evaluation of concepts, assumptions and methods found in the first and second orders (Botes,1991:20). The functional approach does not

stand passively in the world (Botes, 1991:21-22), thus encouraging the researchers involvement in the research process.

1.6 RESEARCH METHODOLOGY

The research methodology anticipated in this research was discussed as the research design and research methods.

1.6.1 Research design

A qualitative, phenomenological research design would be most suitable for this research that was also explorative, descriptive and contextual and within a case study strategy (Botma, Greef, Malaundzi & Wright, 2010:191). A *qualitative design* was considered appropriate as the researcher needed to gain a deeper understanding of the emotional experiences of professional nurses (Burns & Grove, 2009:84). In addition to having a deeper understanding, the researcher wanted to determine the meaning that professional nurses attach in their experiences and therefore this research was also conducted from a *phenomenological perspective* (Burns & Grove, 2009:55; Creswell, 2009:13). An *instrumental case study* (Fouche, 2005:272) was conducted. The *exploration* of the research question and a rigorous process of description of the research might be able to capture the professional nurses' experiences (Burns & Grove, 2009:54). This research was conducted among professional nurses in a critical care unit in a private hospital in Gauteng and is therefore contextual in nature (Burn & Grove, 2009:178). The case records was included in this study to describe the case (Burns & Grove, 2009:519), and to support the data collected from the interviews.

1.6.2 Research method

An extensive description of the research setting was provided as this research follows an instrumental case study strategy. Please refer to Table 1.1 for an outline of the planned research methods.

1.6.3 Data collection

Research setting

A research on practice was a critical care unit in a private hospital in Gauteng. According to the Hospital Association of South Africa (HASA, 2009:138), the private hospital sector encompasses an estimated 259 hospitals and is largely controlled by three dominant groups. The private hospital sector fulfils an important role in terms of meeting health-care needs of more than seven million South-Africans, and contributes positively to social and economic stability in South-Africa (HASA, 2009:43). The private hospital sector delivers health-care services to about 16%% of South Africa's middle and high-income earners that could afford to contribute to a medical aid (IMCSA, 2008). The private hospital sector fulfils a vital role in terms of meeting the health-care needs of more than seven million South Africans, and contributes positively to the social and economic stability of South Africa (HASA, 2009:43). The difference between private and public hospitals lies in the administration: private hospitals are managed by shareholders and health-care companies; while government hospitals are managed by the Department of Health, thus indirectly by government (Government Gazette, 2003). The research setting is described in detail in chapter 2.

Population

The population was all professional nurses rendering direct nursing care to adults in a critical care unit in a private hospital in Gauteng. The specific unit was chosen because it represented a variety of critical care qualified professional nurses and professional nurses working in the unit with experience.

Sample

Case records was collected for the time period October to December 2011, this included incident records, patient satisfaction and complaints, and various organisational records. The case records assist to gain a deeper understanding of the case.

Prospective participants complied with the following inclusion criteria to participate in this research, a participant

- must be registered with the South-African Nursing Council (SANC) as a professional nurse;
- must be permanently employed at the critical care unit in the private hospital in Gauteng;
- must be proficient in Afrikaans or English;
- must be willing to participate in in-depth interviews; and
- must be willing to participate voluntarily in this research.

Sampling and sample size

A purposive sampling (Botma *et al.*, 2010:126) was used to select participants. The sample size was established once the research questions had been answered by means of sufficiency and saturation (Botma *et al.*, 2010:200).

Pilot study

A pilot study is a smaller version of the proposed study conducted to develop and refine the methodology such as the semi-structured instrument needed for the interviews (Burns & Grove, 2009:713). This was important for the successful implementation and completion of the research project. For this research a preliminary pilot study was performed to identify unanticipated problems. Therefore, two interviews were conducted with the professional nurses in the hospital environment. After these interviews the interview schedule was evaluated for suitability. The questions asked during the interviews, were refined and adjusted, and difficulties straightened out. The sample for the pilot study was two participants.

Case records

As indicated above, various records were investigated to gain a better understanding of the case.

In-depth interviews

Professional nurses were interviewed in their working environment (which is a critical care unit in a private hospital in Gauteng). In-depth interviews were conducted with individuals and these started with the broad question (Botma, 2007:19): *“Imagine I was an actor preparing to play your role, describe to me how I would have to act and feel in order to portray you accurately as a professional nurse in this CCU?”* Interviews were digitally voice-recorded and transcribed for the purpose of data-analysis.

Participants will complete voluntary informed consent. Interviews will be done by appointment in a well ventilated room on the private hospital. Participants have consent from management to participate in these interview, during on duty time. The in-depth interview will be done by an experienced researcher, to prevent bias from the researcher. The interviews will last 45-60 minutes per person.

Field notes

The researcher kept field notes (methodological, theoretical and personal notes) (Polit & Beck, 2008:406). Fieldnotes was taken during the interview process by the interviewer. Demographic information (Creswell, 2009:181-182) was added and included the date, time, field setting, place and demographic notes of the participants.

1.6.4 Data analysis

Terre Blanche, Durheim and Kelly’s (2006:321-326) approach of interpretive analysis was used for data analysis of the transcribed interviews. The steps in this approach were listed as follows:

- Step 1: Familiarisation and immersion.
- Step 2: Developing themes.
- Step 3: Coding.
- Step 4: Elaboration.
- Step 5: Interpretation and checking.

Through incubation (Botma *et al.*, 2010:230) the researcher lived the data, immersed herself in the data and strived to attain closeness to the data as a mechanism to make

meaning in the interpretation of the research findings. The research findings ended with a literature integration whereby the findings would be compared to and contrasted with similar research (Creswell, 1994:24) and literature.

1.7 TRUSTWORTHINESS

The trustworthiness of this research as well as strategies to enhance trustworthiness is outlined in Table 1.2.

1.8 ETHICAL CONSIDERATIONS

The ethical guidelines according to international, national and institutional standards (incorporated in Table 1.3) were the guiding principles relevant to this study. Included as well were the fundamental ethical principles of: respect, voluntary consent, beneficence and justice as applied specifically to this study. A comprehensive discussion of the realisation of these principles and ethical considerations of this study is presented in Appendix F and Figure 1.3. Ethical clearance was granted by the ethical committee of North-West University No.NWU-00003-10-A1.

1.9 SUMMARY

In this research proposal the background and problem statement were formulated. The research questions, aims and objectives were stipulated followed by a brief discussion of the planned research methodology. Considerations to enhance trustworthiness and ethical principles were adhered to in the research. Still to follow the article as explained in the following:

1.9.1 ARTICLE LAYOUT

This thesis will be presented in an article format and in the following order:

1. Guidelines for Journal of Advanced Nursing
2. Article 1: Nurses' Emotional Minefield: A Critical Care Case Study in a Gauteng Private hospital.
3. References
4. Appendixes: letter to the editor

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Christian worldview of human beings, health, society and nursing.

Third order:
Paradigmatic perspective

Emotions, affective events and emotions experienced leading to these emotions; emotional regulation and management of these emotions.

In-depth interviews.
Interpretive content analysis.

Second order:
Research and theory
Theoretical and methodological assumptions

South African Private Healthcare sector
Professional nurse in CCU

First order:
Nursing practice

- Ageing workforce
- Nursing shortages/ Internationalisation
- Emotional labour
- Advanced technology/Capitalism
- Consumer society

RESEARCH DIMENSIONS(Mouton & Marais, 1994)

Ontological ↔ Sociological ↔ Methodological ↔ Teleological ↔ Epistemological

Appendix B: Letter of informed consent

Informed Consent Form for participants in the study emotions experiences of professional nurses in a critical care unit of a private hospital in Gauteng.

Mrs. H Brink (M.Cur-candidate)

School of Nursing Science, North-West University (Potchefstroom Campus)

Promoter: Dr. P. Bester and Dr. E.du Plessis

PART 1: INFORMATION SHEET

1.1 Purpose of the research

Professional nurses subjected to a lot of stress daily, due to the emotional – laden profession they choose. In this study the researcher is explore these emotions and the affective events leading to these emotions and established how these emotions are regulated or managed. The overall aim of this study is to enhance the professional nurses.

1.2 Type of Research Intervention

In-depth semi structured interviews.

1.3 Participant Selection

All participants for this study are registered nurses working in a Critical Care Unit in a private hospital in Gauteng.

1.4 Voluntary Participation

Participation in completing the in-depth interviews is voluntary.

1.5 Procedure

Participants will complete voluntary informed consent. Interviews will be done by appointment in a well ventilated room on the private hospital. Participants have consent from management to participate in these interviews, during on duty time.

The in-depth interview will be done by an experienced researcher, to prevent bias from the researcher. The interviews will last 45-60minutes per person.

1.6 Risks and Discomforts

The anticipated discomfort of the in-depth interviews is invasiveness, if the participant at any time experience discomfort the interview can be terminated.

1.7 Benefits

Benefits for participation manifested in the contribution the participants made to the body of knowledge, and this can increase an awareness of the participants own emotions and opportunity to assist in the development of a program on emotional intelligence for professional nurses in the critical care unit.

1.8 Confidentiality

Participation in this study is confidential. To ensure anonymity, a number is allocated to participant by the interviewer.

1.9 Sharing the Results

The feedback of the study will be available in the thesis, and an abstract will be available from the researcher for your interest.

1.10 Right to Refuse or Withdrawal

Participants in this study can withdraw at any time. If needed any person in discomfort can be referred to the companies' outsourced counseling service for a consultation.

1.11 Who to Contact

Heleen Brink can be contacted at the following contact details during the process of data collection: 072 4024 036, (office) 011 796 6517, heleenbrink@mweb.co.za.

Please sign this part of the document to give consent to your participation in this study.

I, _____, hereby give consent to take part in the abovementioned study. I understand my participation is voluntary and that I may refuse to participate or withdraw my consent and stop taking part at any time. I have read the foregoing information and have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction.

I hereby freely consent to take part in this research project.

Participant signature

Date

THANK YOU FOR YOUR PARTICIPATION.



Emotion experiences of professional nurses in a critical care unit of a private hospital in

**Gauteng:
a case study**

An Overview

Introduction

- The focus of this study is on the regulation and management of emotions amongst professional nurses in a critical care unit in a private hospital in Gauteng. The background will portray a journey, from emotions and emotional experiences as main focus. The main focus transform into sequential emotion regulation and management, as precursors to emotional intelligence.

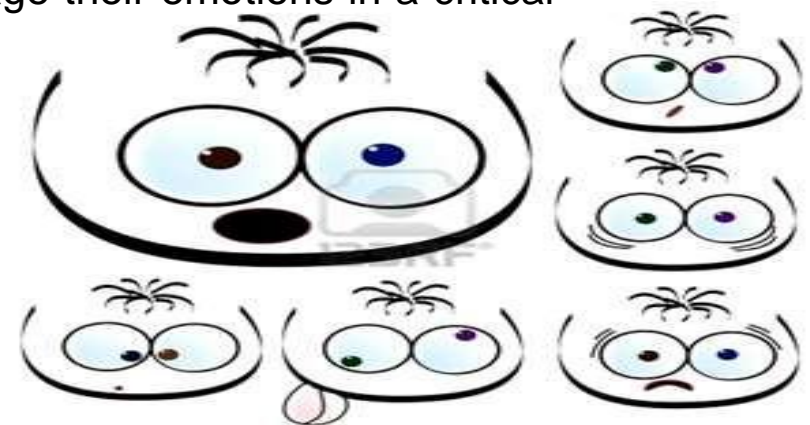
Background

- Emotions are an integrated part of the nursing profession. Literature (McQueen, 2004:107; Kerfoot, 1996:50) confirmed that nursing is a profession where nurses are daily in contact with the emotions of their patient, colleagues and their own. Higher quality nursing and better patient outcomes have been reported when nurses are more in contact with their own emotions and able to facilitate the emotions of their colleagues and patients (Cumming *et al.*, 2005:2-12).

Problem statement

The researcher recognised the need to gain a deeper understanding into the emotion experiences, emotion regulation and the emotion management conducted by professional nurses in a critical care unit in a private hospital in Gauteng. Therefore the following research questions are formulated:

- What are the emotions that professional nurses experience in a critical care unit in a private hospital in Gauteng?
- Which affective events and situations do professional nurses experience in a critical care unit in a private hospital in Gauteng?
- How can professional nurses regulate and manage their emotions in a critical care unit in a critical care unit in Gauteng?



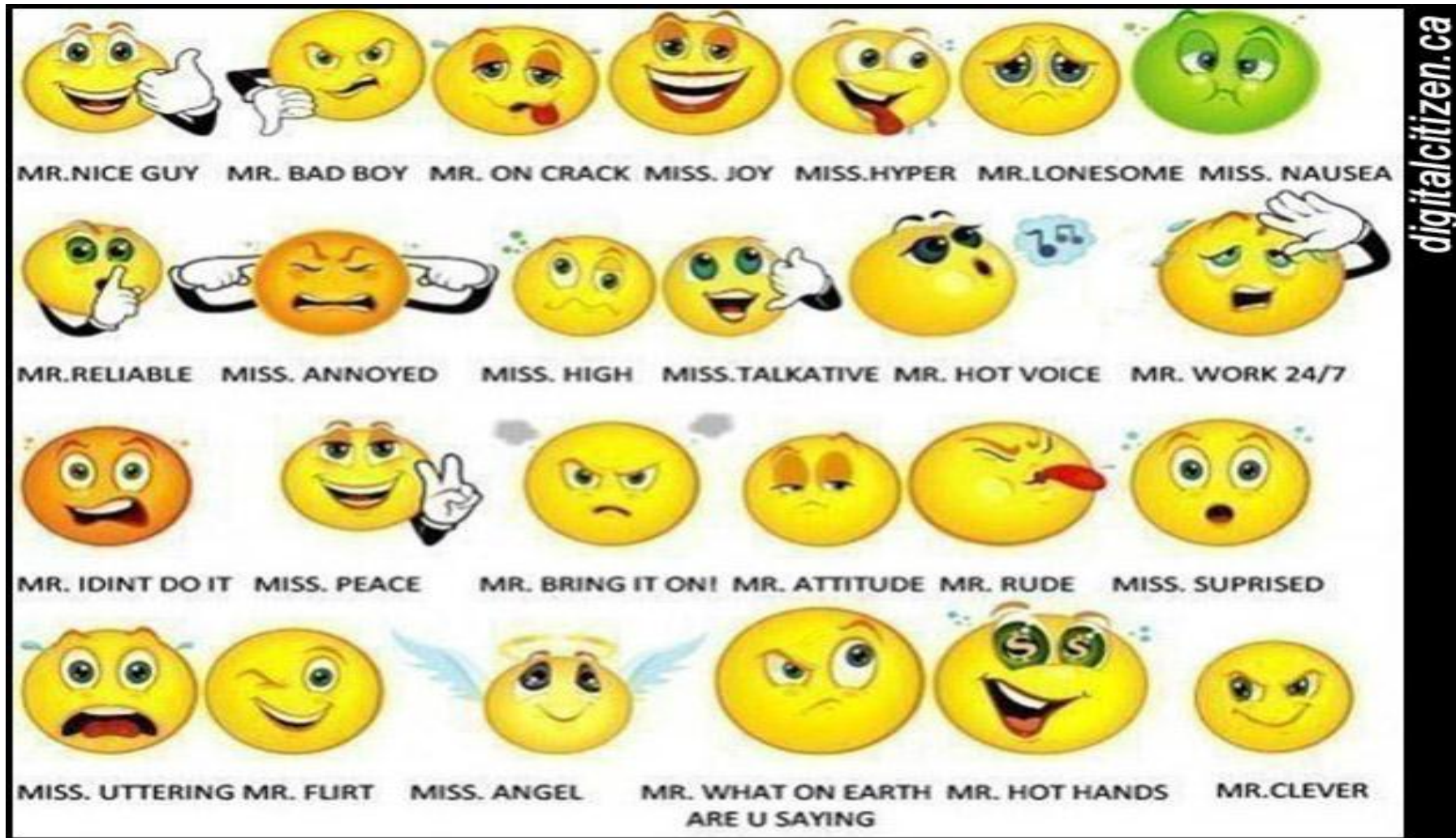
Purpose of research

The **purpose** of this study is to enhance professional nurses' regulation and management of their emotions in a critical care unit in a private hospital in Gauteng in order to enhance the level of emotional intelligence.

In order to obtain this purpose, the overall **aim** of this research is to determine:

- the emotions that professional nurses experience in a critical care unit in a private hospital in Gauteng;
- the affective events and situations that professional nurses experience in a critical care unit in a private hospital in Gauteng leading to these emotions; and
- how can professional nurses regulate and manage their emotions in a critical care unit in a private hospital in Gauteng.

Purpose of research



Research method

- Case study as microcosm
- Context of the study: back ground, fore ground, lift ground and under ground



Research design

- A qualitative phenomenological research design



Research method

Population

The population is all professional nurses rendering direct nursing care to adults in a critical care unit in a private hospital in Gauteng.(N=16)



Research method

Sample

Prospective participants should comply with the following inclusion criteria to participate in this research, Participant:

- must be registered with the South-African Nursing Council (SANC) as a professional nurse;
- must be permanently employed at the critical care unit in the private hospital in Gauteng;
- must be proficient in Afrikaans or English;
- must be willing to participate in in-depth interviews; and
- must be willing to participate voluntary in this research.(N=16)

Sampling



Research method

- In-depth interviews done by Dr. Petra Bester from NWU.
- 1 December 2011, Boardroom
- 6 December 2011, Glass office
- 8 December 2011, Boardroom

Start at 9h00 for the first interviewee.

Interview time 45-60minutes.



Data analyses

Interpretive analysis will be used as data analysis of the transcribed interviews.

The steps in this approach are listed as follows:

- Step 1: Familiarisation and immersion.
- Step 2: Developing themes.
- Step 3: Coding.
- Step 4: Elaboration.
- Step 5: Interpretation and checking.



Rigour

Strategies to enhance the quality in case studies (Rule & John, 2011):

- Credibility (Klopper & Knobloch(2009:5)
- Transferability (Burns and Grove (2009:392);
De Vos *et al.* (2011:426)
- Confirmability (Klopper and Knobloch, 2009:12)
- Data triangulation (Burns and Grove (2009:392)

Ethical considerations

- Informed consent
- Anonymity and confidentiality
- Privacy
- Risks and dangers
- Awaiting NWU ethical committee clearance
- Discuss informed consent: complete the last page and book an appointment. Remember put the last page in the envelope when you book your appointment.

Result and recommendations

- Research result will be made available on request in article format as published.



Questions???

What you need to do- if you decide to take part:

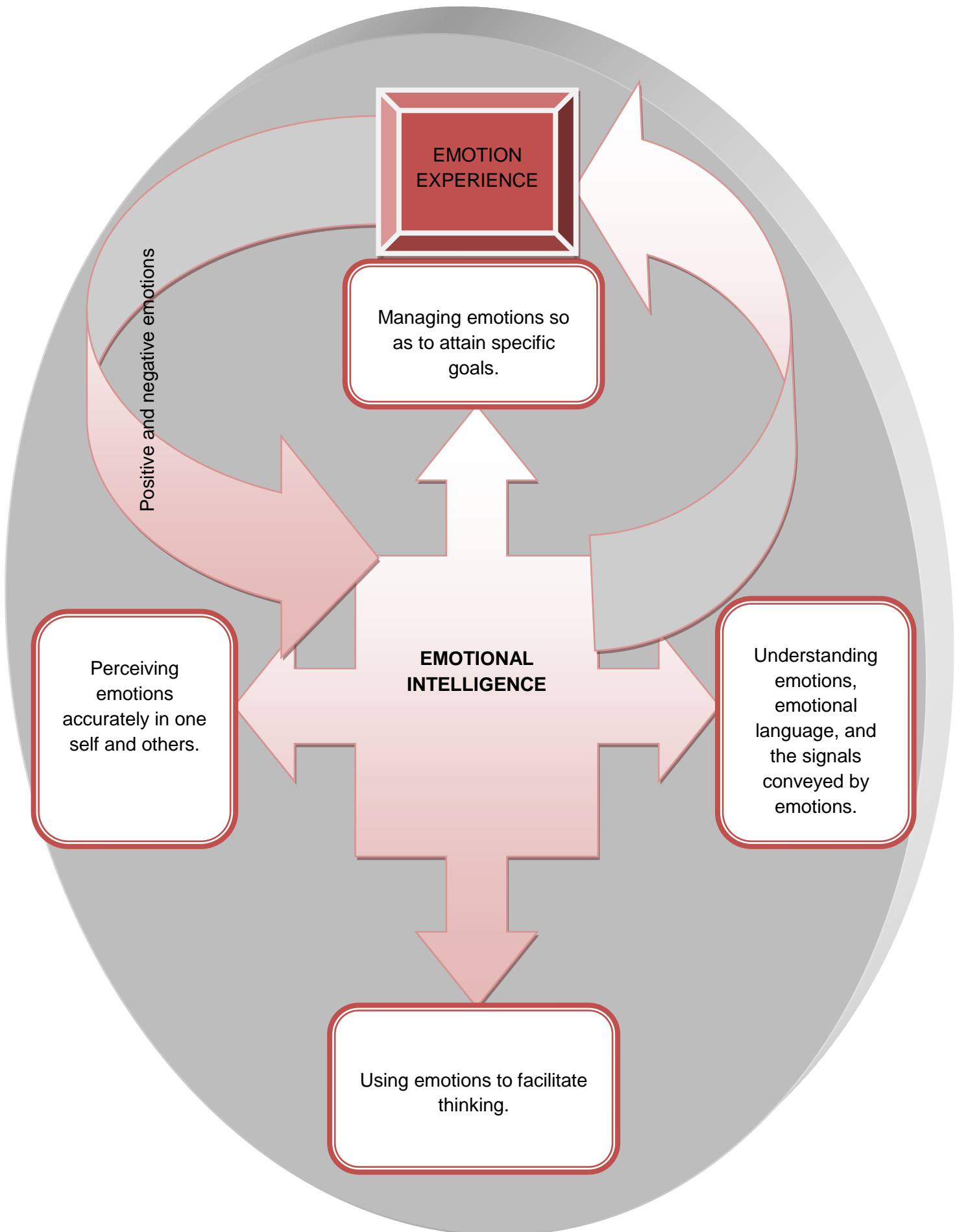
- Complete an informed consent form
- Please come for the interviews, 10 minutes before time.
- Relax and enjoy the session.
- An interview list will be available on Wednesday with the sequence of the scheduled interviews: please book a date and time that suits you.



**Any emotion,
if it is sincere,
is involuntary.**

~ Mark Twain

Appendix D: Graphic depiction of emotions



Appendix E: Budget of the research

HELEEN BRINK RESEARCH BUDGET

BUDGET FOR RESEARCH 2011

MONTH	EXPENDITURE	AMOUNT
FEBRUARY	Registration at NWU	R 5400
	Petrol to Potchefstroom	R 350
APRIL	Language editing	R800
MAY	Language editing	R 800
JUNE	Language editing	R 800
	Petrol for data collection	R 4000
JULY	Accommodation for 5 days for data analysis	R1875(R 375x5)
	Petrol to Potchefstroom	R 400
AUGUST	Stationary-ink cartridges and paper	R 1000
SEPTEMBER	Language editing	R 800
OCTOBER	Language editing	R 800
NOVEMBER	Printing of Masters	R 1500
	Binding of Masters	R2000 (10xR200)
		R 27 875



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South Africa 2520

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Web: <http://www.nwu.ac.za>

School of Nursing Science

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Fax: (018) 299-1715
Email: petra.bester@nwu.ac.za

Management
Life Wilgeheuwel Hospital

Dear

**CONSENT FOR RESEARCH PROJECT TO BE DONE IN CRITICAL CARE UNIT,
LIFE WILGEHEUWEL HOSPITAL**

I would like to thank you for your interest and support during the past two years. As discussed verbally, I will appreciate your official consent for conducting my research which is part of a Masters degree (Nursing) at the North-West University (Potchefstroom Campus). The data collection for the research will be conducted at Life Wilgeheuwel Hospital.

The purpose of the research is to look at critical care nurse's emotional experiences in the critical care unit. The researcher will explore these emotions and the affective events leading to these emotions in order to establish how these emotions are regulated. The overall aim of this study is to enhance the professional nurses' soft skills and make recommendations for enhanced emotion regulation amongst nurses. The following is a brief description of what the data collection in this study entails. The research will be conducted through in-depth semi-structured interviews, which is scheduled for the following dates (as organised with management's verbal consent):

- 1 December 2011 at 9h00 in the Boardroom
- 6 December 2011 at 9h00 in the Glass Office
- 8 December 2011 at 9h00 in the Boardroom

All participants will be registered nurses working in a critical care unit at Life Wilgeheuwel Hospital that will be on duty for the above-mentioned dates. They can be critical care trained or experienced. Participation in this research will be voluntary. The interview procedure will be as follows:

- interviews will be scheduled within hour intervals with a 15 minute pause in-between;
- a semi-structured interview schedule will be followed;
- field notes will be kept and will be anonymous;
- participants will have consent from management to participate and interviews will not disrupt the unit nor care rendered to patients;
- in-depth interviews will be done by an experienced interviewer to prevent bias from the researcher;
- interviews will last approximately 45-60 minutes per person;
- there will be no anticipated discomfort for participating in this research and in the event of discomfort, the interview can be terminated;
- benefits for participation will be the contribution the participants will make to the body of knowledge, which may increase awareness of the participants' own emotions and opportunity to assist in the development of a program on emotional intelligence for professional nurses in the critical care unit;
- participants in this study can withdraw at any time without discrimination, and
- participants will have to sign a consent letter to participate.

Information collected during the interviews in this study is confidential. The feedback of the study will be available by means of a thesis and an article will be available from the researcher for your interest. The reporting of this research will also be conducted in a case study approach and from a qualitative design. No identity of this hospital or the participants will be revealed in the reporting.

With this letter I also wish to confirm that I have submitted an ethics clearance application to the Ethics Committee of the North-West University after my research proposal was approved by the Postgraduate Education and Research Committee of the School of Nursing Science. I am still awaiting my ethics clearance certificate

number but have decided to submit this letter in the mean time. I commit myself to provide the ethics clearance certificate number as soon as it has been released from the Ethics Committee.

Please contact me at the following contact numbers if more information is needed:

Cell phone : 072 4024 036
Phone (office) : 011 796 6517
E-mail : heleenbrink@mweb.co.za.

Thank you in advance,

Heleen Brink
M.Cur student

Dr Petra Bester
Study supervisor

Appendix G: Ethical clearance



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13 May 2011

To whom it may concern,

ETHICS APPLICATION: NWU-00036-11-S1 (M.P. KOEN & E. DU PLESSIS)

The applicants responded in a satisfactory way to the comments made by the panel members.

Ethical approval is recommended.

Yours sincerely

A handwritten signature in cursive script that reads 'Este (H.H.) Vorster'.

Prof. H.H. Vorster

Table 1.1: Research methods applicable to this research

Step 1: Positioning of the case study			
1.1 Identify and select the case	Intrinsic case study (Rule & John, 2011:15). The case is PNs in a CCU in a private hospital in Gauteng emotion experiences, emotion regulation and emotional management. It will be a single, descriptive case study (Rule & John, 2011:20, 29).		
1.2 The setting	A CCU in a private hospital in Gauteng (Rule & John, 2011:17).		
1.3 Unit of analysis	Emotional experiences (Rule & John, 2011:19).		
1.4 Embedded unit of analysis	Emotional regulation and emotional management (Rule & John, 2011:19).		
Step 2: Context of the case			
2.1 Case as microcosm (Rule & John, 2011:39-40).			
2.2 Context as background, foreground, lift ground and underground (Rule & John, 2011:40-49).			
Step 3: Data collection and analysis in the case study			
Population and sampling	Data collection	Data analysis	Trustworthiness
Population: Professional nurses employed in a CCU in a private hospital in Gauteng (N=16) (Burns & Grove, 2009:343).	In-depth semi-structured interviews (n=16) were digitally voice recorded for transcriptions (Burns & Grove, 2009:520). The following field notes will be maintained:	Interpretive content analysis by Terre Blanche, Durheim and Kelly (2006:321-326), with the following steps:	Strategies to enhance the quality in case studies (Rule & John, 2011),

<p>Sample and sampling: Non-probable, purposive sampling (De Vos <i>et al.</i> (2011:392); Burns and Grove, 2009:349) according to inclusion and exclusion criteria (Burns & Grove, 2009:345)</p> <p>Sample size: data saturation (Burns & Grove,2009:361)</p>	<p>methodological, theoretical and personal (De Vos <i>et al.</i>, 2011:14).</p>	<ol style="list-style-type: none"> 1. Familiarisation and immersion; 2. developing themes; 3. coding, 4. elaboration, 5. Interpretation and checking. 	<p><i>Credibility</i> Klopper and Knobloch(2009:5)</p> <p><i>Transferability</i> Burns and Grove (2009:392); De Vos <i>et al.</i> (2011:426)</p> <p><i>Confirmability</i> (Klopper and Knobloch, 2009:12)</p> <p><i>Data triangulation</i> (Burns & Grove 2009:519)</p>
<p>Step 4: Reporting of the case study as research result and limitations of this case study</p>			

Table 1.2: Strategies to enhance trustworthiness in this research

STRATEGY	APPLICATION	RESOURCES
<p>CREDIBILITY</p> <p><i>To conduct the investigation in such a manner that it will increase the credibility of the findings</i></p>	<p>Until data saturation is reached</p> <p>Prolonged engagement to gain an understanding of the context.</p> <p>Use co-coder to enhance the accuracy of the study.</p> <p>Triangulation: multiple data sources in interpreting the data, the use of a co-coder to analyse data to build justification for themes</p> <p>Rich, thick description to convey the findings of the research.</p>	<p>Lincoln and Guba(1985:294)</p> <p>Klopper and Knobloch (2009:5)</p> <p>De Vos, <i>et al.</i> (2011)</p> <p>Burns and Grove (2009:392)</p> <p>Creswell (2009:192)</p>
<p>TRANSFERABILITY</p> <p><i>The extent to which the research may be applied to another context and yield similar results</i></p>	<p>Theoretical saturation was achieved.</p> <p>Thorough description of the positioning and context of the case study provided.</p> <p>Provision of a detailed description of the realisation of the data.</p>	<p>Lincoln and Guba (1985:297)</p> <p>Klopper and Knobloch (2009:8)</p> <p>Burns and Grove (2009:392)</p> <p>De Vos, <i>et al.</i> (2011:426)</p>
<p>DEPENDABILITY</p> <p><i>The stability of data in due course and conditions</i></p>	<p>Thorough description of the research evidenced by literature.</p> <p>Purpose of the research not to generalise findings, but based on specific context.</p> <p>Use of a co-coder to confirm the dependability of the data.</p> <p>Peer debriefing done by person who asks questions about the research objectively.</p>	<p>Lincoln and Guba(1985:298)</p> <p>Klopper and Knobloch (2009:10)</p> <p>Creswell (2009:192)</p>
<p>CONFIRMABILITY</p> <p><i>The extent to which the results are entrenched by the data and not the subjectivity of the researcher</i></p>	<p>Use of a co-coder.</p> <p>Consensus discussion with co-coder.</p> <p>Confirming findings with participants.</p> <p>Member checking.</p>	<p>Lincoln and Guba (1985:298)</p> <p>Klopper and Knobloch (2009:12)</p> <p>Creswell (2009:192)</p>

Table 1.3: Ethical considerations adhered to in this research

INTERNATIONAL GUIDELINES		FOR THIS STUDY
<p>Nuremberg code (Burns & Grove, 2009:185).</p>	<ul style="list-style-type: none"> • Voluntary consent to be signed by participants. • Participant has the right to withdraw from the research. • Participant needs protection from physical or mental injury, suffering, disability and death during research. • There needs to be a balance between benefit and risk in the research 	<p>The principle of respect (Brink, 2006:31-32; NWU, 2009:47)</p> <p>The principle of beneficence (Brink, 2006:31-32, NWU, 2009:47)</p>
<p>Helsinki declaration (Burns & Grove, 2009:185-186).</p>	<ul style="list-style-type: none"> • Participants need to be protected from harm in non therapeutic research. • A strong validation is needed to expose a healthy participant to the risk of harm just to gain new scientific information. • The researcher needs to protect the life, health, privacy and dignity of the research subjects. • Tremendous care needs to be taken in placebo-controlled trails, and only used in the absence of existing established therapy. • Helsinki Declaration interpreted in the Belmont Report. 	<p>The principle of justice (Brink 2006:31-32; NWU, 2009:47)</p> <p>Voluntary consent (Brink, 2006:31-32; NWU, 2009:55)</p>
<p>Council for international organisations of medical science (Mulaudzi, 2010:2).</p>	<ul style="list-style-type: none"> • Current body overseeing guidelines evolving from the Nuremberg Code and the Helsinki Declaration. 	
<p>WHO common rules (NWU, 2009:54; Mulaudzi, 2010:2).</p>	<ul style="list-style-type: none"> • Research to be done prior to ethical approval. • Written informed consent and documentation. 	

	<ul style="list-style-type: none"> • Impartial recruitment of research participants. • Special protection for vulnerable groups. • Progress review of approved research. 	
<p>WHO common rules (NWU, 2009:48; Mulaudzi, 2010:2).</p>	<ul style="list-style-type: none"> • South African national ethics regulation described in 2003 in the National Health Act No. 61, Chapter 9: involving the National Health Research Council (NHREC). • Guidelines promulgated: • Ethics in health research: principles, structures and processes in 2004. • Guidelines for good practice in the conduct of clinical trials in human participants in South-Africa, done in 2000. 	
<p>Medical research council (NWU, 2009:52)</p>	<ul style="list-style-type: none"> • National guidelines in a series of four books: <ul style="list-style-type: none"> ○ Book 1: General principles ○ Book 2: Reproductive biology ○ Book 3: Use of animals in research ○ Book 4: Use of biohazards and radiation ○ Book 5: HIV vaccine trails 	
<p>North-West University Ethical Guidelines (NWU, 2009:43-51)</p>	<ul style="list-style-type: none"> • Basic research ethics of the following: autonomy, benefit, non-harmfulness and justice. • Guidelines on plagiarism and copyright. • Researcher needs to apply for ethical approval, it will last five years. • The Research Ethics Committee of the North-West University is responsible for the formulation of 	

	research ethics guidelines for the University, for the evaluation and approving of research protocols and for the monitoring of the progress in the research.	
The principle of respect (Brink, 2006:31-32;NWU, 2009:47)	<p>The participant's right to autonomy.</p> <ul style="list-style-type: none"> ○ Respect for the person or persons. ○ Respect for human dignity. ○ Respect for vulnerable persons. ○ Respect for privacy and confidentiality. 	<ul style="list-style-type: none"> ○ Participant can decide to take part in the research or not. ○ Participant can withdraw from the research at any time. ○ Interviews to take place in a well-ventilated room with a closed door. ○ Semi-structured interviews not longer than 60 minutes per participant. ○ Researcher making herself available for further questions, before and after interviews. ○ Ensuring participant environment rendering itself to comfort, good chair not too hot or too cold. ○ Giving the participants time for self-reflection after the interviews.
The principle of beneficence (Brink, 2006:31-32 NWU, 2009:47)	<p>Participants had the right to protection from harm or discomfort.</p> <p>Risk of invasiveness during in-depth interviewing.</p>	<ul style="list-style-type: none"> ○ Participant can decide to stop the interview at any time during the interview if he/she experiences discomfort. ○ Interviewer and researcher need to assess the nature of the research questions to prevent invasiveness. ○ Experienced interviewer makes use of good interview skills. ○ Gives them the opportunity to respond without any pre-conceived ideas. ○ Participants get the opportunity to express their emotions. ○ Exploration of uncharted area of emotions of professional nurses working in

		the critical care unit.
The principle of justice (Brink 2006:31-32; NWU, 2009:47)	The participant's right to privacy was respected throughout the whole research process.	<ul style="list-style-type: none"> ○ Data was processed anonymously and kept in a safe place. ○ Data was made available only to the research team who signed a confidentiality agreement.
Voluntary consent (Brink, 2006:31-32; NWU, 2009:55)	<p>Participants must be legally competent to give consent.</p> <p>Participants can exercise the right to freedom of choice without any hidden agendas.</p> <p>Participant must have knowledge on the subject to give consent:</p> <ul style="list-style-type: none"> ○ nature of the research; ○ duration of the research; ○ the aim and method of the research; and ○ discomfort and risks that may reasonably be expected. 	<ul style="list-style-type: none"> ○ Informed consent was obtained from the hospital group and the private hospital management. ○ Informed consent signed by all professional nurses participating in the study. This recognized their right to voluntary participation and informed consent. ○ The informed consent document provided inclusive information about the study, and the rights of each participant.

LITERATURE REVIEW

LANDSCAPE OF EMOTIONS AND EMOTIONAL EXPERIENCES OF CRITICAL CARE NURSES IN GAUTENG

Introduction

In this literature review the case study is the vehicle guided by the framework for this case study; therefore areas of interest will evolve around the following landmarks: background, foreground, lift ground and underground.

1. Positioning of the case in the case study framework

A case study is a 'systematic, in-depth investigation of a particular instance in its context to generate knowledge' (Rule & John, 2011:3). An intrinsic case study is done for this research to ensure depth of the study by looking at a specific occurrence, and to clarify this occurrence; therefore the case study needs to be adaptable, accommodating and manageable (Rule & John, 2011:7-8).

There are several ways of classifying case studies with regard to specific cases as being 'interesting in itself'. These types of case studies are classified as intrinsic case studies (Rule & John, 2011:8). In addition, this case study also explains phenomena under investigation in great depth and is therefore a single study. Finally this case study is also descriptive in a very specific context (Rule & John, 2011:8). The following reasons serve as motivation why this case study is classified as an intrinsic, single and descriptive case study. This case is a good example of the emotional experiences of professional nurses' in a critical care unit in a private hospital in Gauteng and the emotional management. The researcher being familiar with this case can provide "insider knowledge" and have easy access to the case (Rule & John, 2011:8).

2. Contextual

2.1. Positioning of the case study (step one)

The professional nurses working in the critical care environment in a private hospital in Gauteng represent the *identified case and* the researcher will describe their emotions experienced in the critical care environment, as well as the emotional management or regulation of these experiences. The *setting* of this study is the critical care unit in a private hospital in Gauteng (Rule & John, 2011:17). *The unit of analysis* for this study is *emotional experiences* or *affective events*. As *embedded unit of analysis* the research defines the emotional regulation and emotional management.

2.2. Context of the case study (step two)

2.2.1 Context as a microcosm

The case study reflects a wider context in which it is located (Rule & John, 2011:40). The professional nurses working in a critical care unit in a private hospital in Gauteng are seen as a miniature world. Exploring the emotions and emotional experiences as well as emotional management of this microcosm can be done in more depth; and provide more insight into the wider society of professional nurses (Rule & John, 2011:40). There are several external influences on the context of the microcosm like the hospital, community, patients and other healthcare contributors. Due to the simplicity of this outlook, the researcher might overlook atypical characteristics of the case itself that differentiate it from other cases (Rule & John, 2011:41).

The background of the study refers to “what comes before the case in point” (Rule & John, 2011:48). The background assists the researcher in locating the case in its history, and the specific circumstances impacting on the case. The researcher was careful to ensure that the impact of the past; will impact on the future” (Rule & John, 2011:48).

Internationally there is a trend for healthcare providers to develop the so-called “soft skills” of their staff if they want to keep the competitive edge in the healthcare industry (Sherman & Pross, 2011; Copperman, 2010; Kerfoot, 1996:59; Fernandez &

Baker, 2007:80; Gainess, 2011). In South Africa the challenges of the nursing profession are intensified by the dichotomy between a public versus private healthcare sector (Bester, 2009). The general household survey done in 2008, states that about 16% of the population belongs to a medical aid and therefore make use of private hospital treatment (South African Government, 2008).

The researcher gives a detailed summary of the previous experience of the participants while maintaining confidentiality. Emphasis is also placed on the health sector in South-Africa; private as well as governmental.

2.2.2 Demographic assumptions (part of identified case/setting of case)

South Africa is divided into nine geographical provinces and has an approximate population of 49.32 million (Statistics South Africa, 2009). The South African population has a diversity of cultures entrenched within several groups. An estimated 10.53 million people (21.4%) inhabit the Gauteng province, making it the most heavily populated area in South Africa (Statistics South Africa, 2009).

2.2.3 Healthcare sector in South Africa

The healthcare sector in South Africa can be divided into two main service providers namely, the public sector and the private sector. Each of these will be discussed in brief in the following paragraphs to shed some light on the health sector of the country.

2.2.4 The public hospital sector

In the region of 80% of the population (that converts to approximately 39 456 000 individuals) depend on the free health-care services provided by the public hospital sector in South Africa (IMCSA, 2008). With an approximate 92 902 beds (HASA, 2009:138) of which 87 870 are functional beds for a population of almost 40 million South Africans, it is not difficult to recognise one of the reasons for the lack of resources in the public hospital sector.

Following the 1994 change to a democratic government, the ruling party, the Government presented a makeover of the South African health-care sector, by diverting the focus from curative health-care to a primary health-care system that is nurse-centred and preventative in nature (Bester & Klopper, 2008:126-131). This decentralised approach was instituted to bring about greater access to the people of South Africa in terms of health-care services, but also implying a major resource distribution to facilities other than hospitals. About 40% of all expenditure on health-care services in the public sector is under enormous pressure to deliver effective health-care services (Pretorius, 2009:18).

2.2.5 The private health sector (part of identified case/setting of case)

According to the Hospital Association of South Africa (HASA, 2009:138), the private hospital sector encompasses an estimated 259 hospitals and is largely controlled by three dominant groups. The private hospital sector fulfils an important role in terms of meeting health-care needs of more than seven million South Africans, and contributes positively to the social and economic stability in South Africa (HASA, 2009:43). The private hospital sector delivers health-care services to about 16% of South Africa's middle and high-income earners that can afford to contribute to a medical aid (IMCSA, 2008). The difference between private and government hospitals lies in the administration: private hospitals are managed by shareholders and health-care companies, while government hospitals are managed by the Department of Health, thus indirectly government (Government Gazette, 2003).

Despite investor pressures, selected private healthcare companies do align to adapt to the social capital system (Hofmeyer, 2008:10). An organization that can measure up with the triple bottom line will be able to compete for the scarce skill of nursing staff. To maintain the organizational bottom line, nursing staff manage their emotions for compensation, and that may cause long-standing harm to the nurses (Grandey, 2000:95).

2.2.6 The company (organisation) *(part of identified case)*

Life Health-care strives towards providing quality health-care for all. As one of the largest black empowered companies in South Africa the company work in partnership with medical professionals to ensure the delivery of matchless quality and clinical excellence.

As a brand, Life Healthcare embraces in the first place the well-being and quality of life of patients and staff; secondly, of health regarding clinical excellence in world-class facilities; and lastly, care in the quality of service, respect and empathy for those entrusted to their care.

Life Healthcare is one of the leading hospital groups in South Africa, and services a market of privately ensured individuals representing seven million people. The group is divided into two main divisions, namely the hospital division and the health services division. The hospital division renders services in acute care hospitals, comprising general hospital facilities of various sizes that include Critical-Care Units (CCU's), High-Care Units (HCU's), operating theatres, emergency units, maternity units and cardiac units.

Life Healthcare's hospital division consists of 56 acute-care facilities, with a comprehensive geographical spread in seven South African provinces and Botswana. With a shareholding in an additional seven hospitals as well as a support base of over 2 700 doctors and specialists, an estimated number of seven thousand six hundred and five beds can be serviced. Life Healthcare provides treatment of patients for elective care and emergency care, and generally provides treatment on an in-patient basis only. In the whole group there are six hundred and sixty four critical-care beds and three hundred and thirty-six high care beds. The hospital group also facilitates Life rehabilitation units, mental units and rental units.

2.2.7 The private hospital *(part of identified case/setting of case)*

The hospital is a member of Life Healthcare, and is striving towards world-class health care for all. Categorized as a community hospital, the hospital consists of 213

beds in total, servicing various medical and surgical disciplines: advanced laparoscopic surgery; ear, nose and throat surgery; general surgery; gynaecology; internal medicine; maxillofacial surgery; neonatology; neurosurgery; neurology; obstetrics; orthopaedic surgery; paediatrics; pathology; plastic and reconstructive surgery; radiology; rheumatology and urology. At the hospital it is believed that delivery of world-class health-care is achieved through a combination of unparalleled quality and clinical excellence; along with a true focus on the personal needs of patients and their families. The hospital differentiates itself from other hospitals through good management, caring for patients and staff as endorsed by Life Healthcare's core values.

The *foreground* context plays an active part in shaping the present and the future (Rule & John, 2011:48) as it is the present reality that shapes people's lives. The description of the critical care unit currently as well as the staff distribution and the unit's functioning falls within the ambit of the research.

2.2.8 The critical-care unit (*part of identified case/setting of case*)

The critical care unit is managed according to the balanced score card system as adopted and revised in the private hospital group. A balanced scorecard is logical framework organised to ensure the companies key strategic objectives (Muller, *et al.*, 2011:511). The following is the main strategic objectives taken in consideration in running the critical care unit: quality patient care including infection prevention, health and safety, management of customer satisfaction, management of the risk based care file as communication tool, management of the clinical plan, staff management, and growth.

A critical-care unit is a chosen area in the hospital, where critically ill and high-risk patients are admitted. The specialized environment contains complex multi-system life support equipment such as mechanical ventilation, renal replacement therapy, isotropic support and invasive cardiovascular monitoring (Pretorius, 2009; Gillespie *et al.*, 2006:52).

Professional nurses working in the critical care environment are registered with the South African Nursing Council, with or without a critical-care nursing qualification: known as critical-care trained; and critical-care experienced. The critical-care unit also accommodates lower categories of nursing staff; like enrolled nurses to assist with high-care patients; and enrolled nursing assistants or care workers to assist with the patients' basic needs.

A critical-care unit in this research is described as a general critical-care unit treating patients who have had general surgery, plastic surgery, maxilla-facial surgery; the biggest volume of treated patients is medical, orthopaedic surgery and neurological surgery. The critical care unit consists of twenty-three accredited high-care and critical-care beds. The professional nurse working in the critical care unit, care for patients and families. To add to this, they portray critical thinking and use the scientific nursing process (assessment, planning, implementation and evaluation) to render patient care. These skills enable the professional nurse to alert any change in patient status (Richards, *et al.*, 2001:2011).

The *lift ground* is the way in which people create meaning of specific situations, especially drawing from 'etching' by exposing the 'ground' and revealing what is beneath (Rule & John, 2011:49). The research question gives the participants the opportunity to reveal their emotions, with emotional experiences leading to these emotions and emotional management. It is a broad question (Botma *et al.*, 2010:207-208): "*Imagine I was an actor preparing to play your role, describe to me how I would have to act and feel in order to portray you accurately as a professional nurse in this ICU?*"

2.2.9 Professional nurses working in the critical care unit (*part of identified case*)

The professional nurse (also known as a registered nurse), is defined as a person who is qualified and competent to independently practise comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice (Nursing Act, No 33 of 2005).

The professional nurse typically completed a comprehensive four-year programme to obtain either a national diploma at a Nursing College or a nursing degree from a university. The registered professional nurse also plays a variety of roles in her professional capacity include those of clinician, educator, patient advocate, researcher, manager and leader (Bester, 2009:108). The nursing practice of all professional nurses in South Africa is regulated by means of the scope of practice listed in Regulation 2598 of 30 November 1984.

In terms of staff allocation to patients for specialized critical care, it is normally one professional nurse (critical-care trained if possible) to one patient; for critical-care patients one professional nurse (critical-care trained or experienced) to either one or two patients; for high-care patients there should be a professional nurse or enrolled nurse looking after two patients. The team functions under the supervision of the team leader directly, and indirectly under the supervision of the unit manager. Logistically the critical-care unit is connected to the high-care unit and both units are under the same management, which tends to be problematic at times, because of the structure of the unit and staff shortages. Agency staff is booked according to the unit needs. See appendix C and F.

The current data show that the professional nurse working in the critical care unit is obligated to ensure she is competent, this include knowledge and skill, to enhance the positive practice environment.

To transform the harm being done, positive practice environment research was done by Pretorius (2009), and it indicates that critical care nurses need to be “in control”. A critical care unit is designed to provide a wide-range of care to critically ill patients and contains complex multi-system life support equipment such as mechanical ventilation, renal replacement therapy, inotropic support and invasive cardiovascular monitoring (Pretorius, 2009; Gillespie, *et al.*, 2006:52). Therefore, it can be seen as a highly stressful environment, where the nurses needs to keep up with the latest technology, and need to experience “control” (Pretorius, 2009).The nursing workload as defined in hours per patient day versus nurse patient ratio, directly influence the mortality of critical ill patients (Richards, *et al.*,2001:2015).

The *underground* context is subsumed under the public domain, and the voices contributing to it are hidden or silenced (Rule & John, 2011:49). The experiences of the nursing population rest on experiences of emotions and the regulation thereof. Both *lift ground* and *underground* are constructed by means of selection, exclusion and emphasis. Participants in the research therefore choose what they think the researcher wants to hear, and stress the destructive elements because they consider it as highly important and not receiving enough attention (Rule & John, 2011:49).

2.2.10 Emotions of professional nurses

Emotions are perceived daily by everybody, including the professional nurses. Impulses like: smell, see, taste travel from the spinal cord to the frontal lobe (behind your forehead) of the brain. But on the way it needs to pass through the limbic system- and this is the area where emotions are created. The frontal area of the brain is the area for rational thinking; the brain cannot stop the emotions experienced, and the interaction between these two influences evolves into emotional intelligence (Bradberry & Greaves, 2009:6).

Emotional intelligence assists with perceiving the patients' emotions as their own, and is core to all nursing practices. Emotions are experienced daily and are vital to genuine, authentic, and compassionate in relationships (AACN, 2005:3, Smith, *et al.*, 2009). Especially for professional nurses in decision making nurses use emotions as pointer of the moral dimension, and this leads to more patient-focused decision (AACN, 2005:5; Smith,*et al.*,2009). Even as potent motivator emotions give the decision maker the opportunity to re-evaluate way of thinking, and therefore think critically (Smith, *et al.*, 2009). Therefore, emotions strengthen programs to increased nurses' level of optimism (Celik, 2008:799), and forms a crucial part of professional nurses everyday lives.

2.2.11 Emotional experiences (affective events) (*unit of analysis of case*)

In addition to this, the affective events theory proposes three important concepts in relation to emotional experiences in the workplace:

The first, and core to the affective events theory, is the gathering of a sequence of positive and negative emotional experiences leads to positive in employees predict their attitudes and behaviour (Ashkanasy, 2002:15). In addition to this, the next time the individual engage into the same interaction, previously seen as detrimental, negative emotions send a signal to prevent the action. When the action does not originate from an emotional response the individual is blind to past experiences (Chassy & Gobet, 2011:203). This impact on the mode of decision-making and involves the biological signalling, somatic markers, that presents as either a positive or a negative feeling (Antonakis, *et al.*, 2009:255). Although it is acceptable for nurses to express their emotions (Rego, *et al.*, 2007) nurses get so caught up in their work responsibilities, and forget about their own emotions. These emotions mediate not only, the psychological well-being of the nurse, but the physical well-being of the nurse (French, 2008; Nejtek, 2002:349). There are two different emotional experiences, positive experiences and negative experiences; let's look at them separately:

Positive emotional experiences

Emotional events at work may help explain employee attitudes and behaviour (Weiss and Cropanzano, 1996). The source of events may influence the extent to which of the emotional regulation performed (Grandey, 2000:103), if fight or flight is taking place; or stay and express, is used to manage situations as a professional nurse (Gutierrez, 2005:237; Cruz, 2008:25). An important part of the professional nurses' in the critical care unit positive experiences is illuminated by humour (Driscoll, 1992; Cruz, 2008). Positive experiences form an integral part of the professional nurse working in the critical care units; could be associated with feeling satisfied that they had done their best to achieve a good patient outcome (Glass, 2005). Positive and negative emotions are processed differently in the brain (Knyazev, *et al.*, 2012:206); positive experiences are perceived much slower. Therefore, for professional nurses to experience a feelings of '*connectedness*', and having equilibrium in life, it is imperative to an '*anchor force*' in life (Jackson, Firtko & Edenborough, 2007:6). This fundamental anchor force called spirituality, is described as a foundation for resilience (Koen, 2010).

Resilience in professional nurses working in critical care units cultivates responsibility and accountability, and highlights the importance of increased autonomy for the nursing profession (Lindahl & Norberg, 2002:816). This is significant increase because professional nurses accept a holistic patient care approach, concentrating on the psychological, social and spiritual needs has been recognised; this a closer relationship between the critical-care nurse and the patient (McQueen, 2004:103), experiences the satisfaction in successful patient outcomes.

Even if there is unsuccessful patient outcomes, the professional nurse respects the individual autonomy in this case of the patient and the right to determine one's end, essential to ethical professional practice (Day, 2007:182). Although patients do not want aggressive care if they knew they are dying, they still experience a desire to life, even though prognostic uncertainty tell them otherwise, patients are willing to endure therapy when seriously ill (Sprung, et al., 2006:108).

The emotional experiences of a 'suffering' patient, engage the professional nurses working in the critical-care unit, into the experience of feeling powerless. The professional nurse, working in critical care, understands the social expectations of their actions, and applies caution in the expression of emotions, as prescribed by the organisational culture, constitute by roles and norms. The professional nurse working in the critical care unit will make use of coping mechanism, to aid this feeling of helplessness (Prati *et al.*, Grandey, 2000:103 Jackson, Firtko & Edenborough, 2007:6). This support is not available to everybody in the group (Cronin, 2001:346). The professional nurses working in the critical care unit also engage in approaches to create balance and well-being in their lives. It includes caring for themselves and making good decisions, like: healthy eating, spending time in the garden, walking, music and spending time with significant others. Nurses also engaged in self-validation, assertiveness and emotional support to promoting interpersonal resilience to meet workplace demands (Rose & Glass, 2009:1411).

In the critical care unit, there is good supervision, and it forms fundamental part of creating a space for critical care personnel to express their emotions, exchange ideas and support each other for emotional relief (Lindahl & Norberg, 2000:11). In

addition to this, managers need to respect emotions in the workplace, because it creates a environment conducive to honesty between team members and strengthen relationships; build trust, loyalty and commitment the description of this study utilise the case study framework as guide for the literature review (Finn & Chattopadhyay, 2000:D6).

Negative emotional experiences

Nurses working in a burns unit describe their work environment as stressful and emotionally demanding. They realize they need support, but struggle to find the time to express their emotions (Cronin, 2001:346). Furthermore, Bennet and Lowe (2008) describe factors related to a stressful environment for nurses as: - a high work demand; lack of control and flexibility at work; unpredictable staffing and scheduling; lack of role clarity; and poor managerial support. This finding has raised critical questions regarding the psychological safety of nurses in critical care units (Stayt, 2009).

Participants, in this study, also exhibited signs of a preoccupation of death and doubts about their professional competency, particularly with regards to breaking bad news (Stayt, 2009). This leads to anger, frustration, irritability, emotionally fearful, being over-sensitive, temperamental, experiences frustration, anxiety, burnout and depression (Moola, *et al.*, 2008; Forest, 1999; Kovacs & Hedegus, 2010:439; Bennet & Lowe, 2008:544). On the other hand, for the patient and family, the most important need of patients' family members during critical care hospitalization is access to clear, understandable, and honest information about the patients' medical condition (Auerbach, *et al.*, 2005:202).

Professional nurses working with the critically ill, need to be aware of the nature of their commitment. They need to be aware that the interpersonal relationships with patients may develop even with unconscious individuals and that this may impact on themselves (Vouzavali *et al.*, 2011:149) in a negative way. The critical-care nurses tend to get "*over-involved*" according to literature. Current research done by Stayt (2009:1273) indicates that critical-care nurses experience discomfort when they need to break the "*bad news*" to families, therefore training and support of nurses are

an integral part of ensuring that the support families receive is optimal. For neonatal critical-care nurses with experience the development of the ability to balance closeness with detachment increase, which portrays as a professional distance to protect themselves professionally, and to protect vulnerability of the parents (Fegan & Helseth, 2009:672).

Although, only the family and the patient's loved ones are able to consider these values in the context of who the person is and who should make a decision regarding life support (Sizemore, 2006:220). The physicians sometimes reflects a lack of understanding and sensitivity to the potential role of nurses in decisions related to life and death (Benbenishty, *et al.*, 2006:132). In addition to this, the impact of negative physical and emotional experiences increase emotional labour of the professional nurse (Wegge *et al.*, 2006:250). As a result, professional nurses working in critical care unit develop compassion fatigue presenting in decrease energy if the professional nurse working in the critical care unit surpassed their restorative processes, with recovery being lost. All these states present physically, socially, emotional, spiritual and intellectual, and advancing state (Knobloch, 2007).

2.2.12 Emotional intelligence:

Management of emotional experiences (Embedded unit of analysis of case)

The second concept proposed in the affective event theory (Weiss and Copanzano, 1996:14) entails the much discussed topic called emotional intelligence and can be defined as "the capacity to reason about emotions, and of emotions to enhance thinking. It includes the abilities to accurately perceive emotions, to assess thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth" (Mayer & Salovey, 2004: 197).

As previously discussed, emotions is a person's first response, it highlight the importance of emotions (Bradberry & Greaves, 2009:14). Emotional management forms one on the four legs of emotional intelligence. Research on the emotions of the critical care nurse, in relation to caring for the critical ill during the organ donation

and the death process, has shown that the breaking of the bad news and the interpersonal relationships are sources of emotional stress for the critical care nurse and the family (Stayt, 2008:1267; Driscoll, 1992).. Although, the manner in which this information is transmitted and the development of trusting and mutually respectful relationships between the family members and the healthcare team are crucial factors in helping families adjust to this traumatic situation (Auerbach, 2005:202).

As patients' needs change, patient don't only expect physical care but also emotional support (work) (Kerfoot, 1996:57). Emotional work illustrate a relationship between the carer, and the cared for and can be viewed as a commodity to be factored into considerations of the importance of caring work (Henderson, 2001:136). Optimistic nurses have better coping mechanism than pessimistic nurses, and portray self-respect, perception of control, psychological well being, motivation and health (Celik, 2008:799). To manage these emotions, emotional intelligence is needed, not only to manage the nurse's emotions, but to perceive the patient's as well (George, 2000:1038; Prati, *et al.*, 2003:35; Fernandez & Baker, 2007:80).

In 1990, the first ground-breaking work was done on emotional intelligence by Mayer en Salovey (1990:185); they described emotional intelligence as a set of skills hypothesized to contribute to the accurate appraisal and expression of emotions in oneself and in others, the effective management of emotion in self and others, and the use of feelings to motivate, plan, and achieve in one's life. For this research Mayer, Salovey and Caruso (1990:507) describe a four branch model of emotional intelligence which consists of:

- Firstly, the managing of emotions to attain specific goals;
- secondly, the understanding of emotions, emotional language, and the signals conveyed by emotions;
- thirdly, using emotions to facilitate thinking; and
- forth the perceiving of emotions accurately in oneself and others. Emotional intelligence was now, a major topic in the scientific community.

In 1995, Goleman published his bestseller on emotional intelligence, and set a fire. He claimed the 'wonder' of emotional intelligence and became the public face for

emotional intelligence. This led to a lot of critique from the scientific community (Ashtonakis, Ashkanasy & Dasborough, 2009:247-262), states that Goleman claims have done considerable harm to the field of emotional intelligence. It was also critiqued by Mayer, Salovey & Caruso (2008:504). Many people have expressed opinions about the scientific viability of emotional intelligence (Mayer, Salovey & Caruso, 2004:197). Awareness of one's own emotional needs is an essential factor of emotional intelligence. Covey (2004:52) stated that emotional intelligence is an important skill to empower leaders in general. Through the combination of thinking and feeling, better balance, judgement and wisdom are created (Covey, 2004:52). The utilisation of emotional intelligence amongst leaders in nursing has a positive impact on the practice environment. When leaders in nursing utilise emotional intelligence as a skill, they listen to staff, are more empathic and respond to concerns of staff members (Cummings, *et al.*, 2005:2-12).

2.2.13 Emotional intelligence in the workplace

The international migration of nurses and associated nursing shortages contribute to an unclear picture, and as a result of this directly implicate on the stability of the workforce in South-Africa. Improving the work environment through correct staffing, may not only decrease mortality in the hospitals, but also reduce hospital cost due to a decreased staff turnover (Aiken, *et al.*, 2002:1987). These findings will be included in the extended debate for policy making on the management of the nursing workforce (Klopper, *et al.* 2008:4).

A lot of research was done on emotional intelligence in the workplace (Botma, 2009; Grandey, 2000:96-97; Cote, 2005:509-530; Carlson, *et al.*, 2011:297-312; Weiss and Coprazano, 1996; Wegge, *et al.*, 2006:237-254; Gray, 2009:168-175). Emotional intelligence is the underlying theme for this research. Emotional intelligence ensures a positive work environment, through the building of relationships (Cummings, *et al.*, 2008:244). Managers need to look at the emotional impact of an employee's job before allocating them to this job (Ashkanasy, 2002:11; AACN, 2001:6). Managers need to encourage and model a positive work climate; model and encourage positive emotional attitudes in work teams and last, train employees to engage in healthy expression of emotions at work (Ashkanasy, 2002:17). Nurses with a higher level of

experience demonstrated higher levels of emotional intelligence (Birks & Watts, 2007:37) Nurses' self awareness of their personal emotional responses and effective communication strategies affects patient outcomes (Sheldon, Barret & Ellington, 2008:145).

The third concept proposed, in the affective events theory is the effect of emotional expression in faces (Weiss and Copanzano, 1996:14). This forms part of emotional body language, and is described as non-verbal communication by the expression of emotions through tone of voice, posture, facial nuances and actions (Knyazev, *et al.*, 2012:206).

To summarize, nursing is an emotional laden profession (McQueen, 2004:107), especially in a critical care unit where the professional nurses are exposed to several stress factors: emotional labour, keeping up with technology, staff shortages, relationships in the multi-professional team and patient emotions. Emotional intelligence as underlying construct for this study emphasizes the management of emotions (Mayer and Salovey, 2004). The importance of emotions in the workplace, and the influence it has on professional nurse's attitudes and behaviour (Grandey, 2000). The importance of fieldnotes to capture these expressions in this study needs to be acknowledged.

2.2.14 CONCLUSION

As intrinsic case study the professional nurses in a critical care unit in a private hospital in Gauteng emotional experiences, emotional regulation and management presented as a single descriptive case study. The setting of the study is the critical care unit as presented in the discussion. The unit of analysis is the emotional experiences divided into the different emotions (see graphic depiction of emotions). The graphic depiction of the emotions experienced by the participants during the interview, as perceived by the interviewer as captured in the fieldnotes. The embedded unit of analysis portrayed in the different themes and subthemes, according to the transcriptions of the interviews.

The context of the case can be divided into four different grounds clearly highlighted by the results of the study.

- First, background involves the processes and events of regulating and management of emotions previously, with the past as frame of reference (Rule & John, 2011:49).
- Second, the foreground is the emotional experiences in the critical care unit, as reality that informs people's lives. Everyday unit functioning, work relationships and stressors impacting on the professional nurses working in the critical care unit; in other words continuous emotional labour (Rule & John, 2011:49).
- Third, lift ground is the way in which people creates meaning of a specific situation, the language they use and the "professional" way they communicate in the public domain. As well as the manner in which they use language to communicate their different emotions. The reality of "putting on their work face"- the amount of acting taking either surface acting, method acting or deep acting (Rule & John, 2011:49).
- Fourth, underground indicates that the participants reflect what the participants wants other to acknowledge, and therefore highlight negative elements to ensure public attention. In this study the internal and external regulation and management of emotions (Rule & John, 2011:49).

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Appendix 2B

Interview schedule and guidelines

Date: 08/12/11

Place: Wilgeheuwel Hospital

Interviewer:

Interviewee: Professional Nurse ____

Questions
Good morning. I am currently busy with my Masters degree at North-West University.
Allow participant to introduce themselves and what they do.
During the interview I will make notes, and the voice recorder on the table will record the interview.
Allow time for response.
Did you ever take part in a research project?
Allow time for response.
This study is about emotions, emotional experiences and the management and regulation of these emotions. Explain the purpose of the research: Professional nurses are subjected to a lot of stress daily, due to the emotional –laden profession they had chosen. In this study the researcher explore these these emotions, and the emotional experiences leading to these emotions and established how these emotions are regulated or managed.
Allow time for response.
“Imagine I was an actor preparing to play your role, describe to me how I would have to act and feel in order to portray you accurately as a professional nurse in this ICU? (Botma <i>et al.</i> 2010:207-208).
Allow time for questions? Can you share your experiences?
Identify the specific emotions is prevalent to your role?
Allow time for response.
Allow time for discussion.
Thank you very much for taking part in this research.

Answer questions as required.

GUIDELINES FOR GOOD INTERVIEWING

Guideline	Ensured in this study		Measure
	Yes	No	
Rule and John (2011:64)			
Relaxed atmosphere for the interview	x		Clean good ventilated area.
Purpose of research explained	x		Interview schedule.
Time allowed for questions about the study	x		Interviewer schedule.
Ethical obligations discussed with participants	x		Letter of consent. Slide show.
Conversational style of interviewing to build rapport	x		Interview schedule.
Start with a least demanding question, to start the conversation.	x		Interview schedule.
Listen carefully and avoid interrupting the participant.	x		Experienced interviewer
Be respectful of the emotional climate of the interview.	x		Experienced interviewer
Probe and summarise to confirm understanding.	x		Experienced interviewer
Rossouw (2005:114)			Experienced interviewer
Interviewer demonstrate acceptance of the interviewee.	x		Experienced interviewer.
Respect the interviewee.	x		Experienced interviewer.
The interviewer ensures openness in the interview.	x		Experienced interviewer.

The interviewer is sincere at all times.	x		Experienced interviewer.
The interviewer appears to be modest.	x		Experienced interviewer.
De Vos <i>et al.</i> (2011:352)			
Open ended questions.	x		Interview schedule.
Simple questions to complex questions.	x		Interview schedule.
Logical sequence.	x		Interview schedule.
Question focussed on the purpose of the study.	x		One broad question to elaborate on.
Technique of funnelling can be used to look at participants' specific concerns and general views.	x		Experienced interviewer.
Semi-structured interviews take time.	x		Enough time is allocated.
Interview schedule allows for deviation to ensure good data.	x		Interview schedule.
Mutual attentiveness, monitoring and response.	x		Experienced interviewer. Voluntary consent.
Avoid repetition during the interview.	x		Experienced interviewer.
Creswell(2009:183)			
Researcher can be bias to participants.	x		Unfamiliar experienced interviewer.
Complete researcher not part of interviews, only selected few.	X		Prevent bias.
Participants given enough time to articulate themselves.	x		Experienced interviewer.
Interviews done in a designated place in the natural field.	x		Interviews taking place at the private hospital.

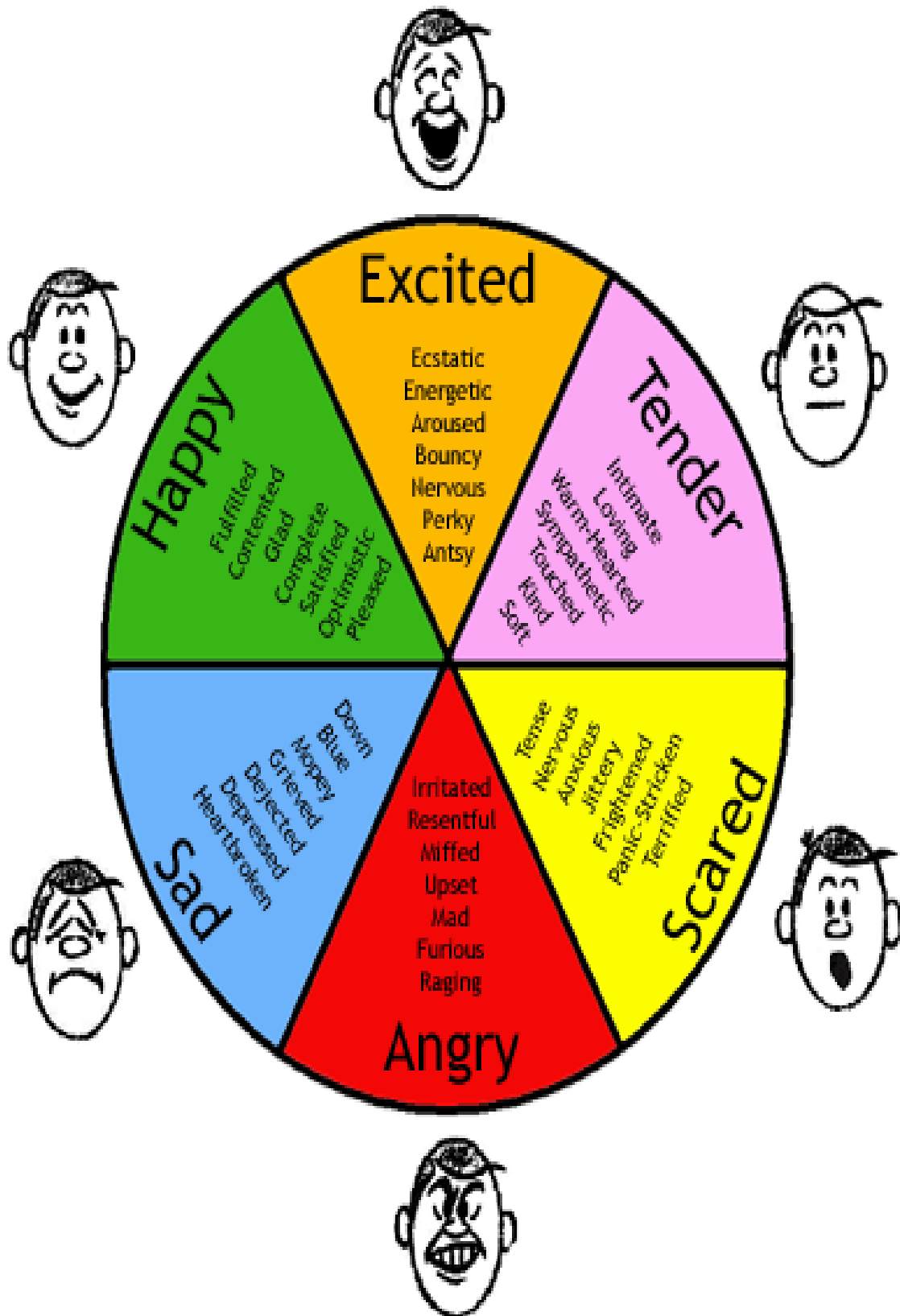
Interviews provide direct information about the professional nurse's experiences.	x		Professional nurses own experiences discussed.
Direct observation, perceptions of the interviewer of participants gathered in field notes to enrich the data.	x		Field notes taken by interviewer.
Digital voice recorder used to capture interviews.			Explained to participants during slideshow.
Noise controlled area for interviews.	x		Good ventilated, secluded areas used for interviewing.

Appendix 2C: Table of Demographic data of participants

	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6	Participant 7	Participant 8
Gender	Female	Male	Female	Female	Female	Female	Female	Female
Age	33	39	39	27	46	40	47	42
Basic nursing education	Diploma in General Nursing, Community, Midwifery and Psychiatric nursing	Diploma in General Nursing, Community, Midwifery and Psychiatric nursing	Diploma in General Nursing, Community, Midwifery and Psychiatric nursing	B.Sc. Nursing	Diploma in General Nursing, Community, Midwifery and Psychiatric nursing	Diploma in General nursing	Diploma in General nursing and Midwifery	Diploma in General Nursing, Community, Midwifery and Psychiatric nursing
How many years have you worked: This hospital In your career	2 years 10 years	3.5 years 15+years	3.5 years 12 ICU years	2 years 5 years	15 years 22 years	2 years 13 years	5.5 years 27 years	7 years 20 years
Language	Afrikaans English	English, Tswana	Afrikaans English	English	English Afrikaans	English Afrikaans	Tswana English	English Tswana










		Afrikaans					Afrikaans	
What is your highest qualification?	Diploma in General Nursing, Community, Midwifery and Psychiatric nursing	Finalising B.Cur. Ed.et Admin.- Critical Care	Diploma Critical Care	M.Sc. Nursing Critical Care	Diploma Critical Care	Diploma Critical Care	Diploma Critical Care	Diploma Critical Care
How satisfied are you with your choice of nursing as a career?	<i>Very dissatisfied</i>	Very satisfied	<i>Very dissatisfied</i>	Moderately satisfied	Moderately satisfied	Very satisfied	Moderately satisfied	<i>Very dissatisfied</i>
Team role according to Belbin	Implementer	Specialist	Team worker	Team worker Completer/Finisher	Monitor evaluator Implementer	Specialist	Completer/Finisher	Team worker

Appendix 2D: Emotional wheel



Appendix 2E: Belbin team roles

Belbin® Team Role Summary Descriptions

Team Role	Contribution	Allowable Weakness
Plant 	Creative, imaginative, unorthodox. Solves difficult problems.	Ignores incidentals. Too pre-occupied to communicate effectively.
Resource Investigator 	Extrovert, enthusiastic, communicative. Explores opportunities. Develops contacts.	Over-optimistic. Loses interest once initial enthusiasm has passed.
Co-ordinator 	Mature, confident, a good chairperson. Clarifies goals, promotes decision-making, delegates well.	Can be seen as manipulative. Offloads personal work.
Shaper 	Challenging, dynamic, thrives on pressure. Has the drive and courage to overcome obstacles.	Prone to provocation. Offends people's feelings.
Monitor Evaluator 	Sober, strategic and discerning. Sees all options. Judges accurately.	Lacks drive and ability to inspire others.
Teamworker 	Co-operative, mild, perceptive and diplomatic. Listens, builds, averts friction.	Indecisive in crunch situations.
Implementer 	Disciplined, reliable, conservative and efficient. Turns ideas into practical actions.	Somewhat inflexible. Slow to respond to new possibilities.
Completer Finisher 	Painstaking, conscientious, anxious. Searches out errors and omissions. Polishes and perfects.	Inclined to worry unduly. Reluctant to delegate.
Specialist 	Single-minded, self-starting, dedicated. Provides knowledge and skills in rare supply.	Contributes on only a narrow front. Dwells on technicalities.

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Appendix F –Participant’s according to Belbin’s team roles


Participant 1:
Team worker




Participant 2:
Specialist




Participant 3:
Teamworker




Participant 4:
Completer/Finishe




Participant 5:
Monitor/
Evaluator




Implementer



Participant 6:
Specialist




Completer/Finishe

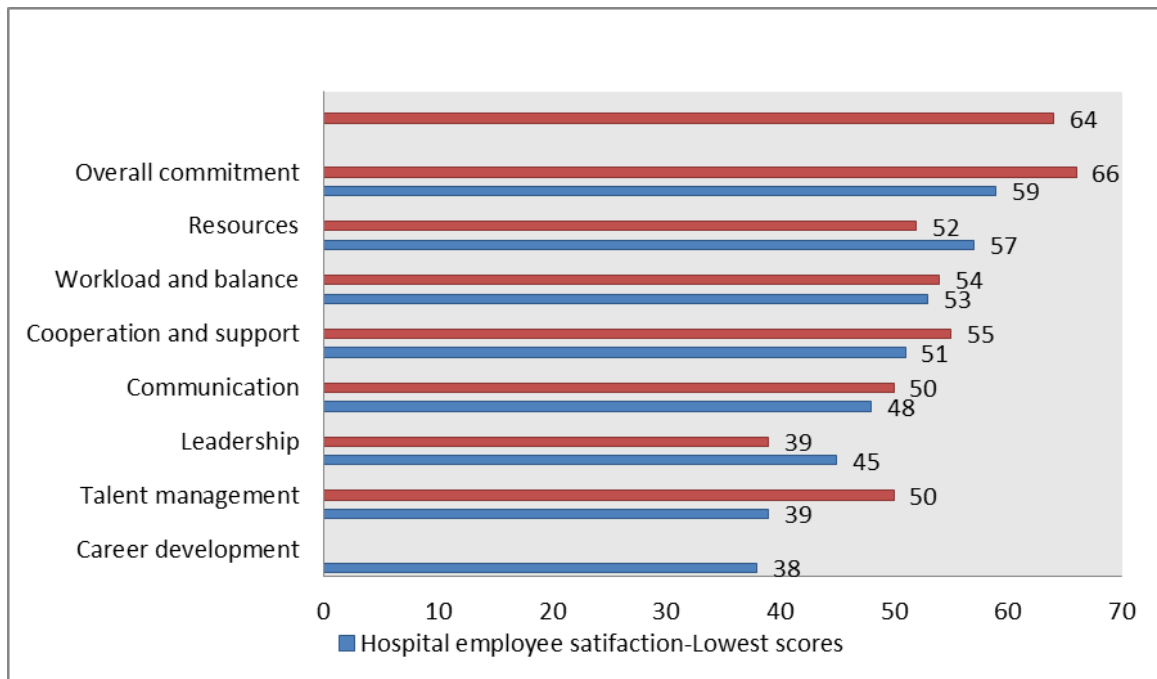


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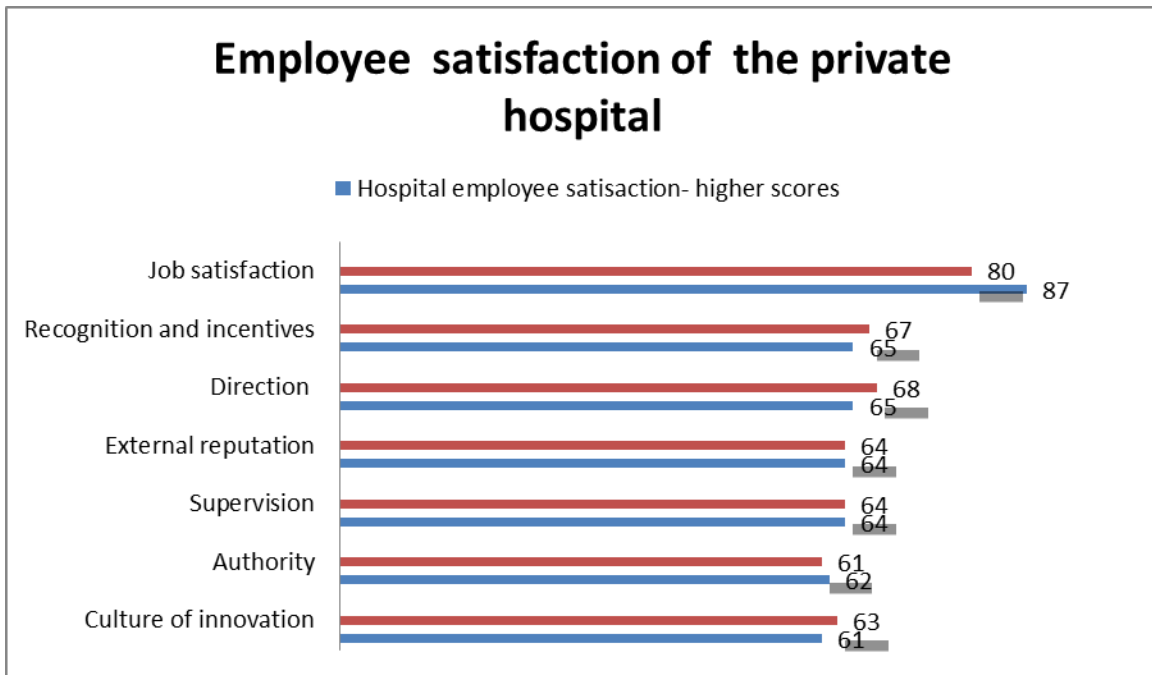
Participant 8:
Team
worker



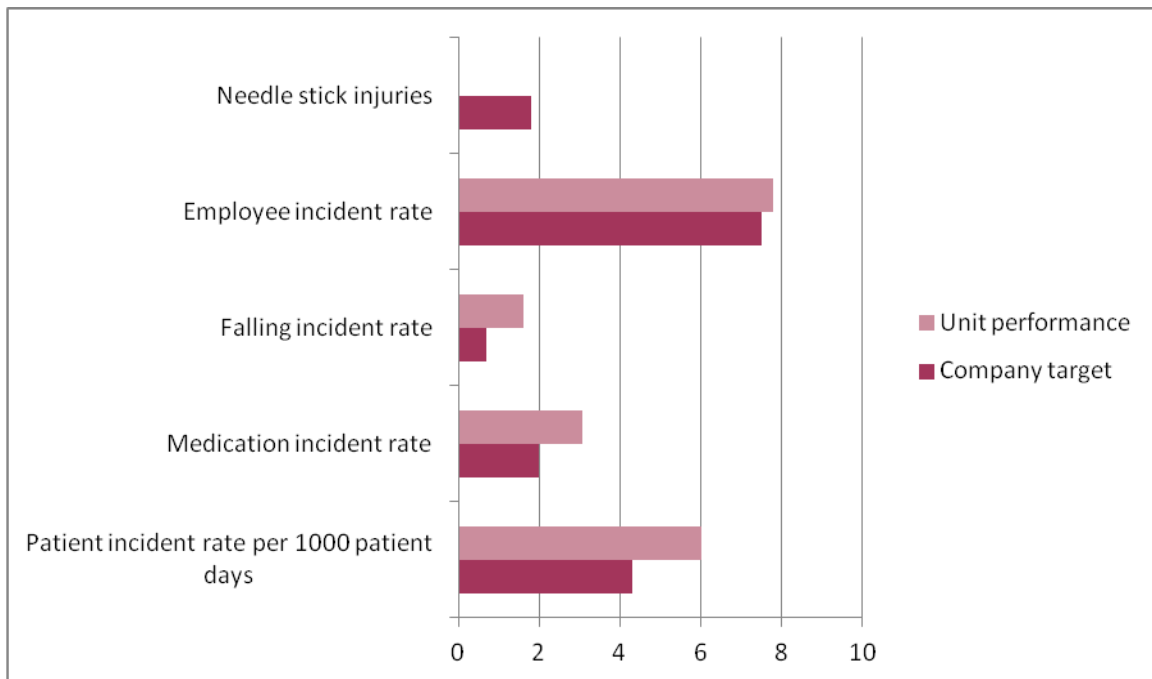
Appendix G: Hospital employee satisfaction low scores



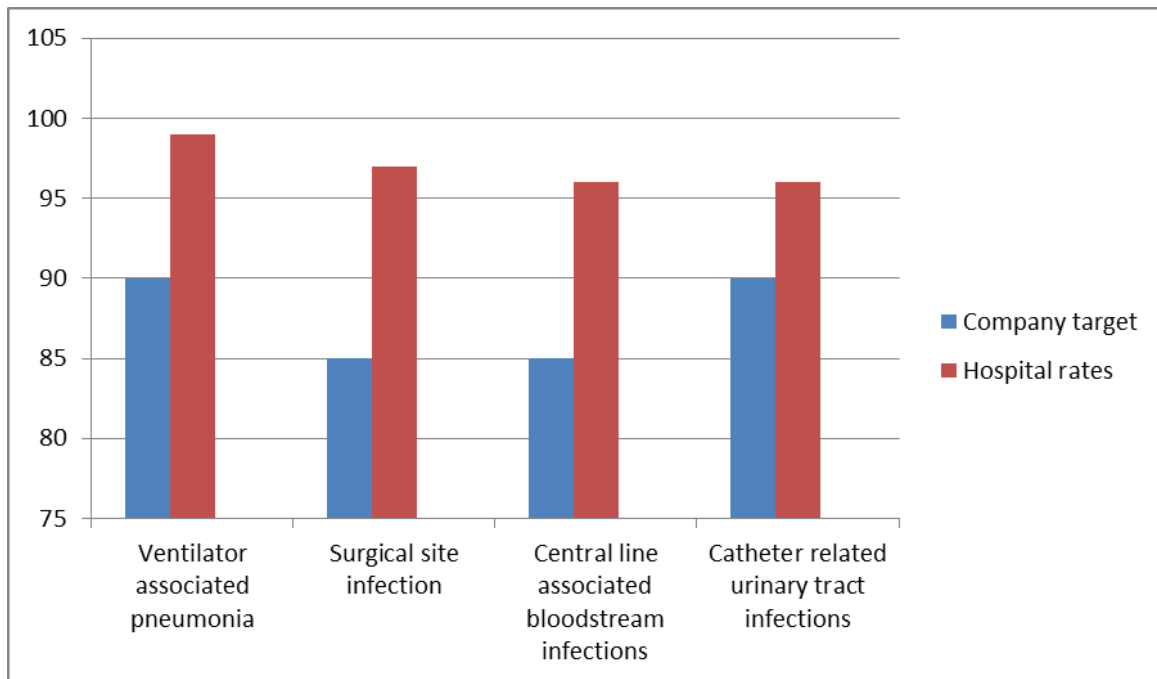
Appendix H: Hospital employee satisfaction high scores



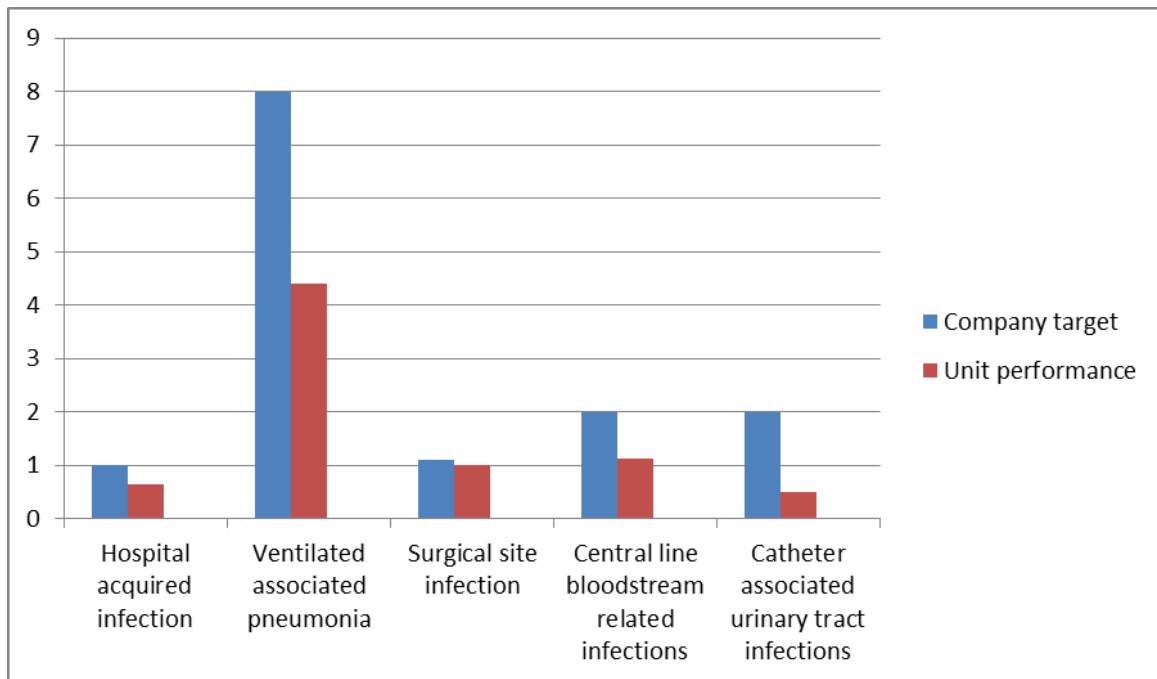
Appendix I: Incident rate in unit measure against company's target.



Appendix J: Critical care unit best care always bundle compliance for 2011



Appendix K: Infection rates for the critical care unit.



Appendix L: Field notes

Interviewer: Sr. Heleen Brink (B. Cur. Ed et Admin: Critical care nursing; Diploma in General Nursing, Midwifery, Community nursing and Psychiatry)

Interview 7 December 2011 conducted with a critical care experienced nurse, Critical care unit, empty storeroom.

Methodology

Open back storeroom in the new part of the critical care unit with sufficient lights and good ventilation. Equipment was removed to open floor space. Door of the storeroom was left half open for privacy. Central wooden bench in position on which digital voice recorder was positioned. Participants sat on two soft tub chairs. Researcher was the interviewer. Air conditioner was noisy in the background. Monitor alarms could be heard during the interview. The storeroom is situated at the back of the new critical care unit. The storeroom is separate from the patients and activities, because the new part of the critical care unit was not occupied by any patients. There was no notice of an interview in process, because of the separation between the two units. Voice acoustics were also influenced by empty space. During the interview as questions was directed more towards the participant as a person and when opinions were explored, she sat with folded arms – this position changed during the course of the interview. As she become more comfortable, she started to use her hands when she talked. This made it easier to engage participants in a deeper level of semi-structured interview. Voluntary consent was given. With this interview the question was *“Imagine I was an actor preparing to play your role, describe to me how I would have to act and feel in order to portray you accurately as a professional nurse in this ICU?”* Participants had to be prompted towards more information by using the emotional wheel. Belbin team role descriptions were used to clarify the team roles at the end of the interview, as well as complaints of patients in the unit.

Personal

I experienced a need to be heard from the participant. Almost an eagerness to participate in this research. It might be a problem that participants are working in an extremely busy unit and might be under stress knowing that patients, doctors and duties are influenced by them participating in this interview. Finally when we started I felt a bit anxious because it was the first interview. Yet, as the interview progressed we both relaxed with a cup of coffee. The interview took place during the night, just after 20h30. The participant was working her third night for the shift. She opened up, and got very emotional at the end when she was talking about her experience of loss.

Theoretical

At first the question was not clearly perceived and the participant repeated specific parts to herself to compartmentalize the information needed.

Contributing factors to interview: positive attitude towards research, staff is informed, support of other staff looking after patient.

Impeding factors to interview: incompetent staff, exhausted staff, staff leaving the unit, emotional overload, "need to be professional", staff dynamics, long hours, experience of loss in own life.

Interviewer: Sr. Heleen Brink (B. Cur. Ed et Admin: Critical care nursing; Diploma in General Nursing, Midwifery, Community nursing and Psychiatry)

Interview 8 December 2011 conducted with a critical care trained nurse, Critical care unit, empty last cubicle in new critical care unit.

Methodology

Last cubicle from the entrance of the critical care unit with sufficient lights and good ventilation. The bed and patient locker was removed from the cubicle to open up some floor space. The glass door was closed and a curtain covered the entrance to ensure privacy. Central table in position on which digital voice recorder was positioned. Participants sat on two softer wooden tub chairs. Researcher was the interviewer. Air conditioner ensured cool ventilation. Monitor alarms could be heard during the interview. The new part of the critical care unit was not occupied by patients or staff. The office is situated near a passage and loud external voices could be heard. Although there was no notice of an interview in process, all the nursing staff of the unit was aware of the reason for the occupation of the cubicle. There was however a person that interrupted the interview as he was looking for a staff member. The participants spoke audible and voice recorder. Voice acoustics were also influenced by surrounding sounds. During the interview as questions were directed more towards the participant as a person and when his opinions were explored, he sat with folded arms – but become more relaxed as the interview progressed. The participant engages easily in a deeper level of the semi-structured interview. Voluntary consent was given. With this interview the question was *“Imagine I was an actor preparing to play your role, describe to me how I would have to act and feel in order to portray you accurately as a professional nurse in this ICU?”* Participants had to be prompted towards more information with the emotional wheel. At the end of the interview they were asked to clarify their team roles according to Belbin, as well as complaints of patients in the unit.

Personal

The participant was previously a critical care student known to the interviewer. It was therefore easier to establish a rapport with the interviewee. The interviewee worked night duty the previous night. He didn't present himself as tired. He used hand gestures to affirm certain emotions. He is an open person, and maintains eye contact during the interview. He was eager to participate in the research, because he is furthering his own education. He was helping out as night superintendent the previous night, and had to be reminded that this research is taking part in the critical care scenario. I enjoyed this interview, and tried to bounce back personal questions back to him.

Theoretical personal

The question gave the interviewee some food for thought. He repeated the question and read it to himself to make sure he understands. This can be due to exhaustion of the previous night's work.

Contributing factors to interview: positive attitude of interviewee, area not occupied to be used by the researcher, management support, positive self talk, passion for nursing, empathy, religious, and peacekeeper.

Impeding factors to interview: negative staff dynamics, professionalism-maintain a distance, negative selftalk,angry, scared, night duty.

Interviewer: Sr. Heleen Brink (B. Cur. Ed et Admin: Critical care nursing; Diploma in General Nursing, Midwifery, Community nursing and Psychiatry)

Interview 8 December 2011 conducted with a critical care trained nurse, Critical care unit, empty last cubicle in new critical care unit.

Methodology

Last cubicle from the entrance of the critical care unit with sufficient lights and good ventilation. The bed and patient locker was removed from the cubicle to open up some floor space. The glass door was closed and a curtain covered the entrance to ensure privacy. Central table in position on which digital voice recorder was positioned. Participants sat on two soft wooden tub chairs. Researcher was the interviewer. Air conditioner ensured cool ventilation. Monitor alarms could be heard during the interview. The new part of the critical care unit was not occupied by patients or staff. The office is situated near a passage and loud external voices could be heard. Although there was no notice of an interview in process, all the nursing staff of the unit was aware of the reason for the occupation of the cubicle. The participants got an audible loud voice. Voice acoustics were also influenced by surrounding sounds. During the interview as questions were directed more towards the participants as persons and when their opinions were explored, they both sat with folded arms – but become more relaxed as the interview progressed. The participant engages with caution in a deeper level of the semi-structured interview. Voluntary consent was given. With this interview the question was *“Imagine I was an actor preparing to play your role, describe to me how I would have to act and feel in order to portray you accurately as a professional nurse in this ICU?”* Participants had to be prompted towards more information with the emotional wheel. At the end of the interview they were asked to clarify their team roles according to Belbin, as well as patient complaints in the unit.

Personal

I experienced her as an open and honest interviewee. I appreciated that. She appeared uncomfortable at first, she folded her arms. She stressed the fact that she was sensitive, and came over very vulnerable. After a while she relaxed and the breakthrough came as participants did manage to express themselves a bit deeper. It might also be a problem that participants are working in an extremely busy ward and might be under stress knowing that patients, doctors and duties are influenced by them participating in this interview. She is bubbly and describes herself as busy. We established rapport quicker because of previous training she attended.

Theoretical

She fragmented the question to understand it better.

Contributing factors to interview: positive attitude towards the research, support from management, supportive team looking after patients while others is doing the interviews, knowledgeable, treat others with respect, peacekeeper.

Impeding factors to interview: burnout, negative selftalk, sulks.

Interviewer: Sr. Heleen Brink (B. Cur. Ed et Admin: Critical care nursing; Diploma in General Nursing, Midwifery, Community nursing and Psychiatry)

Interview 8 December 2011 conducted with a critical care trained nurse, Critical care unit, empty last cubicle in new critical care unit.

Methodology

Last cubicle from the entrance of the critical care unit with sufficient lights and good ventilation. The bed and patient locker was removed from the cubicle to open up some floor space. The glass door was closed and a curtain covered the entrance to ensure privacy. Central table in position on which digital voice recorder was positioned. Participants sat on two soft wooden tub chairs. Researcher was the interviewer. Air conditioner ensured cool ventilation. Monitor alarms could be heard during the interview. The new part of the critical care unit was not occupied by patients or staff. The office is situated near a passage and loud external voices could be heard. Although there was no notice of an interview in process, all the nursing staff of the unit was aware of the reason for the occupation of the cubicle. The participants got an audible voice. Voice acoustics were also influenced by surrounding sounds. During the interview as questions were directed more towards the participant as a person and when her opinions were explored, she sat with folded arms – but become more relaxed as the interview progressed. The participant engage with caution in a deeper level of the semi-structured interview. Voluntary consent was given. With this interview the question was *“Imagine I was an actor preparing to play your role, describe to me how I would have to act and feel in order to portray you accurately as a professional nurse in this ICU?”* Participants had to be prompted towards more information with the emotional wheel. At the end of the interview they were asked to clarify their team roles according to Belbin and identify complaints in the unit.

Personal

I experienced her as very mindfull of what she says. She appeared uncomfortable at first, and giggled anxiously. It was as if she was scared that she is going to give the wrong answer. After a while she relaxed and a controlled breakthrough came as participant did manage to expressed herself a bit deeper. It might also be a problem that participants are working in an extremely busy ward and might be under stress knowing that patients, doctors and duties are influenced by them participating in this interview. She is bubbly and describe herself as busy. She is moving around on her chair during the interview, when she gets passionate about something. We took longer to established rapport quicker, it can be due to her knowledge level of research she did or the fact that I am not part of the group. For me this was the most difficult interview, because

she didn't allow me in.

Theoretical

She described the question as clever.

Contributing factors to interview: positive attitude towards the research, support from management, supportive team looking after patients while others is doing the interviews, knowledgeable, treat others with respect, committed.

Impeding factors to interview: Level of control in the interview

Interviewer: Sr. Heleen Brink (B. Cur. Ed et Admin: Critical care nursing; Diploma in General Nursing, Midwifery, Community nursing and Psychiatry)

Interview 8 December 2011 conducted with a critical care trained nurse, Critical care unit, empty last cubicle in new critical care unit.

Methodology

Last cubicle from the entrance of the critical care unit with sufficient lights and good ventilation. The bed and patient locker was removed from the cubicle to open up some floor space. The glass door was closed and a curtain covered the entrance to ensure privacy. Central table in position on which digital voice recorder was positioned. Participants sat on two soft wooden tub chairs. Researcher was the interviewer. Air conditioner ensured cool ventilation. Monitor alarms could be heard during the interview. The new part of the critical care unit was not occupied by patients or staff. The office is situated near a passage and loud external voices could be heard. Although there was no notice of an interview in process, all the nursing staff of the unit was aware of the reason for the occupation of the cubicle. The participants got an audible voice. Voice acoustics were also influenced by surrounding sounds. During the interview as questions were directed more towards the participant as a person and when her opinions were explored, she portrayed an open body posture and was more relaxed as the interview progressed. The participant engages with caution in a deeper level of the semi-structured interview. Voluntary consent was given. With this interview the question was *“Imagine I was an actor preparing to play your role, describe to me how I would have to act and feel in order to portray you accurately as a professional nurse in this ICU?”* Participants had to be prompted towards more information with the emotional wheel. At the end of the interview they were asked to clarify their team roles according to Belbin and identify complaints in the unit.

Personal

I experienced her as knowledgeable and as a person with integrity. She appeared comfortable, maintained eye contact at all times. You can see her experience is talking, a lot of self confidence. It might also be a problem that participants are working in an extremely busy ward and might be under stress knowing that patients, doctors and duties are influenced by them participating in this interview. She is professional at all times. At one stage when talking about death in the family, she becomes emotional. She used the research to bring a message that 'care is better than money'.

Theoretical

She fragmented the question to make sense of it.

Contributing factors to interview: positive attitude towards the research, support from management, supportive team looking after patients while others is doing the interviews, knowledgeable, leader, know how to present herself, committed.

Impeding factors to interview: Do not trust easily, at times cautious, use research.

Interviewer: Sr. Heleen Brink (B. Cur. Ed et Admin: Critical care nursing; Diploma in General Nursing, Midwifery, Community nursing and Psychiatry)

Interview 8 December 2011 conducted with a critical care trained nurse, Critical care unit, empty last cubicle in new critical care unit.

Methodology

Last cubicle from the entrance of the critical care unit with sufficient lights and good ventilation. The bed and patient locker was removed from the cubicle to open up some floor space. The glass door was closed and a curtain covered the entrance to ensure privacy. Central table in position on which digital voice recorder was positioned. Participants sat on two soft wooden tub chairs. Researcher was the interviewer. Air conditioner ensured cool ventilation. Monitor alarms could be heard during the interview. The new part of the critical care unit was not occupied by patients or staff. The office is situated near a passage and external voices could be heard. Although there was no notice of an interview in process, all the nursing staff of the unit was aware of the reason for the occupation of the cubicle. The participants got an audible voice. Voice acoustics were also influenced by surrounding sounds. During the interview as questions were directed more towards the participant as a person and when her opinions were explored, she portrayed an open body posture and was more relaxed as the interview progressed. The participant engages with caution in a deeper level of the semi-structured interview. Voluntary consent was given. With this interview the question was *“Imagine I was an actor preparing to play your role, describe to me how I would have to act and feel in order to portray you accurately as a professional nurse in this ICU?”* Participants had to be prompted towards more information with the emotional wheel. At the end of the interview they were asked to clarify their team roles according to Belbin and identify complaints in the unit.

Personal

I as a straightforward no nonsense person. Although she didn't appeared comfortable at all times, evidenced by moving around in her chair during the interview. She presented herself with confidence. After a while she relaxed, and a breakthrough came as participant did manage to express herself a bit deeper. But even during this time, she refrains from eye contact at times. She speaks of her own experiences with difficulty. It might also be a problem that participants are working in an extremely busy ward and might be under stress knowing that patients, doctors and duties are influenced by them participating in this interview. She knows what to do and 'get on with it'. She controls herself very well, and put her own feelings aside. She was helping out as second in charge in another unit during the research, but normally works in the critical care unit.

Theoretical

She fragmented the question to make sense of it.

Contributing factors to interview: positive attitude towards the research, support from management, supportive team looking after patients while others is doing the interviews, knowledgeable, know how to present herself, committed.

Impeding factors to interview: appears to be uncomfortable, at times cautious.

Interviewer: Sr. Heleen Brink (B. Cur. Ed et Admin: Critical care nursing; Diploma in General Nursing, Midwifery, Community nursing and Psychiatry)

Interview 8 December 2011 conducted with a critical care trained nurse, Critical care unit, empty last cubicle in new critical care unit.

Methodology

Last cubicle from the entrance of the critical care unit with sufficient lights and good ventilation. The bed and patient locker was removed from the cubicle to open up some floor space. The glass door was closed and a curtain covered the entrance to ensure privacy. Central table in position on which digital voice recorder was positioned. Participants sat on two soft wooden tub chairs. Researcher was the interviewer. Air conditioner ensured cool ventilation. Monitor alarms could be heard during the interview. The new part of the critical care unit was not occupied by patients or staff. The office is situated near a passage and external voices could be heard. Although there was no notice of an interview in process, all the nursing staff of the unit was aware of the reason for the occupation of the cubicle. The participant got an audible voice. Voice acoustics were also influenced by surrounding sounds. During the interview as questions were directed more towards the participant as a person and when her opinions were explored, she portrayed an open body posture and was more relaxed as the interview progressed. The participant engages with caution in a deeper level of the semi-structured interview. Voluntary consent was given. With this interview the question was *“Imagine I was an actor preparing to play your role, describe to me how I would have to act and feel in order to portray you accurately as a professional nurse in this ICU?”* Participants had to be prompted towards more information with the emotional wheel. At the end of the interview they were asked to clarify their team roles according to Belbin and identify complaints in the unit.

Personal

I was excited about the research, but by this time I was starting to feel drained. I took a break and continue with the interviews. Although She didn't appeared comfortable at all times, and omitted eye contact. This can be due to cultural reasons, because he presented herself with confidence. After a while she relaxed, and a breakthrough came as participant did manage to express herself a bit deeper. But even during this time, she refrains from eye contact at times. It might also be a problem that participants are working in an extremely busy ward and might be under stress knowing that patients, doctors and duties are influenced by them participating in this interview. She maintains an open body posture, and talk with comfort. She was out of practice for a long time , and only came back about a year ago to work in the critical care unit.

Theoretical

She fragmented the question to make sense of it.

Contributing factors to interview: positive attitude towards the research, support from management, supportive team looking after patients while others is doing the interviews, making use of minimal verbal responses, well spoken.

Impeding factors to interview: appears to be uncomfortable at times.

Interviewer: Sr. Heleen Brink (B. Cur. Ed et Admin: Critical care nursing; Diploma in General Nursing, Midwifery, Community nursing and Psychiatry)

Interview 8 December 2011 conducted with a critical care trained nurse, Critical care unit, empty last cubicle in new critical care unit.

Methodology

Last cubicle at the entrance of the critical care unit with sufficient lights and good ventilation. The patient bed and locker was taken out of the cubicle, to clear some floor space. The glass doors was closed and covered with the curtains to ensure privacy. Central table in position on which digital voice recorder was positioned. Participants sat on two tub chairs. Researcher was the interviewer. Monitor alarms could be heard during the interview. is situated near a passage and external voices could be heard. Although there was no notice of an interview in process, all the nursing staff of the unit was informed about the reason for the occupation of the cubicle. The participants spoke audible and voice recorder was held nearer to them. Voice acoustics were also influenced by surrounding sounds. During the interview as questions were directed more towards the participant as a person and her opinions were explored, she sat with folded arms – this position changed during the course of the interview. Again it was difficult to engage participant in a deeper level of semi-structured interview – but as interview unfolded participant started to engage into a deeper level of conversation. Voluntary consent was given. The question was the following: *“Imagine I was an actor preparing to play your role, describe to me how I would have to act and feel in order to portray you accurately as a professional nurse in this ICU?”* Participants had to be prompted towards more information by using the emotions wheel. She was also asked to identify herself in Belbin’s team roles, as well as the mentioning of the patient complaints of the unit.

Personal

I experienced a passive aggressiveness during the interview. Like the interviewee strives towards her own vendetta. I was extremely uneasy, and directed the interview towards the research question. She might be under stress knowing that patients, doctors and duties are influenced by them participating in this interview. She engaged easily and a breakthrough came, she even become tearful at the end of the interview. This assisted in building rapport with the participants. She is very passionate about her political beliefs. She is running her own business.

Theoretical

Contributing factors for the interview: support of management, voluntary

consent, probing with emotional wheel.

Impeding factors for the interview: personal motives, passive-aggression.

Interview 1:

I – Interviewer

R - Recipient

I	Okay, ek wil net se baie dankie dat jy uhm ingestem het om deel te wees van my navorsing.
R	Dit is reg.
I	Uhm dit is vir my 'n voorreg, jy weet. Weet jy waarom dit uhm, die navorsing basies gaan?
R	Ja, nee ek verstaan waarom dit gaan, die emosionele aspekte.
I	Okay, ek gaan net weer 'n keer daardeur gaan vir jou dat ons net sekerheid het jy weet mooi, verstaan presies waarom dit gaan. Uhm ek gaan gedurende die onderhoude notas neem ek hoop nie jy gee om nie.
R	Nee, dit is alles reg.
I	Okay. Uhm het jy ooit voorheen deelgeneem aan navorsing?
R	Uhm, nee, nie sulke tipe navorsing nie, nie sulke tipe nie, mark navorsing ja maar nie sulke tipe nie.
I	Marknavorsing, so nog nie verpleegnavorsing nie.
R	Nee nog nie.
I	Uhm soos jy gesien het ons kyk na emosies en emosionele uhm ondervindinge en uhm hoe 'n mens basies dit gaan, gaan hanteer in die verpleeg beroep. Uhm ek het, omdat verpleeging so 'n verskrikke emosie belaaide werk is, is dit uhm het ek die belangrikeheid gesien om spesifiek te kyk na emosies, emosionele experiences as voorlooper to emosionele intellegensie. So dit is uhm, so jy is bewus daarvan.
R	Ek verstaan dit ja.
I	Dit laat ons nou by die aspek van, soos ek aangedui het in die uhm die consent vorm ook dat indien jy gedurende enige stadium sou ongemaklik voel dan uhm kan jy net die,
R	Stop.
I	Ja die onderhoud stop, okay.
R	Ja, nee ek sal die vrae beantwoord.

- I Okay, dit bring ons by die vraag uhm ek gaan dit in engels vir jou se maar jy kan in Afrikaans antwoord as jy 'n probleem het.
- R Okay.
- I Stel jou voor – Imagine I was an actor preparing to play your role, describe to me how I would have to act and feel in order to portray your, you accurately as a professional nurse in ICU?
- R Uhm ek sal se jy, om voor te berei op so ietsie moet jy, jy moet self verseker wees, jy moet uhm, jy moet self confidence he, jy moet emosioneel stabiele wees, uhm goeie ondersteuning stelsel he, uhm jy weet van vriende, familie jy weet soos support structure as jy dit so wil stel net mense wat jou ondersteun jy weet net bietjie emotion, partykeer as mense dinge vang jou en uhm jy moet net vra vir emosionele ondersteuning, uhm jy moet 'n uitlaat he uhm, goeie uitlaat soos net om bietjie van te unwind of is dit nou – al is dit nou net bietjie computer speeletjies of jy weet tyd saam met jou vriende, braai jy weet ontspan. Jy moet die tyd he daarvoor en jy moet jy weet ander dinge doen jy kan nie net altyd wil werk nie, dit uhm dit is nie gesond, gesond vir jou brein nie. Uhm ek sal se jy moet nie emosioneel reageer op dinge wat in, wat in die, jy weet dinge wat gebeur nie jy weet veral dinge wat buite jou hande is nie, ek meen as mense, ongelukkig gaan dood dit is deel van die lewe en as jy gaan histories raak oor elke persoon wat doodgaan, wat jy verloor dan op die einde dag as jy gaan te emosioneel betrokke raak daarby dan ongelukkig gaan jy dan gaan jy self psigiatriese probleme ontwikkel daarmee, dit met tyd. So uhm.
- I Hoekom se jy so?
- R Uhm, jy kan nie, jy kan nie emotioneel betrokke raak by almal se probleem nie want jy kan nie almal se probleme vir hulle, jy kan nie almal help en hulle probleme vir hulle reg, regmaak of wegvat nie jy moet, jy moet 'n. Jy kom by 'n punt waar jy se uhm okay ek kan soveel doen en dit is basies, dit is waar my rol, dit jy weet ek kan soveel doen ek kan help mens verwys of ek kan bietjie raad gee maar ek kan nie, jy weet ek kan nie emosioneel betrokke raak dat dit my gaan afekteer jy weet dat as daar iets gebeur, as daar iets fout gaan en mens bel jou en jy weet hulle wil altyd met jou praat en nee uhm jy kan ongelukkig jy dkan dit nie op jou skouers dra nie ongelukkig nie. As jy dit alles wil doen jy gaan breek jy gaan, jy kan nie, jy kan nie soos jy kan nie almal al die tyd wil net wil help nie. Jy moet 'n, jy moet op 'n punt kom waar jy kan se, jy moet weet wat is jou capabilities jy moet weet waar, tot waar is jy wat kan jy doen wat jy nie kan doen nie.
- I Verstaan ek jou reg as ek se jy stel, wil grense stel om die,

- R Jy moet kan grense stel.
- I Om die, die familie op 'n sekere afstand.
- R Jy moet, jy moet grense.
- I Te hou.
- R Ja jy moet grense he, jy moet grense stel jy weet jy moet, dit gaan afhang van jy weet ook van die pasient en ook van die omstandighede maar mees van die tyd se jy, jy nraak nie te betrokke, intiem betrokke weet by die familie sake nie want soos ek se andersin hulle, hulle raak ook baie te afhanklik van jou en hulle wil altyd net van een person af weet, jy weet van jou af weet, jy wee twat gaan aan jy weet jy het net een keer na hulle gekyk en hulle fokus net op jou uhm so jy se jy moet, jy moet 'n harde kop ook he sou ek se want jy moet kan jy weet jy moet kan besluite neem wat jy op jou voete kan dink, jy moet uhm, jy moet hulpvaardig wees jy weet net vir die pasiente vir die familie maar as asook teenoor jou kollegas jy weet en die hospital so jy moet, jy moet probeer jy weet spanwerk maak rerig waar die lewe baie makliker vir 'n mens. Want soos ek se as goeters verkeerd gaan, gaan dit baie verkeerd jy kan nie alles self doen nie ek meen jy weet jy kan nie alles self doen nie as almal 'n bietjie help dan uhm help hulle, maak hulle die lewe baie makliker. Maar ja jy moet, jy moet soos se jy moet stabiel wees jy moet uhm jou kop moet regwees, dit is maar net hoe ek voel.
- I Verduidelik vir my stabiel wees, emotioneel stabiel wees.
- R Jy weet as jy, as jy jy weet as jy, jy moet nou se as jy, jy weet party mense het altyd drama in hulle lewens, ek meen ek ken 'n paar mense wat so is, wat daar moet altyd drama in hulle lewens wees. As daar nie drama is nie dan is dit net, jy weet dan is die lewe vir hulle boring en dis ook nie jy weet , jy kan nie almal het maar dramas jy kan dit nie werk toe bring nie, almal het hulle ups en downs goeters wat ge beur en jy moet kyk jy kan dit nie altyd saambring werk toe nie jy moet dit maar jy weet jy moet, se as jy bietjie lag voel die dag dan is jy maar bietjie weet 'n bietjie stiller maar jy weet jy moenie so wees dat jy as jy nie lekker is die dag dat jy stilbly nie jy weet, praat met die mense daarvoor, jy weet mense is altyd geneig jy weet om bietjie te help of bietjie moeite gee of so. Jy weet almal is bietjie senuweeagtig so nou en dan jy weet dit is maar, dit is normal, uhm maar ja as ek nou se mense wat op en af is en jy weet daar is altyd goeters wat gebeur en dit is, nee ek se jy kan nie efektiewe verpleegkunde wees as jy jou huislike goeters jou werk laat beïnvloed nie, dit is nie reg nie.
- I Dit klink vir my of jy se dat as 'n mens emosioneel is dan los jy jou emosies by die huis, uhm is dit?

R Ek sal nie se so nie, ek meen jy moet, jy moet emosie he dit is nie ek meen ons is nie geharde mense nie nie, ek meen die goeters afekteer ons nogsteeds maar jy gaan dit nie so, jy gaan dit nie so maklik laat wys nie ek meen jy sal dit, jy mag miskien jy weet iets wat gebeur het jy mag miskien jy mag bietjie omgekrap wees daarvoor maar ek meen jy gaan nie oor reageer daarvoor en 'n groot scene daarvoor maak nie en by almal gaan kla daarvoor nie, jy weet jy gaan dit maar vat, jy gaan dit vat soos dit maar kom en jy gaan dit "you will just deal with it" ek meen jy kan nou nie se, jy maak dit nie almal se problem nie. As daar iets wat gebeur dan is dit so, jy vat dit soos dit maar kom. En moenie dat jou emosies, jy moet kop loop en nie met jou hart nie jy weet jy moet meer level headed wees.

I Jy het gepraat van emosies unwind, verduidelik vir my waste tipe emosies?

R Ag jy weet dit is spanning jy weet, meeste van die dinge is dit is maar net spanning want jy is bekkomerd oor jy weet partykeer gebeur goeters en jy en as jy terugdink dan dink jy het ek die regte ding gedoen en dan en jy weet daai resus waar dit gebeur het en dat gebeur het en het jy die regte besluit gedoen is my besluit nie die oorsaak dat jy weet dit dit gebeur het of die pasient is dood jy weet is maar net die onsekerheid party dae is jy nie altyd seker niemaar dis meer soos ek se net die daglikse spanning van jy weet van veral as jy in bevel is met jou uhm die met die staaf moet jy probeer organiseer en allokeer en seker maak alles word reg gedoen en dit is dit raak bietjie tough met party dele soos ek se want veral as jy party van die staff as hulle baie nuwe staff is, sjoe jy is baie besig jy prober by almal uitkom maar soos ek se dit is nie altyd so maklik nie jy prober maar hoop, jy hoop maar net as jy terugkom vanaand dat daar nie verskriklik nie, die dokters nie vreeslik aangaan oor iets wat nie reg gedoen is nie omdat jy dit nie jy dit gemiss het vir een of ander rede of net nie gedoen nie en dit maar net, ek persoonlik voel maar net, ek is bietjie onseker van soos jy weet "Het ek nou die regte ding gedoen" jy weet ek wil net ek is nie, ek is tog partykeer bietjie self doubt met tye maar dit is nie so veel as wat dit was nie, dit raak better met meer ondervinding en met tyd uhm word dit better, defnitief better.

I Okay.

R So, maar ja dis meer op die spanning as jy die spanning werkspanning met net die daglikse besluitneming en so aan wat jy moet doen, jy moet onstpan en net laat gaan.

I Okay, as jy unwind wat doen jy?

R Uhm ag ek sal, ek speel bietjie computer speeletjies ek kyk TV, ek spandeer tyd saam met my famielie uhm jy weet lees 'n boek, luister bietjie musiek en so aan uhm ek is nie vreeslik 'n buite natuur liefhebber as sulks date k sal

gaan kamp en dit nie jy weet maar bietjie buitekant wees en so aan sodat ek net bietjie kan ontspan, vars lug sonkyn.

I Okay.

R Meer soos jy weet tyd saam die familie, braai en so aan.

I Okay.

R Ons familie is redelik ju weet redelik naby en so aan mekaar en so dit is vir ons, ons geniet bietjie tyd om saam te spandeer en so aan.

I As jy jou emosionele jou emosies ervaar gestel jy ervaar bietjie spanning, uhm hoe, hoe voel dit vir jou, hoe voel jy?

R Uhm ek prober deur kalm bly uhm ek probeer jy weet deur net logies deur dinge te werk, jy weet ek is 'n baie logiese persoon ek, jy weet ek oordink goeters partykeer maar ek is baie logies. Ek dink aan praktiese goed aan praktiese maniere van goeters doen so ek dink jy weet ek is 'n, probeer met my kop dink, jy weet logiese goeters dink jy weet ly kalm, dit help nie om uit te freak of te veel goeters te doen want jy kan nie, jy weet jy moet partykeer, jy moet partykeer net bietjie terugstaan en te diep asem te vat en "okay" stop net eers en kyk weer na dinged an gaan jy aan. Want anders verloor jy so bietjie jy weet die pad want as jy te veel goeters wil doen en daar is te veel wat aangaan jy weet jy raak so opgewerk daaroor dat jy nie, jy nie dink prakties dink oor dinge nie, so party menses sal se okay wag, wag.

I Eksuus as jy daai opgewerk 'n label moet gee wat sal dit wees, sal jy dit noem "kwaad, aggressief" sal jy dit noem "hartseer, teleurgesteld, oorweldig"

R Ek sal se dit is 'n kombinasie tussen miskien aggressie en 'n irritasie, sou ek dit dan noem jy weet ge iriteerd want daar is net partykeer is daar net soveel goeters wat, wat kom en dit hou net nie op nie en di frustrasie kom die fiet dat die mense net nie die competency het om dit net die goeters te doen nie soos veral met die agtenskap partykeer agentskap mense wat jy weet jy moet letterlik hulle hande vir hulle vashou en jy moet aan hulle iets verduidelik en jy moet weer verduidelik en jy kan vir hulle nou nou terugkom en weer vir hulle se en as jy kom more oggend dan is dit nogsteeds nie gedoen nie, jy weet jy kan net. Ek meen hulle het ook 'n verantwoordlikheid ek kan net soveel doen ek meen eke as ek andersins betrek ek myself by 'n pasient ek meen ek kan nie seker maak almal doen al hulle werk nie, almal is opgelei en het 'n verantwoordlikheid soos ek se ek kan nie na almal, anders moet ek na al die pasiente kyk, ek kan nie ek kan nie dit doen nie so ja dis daai irritasie en frustrasie partykeer sal ek se.

I Is dit die enigste gevoelens wat jy ervaar of is daar soms ander ook?

- R Uhm dit is oor die algemeen is dit meeste, is dit daai ek meen jy weet ek sal nie se, is dit nie hope, skuus amper se ek hopeloosheid maar moedeloos amper jy weet soo ek se dit is nie jy weet dinge dit is nie asof, partykeer is dit net asof dit is dieslefde storie oor en oor jy weet dit is net asof daar asof daar iets gebeur het en jy weet daar is 'n verbetering nie, sou ek se dit bly dieselfde en ja die lewe word nie altyd makliker nie so ja dit is frustrerend en dit maak jou moedeloos, jy wee twat is die punt daarvan jy wee twat is die punt nou stress jy jousef uit oor dinge en jy weet vir wat, niks word daaraan gedoen nie daar word nie eers, jy kan kla oor iets en daar is nie, daar is nie verbetering of enigeiets anders nie jy weet dit gaan net aan so dit maak jou partykker maar bietjie moedeloos in 'n sin maar uhm ek sal se ja maar net die meeste van die tyd daar is nie freeslik iets anders nie, daar is nie uhm woede nie ek word nie kwaad as sulks nie ek meen dit is net meer bietjie ge iriteerd meer as iets anderste.
- I Okay jy het vir my gese jy voel soms moedeloos jy voel soms bietjie agresief en ge iriteerd want dinge verander nie rerig nie, uhm is daar dan 'n positiewe kant, iets wat jou werk jou bied in ICU?
- R Ag ek is baie dankbaar vir die jy weet vir die span mense saam met wie ek werk, ek dink ons is almal baie dinamies en ons het baie, dis'n vriendskapsband tussen ons almal ons verstaan mekaar ons werk goed saam, jy weet as iets fout gaan jy weet jy kan op hulle staatmaak.
- I Hmm.
- R Jy uhm jy weet jy hoef nie te wonder oor dinge nie jy weet dis jy weet as daar iets is jy weet dit sal of gedoen word gebeur nog voordat jy daaraan gedink het uhm, en dit maak 'n groot verskil. Dit is gemoedstelling om te weet gemoedsrus jy weet, jy weet jy darem 'n span wat daar is jy weet as die paw paw die fan strike dis, weet jy jy het daai back up.
- I Okay.
- R Wat wat uhm jy weet dit maak die lewe baie makliker. Ons het dit, dit gee jou darem moed. Maar ja dit is, ek vind dit is baie, dit is satisfaksie, dit is werks satisfaksie ten opsigte van jy weet jy weet die pasient is gelukkig en die, jy weet van dinge in die oggend was, hulle was baie siek en in die begin van die aand en in die oggend, hulle lyk better, is meer stabiel jy weet jy voel jy het iets uitgerig, jy voel jy weet dit laat jou goed voel jy weet daai sense of accomplishment amper jy weet jy is somer wow ons het eintelik iets uitgerig hierso dit was nie 'n sinnelose draai sirkels draai nie. Dit is een ding jy weet dit is een ding wat ek geniet dit is die daai satisfaction as 'n pasietn better voel, better is in die oggend maar jy weet partykeer die mense kla oor sinnelose goed en dit maak jou, jy dink ag vader wat wil jy nou doen, wat

moes ek nou nog vir jou gedoen het? Dan net, ja party menses al altyd iets kry o moor te kla maar die mense wat partykeer die mense is so dankbaar, jy het minimasl gedoen en hulle is so dankbaar en dan dink jy net wow dit jy weet dit maak die ding die moeite werd jy weet al die, die sweet en alles, dit maak dit die moeite werd as mense dankie, net dankie se jy weet dit hoef nie jy weet dis nie dat hulle iets moet bring nie dit is net dankie se is partykeer doen hulle dit en dit gaan baie ver.

I Vertel my van die kla, waarom kla hulle?

R Mense kla altyd, hulle kry altyd iets om oor te kla, as dit nie is van jy weet die geraas nie dan is dit dan is dit die kos was te koud, die kos is nie gekry nie jy weet die mielies was te dit en dit was te dat. Mense kry altyd iets om oor te kla, as jy later hoor sal jy hoor dat hulle bly kla of hulle nou hier was of in die saal le daar, hulle bly kla, die klagtes van hulle hou net nie op nie. Hulle kla oor enigeiets ek meen van of daar 'n stukkie bloed op die vloer is hulle partykeer hulle kry maar ietsie, maar ag dis nou iets van alles. Jy weet partykeer is dit, partykeer is dit die staff en partykeer is dit die omgewong en so aan dit is net van alles.

I Jy praat van die staff, as hulle oor die staff kla waar, waarna, waarom kla hulle die meeste van die tyd?

R Jy kry mense wat jy we twat hard praat of hulle maak geraas jy weet of meestal oor geraas en so aan, jy weet as jy, as jy in bevel is en so aan dan sal mens bietjie meer ernstig kla oor jy weet "ek weet nie of hierdie een weet wat hy doen en so nie" maar uhm dit is maar net om hulle, jy stel net die pasient gerus en se nee hulle weet wat hulle doen, net se jy weet nie miskien altyd waarom dit gaan nie maar die persoon is, is competent hulle weet wat hulle doen. So moenie daaroor bekommer nie as daar 'n problem is sal ek weet daarvan maar daar is niks nie problem nie. So dit is net om hulle bietjie gerus te stel en om te se dat hulle weet, hulle we twat aangaan en jy we twat aangaan en jy weet dat jy net bietjie oogje sal hou sodat hulle net bietjie daai gemoedsrus het jy weet van daai jy het darem 'n oogje daar so jy weet sal hulle voel miskien is die persoon nie wat hulle moet wees nie, so.

I Jy het vir my gese dat dit gee vir jou gemoedsrus om te weet dat jou spanlede is daar en hulle is daar om jou te help as iets sou verkeerd gaan.

R Ja.

I En as die pasiente kla het jy ook gese jy weet waarom kan hulle nou nog kla want dit voel vir jou asof dit half oneindig is.

R Partykeer ja, partykeer ons is, dit is simpel goeters ek meen jy het soveel goed gedoen, jy het soveel gedoen en die pasient voel soveel better in die

oggend maar hulle kla nog oor sinnelose goeters jy weet uhm ja dit kan jou noga, dit gee jou nogal bietjie harde tye.

I Jy het gese, om nie emosioneel te reageer nie vroeer verduidelik vir my bietjie hoekom se jy so?

R Weet jy as jy emosioneel, ek meen as, ek meen as daar familie is wat miskien is jy weet hulle dalk omgekrap is en so aan jy weet iemand in die familie is besig om dood te gaan uhm vir wat ookal rede hulle ouderdom is of jy weet as gevolg van 'n operasie is of iets soos dit en hulle huil of jy weet dit is soos 'n kind in die familie wat verskriklik aggressief was en op almal begin skreeu ek meen as jy begin skreeu op die mens waar gaan dit opeindig.

I Ja.

R Dit gaan die die situasie help nie, dit gaan, dit gaan dit met meer jy weet meer laat opvlam en as almal begin so begin reageer soos waar gaan dit opeindig ek meen dit gaan niemad help nie.

I Vertel my bietjie meer van emosies wat jy gevoel het met daai geval wat jy nou van praat.

R Ek was nie, ek was nie hier met daai geval gewees nie so ek kan nie jou ongelukkig nie komentaar lewer daaroor nie.

I Maar toe jy gehoor het van dit?

R Ek het dit net, soos jy se ek het net partykeer prober kalm bly jy weet en prober om die mense te kalmeer ek meen as hulle eers aangaan en aangaan en jou prober aanval dan jy weet ek dink baie min mense gaan kan terugstaan en nie emotioneel op 'n nie emotioenle manier reageer jy wee tom te se wat jy begin as jy nou begin persoonlik raak dit gaan laat enige iemand laat emosies opvlam maar dis soos ek se baie min menses al se kan terugstaan om nie so te kan reageer nie, nie te gaan iets doen net te begin hard terugpraat of so iets, dit is baie moeilik want ongelukkig het haar familie begin persoonlik raak en so aan, met die betrokke staflede wat daar was.

I Okay.

R Ek weet hulle persoonlik aangeval sou ek se uhm en dit wat nie regverdig was nie, maar nou ja dit maak mens nogal dit maak mens kwaad ek meen dit was nie ons skuld dit was nie ons ICU staf se skuld dat die kind oorlede is nie ek meen so dit is nie nodig dat die familie om ons uit te haal nie dit is die kind is dood dit is 'n jong kind jy kan verstaan van waar hulle kom soos ek se jy kan dit insien ook veral as die mense met kinders, wat kinders ook het ek dink hulle verstaan hoe daai ma voel so ja dit, dit maak partykeer dit kan jou nogal vang partykeer ek meen veral, veral so ietsie ek meen dit was baie

emosioneel gewees vir almal vir die staf en die familie en die dokters betrokke en alles. So ek meen dis 'n baie emosionele ding omdat dit 'n kind is en dit 'n sinlose ding is.

I Vertel vir my waste emosies het van jou kollegas ervaar wat jy van weet?

R Hulle was omgekrap, hulle was uhm upset oor die feit, oor die feit jy weet wat het gebeur en die familie se reaksie jy weet op, op die hele storie ek meen soos jy wees dit was nie ons ICU mense se skuld nie en om hier te kom staan ek skreeu in die middle van die eenheid op almal so jy weet asof jy in die middle van Hillbrow staan ek bedoel jy kan nie dit doen nie, soos jy weet dit is ook nou nie reg nie dit vat baie van jou as 'n mens ook as jy dit as jy hier kom staan en skreeu op mense end gaan so aan met almal, dit is ook nie, dit is ook nie reg nie ek meen ek verstaan daar is emosies maar dit is dan dit is pushing it rerig ek meen dit is nie, dit nie reg dat mense dit doen nie, nie om mense so te doen nie. Die mense wat die fout gemaak het moet geblameer word ja jy weet as die. Doen dit op 'n ander manier is nie nodig, sulke emosies is nie reg nie ek meen dit is nie nodig om op die verkeerde mense uit te haal nie, jy weet dit krap baie mense om.

I Jy het my gese daar is baie emosies betrokke, jy het ook gese dat jy unwind deur jou ondersteunings stelsels, waste ander manier gebruik jy om al hierdie oorwedigende emosies te hanteer?

R 'n Paar jy weet ons praat onder mekaar met kollega's ek meen ek het, ek het vriende jy weet wat nog 'n groep is van toe ek in Milpark gewerk het het ek 'n verpleegster ook daarvan af ook so ek gaan en kommunikeer met hulle, praat met hulle jy weet so hoor bietjie van hulle probleme en praat bietjie van ons problem jy weet dit is maar bietjie van 'n manier van praat met ander mense ook oor, oor dinge jy weet partykeer miskien hoor jy bietjie iemand anders se anders jy weet se perspektief, 'n hele ander jy weet point of view oor 'n ding so, jy weet dit help baie veral om met, dit is partykeer makliker om met mense te praat in die professie as mense wat nie in die professie is en wat nie verstaan nie, die mense wat nie so ietsie kan insien nie jy weet die mense wat nie in die professie is nie hulle kan nie verstaan nie, hulle se hulle doen maar hulle kan nie, jy weet hulle kan nie verstaan regigwaar wat is wat en hoe dinge mense verander nie soos ek se iemand wat ook verpleeg hulle kan, hulle kan 100% insien jy weet hoe jy gevoel het oor hoe jy gereageer het, hoekom jy so geriageer het so uhm ja vra vir haar ek praat baie met uhm met verpleegsters van ander plekke en so aan en dit help nogal baie jy weetmiskien maak ons grappies oor dit ek dink partykeer ons het 'n baie siek sense of humor maar jy weet, dit is hoe ons daarmee dit is hoe ons groep dinge jy weet dinge hanteer so asjy nie oor dinge kan lag nie jy will alles in uhm alles inneem dis ongesond begin jy dit begin naderhand aan jou kou.

- I Uhm jy he, wys jy enige emosie, gestel jy voel nou so agresief en uhm gefruustreed en hoe wys jy jou, wat wys jy wat gaan ek sien by jou wat gaan ek op jou gesien sien?
- R Ek weet nie of jy iets op my gesig gaan sien nie ek weet ek het netnou gese ek dink nie jy gaan iets op my gesig sien nie maar ek kan , ek sal se ek is partykeer ek raak 'n bietjie kortaf uhm soos ek se jy sal meeste van die tyd ek raak net kortaf as uhm jy bietjie uhm jy vat maar moeilik moenie my simpel goed vra op tye as ek soveel goed het om te doen nie mens moet nie simpel goed kom vra nie ek weet hulle se altyd mens kan nie, mense kom vra jou goeters maar ek raak nog meer kwaad ek sal nie ek weet nie of jy iets op my gesig sal sien nie ek, dis moeilik om te se niemand het nog ooit vir my gese ek doen of nie so ek is redelik, jy weet ek het 'n redelike reguit gesig ek doen meeste van die tyd. So uhm.
- I Voel jy, jy kan huil?
- R Ja ek doen, ek doen ek uhm ek weet meer op 'n, my oudste boetie is in 'n kar ongeluk dood nou agt jaar terug jy weet nou die 29ste November en ek onthou dit was nie, dit was 'n paar maande later het so jongerige seun ingekom dit was so 16 jaar of so hulle was uhm in Namibie of iets of so dit was net hy en sy pa of waat ook al het gegaan en die bakkie of iets waarin hulle gery het het omgeval en die kar het bo op die seun te land gekom en ek meen teen die tyd ek meen die pa was okay en die een ander seun was okay maar die ma was, was nog in Suid Afrika en die kind toe hy hier aankom was basies hy was op sy laaste en,
- I Agge nee.
- R En uhm sy ma het geweier het, wou nie gaan om by hom gaan sit nie sy pa het ingegaan maar die ma het geweier sy het gese sy wil hom nie so onthou nie en jy weet soos in om vir haar te se doen dit nou jy weet dit en ja dit het my baie gevang op daai stadium soos ek se, dit was net na my boetie se dood dit voel partykeer as 'n redlike situasie wat jy mee kan identifiseer ja ek meen dit vang mens ook partykeer so as jy so ietsie beleef jy probeer self jou emosies weet in toom te hou want jy wil nou nie begin mee te begin huil nie want dit is baie slegte situasie soos ek se. Net om die ma te kry om te sit net daar te sit en op die einde van die dag is sy dankbaar sy het dit gedoen, soos ek se jy probeer haar net kry om dit te besef, dit is nie so maklik nie, jy se amper ek weet waardeur jy gaan maar hulle besef nie altyd dat jy werklik besef waardeur hulle gaan nie. So uhm ja ek kan daar is party situasies wat ek kan se ja dit het my gevang en dit maar probeer maar soos ek se probeer maar waar ek moet myself incheck hou maar ja ek meen dit is ek is nie 'n robot nie.

- I Ek kan hoor dit was vir jou traumaties.
- R Hmm.
- I Uhm jy se jy probeer jouself incheck hou verduidelik vir my hoekom.
- R Ek meen jy is first and foremost jy is in 'n professionele plek en persoon jy weet jy kan nie jy weet hoe sal ek se jy nie nie emotioneel reageer oor dinge jy weet altyd emotioneel reageer nie want dit is nie op dit , dit help nie om op ;n situasieveral as dit 'n baie volatile situasie is waar daar baie aggressie en weet woede en so aan is jy weet dit help nie om te as jy gaan opgewonde raak jy weet dan gaan almal opgewonde raak en dan dit gaan niks en niemand help nie jymoet probeer bly kalm bly besadig jy weet luister wat die ander persoon se jy weet probeer insig gee op wat die ander se jy weet dit help nie die mense dink jy hoor nie wat hulle probeer se nie jy weet dit frustrer hulle en partykeer moet jy net blystil en luister wat hulle se jy weet laat hulle maar aangaan jy weet laat hulle se wat hulle wil se moenie hulle probeer jy weet die healtyd interupt en se ja maar ja en laat hulle klaar praat jy weet laat hy klaarpraat laat dat voel dat hy gese het wat hy wil se jy weet dat jy luister na wat hulle se dit help baie keer, hoor wat ek se dit help baie keer om veral aggresiewe situausie dit kalmeer die mens jy reageer nie jy raak nie opgewonde nie so dit kry die ander persoon baie rustiger. So ja jy moet nou net dit is profesioneel jy moet profesioneel optree, professionele persoon is nie iemand jy weet is nie iemand wat ook begin jy weet emosioneel optree oor dinge en so , dis nie ek persoonlik dit is nie 'n professionele persoon nie.
- I Ja okay ek hoor wat jy se.
- R So, jy moet rustig wees en met rustig wees, luister na wat mense se moet hulle nie in die rede val nie, laat hulle klaar praat en jy weet jy moet probeer insig toon want vra vrae, "Hoekom se jy so" jy weet uhm stel belang in wat hulle se dan voel dit ook dan help dit ook dan voel hulle ook okay miskien dit help darem nou om die die situasie, die probleem op te los so dit help darem ook.
- I Okay, okay is daar enige, jy het nou vir my gese jy, jy voel soms ons het gepraat oor die moedeloos en ons het gepraat dat jy soms voel ons het 'n verwronge sin vir humor verpleegkundiges en dat jy werksbevrediging ervaar en dat dit positief is vir jou uhm is daar nog enige, watter ander emosies jy nog ervaar?
- R Uhm ag ek sal se dit is maar net die bly dit dis gemoedsrus om te weet jy kan mense help en party mense hulle is tog so dankbaar jy weet jy doen so min en hulle is tog so dankbaar daarvoor en ek se dit laat jou goed voel , dat jy

voel jy kan prty mense bietjie help al is dit jy weet al is dit met die familie as iemand besig is om dood te gaan jy weet om die familie by staan en hy weet hulle waardeur dit, soos ek se jy voel okay ten minste al is dit een ding wat ek vandag kon doen is dit jy weet dat ek die familie gerus kon stel ek het verduidelik wat aangaan ek meen hulle verstaan wat aangaan jy kan sien hulle is ook nie so vreeslik gespanne nie, hulle is ook ontspanne jy weet dit laat jou dit laat goed voel jy voel jy het ietsie uitgerig ek meen jy het darem jy weet al is dit net een ding vir die dag sou ek se vir my, vir my beteken dit baie as die mense glo en gesien het dat jy weet daai persoon het goed na my gekyk en sy het haar beste gegee, so ag ek probeer maar my beste gee in alles situasies soos ek se dis wat ek doen, so.

I Uhm Okay uhm kom ons kyk wat is daar nog? So jy het basies die volgende emosies geidentifiseer, ons het nou alreeds deur party van hulle gegaan uhm, is daar enige iets wat jy voel jy nog wil byvoeg?

R Nee ek dink nie op hierdie stadium nie dis net jy hoor so baie van jou kollegas gaan weg dan begin jy wonder jy weet sulke jy begin wonder soos ek se is dit nie tyd om aan te beweeeg of so nie jy weet dit is nou net dit is moeilike.

I Okay

R Laat ek jou so se ons het ook mense wat jy mee saamwerk en so dit gaan bietjie moeilik as jy hoor mense gaan weg.

I Verduidelik moeilik?

R Did net ja ag soos ek se ag dis half 'n stuen pilaar die mense wat weggaan en jy begin wonder jy weet wie gaan, sal iemand anders kom wat daai rol vul en dit is nie altyd so maklik nie. Uhm ja jy weet as mens, dis 'n klomp ook 'n paar mense wat weggaan en ons ken mekaar ook nou al goed ek is ook al oor die twee jaar hierso en ons ken mekaar nou al goed en so aan so ja dis ja dis hartseer en dis ook al mense op ander dele in hulle lewe en hulle moet doen wat vir hulle reg is.

I Okay.

R So,

I Okay so dit maak vir jou hartseer.

R Ja dit doen, maak my , dit doen nogal sou ek se. Soos ek se almal is al op ander dele in hulle lewe en almal gaan weg oor verskillende redes dis better geleenthede en better geld.

I Okay

R So ja

I Hoe as jy so hartseer voel wat doen jy?

R Ag daar is nie veel om te doen nie ek meen soos ek se dit is vir my een van daardie dinge in die lewe.

I Voel jy teleurgesteld?

R Nee ek sal nie se ek voel teleurgesteld.

I Bang?

R Nee ek sal nie se bang nie dis net bietjie hartseer dit is net jammer om te sien mense gaan weg, ja. Dis die lewe ja dit skep geleentheid vir nuwe mense om te kom en nuwe vriendskappe en so ja.

I So dit is vir jou moeilik?

R Dit is , ja ag dit net 'n aanpassing maar is in die proses wat jy gaan gee dit geleentheid vir nuwe mense te ontmoet, nuwe vriendskappe. Ja dit is nie altyd so sleg nie.

I Daar is darem 'n positiewe kant.

R Ja. Mens positiewe sien ek andersins is dit baie moeilik soos ek se. Ja

I Ja.

R ASo ja ag dit is een van daai dinge.

I Ons het gekyk na die positiewe kant wat die lag is, die werksatisfaksie, die nuwe geleenthede en dan het ons gekyk na die moedeloosheid en ons het gekyk na uhm die spanning,

R Frustrasie.

I Irritasie, bietjie aggressie, is ek reg?

R Ja dit is so.

I So uhm dit klink, dit klink na 'n hele werkslading wat jy omtrent het op jou skouers dra.

R Ja dit is maar net die tipe van werk soos ek se as jy met mense jy weet as jy iewers in 'n professie sit wat jy met mense deel ek meen veral met siek mense jy weet ja jy gaan daai emosies he.

I As jy na al daai dinge kyk hoe dink jy is die beste manier om dit te hanteer, jy het gese jy unwind uhm jy speel TV speletjies jy is nie 'n vreeslike natuur

mens nie maar jy kuier ook saam met jou vriende en saam met jou ondersteuning stelses, maar wat dink jy is 'n goeie manier wat jy nou sou voorstel vir jou en jou kollegas om van die stress ontslae te raak of om van daai klomp emosies?

R Uhm ag ek weet mense doen verskillende dinge daar is van die meisies wat jy weet baie lief is om hulle uhm gaan gym toe of hulle fiets of hulle gaan draf uhm jy weet baie van hulle het een of ander tipe van sport uitlaatklep basies waar hulle jy weet hulle gaan doen oefening of so aan dat hulle kan se hulle raak so van dit ontslae en uhm maar ag dit soos ek se almal is verskillend almal het hulle jy weet hanteer dinge op hul eie manier, jy weet persoonlik weet ek, ek partykeer ek praat nie noodwendig nou oor iets as iets my pla nie, wat gebeur nou praat ek nie noodwendig daaroor nie maar as ek reg is sal ek daaroor praat, moet my nie nie druk nie jy weet dan gaan ek nie praat, dan se ek niks uhm so ek meen as ek reg is praat ek oor iets wat my wat gebeur het of wat my gevang het maar ag dit is maar hoe dit gebeur hoe ek dit hanteer maar ag mense kan enige iets doen soos sports jy moet iets daaromtrent doen jy kan die nie net inhou en dink dit gaan weg gaan nie want dit, ek meen dit gaan nie soos ek se praat met mense daaroor. Ek meen praat help jy kan met 'n terapeut gaan praat as dit nodig is as hulle voel dit is, die probleem is van so aard dat hulle dit nie wil deel met 'n kollega nie, maar ja praat met mense ek meen dit hoef nie altyd spesifiek te wees oor die particulars van 'n, uhm van 'n ding nie ek meen jy hoef nie spesifiek te se dit en dit nie jy weet jy kan maar in die algemeen net bietjie praat as jy wil daarvan ontslae raak en so aan. As jy voel die mense gaan op jou wees, jy weet jy praat nou oor hulle.

I Ja.

R So ag jy weet mens kan enigeiets doen almal doen dinge op hulle eie tyd en manier uhm of dit nou daaroor praat is, kunstig is soos ek se almal is verskillend soos ek se, almal het maar hulle eie manier van dinge doen.

I Okay, so daar is verskillende uitlaatkleppe vir alles.

R Ja daar is ek meen jy kan nie se mens moet dit of jy moet dat doen nie, want soos ek se wat vir een ou werk gaan nie vir 'n ander ou werk nie, soos ek se ek is nie 'n sport freak nie so ek sal nie se ek gaan 50 km hardloop nie, ek sal dood omval na die, na die eerste kilometer so ja dis nie almal, almal moet doen wat hulle vind werk vir hulle. So, ja daar is verskillende dinge so ja.

I Okay jy net netnou genoem ek wil dit net uitklaar met jou, jy voel hierdie emosie gestel dis, kom ons gaan terug na die aggressie en ge irrieteerdheid. Jy voel hierdie emosie maar jy wys dit nie noodwendig nie, hoe reguleer jy dit dat jy dit nie wys nie, wat?

- R Ek dink dit is net, dis ondervinding dis net wat jy met tyd ook leer om te doen so ek kan nie se dat ek dit spesifiek so gekondioneer het nie maar dis net iets, dis tyd. Goeie ondervinding.
- I Sou jy se dis konditioneering?
- R Uhm, ek was nog nooit so, ek was nog nooit so gewees nie ek sou nie so se vir my is dit konditioneering ek was, ek is oor die algemeen altyd ek wys nie vreeslik emosies op die beste van tye nie so uhm dis maar net wie ek is en ek meen dit beteken nie dat ek nie goed voel nie, ek voel dit ek mag dit dalk net nie wys nie en dit is een ding wat baie mense al vir my gese het jy weet hulle kan my nie lees nie want hulle sien nie emosies op my gesig nie en dit is maar net, dit is maar net soos ek is. Dis net soos dat ek vir jou se dat ek nie goed voel nie, ek voel goed partykeer maar soos ek se mens sal dit nie sommer kan se nie.
- I Okay.Okay.
- R Mens wat my goed ken jy weet hulle sal makliker kan se ja dan ander mense nie sommer nie, hulle sukkel om my te lees. Dit pas my.
- I Is jy 'n introvert?
- R Ek is so jy weet ek is op die grens,
- I Is dit?
- R Ek is so ek is min of meer op die grens ek meen is ek is so ek sal nie my mond toe hou in 'n geselskap nie as daar iets is waaroor ek wil praat dan praat ek daarvoor ek meen ek is ook nou nie hierdie tipe van ekstrovert wat hierdie tipe van mooi is nie, maar ek gaan ook nie my mond toehou in 'n situasie as ek iets sien, iets is verkeerd ek gaan nie net stilbly nie, so dit hang nook net af jy weet van die situasie en van die waaroor dit gaan. Maar ja ek reken ek is op die grens half tussen die twee.
- I Vertel my van 'n situasie waaroor jy opgewonde was?
- R Opgewonde geraak het?
- I Ja, by die werk.
- R By die werk? Uhm kan nie nou uit of van my kop af dink nie, uh. Ek het nie, ek sal nie se opgewonde raak nie ek sal net se bietjie stress ervaar het as sulks uhm was ek onthou dit was omtrent nou so jaar of bietjie terug dit was daar was ek dink dit was 'n Saterdagdaand daar was 'n resus ek dink dit was in 'n saal gewees en ek meen ek was Lynn was nie hier nie ek was die TL gewees en dit was net letterlik ek en Irish en Nodiwe en Ntombi, dit was net

ons gewees ek meen dit was baie stil gewees en die resus was in die saal en ek meen party van ons in die DLS gebeur het ek meen die resus het goed afgegaan dit het soos clockwork afgegaan jy kan in jou lewe nie glo dit het so goed afgegaan nie, dit was 'n regular text book resus gewees en ek meen die oom was okay en nou moes hy ICU toe gaan en ek moet, nou moet ek kyk wat aangaan en ek se vir die span wat daar staan ek se “ Luister bel net vir ICU en se vir wie ook al antwoord hulle moet adrenilien kry” okay, moet ek dit vir jou uitspel bel net vir ICU en se hulle moet adrenilien meng, hulle moet dit regkry soos in later het ek self gaan bel en gevra luister het julle die boodskap gekry meng asseblief adrenilien en kry die laag reg en alles, jy weet as hulle nie die regte boodskap gekry het nie en jy kom hier jy weet wat dan en dit is goed wat jy intussen tyd kon gedoen het jy weet dit laat jou net opgewonde raak as dinge so gaan maar teen die tyd wat ons hier gekom het was alles gedoen en reg en alles so, maar ja jissie frustrerend. Jy weet dinge wat jy as selfsprekend aanvaar is nie noodwendig vir ander mense so selfsprekend nie so ek het dit al baie gesien. Moenie aanvaar almal weet waarvan jy praat nie.

I Ek kan hoor.

R So ja.

I Dit klink of dit 'n rerige situasie was wat jou uitgeboul het.

R Ja dit was so, uhm ja jy kan nie glo daar was vier pasiente in die cubicle en binne vyf minute was daar net een, die resus pasient. So hulle het plek gemaak, daai pasient is uitgeskyf daar hele kamer was vol mense jy weet wat of resus of wat help om dinge te doen ja, dis nogal iets om te sien. Ek meen dit was een van die beste resuses wat ek nog gesien het regtigwaar. Die hoofligte jy weet van daai siklusse, dit was perfek gedoen. Ek het vir mense gese regtig waar hierdie was pragtig ek het self vir 'n kollega gese hierdie was die beste resus wat ek nog ooit gesien het ek meen ek by Milpark het ek by die resus gewerk en ek het soos in baie resus gedoen en hierdie het soos klockwerk gegaan. Ek meen die een was skaars af dan was die ander een daar jy weet alles perfek.

I Dit is baie goed om te hoor.

R Ja so weet nie of dit nogsteeds so gaan nie ek moet vir jou se daar was baie lanklaas 'n saal resus maar ja dit, daai tyd het dit baie goed gegaan ek was baie impressed met dit, my frustrasie was op 'n ander plek en die resus het baie goed gegaan en al, dis ja die oom is in elk geval later die aand toe is hy toe dood, hy het 'n reseksie gehad van een of ander aard en ja hy het toe net opgegooi en opgegooi soos in litres opgegooi en dit het net nie opgehou nie.

I Sjoe.

R So ja shame, 'n baie nice oom gewees ek het na hom gekyk toe hy in ICU was het ek na hom gekyk so ja ek was baie sad om te sien dit was hy.

I Ag shame.

R Moet se mar dis omdat dit so nice oom was jy weet, vriendelike oom baie nice, so ja dit gebeur maar, dit gebeur partykeer.

I Hmm.

R Jy weet dinge gaan net skeef.

I Ek kan hoor dit was vir jou moeilik. Veral omdat jy,

R Ag jy weet

I Veral omdat jy na hom gekyk het.

R Ja dis omdat ek ons het lekker gepraat en ja ek was baie verbaas om te sien jy weet toe ek kom in daai ander saal en sien dish y, jy weet. Oh well, ons het almal ons tyd.

I Dit is so ne.

R Daar is niks wat ons daaraan kan doen nie, dit is een ding waarvan ons almal verseker kan wees. Ja.

I Okay ons het gekyk noun a ervaringe, emosionele ervaring en emosies en hoe jy, hoe jy dit hanteer en hoe jy dink mense dit hanteer in die eenheid, uhm is daar enige vrae wat jy my wil vra?

R Nee niks op hierdie stadium nie, niks wat ek aan kan dink nie.

I Gaan jy 'n problem he as ek terugkom na jou toe om enige data net uit te klaar.

R Nee, nee.

I As daar enige onduidelikheid is.

R Nee, nee glad nie ek meen enige tyd.

I Okay.

R Jy kan bel of my kom sien dit is reg ek gee nie om nie.

I Verskriklik dankie vir jou tyd ek waardeur dit.

R Plesier, bly ek kon help. Hoop dit help

I Dit help baie dankie.

R Plesier.

Interview 2:

I – Interviewer

R - Recipient

I Okay, welcome I really appreciate your participation in my research.

R Thank you.

I Uhm, we discussed the reason why I am doing this research, it is basically because Nursing is such an emotional landen job and that why it is important to look at the emotions of nurses.

R Okay.

I How they experience them and how do they manage and regulate them basically so that is the overall aim of the research.

R Okay.

I Did you uhm, did you previously take part in any research?

R No not really except those have been conducted in the location regarding, how can we overcome some of the problem that has been introduced.

I Social research.

R Yes. Exactly that is the only one and the other one that I did it was in my final year, you know that mini research but you don't get into many details you just come up with a topic and you do.

I Yes that is interesting. So you got experience.

R Yes.

I If you need to look into emotions in the work in the workplace it is a sensitive topic and everybody is not very comfortable talking about it basically so if there is any time during this interview that you feel I have invaded your privacy you are welcome to terminate the interview.

R Okay.

I Okay uhm how was last night, were you busy?

R There was about 159 patients in total, there was no major complaints except some of the patients they were asking whether they were going to get the tea whether they were going to get their tablets but apart from that everything went well. I Okay if you look at your role in the ICU, when you work work in ICU when you are rendering direct patient care what would you say if I am an actor and I need to go and play that role what emotions and emotional experiences and management and regulation of those experiences do I need to do to go and play your role in ICU.

R Can you just give me the example if I got to interact and reply cause I never heard.

I If I am an actor and I got to play a role and I need to go and play your role in the ICU rendering direct patient care. So what emotions doe you experience in ICU and how do you manage and regulate those emotions.

R Well it actually depends on an individual I must say because I naturally I am a soft spoken person and I normally feel for the patient, I normally put myself into their position so who ever would love or would like to be in my position first of all they must have an understanding of themselves and be able to know how to interact and work with a patient and at some certain stage to draw a line between your feelings and the patients feelings that is the important thing. And I think it is a call and if it is a call from God then you must know and understand how the patient feels, you must be there for the patient. If it comes to a point where you need to cry, I normally cry. I will go out and cry and come back, it it's to be honest it is a very difficult situation because sometimes you come across very sick patients that you know deep down in your heart that the patient is not going to make it and here is the family, you want to tell them and you can't tell them directly and when they cry, I cry with them.

I Okay are you scared? You say you cry with them are you not scared to,

R No I am not scared.

I To show your emotions.

R To feel what they are feeling, it is just that I cannot tell them directly that your family member is not going to make it.

I Okay I hear what you say.

R And I help them go through that phase, it is a very painfull situation, it is very painful but with experience you end up getting used to the whole thing.

I Yeah. So experience helps.

R It helps a lot, it helps.

I Okay so you said you, if an actor needs to play your role, uhm they need to have a good understanding of themselves, uhm so talk a little bit of that. Explain it to me.

R Uhm you need to understand who you are first of all and where you come from and what sort of you know, easy things or difficult things you have gone through and how you actually managed to come about to come through all of that and because if you lack that part unfortunately you will not be able to function with a patient and as I said earlier on this is a calling. I don't think just anyone can come and act and become an nurse especially in ICU it is completely different from in the wards because you interact with the patient, you interact with the family.

I Yeah. Okay uhm this interaction seems to be very important to you.

R Yes.

I Okay, uhm if you, you said you can cry. If you cry how do you respond to your colleagues in the first place and then to the family, because everyone are able to see that you cry but how do you manage it when you come back in the room.

R Uhm what I usually do, I will be with a patient, let's say call it the patient or the family of the patient I will be with them and then I will ask for five minutes break then I will go out and cry, when I come back I will explain to them how I feel, you know I feel sorry for this patient, sorry for this family that this is actually going to happen and with me sometimes I feel guilty that I cant do anything. I want to do something and I know we have have done alot I wish I could hold that patients life back but at the end of the day like I am saying you can't God. If God wants to do his own work let it be.

I Would you say that is hopelessness sometimes?

R Yeah I will say so.

I Okay. Uhm what other emotions do you experience in the unit? You said you can get, you can cry, but what other emotions do you experience?

R Depending also on the mood of the unit, uhm sometimes when you walk in, let's say from when your day starts from at home. If you didn't have an argument or an quarrel with somebody or if you don't have anything that is stressing you out obviously you will come with that spririt.

I Yes.

R With that mood, but if you have got something at the back of your mind that is actually stressing you obviously your whole day will be longer than expected, uhm and the most important thing is to socialise with the staff to interact with the staff, to interact with the patient. If I am not in a mood to talk to my colleagues, I will crack jokes with the patient you know and sometimes when you talk to them they will also help you. You know they will actually help you to move from the bad mood to the happiness and you sort of forget about your problems, you forget about your stress.

I Okay.

R That is how you deal with it, interact with the patient, laugh with the patient, crack jokes, you know you normally come across the patient that likes to talk alot and I spend time with them then I know some how he will come up with a joke and then we will start laughing and then just my eye opened.

I Okay you have talked about you first need to understand yourself.

R Exactly .

I And then you said you are not scared to cry in front of the, uhm you are not scared to cry eventhough people can see that you cried, it does not matter to you.

R No it is human nature.

I It does not matter to you.

R No.

I And then you said uhm depending on the mood of the unit.

R Uhum, you flow along.

I You flow along the mood, but if you talk it makes it better even to the patients or the staff.

R Yes.

I What other emotions is there that you kind of experience regularly to get back to the emotions and the experiences?

R Give me an example.

I Think about, about your daily working conditions, if you are working you said when a family member is dying you need to explain to the patients family, what else what other emotions is there if you look at the different emotions you get all of those, which of them do you experience. You get excited tender

feelings, scared, angry uhm happy feelings, so you were, which ones do you also experience?

R Uhh I would say I normally experience all of them, all of them with excitement let's say,

I What makes you excited?

R A very sick patient that is on tubes and everything ventilated the minute that I see progress in the patient, makes me happy, that is why I am so excited I just go on and on and if the family including the doctor including the other staff members in the unit if they recognise my effort towards the patient, it makes me happy. Uhm the scared part is sometimes that one where it becomes a little bit difficult to break the news to the family and sometimes makes me feel guilty because they would come up with such questions that from your side how do you see the patient, do you think he is going to make it.

I Do you speak the truth?

R Whoooo, I want to but I mean it becomes so difficult, remember alright it becomes, the biggest problem that is where I normally fail because I can't tell them straight out, I wish I can. If they are around they will see with my tears, that we are not heading towards the right direction, then the sad part uhm is with especially in ICU with the allocation you know they give you difficult patients every day or maybe they give you one patient over and over that can actually make my day long.

I Okay.

R I just need to take turns, because sometimes you get, get those difficult families and then people will know about it and then they will be afraid to go there, poor you because you are such a hard worker will always be allocated and I because I have a way of interacting with the family, I know even in the wards they will tell me, you go there like you go work with the family. I try always happiness I have told you about, angry this one I will relate it with one as night super, acting as night super oh the staff can make you angry.

I And in ICU specific. Remember it is the ICU direct patient care scenario, what can make you angry?

R Uhm what else, in the ICU. Okay let me say as a shift leader working with the people you come to either the agency staff or the inexperienced nurses, you give them orders they don't carry them out, you tell them what is going to happen if they are not going to do and immediately after whatever you mentioned occurs then the minute when they come back to me that is when I

go crazy because I will say but I have told you, I warned you but you never wanted to listen. That can really make me upset.

I If you are upset what are you feeling? Explain a little bit you are upset or you are angry, explain a little bit, how does it make you feel on the inside.

R Uhm shaky, wish I could hold the person but at the same time I am here at work and I am not doing it for that person I am doing it for the patient I can't do that because of the patient but my heart beats are going up and then I will start you know sweating and then I will go to the kitchen or sometimes I will say let me just go out and be away from this person and then the minute when I come back just take a deep breath outside and the minute when I come back all the things gone.

I Okay. You spoke about a lot of emotions, being scared, being excited, being sad, being angry uhm if you look at sadness specifically what do you do when you are sad?

R When I am sad I will talk a lot, I become withdrawn trying to create that wall so that nobody must come invade it, concentrate on my work, on my patient and depending also on the situations sometimes sadness also lead me to cry and then I know once I have cried all the things gone. I am relieved.

I Okay so that's good.

R Tears they actually work for me I still cry even today. They really work for me.

I Okay so we have looked at how you handle sadness, how do you handle being scared, how do you feel, how does it make you feel, what do you do with that emotion?

R Uhm when I am scared obviously physically I am shaking also and I can't think properly, my mind it actually becomes blocked and we still on scared.

I Yeah scared.

R If it is a patient I will try my best to avoid the patient, I will try my best to avoid the situation then you must know I am scared, I don't have a clue I don't have a plan to work through it.

I Okay I hear what you are saying. Okay so anger you said your heart rate goes up, sadness, dealt with scared if you looked at, is there any other emotions that you experience. Previously you said you like to talk to the patients and make jokes. Tell me about that.

R Uhm when I talk to the patient it's the only method that I normally use to get to know the patient better to try and create that environment that the patient will

trust me and become open with their own problems because sometimes they have been admitted, not only it is the problem of the admission being in hospital but it is sometimes you discover that they have their own social problems outside, marital problems or family problems so when you interact when I talk a lot with them, some of them they will open up.

I Okay.

R They will tell you I am going through a divorce or I have divorced with my wife and we have been fighting for the past few days or I have a financial problem blah, blah, blah that's the only way I get to understand my patient and so that they mustn't be afraid of me because sometimes when they see us as nurses they think we are high there they become afraid to approach us and the way we sometimes talk especially here in ICU because sometimes people scream and then we scream and then the patients now sort of afraid to tell us what they are going through.

I So it doesn't build trust.

R No it doesn't build trust, not at all.

I Okay. Okay uhm you said uhm previously if it doesn't build trust what do you think you need more to add to the relationship with your colleagues and with your patients if there is no trust or if there, yeah if there is no trust what other method can you use to make the patient trust you.

R Make the patient trust you?

I Yeah.

R I try always to reassure the patient and try to win his or her heart although most of the time it is difficult then obviously out of the ten people in ICU there will be one that the patient will be familiar with and once you pick up that situation or once you notice this I normally allow that person to go like with Agnes when we work with Agnes in ICU she has got a soft spot for the patient especially the difficult patient she has got a way of talking to them and sometimes when I am angry we have those difficult patients, I will struggle with this patient and I will mention this to Agnes and then I know she will go she will ask me is there anything that you want me to do and then she will go and neutralise the whole situation and when I come back it is. But once that happens then I also shut down, now beginning to avoid the patient you know work far away from him, I will only go there to give tablets and medication and at the end of the shift I will ask the patient now how do you feel, or trying to wipe the thing that I have been avoiding him for the whole night.

I What feelings do you experience when you avoiding this patient, or emotions?

R Hate, but not that hatred to kill but hate and sometimes I will even say it with my mouth you know I hate this patient, I can't wait for this shift to be finished, but that is how I do.

I Okay.

R But I don't usually let the patient pick that thing up you know. If I got somebody or if I need to go to that patient then I will have Agnes and then I will go inbetween you know the topic will come up maybe the patient will be talking to Agnes and then I will add all that I am trying to do is just to spice up so that the patient does not pick up that I hate her.

I Okay so there is a lot of team work.

R Yes there is.

I What are your feelings or emotions about the teamwork in the unit?

R Hmm Teamwork sometimes it is, most of the time I am happy when we work as a team because it also helps to work with my feelings and my emotions and it creates that environment of happiness because there is always help.

I Okay.

R But sometimes you come across situations or there are days whereby there is no teamwork in the unit and when I come by such days they can tell you I just avoid them and I work with my patient the whole day. I will only ask help if I really need it, if i don't if I can do it on my own I can do it on my own. If I can bath a patient on my own I can do it on my own.

I Okay what emotions do you experience if you uhm if it is one of those situations if there is no team work? What goes through your head what do you experience?

R To be frank I think I use quiet alot of avoidance, I avoid.

I Okay.

R I stay away from such people, if they go for tea if I am in the kitchen then I walk out, I am just trying to put oogklappkle infornt of my eyes and rub them off completely but if they ask for help for the sake of the patient I will go. The patient is the most important person to me, the staff, yes mam.

I Do you forgive them?

R I do.

I You do.

R But with me I forgive a person but it will still be on my mind, it is like it is a stepping stone for me.

I Okay.

R Even if it can be after five years I will still remember what he did to me and I will still talk about it but not like now in a bad mood, I will just say you know this thing once happened and this is how I went through all this, this is what I experienced.

I Okay.

R It becomes, and if i have been hurt by anybody I will ignore that person for the whole year. Whether we work in the same unit or whether, that I actually grew up with that thing even at school or at the location I will just completely block that person off from the rest of the people that I know and I know that some of the people will say then it means you haven't forgiven, I normally say I have forgiven, but it must be a lesson to I have learnt and not that I have learnt the easy way I have learnt the hard way.

I But if you have rubbed a person off you from the rest of the people you know, how does it make you feel in your heart?

R Uhm.

I Say for example it is the people at work you can' really avoid them you are in each others face everyday when you are working everyday tell me more.

R Oh okay, I can, I can rite that person off my mind completely and it will take me time to get along with that person again and obviously that person will do the initiating getting into me and I will take it very slowly, very slowly I wont rush into things, okay I feel when we are not in speaking terms I will feel free. I won't have a problem because I believe that as we human beings okay as we interact as we like interact in ten years or in twenty years time I might step on your toes and during judgement day God will definitely ask me about that but if I have rubbed you off completely judgement day there is nothing that he is actually going to ask me except that you had an argument, that I will answer that is fine I never knew you after that am I a bad person or what. I know you are a Christian so tell me.

I I am not a judge of personal character but it is each person are different, I know if that is the way you see it it is unique.

R That is how I deal with the whole situation I just ignore the person write that person right off my mind I become cold inside.

I How do you think do they perceive or experience you, what emotions do you think they experience if you avoid them?

R Uhm to be honest I don't really care. Like for instance I do usually have my own ups and downs in me and I usually use the patients, there was one time where she was supposed to come and take over a patient and she was still due to come and over the patient and when I told he she was supposed to come and take over the patient from me expression on her face I could see, since from that day we were also commenting on the issue that when she walks into the unit she just know you, as if you don't exist. I have decided to close all my doors, sometimes when I walk into the unit she will be the one to greet me and I will respond but,

I Okay.

R To me she doesn't exist.

I Okay. Can you tell me about a situation in the unit that happened, uhm that was very uhm emotionally involved to you, where there were alot of emotions from either the patients but especially the staff, uhm if you look where they actually felt either angry or happy or sad or either one of those emotions but in an extreme way.

R Uhm it was during the time when I was doing my ICU training with Bridget around and I would say uhm including my laws that thing actually I haven't forgotten about it, that incident it created quiet alot of emotions and that I wasn't a good person, I was a very bad person, I was a poison to most of the staff members and I would come on duty and take over my patient but around about nine o clock I would often go out and cry, I would cry, cry ,crying then come back and what I actually picked up as i mentioned I was a bad person. Everybody that I approached it was my you the bad person I don't want you to come closer to me and I felt so small. I really felt so small and there were times whereby i was thinking of terminating my service because I was not being welcomed in this place. Even those that I didn't have an argument with them but I could see that they were always flowing with the others.

I Okay.

R But because I was the only person that was still here in the Unit, Bridget was gone there were times that I felt I could pull some of them towards my side but I was alone, I did not have any friends.

I Okay it must have been difficult.

R It was. It was I used to phone my mum everyday and she was saying you just have to pray it will go away you just have to pray. It will be time.

I Okay and yeah so that was for the staff as well, what did Bridget present with or what was the scenario for, you don't have to give me detail but what aggravate the situation?

R She wasn't food times with, initially they were friends I don't know where the argument started they were friends then there was that little bit of talking, talking, talking behind each others backs then they were no longer friends, they stopped eating with one another and they I would go out with Bridget and I would try to convince her especially with the patients that this is what you are supposed to do because she would complain to me, but you see I am doing this, you see I am doing this so in the unit just because I used to go out with her they used to think that I am poisoning her.

I Oh okay.

R And when that big argument occurred it was after I have spoken to Bridget and then I have tried to explain that I have spoken to Bridget but then she didn't want to listen okay. Then Bridget called me she asked me what was said, so I said no I was explaining what I explained to you so she misinterpreted the topic between me and Bridget the second time because she came up behind me and said I heard what you are saying, oh my word.

I How did you feel at that moment?

R Oh I tried to go to her and explain and she was not in the mood, Oh I felt so bad, I felt so bad. No sister we did not break there were days that I felt like I could kill her I would hold her with my hands, because it was that thing and because of that argument you hear quiet a lot of stories and I thought Organda would call us into the office but it didn't happen and at that time both of us were still angry and Bridget was still around and I was afraid of Bridget I could not just cut off the friendship and as I was saying everybody was just like following supporting Roxanne and I was being left alone with Bridget on the other hand who most of the people never wanted to socialise with.

I Okay.

R And all that I wanted was for people to understand at that time was I was not a bad person, I was just trying to neutralise the situation.

I Yes.

R But it happened at the wrong time but at least it is over now, it is over we are now friends we talk, everything has gone back to normal but it took us time and didn't come and say you know like this is bad and you need to start talking to me, I think you because she is a female she will sometimes come and approach me, Like are you okay, now I will respond but with that mind, for

me you do not exist and I used to encounter, you know such situations I used to encounter problems when she was running the shift and I had to check a blood counts or what ever with her, oh I would do the blood counts for the patient then I would still be next to the patient asking myself, how am I going to approach her, how am I going to tell her I don't want to speak to this person. It took me time but for the sake of the patient I would just go to her and just be brief and short, with no smile on my face.

I Yes.

R With that long face and go to that patient and do whatever we had to do.

I I can hear there was quiet a lot of emotions involved.

R It was, it was.

I It must have been very hard for you.

R Oh it was, it was but I am glad it is over. I am glad it is over.

I If you got all of those emotions and you experienced it what did you do to regulate them, how did you manage those emotions because we have spoken about quiet a lot of them being scared, angry, feeling happy on the one side. Patient satisfaction, working with patients, talking to them uhm sometimes the staff screams at each other so that give, that portrays a lot of emotions that come into place. So how do you manage all of these, what do you Lucky do?

R Uhm I read them out, talk about the situation to people that are not involved with the whole situation, like people who are outside the work environment.

I Are they nurses?

R Yes nurses butnot working in the unit not working in this hospital so discuss the whole situation and some of them they will point a finger at me and say but you were also wrong, look at the whole situation, don't look at the negative part but look at the other positive things that are happening, and then I will work on the idea and try and identify who is wrong in the whole situation.

I Okay, hmm.

R And in the beginning I will point the finger to someone else and during the process while I am still working through then I will point a finger into me and then the resolution into the whole thing will be like we are both guilty.

I Okay.

R At the end of the day we are both guilty. And for you to move on I must accept that part.

I Okay.

R Even if I know I am right, I will say yes I am right, deep down in your heart you are right but to maintain peace of mind of the situation just accept it.

I Okay so you are a peacemaker.

R I am, I am. I don't like people who fight or who argue, I remember there was one time when I was working in ICU with another shift cleaner and she was actually treating other staff members very badly and when the night super walked in I decided to tell the night super because I felt so bad, I felt like you know what I can go now because i don't like these situations and I told the night super cleaner came back to me and she was in tears and you are not going to believe this we both went to the sleush room and we both cried, I could not understand what was making me cry because I am the one who reported her to the night super but we both cried and then she apologised and then I said to her lets go and apoligise to the staff in the unit and then we went there and everyone was wrong, was helped.

I Okay. So crying is also working.

R It really works for me, it really works for me.

I Is there anything else that you use, you read, you said you read.

R Now I like reading, I like reading.

I And you talk about it, to other people outside.

R Yes Then I listern to music and when it comes to a point on a Sunday then I will go to church and I will know during that time that I will have peace of mind completely. I will only remember about the whole situation later the Sunday evening.

I Okay.

R That is when it will come back again to me. Can I tell you a last story now now.

I Yes you are welcome.

R But it is not related to the hospital, I was going to write my exam on Tuesday so I gave the kids the previous week, I gave them R2000 to go and pay the school fees so they didn't go and pay so they had the money with them for the whole week so on Friday when I checked for the money I checked I asked the other one do you still have the money and he said yes and I said please pay the money. To my surprise he actually used the money, he used R100 from the money, I was very angry with him and then I went on and on and on and

then on Monday morning I decided to give the younger one the money so he took the money and put it in his school bag and he came back to have his breakfast and we were busy chatting and this elder one was in the bedroom, their bedroom and then they both left. Coming back in the afternoon, I am writing Tuesday, coming back in the afternoon the whole lot was gone.

I Oh my goodness.

R We were busy studying, me and my friend and we said like call the police, they will take out the money because I was going to write the following day I just decided to avoid the whole situation and i did not want to go into the details and it really worked for me.

I Okay.

R I just went superficially went to write and then came back, couple of days down the line I actually discovered he actually stole the money to go and buy the psp games because he has got the PSP but you know those disc and they are quiet expensive.

I Okay.

R I hate the child even today, but I have decided I have rubbed him off, completely it is the only solution and when I told my other cousin she said you should have taken the PSP because at the end of the day it was your money. I can't do that, I would rather close the doors.

I Okay.

R And since I have done that I have got a piece of mind in my heart. I am cool, I am okay, he did it and he has gone and he will never come back.

I Okay. So you rubbed him off.

R Yeah is it a good thing or what, you tell me?

I It is a open question, really as I said previously Lucky it is for you to, to uhm.

R What makes me comfortable,

I To handle a situation in a specific way what works for you because everybody don't regulate their emotions in the same manner.

R Yes, yes.

I So yeah.

R And I only said to my mom if I die I]you must make sure on that specific day he mustn't come to my funeral, my mom said you can't say that I said I know

– after a couple of months I will be okay. Even my younger sister you know what just leave him to say what ever her wants to say, he is still angry he will heal, I mean at the end of the day this is just a child.

I It is just a child.it.

R It is just a child.

I You have said it.

R It is just a child yeah but for him to understand that whatever he did it is wrong, I am not going to smile to him. Because then they get the wrong interpretation of the whole thing but I know if I do this it will stick in his mind. If I do it he is going to hate me completely.

I Okay.

R hmm I work completely different than my mum because if something is wrong my mum will try to neutralize the situation and try to make it appear as if it is something that is right and we normally have a disagreement there. I normally say you know with kids just teach them the right thing form the beginning because the minute that you do that then you confuse them, they wouldn't. Actually they are not going to know what is right and what is wrong.

I Okay.

R Hmm, but if you emphasize if you put down your foot and say this is wrong it will never become right then they will know.

I Yeah they do. Yeah

R It is hard even here and with the other one I know her things are up and down I have developed this thing of just ignoring her completly, if she is happy then I am happy or just ignore her it will pass. Life still goes on.

I Life goes on.

R Yeah we are here for the patient, I normally say to people you know what I am here for the patient I am not here to make friends either you like me or you don't like me, that's fine but for the sake of the patient lets do the job and get it over and done with. Look at the whole situation remember when I was doing my sup I was so close to my friend we were so close when I was home I would chat even when I release her from the hospital we will talk about personal things life outside of the hospital and of which I never thought it was going to be like that.

I Okay.

R Even with my exam, I remember when I was writing my exams she came over to my house and we would chat.

I Okay, would you chat about work things, discuss work things or just private things?

R No we normally talk about, remember the whole thing happened it also involved our personal life so I have closed those doors, we don't talk about those things we talk only about work related, work related and that is it.

I Okay,

R Oh the ward was so full, oh we had that other patient, oh you know there is this one when she is running the shift, blah, blah, blah. That is all we discuss she does not even tell me about her husband or tell me about the kids and I don't even ask her.

I Okay.

R Which actually works for me.

I Okay, good for you. Is there anything you would like to add?

R I think I have said it all. I have said it all and this is also the tender part, warm hearted.

I You want to tell me about the tender part?

R Warm hearted touching the patient, I have got a soft spot. I don't like situations that call for a fight or screaming or jumping at each others neck, I try by all means let there be peace.

I Okay.

R In the unit and I think I follow my horoscope because I am a Libra I try always to retain peace, everybody must get their fair share and I always feel for the next person and I normally say if I have given you money today do not expect me to give you money tomorrow, I want to give it to the next person so that at the end of the day we get something. My weakness is I would especially again with team work, I would stay behind with my job trying to help the next person .

I Okay.

R That is where I usually have a problem. I try several times to work through that, I can't I always feel for the next person. Let me just go and help her.

I Okay.

R And at the end of the day I am the one who is behind.

I Okay.

R Initially I used to be angry with myself but now I am like that is me I can't change a thing.

I You are getting used to yourself.

R I am used to it that is me I can't change it.

I And that is the thing that usually comes with age and experience as well, you are happy in your skin.

R Hmm.

I Lucky I would like if there is nothing that you would like to add anymore I would like to thank you.

R It is a pleasure.

I For participating in the interviews I really appreciate it and I am sure it will add to the body of knowledge.

R It will. Because we don't talk about these things in the unit.

I Yeah.

R To me we are afraid to face, to me this is reality. What you feel this is reality.

I Yeah.

R We don't talk we said we don't talk, when I am angry with you I don't even tell you that I am angry.

I I am looking at all of these emotions as basically a fore runner to basic emotional intelligence to develop emotional intelligence for professional nurses in ICU.

R You know and at first I could not understand why you chose such a topic but since you have mentioned that you are working towards, now it makes sense.

I Hmm.

R Although it is going to take people time to change and adapt.

I Uhum.

R Becasue now it goes along with the personal things amongst everything else.

I It does, but now it specifically in the workplace and I don't think it is investigated enough according to me.

R So I will tell the others because people are afraid to come and do this.

I It is hey.

Interview 3:

I – Interviewer

R - Recipient

I Baie welkom.

R Baie dankie.

I En baie dankie dat jy bereid is om deel te wees van my navorsing. En het jy al voorheen deel geneem aan navorsing?

R Nee glad nie. Nee ek jok vir jou, ja ek het, hulle het uhm by Alledale het hulle ovasie uitkoms van kardiotooraks.

I Okay

R Het hulle navorsing gedoen, maar ons moes 'n vrae lys invul dis dit, nie.

I Nie interviews nie.

R Nee glad nie so nie.

I Okay Estelle ek wil net vir jou so paar algemene vrae vir jou vra en dan gaan ons kyk na die doel van die studie.

R Hmm.

I En dan kyk ons na die res van die dinge, uhm hoe oud is jy?

R 39.

I 39 okay wanneer het jy eers, vir die heel eerste keer gekwalifiseer as 'n Professional nurse?

R Uhm 2006.

I Okay. Hoeveel jaar werk jy al by die hospitaal?

R Hierso?

I Ja.

R Uhm so drie en 'n half jaar.

I Drie en 'n half en uhm hoe lank werk jy al as 'n verpleegkundige?

R Van mens al klaar gekwalifiseerd is ek het al ek het van 2000 tot nou is al twaalf jaar ICU en ek dan obviously van 2006 af is dan as professionele verpleegkundiges werk.

I Okay,watse kwalifikasies het jy?

R Net die vier jaar diploma en dan Intensief.

I Diploma?

R Ja by RAU.

I Okay hoe tevrede is jy met jou keuse om verpleegkundige te word?

R Initially was ek mal daarvoor ek het gedink dis cool ek het gevoel dis my roeping, uhm maar op die stadium ek kan jou nie eerlik in jou oë kyk en se ek is mal daarvoor nie.

I Kan ek se, little dissatisfied, very dissatisfied?

R Very, ek gaan nie jok nie.

I Okay nee dit is doodreg, uhm ek gaan notas neem gedurende die interview ek gaan nie alles kan onthou nie.

R Doodreg.

I Ek het vir my navorsing besluit op hierdie onderwerp omdat dit 'n voorloper is tot emosionele intelligensie want ons kyk na emosies, emosionele ervaringe en dan basies hoe jy daai emosies gaan hanteer en reguleer in ICU as Professional nurse.

R Dis nogal goed ja.

I So dit pas in met emosionele intelligensie dit is ook een van sy bene waarop hy gebaseer is so dit is hoekom ek hierna kyk.

R Dit is nogal interessant vir 'n slag want ek dink 'n mens vergeet van, ons is ook human beings ne. Hulle vergeet dat ons, ons vergeet dat ons ook emotions is ook emotional feelings het.

I Absoluut. Okay uhm ek gaan nou vir jou 'n vraag vra, dit is 'n breë vraag en uhm luister mooi maar dit gaan basies oor wat ek nou vir jou gesê het, wat die

doel ook van die studie is en uhm dan kan jy my maar net antwoord. Imagine I was an actor preparing to play your role.

R Okay.

I Okay, describe to me how I would have to act and feel in order to portray you accurately as a professional nurse in ICU. So it is Estelle's role and act and feel.

R Vandag of in general nou, oor die algemeen?

I As jy wil praat oor vandag kan ons praat oor vandag andersins kan ons in general praat. Wat ook al vir jou gemaklik is.

R Uhm net kyk, describe to me how I would have to act and feel in order to portray you accurately. Okay eerste ding wat jy daar sal moet is, ek is loud ek is baie loud, party mense mis interpreteer dit dat jy skreeu. Ek skreeu nie ek praat net hard, ek het al probeer om soos sag soos jy byvoorbeeld te probeer praat maar ai ek fail miserably, uhm ek is baie ongeduldig so ek verwag goed moet nou gedoen word, uhm kom ons doen eers die negatiewe goed first. Sometimes I talk before I think you know. En daarna besef ek ai ja ja pleks ek maar net geluister het. Okay as jy dan nou saam met my wil wees dan moet jy, I am a hard worker okay jy moet sense of humor he okay so sense of humor. You must be able to laugh at yourself want as jy nie vir jousef kan lag nie – oh boy ne okay. You must be prepared to ask other people's advice whether you are TL, ICU trained just a normal nurse it is nice to be, jy moet humble genoeg wees om te weet you need other peoples help en dit vat actually- I think it is a grown up to know okay ek moet my ander maaitjies vra wat sou jy gedoen het. Dit maak jou nie dom nie dit maak jou actually slim as jy verstaan wat ek se.

I Ja ek verstaan.

R So uhm en ja wat wou ek nou nog se, die belangrikste van alles is vir my jy moet weet al hou jy nie daarvan soos ek – ek hou dalk nie van my werk nie maar jy moet weet dit is nog steeds mense jy moet hulle met waardigheid behandel, met respek want dit is hoe jy tog behandel sou wou word en so en dat daar is 'n hoer hand in alles wat ons doen so. Dit is regtig die essens of it all.

I Okay jy het vir my gesê jy reageer loud en dan misintripiteer mense dit.

R Ja.

I Hoe voel jy kan.

- R Jy voel sleg want jy ek bedoel jy voel dis half asof mense, dit gaan nou half dramaties klink maar half mense het half hier persepies van jou jy is hierdie monster jy weet jy raas net en jy skreeu net. Dit is regtig nie hoe dit is nie jy weet ek is baie loud, ek se Nee man moenie dit so doen nie kom ons doen dit so. Mens moet daaruit leer ook, jy moet, jy moet bereid wees om te besef okay party mense vind dit nie so nie. Dit is hulle persepie van jy jou weet.
- I Okay.
- R So 'n mens moet, jy moet bereid wees om jousef te distansieer, dink en te se okay, jy moet hier by sit ek is baie sensitief dit is een ding van my asseblief moet dit net nie vergeet nie. Ek kan dit nou nie vergeet nie, so soos maar wat jy nou sensitief is, is hulle ook maar sensitief so dalk moet 'n mens dit ook maar net anders benader en te se okay dalk met Heleen sal ek nou nie so loud wees en se ag neem man moet dit nou nie so doen nie, kom, kom, kom jy weet want sy voel dalk jy diminish haar rol of so. Dis moeilik dis ook maar nie lekker om te hoor as mens verkeer is nie ne want mens wil maar reg wees ne, maar dit is maar net iets om aan te werk ook maar ek dink nie dis lekker. Nie een van ons hou daarvan,with exception to the rule, how mense nie daarvan om vir jou te se hoor hier dit is nie reg nie en so aan.
- I Okay. So jy voel, jy voel dan basies sleg.
- R Ja jy voel.
- I Ander way jy moet dit beskryf?
- R Ag dit vat so half die jou go weg want dink jy dit is nie lekker om te kom werk nie, dit is 'n effort om op te staan want jy hou nie van jou werk nie, asseblief dit gaan nie oor mense nie, dit gaan nie oor die eenheid nie, dit gaan nie oor enige iemand nie dit gaan oor jy self, so en dan is dit so asof ja bummer, jy weet so as dit is hoe hulle jou persieve dan is dit hoe hulle jou persieve so dan moet 'n mens maar daaraan werk so.
- I Jy hou nie van jou werk nie, vertel my meer.
- R Oh ek haat dit, ek absoluut decpise dit dis vir my 'n effort en ek doen dit bloot omdat ek weet ek het 'n wonderlike seuntjie wat ek moet voer jy weet ek moet hom deur die skole kry ek jy weet sy needs kom eerste so dit is waaroor dit gaan dit is absoluut punishment ek haat dit. Ek is jammer om dit vir jou so direk , ek haat dit ek absoluut ek haat dit, ek haat dit, ek haat dit. Dit is nie vir my 'n challenge nie dis vir my boring, ek kyk na die die vent vandag dis vir my soos gee vir my eerder 'n high care pasiënt ek wil dit nie doen nie. Ek wil dit nie doen nie. So ja dit is sleg.

I Hoe voel jy, jy weet jy, jy hou nie van jou werk nie. Watse gevoelens kom by jou op? Behalwe die haat en dit.

R Ag dit is half 'n anger wat in jou is, want ek voel half ek weet nie where to, jy is half destitute jy weet jy is so half waar gaan jy heen want ek glo nie aan job hopping nie.

I Ja.

R Jy weet so want dis dalk better by A in daai opsig maar ander goedjies bly dieselfde en by B is daai weer better maar ander goedjies bly dieselfde. Jy as mens is die ou wat jou mindset moet verander so jy gaan hierdie gevoel by jou dra whether jy by elke kliniek in die land gaan werk, jy weet so dis jy dis nie die plek nie, so ek en ek weet mense se vir jou daar is ander goed wat jy kan gaan doen jy weet A B en C en nou ja wat anders gaan jy doen, jy weet ek praat nou van nursing. Dis nie uhm ek praat nie van die korporatiewe wêreld en wat ook al nie ek dink dis, dis nie meer vir my lekker nie en ek was 'n adrenalien junkie ek love dit ek het gelove die resusses en al daai goed en nou is dit vir my soos in ek dink die hele ding is burnt out as ek die spyker op die kop kan slaan, dit is burn out so.

I Jy voel jy het 'n breek nodig.

R Hmm, ja so. En dit gaan nie oor verlof nie, dit gaan nie oor 'n breek soos verlof nie dis soos in dalk emosionele breek.

I Emosionele breek.

R Ja hierdie constant ha ha ha hierdie hallo hoe gaan dit welkom in ICU, ek gaan na jou kyk en dis nie hulle skuld nie jy verstaan wat ek vir jou se, dit gaan oor jou, dis jy.

I Ja ek hoor jou.

R Dis jy en dit vat baie effort want jy kan tog nie jou hierdie vreeslike rebel, rebelse gevoel van jou op die pasiënt gaan uithaal en se Mev Brink Grrrr. Jy is net hier om jou rug te laat doen.

I Ja ek hoor jou, so jy gaan nie die patient daaronder laat lei nie, jy voel. Is dit jou gevoel.

R Ja dit is baie ek is baie afgestomp dit is dit, baie afgestomp van oh okay – okay. So.

I Okay so jy is 'n harder werker.

R Ja.

- I So vertel vir my hoe laat dit vir jou voel as jy een dag se harde werk ingesit het, hoe voel jy.
- R Ag ek meen jy weet jy is satisfied ek meen want jy weet jy het letterlik jou brood en botter in die sweet van jou aangesig verdien, jy het dit absoluut verdien vandag, maar dis 'n gevoel van satisfaksie want jy weet you did what you had to do en so jy weet en you got through it one way or the other het jy gegaan jy weet so, ja en ek bedoel die dag is verby. Wat my net scare is, is dat in hierdie ene meeste van ons trained ICU nurses voel so jy weet the day is gone at least the day is gone en weet jy wat at the day is gone you are never going to get it back again, jy gaan nooit weer – gaan hierdie dag by jou lewe gevoeg word om iets glorijs te doen nie, maar by die einde van die dag het jy nogsteeds , jy het jou werk gedoen you are satisfied and content so jy kan voel I did it at least eventhough you feel it is punishment dink jy nogsteeds, wow dit is okay jy is daardeur so. En ek voel sleg aan die ander kant omdat 'n mens so voel want jy dink half sjoe ja jy weet dit is mos 'n God given day to you to do the best you can en dit is hoe jy daardeur is, dit is hoe jy dankbaarheid wys en dit laat my sleg voel want dis nie hoe dit moet wees nie, maar as mense nie in 'n span saamwerk nie dan kan jy hoe hard werk dit help nie want een ou gaan tog nie 'n trop wae deur die drif trek nie. Die span moet, trop osse moet saam loop so.
- I En loop die trop osse saam?
- R Nee, nee ek kan dit nou eerlik noem.
- I Jy het vir my ook gesê jy hou daarvan om vir ander mense of uhm advies te kry as jy advies nodig het. Ja, so en jy het gese jy moet humble voel.
- R Ja jy moet humble wees.
- I Humble wees, ekskuus.
- R Ja dit vat niks van jou om te se Heleen kom help my want ek dink so maar jy dink so, twee koppe is better as een daar is nie 'n beter beskrywing as dit. Partykeer brand jy vas, niemand het wysheid en van Pag nie, jy het dit nie, nederigheid is tog vir my so belangrik, die oomblik wat jy dink jy weet alles is die dag wat jy baie hard val want dit werk nie so nie.
- I Wat werk dan vir jou?
- R Jy het dalk iets gesien in die verlede wat gewerk het, ek het dalk nie en ons kan mekaar help want op die ou einde is die einddoel om die pasiënt nie jy nie. Dit gaan nie oor die 20 grade ek het een graad ek ICU gekum ek het net, net deurgeskraap nie. Dit gaan nie daaroor nie jy moet nie met mekaar kompteteer nie jy moet besluit en se help my, jy weet so dis ek ander mense

maak mag verskil van my maar ek het al baie so geleer dan dink ek joe dis nou waar dit help dit is waar so as almal besluit kom ons los dit net dan los ons dit en dan weet jy. Dit laat jou, dit laat vir my great voel as ek dink joe ek moet vra vir help en almal se kom ons praat daarvoor want op die ou einde lead dit to discussions en dit ne en jy moet leer jy leer elke dag van jou lewe.

I Ja absoluut.

R Wel ek doen.

I Ek ook.

R So.

I Okay kan jy vir my vertel van 'n situasie onthou ek is nou die akteur en ek moet nou jou rol gaan speel. Jy het nou vir my verskeie gevoelens genoem, burnt out, afgestomp uhm soms skuld gevoelens en ook jy is sensitief uhm maar jy het ook gesê jy het 'n sin vir humor.

R Hmm.

I So watter ander gevoelens is daar nog wat jy dink ek moes nodig sou hê?

R Uhm ek is 'n baie emosionele mens so ek probeer altyd as ek kan ek slaag maar nie altyd daar in nie uhm om, om iemand te laat okay voel jy weet om te laat welkom te laat voel jy weet uhm kyk ek is nie 'n morning person nie so dit gaan ek nou vir jou eerlik se so nou wether jy my 'n top job gaan gee of nie ek sukkel om wakker te word, maar na die eerste koppie koffie dan is ek okay, so jy moet. Ek probeer altyd se hoor hier is jy okay, jy lyk 'n bietjie af is daar iets wat ek vir jou kan doen wat ook al so. Nie dat mens nuuskierig is of wat nie, dit vat lank om daar te kom in jou lewe, want ek meen partykeer wil 'n mens alles weet om iemand te help maar jy hoef nie alles te weet nie want dit is nie jou besigheid nie. So uhm maar mens moet ook leer om nie 'n punshing bag vir iemand se issie grimmigheid te wees nie jy weet so en jouself, soos vir my wat so sensitief is sal ek healtyd dink sjoe ek kon haar kwaad gemaak het, is dit nou my skuld wat ook al, om half nie 'n doormat te wees nie, jy weet dis die ding. So.

I Okay.

R En dis wat jy moet leer en jy almal dieselfde behandel en you must treat everybody equal op jou team jy weet. Van die matron regdeur tot die floor cleaner want as jy hulle met respek behandel en met waardigheid kom jy soveel meer verder met hulle as wat jy hulle sal se, luister hier ek is die suster jy sal dit vir my doen want dit werk nie so nie. Ek se nie jy moet nou meek en mild wees in die sin van jy se okay as jy nou nie dit wil doen nie is dit ook nou maar reg ek sal dit nou maar vir jou doen, nee dit is nie wat ek se nie. Jy

moet, jy moet maar net almal dieselfde behandeling gee of probeer of poog om dit te doen.

I Okay dit is 'n dag in die eenheid en iemand behandel jou soos 'n punshing bag, watter gevoelens kom by jou op?

R Woede, woede vir myself dat ek nie veel kan se dadelik, moenie so met my praat nie, dit is nie reg nie, so. Jy bly maar stil hier en jy hou maar en dan tji tji op die ou end soos 'n stoompot en dan dink jy so min van jouself dat jy nie 'n backbone het om te se, luister hier julle, julle gaan nie so met my praat nie ek hou nie daarvan nie, want ons doen van in onse 1ste jaar al hierdie interpersoonlike vaardighede en hierdie skills en ons het physc almal gedoen en wat ook al maar ons sit almal daar in jou one on one en jy de de de maar jy se nie vir daai persoon wat jou so sleg behandel vir jou se, luister hier dit is nou genoeg ek gaan dit nie meer duld nie, jy weet en dan voel jy- jy het al hierdie onder drukte woede jy het hierdie skuld gevoelens want jy kan nie opstaan vir jouself nie maar jy wil ook nie jy weet mens voel die atmosfeer hier dit is erg genoeg om twaalf ure dan opgeskeep te sit maar dan dink jy na die tyd wel hulle behandel jou in elk geval sleg so gaan 'n konfrontasie dit enigsins better maak, maar dit laat my woedend voel en dit is op myself meer as enig iemand anders en dan ook woedend dat die persone kan wegkom daarmee want jy sal baie gou gou ingeroep word en gesê word luister Estelle jy was nou so en so en so maar, nee dis my, daai persoon kan aangaan o boy boek sit en lees die deure slaan van die lockers, sleg praat jup jup, moenie vir my blaf ek is nie 'n hond nie jy weet ek verstaan nie blaf taal nie. So dit dan gaan jy huis toe en ek is 'n ou wat wroeg dan sit en sal ek die hele aand lê en dink ek het nou so hard probeer om ordentlik te wees om te se wat die Here vir jou se behandel jou vyande nou as sulks jy weet soos wat in die Bybel nou staan met nederigheid en goedheid wat so maklik natuurlik kan oorslaan in skaamte maar dit werk eenvoudig net nie want dan voel jy so maklik teleurgesteld want goeie hat jy is nog een van die min wat probeer ordentlik wees maar jy weet jy kom op 'n punt waar jy dink No my hat stop dit dit is nou genoeg ek meen so – dit is maar dit.

I Okay jy wroeg,

R Ja wat jy le en top en top hoe kon jy dit anders gedoen het, moes jy nie dalk gese het, maar dan dink ek net jy weet woede lok woede, kalmet. Wat is die woord wat hulle so spreek? Kalm woord laat woede bedaar en ek kan nogal partykeer probeer ek maar jy weet jy moenie retaliate nie en ons is almal geneig om te retaliate so en dis maar net dit en dan le en dink jy, nou hoe gaan jy dit behandel, hoe gaan jy dit hanteer hoe moet jy dit nou doen, wat was jy nou dan vind jy fout by jouself die heelyd maar partykeer is dit net nie jy nie, jy dit hel vat dit op jouself hel partykeer is jy net onskuldig jy weet jy

was nou net die, in die spervuur op daai oomblik dit is nonsens man so dit, jy moet leer om vir jousef te se jy is nou nie actually so bad soos wat jy dink jy is nie of wat ander dink jy is nie jy weet jy is actually jy het jou foute maar jy het jou positiewe punte ook so en dan en dit is een vicious circle jy weet so jy moet so wroeg en wroeg en dan begin dit al hoe meer uitkring en dit so, ag nee man ek kan nie so werk nie.

I En is daar dan nou verskeie sulke situasies jy se dit eskaleer.

R Ja.

I En dan?

R Jy weet ag en dan op die ou einde sal dit maar na die unit manager toe gaan en se nie meer nie, ek kan nie meer so werk nie en dan aan die anderkant voel ek ook jammer vir, vir haar ek meen sy moet almal, sy hoor dit so van hierdie kant af en die een moan oor dit en daai een moan oor dat en jy weet en sy as mens kan ook net soveel doen, so dit maar dit voel vir my so half, dink jy so min van jousef dat jy toelaat dat mense so met jou werk jy weet dit is en dan het jy al hierdie gevoel van jy weet oh well laat Gods water oor Gods akker loop want op die ou einde van die dag, jy probeer maar dit werk nie en dan is dit al hoe, kom al hierdie situasies op by jou van in die verlede en wat gone is, is gone jy kan nie nou drie maande terug nie. Jy moet dit nou hanteer.

I Hanteer.

R Ja so, so uhm jissie en dis moeilik as een mens, een mens 'n hele skof net so kan, so kan omver gooi en sleg maak en ag nee ehe en dit is al erger want ek meen jy sukkel klaar met hierdie jy moet kom werk en jy wil nie kom werk nie en dan is dit al daai jy probeer wel ek probeer, ek dwing myself fisies om te se dis nie so sleg nie jy weet dat ons daai mind switch kan maak. Ons is jonk Heleen ons kan nie vir 40 jaar so aangaan en struggle nie jy weet. So dit is, dit is waaroor dit gaan, dit is waaroor dit gaan dit is seker maar 'n oh man dit is nie goed nie.

I So dit is konflik die hele tyd.

R Innerlike konflik, want nou wat help dit nou ek se vir jou moenie so met my praat of wat ook al nie en nou is ons hier at loggerheads with one another en so en ugh en dan is daar nie 'n resolved nie dit is so half okay dan nou vandag het ons baklei, more ignoreer jy my vir vier ure en dan jy weet of, jy weet ek weet nie hoe om dit vir jou uit te druk nie, maar dit is baie moeilik, jy weet jy wil so half net peace in jou hê, jy weet ek wil net in peace werk dis wat ek wil hê en vrede. Soos vandag het ons 'n wonderlike vreedsame en omdat ek loud is en jy sag is, is dit nie te se is jy soft spoken moet jy lelik wees daaroor

nie. Ons maak grappies en ons lag en as my grappies of my goed wat ek lees of wat ook al jou offend, dis jou issue ek bedoel as my grappies en goed waaroor ons, kom ek gee jou 'n spesifieke voorbeeld ek en Mpotseng spot altyd vir Dr Kays ons gaan vir haar 'n rooi bra koop en dan gaan ons vir haar 'n sexy boyfriend kry en ons gaan haar in 'n hotel inboek en ons gaan die sleutel weggooi en dan ons altyd lag en dan sal sy altyd se: dan se ek vir haar jy moet net die roos onthou en dan moet jy die tango doen ne, so. As dit jou offend, dit is jou issue ons bedoel niks lelids daarby nie. Ons probeer net haar op te beur en wat ook al dis nie nodig om te huff en puff soos 'n renoster wat jou nou gaan storm nie, deure van jou locker slaan en die foon op tel en dit neergooi en wat ook al nie. Dit is vir my onaanvaarbaar jy weet dis dan dink jy ons probeer maar net iemand wat in 'n krisis is 'n bietjie help en jy weet so ek meen daar is niks sexually daarby betrokke of wat ook al nie ons weet moes hemel Heleen ons is groot ook jy moet 'n bietjie kan suggestief spot of wat ook al as dit lelik raak kan jy vir my se Estelle hou jou mond jy is nou out of bounds jy weet so dit is, dit is een ding vir my wat vir my verskriklik as jy nie kan lag of spot of lag nie, oh boy dan is jy 'n lost case.

I Dis nodig.

R Dit is baie nodig, dit is nodig ons moenie. Ek self is 'n baie ernstige mens ek kan partykeer nogal te ernstig raak, dan moet ek vir myself se, hey get a grip now jy weet so maar I love my mills and boons. Ek lees dit want dit is rubbish maar dit laat jou ontvlug ek lees vir 3 ure van hoe wonderlik dit is en sy is so beautiful en alles is so mooi en alles is, dit is net escape jy kan tog nie elke aand jou ----- gaan sit en lees nie, oh my hat jy sal van jou trollie af raak ne. Maar daar ek sal ure sit en lees en of dit maar ek kan net so ernstig ook wees as ek moet, my uhm.

I Gaan aan.

R Ek sou nie 'n mens gewees het as ek nie die heelyd, jou nie in jou oe kon kyk en vir jou ek is nie wie ek is as dit nie vir Sy hoer hand was nie. Ek sou die pad totaal en al byster in my lewe geraak het as dit nie was, ek fail dismissly ek is glad nie die best voorbeeld vir 'n Christian nie maar laat ek jou in jou oe kyk vandag en vir jou se ek is better as ander wat Very good claim to preach that they are, jy weet so want ek kan vir myself se Estelle jy was nou out of bounds so jy weet. Soos om by voorbeeld net te se van waar mens over react jy weet ne soos toe jy vir ons die video gewys het en wat ook al. Fair enough ek was baie, ons was besig daai oggend ek was gestress want ek moet al hierdie plek se papierwerk doen en ek weet ek moet nog twee pasiënte kry en wat ook al.

I En die tyd was sleg.

R Ja en na die tyd as jy nou net terug kyk en se jy weet, laat Heleen nou net vir jou vertel wat dit is of wat ook al of wat, dis wat ek bedoel jy praat te vinnig of wat ook al jy.

I Hmm.

R Want jou mind is so, ons is so besig ek dink aan soveel goed in my kop wat jy moet doen dat jy nie kan net se okay wag wat nou net 'n treetjie terug en se net, want ek is so bang ek offend iemand as ek se nie nou nie ek gaan jou – ek gaan jou te na kom of wat ook al want dis nie ek wil nie hê mense moet nie, ek weet hulle se mense moet nie worry wat ander mense van jou dink nie maar vir my is dit belangrik dat mense dink jy is nie so bad nie jy weet so jy wil tog jy weet dis vir my belangrik en so en jy weet dis hoekom ek se as ek jou se Heleen ek glo dan kan ek vir jou se ek glo want ek weet dit is met Sy genade dat ek deur die dae kom. So uhm.

I Ek hoor wat jy vir my se.

R Ek gaan nie vir jou se oh ek is wonderlik nie want ek is nie, ek is 'n dood normaal ek is die samaritaan se vrou wat daar sit wat die Here vergewe en vergeet het en more gaan ons weer voort so. En dan dink ek aan al die blessings wat ek kry jy weet deur die dag so en dit counteract baie keer die gevoel van ek wil nie hier wees nie en jy weet so, dit klink seker nou baie weird en down maar dis nou rêrig nie hoe ek bedoel nie jy weet so.

I Nee, nee moenie daarvoor worry nie. Uhm vertel vir my van 'n situasie wat ongelooflik baie emosies ontlok het in jou lewe.

R Die dood van daai kind, in Mei die 19de Mei die oomblik toe ek daai vent moes afsit. Ek dink ek het nooit daarmee persoonlik gedeal nie dis nie iets waarvoor ek wil praat nie, maar dit het by my allerhande, ek was devastated ek was absoluut teen gronde. Ek dink omdat ek op daai aand so baie met die lyk moes werk en ek moes die abuse van die familie vat en die oom het my beskuldig van wat het ek nie alles met hom deur die dag gedoen nie en uhm die nalatigheid daarvan en die stress van hier gaan 'n ding van kom en jy gaan betrokke wees hierby en dis die tweede geval waar ek betrokke is by 'n kind wat dood is en die eerste een was waar ek net terug gekom het van kraam verlof af die kind was 16 en hy is dood aan by Olivdale en ek moes hoof toe gaan met dit. Dit was 'n ander geval en dit, ek bedoel ek moes net in die hof gaan se wat het ons gedoen daai oggend maar ek meen dit is 'n stres wat jy vir niemand kan verduidelik nie en hierdie kind nou, dit het. Dit was vir my, dit was vir my woede, anger uhm frustrasie van daai absolute verslaanheid jy weet daai hartseer daai pyn.

I Ja.

- R Toe ek daai vent moes afsit en ek nou nog baie keer as ek my oë toemaak kan ek hom sien jy weet so ja, ek bedoel Carina het kom vra wil ons daarvoor praat toe se ek nee ek wil nie asseblief los my uit ek wil nie daarvoor praat nie.
- I Ja.
- R So uhm dit is, dit kan ek eerlik vir jou se, dit was bitter- bitter erg en dit het ons almal geraak, ieder en elk one way or the other ek weet nie hoe nie ek bedoel daai dag het ek en Jurisha nog aanmekaar gesprink jy weet uit pure stres jy weet.
- I Ja.
- R Jy weet van dit was nie oor ons kwaad was vir mekaar nie dit was net, dit was breinskandering en familie en ma en oh en oh dit was bitter sleg dit was vir my vreeslik erg en daar ook ek het daai dag 2 kilo's verloor van pure stres jy weet jy.
- I Shame.
- R Maar ja jy is daar deur jy weet ek sal baie, funny enough ek het gisternag nogal daaraan gedink ek wonder hoe gaan hulle kersfees wees want ek kan onthou die begrafnis blaadjie agterop was daar 'n foto'tjie van hom in die see waar hy so gestaan het en toe dink ek dis gone for ever, dis – dis weg. Ek kyk net na my kind en dan dink ek dis presious jy weet regardless van die issues wat hulle met mekaar gehad het, daai kind is gone.
- I Absoluut, ja.
- R En oor nalatigheid, dit is en dit is so half asof dit nog onder die mat moet ingevee word en ek hou nie van dit nie, moenie goed wegsteek nie dit is wat my woedend maak en so, en nou is dit so en dit het elkeen van ons geraak, elkeen of jy nou 'n kind het en nie 'n kind het nie. Ek meen dit is daai situasie.
- I Wat het jy, jy het gesê jy wou nie praat nie, wat het jy gedoen om daai gevoelens te hanteer?
- R Niks, niks ek het dit onderdruk dis al, nie daarvoor gepraat nie, niks ek sal op my eie sit en dink daarvoor maar niemand gepraat nie, bietjie met Rian gepraat maar, dis shame ek het daai aand eers 8:15 by die huis gekom hy het vir ons kos gekoop, toe het ek geëet ek was nie eers honger nie ek was so naer ek wou doodgaan ek het maar net geëet omdat hy gekoop het.
- I Shame.
- R Maar dit is dit ek het niks daaraan gedoen nie, niks. So ek is nie 'n ou wat praat oor sulke goed nie vir een ding ek praat nie oor die dood nie ek veral nie

'n traumatiese ding nie so, soos daai ander kind ook dis iets wat my altyd sal bybly en so. Jy leer ook maar daaruit ne.

I Watse emosie het jy portray toe jy deur daai al daai goed is, binnekant jou, wat hey jy?

R Ek was ongelooflik hartseer dit kan ek vir jou se, ek was ongelooflik. Funny enough uhm ek het gedog ek gaan jy weet toe ek die vent afsit ek niks gedoen ek het net my hand so oor sy gesiggie gesit en sy ogies so mooi toe gedruk en hom net mooi gemaak hom gesuig en sy mondjie gesoen en dit en dit is dit. Ek het gedog ek sal huil of wat ook al. Ek dink ek was so afgestomp jy weet vir self beskerming jy weet dat ek van hartseer dat ek, en funny enough ek huil maklik en so ek het nie. Bietjie deur die dag jy weet toe Dr Botha met die familie praat toe ek en sy daar staan en toe die Ds kom bid het, was ons altwee emosioneel maar ek het nie gehuil soos in gehuil nie maar dit is dit maar ek.

I Gebruik jy soms huil om jou emosies te verwerk?

R Ek dink jy kan se ja, ek dink ek moet se ja want ek huil so maklik so ek jy weet as iemand hartseer is en huil sal ek sommer saam met hulle huil en dan dink ek dit is nou nie vreeslik wonderlik nie en as ek kwaad raak dan huil ek ook so ek neem aan dit is maar so, ja so. Maar ek sal nie sommer net in trane uitbars sommer net vir no reason nie maar ek kan huil.

I Kom dit as daar stres is of wat?

R Ja, nee ek is nie 'n ou wat nie huil nie, ek wens ek was nie maar ek huil maklik.

I So jy is nie bang om te huil nie?

R Nee, nee wat ek kan dit nie keer nie ek het al probeer maar dit werk nie. As weer sien dan kom dit so nee ek het dit al probeer maar nee dit werk nie.

I Voel jy soms daar is verskillende emosies as mens kyk na, jy het gekyk na afgestomp en verslae en hartseer en ek het 'n idee van hopeloosheid wat jy ook gevoel het gedurende daai situasie. Is daar positiewe emosies uhm behalwe die spanwerk en die goed wat positief is as julle nou 'n lekker rustige dag het en 'n vreedsame dag het en sonder dat daar iets is wat konflik veroorsaak, is daar nog ander positiewe dinge.

R Ja ag daar is soos in jy weet jy jy weet jy ek voel altyd so dankbaar dan dink ek ten minste jy weet en daai feeling van contentment en jy kan ten minste se dit was 'n eerlike, dit was 'n eerlike dag gewees en jy partykeer is 'n mens maar net happy, soos in happy jy weet.

I Okay. Ja.

R So en jy weet jy tel jou seëninge en so uhm dit is ja daar is baie om voor dankbaar te wees want 'n mens is maar geneig om altyd op die negatiewe te fokus ne.

I Absoluut, absoluut.

R So jy dink altyd net daaraan jy is better af actually jy weet jy dink jy weet jy kan ander mense help en so in many ways, many ways en so uhm en daai absolute ongekende vreugde van wow we did it so ja. So dit is so dit is nie net alles sleg nie daar is darem goeie goed ook.

I Jy het gesê jy praat nie oor jou gevoelens, jou emosies nie en uhm,

R Nie die diep, diep goed nie.

I Nie die diep, diep goed nie uhm en jy huil, jy gebruik dit om dit 'n bietjie te hanteer.

R Ja.

I En jy het ook gesê jy lees.

R Ja.

I Nou wat doen jy nog?

R Ek hardloop.

I Okay.

R Ek hardloop en hardloop of oefen of wat ook al uhm dit mag maar baie simpel klink maar ek lees ek sal byvoorbeeld baie lees op die internet van goedjies wat ek wil weet of as iemand dit se sal op gaan lees van dit of oor dat, jy weet en ek lees vreeslik baie oor sport jy weet spesifiek oor die All Blacks en sulke goed.

I Dis jou gunsteling rugby span.

R Yup sal dit altyd wees.

I En Suid Afrikaners?

R Ek sal hulle nooit ondersteun nie en ek het nog nooit nie, ek hou niks jy kan daar sit ek hou niks van hulle nie – ek kan Suid Afrikaanse ondersteuners nie verdra nie, ek kan die Springbokke nie verdra nie ek ondersteun die Aussies in die krieket ek ondersteun die All Blacks in rugby en dit is dit. As ek kon Heleen sou ek gemigreer het.

I Okay

R Ek is nie 'n personistiese Suid Afrikaner nie which is sad though. Al wat nice is van ons land is die weer. Dit is dit en my man, maar ja en ek lees en ek hardloop ek is nie 'n shopper eie ek gaan shop nie ek is baie sleg met dit ek hou van koffie drink.

I Okay.

R I love coffee maar ek probeer dit nie te veel drink nie want die kaffiene is nie altyd so goed vir mens nie ne. En so dit is vir my 'n stres ontlading.

I Doen jy dit saam met iemand?

R Saam met die koffie en dit?

I Ja.

R JA ek en Vee gaan of ek en Jaco ek kan dit nou se want jy ken hulle.

I Hulle is almal nursing mense.

R Ja, en ek en Rian so, en funny enough ons praat nie oor ons werk nie ne. Ek en Jaco so dit help nie en dit is nou een miserable soul to another so ons praat oor allerhande ander goed, ag twakkies man jy weet nonsense en dit maar nou Vee sal my vertel van haar studente jy weet ken jy studente of van die frustrasies wat sy het so of oor oom Rip of sulke goed, ons sitnie daar en sulk oor ons werk nie jy weet so maar en dit is dit. Maar ek oefen op my eie ek hardloop op my eie vir my is dit me time vir my is dit clearing my head en so. Dit is wat ek doen so. Daar is niks so lekker om te hardloop en as jy daar klaar is daai gevoel hey I have doen it hey.

I Daai endorfien rush.

R Maar dit is so ne daai van die cerotenien en al daai goed ne.

I Ja dit is absoluut. Uh is daar enige ander emosies, ek het hier 'n paar, wat jy my van meer wil vertel?

R Laat ek nou net hier kyk. Ek is partykeer bang funny enough dit sal ek jou nou kan se. Ek is partykeer bang om aan diens te kom. Veral as sommige staf lede werk dan is ek so nervous my maag maak so 'n knop dan dink jy wat gaan nou vandag gebeur, hoe gaan jy nou vandag behandel word dit is die emosie wat ek jou met eerlikheid kan se, ja hier jitterie jy is nervous, jy is angstig jy is tens as ek sien sy werk dan dink ek okay cool maar dan kan ek nie daai nag slaap nie dan dink ek wat gaan nou daai dag gebeur want dan is ek altyd die blerrie TL daai dag.

- I Gelukkige wenner.
- R Gelukkig wenner ja, moet vir jou se Heleen ek haal my hoed vir jou af, be it as it may maar ja dit is, dit is, kan ek vir jou eerlik se dan dink ek oh my word. Ja dit is dit maar die ander.
- I Dit is 'n moeilike situasie.
- R Dis is ja, ek kan baie simpatiek wees ek kan, ek kan baie baie. Omdat ek so baie emosioneel is, kan ek nogal baie identifiseer met mense en se ek dink nie ek is empaties nie ek dink nogal ek oorskry daai boundry bietjie veral as jy omgee vir mense maak ek, is ek baie ek is nie empaties nie. Ek kan verstaan wat jy vir my se maar partykeer mix ek die twee maar ja ek kan nogal baie simpaties wees.
- I Okay.
- R Hmpf, muffed ek het dit nogal lanklaas gehoor, dit is nogal oulik kyk die gesig. Nee ek is nie 'n raging mens nie en ek dink met my is what you see is what you get. Jy, ek bedoel jy weet jy kan sien as ek kwaad is maar my kwaadheid is nou en dan is dit klaar ek is nie 'n ou wat veertig jaar vir jou kwaad bly of wat ook al nie. Daar verskil ek en Jaco dramaties hy kan baie lank kwaad bly vir mense. Ons is nou djup, djup, djup en ek kan nou gaan se ek is jammer, ek kan vir jou se ek is jammer ek was out of line en dan move ons aan. Ek sal in my hart nog sleg voel en se nee jy was verkeerd jy moes nou nie so nie maar uhm nee ek is 'n ou I don't harbour grudges.
- I Okay.
- R Dit steel vandag van sy vreugde jy weet.
- I Absoluut.
- R Jy weet so ek is nie 'n ou wat dit so doen nie, en ek raak as ek excited raak – raak ek nee ek sal nou nie aroused! Heleen ek het daai woord lanklaas gehoor uhm ja ek kan bouncy ja ek dink ek raak 'n bietjie over the top ja ek dink ek werk 'n bietjie op hulle senuwees partykeer so maar ja. Heartbroken, my word.
- I Die positiewe gevoelens, hoe hanteer jy dit?
- R Ag jy enjoy dit, enjoy dit.
- I Enjoy the ride.
- R Ja enjoy dit net en ek probeer vir myself se jy weet this to shall pass, tomorrow it will get better again.

I JA.

R Jy sal daar, jy sal daar kom.

I Vir my is dit net “Here laat my asseblief vandag die les leer wat ek moet leer laat ek dit asseblief net weer more moet oorkry nie”.

R Ja 100% reg dan dink ek oe jo, jo, jo ,jo ja dit is waar, dit is waar as jy terugdink dan moet jy dink ja en partykeer is ek so tjoe, tjoe, tjeo, tjoe dat ek vergeet om te se maar okay jy moet nou iets hieruit leer,wat is dit wat jy hieruit moet leer want jy is so tjoe, tjoe,tjoe ne jy is so en ek dink dit is die probleem met 'n ICU nurse ons is so gefokus op wat ons moet doen en wil doen en ons is bietjie ODC jy weet alles is so reg en jy moet dit net so doen en dan kom gooi hulle jou appelkarretjie om en dan is dit nou so OKAY dan is dit nou wag, wag, wag.

I Dan is jy uit jou comfort zone.

R Ja dan moet jy nou bietjie stoei jy weet. Ek is 'n ou wat beplan jy weet so in my kop weet ek dit gaan jy doen en dit gaan jy doen maar jy ek dink as dit happens it happens you deal with it en dan is dit dit, dan is dit so. Maar hel as jy eers daai papierwerk moet begin doen dan begin jy Angry raak dan dink jy jene hierdie blerrie papierwerk ja. Maar ek probeer jy moet dit ek dwing myself om te bly se enjoy dit net jy weet Heleen kyk na my ma sy is 59 now en sy is vir my totaal en al 'n vreemdeling want die vrou wat sy was teenoor die vrou wat sy nou is dan dink ek net dis omdat sy ook moes werk en dan dink ek net dis so dat jy weet want daar is soveel klein lessons in jou lewe jy weet en ons almal ek meen baie mense in die wêreld jaag na wind jy weet so want ons moet survive jy weet dit is die ding.

I Dit is die ding.

R Dis die ding.

I Die oomblik as daai klie basics weg is by 'n persoon dit is nie meer daar nie dan besef jy hoe geseënd jy eintlik in daai dag dan eintlik is.

R Ja want ek dink dit is gone jy weet so.

I Want sy is nie meer so nie, sy was anders.

R Ja dan dink ek hmm so ja jy weet hmm so dan dink ek nee dit is baie moeilik en so veral vir my want ek wil lewe soos wat die Bybel vir my se ek moet lewe en ek wil nie dweep nie asseblief dit is glad nie so nie dis nie my intensie nie maar dis vir my belangrik want ek wil in die hemel kom ek wil daar bokom ek wil nie in die duiwel se vuur brand nie, partykeer is ek die duiwel homself maar dit is vir my 'n groot lewensles jy weet.

- I Ja dit was vir my ook want die oomblik toe sy nie meer daai klein dingetjies doen nie, ons is vreeslik naby aan mekaar, ek het dit verloor.
- R Ja ons was ook naby aan mekaar.
- I En nou is sy 'n vriendin maar dit is nie dieselfde intensiteit as wat dit was nie en miskien is dit ek, want ek voel ook altyd half ek moet dit by myself gaan soek en dan behandel ek haar nie meer dieselfde nie maar ek ja, werk baie hard daaraan.
- R Wow ek is bly om te sien jy werk darem, maar ja.
- I Ja dit is maar moeilik.
- R Ja dit is sad, dit is sad want dit is half daai gevoel van verlies dan ne waardeur jy gaan ne. Ja so. Dink jy hmm jy lewe met hierdie verwagting dat jy verwag iets en dan daai utter dissapointment as dit nie gebeur nie ne as jy verstaan wat ek vir jou se.
- I Ek verstaan en as jy uhm 'n verwagting het en dit gebeur nie ek het al geleer om te cope met dit uhm partykeer beter as ander kere maar uhm ja somtyds is dit moeilik, dit is 'n moeilike ding.
- R Ja ek hoor wat jy vir my se want ek, ek sukkel nog met die cope ding.
- I Dit is nogal 'n reis, 'n avontuur waaraan jy werk.
- R Ja dit is wow dit is 'n avontuur is dit nie. So dit is dit. Sjoe.
- I Estelle is daar enige iets wat jy vir my wil vra?
- R Nee. Jy het gesê ons sal jou skrif,
- I Artikel.
- R Jou artikel kan lees so,
- I Ja ek sal dit vir julle gee so gou as wat dit klaar is as ek klaar is. As ek ingee ek sal die ingee weergawe vir julle gee want ek dink daar gaan nog seker 'n paar wees voor ek by daai een uitkom.
- R Ja, nee.
- I En ek gaan nou data analise doen uhm ons gaan dit transkribeer en dan gaan ons data analise doen en kyk na verskillende temas identifiseer en dan gaan ek dit in lyn trek.
- R En wanneer is jy dan nou klaar?

I Dis die belangrikste deel, as my data analise gedoen is ek doen einde Januarie gaan ek basies vir 3 dae Potch toe en dan gaan ek dit basies skryf en dan gaan ons vir 'n konsensus meeting, dis wat hulle dan doen saam met my studie leier en dan ja dan moet ek net skryf en verfyn en dan ingee so dan is dit basies klaar einde Januarie, Februarie sal ek nog so bietjie daaraan werk en Maart maar ek voorsien dat ek einde Maart gaan ingee.

R Oraait sterkte Heleen jy was ook maar deur 'n up en down jaar ne maar you did it ne well done.

I Dit is daai gevoel van satisfaksie jy weet dit kom al hoe nader.

R Wel as ek so baie baie moet skryf en goed sal ek satisfaksie he maar nee maar dis al ek sal dit net graag wil lees, dis dit so.

I Ja ek dink dit gaan amazing wees want so ver was al my interviews amazing.

R Nou ja .

I Ek is nie, ek is nie 'n experienced interviewer nie maar ek voel net julle deelname is vir my great.

R Wel ek dink dit is ook net makliker om met om dit te doen met iemand wat jy ken of so ek meen so want jy is darem bietjie meer op jou gemak was wat jy hier sit en okay. Maar ek dink as jy diep, diep emosies en goed moet 'n mens met iemand wat jy nie nie ken sal wil doen nie dalk met iemand wat nie objektief is nie. Maar ek wens jou net die beste.

I Ag baie, baie dankie.

R Sien ek was nou tender ne. Is dit nou dit Heleen.

I Ons is nou klaar.

Interview 4:

I – Interviewer

R - Recipient

I Okay uhm, okay Channel for taking part in this research, I really appreciate it. During the interview I will make notes, hopefully it don't disturb you.

R It's fine.

I You did research previously ne, did you ever take part in other research projects?

R Uhm no not really I mean obviously as colleagues we helped each other with you know things like that but I didn't do anyone else's well I didn't take part in anyone else's research.

I Okay, okay I felt as a researcher it is important to look at the emotions and the emotional experiences of uhm professional nurser in ICU and how do they actually manage those emotional experiences so that is basically the aim of my study. Okay.

R Okay.

I And the question I am going to ask you is imagine I was an actor preparing to play your role as C... the professional nurse in ICU uhm describe to me how I have to act.

R That is clever.

I And feel in order to portray you accurately as the professional nurse in ICU, so it is act and feel.

R Act and feel.

I Yeah.

R To basically to just on a day to day, how do I think you should prepare yourself?

I How can I prepare myself?

R Okay I think uhm you would have to firstly try and be as positive and up beat as you can it is a stressfull job it is uhm it is a long shift to work for twelve hours is very long you have, I find the easiest way of coping with it is obviously is to keep your attitude as positive as you can, If you feeling miserable, if you feeling down obviously it takes a lot longer it feels like it is three days never mind twelve hours, so I would first say, it would be the first thing I would say to you is try and uhm portray yourself as up beat, cause I try. Uhm what else, how should you act? Uhm obviously in professional terms you need to be professional I mean towards your colleagues your nursing colleagues uhm anyone coming into the unit obviously doctors, physio's and so everyone is your, it basically they are your visitors so you have got to treat everyone with respect, treat everyone in a professional manner. Also what else, how would you act and feel? Yeah just in a professional manner and,

I Explain professional?

R If I uhm I think it is more about an attitude it is about a uhm it is about a level of respect you have for your colleagues I think, uhm yeah just being mindful of what you say and how you act around other people because sometimes we say things, you, you would say things or you would think things and it comes out and it is actually, yeah I don't know it does not, I am not making sense but yeah you need to be mindful of what you saying to other people and act in a respectful manner and bear in mind that people coming in are visitors, so I think that would kind of sum up a professional.

I Okay.

R And also I think in terms of your actual work, I don't know for me somebody who is professional is someone who is not scared to ask and someone who's willing to listen to new things and uhm not be like bashful in their attitude or like forcing their attitude like just be relaxed and calm. It doesn't make sense but yeah.

I It does really. It does. It really does make sense, uhm not scared to ask?

R Hmm, hmm well not for me I mean I haven't been in nursing for long and I feel that I have got supportive colleagues so to stand there and pretend that I know everything but I don't know everything so I think you working as a team and I think you know team work is especially between nurses and especially in ICU a team is like a team the team spirit and being to ask each other and consult with each other cause there is people who have got loads of experience that work in ICU unit. So it relies on each other because everyone sometimes knows different things. I might know something that somebody else does not know but somebody else might know lots more than I don't know so to rely on each and to work as a team and I think it comes through with the patients as well I know I am side tracking but,

I Go on.

R Like they, like to work as a team like I think the patient feel comfortable, more comfortable in an environment where everyone is working together you know as a team this sometimes like the one time where we had a little argument or something and the patient said no, no stop fighting you must all stop fighting she was like really uncomfortable. So I think it does it rubs off on the patients the vibes between us as colleagues.

I Yeah.

R Cause it is like a long day and you spend all that time together and you can pick up on the vibes. The patients do as well so.

I Okay.

R Side tracked completely, sorry.

I No you were not sidetracked. If there was an argument in the unit and you were part of the argument how do you feel?

R It does, it make you feel awful I mean if you have, if, if like I said twelve hours is so long and to have negative energy with you in this twelve hours it makes the day so much more painful and long as compared to what it would be if everyone just got along and resolved issues and but I think it is also bound to happen you know we work together for a long time for long periods of time, it is stressful so there is bound to be arguments so.

I Yeah it is difficult. You told me about you need to feel positive.

R Yes.

I What do you do to feel positive?

R I think a try and put a mindset in to say that okay. It's, it's easy to let negativity overwhelm you and to feel like you know I am not getting this and I am not getting that and to take the negative course so a person would or I try to make a conscience effort it is a you know what I need to be positive because it is easy to get wound up in the net, so I say to myself it is going to be a long day whatever and whatever but it is going to be good and you know keep the attitude good because it is going to make it go easier as well.

I Okay.

R And you know obvious things I do is like when you are driving to work, open your windows in your car and feel the fresh air. That helps uhm yeah I don't know always you know obviously music on the way to work is something else that you can say is helpful, uhm yeah just basically not get wound up in all the negative stuff try and keep thinking of all the positive stuff.

I You said you uhm you when there is negative energy you feel awful.

R Yeah it does, yeah.

I Okay, what other emotions do you experience?

R Well you feel down and it is like people are fighting with you there is like drama happening you do, you feel angry you know. Anger takes so much energy as well it is like you feel angry and you feel down and then you feel like agh why must I do this and du, du, du. You know it just generally makes you feel yuck and it doesn't help the situation, you know I heard a good saying, the one day somebody uhm I heard it they said that Anger is like

making somebody else drink poison and expecting them to die. No No wait anger is like drinking poison yourself and expecting the other person to die.

I Oh my goodness.

R Yeah so I am like that.

I That is really good.

R Yeah it is quiet clever yeah, it is like so uhm yeah.

I Was there any situations where there was a lot of emotional experience in the unit? A situation that you can tell me about.

R Yeah I mean that time that we had that one child here I laying in bed one and all the drama that surrounded that. I think that was emotional for everyone because like first of all it is difficult cause I say I don't work with paediatric patients so it was challenging to me now having to be faced with this new situation and being faced not only this situation but the family as well. So that was very queasy and I know like everyone in the unit you know for a good week or so everyone was just like, like upset and you know especially cause we felt like, well I felt like we got tied up in the situation that was a really bad situation we kind of ended up with really yuck part of it so, it does happen where you get these situations where it does really shift the attitude of everyone, I think that was one of them.

I What was the emotions the people the people expressed when you were talking in your team for instance.

R I think most people were just very upset people were angry because the circumstances around how the kid landed up here and everything. I think people were angry because they said you know like this one did this wrong and this one did that wrong and this was done wrong, but and I think also that coming from the perspective that a lot of the people that work here have got children so a lot of the people felt like that could have been my child you know lying there.

I Absolutely.

R You know and it does it makes you angry but I think everyone was also upset as well just very upset by it. Descriptive word.

I What other emotions doe you experience within the unit?

R Uhm I think you could bring a little bit of them all in so definitely I will go through all of them. Scared – there is sometimes where you see patients or you are receiving patients from where ever, I sometimes get scared and I

think gee wiz I hope I don't have to pace this patient cause I haven't paced anyone for like two years, so I just phew I just hope I don't have to pace anyone for like two years. It does it makes me scared to think like I might get faced with something that I am not so familiar with i think like also in terms with what we deal with in the unit, it is not a lot of pacing and things that a person does sometimes feel like I might, oh dear do I remember how to. Tender uhm obviously we work we working with sick people we see people at their worst, uhm it is nursing is in terms of forming a relationship with your patients you form it is it is a close relationship and it is a very uhm a very close almost you do ,a close trust relationship that you have to develop and it is very uhm almost for me it is very volatile because I have had it before, you can work on a trust relationship with a patient the whole day and it say it like when a patient is like you get cynical patients that what about this and that and that and that. Finally you develop a trust relationship with the patient and then the night sister will walk in and say why have you done that and then the patient will look at you like as everything you have just worked on for the last twelve hours has gone to waste and.

I Oh my word.

R And I think it is. It is a very close relationship that you form with that person you are seeing them at their worst and their lowest point so they vulnerable so I think yes tender and loving and warm hearted I think that is a good description of what nursing is about in a way as well. Excited you know to in an ICU is a very adrenaline, well it is not adrenaline but it is very exciting pace there are exciting things we do we get sick patients we all get excited and we all want to tube and yes it is it is a pretty exciting place to work.

I Okay.

R Happy I think that kind of goes with excited. When you get excited you get happy as well. Sad I mean I think also when you go back to the case of the young boy, you do you know things happen patients pass away unexpectedly you know you also get sad cases in that makes you sad and then angry when there is lots of add on's the list.

I I can imagine.

R And when you have got like twelve patients lying on this side and twelve on other side and doctors are phoning you and Oh sister I need a bed for a patient who is not breathing very well.

I Oh my goodness.

R But yeah no it can be frustrating sometimes.

I Okay so what other feelings do you have when they phone you with something like that?

R Well it is frustration and sometimes you feel also like sometimes you feel powerless in a way as well because uhm you have got the unit there is you have got to arrange beds you have got to organise if there is no staff it doesn't matter if there is no staff you have to make a plan and make it happen and the patients will just they will roll in here and it is it will make you feel powerless because you don't have any kind of power over the situation you know so I think thats also. It is irritating when you get add on's especially when they don't book the beds and they know the patients are going in but they don't book the beds.

I Yeah.

R So it also makes you feel like do they, how much do they respect the units and how much do they respect us if they are not willing to book their patients in.

I Yeah. You mentioned a lot of emotions now we went from scared to happy to excited to tired to tender to angry, but what does Channel do to cope with all of those emotions?

R I think uhm I think it is about you have got to okay this is work there is home and there is life outside of work, this is stressful and it can be demanding but there is other things that I do look forward to in my life so if it is a bad day it is fine I can go home in the evening and eat supper with my husband and play with my dogs and phone my mom if I need to. So I have a good support system and I think that helps with in terms of coping. Uhm obviously things like uhm like it is keeping your own mindset good you know, you can't, you can't it is difficult but you have got to try and not let it take over other aspects of your life you can't go home miserable because now you have had a bad day at work and let it carry on for the whole weekend and then come back feeling muffed. It is not going to help anything at some stage you are going to have to switch off. I mean like also what i do is I like walking the dogs, so I will take the dogs to Emmerentia dam and we will go run around the dam a couple of times with the dogs that helps, exercise helps you know doing yeah things that distract you. You have come off a hectic weekend, Monday morning catch a movie on your own it helps. So there are ways of, that's how I do it.

I What types of movies do you like?

R Uhm not romantic comedies and not horrors, I like uhm like I watched Twilight I loved it and comedy sometimes animated films I like.

I I love it to.

R It does like it helps like watching another planet you can escape. I am trying to think what else. Whatever is going sometimes an action movie is not to bad like a good action movie, but not Arnold Swachtzneiger or something,if there is a good story behind it it is not to bad.

I Okay uhm you talked about trust relationships how do they make you feel?

R What was I on about?

I You talked about trust relationships between you and your patients.

R Yes, yeah.

I Okay how does it make you feel, what feelings do you have for the patient?

R Well you care for the patient, I care for the patient I care about their well being I care about their families and I think something that we sometimes forget in ICU is that we don't, the patient does not belong to us the patient belongs to the family and we like you must get out and you must respect visiting hours and you must do this and you must do that but that patient is emotionally calm when his family is around him, so you know about trust relationships and so.

I No, no continue it is fine. That is a very good perspective I haven't thought of it that way.

R And I think yeah it is like that, how we feel is I would feel happy if my mom was there and my husband was there and if my dog was allowed in I think that would probably make me the happiest person I will get up and I will run around the unit. But we think that by kicking the family out and whatever by doing this and by doing that, that we. I understand about infection control but I also think that we sometimes we try and remove the patient from the family units it is not, the patient belongs to the family, not to us so. Uhm trust relationships, trust it does if you develop that I mean when you develop that trust with your patient, it makes you almost feel, it makes you feel close to that person, if you can say to that person okay you will tell me when you have got pain and then they say yes okay you know what I am going to leave that until later or whatever, that is it makes you feel closer to the patient, it makes you feel like you are in tuned with what's happening with the patient. You can't disconnect yourself and think you just going to nurse the patient on an ICU chart and not try and get in tuned with the patient because it's it's not going to holistically work you know.

I Okay when you receive this patient you said you were scared when you received this patient uhm what were your feelings or what do you think or the

feelings you get when you admit this patient or actually they tell you this MVA is coming and,

R MVA I will be excited but a Cardio patient, I don't know. Okay so the Cardio patient arrives, it does it is nerve wrecking you doubt yourself you think do I still remember how to pace the patient or uhm am I good enough to do it properly or am I competent, do I know uhm am I going to know what to do am I going to know the settings on the pace maker, what to set the pace maker at you know,

I Yeah.

R At that moment am I going to know, fighting, scared, uncertainty uhm doubt in yourself, fear for the unknown.

I Absolutely.

R Yeah so it's uhm.

I Channel we have looked at several emotions and we have looked at the management of these emotions. If it comes to the patient and we look at the main complaints the patients have what would that be?

R I don't know but I would imagine it is I would imagine it is to regards with nursing care my nurse didn't answer my call for pain medication, I lay there in pain or the nurse had an attitude. I am not sure what the complaints are like, I would imagine it is.

I But when you are shift leader, what do you perceive them as?

R Uhm yeah I think so I mean I don't really get them, I mean I have had a few, I mean I had the one lady complained and said that the nurse left her, you know did not sit with her and didn't care about that she was laying there in agony and you know. So I think there was a little bit on both sides.

I Okay so those are the main ones, a little lighter things and those type of things.

R I have rarely heard of food complaints, uhm I don't know.

I It is just they want us to do the whole context of the unit.

R Okay I see okay.

I And there is nothing so I assumed that it might be sorted out immediately yes.

R Yes, yeah cause I know most of the times like that lady that complained and said that the nurse left her and she had been lying in pain and what not and the Carina actually sorted it. I am just trying to think of what else. Sometimes

we have had it before were family member came in and said the nurses are rude and you know the other day the doctor called me in and

I How did you feel?

R I was confused because I didn't know what he was talking about I hadn't ever seen him or spoken to him like ever and then he just, you are rude, I still looked behind me and said are you talking to me, I don't know what I have done to you but sorry. It actually makes you feel uhm it is like you feel a little bit embarrassed, it makes you feel uhm yeah like upset it does it messes with your, with your. It does it makes you feel upset.

I How did you manage that?

R I said to him I am sorry but I don't know what I have done to upset you, I really don't know what I did because he was like standing in the corner and then he just came up to me and said whatever and I said Okay I am sorry. No he wanted to go and speak to the matron or whatever but I don't think he did.

I Oh my goodness, but how did you manage it, did you do anything you had all those feelings of being upset.

R I thought about it for about five minutes okay and then and then I got distracted because we were busy so I had to get on with the day, Only when I got home and I told my husband about it and he was like what, really, and I said yeah I don't know, He was more upset than I was because I was like okay.

I Oh my goodness.

R Then I forgot about it.

I I can't believe it, uhm Channel there is a few team roles identified according to the Bellvin descriptions, can you put yourself anywhere?

R In a category?

I The one that you are most?

R Most yeah.

I I know a lot of things would be true about you but the one that is generally most applicable to you?

R Sjoe, uhm it depends, let me see, cause they all have little bits that could be like applicable so, open a can of worms very difficult I would have to say this, one uhm but I am very inclined to say that one as well. Co operative yes try not to make waves, listern build, avoid friction.

I Hmm.

R Complete finisher yeah try and very meticulous I take a lot of pride in what I do, my patients you know even charts, paperwork like that must be done properly so I think this one is first.

I Completer and a finisher, is that one first then.

R Yeah.

I Okay. Is there any other feelings or emotions you would like to share with me or experiences that you have had?

R Hmm, I don't think so. No I can't think of anything. No.

I That patient that was aggressive the other day?

R Oh I wasn't there I hide in the corner in bed one. Thank goodness I was busy with my patient in bed one, so I thought you know what it is a good way to not be involved. That is what look I had to go and speak to him because I had to go fix his drip at one stage block was finished so I went to him and I just said you know just polite with him and I said yes sir I am just changing your drip now and whatever and he was fine with me he was not rude to me or whatever. I think he was also maybe he was anxious you know cause this thing was sometimes patients act in different ways but there is very often reason why the patient is acting out, maybe not but maybe he was anxious maybe he really had a lot of pain and nobody was listening to him or he felt that nobody was listening to him.

I Yeah.

R So I dunno, it makes you feel like who does he think he is that he can talk to us like that you know or to anyone, would he speak to somebody on the street like that, it doesn't mean now that he is in hospital and he is dealing with nurses he can shout and scream so it kind of makes you think does he, you know how can he speak to us like that, why does he speak to us like that?

I Is there any suggestions that you can advise somebody how can you handle those feelings?

R What feelings, those how can you speak to me like that.

I Yeah. Because he was aggressive and he was unfair.

R He was, he was unfair.

I He was out of line and the person taking rap, yeah how would you advise that person to handle it.

- R As difficult, I don't know I would, it is it is difficult but you can't take it personally it is not aimed at you maybe, I don't know it is not, I mean he does not know you from a bar of soap it is just a matter of that he is frustrated, angry whatever it is and he is living it out and unfortunately if you standing there you are going to be the person that is going to be getting it and as hard as it is you can't tell a person there, well you can try not to.
- I You can try not to.
- R You can't I mean it doesn't.
- I Sorry I am going back now to management and those other feelings, if you had to suggest or make suggestions on handling the emotions when there was a traumatic experience like you have previously mentioned uhm what would you suggest?
- R I don't know if it is applicable but tell me if I am going off the subject.
- I No there is no right or wrong or whatever.
- R But like that time that we had that young boy I know it was offered for us to have uhm like a debriefing session. Nobody wanted a debriefing session because we were almost, people would talk, we were talking amongst ourselves and because we were in the situation together it was almost that was our debriefing so uhm I think also maybe as a unit not as a unit maybe as a informal thing, I don't know maybe it would have helped as informal, I mean I don't know I always speak to maybe somebody else about it you know somebody that was there and I would say you know this and that and we did this and maybe we should have done that and you know I charted this and you know then I have got nothing to hide, you know I don't know as a unit the people would have felt like a debriefing would have been helpful so it might have been better as an informal thing to call the girls together that were there that dealt with the situation and just kind of casually chat about it, I think also maybe that debriefing people that they think it is to formal or you know, I think people don't want to be exposed. People don't want to expose their feelings about these things is this going to get to management now then I am an absolute wreck after that you know and that I took it hard and I felt highly upset and I couldn't sleep for a week after that you know I don't want management to know that, so I think people are fearful about exposing what they feel in something formal like that. But I think in general we do support each other.
- I Okay so you have a support system.
- R Yeah I think we support each other quiet well through things like that.

I Okay. So you if I understand you correctly you would suggest that we do the session informal preferably.

R Yeah.

I Maybe somebody like the unit managers or somebody they know that you could just talk to them.

R Absolutely that we could just about it, not something formal, people don't want, yeah that is perfect. That is what I would think. Cause I think also it was, it is you know obviously now the people that were there and that dealt with the family and dealt with the children or whatever the situation is they know, they almost like you feel comfortable with that person cause they kind of know the situation.

I Absolutely.

R Something like that yeah, I mean also they suggested we could phone, what is that,

I I care.

R No I mean you phone I care s and its easier it is better you will get over it quicker to speak to you colleagues about it because that would be better to discuss it.

I So you actually don't see them as a support system.

R No, no.

I Interesting.

R Interesting not no. No strangely enough no and I think it also goes back to people don't want to get exposed what if I care is going to come back and speak to your employer.

I But they are anonymous.

R They are but you but I think.

I Yeah you are actually part of the hospital at Wilgeheuwel so you are a number in.

R The bigger picture. System yeah, So me personally I don't think I care is a support system and I have, my family is my support system and my dogs. Are the two biggest rocks.

I What dogs doe you have?

R Two wors rolls.

I Say again.

R Two wors rolls.

I Oh okay two worsies. Yeah we are actually going to buy some, some fox terriers, uhm not fox terriers jack russels for my two girls, but they are naughty.

R Oh my word and hyper active.

I Totally but they will keep my two girls happy so.

R They van chase the dogs around; they can burn each other out.

I Yeah that is the idea.

R Oh shame, that is nice.

I I uhm I really appreciate your taking part and uhm I will make the information available for you in the article when I am finished so it is for me now to go an analyse the data and to do it.

R You are smiling.

I To go and you know precisely what I am talking about so yeah. It is going to be very interesting I am sure.

R I am sure yeah, how many interviews are you doing.

I Until I reach,

R How many have you done?

I I have done, it is four now, I have done Yvette, Lucky, Estelle and you.

R Yeah it is exciting, it is exciting when you start seeing that people start saying the same thing and then you like, there is a theme.

I Yeah so hopefully I get a lot of themes but I am sure it is already there, uhm the picture is.

R Yeah I am sure it will be interesting I mean to make it available to us because I mean it is basically all the horrors that we have to talk about so.

I And it is fore runner for emotional intelligence. Emotions, emotional experiences and then the emotional management and regulation is a part of emotional intelligence which i am conducting in my study so hopefully I can

use that to develop something for professional nurses in ICU to cope much better and increase their emotional intelligence.

R Yeah.

I Thank you very much.

R Who is next; who can I call for you.

I I will do my writing first and then I will call them, thank you very much for offering.

R Thanks a million.

I Thanks.

Interview 5:

I – Interviewer

R – Recipient

I Okay ek sal dit noem, baie dankie vir jou tyd en dat jy wil deel wees van die navorsing, uhm die data is konfidensieel en sal net deur my en my studie leier gehanteer word, so niemand ander het enige insae daarin nie. Het jy al voorheen, was jy al voorheen betrokke met navorsing?

R Nee.

I Glad nie, okay. Ek het besef dit is nodig uhm dat ons kyk na mense se emosies en na hulle emosionele ervarings en hoe kyk hulle na hulle self, hoe manage en reguleer hulle daai emosies so dis waarna ek kyk basies in die studie, dis basies die main aim van die studie om te kyk na dit. So ek gaan nou vir jou 'n vraag vra, as ek 'n akteur is, ek moet dit in engels lees, ekskuus.

R Okay nee dis fine.

I Imagine I was an actor preparing to play your role, Linda Clue's role, describe to me how I have to act and feel in order to portray you accurately as a professional nurse in ICU.

R Well all I can say is that I think you need to have a balanced personality, okay and uhm you will have to put your own emotions aside when you deal with a patient and you always need to be friendly and supportive and that is why I say you need to when you are standing next to a patient who is passing away or whatever it is not about you it is about the patient and the family around you, so in a way it is actually sometimes we act or put a mask on.

I Okay.

R Wat nog, absolutely loyalty.

I Loyal.

R Yeah.

I Okay.

R And a passion to work with people. Cause I think it is something we sometimes forget.

I Yes we do that ne. If you get a patient, explain to me friendly, if I need to be friendly uhm and I don't feel well that day how do I manage to get to the friendly?

R It were I say you have to put your own feelings aside and smile, be a caring and a to I think of a person cause for them to come to ICU is a very scary experience so that is why I say it is not about you and as long as you can even if your heart feels like it is breaking you still have to pretend everything is fine and just care about the person in front of you.

I Okay tell me about the mask.

R That is why I said you do sometimes put a mask on to hide your own emotions sometimes it is for own survival because I mean we are a very different personalities thrown together and you need to for survival sometimes mask your own feelings.

I Okay.

R And make as if everything is okay.

I Okay, survival, explain survival.

R Survival to me is that for a to be able to not get intimidated or victimised sometimes you just have to go with the flow.

I Go with the flow.

R I am talking no just ICU set up.

I ICU set up okay. Give me a little bit more information. Go with the flow.

R It means that you do what the majority, requires from you and like I said if you have different personalities in front of you ideal to basically it is not about yourself, once again it is not about yourself it is to please others and I think

that is one thing that our nurses do without any thinking about it and not just at work, even outside. We so used to pleasing others.

I Okay. When you are pleasing others and you can think of a specific situation, how do you feel, if you are pleasing others. What emotions?

R You actually start thinking less of yourself because you can't stand up and or sometimes you know that your opinion is not going to count and uhm so yeah you start not liking the picture you see in the mirror so it is a bit draining sometimes and frustrating.

I Okay, okay and if you feel all of those emotions, what do you do?

R Go to gym. Go work it out and smiling come to duty again tomorrow. It is wondrous hey.

I Okay you have identified quite a few emotions Linda but on a positive side is there any emotions there that you experience?

R Yes classification with that absolute feeling that when you get sick, sick, sick patients out of ICU to see them coming back makes you feel part of that person's life, uhm not everything is negative I mean my foundation is laid in this place I mean who I am today was formed here, so it is not all negative it is just it was not always that negative. It is just with the new changes and that it is not always easy to accept but there is not enough ICU trained people to look after and give the caring that you, the patients deserve.

I So you come on duty today and there is not enough staff, how do you feel?

R Uhm I think one does sometimes get irritated but the thing is once again and you step in, you just step up and do the work. I have never had a problem looking after three or four patients or even a ventilated case with someone else. We have get situations like that weekend were I admitted six ventilated cases and there were basically two of us that could do ventilators, but we coped because of the good team work that we created. So it doesn't help to go and to see it negatively because then it is going to have a negative reaction right through the day so you try and deal with it as positively as possible.

I Yeah okay tell me about the teamwork.

R Teamwork I think it depends also on the group that is on duty there is certain groups that work extremely well or then very well together and then there is certain ones that they absolutely uhm is like going on a go slow but it has to do with certain people that is not normally part of the team.

I Okay.

R It is not like the one who is team leader today you will see that everyone gave their feed when she insists because she never participates so they vary for you do it to me so I will do it back to you. Not just putting past them and say you know what let's just do our work.

I Hmm I hear what you say.

R But positive teamwork makes your day so much easier and puts a smile on your face and it is a pleasure to work, especially with the not threatening cases.

I Yeah which is high volume. You said go slow so they getting back at each other so uhm how does that make you feel?

R I think my biggest, I am my biggest worst enemy because I just put that and I just work twice as hard, because I mean you are not the unit manager and if you are a team leader you can report it it's for them to see it and sort it out.

I Hmm okay and if it is not sorted?

R Hey.

I If it is not sorted.

R Then like I said I go to gym.

I Go to gym. Okay uhm so we have spoken about surviving because it is high amount to patient you have and it is a stressful environment depending who is on duty. If you know you are working the next day and you see a specific person is not which you can't work very well with is on duty how does that make you feel?

R I must say it does make you feel like not wanting to go to work the next day, obviously we are loyal and reliable and that but we still do do it but you look negatively at it.

I Okay.

R Till you come on duty and then you just deal with it.

I You deal with it. Explain deal with it.

R Deal with it is just put it aside put your emotions aside and just do your job, give the care to the patients, be polite, be friendly and make sure that when you walk out of the door make sure you have done everything to what is expected and to what you should do.

I Okay so in your way that is basically neutralising the situation from your side.

R Yes because to aggravate it just creates animosity and it makes the work environment not being able to cope. Not for you but for the rest of the team and staff.

I Okay you have said you are going to the gym, what other ways do you use to if you?

R Walk my dog.

I Walk your dog.

R I go to a movie, I have got immense support at home it makes a difference.

I It does.

R And my two doggies are, Pepsi especially he knows everything.

I Oh how cute.

R He is he is adorable. I talk to him then he goes sigh.

I Oh shame. If you are looking at all these emotions can you tell me about the different times during your experience in ICU when you experienced those emotions, uhm if you can give me an example of each, uhm a specific situation.

R Hmm okay I wild start with sad, and mean it still because of all the losses I had had in my family I still get extremely sad for family members when they lose a mother or father or a even a brother or sister.

I Okay.

R You do mask it don't show it to them. Happy, I am happy when I am a weekend off or going on holiday.

I Happy at work, any of those?

R Uhm I can't say I am unhappy at work, like I said there is days that I really enjoy what I am doing I am happy when I look after really sick patients.

I Okay, explain enjoy, what happen when you enjoy.

R Enjoy it feels like you need to use your brain capacity and you feel empowered knowing that this patient is sick and you need to take care of him and you must make sure that the outcome is good. So uhm.

I Okay in which way do you feel empowered, only logically. Which other way do you feel empowered?

R I think it is that absolutely the patient is so depending on you and that is what you make, that absolutely powerful feeling is that you, you taking over this hole persons functions basically and you need to deal with that and make sure the patient in totality are looked after. Not just the patient the families as well.

I In control kind of.

R Control yeah I am not a control freak but yes you do feel quiet in control.

I Okay.

R Excited, I was excited when I went overseas at work excited when it is bonus time.

I Oh yippee what are you going to buy?

R Yeah uhm I am excited when I learn something new and get stimulated a bit.

I Okay.

R Tender, I have tender feelings this is when I deal with the elderly patients I mean they need your warmth and love and they defiantly don't want to be here and I mean they are scared.

I Okay.

R So it is nice to and I have seen it how many times if you do be kind sympathetic uhm warm to them that they definitely open up a bit more and they relax and not so scared. And it does give you satisfaction.

I Yeah absolutely.

R Scared, when you are a Team Leader on weekends and you know you have a lot of untrained, unskilled people with you on your team. It makes me scared that I as a Team Leader won't notice something won't pick up something and a patient's uhm life is at the end in stake.

I Sjoe.

R Angry, hmm. I actually must say people's attitudes sometimes anger one when they don't want to, when they at work it is not about work and it irritate me and I must say that uhm I did explode yesterday as well but it is because of a person's attitude. But then after I explained it was fine, it was like a puppet.

I Okay.

R So sometimes you have to vent your anger

I Certif.

R Yeah in a certif. Way, I have never lost my temper totally, oh and I did get angry one day with a patient that was using such bad, such fowl language and actually did mention that I did not appreciate his language so I do get angry sometimes when patients are allowed to verbally abuse you and you are not allowed to rectify or speak up as you do want to as well.

I Okay.

R You always just have to be standing back and allowing.

I If they verbally abusive it makes you angry.

R Yes.

I Okay we have looked at quiet a lot of emotions you have mentioned a few things uhm that is actually that you use to manage these emotions, is there anything else uhm that you have used to manage your emotions, we have looked at basically gym, walk your dog and.

R You can put in there prayer lots of prayer because you have to it is one person that you cannot walk without not if you do ICU work. Come into this unit and people are in your hands their safety. So then you have to walk with God.

I Do you talk to people?

R Yes at home.

I At home.

R Not at work.

I Support is at home.,

R Yes because there is no confidentiality at work.

I Okay are you more likely to talk to people in the same profession as you?

R No. No.

I Okay, okay tell me why do you need to survive in ICU?

R Uhm because like I said it is people and you come and you are taking over people's life basically you are there to protect them so for survival sometimes

you have to put your own emotions aside, but you have to be balanced, otherwise you are going to end up in Tara. And I must say after 22 years in nursing I haven't had any depressing used any medication or anything yet.

I Okay, I think it was the prayer.

R Yes. And it works.

I So you said, do you feel you manage your emotions uhm in a good way?

R Yes, I must say 90% of the time we also all human we sometimes we have something happen and then we just burst out in tears or we really get angry or whatever.

I Okay so for you if I understand you correctly , you manage your emotions if you don't cry.

R No I manage my emotions if I don't show to much to others.

I Okay, okay why don't you want to show to much to others?

R It is like I said it is part of my personality. Imagine if all of us cry everyday if we are sad or.

I I see do you see it as part of professionalism?

R Yes.

I Okay, okay uhm do you cry to release pain or stress or manage those emotions?

R I don't say always I rather use exercise.

I Okay.

R To manage stress.

I Okay.

R Exercise or music.

I Music, if we don't have music. Uhm what type of music do you listen to?

R You are going to laugh, very slow music.

I Very slow.

R Not bouncing I hate rock I hate it, I listen to Lady Andebella and all these slow music.

- I Okay, okay Linda there is allot of emotions and emotional things that happen in a unit, can you tell me of one experience in the unit that you felt were very emotional for the whole unit?
- R I must say that child that we lost, I was not even part of it but I could feel the emotions when I came back to work.
- I What did you perceive what type of emotions?
- R Uhm I think it had a lot to do with sadness and stress and also some of them were quiet like uhm angry because of how it happened.
- I Okay, what did they do with those emotions?
- R Uhm some of them has cried and that but others just mastered or took it home but there were a lot of them that verbalised that uhm they were quiet touched by the fact that they just lost a child in this unit.
- I What suggestions can you make for this unit to actually handle those, that situation better in relation to specific emotional management. How can they better their regulation of this.
- R I think with uhm I mean we do have a HR person here but that HR is not involved it is more for management. It is not really involved with the staff and I do think that someone from the outside is important I mean especially with the young ones, they are there very exposed to our emotions as well and some of them are very young I mean they are still in their 20's so they are not world wise yet and I do think they need an outside person to do debriefing and even just sometimes to come and listen if he has picked up there is issues in the unit.
- I Okay. You said they cried, alone, were they supporting.
- R Alone.
- I Okay the ones that put on a mask, they how did they react?
- R Uhm one of my colleague's uhm just basically did not want to talk about it at all.
- I Okay. And then you said they verbalised.
- R Yeah I mean what, when we sometimes we just sit in the tea room and we just some of them said that they were very upset about the loss of the child and the situation that got them into, I mean it is not appeared that appeared to contribute.
- I Okay and did you uhm did you give support to each other?

R Yes.

I Okay, yeah we have gone through quiet allot is there anything you would like to add.

R No I just think ICU is once again I think it has a lot to do because it is a closed unit as well, that emotions and everything in ICU stays in ICU. Because that is what we were always told.

I Yeah.

R So in the end it doesn't just what has happened with the patient or whatever is what is happening in general what happens in ICU stays in ICU.

I Yeah that is the truth, and uhm and what complaints does the patients tell you when you are team leader, what is the main things that is bothering them?

R Uhm basically it is I must say most times the unskilled people they will ask if it is a student learning, I always tell them it is students and they are learning it is okay if they have a problem they can call me then, but so and I mean so many people do they read so much up on the internet and they ask questions and you answer in a way they know if you know or not. And so people are definitely far more informed than what they were a few years ago.

I Defiantly.

R And I mean everything sometimes there are a lot of legal implications.

I Hmm the legal things it is also it is very important.

R And if they have an unfriendly person there I mean it creates a bit of animosity.

I Okay, uhm if you got a lot of unskilled people working with you, what emotions do you experience?

R I must say that I am sometimes scared, it is fearful because I mean you know what I do to deal with it is basically is to make sure that each and everyone knows exactly what I want them to do.

I Okay.

R So I explain it and I write it down, what my expectations is, things that they need to look out for and not touch IV's with inotrobes on and rather to call me and so it actually puts more pressure on you.

I Yup I can hear the experience is talking there. Uhm the knowledge the patients know a lot. Uhm how do you feel.

R Uhm I think sometimes you know a patient that knows nothing is sometimes easier to deal with than a patient that think he knows they read something but interprotate it totally different to what it actually meant, so I don't mind if they come out with their knowledge, I will debate with them about it but in a nice manner.

I Okay, okay and the legal aspects you talked about, how do you feel about that?

R Like I said they just put more pressure on you because you need to go and make sure that they don't go and get medication through A lines and that is once again me I put the pressure on myself to go and make sure on the things that can go wrong that it is done correctly and that medication was if they give it at the wrong time of the wrong dosages, all those things are legal implications.

I Okay and uhm unfriendly people?

R If it is patient like?

I Staff.

R If it is staff then I sorry I chat to them I tell them straight forward that the patient needs to be if you make it pain free, comfortable your work is 90% easier to do and you need the job, you came to work you are here to do it.

I Yes absolutely.

R I mean if the patient is unnecessarily rude or whatever I will in an accretive way talk to them to try and find out what the reason is and then deal with it and see if we can change it.

I Okay but if you see the situation what comes up the feeling, the emotion?

R Being irritable, frustrated. There is a lot of issues that could be prevented if someone is just friendly and will listen, listen to what the patient wants.

I Okay. Listen if people don't listen to you?

R Uh to be honest with you if it is a serious issue or that then I will talk to the person otherwise I will report it or otherwise I will just do it myself.

I Okay and how do you feel, what do you feel, what emotion comes up?

R Frustration.

I Okay.

R But no I don't get angry at one to really snap.

I Hmm.

R I am passed that.

I You know what you can do and can't.

R Yeah and I know with certain personalities you know how far you can push them and not and I mean even with the skills of the people you know who you can trust and who you need to go and check.

I Absolutely.

R You must just be aware of what they are doing and what they are not doing.

I If somebody does something very well how does it make you feel?

R I am happy, happy and I always tell them, thanks and well done

I Okay so we went through a lot of emotions we went through the management of it there after is there anything you would like to add.

R Good luck

I Good luck to me, baie dankie.

R To go work through all this emotions.

I I no I will defiantly do that, no problem, If you look at this list please identify yourself to the one that you are, that is most applicable to you? It is just roles in the team that are identified.

R That, well according to what they say then I must be that one.

I Implementive, okay. The one you are the most.

R Yeah that one and this one if I could combine the two, oh the ability to supply others ha ha. Ek dink dis meer hierdie.

I Okay thanks.

R I must say this one uhm I think I lack drive and the ability to inspire others I inspire them when they work with me alone, a lot. Eke kry uit die spanne uit soms as die wat die ander uit hulle uitkry mense wat hulle se hulle kan nie meer werk nie, selfs saam Mildred. Ek het met patiente baie hard gewerk,

I Hmm. Sjoue vertel my?

R Mpho het twee ventilators gevat en Mildred het twee ventilators gevat ek het op die ou end met meer geeindig oh end Sharna het 'n ventilator gevat ek het al die alarms gaan stel van almal en as hy ge alarm het, het ek geweet, as hy

vent alarm het sy my kom roep as hy lyk asof dit minute volumes is gesel en sy het fantasies gedoen al die mediakasies het hulle met my kom check, uhm selfs as ek besig was om die ander en saam met Valentine te tube en terug op die ventilator te sit as ek terug gekom het by my pasiente was al my observasies gedoen .

I Sjoe.

R Sonder date k hulle gevra het, Mildred en Mpho was outstanding and Shana obviously het ek nodig gehad om te lei ,maar sy het alles gedoen wat ek gevra het . Noem dit alles wat ek gevra het van die Doby treks tot die pasiente en hulle het ge cope en ons het confident hier uitgestap ons het gesmile en gelag en ons dit het die Sondag nogsteeds aangegaan.

I En uhm hoe het jy gevoel?

R Ek het goed gevoel.

I Goed gevoel.

R Ek het amazing gevoel dat ons die ability gehad het om te cope met hoeveel mense daar was met baie gehardloop, dit het nie vir my out of control gevoel nie ek dink vir baie sou dit out of control gewees het. Dit het vir my 'n high gegee, om eerlikwaar te se ek hou van dit, ek hou van ICU pasiente dis hoekom ek geleer het nie om high care's in en uit te stoop of om polse te voel en te kyk vir bloeding en.

I Hoe voel jy oor dit, dit voel nou of ek op dieselfde tema hammer maar dit.

R Dit frustreer my.Absoluut frustreer my en irriteer die dinges uit my uit.

I Okay.

R En dit is hoekom ek gaan. Dit is een van die redes hoekom ek gaan dis pre op opneem en dis nie dis nie ICU nie.

I Hmm so die pasient is nie siek genoeg nie.

R Ja absoluut die mense is nie siek genoeg nie – nie siek genoeg om hier te wees nie, of hulle moet 'n ICU in high care maak dat jy die regte siek pasiente so expose.

I Hmm

R Ek meen as ons hierdie pre admissions aan hierdie kant het weet jy hoeveel menses tap deur you eenheid aanhoudend.

I Hmm ek weet.

R Aanhoudend so waar is jou infeksie control?

I Ja nee.

R Daai goed frustreer my want jy kan nie die sorg gee wat jy moet gee aan 'n pasiënt ek meen as jy controlling obs moet doen dan is daar specialised ICU pryse en dit is 'n groot bedrag vir 'n aand in specialised ICU so dit is veronderstel om 'n specialised sorg te wees.

I Ja.

R Dit is hoe ek voel, dit is hoe 'n goeie business profession is was humanity kom eerste, en ek dink daar is 'n groot gaping vir dit in die eenheid vir die omgewing mense.

I As jy gaan kyk wat besig is om te gebeur en dan deel ek jou opinie so dit is, dit is hoekom ek se die hele nursing environment het verander.

I Ja dit het, dit het. En hoe laat dit jou voel wat maak jy met daai gevoel van jou werk, jy werk.

R Ek het bedank.

I Jou werk was eers dit en nou is dit dit.

R Wel dit is hoekom ek dis tyd om iets anders na toe te gaan.

I Okay.

R Want ek gaan nie my persoonlikheid of my standard verander nie om te kan pas by die situasie en dit is wat jy voel jy doen en jy doen dit op die ou einde omdat jy dan 'n blinde oog daarvoor hou.

I Hmm

R Wat verkeerd is.

I Ja dit is.

R Of anderste sal ek se jy werk jouself in 'n koma terwyl ander sit en nonsense doen en so aan. Die mense doen wat hulle wil die een dag het iemand gesit vir 15 minute soos ek se die pasient se suurstof was nie eers aan nie die saturasie was 47 en niemand was besig om aandag te gee aan daai werk nie, toe ek uitstap toe sien ek maar die suurstof is nie in die muur ingedruk nie en dit was 'n pasient wat ons net ge andy bag het, en hy het al alles uitgehad.

I Ai.

R So dit is die rede hoekom ek, dit maak jou so gefrustreerd.

I Ja ek kan hoor. Gefrustreerd en?

R Sad.

I Sad.

R Dat dit acceptable is, dat die wat op papier werk dit goed 100% pasiente skryf kaartjies, so dis al wat belangrik is.

I Ja. Okay.

R Dis hoekom ek se ek dink die humanity is 'n bietjie is nie meer net oor die pasiente nie dis vir baie mense net 'n werk.

I Ja.

R Ek dink dit is waar dit vandaan kom. Ja.

I Dit is 'n totale krisis in die wereld want as ek na literatuur gaan kyk oor oorsee dank an ek sien dat daar hulle verminder staff sodat die getalle better kan lyk.

R Ja dit is al waaroor dit gaan – geld.

I En dit is absoluut nie goed genoeg nie.

R En mens kan verstaan ek se nog steeds ek is baie jammer daar is nie 'n baie goeie provinsiale hospitaal available nie.

I Ja.

R Private is really it is just all about money, and wat ons op papier doen, jy het jou quality en.

I Ja jy moet jou scores in lyn hou. Hoor hier Linda wat is, ons het nou gepraat oor die complaints maar ons is daar nou ander goed waaroor die mense nou kla sommer netgoed waaroor die pasiente nou kla, Jy het my nou gese van die uhm unskilled people en mense wat bietjie onvriendelik is en is daar no gander goed?

R In ICU op geneem word pre operatively, dit maak hulle baie emotional. Want jy kan hulle nie protect as daar 'n resus of enige van daai dinge nie. En uhm werklading.

I So dit is maar algemene goed soos want daar is nie data nie, daar is nie P1 2 of.

R Meestal oor pain control en as hulle nie gedraai word en as hulle nie hulle meds gee soos die pasient dit nodig het of aanvra. Jy kan imagine as iemand

jou vra kan ek nog water kry en jy doen nog twee pages voordat jy dit los om 'n glas water te gaan haal.

I Okay.

R Meer is pain management.

I Pain management okay.

R Dit kom van die ICU af as 'n besoeker inkom en jou pa lyk netjies, sy pain is under control gaan hy hy vir jou meer happy lyk en dan gaan jy dink jy gee nie om of die medikasie gemiss is of wat ookal nie, jy gaan dink hulle kyk mooi na my pa.

I Ja.

R Dit is 'n feit, dit is basic nursing.

I Dit is belangrik ja. Ek bedoel dit is wat hulle huistoe neem, die prentjie.

R Ja. Ek meen as jou pa so lyk asof hy nie geskeer is nie sy mond is vuil en hy kla, hoe gaan jy voel as jy instep?

I Ja.

R Ek meen dit is waar ondervinding inkom so.

I Ja ek verstaan. Maar dit laat jou goed voel, is ek reg as jy as jou pasient goed voel.

R Natuurlik. Proud person about what you do en dit wys jou sorg, of regtig intergriteit het of nie.

I Ja en in jou dokumentasie en so aan.

R En ek meen as ek na siek mense kyk en ek weet self al doen die pasient nie goed nie as jy uitstap jy voel nogsteeds daai absolute self ek weet nie hoe om dit vir jou te se nie.

I Gratifikasie.

R Ja dat jy alles moontlik vir iemand gedoen het.

I Ja om dit vir iemand te kon beteken,

R Ja, hulle het vir my rede om misluk te wees, hulle het vir my rede om ongelukkig te wees hulle het rede om moeilik te wees.

I Absoluut.

R Dit is vir my fine ek kan met dit hanteer want hulle is siek en hulle is worried en hulle is scared.

I Ja baie siek.

R Ek dink alles wat hulle vir life se, die empatie die simpatie and wat is al die ander?

I Excellence.

R Ja dit is als deel van hoe jy soms voel in jou werk ook, wat jy moet doen maar ek sal se dit gebeur nie elke dag nie.

I Hmm.

R Maar ek kan nie vir ander praat nie, ek is trots op myself ek hou van myself daarom gee ek vir mense soveel as wat ek kan en ek is trots op wat ek doen. Ek haat dit as ek hier uitstap en ek het my humeur verloor of ek het nie regtig omgee vir 'n pasient nie of so.

I Ja hoe laat dit jou voel?

R Hoe laat dit my voel?

I As jy uhm.

R Demotivated.

I Demotivated okay. Hier is vreskriklik baie waardeur mens se kop gaan as jy werk en ek meen dis die positief en negatief aan die een kant en ek dink dis soos jy dit genoem het, die masker ek dink hulle noem dit die emosionele leier en as jy gaan kyk na daai deel van ons funksies, dit is baie groot.

R Ja dit is.

I So emotionele intellegensie sal vir jou ook help om dit better te kan hanteer so dit is wat die eind doel van die studie is.

R Okay dit is goed.

I Sodat ek hierdie basies as voorloper vir die studie kan gebruik tot emotionele intellegensie alhoewel dit reeds emotionele intellegensie is en uhm ja want ek bedoel dit is om te kyk na emotionele intellegensie en spesifiek profesionele verpleegkundiges om te kyk wat is die gevoelens en hoe word dit gemanage as ons emosionele intellegensie inbring gaan julle dit better doen.

R Ek wil net vir jou se uhm dit is makliker om met jou kollegas te praat want hulle is in dieselfde veld as jy maar alleenlik as daar trust is en ek belowe vir jou as jy vandag dit ken of jy iets gese.

I	Is dit.
R	Dit is hoekom ek nie enige iets bespreek met enige iemand nie, want ek dink daar bestaan dit nie.
I	Ja is daar kompetisie?
R	Ek dink daar is kompetisie tussen die mense, want dit is deel van alles, van die survival mode.
I	Hmm. Ek hoor wat jy se, elkeen hanteer maar ding verskillend.
R	Ja age k dink ek moet se ek dink nie dis heeltemal so erg nie.
I	Ek hoop die ander stimulasie gaan vir jou genoeg wees.
R	Uhm ek dink dit gaan maar dit gaan van myself afhang jy weet as dit nie so is nie dan moet ek maar vir my 'n ander stokperdjie kry, fotografie gaan swot of so iets doen. So dit hang baie van mens self af ek glo nog so jy kan enige werk ingaan dit hang van jou willingness af.
I	Hmm en as mens net die attitude kan reg kry.
R	Ja dit sal wonderlik wees.
I	Ja sal dit nie wonderlike wees nie.
R	Ek moet nogsteeds se ek dink die werk het vir my nog die meeste people skills geleer en het my geleer om terug te staan. Uhm om na die ander mense te luister en nie jou eie emosies en opinie onmiddelik voor te spring nie. Dit is deel van eenheidsbestuur wat dit doen.
I	Hmm.
R	Met daai skills sal niemand vir jou kan iemand vir jou iets se nie die foundation is gele. Ek is 'm goeie gebalanseerde mens ek is.
I	Ons gaan net baie huil oor jou.
R	Nee man

Interview 6:

I – Interviewer

R - Recipient

I I would like to thank you for participating in this research, uhm at any if you feel uncomfortable you can terminate the interview.

R Hallo.

I So for me I will make notes during the interview and uhm have you ever been part of a research project before?

R No.

I Did you do market research, none of those?

R Oh yeah market research.

I Okay my study is basically about emotions, emotional experiences and how do you manage and regulate those emotions and emotional experiences because if you go and look at it uhm it is a fore runner for emotional intelligence and that's the end where I want to get to with my study.

R Okay.

I So my questions to you is basically, Imagine I was an actor preparing to play your role as Page in this unit, describe to me how I would have to act and feel in order to portray you accurately as a professional nurse in ICU?

R Sjoe, how to act and feel if you were to be me?

I Yeah.

R Sjoe,

I Take your time it is fine.

R Well uhm lets go with feelings first, uhm where will we start uhm. You would have to have a certain amount of enthusiasm, I am enthusiastic about what I do, I do like to do what I do and I take a lot of pride in what I do. Uhm coming to work should not be an issue, uhm mornings a little bit grumpy it is okay, but by 10 o clock you must be over it and energy levels up and going for it uhm tackling every problem head on as it comes.

I Okay.

R With as much thought patterns as possible and as much and with speed, I like to work fast, I like to work quickly I like to cleanly and I like to work accurately as I can. Uhm Yeah and then you just got to have a certain amount of passion because I am pretty passionate about what I do, maybe a little bit over passionate because when people don't do it the way I would do it then I

should would show a certain amount of irritability uhm yeah, what else? Uhm I don't know what else to say.

I No it is okay. If you look at enthusiasm, you said you passionate and enthusiastic about you work so uhm how do you, what other feelings do you have related to that?

R Enthusiasm?

I As a professional nurse.

R As a professional nurse, must be enthusiastic about learning and about discovering and about uhm you know every patient has got a story and you need to find this story uhm you know you can look at it, especially in this unit we do a lot of routine stuff but if you look a bit deeper you will find it, everybody is a little bit different, everybody has got their own challenges and their own needs and their own everything else and you can't just lump everybody together you know as I said it is a back and everybody is a back there is a story behind the back and you have got to take time to find out that story and then treat that person as they want to be treated, because not everybody wants to be treated the same.

I Okay.

R You know and then you have got to learn you know like when you come across new things you know things that you don't know, you find I am always the first one on my phone : What is it. How do I treat it how does it fit into the body what does it mean where does it fit into the system ,how does it affect the body what are the symptoms you know and what drugs to use what do they do what are they you know what am I looking for, you know people don't do that.

I People don't do that you have got a high standard. And you measure them accordingly.

R Hmm maybe yeah it is wrong.

I You said you are grumpy in the morning,

R Yeah.

I Tell me about grumpy.

R Grumpy.

I Grumpy face how does she feel when she comes to work?

R She doesn't like it, she comes to work willingly but knows that it takes a while to start the engines that is all really. I have never really been a very good morning person. I get up early, I rise early I get up at about five then I will potter around and then I will have tea and I will read my book and watch TV and do whatever and then it is time to come to work, and then it is this initial age what does this day have in front of me and once I have got my ducks in a row I can then go on with it.

I Okay if you are enthusiastic and uhm what actions do you portray when you are enthusiastic?

R Uhm yeah as I said it is like uhm searching for knowledge searching for uhm enthusiasm means you have got what you are enthusiastic you are interested your uhm interested in what is going on around, maybe I am a little to nosy actually.

I Nosy okay.

R Hmm I like to put my nose in every bodies business, what's going, what is going on there? Yeah.

I Okay I am sure that is a positive attribute because you are a team leader.

R Well it is fine when you are team leader, it is when you are not a team leader that it becomes an irritation. Yeah sometimes I have to stop putting my nose into every bodies business but I have always been like that.

I Okay.

R I drove everybody mad as a student because I wanted to know everything that was going on, what is that, what is this, teach me that – teach me this, oh yeah no.

I You said you are irritable at times if people don't uhm do the things you think they are supposed to do.

R Yes.

I Okay, how do you act when you are irritable?

R Well uhm I can be very short with people I know this about myself I can come across as almost a bit aggressive at times unintentionally aggressive because I kind of want to get my thought patterns through to the people and when you are confronted with uhm a stone wall then you kind of try and force my enthusiasm my interest upon other people and it can be viewed as a bit of aggressive.

I Okay. Okay uhm you said you work accurately.

R I try to, I am human I make mistakes.

I Okay uhm tell me more, why do you think, what emotions do you feel when you, you attempt to work accurately.

R Well I think that I am in a profession where accuracy and especially in ICU accuracy is what you are here to do, you are there , patients are generally very sick and they require a certain level of service which I think needs to be done accurately you cannot make this, this is not a place where mistakes can be forgiven because your mistakes can be costly and for that very reason I do believe that you should be as accurate and methodical and precise as you possibly can be for the protection of the patient and for the protection of yourself.

I Okay

R Cause if you make mistakes two people are going loose, so you need to so for me accuracy is very important , you can't mess up with medicines, you can't mess up with who intake and output and I think especially coming from a cardiac background I think intake and output to me was always like if you don't record your intake and then the doctors come and say, Oh the patients had a little of fluid and now he is on CCF and all the rest of it, it was a mistake that now cost the patient time, money everything you know it is extra time in ICU which puts them at a higher risk for infection and I think their time should be as short as possible and as accurate as possible while they here so they can get out, back to the wards and back to their homes quickly as possible.

I What other actions do I need as an actor to portray you?

R Other actions?

I Or feelings.

R I don't know, I don't know.

I Okay let's use this to help, it is basically a chart on the different kinds of emotions you get, maybe just to give you opportunity to think.

R In relation to,

I Your job.

R As a professional nurse.

I As a professional nurse in ICU yeah.

R Your actions that you need to show.

I Or feelings.

R Feelings,

I Give me a scenario of each of those, if it is possible.

R A Scenario.

I Where you experienced it.

R As a registered nurse.

I Yeah.

R Where should I start. Excited.

I Okay.

R Uhm yeah excited, ecstatic, energetic, bouncy nervous, perky and empathic. Excited, energetic, I think you should have a certain level of energy I think I do repel or exude a certain amount of energy maybe too much. Very active when I am working on the other side they want to know if I have got a hyperactive thyroid, there you go cause I am always on my feet I never want to sit. I am nosy and in every body's business which means I am on my feet and I am poking my head in everywhere where I can possibly poke my head in. Except in the morning, uhm tender yeah, tenderness in ICU sometimes lacking uhm I think in ICU tenderness is not there all the time I tend to be focused on the job at hand and less about the patient underneath the work hand but yeah it is good to every now and then to stop and check who it is and you need obviously uhm family is important I do think families are important uhm they are a vital extension of the patient and the patient can't speak for themselves sometimes and it has to be your job to listen to the family and encourage the family and to be honest, it is good to be honest. I do think families do deserve a certain level of honesty and I think to tell them exactly uhm, what's going on with their family, what is going on with this patient.

I Yeah.

R Just figure you don't want to frighten the living daylights out of them so you have to keep it at a level that they can understand and then obviously just listen to what they have to say uhm cause most of the time, it doesn't matter how sick the patients can be, they can be almost on their deathbed but as long as they are clean, tidy and look comfortable you are going to have a happy family there. The minute the family think that their loved ones are in distress in any way it doesn't matter that you have saved their lives or you have given them adrenaline that you are doing all this other stuff. The medical stuff they are not interested in all they want to know is that somebody is taking care of, the

things that they should be able to do, as a family should be able to do and as long as you can reassure that those things are still happening they going to be happy.

I Okay while you are rendering that care or that type of care, what emotions do you experience towards the patient?

R Well you know I think it depends, uhm it depends on a lot of stuff uh,

I Tell me more.

R The older patients for me personally I struggle with them because I think that I would not like to be an older person lying there in ICU on a ventilator because I think that there is a time to live and there is a time to die and if it is your time it is your time and I don't think we should interfere with that as much as possible, uhm so I often have a lot of certain mixed feelings when you come to older generations especially when you come to 80's and 90's on ventilators and then you think what are we doing here, we are putting them through all of this and then we probably just going to take them off and within a week or so they probably going to actually dies, so what are we doing what are we actually trying to achieve here because people can't live forever.

I Yes.

R It is a fact of life, we can't then when it comes to obviously when it comes to the younger generation, obviously middle aged and younger then yeah I am I am obviously very concerned because you try and make sure that you get them through with the least amount of uhm side effects from this as possible, from being here.

I Okay.

R You want to get them home, most of the time they have got young kids, they have got wives they have got husbands they have got parents, they have got all these things that come with them and it is you want to try and obviously get them back to where they are supposed to go.

I Absolutely.

R So is a struggle and it is hard you know and especially when you loose you know it is heart breaking, it is.

I Okay.

R It is hard.

I Okay you said you are more focused on a job?

R For who on what for the tenderness?

I Forget about that for a while we will get back to that. No you mentioned that you more focused on a job.

R I am more focused on my job.

I How do you feel when you are so focused, what do you experience emotion wise?

R Emotionally? Well like I said you just want to get through emotionally it is to hard to name it isn't. A little bit probably withdrawn from the emotional side of is what can i only put down to it, is you try not to get to emotional involved in the situation because yeah in this environment it can go either way hey. So you can't carry the burden of every single patient on your shoulders otherwise you will never be able to come back to work, so you have to put a certain amount of distance between you and the patient emotionally and the patients family so that you can focus on the job at hand cause I think if you get to emotionally involved you can't look at it rationally you can't look at all the factors you can't look at what's the best thing for the patient because you so you get to emotionally attached and if you obviously you loose this battle it is hard to get up the next day and come to work and you know you can't cry after every patient you know.

I Explain to me you said you can't get up and come to work the next day, explain to me that hardness.

R If you can't, if you can't, if you are to emotionally attached to your patients you can't you got to be able to keep a strong distance between what is happening and you know knowing and as I see you also have to let the patients family know as I say the honest truth, it is the honesty behind it that they might be loosing a family member soon you have got to come to terms with it and as a patient as a nurse you can't take those people under your wing and carry them because.

I If you need to go and tell them, how what do you feel here, if you need to go and tell them bad news or what the prognosis or condition of the family member is. Say for instance it is an elderly person and he does not really have a prognosis and you need to tell them that. What do you experience?

R Yeah no uhm yeah a certain amount of obviously you know you are bringing bad news so you obviously go there with a certain level of anxiety yourself because you don't know how the family is going to take it, you don't know what kind of emotions you are now going to be faced with because obviously

there will be emotions that come with this and you try to get the message across as and I think you should do it in the most calm manner you can possibly do it in because I think if you go in to emotional you going to carry that emotion over to the people so you almost need to, it is clear cut you have got to take the emotion out of it and it becomes purely, what is the word?

I Factual.

R Factual, it is factual this is the situation and you literally go through the blood pressure is this we are doing we doing the ventilation, we doing this we doing that we doing the most we can please keep your options open this might not work out the way you want it to work out.

I Okay

R And yeah try and keep it as clinical almost as possible it is most probably the better word to say, it is more like.

I What do you do when you are in every bodies business?

R Oh hoe,

I The action involved and the emotion.

R Miss Nosy Parker, well what am I doing? I eavesdrop on peoples conversations and then I demand to know what is going on and uhm yeah just try and have just try and gather as much information about everybody as I go along so yeah I will if I hear the doctors talking I will yeah what's going on and tell me what is happening so that I know because I just feel I should be prepared especially if I am shift leader because family members do come and I mean what is it they will sit there and they will say there is the shift leader and then the shift leader comes and doesn't know anything about the patient, what do you look like, like an idiot so I want to know everything that is going on so that if i am confronted with any questions I can answer them and if the phone rings and they need somebody from x-ray I must know immediately who it is, I don't know I do not want to Uhm who is having x rays and who is having that. I must know exactly who is who what is happening, what is happening to everybody and uhm try not to miss any balls try not to drop any balls along the way because it is.

I If you doing that, if you are eaves dropping on conversations for instance how does it, do you feel on the inside. What emotions are going on on the inside

R Yeah just I have got to know you know hey uhm. It is like a dog with a bone, it is like just I have to know I just have to I am like a certain level of anxiety you know there is something going down and I don't know what it is and I need to

know what is going on you know I need to know and then people get irritated because it is none of my business sometimes.

I Okay if they get irritated with you how do you feel, what do you experience?

R Ah well frustration uhm and then I kind of reprimand myself and tell myself they are probably right I should not have my nose in this so I must just get back to my patient and do my job. I talk to myself a lot.

I Is it positive or negative?

R It depends because if I have to, if I need to reprimanded then I reprimand myself if I need to be tapped on the back I will tap myself on the back, if i need to say well done to myself I will, I am not scared.

I You have got an elderly patient.

R Yeah.

I And you needed to look after him for the day and so the ventilator he is 85 years old, so explain to me you said it is difficult for you what emotions are going through in your head? If you are allocated to that patient.

R Well the first thing I want to know is how is there sort of function, how active is this 85 year old, if I have got an 85 year old who is very active and still drives a car and still does all these things then I feel I will work harder, number one but number two I will feel probably a bit sad for the patient because I will know that we will not have the full functioning back uhm and it is a long road and it is hard for the family to come to terms with a functional 85 year old where they will say just yesterday he had his 85th birthday and he was walking around the shops and now suddenly he is not and uhm it is basically this is the end, then i go through certain amount of I wouldn't say I mean I can put it down to a certain amount of anger it is not a fierce anger it is not a it is just an underground groping because I think that this whatever happened that is put him here should probably have been left. And I almost feel that we feed force hope into families and I think that that is unfair on the family I do uhm and I think that it should just shouldn't be allowed that people should just be at that age at 85 whether you are strong and healthy and it happens suddenly then you should just get whatever is going to happen. When older non functional 85 year olds come in I am very angry i am angry at the doctors and I am angry at everybody because the family are have been are really being dragged on now and what are we hoping to achieve, nothing we are not going to get any quality back if they have got COPD and Alzheimer's and they in nappies and everything else, what are you hoping to achieve.

I I hear what you are saying.

R Nothing we are not achieving anything you are never going to get anything back why would you go and put a family and a patient through such an expense and a trauma and everything else for what – nothing. Your time is your time.

I But that is clear cut in what you said if you look at the things you have said you are angry at them because why are they in ICU they are in nappies they are,

R Yeah they shouldn't be here this is a place for lifesaving it is not an old age home it should never be used as a old age home and it also shouldn't be used to feed false hope to anybody.

I Okay. If you look at these emotions whenever you go through the following.

R Scared, scared there is no place for scariness in ICU you not allowed to you can' be scared.

I Why not?

R Because I think if you can start being scared you can be scared of everything then because this is a place where decisions are made and I think uhm the only time scared would come into my when I would say that I could say that scared is something that I have been dealing with is when I would say that is when you are dealing with staff that is coming from other places cause they walk in here with those big eyes and you can see that they are absolutely terrified by everything that they can see and you have to now take these desperate soles who have come to help us and you have to nurture them and encourage them and stand by them because I don't think anybody should be put into a situation where they cannot handle what they are about to witness and a lot of staff members come in here and they are petrified you can see they are finished and uhm they do require a certain amount of tenderness i don't think anyone should ever be thrown into the deep end and expected to swim, if I am shift leading I will try and pay special attention and try and make myself available and tell them that I am there and it is silly things like just kind of giving them uhm like sometimes you sit with the agencies and they come in here and they are terrified because they have never worked in here and they don't know anybody and they don't know their way around, they know their way around ICU's and they know patients but they don't know what they are about to walk into they don't know the situation and you know sometimes you just got to take ten minutes out of your day to literally show them around walk them around the unit tell them this is the toilet, this is the bathroom this is this. Give them a orientation because I think most of the time it is missed.

I Okay.

R A lot of people just think it is another agency it is another pair of hands they forget there is a person attached to the pair of hands and we have to literally sometimes stop and just give them those ten minutes to just put your bag here, here is the kitchen, here, here is the tea cups here is the kit here, here is the basin here get them orientated to their environment and then go the next step which this show them where the stock and everything is kept and then you go this is how we charge here is the chart have you worked on this chart before because they might have worked at Netcare, it is wonderful chart in life you know orientate them to the chart show them the market so that they can feel comfortable in their surroundings then they generally comfortable and can work better.

I How do you feel if you see them there with big eyes?

R I feel sorry for them, I feel of shame you know I would hate to do that I won't go and work in strange places. Cause I would not want to be in their shoes, I would never want to be in their shoes. To have to walk into a strange place where nobody is friendly, because we can, we can be very unfriendly in ICU.

I Okay.

R We can be to everybody around us you know especially to outsiders.

I Explain to me what emotions goes with the unfriendliness, what do you think?

R Well we can be as I said I know we can be I am aware of it and I think it is unintentional because sometimes I think we do it is our space, it is our environment it is the place where we work and then when the foreigners come in you think who is that and uhm you are on your way out of the door because you are on your way home and you are really not interested in what is coming through the door yeah you know you don't stop to say hello you don't stop to say you are you?

I But what do you feel on the inside that portray that unfriendliness?

R No I don't know it is just a unfriendliness it is not a meanness it is just a aloofness maybe.

I Okay.

R This is my space, our space what are you doing here.

I Explain your space.

R My space is ICU it is where I work.

I Explain to me what your space is, what are your experiences in your space, your emotional experiences in your space?

R My emotional experience it is just a feeling of belonging it is a place where I work, it is the place that I feel that the patients are under the care of one or two or under my care uhm so I guess I feel a sense of responsibility for whatever is going on inside the unit, uhm yeah and I don't know it is just my space.

I Your space.

R It is where I work. It is where my daily challenges come from.

I Okay very nice too the challenges, tell me about the challenges.

R Challenges.

I Specific emotional challenges that you experience.

R Well it boils down to what we have been saying, irritation there is people who don't do what they are supposed to do when they supposed to do it and how they supposed to do it. Uhm that is it dealing with incompetent staff, dealing with people who are not, whom I don't think are passionate about what they do who are just here to fill in a form for twelve hours with very little for pack in between.

I Okay.

R I am trying to get that through to people on a day to day basis that,

I How will you do that? What have you attempted to do?

R Just speak to them to get them to understand what they are working with cause I think everybody I think most of the time it is just ignorance they don't know what they are working with and they are not really interested in finding out what they are working with so their job becomes a monitor and a piece of paper. And they will sit and chart all day long for twelve hours with zero though pattern to what they are doing. And I get very frustrated.

I Okay anything else you would like to share about your space, about your uhm challenges.

R My place I am working in. My challenges change from day to day don't they?

I Yeah they do.

R They change from day to day so obviously depends on what is in the unit on the day so it obviously depends on what your challenges are from day to day. Whether it is a patient challenge or staff challenge or a personal challenge whatever is going to come your way.

I Okay. Uhm you shared with me your challenges your frustration towards incompetent staff uhm impassionate people with zero thought patterns, uhm whose own chart effects and not really caring for the patient.

R Hmm I was thinking about the working.

I Yeah, explain to me what are they working with.

R What are they working with.

I Yeah your perception.

R They are working with a human being or a family, okay with emotions with pain with everything that goes with it in its entirety it is not just a monitor and a piece of paper that I have to fill in for the next twelve hours.

I Alright. Okay.

R It is more than that.

I Okay let's continue with this uhm we got still a few left.

R Didn't I cover anger just now, what was I angry with just now, I was angry with people who shouldn't be on ventilators, Doctors that put patients on ventilators, people who don't know how to say enough is enough, can I move on?

I You can move on.

R To sad, sad, sad uhm that is family isn't it family are sad or family are hopeful all in once they kind of swing between the two.

I And if you are sad.

R If I am sad?

I What picture will you see?

R If I am sad? Well for me sad personally is something that shouldn't be brought to work.

I Okay.

R It doesn't have place, sad is something that is very private and very personal.

I Why do you say that?

R I don't know it is just in my upbringing I suppose I don't know, I don't know what it is. It is just to me uhm I am probably I have ice water running through my veins when it comes to sad uhm it's uhm I can tolerate people that are

sad, I can I can deal with people that are sad I can deal with people that have got tears to shed to a certain limit and then I am going to tell them to pull themselves together because enough is enough uhm I don't think that there is, I think if you have a reason to be depressed if you grieve about something and you if you loose something and you need a good weep have a good weep get it over and done with and then you move on, Uhm I don't have time for people who wallow in those dark places. I don't I just really don't I think it is a waste of time and a waste of energy.

I So you don't you don't feel sad.

R Me. Do I feel sad?

I If you feel sad how do you portray that?

R If I feel sad well I guess if I feel sad.

I Remember I am the actor I need to go and show people how you felt if you sad.

R Well you wont show anybody you are sad,

I You wont show anybody.

R No you wont.

I Okay.

R No you wont you will be caring who are sad to a certain level but you will not show people you are sad.

I Okay sorry just to go back to angry if you are angry what will I see or what emotions will go through your head, uhm.

R Me angry.

I Yeah what will I see and remember I need to go and act you out.

R Yeah angry yeah you would have to do a certain amount of stomping and pouting, yeah uhm yeah I am a sulker when I am angry I tend to sulk more than I, I am tend to release my anger more with uhm yeah I have a very sharp tongue I am afraid with very nasty words, things that come out that you wish you had never said. But never physical it is words, it is all fought with words, I am very bad at body language.

I Okay.

R And faulty language.

I Okay. Okay.

R But that is not at work, I don't do that at work, that is a lot of just personal things, I try to keep all these things under a very neat hat while I am at work.

I What do you call that neat hat.

R I call that me.

I Maybe professionalism.

R Professionalism yeah, yeah no you have got to keep these things under control it is fine to have a little moment with my close friend at work or whatever to release some steam there or whatever if you have got something that is irritating you or whatever but or something that is making you angry but it is not out there for all to see you know the staff and family and visitors and.

I What do you do if you release steam?

R I talk.

I Okay, okay.

R Or I bottle it.

I You what.

R I bottle it.

I Bottle it.

R And I wait for it to pop like a storm.

I You wait for it to pass,

R Hmm, it is like a storm when i get very angry about something then I don't talk about it I know if I sit it out is will go away and then it will be all right.

I Okay ignore it and then it will go away.

R Not ignore it is internalising.

I Internalising.

R It is an internal, yes I will talk to myself, I will reprimand myself and I will listern to what I have to say to myself. And then I make decisions based on that then I am okay, it will go away.

I It will go away.

R Will it always does it has never proved me wrong.

I Okay then we have done the other ones I have we have talked about sadness and then angry, you said there is no place for sacredness in ICU.

R In ICU for me

I For you Okay, but if you are scared, how do you portray it, what goes through your mind, what type of things?

R At work,

I Yeah, is there anything at work in ICU that make you scared, okay you said no but think about it for a moment. You just don't get scared.

R I try not to get scared.

I Okay.

R I really do I suppose documentation for ourselves where we could really cause trouble for ourselves where we could really do things wrong you know you can obviously then allow yourself to be scared of what the consequences are going to be but if you doing your best not to make mistakes then you don't really have you know need to be scared of things I think.

I Okay.

R I don't know scared is also very strange, I am scared to jump the bridge, I am scared to fly an aeroplane but I am not scared to be at work.

I Okay. Good for you. Okay let's look at happy.

R Happy.

I How do I need to act that everybody will see I am happy.....

R Smiling joking I think that I have got a very quick sense of humour, dry sense of humour but very fast I can say things very quickly I like to make people laugh. I feel my world is safe if i can make people laugh.

I Okay explain that safe to me.

R Safe, comfortable unthreatened, non threatened non threatening if I can make people laugh and then I can get on with these people. I f I can't make somebody laugh then I won't talk to them anymore. That is the end of it you don't exist

I Okay and excited.

R Excited hmm I think we covered excited.

I Yeah we did, sorry we did cover excited, but now we got all of these emotions, anger, happy, excited, sadness and scared and now tell me what do you do with them you gave me an idea of specific ways that you manage them but just give me some more information about how do you manage these emotions if they portray themselves.

R If they portray themselves in my life or in my work environment?

I In your life on a normal working day.

R In my life on a normal working day.

I Yeah.

R These things come across, yeah happy is not an issue for me that I can show quiet easily and I can just let it go there is no reason to, excited I don't know on a everyday base, I don't understand this.

I Okay if you are working in ICU and you are aware of these feelings, one of those feeling happening uhm how do you manage them.

R Well wish ones need to be managed.

I Okay go through all of them.

R Happy I don't think needs to be managed if everyone is happy then everyone is happy.

I So I think it will be the bottom ones.

R Excited you know if you are over excited it is a problem you need to go calm down and question yourself is it to much coffee or what is it that is making you bounce off the walls and kind of slow down especially if I am poking my nose in someone's business I have to be shut down and I realize I am doing it, tender is nice it is a nice happy feeling. Tender is nice it is nice to be tender with people and show people love and show people care and whatever. Like I say I am not the tenderest person in town but whatever. Scared, if I am scared of work then I must find out why I am scared of work, what is making me scared and then I have to fix it get rid of the fear right, Cause like I say there is no real time for being scared in this environment you know. Obviously if I am going to jump off an aeroplane then it is something different. But at work yeah if I can find the source, what is making me nervous or what is making me anxious. Find the source and uhm yeah gain as much knowledge about it and then you can handle it; I mean if it is a condition that you don't know about you think how I deal with this, what am I dealing with and then find out about it.

I Okay.

R When you know what you dealing with speak to the doctor, speak to the other people, have you seen this have you worked with this before, gather knowledge from as many people as you can and then you can get rid of that one. Angry yeah it depends on what makes you angry again, if it is a staff thing then you can take it to the next level and you go and speak to your unit manager, go and blow some steam off there and maybe she can fix the problem if it is getting in the way uhm if it is a personal anger for patients, doctors whatever then yeah I would just speak to one of my colleagues, my closer colleagues like if it is Estelle then I can go and release some of my anger that way because it must not get in the way of my job, it cannot it is not allowed to I am bound by laws and rules and all sorts of things and I cannot allow my anger to be to stand in the way of my relationship with the doctors or my relationship with the family or my relationship with the patient . So that anger needs to be dealt with, with one of my colleagues or it needs to be taken home and dig a hole in the garden or something and get rid of my anger and then just get on with it. You know you can't, you can't bring it into your work, and you can't let it affect your work. And sad yeah like I said if you are sad you have got to let it stay at home, you have got to put on your work face.

I Put on your workplace okay.

R Apply your workplace and when you done with your work you can go home and if you want to be sad then you can be sad.

I Okay.

R But you can't be sad here there is nothing worse than a miserable person at work.

I Okay

R Nothing worse nobody wants to talk to that person, nobody wants to be around that person nobody wants to, so that person tends to be ostracized and it just makes them more sad and I am not going to be that person, I put on my work face and come to work and you have got to separate them, you have got to separate work and play.

I You can, okay we went through all the emotions, we went through management of all the emotions just we nearly finished but if you look at an experience that you can highlight were emotions was running high in the unit, can you please tell me about that situation.

R Where the emotions were running high.

I Yeah when there were a lot of emotions involved, any it does not have to be an extraordinary scenario it can just be a scenario that happened in the unit.

R That 11 year old with the overdose of morphine, man that was an explosive moment this place was alive with energy.

I Okay.

R Negative energy, very negative energy because you had it all you had your sad your angry all rolled into one here uhm it was horrible I withdrew from the situation I did having children myself I couldn't I knew that I was not going to be of any benefit to the situation so I pulled out of the situation and my dear friend was shift leader of the day and I literally said get on with what you have to do and I will manage the rest of it, so I managed the telephones and I managed all the discharges and I did the transfers and I went into work mode to do as much as I could to take the pressure of..... so that she could cope with what was going on the other side because it was terrible. People know, everybody was fighting about where the patient was supposed to be because it was paed's and it should not be in adult ICU and who did the and who gave the patient too much morphine and then you are so angry because you think how can nurses do this. How can nurses do that, no it is terrible age no and then even more so when you look and you see the anaesthetist has written up and then you are angry with the anaesthetist and the anaesthetist says no it is everybody else's fault and then they blaming the pharmacy and meanwhile there is this poor child who is dead the family who is distraught no that was awful.

I It must have been hard.

R It was terrible it was not even hard, hard is not the word for it, it was just horrible

I You said you withdrew.

R Well I kind of went to, if I was told that I had to go and work there I would have worked there quiet happily but I could see that what had happened was when this child came in everybody went into panic mode and everybody focused into that direction and the rest of the unit got left and I thought well there is no point in me joining in the merry band over there and that is when I said to well I will take over the rest of it when you ready to come and take over again whatever but I will just and I took the rest of the unit I took the 1 or 10 patients that were left.

I Okay

R So even though I had patients of my own I was also then running the unit and answering the phones and transferring patients and getting everything happening that was supposed to be happening cause uhm yeah so I kind of get into work mode. I quickly assess the situation and then go right this is what needs to be done and then do what needs to be done because it is no point in doing something that has already been done.

I Okay so how did you feel?

R Me, mad angry, sad all of it. I was made because peads would not take the patient I was made because the people gave the wrong medicine disappointed in my profession, very disappointed in nursing as a profession because you know these things are not supposed to happen, not supposed to happen to a 11 year old.

I Exactly yeah, you managed by getting task orientated getting to manage and run the rest of the unit how did the rest of the people manage their emotions, think about the day and the day after.

R I do not know how everybody else managed their emotions. I think there was just such a high.

I What did you see?

R It was mainly anger,

I Anger.

R It just kept going I mean it is still there I think it is still fresh in anybody, you can speak to anybody about it that was involved in that.

I Okay. If you were to be if you were the unit manager or if you were a person with inside information, what would you suggest as.... to assist people to manage their emotions?

R Well I think that people should be allowed to release that kind of tension and that kind of, I don't think that there is any kind of, everybody needs to you need to debrief you need to speak to people you need to listen to what everybody is thinking give them space to give them chance to say what they are thinking about. Just give them space to say whatever they need to say to release whatever is in them because I think it was a hard situation for everybody and everybody had a lot to say about it and I mean we spoke about that for a long time and I think it is not the sort of thing ah well shut up we are tired of that conversation this is one of the situations where people need to speak about it openly and honestly about it as professionals because we all can understand we all have a different aspect a different idea and I think the more you talk about it as colleagues of saying like you know other

people of the same categories you know it is not the sort of thing you want to talk about to the cleaner you know you talk about it with the cleaner you are going to talk about it differently but when you are talking about the emotional side of it you are talking about it to people who are like you who can understand the ventilation, the medication and the all the rest of that sort of stuff and then you can almost release.

I To get the bigger picture.

R To get the bigger picture and then everybody can listen and put in their two cents worth and understand what every bodies feelings and anger you know then it allows you to double check yourself, am I right in feeling like this and that and that one they all feel the same then I am right I am not crazy in my thought patterns because we are all feeling the same thing we are all thinking the same thing and we all experiencing the same thing.

I Okay.

R Then it kind of allows everybody to realise that they are okay and they are okay to feel like that, it is okay to be angry in a situation like this.

I Okay for you as Faye we have looked at all the emotions, we have discussed all the different times of experiences and the experiences of the people in the unit but and you have mentioned that you talk through a problem or a emotion if you experience it. What other methods do you use?

R I talk, I don't really talk I only about surface things, deeper things I don't about, I manage them internally.

I Any other way you handle emotions or get rid of the stress or just unload yourself.

R No not really you know what I tend to I just I tend to just like you say I close up I go internal and then I just become, I will go and dig a hole I will go and run on the treadmill I will go and do something activity orientated to try and release some of that pressure that builds up and then I feel better it is amazing how well it works. I used to write, but I don't anymore.

I Why not.

R Because I did not like reading it back.

I Then you must get yourself one of these and then we will read it back to you as well.

R No, no I hate the sound of my voice.

I You get narratives as well.

R Do I.

I Okay then Faye there is another question just for my research purposes if you look at uhm the complaints they are mainly sorted in the ICU itself but what type of things does the patient complain about anything.

R What do patients complain about, they complain about oh my word, they complain about the basics the hygiene the environment the noise the light the food. Sometimes it is too much it seems we can't make people happy with that. They complain about people that don't they sometimes they don't express their frustration and I have been trying to tell this to this person and they are not listening. Generally I find it is the basics I suppose they do complain about the pain and my drip is hurting my eye is hurting my bum is sore, I am not turned uhm and when things don't happen the way they are supposed to. Patients are very clever so they will know when their medicine is not given correctly or when the medicine is not given on time.

I Okay is there anything else.

R Nope.

I Thank you very much for participating, but before you go let's do one thing.

R Pleasure yhm.

I Can you identify your role in the unit?

R My role in the unit?

I Yeah which one of those would you say are you?

R Hmm s joe it is hard, there is a little bit of everyone.

I Yes but the one that's most of the times applicable to you.

R Hmm I would say the specialist cause I like to do a lot of self research and that sort of stuff and I think I kind of get on with my own job and I,

I Okay.

R And I do I share my knowledge and skills because as much as I am nosy I try to teach at the same time .

I Okay, wonderful. Thank you very much for your time.

R Thank you.

I It was basically nice to have you.

Interview 7:

I – Interviewer

R - Recipient

R So I grew into nursing

I So you grew into nursing, Okay

R But I still have not given up.

I Okay

R I am busy making a course, busy in Pretoria.

I Okay good for you.

R Still pursue my training.

I Pursue, go for it. Doreen thank you for taking part in my research, I really appreciate your contribution, during the interview I am going to make some notes.

R Okay.

I So I hope it is not a problem for you.

R No , not a problem.

I Okay I am working with uhm in this hospital and when I have worked in this ICU I have identified a problem, that there is a lot of emotions in ICU and because we are working in an emotional laden profession and if you look at these emotions in ICU and how they are experienced it is important to look at how they are managed and how they are regulated as well, so that is basically the main aim of this study. The last part the management and regulation of these emotions is part of emotional intelligence and that is basically where this study is headed.

R Okay.

I So did you previously take part in any research project?

R A few,

I A few, what type of research?

R Quiet a number in few several ones in HIV earlier.

I Uhum.

R one was with the hypertensions society.

I Okay.

R And the renal society.

I Okay interesting and nursing in specific?

R Yeah

I Okay good, so I have told you what the main aim of the research is, I am going to tell you now, ask you the questions.

R Okay.

I The question is basically imagine I am an actor preparing to play your role, describe to me how I would have to act and feel in order to portray you as Doreen accurately as a professional nurse in ICU.

R You to have lots and lots of compassion, tolerance, sympathy, empathy.

I Tolerance, okay.

R Team spirit.

I Team spirit, okay.

R Uhm and above all that professionalism.

I Good.

R You have to be able to interact with public, which is the visitors, the family members of the patients, the patient as our immediate customer.

I Okay.

R The doctor as our second in line internal customer and the other other medical team, the physio, the dietician.

I Okay

R And the pharmacy, the pharmacists.

I Okay.

R Is our customers.

I Okay so you have given me quite a lot of things, laughing, compassion, tolerance uhm what emotions can you link, for instance to laughing?

R You have to love what you do.

I Okay

R You have to, when you do something to patients you should put yourself in her shoes, it could be you on that bed.

I Okay.

R And how would you feel if people are doing this that you wouldn't like, so you shouldn't do it on the patient.

I Okay.

R Also in that breath if you see your colleague do something that is not,

I Okay.

R Co sure, you have to call her and say listen when we were admitting a patient in bed six I saw you doing this and that I do not think it is right.

I Hmm.

R You cannot scream right there "do not do this" in front of the patient, in front of somebody else.

I Okay. Uhm compassion, how do you act when you have compassion?

R Hmm First of all I have to understand this process that the patient is undergoing so that I know how to handle the patient.

I Okay

R And one has to be not lenient but understanding on the demands that the patients minds pose.

I Okay.

R And the family even if it is a difficult customer you have to deal with it in a way that you don't offend the family especially and very much so the patient herself if she is aware of her surroundings.

I Okay, if you, you talked about a difficult customer, how do you feel when you have got a difficult customer?

R You know what I always do, I separate that kind of attitude from the body or that is portrayed as difficult and I just say to myself that this is something in the back of the persons mind that it is coming into ICU it is a strange environment, strange people around her, you know when she comes and six of us go there and she looks up oh what are all these people doing around

me, so it is scary enough it is you know uncomfortable and all that so you know so one has to understand when they acting like that. But after that behaviour you have to come back and talk to the person and make them understand and one two three four is going to be happening every hour to you we need to monitor this and that especially because of your kind of problem and this is the process and this is what the doctor wants.

I Okay.

R You find out if you explain what the doctor wants then they sort of clam down okay it means that I have to have this, cause they think that we are doing some nice to do things on them not what is supposed to be done. Yes some of the patients they say do you really have to put this cuff and pump me tight every time?

I Oh my goodness.

R Do I really have to put this on my finger, can't you just look at me and see my oxygen.

I Shame.

R So you have to explain that to them and make them understand the reason behind all these actions.

I How do you feel here as Doreen, what you do feel if the patient is demanding?

R Is?

I Is demanding.

R Is demanding?

I Yeah what emotions do you experience?

R You have to siff through, siff through the demanding see if.

I We talking about you know not the patients.

R I check first is this a necessary demand or is it just a demand like a patient will say to me, sister why do I have to get out of bed and sit in a chair, can't you sit me up in the bed , then you have have to explain to them listen sitting up in the bed and sitting regop in a chair is not the same, the reason being your lungs are a problem so we need to get your lungs working with your body not against your body so that is why we have to get you into a chair and not sit you up on bed.

I Okay.

R You have to explain that to the person so that you get the co operation for the activity.

I If you look at emotions, it is an awareness that you have uhm so what emotion do you feel when he is rude to you for instance. How do you feel on the inside?

R Well it hurts deep down but you don't portray it to show that you are hurt you try to shelve it and archive it.

I Okay.

R Because you might find that he is rude now on admission, three hours down the line he has adjusted and seen that this is helping and he calls and says sorry about how I was behaving when I arrived here I did not understand what was going on, I got scared and I was trying to be defensive. That is how we deal with it.

I Okay you have talked about tolerance, can you give me a situation where you have needed tolerance?

R Especially in a team kind of setting there are at some stages where you are putting up central lines in admission you need to commence medication, that dosage on that patient and you need to ask your colleagues, someone please mix me a herbal bag there and bring me a pressure bag there someone please go and get this and right up this we need a dose as soon as the line goes in and get the porter to collect from the pharmacy and the doctor wants the real original stuff not the generic.

I Hmm.

R And the pharmacist says no I don't have the original and I can only supply the generic and the doctor does not want to hear about the generic, then we have to try and go back to the doctor and say doctor the pharmacist does not have the original can we start this third dose on this generic whilst we waiting for them to order the original for the continuous treatment and the doctor will say want this, so you got to be tolerant with such situations. So there are some stages where you find that maybe more than one person in the unit is on that treatment and your colleague is hearing that you getting slack from the doctor that there is no generic medication, she has got it in her patients stuff, so what would be nice to say I have got the original here can I lend you this and when you get your order you can replace for me. No they do not it is if they enjoy you running like a circus clown?

I How did you feel? When you were running like a circus clown?

R I feel very how must I say this, not really angry but I feel very touched because this is not for me, this is via me but it is for my patient and we should put the patient first before we want to spite your colleague or something. You hear what I say.

I Okay that sounds as if it were very busy that day.

R Yeah.

I You talked about sympathy, tell me about a situation where you used sympathy?

R Nursing a critically ill patient?

I Yea.

R That you know that there prognosis is bad and now the doctor tells you no you going to phone the family to come I need to seek to them and you think of what I must say, this man's wife, it is not a good situation?

I How did you feel?

R I felt bad , feel bad but I know there is nothing that we can do for the patient and we always hope that the situation can turn around and at least get this man better. Especially the younger ones you know that are less than sixty years of age, I really feel bad when i have a patient dying at that age. You know I had a patient who was 29 years old with cancer and was dying.

I Yeah

R And the next day I was day off and I couldn't get him out of my mind and I was just crying at home, thinking about the girlfriend, the boy's parents, if it was me,

I Yeah.

R I don't know.

I It is traumatic.

R It is very traumatic so that is very touching.

I You cried at home?

R Yeah,

I What else do you do?

R Cause you sometimes when you home and relaxed you relive the situation and you can think, because I wonder if I can answer this, how would I handle this if I was a mother tot that boy.

I Yeah. Uhm we have looked at tolerance and you said you need tolerance to cope with the people you are working with.

R Hmm. You know there are a lot of different personalities and you have to rate the m as they come and put them in their own little boxes.

I Tell me about the boxes?

R They are these people that acts difficult they are these people hyperactive, you have to try and grow with them with their space , at their pace. There are these people that seem lazy but they are knowledgeable so you can use their knowledge and try and do their actions for them, they are lazy bones but you know this person is here and you have to keep them by that patient. So that is how you have to put your tolerance in different boxes.

I If it is the lazy bones one, how does that make you feel?

R If it is busy like hectically busy like Wednesdays you sometimes lose your cool because you expect one two three to be done on a patient and when you come around, you the team leader, you told them that this patients needs to have chest x-rays done, this patients bleeding you have to auto transfuse that blood especially as a dose you have to give a dose, you come along a hour later and none of those things are done, so need be you need to get the dose going.

I Okay but how do you feel? What emotion do you experience?

R Disappointment.

I Disappointment yes, the hyperactive ones.

R You have to have your coffee with lots of sugar and try to cope with the pace.

I Okay but how do they make you feel.

R They make me feel like I am a tortoise?

I You are a what?

R A tortoise, a skilpad. Falling around behind but I will eventually get there because you put this thing here and you turn your back and this is already there you come back and this is already there.

I Okay and the knowledgeable people how do they make you feel?

R Ones they yeah they give you more interesting info on the day, every time you with them you gain something.

I But how do you feel, what emotion?

R Happy.

I Happy okay. You have talked about empathy tell me about empathy. A situation where you need empathy.

R Critical patients and I will get staff nurse Brink there and staff nurse Brink is getting overwhelmed by the situation and I mean I have to be there with her, give her moral support.

I Okay,

R You know there are people who when they are treating a critical patient and the patients prognosis is not good at all and the family is called they are scared to face the family so you have to hold their hands, if you the shift leader that day you in trouble cause you have to walk along with them all day.

I Okay so you give them support.

R Yeas.

I Okay if we look at the, while holding their hands how do you feel?

R I think it goes with the experience in nursing, eventually they will get used to the situation and I find mostly with newly qualified staff.

I Newly qualified; they take a bit more fleck ne. Tell me how did you feel if your emotions if you are looking after this critically ill patient and it is this 85 year old and he is ventilated and deteriorating so what emotions do you experience then?

R I often say to the Doctor, doctor is there a reason that you are prolonging this patients suffering because to me if you are over 80 you have had a good quality of life. When you have reached that stage of being critically just make the person comfortable and just see nature takes its place, cause I don't see why you should start Iv , ventelating you know all that suffering and the family comes and stand there crying and seeing the person deteriorating, it is just as traumatic.

I How does that make you feel?

R I don't like it and I have told everyone here that if I come here and they send me to an old age home and I go through Wilge Heuwels doors and I am beyond 70 please don't do that to me, leave me, leave me on my little face

mask and we gain. Dont traumatize my family and give them false hope and yet you know that there is or will be no betterness.

I Talking of false hope, how do you feel if you need to give the family false hope, or if the doctor gives the family false hope?

R That hurts me, it is very heartbreaking because first of all you giving them false hope and then you gonna leave them with a huge debt and that is not nice at all.

I It is not nice, empathy is normally seen as putting yourself into somebody else's place and you have said that you already experienced that, can you think of a specific situation, a specific patient maybe?

R That is quite a few.

I quiet a few, okay can you share that with us?

R Okay there was a patient who, a young girl who had an overdose.

I Okay

R And the mother was here because she was told by the night staff that the doctor wants to see you in the morning will you try to be around 7:30 – 8:00

I Okay.

R The Dr Came around 8:00, Dr wanted to establish family surroundings and problems but the mother didn't open up and say,

I Okay

R But the patient opened up to the physiatrist who talked to the physician she talked to the psychiatrist and asked her , don't you know what is actually happening why did you do this, only to find that the girl is not happy with the relations of her mother so she wanted to end her life because the mother does not want her to go and stay with her dad, she wants to go and stay with her dad, now to me it was it was a bit traumatic in the sense that why would I refuse my child to go and stay with her dad, she is not going to a stranger she is going to the other parent and the rose could be raised like she can come and visit me every other weekend and holiday. It was so hard because we could not ask her why are you refusing her to go because now it was going to be more sensitive and the girl is going to be exposed to some more trauma when she goes home, why you tell the nurses and the doctors this, I was trying to put myself in that mothers shoes how will she feel when she hears the truth about her child. So you know I looked at my child when I went home

and I said boy if you have got a problem with me, tell me, don't hide it from mommy okay.

I So the idea of that, how did it make you feel?

R I was feeling sorry for the girl

I Feeling sorry for the girl

R When she goes home that, when she goes home that mother will not have changed from what caused this whole situating to happen cause she is not aware that she is hurting the child by refusing her to go the father, so the psychiatrist said that they going to involve her in a group session and they going to send her to Crisis clinic where the mother will be called and they will try and come around that situation and see if they can get it through to the mother, you know I am tempted one day to phone Dr and ask how did this go. You know it is good for future reference you night not know where you will land up one day it could be your family member or your sister or someone in the family and some of these things you have experienced or been exposed to you can use.

I If you are experiencing that what emotions do you feel you what?

R Very hard.

I Okay hard, what else?

R It is hard and I kind of ask myself isn't this person going to attempt again and do the same thing and that is more scary when you think of it that they may succeed next time.

I Yeah, did she go with counselling?

R She was transferred to Crisis clinic so I don't know what happened.

I Okay I get the picture. You talked about team spirit, tell me about team spirit. How will I act out team spirit?

R Team interaction , uhm you know in a hospital we have to work as a team and the very active team in the circle would be your colleagues, your fellow nurses but sometimes you find that there is no team like for instance a while ago we fetched the phone from recovery that the person s ready to be fetched, the person that took the phone knew that Linda is busy with an interview here and it is Linda's patient and I was having lunch then the person came and told me that Linda's patient is ready and when I looked she was not busy, just sitting up there at the nursing station . If she was a team player she would have called doctor and fetched that patient and sat with that patient and gave Linda

the report when Linda is finished here, so I just left and went to fetch the patient coming back they saw that we were wheeling in the patient, no one came to help until Linda finished and came and opened the curtains and said what is happening here, how can you be admitting alone, I said no don't worry I was going to finish eventually.

I Hmm how did that make you feel?

R I was disappointed because with me, excuse me with me I try and help unless if I am held up with my patient doing something there that I cannot postpone but if an admission comes in I try and help.

I Okay, so it is important to you.

R Team work is important cause imagine if that person had a respiratory arrest and I am alone in there well thanks God that she is okay.

I Yeah. So you said you are disappointing, disappointed about the emotion that you got, how did you manage that.

R No I just carried on until Linda came and popped her head in and say what is happening here behind the curtains and found me alone with the patient and she came and helped me.

I Okay you talked a bout professionalism if I need to act your role so what does professionalism mean to you?

R One first and foremost confidentiality, secondly record keeping because if I do something on a patient and I walk away, maybe I am going to Dulce to buy a sweaty maybe I slip and fall there and I am taken to casualty and I don't come back within the next three hours the next person is going to be allocated to the patient is not going to know what happened if I did not recorded, what have I done so far. And also when we interact with each other we should talk on a professional level not hey warra, warra, warra you know those as I walk through the door, don't scream at me, Hey da da da da da.

I Okay

R Wait for me to come closer to you if there is something I said that is maybe hurting you call me to the side and say you know you said this and that and I don't feel okay about it.

I Okay.

R Then I will ask the apology because I was not aware that it hurt you.

I If they screaming at you, how do you feel?

R You know what helps you about doctors, I close my ears.

I Close your ears, but how do you feel on the inside?

R I feel angry, because I don't like people screaming at me because I don't even scream at my child.

I If you see record keeping is not being done well how do you feel?

R I go to the person and say was this being done at this time, was this done at that time, please fill in the gaps because now if the doctor comes there he is going to want to know say for instance medication, was it given at that time.

I Say for instance you talk to them and they don't do it?

R Well then I take it to the next level, talk to the unit manager.

I Okay, confidentiality say for instance that girl with the overdose, say for instance her information were discussed openly to you, how would you feel about that?

R No it is not right.

I But how do you feel?

R It hurts because maybe imagine amongst the staff this close friend to the family and she hears this thing being discussed with the team, it is not nice.

I Yeah it is not and it can happen ne.

R Yes. It can I always tell them , I say people before you say anything in an open space where there is more than two people be sure that if something comes back and hits you, you are able to stand on your feet and be answering.

I Absolutely, if somebody says something of you, how do you feel?

R I go and confront them.

I You confront them, okay.

R I say sorry I have heard this and that and that you say something can we sort out something in this regard because I don't like holding grudges, if I can help it.

I Yeah if we can help it.

R And I have got 90% of my life here at work so I can't be unhealthy for 90% of my life, rather we sort it out here and now and if we can't we have to get an intermediary.

I A mediator okay, yeah that is the best way, Uhm we have talked about quite a few things now, we have looked at times things were hard for you, we have looked at that things might, that you might experience the feeling of being scared that uhm sometimes in case of patients that they might not reach the, get well enough, reach the goals for their health, uhm you felt sorry for the girl. Is there any other emotions you experienced in the unit?

R Yeah happiness when you see the patient being nursed from ventilator and everything being discharged and going to the ward and comes and says hello a few weeks later walking that is a great the greatest happiness that you have achieved something with a person's life.

I Okay. What else?

R Inventing some things in the Unit.

I Like what?

R Eh you know sometimes you say just how about doing things this way rather than old original ways you know just to add enthusiasm amongst your colleagues.

I How does it make you feel?

R Happy.

I Okay happy as well.

R And I know that okay now the team work is getting there, you have to try everything and anything as long as it is legal.

I As long as it is legal. Okay any other experiences, emotional experiences you have got. If you can think back in the unit if, is there any emotional experience in the unit that stands out where a lot of emotions were experienced?

R Hmm,

I I am sure there is a lot of instances that you can think of.

R I am trying.

I Take your pick.

R There is a lot both happy and sad situations.

I But tell me about all of them.

R I am trying to think, okay sometimes like when you are on duty and you short staffed, you get busy in the units it is a bit frustrating and you end up wanting to phone the unit manager and say okay now you have agreed to this now come and work,

I Yeah.

R Like on a Saturday afternoon or Sunday and you really short staffed and you know sometimes you find there is only four patients and you know, and there comes an admission and you as a team leader has to take in that patient and that patient comes in unstable and there is this and that being done on the patient, you end up not doing your other administrative duties, that is very frustrating.

I So how do you feel then, if you feel the frustration is there anything else you feel then?

R I take it out on writing, when I get home I type the email to the unit manager, this and this happened, this and that happened, please let's try in future when you cutting budget and all that you know lets think of the unexpected.

I Okay

R Don't say that the person who is on hospital call over the weekend people must go away at one o'clock on a Saturday cause there is some events, there should always be, person with one patient that is ready for the admission so that if there is an admission or if there is an emergency and we now a 24 hour casualty and all the emergency and accidents are brought in here so there can be a taxi that rolls up the road here and we have to admit all those people, then what?

I Then you quickly phone her, is there any, so you said you were frustrated, tell me about other scenario's?

R What else? What comes to mind?

I Okay of you look at this document, it basically gives you an indication of the different emotions we touch on a few of them but let's see if we can talk a bit more about that, if you look at being excited, can you tell me about a scenario where you were excited, where you experienced excitement?

R Hmm excited, ecstatic.

I But please think in the framework of the critical care environment and your function as a professional nurse.

R Excited and ecstatic when a patient is exturbated and doing well. A few days later he is transferred to the ward that exists me that we have served enough.

I Okay anything else with excited? Something else that makes you excited in the unit?

R No. Yeah knowing that I am off tomorrow. After a very busy shift knowing that I am off excites me and I am looking forward to it.

I Okay you look at tender?

R All of them, I don't know if you know this patient, Mr Lawrence, he is a paraplegic but had a septic hip, and was having a lot of complications.

I Yes I know the patient.

R Mr Lawrence, nobody wanted to go into that room because he was smelly the wound was oozing puss then whenever you allocated a person to that patient they will be cross with you for the whole day and have a duk lip so the other day I allocated one of my colleagues to the patient and she was huh, huh then I went to Sister Carina and I said Sister I abandoning shift leadering now I am going to look after Mr Lawrence because that is a human being, he deserves to be treated as such, not like a rotten apple and she said no I am not aware of this then I said okay I am telling you this now so can you please call so and so here now, so she called the person and I said I have realised that you are unhappy because I have allocated you to this patient am I right and wrong, No it is not a problem , work is work what can I say what can I do, so I said okay let's do this, let's switch roles team lead and I will go and look after the patient, no I didn't mean that it is just that I have got things in my mind you know at home what, what,what and I said, none of us don't have problems, we come with our problems we leave them in the car as we get out of the car there at the parking and say problems stay here I will see you later tonight you go back to your car when your shift ends and you say problems I am back now let's go home, you don't drag them with you to the ICU unit, because if we all came with our problems and portray them here, a lot of patients will die.

I Okay,

R Becasue we will be trying to oh sorry and oh dear Heleen oh Heleen do you want a jersey, do you want coffee or that kind of thing and we will be neglecting the patient, all that kind of thing so you see. So all of us have problems but we don't display them here, we have a way with dealing with them.

I How did the fact that they didn't want to go into the room make you fee

R It made me sad, angry and I said to they were sitting at the nursing station during the visiting hour one afternoon and I said can you imagine one day you involved in a car accident because we all driving and you end up with a wound that is not healing that has to be treated and no one wants to come into the cubicle or wants to come and nurse you, how would you feel? Because his mind is still intact his, you can see what is happening. Everyone that goes in there pulls up their nose; it is not nice the patient is looking at your expression as you approach them so how would you feel that every time you come into the room they pull a funny face.

I Tell me about, we have done tender now, we can talk about scared, have you ever felt scared in a ICU?

R Frightened, panic stricken?

I How do you experience that?

R With a very ill patient you nervous in such a way that, Am I doing everything right for this person, am I going to win this battle of this patient?

I Okay

R With all the nursing medicine and all you may win the battle you may lose the battle. So that makes one nervous and anxious and the minute you see the patients pressure are unstable then you get very scared about it, how am I going to do this, Lord please don't.

I You start praying,

R You start praying yes.

I How do you feel then, what other emotions do you experience, being nervous?

R Being nervous and anxious and uhm you jittery yeah, please help this patient please, no God please. Mr Brink come on breath breath. And then you just hope for the best

I Yeah the best, is there any other things that make you scared?

R I don't like a died patient, not that I am scared of the cops or anything it is just that I don't like, I don't like to associate myself with them. Death and dying it is not my forte.

I How do you feel about it, if you are nursing a dying patient, what emotions go through your mind?

R It is like I am carrying a whole bag of cement on my head, it is heavy and it is emotionally draining and the worst part is now to face the family.

I Okay. Why do you say that, it is the worst part ?

R They going to come here they expecting information from you, and you can't get hold of a doctor at that immediate moment and they want to know what is happening why did you phone us, what is going on, what is that flashing on the machine, you have to explain that we have lost the battle and the doctor has decided that he comes and he will explain to you that you have to stop this and that, It is difficult.

I Very traumatic.

R It is difficult, that is why they know here I always ask them that if there is a doctor, Dr Botha, Dr Perish knows him, I say doctor if you need to switch off please don't ask me to do it, i cannot you know switch that machine.

I Why do you say that?

R To me it is like maybe there was going to be a miracle to happen and I switched off.

I Okay.

R so it is like self blame and I can't forget this situation you know.

I That makes you feel bad,

R Yes it is like maybe I premature the persons journey.

I I hear what you say, anything else that makes you scared?

R No,

I We, I touched on anger or being angry, is there anything in the unit or experiences that you can tell me when you experienced anger?

R Irritated, yes you get irritated when you get angry, resentful, upset, yes it upsets me when things have to get done and they are not done and the doctor comes and the doctor Why is it not done, and why this and why that. Even though the doctor knows you are just the team leader you are not nursing the patient but doctor expects that you should be supervising the person who has done that.

I So is that happening a lot?

R Yes, we get mad and upset with the person why did they not do the things and we get furious, yes you get furious because now the doctor is angry and he soils the whole day.

I Okay so it is different levels of anger you experience several time during the day, am I understanding you correctly. Okay so anger is actually one of the,

R Daily things.

IK Daily, most happening things, okay. You said a scenario where the doctor didn't do something that the doctor prescribed and they actually just didn't do it and you need and you answer for it.

R Answer for it.

I Okay. Being sad?

R Yes we feel sad when a patient is dying, you kind of grieve with the family and the prayers that we have lost the battle all heartbroken and if it is a person that still had potential versus an elderly person.

I Okay so age is actually important when you die.

R Age and compatibility.

I And compatabilities.

R Yes because it can be a young person with maybe deformities and maybe congenital malfunctions can cause this person to actually suffer, so you can not feel sad for that we have to come to agreement, okay he is resting he is going to better rest.

I You said you grieve with them, how do you grieve with a patient, what emotions do you experience?

R You ask yourself sometimes and I still want to find out, maybe one day when I write a book the last hours before the person dies, I want to find out what goes in the mind.

I There is two books written, five minutes before death and five minutes after death.

R Is it?

I Yeah it is at CUM books it is not thick. So you can go and feed your inquisitive mind but it is definitely at CUM books you can go and look.

R I must go and look. Which books?

I CUM books.

R Oh there is one at Clearwater.

I Yes. Or you can go and look at Gospel direct I am sure they also have it but you just ask them for that specific book, it is five minutes before and death or after death, oaky.

R That is one I normally ask myself when the patient is dying that it is like when you are going on a journey to a place you have never been, you know how anxious and feel the unknown is overwhelming you so I sometimes put myself in that kind of situation. These people I wonder if they are aware they are going, they are dying and where they are going they don't know, what is going to happen they don't know for how long they going to be there they don't know?

I I think it depends on their relationship with God and that give you clarity, I think that is a personal opinion now from me and I am talking out of my research boundaries, okay so we have looked at sadness and we have looked at anger uhm you said anger is happening a lot, sadness especially when a person is dying or maybe you don't know what is happening you know it is unknown, okay uhm happy, we have touched on anything you would like to add?

R Satisfied, optimistic all of them applies.

I Is it happening a lot.

R You become fulfilled when you extroubated your patient and he is breathing on his own, you are glad you feel satisfied that you have done your best, nursed this person to recovery and by the time you go home the patient is sitting up and chatting you feel so pleased like oh at least today I have done something good.

I Okay, so there is a lot of emotions we have discussed we have been through excited, tender, scared uhm angry, sad and happy. It is two extremes as well.

R Yeah.

I Uhm how do Doreen manage those emotions?

R Well there is different copying mechanisms in a day, cause days are not the same.

I Tell me about them?

R Uhm if something is or someone is making me angry I go and I approach them and try to sort it out. Like I said if it is not sort able at that moment then I

can someone to intermediate for us a mediator, uhm if I am scared I want to go to someone and share this and say this and this is happening, why what would you suggest I do?

I Okay so you talk to somebody.

R Hmm.

I Who would that be?

R A colleague,

I Okay, okay what else do you use?

R When I am excited I tell everybody, my patient is doing well.

I Okay.

R Uhm what else?

I Do you talk easily about your emotions with your colleagues?

R Yeah.

I Okay.

R But you know in a work situation people have buddies and clichés that you have this specific person that you can sit and pour out,

I Your heart.

R Your things with, but some of those people esh, ey jey jey you cannot just talk to.

I Okay.

R So when I sit down with Linda and we get coffee and I get good advice,

I Good listener.

R Hmm.

I How do you feel about the fact that she is going away?

R It is sad, but the consolation is that she is not out of the hospital so during my tea time or her tea time we will phone each other and say hey can I pop up or can you come down.

I Yeah that is actually nice, but I am sure you will see her in the mornings as well. Okay anything else that you use to manage your emotions or regulate your emotions?

R Have coffee with lots of sugar.

I Okay.

R Or go to the machine and get some samba chips that is my uhm I normally control my arorpax with samba chips.

I So it is called your arorpax okay, interesting. Or they aware at samba?

R I must write the a letter.

I Anyting else?

R No that is it, some people don't you know you talk but nothing gets done or no like suggestion or comments get given so it is not worth it.

I How does that make you feel?

R Ag I have come to learn to live with it, but if I go to a manager nothing gets done, no comment or advise so you end up just talking just on a professional level and that's it , nothing else.

I Okay

R Nothing outside patient or working related issues.

I I hear what you are saying. So you feel kind of dishearted if they don't listen to you?

R Kind of yeah.

I Okay. Anything else you would like to share with me on emotions or emotional experiences?

R No

I On the regulation of emotions.

R Like I say it depends on which part of emotions is on that day.

I It depends on the day, okay. Do you think this actor will be able to go and portray your role as Doreen Molekane in ICU?

R I think so.

I You think so. Okay Doreen we nearly finished it is just the last thing. If you look at his, it is the team role just to look at your role, you will see it overlaps quite a bit the thing is you need to look at the one applicable most of the times to you, so you can just read through it and tell me which one is yours.

R Kind , creative imaginative. It is interesting. Yeah.

I Okay.

R That one.

I Before I forget I would just like to know about the complaints of the patients, if you are the team leader of the day, what kind of complaints do you hear from the patients<

R Uhm they won't tell us when we are around but once the visitors have arrived, my brother said you did not give pain medication or we hasn't been turned for the last hour or so and here the person is as comfortable as possible, has had a back operations has been explained to them that we have got a pca you are going to lie on your back for these first six hours only then if you are not bleeding we can turning off to the side, if you bleeding we going to turn you to rub your back, this is bla bla bla and we have been here from ten o clock this morning and this and that and then I say remember I came and explained this and that this morning and oh yeah I forgot.

I Okay what else, in general.

R Some say the staff is rude to them, some patients say this one is rude and that patient was maoning at one of my colleagues the more they try to settle and connect everything from theatre, the more they try to settle from theatre and connect him to the monitors, oh he was spitting fire, he was spitting fire I tried to go and intervene and he said don't stand there and tell me what to do I will stand up and go.

I Okay.

R Then I called the unit manager and said sister come and help. I tried.

I How did that make you feel?

R I was angry in the way that we tried to explain to explain the situation him, we gave penalties here but he was just not happy, satisfied with anything we did for him, offered him tea, coffee, water, milk he was just not interested he was just in a mission to stand up and walk home and we said if you want to walk home sir if you will kindly give us the chance that you must phone the doctor and you must tell the doctor that you want to walk out we will give you a paper to say that you are leaving so that if there is any complications with your spine, cause you had a back op, if there is any complications while you are walking out or driving out then the hospital must not be blamed on our behalf because then we are going to like to say why did we allow you to do this and that, he said but I am not going to wait for you to do this as soon as my family comes there I am going to tell them they must take me, eventually he calmed

down for a little bit it was not for long, then the doctor came eventually when the doctor was free from theatre the doctor came and he said we rude to him and fortunately patient next door was awake and aware and that patient said no Doctor, no the sisters were not rude and he started swearing at the patient next door, you know such people when you try even though you are not in the wrong and you are apologising and all that try to calm down the situation and they still not taking then you eventually don't know what they doing?

I What emotions are going through you, what do you think?

R Such behaviour I just tell myself it is aerostatic related and brush it off in my mind, some people get very angry and agitated and say can you please allocate somebody to the patient I am not going to get spoken to like that I will not be sworn at by a patient and what and what.

I Okay.

R Becasue I mean aerostatic make them coekoes and are not responsible for what they say and tomorrow when they wake up they apologise, but this particular one was the same up to discharge when he was transferred apparently he also gave it to them.

I Oh my goodness.

R He went on and on and on, it is in a person's nature sometimes.

I Sometimes yes, any other complaints that you can think of?

R Well some other complaints like the bed is not right and then I say Mrs Brink this is a hospital bed.

I The beds are not comfortable.

R Your beds at home I know are nice and comfortable just get this problem sorted out you are going to go home to your nice bed.

I Thank you.

R And then they complain about the food,

I The food, what about the food?

R It does not taste nice or it is not well prepared I do not like this kind of food like this man who wanted to order Chinese food and I said okay you can give me your families number and I can get them to bring for you, he said no can't I order from the hospital, we rarely have Chinese so I don't think they have for you. Some of them think that they are in a five star hotel.

I Doreen, I think so, I think so. We have realised that when we look at the whole scenario of change in the hospital that a lot of patients expect more and they expect it to be run like a five star hotel.

R Yes, yes and they expect ICU to be having TV and radio and can I use my laptop I need to-do some work her, Sir the fact that you are in ICU is you are ill, not well enough to do your work o your laptop is going to interfere with our monitors we cannot use it here unfortunately and your cell phone – What damn jail is this?

I Jail,

R It is not a jail it is just a confined space.

I A confined space yeah, Doreen thank you for taking part in this research I appreciate your contribution the data will be now transcribed and we will do a data analysis by doing specific themes if I am finished with it I am going to put in in the file so that everybody can read it and I think it is going to be interesting and thank you for your contribution as well.

R Good luck and all of the best.

I Thank you very much.

R I will point you and say see that sister I helped her with her data.

I Oh thank you very much.

Interview 8:

I – Interviewer

R - Recipient

I I want to say thank you for coming for the interview and contributing to my research, all the data is going to be captured on the voice recorder and from thereon I am going to transcribe it and that is basically the way I am going to analyse the data to get the information to write the research. It is confidential so it is only me and my study leader will have input to this and it won't be shared with anybody else. Okay. Let's look at them; you know I am studying at North West University now,

R Yes I saw that paper. The one that we signed the consent form.

I Okay during the interview at any time if you feel uncomfortable you can terminate the interview. So I am going to make notes, is that going to be a problem for you.

R No.

I I have realised in my experience of ICU sisters and being a ICU sister myself that emotions and emotional experiences actually have a big impact on our lives as professional nurses in ICU and especially if you look at the management and regulation of these emotions and experiences, that is why I have decided to do this study on emotions, emotional experiences and the management and regulation of emotions and emotional experiences, but that is specifically a part of, a fore runner for emotional intelligence so that is the end product of the study, basically what I had in mind. Okay so I am going to ask you, imagine I was an actor portraying, preparing to play Mpotseng's role, describe to me how I would have to act and feel to be able to portray you as a professional nurse in ICU?

R Sjoe, gee that is a difficult one.

I Okay take it step by step. I think how I need to act.

R Act me?

I If I am, yeah.

R I am a very extremely sensitive person, very accommodating but I don't like to be trampled on, as I am say if you trample on I jump and I can hit the roof if I jump. I can't control my emotions if I get trampled on and sometimes I do things or say things that I regret saying, cause when I get pushed to far I just can't control my emotions, mostly when I am very angry I can't talk I just cry and that is that, you should know then that I am really, really in a bad space cause I try by all means when I am me I just do my patient and love everybody and we keep it professional all the time because how I can't I don't let people in cause I don't like to be hurt you see, I try and because if I get hurt I say things that I don't want to say so I have decided I am keeping myself in my own.

I distancing, like distancing yourself.

R I distance myself for most of the, for not getting to involved because I get to involved but I get to emotional involved in, especially racially I get to involved that is why I have decided to put this wall around myself so that.

I Okay.

R Maybe for the period that I have been a nurse there is so many things that are happening to us as nurses that we, we can't say anything about it and I feel it is not fair and if I verbalise it, it is like you are the, this rotten potato in this bag and I have decided I am not verbalising it you know I just work here, get my salary and go home.

I Okay. Okay what else? Remember I need to act to be you.

R That is basically the me now, those that know me from before, if I decided to opinion outgoing I would say it, and I am a good sister, uhm you have to do it by the book, with me I think that is how I look after, I look after my patient. I hate paper work; my patient will be done everything from head to toe but the paper work I might finish it as half past six, when I go home. It will be finished by the end of the day but I hate nursing, because there is too much paper, there is too much reputation going on and a life challenge, if you give me a very sick patient that is my adrenaline uhm this high care patients make me, it is not a thing, I do not want to go to another hospital I am stuck here, slowly and surely I am losing my interest in nursing.

I Hmm

R That is basically me.

I Is it not stimulating enough, High care?

R You know what nursing is not, nursing the way management look at it now, it is not the same game, it is not by far the same as the actual nursing came and it makes you lose interest. Me I rather do it fully or I don't do it at all and I have reached a point where I have to do it half way and it doesn't work for me. It just doesn't.

I Okay, why, you said it is profit based and you are working for a private institutional so it is a reality that we have to face, how does that make you feel?

R It makes me feel useless, cause you are not giving your best, like the other time we had the thing for cardio, I knew it doesn't work for this patient, and the hospital wants to do this cause whatever, and you just give because you are there but you are not getting the actual results at the end of the day the patients going to pay more than if they were just giving the cardio, the difference in monetary terms where in the long run for the hospital it is a lot of money like R1.00 or R2.00 where for the patient was it was not, you understand what I am saying, they look at the profit for the hospital they don't look at what it does for the patient and things like that, I think it is a lot of anti politics it is anti politics don't work at all the generics I have seen it happen with just small things. I have got two children that are asthmatic and they

gave them Augementin orally generic, it doesn't work, I mean the same temperature, now where I take my children they know I will rather pay extra and for once and have that consultation once then go and come again two days down the line where the temperature is higher. You understand what I am saying, it is the same thing that is happening in the hospital and as the Dr put her foot down like with Dr Botha they know she put her foot, she does not do generic antibiotics, whether the hospital screams or don't, she does not want them you understand what I am saying.

I Yes.

R But I understand the need to save costs in order for them to get a fourteenth cheque that is fine by me, but somewhere you have not to be rigid, you have to be flexible and you understand. When they changed to this new ICU that we working the equipment, they brought quiet a number of companies to come and sample the equipment but the management still needs the final decisions. You have got Villa is the worst ventilator you can come across, but we start with it, you understand what I say, it doesn't make my job easy. It makes management look better because they have saved a few thousands.

I How does that make you feel?

R It makes me feel, it makes me more non interested. It makes me angry, I don't know how to, I just go with the flow I just work come and look after my patient and go home, what comes after is not my problem. That is how we feel you that is how I feel basically. When we sit among ourselves and talk, that is how we feel most of the time, cause we have got children to look after, we don't have options. If we have Plan B we will have maybe lot of us go. I love ICU, I have never worked anywhere else except in ICU but I don't know at the moment. I am really thinking of going and do Occupational Health get out of there.

I Okay, sjoie that will be a career move. Challenge for you.

R It is lovely there.

I Yeah. You said you are sensitive, tell me what feelings or emotions do you experience as a sensitive person?

R Anger.

I Anger, okay.

R How can I put it, I don't, mostly I can't express myself ne, I don't want to be looked down and I don't want somebody who looks down on somebody. Even if you don't do it on me and there is a cleaner and you talk to the cleaner anyhow. I am going to jump you at your throat because I still feel they are all

human beings even if you educated don't look down on people. That is why I say my sensitivity is even if you are not directed it at me, even if I heard or I see you I am just going to jump on your throat. That is why I say of late I am trying to build this wall around myself so that I don't get to to much fighting and if I am happy I am happy and if I am angry I am angry that is why mostly I have just will see tears falling from my eye.

I How do you feel beyond that wall?

R Hmm, it is lovely.

I How do you feel behind that wall,

R I am happy.

I Happy? Okay.

R I don't feel, you know what this wall ne it is basically when I am here, when I am home it is a different, the minute I take my bag and my car keys and I leave this woman at the back there, it stays I don't take anything home.

I Okay.

R I am protecting my family because if something goes wrong here the first person I phone is my husband and he never helps the situation on, so if I speak to him and I tell him this and this is happening come home and it is not a realistic thing to do but he also feels the pain so I have decided when I am here I build this wall so I don't get hurt and have to phone him because he also get hurt in the process and as I leave the unit I just forget completely about what happened and I just go home to be with my family.

I Okay you said you are accommodating, what emotions would an accommodating person portray? What would you experience what type of emotions would an accommodating person experience?

R It depends if when you accommodating a person he is bringing her problems to you then you would be sympathetic, most patient I don't get involved personally, I become empathetic with most of my patients because I don't want to take the baggage with, but mostly with most of the staff members like, of recently I had a problem with that most of the small black girls, if they have got a problem they will come to me because they feel more approachable for them to come and tell me their problem in the unit that it is not personal outside but mostly what is happening in the unit and things like that and it was a problem with the other staff members and they had to go Carina that these girls don't come to them as Team Leader but they come to me and ask me, and maybe it was because I am approachable and if you come and ask me what is adrenaline I won't look down on you that why don't you know what

adrenaline is, I will explain to you and say it does one, two three but go and check the memos as well so you can enlighten yourself you know that is how I have been, approachable with the other girls that are here and that it was seemed like it became a problem with the other ICU training sisters then I have decided to tell them if I am not Team leading and they come and ask, i say go to Heleen or go to the Team Leader and.

I Okay.

R And that caused a bit of tension and I just said it is not my problem it is not being addressed properly and something like that.

I How did you feel?

R Angry.

I Anger, okay when they approached you, how did you feel?

R Good,

I You felt good about yourself, okay. You also told me you don't like being trampled on, explain to me, what's trampled on?

R If you don't see eye to eye and I put my dreams forward and you look down on me, that doesn't seem right for me and makes me very aggressive, but if I feel especially racially.

I It is important to you.

R Yeah, I know I am black and I am part, don't make me like you say to me Estelle if she says I am black she does not say anything is wrong, but don't make me feel as if I am a second class citizen I can't bare with that it makes me aggressive.

I Okay, do you know why you are so sensitive about it?

R It is the treatment that you get.

I Treatment.

R Yeah the treatment you get as you come into hospitals, my first ICU was in Flora and they were extremely extremely abusive.

I In what way?

R Verbally, uhm yeah mostly.

I How did you feel when they verbally abused you?

R You know when as I started having this how can you call it, initially I did not have this good coping mechanism if you push me I used to be pushed and I feel the pushing I used to go and crying myself and go back, but eventually I decided that I am going to build this wall and fight my battles and it doesn't make me a better person but that is my coping mechanism.

I Okay.

R To us. We can be very shrewd sometimes to each other.

I Okay, explain.

R I believe if like you get the new nurse coming in your unit. She doesn't know your Unit, it is a new environment you know all those things you need to hold her arm and walk with her until she can find her feet, now with us nurses what I realised if I come in and I don't know the monitors yet , it is like wow where does she come from. You understand and it is not the right way to treat each other and it is still happening now and I feel, cause we ourselves before the doctors can pull us down, we the nurses pull each other down. When we come to the doctors which we verbally abused, they make us feel stupid most of the time you understand, by the time you get to the doctors you are so mentally drained that you just say, whatever, because most of the, even if you know you have done something wrong and the doctor screams, you just agh!

I So if he screams at you, what do you experience?

R Of late I am very very verbally.

I Sorry.

R Of late I am very mean, I am said back because I believe if I am not going to stand up for myself nobody will, cause the management is not going to stand up for me. If they feel like they want to fire me they might as well fire me for something that I have done or for something that I have not done, because even if I still do it the doctor is not happy, he is still going to the management and then he might as well go to the management that I have added my two cent worth of my. If I have done something wrong I will say sorry, but if you come and just crap on me, I am going to, because I believe if you want the respect from me, give me the respect.

I Okay.

R I am somebody else's wife and a mother to somebody. If my son walks in here and find you talking to me like that, do you think he is going to respect me? He is not going to respect me. If you want respect from me, give me the respect.

I Okay, that is good

R That is my, mostly my standpoint of since I stood up for myself not everybody is?

I Good for you, Is it hard for you?

R It is.

I What do you feel when you need to stand up for yourself?

R After you know when you start standing for yourself, you feel you will have that fear because everything has got consequences you understand and the doctor is a client here, I am just an employee. The hospital values him more than they value me. The chances of me getting fired they also very high you understand. But when we have achieved, when the doctor realises that he has done wrong and you come to an understanding you feel good about it that at least I fought the battle and won.

I Okay and if you lose how do you feel?

R Ag you win some you lose some. You feel a bit despondent you just have to keep your head above the water and move on. It doesn't take anything from anybody to say sorry.

I Yeah that is the truth.

R Absolutely.

I You said you say things you regret, if you said something that you regret, what do you do, how do you feel?

R You feel sorry for yourself, you feel your ego has been, you must just go back in there and say sorry.

I So you feel sorry for yourself and after you have said sorry to that person?

R Your mood get, you feel good.

I You feel better,

R Yeah.

I Okay, you said you cannot control your emotions when you are trampled on, explain to me all of these emotions that you can't control?

R You got through stages if something has been to you, like I might not be having the sequences but like if I go into a office and let's make an example and you had a problem off looking after babies here in ICU and I put my foot

down that I am not going to move that baby , I am an adult ICU trained sister if something goes wrong with that child there is nobody who is going to stand up for me and I will tell my boss, I am not going to look after that baby and the baby was going to be my patient but I didn't know until the patient was in theatre that it was a baby, it was eight years or so and I refused I went into the office and I was told that I am going to take the baby then I argued I didn't like to be told and somebody said to me as well and I went from crying and I left the office to just sit somewhere by myself Carmen found me and I didn't even want to talk to her, that is how angry I found it. But after some time I went into the office and I told her, I cooled my emotions down I went into her office and I told her I am going to take the baby I am already here and I will send her an email when I get home, cause the baby was going to come whether I like it or not and I was the only sister. I went from being angry and I expressed my anger by crying myself and I cooled down, came to my senses I had to do the best that I could for the child against all my beliefs and principles.

I Put the patient first. That must have been difficult.

R Extremely. But eventually all went well; it is always too much of emotional battle in nursing.

I Tell me more.

R You don't make your own decisions, decisions get made for you and you just have to live with them and you, we have decided. Most nurses have decided to be submissive, they not going to question it, if they question they just going to crumble there in the corner you know and I feel that is not fair and that is what I am saying I am just so sick of trying, if I get another plan I will go.

I Plan B.

R It drains you emotionally, physically you get so drained up and you not going to do proper patient care if you going to get drained emotionally.

I Okay yeah that is actually the truth. At least it is shown that emotions emersed improves patient care.

R Yes it does. It does yah but we are so drained most of the time. We don't have anybody that we can go and cry to, if we want to send this paper it is part of the paper work it gets sent through we don't have a view or input to it.

I That is the truth hey.

R What can we do?

I Anything you would like to add on controlling your emotions.

R Maybe that in doing this you will find a way of helping us control them better cause if everybody is going to have to build a wall around themselves then it is going to be difficult also interacting.

I Yeah it is. Cause you are a obstruction and there is no flow in communication.

R Maybe when we do this we will find another way of looking at it but from my period as a nurse, it is the best option there is.

I You said you need to be professional at all times, what does it mean to be professional?

R It means to be accommodative addressing people with dignity and always being there for the patient that we came here for.

I Okay. Would you say, being professional is setting borders for yourself?

R No uhm?

I Within which you are acting, could you say that?

R Setting borders?

I Hmm. Or put you in a box?

R Not necessarily cause you, not necessarily you know what mostly if we are not under the dire strains that we are on, even if a visitor is arrogant to you, if you are professional you will know that you are overstepping your boundries but because our emotions are mostly so high we feel that you don't have anybody that we can vent our frustrations on, if a visitor is arrogant we are already that high hence we on that high it is easy to be blown out of proportion but if we had a way of sticking to be being professional and not being overwhelmed by our emotions we do go beyond that.

I Okay, okay. I hear what you are saying. You said you cry, do you cry in front of people do you think that you can cry in front of patients?

R If I am pushed, they just flow they are uncontrollable

I Okay and you are not scared to cry, not at all. Okay.

R That is my coping mechanism.

I Okay.

R If I decide that I am not going to give you, that is my answer it will just flow out, but if I decide I am answer, Phew!

I I can hear if you cry that is one of your coping mechanisms and if you said you build a wall around you that is also one of your coping mechanisms or way you manage your emotions am I right? But you also said that you don't let people in, I assume it is the wall, you don't let them in.

R I don't want to be hurt.

I You don't okay, all right.

R And this wall that I have it is only my family and nobody else don't get it, outside here it is no friends. I don't go and say I am visiting and I don't find the time.

I You very busy with your family.

R I am busy and if they are at school I sit and watch TV or go walk around the mall.

I Okay you also said you distance yourself emotionally especially when it comes to racial things uhm how does, you also said that you don't want people to look down on you, explain, explain to me all those feelings.

R You know that those people who are being ICU trained and it is the thing they think it is the best achievement there is and they look down on the staff nurse and they look down on cleaners, I just don't, it makes me very very uptight.

I Okay.

R Not looking down, well doctors look down on us and.

I Okay so it is that aspect of looking down and not being acknowledged for who and what you actually are?

R That is why I feel I am good I am a good sister. I am not saying I don't make mistakes everybody makes mistakes but I feel I am a good sister and when you come and you give your orders at one of the doctors said the other time to me, it was a small child here and one of the sister said do you know what he wrote he gave 20mg of something, he said will you know how to calculate it, it made me feel so, I just walked away, you know with us here it is either going to be a team leader and a sister looking after the patient, there is moments like that I don't feel like I have to answer you, you must not think I am stupid, that was the next thing that I was going to say. It is the same as I know Afrikaans but people that I work with make me hate Afrikaans I can hear and I can answer Afrikaans if I want I am Afrikaans if I want I can answer, but they make me hate Afrikaans because they will come and as they doing rounds with the doctor and I am looking after the patient and they will stand there and speak amongst each other and they make me feel like I am useless

and when they finished with the doctor they will want to translate to me and I will say no whatever that he said to you, you can look after the patient and they feel like I am being arrogant but I am not. If I am there with you why not speak a neutral language and one doctor said he was over my patient and I said can you please speak English so that I can understand, he said he will get someone to translate and I said then they can look after the patient I don't want to be translated to I am a trained ICU sister and everybody felt that I am arrogant and I felt that I am not arrogant I need to be recognised because I can also speak in Sotho if that we have to go there I can also speak in Sotho and that would be very interesting.

I I hear what you are saying.

R You understand.

I Yeah. It will be challenge if everybody is talking their own thing. Uhm you said you feel like a rotten potato, explain to me.

R It is like I am the one who is standing, when I stand most of the time. I stand most of the time if I see things not being done fairly.

I Okay. How does that make you feel?

R If I fought the battle and won I feel good. Which I do mostly, win. I feel people don't understand me; I don't fight unless it really is necessary and when we do something wrong you forget but the person you have done harm to do not forget. I am when you do it today I can overlook it but when you do it maybe I can confront you and then cries and they say I am bearing grudges when I say you have done it on this day and I overlooked it and you know and I am bearing grudges I am just really trying to get this person to help herself and by the time I will be reacting on it I will be very hard.

I Okay, how does that make you feel if you keep all those days in you and then one day you tell them this and this and this day you did this, so how does that make you experience it?

R Good and bad. Good in a sense that you don't get that confrontation there and there but it is bad that somebody may not even realise that they are doing something wrong to you and by the time you blow up they become shocked that I did not know I was doing something wrong.

I Okay does it happen frequently?

R But my experience is those that are confronted that they are doing something wrong ne at the end of the day we have got an understanding.

I Okay you work it out.

- R Yes that is what I say good and bad because the bad part is if I have done it then would I have destroyed the relationship in the process by the time we build the relationship again it already has a few scarred tissues that needs to heal.
- I Yeah okay, you said you work by the book, tell me a person who works by the book what emotions do they experience if they work by the book?
- R It makes me feel good because you know you are going to be, if you do it right from the beginning it is going to give you good results. As I work by the book if I have to look after my patient and I have to do patient needs adrenaline I would not wait until the adrenaline is finished I would always have spares you know and when I am team leader I always have a whole lot of frictions because if you don't do it right from the beginning I feel you are being insubordinate and doctor will write it down. You come around and realise it is the 3rd dose that has not been given and you ask why was it not given and you don't get a proper answer you can't say it was the porter, you tell the porter I need this now you understand even from the pharmacy you say I need this now. That is how by the time I sit there and read my book most of the things are planned and I want people to make their lives easier, it makes life easier. Except a chart.
- I Coming back to the chart if you are going to complete the paper work how do you feel, what experiences do you have?
- R Yeah when I have completed I feel good, but before that I feel drained every time I look at the chart I think Jesus Christ I have to do this.
- I You feel not ready, you also like challenges. If it is a very ill patient you would like to look after the patient because it gets your adrenaline running. How do you feel when you are finished?
- R You feel very good you know to add on that I had to resuscitate a patient on Saturday when I was working and I felt like it was only me and the doctor cause I was the only ICU trained sister, he had AIDS. Eventually I was backing the patient and rubbing the shoulders cause when he say go and fetch this I have to explain and I hate explaining when I say do the pressure back I take one ml of this and 1000 of that it is like putting the same as me doing it myself and eventually I felt so frustrated that I end up screaming at Dr Perish as well to and the resuscitation doesn't go well because one you don't have the hands and two you end up being at loggerheads with yourself worrying about the rest of the patients in ICU while you are still backing the patient somebody needs to do CPR somebody has to make sure that the ventilator is connected properly. We check the ventilator but somebody says I need to know the peep time somebody needs to know what the peep is. The

private they are more concerned with our profit than with patient care, when the hospital started and ICU there had to be 3 sisters whether there are patients and whether there are no patients. This is thing of EN's coming to ICU it is well for profit, we have done well profit wise for this year, make them have good profit but they are not yet competent to be there when you do your resus. Therefore high cares if I was the unit manager or the hospital manager I would keep the other part as high care and get one trained sister just to oversee and get this EN to do just the nursing of the patient. But we have got in an ICU there have to be 3 trained sisters who will know what to do when we resuscitate a patient.

I Okay I hear what you are saying.

R But not in this hospital, not any more. But maybe not everywhere. I have been around.

I Yeah it is not everywhere yeah.

R I have been around and that is what I say I am still stuck here I can't go to another hospital until I get my plan B.

I Yeah they will rather close down actually than employ three persons to stand in. They will send you out.

R But what happened to patient care? Have we someone when we need to connect adrenaline to the patient pump and the nurse could not, I was backing the patient and the doctor was busy. We had a small line that we could still run the adrenaline, but she did not know what I am talking about when I say 1 mg per minute, you understand.

I I understand yeah.

R That is why I say someday I am going to stay at home.

I Shame.

R It just pulls you down you just come in for the salary.

I Hmm.

R Because we don't have the expertise.

I Okay it is actually scary if you think about it. That you have reached that stanch. Is there anything if you look at this paper, can you tell me at any specific time a scenario that made you feel those emotions? Take them one by one please.

R Does it have to have in the hospital?

I It needs to be in the unit please.

R Excited when my patient extrubated himself the other day and it was bound to happen , that was the only I told the doctor that morning the only way to extrubate this patient is crush extrubation and doctor looked at me, he was on the phone. The physio was with the patient and did not put the steri cap back up and it was next to it hanged there and the hands were restraint and he took hold of the and by the time my patient, but he was fine and my patient was fine.

I The timing was right.

R The timing was right but that was the only thing that had to happen. Angry.

I We have looked at that one.

R Hmm?

I I think we have looked at that one unless you would like to add something? No.

R Bad temper I know I said something to one of the nurses if they fails their osky will they be fired and she went home and cried. I was sitting with a nurse who was crying throughout the osky the whole day. I was worried throughout the night and at 7 o clock I was at the office still very angry from the previous day, that is how angry I can be. But I had everything in front of her, because the patient was not looked after, you can't look after a patient if you are crying and you will be fine the next day.

I Okay. And those situations are difficult.

R Happy when I have to push my patient out of here and she has survived the ICU. It was a patient that was 50 something that had a stroke, I felt like sorry for the family they are still young and every time he sees his family he was crying and the day that we take him out of here and back to the ward I felt good about what we have to do for him.

I Okay.

R It was great that he went home, he is still struggling with his leg and his hand.

I Okay good news.

R It makes you feel good about your profession but mostly shortly.

I Okay.

R Sympatheic. I always get the hard patients I have got a patient now that was supposed to get 1mg medication and was given 5 mg's; you give the family a hug now and again and are sympathetic.

I Supporting them.

R Scared, Oh It is not every day that I am feeling that that is why an example like, no I can't get anything for scared.

I Okay, Sad.

R Sad, you like with that small boy that died here in ICU we were all so heartbroken so demotivated. Cause it also made us realize how short life is and how one can make a mistake so. It never should have happened.

I Did it let you feel vulnerable?

R Yes, a lot because you know when you look at a situation like that the doctor has done his share at the end of the day it is always the nurses fault that makes it so scared, so vulnerable so not know what to do cause it might happen to you tomorrow.

I Yeah because you are human. I just pray that it never happens to me.

R Eish!

I Okay so happy, did you do happy?

R Yeah. When my patient extrubated himself.

I Okay during that situation that you mentioned can you give me an idée of the emotions that you experienced?

R When?

I That day with that child.

R Sjoe, you know you always put yourself in that boots of the family, if it was my child how would I react, I mean it was sad, it was painful it was especially as a parent you just don't have a weight for the emotions you are going to go through, you know when they were doing the brain scan on that child the mother was waiting and you can see her being hopeful but they would come there and you would see it in her eyes you could smell it you know, that is why I don't want to work with babies, I did not do peads for a reason cause I can't uhm differentiate my emotions seen it comes to children, even mine at home when they are sick I cry with them. It is different that you are a nurse when it comes to your child the book does not work at all.

I Yes.

R I felt sorry for that woman I felt and you could also sense the anger from them but they just did not have that person that they could use as a punch bag. It would have felt better if you got somebody that you can just hit to get all. It was, that is why I refuse to work with babies, I tell you I refuse.

I Hmm. That must have been one of the most traumatic experiences I think that ever happened in this hospital.

R And the sad part is nobody in the hospital felt the emotions that we went through that day. Nobody came from out there and said girls we are with you even if you are not looking after, did not look after that child it was like a dark cloud it was just hanging in the air.

I Okay.

R And sometimes you just need that acknowledgment, that appreciation.

I Yeah.

R To also boost your moral, it also boosts you up a bit.

I Yeah.

R You don't want them to come and give us managers, that hug that comes and says thank you guys you had to stay here with that child you had to stay there with this family you have to see the brain scan and if you a mother and even if it is your worst enemy you don't wish it on them.

I Absolutely.

R We went through it we went home we slept and next day Wilgerheuwel was still standing.

I How do you feel that should have been managed, except for the fact that management should have made them self more visible, in what way would you suggest to other people they can regulate or manage their emotions.

R You know when it comes to children or your spouse's there is no way of controlling your emotions. My husband was in hospital for almost three weeks and since he has been in hospital I sympathise with all woman whose spouses are in hospital. Cause I went through it and I know how hard, not well financially because he is not working when he is here but emotionally all the things that you were not appreciating them, you start appreciating them more when they are not with you. He takes the children to school, I don't know if any of you take the children to school you know, but then I have to wake up even if I am coming on duty and drop all three children off at different schools.

The you start valuing life more than before that is why I say unless things happen to you never know how it is.

I Hmm that is the truth, that is the truth.

R That is why I am saying the emotion will always be there and there is no way of controlling that.

I But you and the other staff members how do you think if you need to talk to your colleague I mean I am Heleen and I have been in the whole situations and I to manage my emotions what would you suggest to me then, how can I go through this.

R There is no easy way there is just no easy way, you know with situations it varies but when your family member is in hospital the stress levels goes up an up and up and you need that trigger to trigger the whole emotions that you have been building inside and with this child there is no way that we are not going to be emotionally involved because most of here are parents and the way it was handled did not help the situation as well and I don't know.

I Okay.

R It is still raw, nervous. I think basically we have just decided to put it behind you know in the back of our mind we haven't forgot about it is still there in the back of our minds and.

I Do you talk about it?

R No it is very sensitive subject to talk about, it is extremely sensitive especially those sisters who look after the child.

I Do you talk to somebody else about it, maybe another colleague? You as person.

R No I don't.

I Okay, all right.

R It is very, very sensitive. It is extremely sensitive.

I Okay. Any other emotions you would like to share with me. How you would regulate your emotions or emotional experiences?

R Hey, there is no formula.

I Sorry.

R No formula.

I Okay.

R There is no formula to regulate your emotions, just take it one day at a time.

I Okay. We have looked at quiet a lot there is a lot of emotions in ICU that is why I actually picked this topic so we have looked at things that make you excited, we have looked uhm things that where you actually attended to patients and happy emotions and then we looked at the sad ones which is sad anger and scared and we also you explained to me how you manage your emotions and that also added value to me as well. For my contact in my study I need to put you in a area and a role in the team so can you please identify yourself there. One that is most applicable to you.

R I am a team worker .

I Team Worker? Mpptseng before I forget I want to ask you about complaints if you can tell me the five main things the patients complain about? If there is more you can tell me more but,

R In ICU

I Here in ICU, just because normally the complaints are sorted but because I don't have any, for my study I need to put in complaints and because they are sorted nobody remembers them and that is why I am asking you if what do patients in general just, I know most of them is just B3 complaints so it is sorted at unit level but most of them.

R The most is nice it is an open plan unit, and it will be,

I Okay.

R Patient care, and there is mostly incompetent nurses that we will be having.

I Okay.

R But like you will get issues that patient complain of pain,

I So do they complain about pain as well?

R Yeah, the lights.

I The lights, anything else?

R Mostly the most but unless if they complain about a specific person who have done something wrong to them. It happens now and again with some person, most of it is due to visiting time they don't understand that the family has to come at a specific time.

I Yeah. So that is also a problem.

R And the machines.

I I think it is because it is high care patients.

R The machines tweet, tweet, tweet all the time, people have to put alarms on and most of them they have A lines and they turn or they move their arms and the blood pressure will be fluctuating throughout the night and the machine will be tweet, tweet tweet throughout the night and he never sleeps.

I Okay.

R That is why if things were going my way this would be high care would patient were we could push the alarm a little bit and they can sleep but if you have got an unstable patient like that you still have to put those alarms very close to each other, those machines will be screaming, the ventilator will be screaming the CVHD will be screaming.

I That can be very noisy.

R Most is high care patient that is complaining of people walking past.

I Yeah that is difficult they actually need to make a new entrance on this side, they need to to make a High care entrance make the hall longer and make a high care entrance here somewhere and

R And change it,

I And change it for infection control purposes that you

R There are patients here that run, the family complains to especially like tomorrow the site will be day clinic and can you imagine the traffic that goes into ICU

I Oh yeah, yeah that is difficult.

R They just need to make up their minds, is this ICU or is it an extension of the ward, if the ward is full and it is not fair to the ICU and so far no one is prepared to move this side.

I No and you don't have any work space or anything.

R But it was improved we are not going any further.

I Between me an you let's not go there. Thank you very, very much for your contribution I really appreciate it.

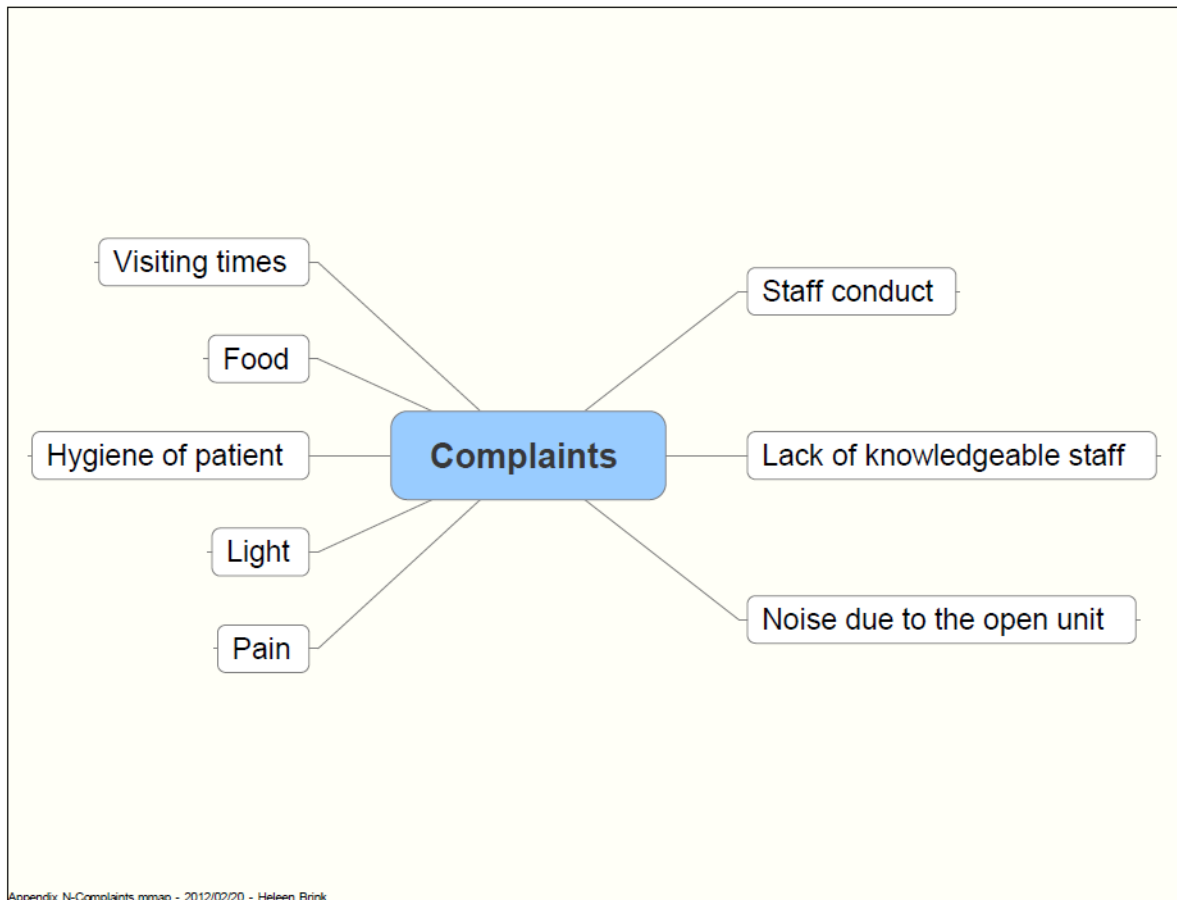
R All right.

I And for your time. Thanks.

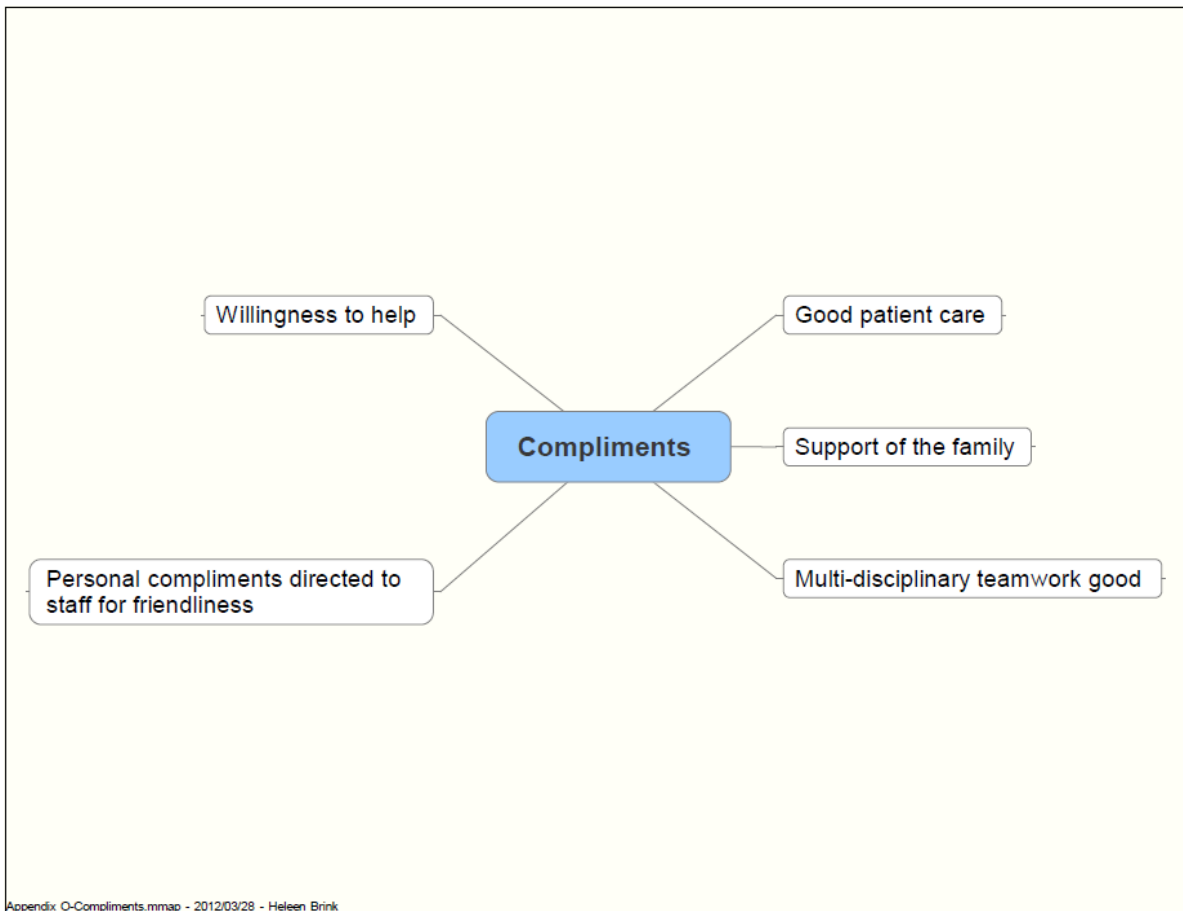
R You are welcome.

I It is a pleasure.

Appendix N: Complaints



Appendix O: Compliments



Appendix P

Personal narrative on complaints in the critical care unit

I am the clinical training specialist responsible for the speciality areas; implying the staff and the students in the specialities. I come around in the unit, on a day today basis.

The unit performs very well, if you look at the scorecard developed by management to assess key performance areas, the unit score very high. The unit manager won the unit manager of the year award two years ago. The critical care unit can be competitive at times.

The students function as staff members in the critical care unit. Students verbalised that they get negative feedback from the unit manager if they report incidents. When I enquired about it the unit manager explained that some of the staff is eager to rapport incidents which are not valid. At the end, it is difficult to assess the real circumstances.

When I enquired about the complaints of patients in the unit; the unit manager verbalised that there is no complaints. This was strange to me, because of my experience in a critical care unit; it did not look like the real picture.

I further investigated and looked into the different types of complaints: Priority one complaints is complaints that needs to be resolved at unit level; priority two complaints is letters from the patient or family; priority three complaints is when you read about the complaint in the newspaper or see it on the television. Again no priority two or three complaints could be found. This left me with priority one complaints, I came to the conclusion that the complaints do exist, as reflected in the interviews. Therefore it needs to be resolved on unit level.

Appendix Q – Summary of emotional experiences of critical care nurses and the regulation of these experiences

Emotional experiences of critical care nurses	Regulation of these experiences	Interviewee
Internal regulation		
POSITIVE		
Emotional experience of faith	'ás dit nie vir n Hoër hand was nie'	3
	'jy moet humble wees'	3
	'The One Person you cannot walk without, if you do ICU work'.	
	Go to church and pray.	1
	Open about emotions.	1
	'Here laat my asseblief die les leer wat ek moet leer'.	3
	'pleasé help this patient , God, oh please'- 'you start praying for the patient's condition'	7
Emotional experience of being needed	'voel great as iemand jou vra om te help'	3
<i>Vulnerability of patient</i>	'and their lowest point so they are vulnerable'- 'you are seeing them at their worst'-empathy	2
	'he was smelly, the wound was oozing puss'	7
	'you try everything as long as its legal'	7
<i>Challenge</i>	'make sure the patient is totally looked after'-empowering.	5
<i>Individuality of patient</i>	'empowered knowing this patient is sick, and need your care'.	5
<i>Work ethic-Satisfaction</i>	'you cannot disconnect yourself and think you just going to nurse the patient on the ICU chart'-importance of patients'.	4
	Patient advocacy	7
	'me I rather do it fully, or I don't do it at all'- 'according to the book'	8

	Patient aggressive post op-'I separate that kind of attitude from the body'	7
	Ectstatic:'patient extubated and doing well'	
	'the patient is dependent on you'.	5
	'when I am looking after a really sick patient'.	5
	'patients cannot speak for themselves'	6
	'discovering each patient has got a story; not just another back'	6
	'stop and check who it is'	6
	'put myself in somebody else shoes'	7,8
Self awareness	'ek dwing myself om te se dat dit nie so sleg is nie'.	3
	"I must tell myself it is anaesthetic related, and brush it off in my mind'	7
	'ICU trained people look down on staff nurses and cleaners'	8
	'That is why I am trying to build this wall around myself, so that I don't get into too much fighting'- 'I don't get hurt'	8
	Compassion, tolerance sympathy, empathy	7
	'I carry a whole bag cement on my head 'experience of ill patient	7
	'if it happens, you deal with it'.	3
	'Here laat my asseblief die les leer wat ek moet leer'.	3
	Dankbaarheid.	3
	'keep your attitude as positive as you can'	4
	'I talk to myself'-'I am not crazy'	6
	'I talk to myself a lot'- positive	6
	'Question yourself is it too much coffee'- Over excited	6

NEGATIVE		
Emotional experience of being powerless underlying emotion of being scared	'daar gebeur te veel dinge wat buite jou hande is.'	1
	'I can't talk'	8
	'you don't make your own decisions, decisions get made for you'	8
<i>Guilt</i>	'you have to stand back allowing it'	5
	'a lot of staff members come here and are petrified'-agency staff	6
	'It is like self blame, and I can't forget the situation'- 'maybe there was a miracle going to be happen and I switched off'	7
	'with all the nursing and medicine, you may win a battle or you may lose a battle'	7
	'you will not show people you are sad'	6
	'I know there is nothing we can do for the patient 'especially the younger ones, less than 60years old'	7
	Guilty 'I cannot do anything	2
	Frustration.	4
	when things happen and patients pass unexpectedly'	4
	Feel guilty- doubt self.	3
	'Ek was devastated, absoluut te gronde' toe pasient dood is.	3
<i>Hopeless</i>	'Ek voel half ek weet nie whereto'- loopbaan.	3
	'I hate paperwork'- 'I hate nursing'	
	'you are so used to pleasing others; you actually start thinking less of yourself'.	5
	Not interested- 'when we sit amongst ourselves and talk, that is how we feel'	8
Emotional experience of control underlying emotion of being scared	'jy kan nie emotional betrokke raak by almal se problem nie.'	1
	'withdrawn'- 'concentrate on my work'.	2

	'I don't take anything home 'I cooled down my emotions'	8
	'write the person right off'	2
	'jy moet partykeer net n bietjie terugstaan en n diep asem vat, okay stop nou net eers'.	1
	'there is no point of me joining the merry band over there'-very stressfull situation.	6
	'deal with it just putting your emotions aside and just do your job'.	5
	'not so show emotions: 'try to shelf it an archive it'	7
<i>Focus on the job</i>	'focus on the job at hand, and less on the patient underneath'	6
	'ek het gedog ek sal huil of wat ookal', 'maar ek het nie'.	3
	'net logies deur dinge werk'.	1
	'gevoelens nie maklik wys nie.'	1
	'ek moet myself in check hou' professioneel wees.	1
	'asked to be excused and go outside and cry'.	2
	Go outside 'take a deep breath; and the minute I come back all the things is gone.	2
<i>Professionalism</i>	'it keeps things under control'-professionalism	6,8
	'I forgive a person but it will still be on my mind'	2
	'put your own emotions aside'-'put a mask on and hide your emotions'.	5
	'I manage my emotions if I do not show much to others'.	6
	'I try to keep things under a very neat hat, while I am at work'	6
	Professionalism internal and external clients	7
	'You are a professional, you will know when you are overstepping the	8

	boundaries'	
	'put up your workplace'	6
<i>Seek knowledge</i>	'get them to understand what they are working with'- 'a human being or a family'	6
	'groups that works well together'- 'pleasure'to work-'feels like you use your brain capacity'.	5
	Use technology-'I am always the first one on the phone; what is it?'	
	'it's like a dog with a bone-I have to know, I just have to, it's like a certain level of anxiety'	6
	'interested in things around you'- 'nosy'	6
<i>Inquisitive</i>	'I eavesdrop on peoples conversations, and demands to know what is going on'	6
	'I must know who is who, and what is happening'	
Emotional experience of anger	'I wish I could hold down the person, but at the same time I am here at work'.	2
<i>Emotional labour</i>	'I would just go to her and just be brief and short with no smile on my face'-patient	2
	'd death and the dying is not my forte'- 'doctor, if you need to switch off don't ask me'	7
<i>Emotional conflict</i>	'spice up so my patient does not pick up on the hate.'	2
	'I felt like I could kill her'- negative incident with staff member.	2
	'working for a private institution makes me feel useless'-	
	Kind dood-'ek het daai dag twee kilo's verloor van pure stress'.	3
	Í hate paperwork'- 'I hate nursing'	8
	'I am afraid with nasty words things that come out'	6
Emotional experience of compassion fatigue	'ek het n emosionele breek nodig.'	3
<i>Low self esteem</i>	'ek is baie afgestomp.	3

	'the hospital value him(the doctor) more than me'	8
	'you get so drained up'physically and emotionally	8
	'I don't want to be looked down at'	8
	'doctors make me feel stupid most of the time'- 'don't make me feel I am a second class citizen'	8
	'at least you are doing something right 'if patient is progressing well.	
	Werk is n 'punishment'.	3
<i>Survival mode</i>	'Jy bly maar stil'op die ou end is dit soos n stoempot.	3
	'in hierdie eenheid voel die meeste van ons ICU trained nurses so'.	3
	'take a while to start my engines'	6
	'you are so used to pleasing others; you actually start thinking less of yourself'.	5
	'kompetisie tussen mense, ek dink dit is deel van survival mode'.	5
Self talk	Gestress-'ek dink aan soveel goed in my kop wat ek moet doen'.	3
<i>Self-doubt</i>	'I talk to myself a lot'-negative	
<i>Guilt</i>	'Kwaad vir myself' omdat' ek nie die backbone het nie'.	3
	'guilt' due to religion.	3
	'if you don't know what to do'	8
<i>Emotional conflict</i>	'I am a sulker'	6
	'If I don't stand up for myself, nobody will'	8
<i>Pressure cooker syndrome</i>	'nie daaroor gepraat nie'- 'ek sal sit en dink daaroor'-pasient dood.	3
	'I can't talk'	8
	'distance oneself-'I just work here, get my salary and go home'- 'I am stuck here'	8

	'you are so used to pleasing others; you actually start thinking less of yourself'.	5
External regulation		
POSITIVE		
Emotional experience of team dynamics	Praat onder mekaar as kollegas.	1
<i>Group cohesion</i>	Professionalism- 'someone who is not scared to ask'- 'willing to listen to new things'	3
	'work situations people have buddies'	7
	'there is a lot of different personalities'- 'you have to put your tolerance in different boxes'	7
<i>Territory</i>	'I feel my world is safe when I can make people laugh'	6
	'supportive colleagues'- 'do not want to talk to management about their feelings'	4
	'this is my space, our space what are you doing here'	6
	'I feel a sense of responsibility for whatever is going on in the unit'	
	'it is just a feeling of belonging'	6
	'I feel a sense of responsibility for whatever is going on in the unit'	6
Emotional experience of harmony	'I don't like it when people fight'.	2
Peace	'ek wil net in peace werk'	3
	'we come with our problems leave them in the car'- 'you don't drag them with you in the unit'.	
	'patient does not belong to us but to the family'- 'we forget that in ICU'.	4
	'I feel a sense of responsibility for whatever is going on in the unit'	6
	'groups that works well together'- 'pleasure' to work- 'feels like you use your brain capacity'.	5
	Support subcategories in the unit	7,8

Emotional experience of relieve/escape	Computer games.	1
	'cry'- 'tears, they actually work for me, I still cry even today'.	2
	'if I am off, I am looking forward to it'	7
	kuns	
	music	2,5
	reading	2
	Gym,	1,5
	Oefen, hardloop	1,6
	Koffie drink.	3,7
	Simba chips	7
	'I love my Mill's and Boons'.	3
	Movie-'you escape to another planet'.	4,5
Emotional experiences for sustainability/support	'Good support system family and friends'.	1,4,5,8
	Use friends as a soundboard.	2
	Phone my mom.	2,4
	Commitment to nursing.	1
	Play with dogs.	4,5
	'open your windows in your car and feel the fresh air'.	4
	Talk to people at home.	5
NEGATIVE		
Emotional experience of being scared	'I am physically shaking'.	2
Emotional experience of staff dynamics	'I felt like I could kill her'- negative incident with staff member	2
	'Emotionally involved, especially racially'	8
	As sommige staff lede saam met haar werk voel sy 'jittery', 'nervous'en 'angstig'- 'kan ek daai nag nie slaap nie'.	3
	'you don't make your own decisions, decisions get made for you'	8

	'You put it behind you, but you haven't forgot it'	8
	'when we are short staffed"-typed letter for unit manager to 'try to prevent this when you are cutting budget in the future'	7,8
	'You should put the patient first before you spite your colleagues	6
	'nice een ou gaan die wa deur die drif trek nie'	3
	'if you are the team leader 'why didn't they do the tings they were suppose to "poor supervision	
	'if she was a team player she would have called the doctor and fetch the patient"	7
	'you should put the patient first, before you spite your colleagues'	7
<i>Aggression of staff/doctors</i>	'Sometimes I talk before I think'-'party mense vind dit nie so nie'.	3
	'If you stand up for yourself what will the consequences be'-fear 'screamed at the doctor due to unskilled staff'	
	'I am going to jump at your throat 'if you talk down to the cleaner	
	'doctors make me feel stupid most of the time'	8
<i>Communication</i>	'Loud 'mense misinterperter haar dink dat sy skreeu.	3
	'dit is moeilik as een mens n hele skof kan omvergooi'	3
<i>Handling of families</i>	'Patient does not belong to us but to the faimly'-'we forget that in ICU'-'kicking the family out'.	4
	'I do not like people screaming at me'	7
	'sad when young people dies'	7,8
<i>Physical responses to negative emotions</i>	'we can be very unfriendly in ICU'	6
	'You cannot disconnect yourself and think you just going to nurse the patient on the ICU chart'-importance of patients'.	4

	Anxious, jittery/panic-stricken: 'with every very ill patient you are nervous in such a way; am I doing everything right for this patient'	
	'vibes between us as colleague'	4
	'kompetisie tussen mense, ek dink dit is deel van survival mode'.	5
	'everything in ICU stays in ICU'.	5
	'we can be very unfriendly in ICU'	6
	'ek was nie eers honger nie, ek was so naar'	3
	'do not trust ICAS'.	4
	'when things happen and patients pass unexpectedly'-sad	4

ARTICLE ONE

GUIDELINES FOR JOURNAL OF ADVANCE NURSING

Every paper submitted should be structured and written in accordance with *JAN* requirements and guidelines. This is to ensure completeness of content and clear structure. Papers that do not comply with *JAN*'s essential requirements will be immediately returned.

Relevance

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Currency of data

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Summary Statement: See the [Summary Statement guidelines](#).

Keywords: A maximum of 10, including nurses/midwives/nursing.

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Clearly identify the rationale, context, international relevance of topic.

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Present the conceptual or theoretical framework that guided the study, identifying and providing an overview of the conceptual model and/or theory. Identify and define key concepts or study variables. Explain the connections between the conceptual model or theory and the study variables. Explain connections between study variables and support those connections with relevant theoretical and empirical literature. Provide a substantial, critical review of relevant theoretical and empirical literature. Identify the rationale for selection of the phenomenon studied. Note that simply stating that the phenomenon has not yet been studied is not sufficient, as some phenomena may be trivial and, therefore, are not worthy of study. Simply stating that it has not been studied in your country is also not acceptable. You should explain the added value of your study to existing knowledge.

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Start with a description of actual sample. For example: 'The study participants ranged in age from X to Y years...'

Present results explicitly for each study aim or research question.

Use subheadings as appropriate.

Provide a brief summary of the findings. This should include the themes, stages or patterns (as appropriate). Then explain how each theme emerged and what each consists of (with relevant quotes from participants). Explain how the themes interrelate to produce a conceptual or theoretical understanding of the phenomenon you studied.

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Draw conclusions about what new knowledge has emerged from the study. For example, this new knowledge could contribute to new conceptualisations or question existing ones; it could lead to the development of tentative/substantive theories (or even hypotheses), it could advance/question existing theories or provide methodological insights, or it could provide data that could lead to improvements in practice.

End with study limitations including but not confined to sampling considerations, trustworthiness and transferability of the findings.

CONCLUSION

Provide real conclusions, not just a summary/repetition of the findings.

Draw conclusions about the adequacy of the theory in relation to the data. Indicate whether the data supported or refuted the theory. Indicate whether the conceptual model was a useful and adequate guide for the study.

Identify implications/recommendations for practice/research/education/management as appropriate, and consistent with the limitations.

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- Under each heading, there should be 2-3 bullet points.
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 - Statements in the 2nd group (What this paper adds) should emphasise what the work adds to knowledge rather than just provide a list of findings or state processes studied.
 - Statements under the 3rd heading are necessarily prescriptive, therefore using words such as 'should', but they must be based on evidence that is presented in the paper.

Article one

Empirical research article

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Ethical approval: 2011

Title page: **Nurses' Emotional Minefield: A Critical Care Case Study in a Gauteng Private hospital.**

Abstract 250 words

The focus of this study was on the regulation and management of emotions among professional nurses in a critical care unit in a private hospital in Gauteng. The *aim* of this research is to explore and describe the emotions, emotional experiences and regulation of these emotional experiences. The *background* portrays a journey from emotions and emotional experiences being transformed into sequential emotion regulation and management as precursors to emotional intelligence. An initial literature investigation into emotional intelligence among professional nurses in general indicated that: Much international and national research has been conducted on emotional intelligence among nurses; emotional intelligence is an essential aspect of nursing, as an emotion-laden profession; and emotional intelligence implies positive benefits for nurses.

The *purpose* of this study was to enhance professional nurses' regulation and management of their emotions in a critical care unit in a private hospital in Gauteng and subsequently improve the level of emotional intelligence.

Methodology

A qualitative, phenomenological research design was most suitable for this research that was also explorative, descriptive and contextual and within a case study strategy, combined with the use of interviews. A non-probable purposive *sampling* (Botma *et al.*, 2010:126) was used to select participants. Participants were informed about the research by means of a slideshow. The sample size was established once the research by saturation of data (Botma *et al.*, 2010:200).

Conclusion

The *results* re-confirmed the existence of emotional labour in the critical care unit, as well as the different emotions experienced in the critical care unit. Results reflect the strain critical care nurses need to cope with and the different ways they use to regulate these emotions and emotional experiences.

Keywords: emotions, emotional intelligence, emotional experiences, emotional management, emotional labour, Gauteng.

Summary statement

What is already known about the topic?

- Professional Nurses working in the critical care unit experience several emotions, both positive and negative due to distressing situations as a consequence of their daily working practices.
- The results re-confirmed the existence of emotional labour in the critical care unit, as well as the different emotions experienced in the critical care unit.
- The professional nurses working in the critical care unit demonstrate a number of coping skills which are used to mitigate the personal distress of these emotions.

What this paper adds

- This paper adds in-depth knowledge about the emotion, emotional experiences of professional nurses working in a critical care unit.
- Findings from this paper emphasize the strain the critical care nurses need to cope with and the different ways they use to regulate these emotions and emotional experiences.
- The result reflects the volatility of emotions experienced by the professional nurses working in the critical care unit.
- This is facilitated by two processes, the one internal regulation; and the second one external regulation.

Introduction

Emotion is a set of naturally occurring phenomena such as facial expressions, bodily changes, behavioural changes, motivation and cognitive appraisal (Roseman & Smith, 2001). Professional nurses employed in critical care units are responsible for nursing seriously ill patients within a context of a shortage of critical care qualified professional nurses. This contributes to the intensity and pressures of this environment (Richards *et al.*, n.a.). The risk of burnout and compassion fatigue among professional nurses is generally on the increase (Kuremyr, 1994:670-679; Kovacs & Hedegus, 2010:439). Evidence from literature has indicated that more insight into the regulation and management of emotions might be an essential link

into assisting professional nurses (Cummings *et al.*, 2008:244 and Feather, 2009:376-382). This research might assist in gaining a better understanding of the regulation and management of emotions among professional nurses working in a critical care unit in a private hospital in Gauteng in order to enhance the emotional intelligence of these professional nurses.

Background

Emotional intelligence can be defined as “the capacity to reason about emotions, and of emotions to enhance thinking. It includes abilities and to reflectively regulate emotions so as to promote emotional and intellectual growth” (Mayer & Salovey, 2004:197). The conceptual framework of Mayer, Salovey and Caruso (1990:507) describing a four-branch model of emotional intelligence, will be adopted. This model consists of: firstly, managing emotions to attain specific goals; secondly, understanding emotions, emotional language and signals conveyed by emotions; thirdly, using emotions to facilitate thinking and fourthly perceiving emotions accurately in oneself and others. Therefore, the first branch of management of these emotional experiences forms an integral part of this study.

Motivator emotions give the decision-maker the opportunity to re-evaluate their way of thinking, and therefore enables them to think critically (Clore, 2011:1; Smith *et al.*, 2009). Although it is acceptable for professional nurses in general to express their emotions (Rego *et al.*, 2007), professional nurses got so caught up in their work responsibilities that they forget their own emotions (Stayt, 2009:1273). These emotional experiences are the experiences or events detached from distinctive events or situations through resorting to abstraction (Semin, Gorts, Nandram & Semin-Goossens, 2002:26), and can be positive or negative.

Due to the negative effects of the accumulation of emotions, there is an international trend for health-care providers to develop so-called “soft skills” in staff, especially if they want to keep the competitive edge in the health-care industry (Sherman & Pross, 2011; Copperman, 2010; Kerfoot, 1996:59; Fernandez & Baker, 2007:80; Gainess, 2011). The general household survey done in 2008 indicated that about 16% of the South African population belong to a medical aid and make use of private

hospital treatment (South African Government, 2008). The private health-care sector depends heavily on medical insurance for economic viability (Thom, 2008). In the private health-care sector, medical doctors are seen as indirect sellers of health-care (Thom, 2008). This may lead to over-servicing of patients to ensure an investor incentive to satisfy main investors. Despite investor pressures, selected private health-care companies do adapt to a social capital system (Hofmeyer, 2008:10). In a social capital system more attention is granted to people as an integral reality in an organisation as well as the networks among these people in order to position the organization in the context of the triple bottom line of the social capital system. Nursing staff manage their emotions for the purpose of compensation which may cause long-standing harm to them (Grandey, 2000:95).

Research conducted about positive practice environments indicate that critical care nurses need to be “in control” of their environment and patients (Pretorius, 2010). To manage these emotions and experience control, emotional intelligence is needed, to manage the emotions nurses, and to perceive the patient’s emotions as well (George, 2000:1038; Prati *et al.*, 2003:35; Fernandez & Baker, 2007:80).

Emotional intelligence can be defined as “the capacity to reason about emotions, and of emotions to enhance thinking. In 1990, groundbreaking work was done on emotional intelligence by Mayer and Salvoes (1990:185). These authors described emotional intelligence as a set of skills hypothesized to contribute to the accurate appraisal and expression of emotions in oneself and others, the effective regulation of emotion in self and others, and the use of feelings to motivate, plan and achieve in one’s life. In 1995, Goleman published a bestseller on emotional intelligence. He claimed the ‘hermeneutic wonder’ of emotional intelligence and became the public face thereof – and that led to various critiques from the scientific community (Ashtonakis, Ashkanasy & Dasborough, 2009:247-262; Mayer, Salovey & Caruso, 2008:504).

Emotional intelligence in the workplace has become a well-researched theme (Botma, 2009; Grandey, 2000:96-97; Cote, 2005:509-530; Carlson *et al.*, 2011:297-312; Weiss & Coprazano, 1996; Wegge *et al.*, 2006:237-254 and Gray, 2009:168-

175). In this research, emotional intelligence is presented as an underlying theme and a way of ensuring positive work an environment through relationships (Cummings *et al.*, 2008:244). Professional nurses' indulge themselves in the continuous provision of emotional support and can result in burnout (Stayt, 2009:1267; McQueen, 2004). To diminish the effect of burnout, emotional intelligence as a moderator of stress, mirrors a positive effect on burnout (Smith *et al.*, 2009:5).

Emotional events at work may help explain employee attitudes and behaviour (Weiss & Cropanzano, 1996) and the source of events may influence the extent of the emotional regulation performed (Grandey, 2000:103). In relation to emotional regulation, nurses in critical care units can respond in two ways: Firstly, a "fight or flight" response may be used, indicating a stress response results to increased levels of cortisol that can damage human tissue. Secondly, the nurse could stay and deal with the situation by expressing emotion (Cruz, 2008:25) - this is predominantly experienced as somewhat positive, illuminated by humour (Driscoll, 1992; Cruz, 2008).

The critical care unit as a work environment implies a unique context in which the professional nurse renders an emotion-laid service. A critical care unit was designed to provide a wide-range of care to critically ill patients and contains complex multi-system life support equipments such as mechanical ventilation, renal replacement therapy, inotropic support and invasive cardiovascular monitoring (Pretorius, 2009; Gillespie *et al.*, 2006:52). Research on the emotions of the professional nurse in relation to caring for the critically ill during organ donation and the death process, indicate that the breaking of bad news and interpersonal relationships were sources of emotional stress for the critical care nurse and the family (Stayt, 2008:1267; Driscoll, 1992). Horschchild (1983) investigated ways to manage emotions from a dramaturgical perspective and portrays it in two ways: "through surface acting, where one regulates the emotional expression; and through deep acting where one consciously modifies feelings in order to express desired emotion." This was called emotional work and adds value to the holistic patient-centred experience for the patients and families (Gray, 2009:173). As the needs of patients change, patients

expect physical care and emotional support (also referred to as emotional work) (Kerfoot, 1996:57). Emotional work illustrates a relationship between professional nurses in general and the patients they care for. Emotional work can also be viewed as a commodity (Henderson, 2001:136).

To summarise, nursing is an emotion-laden profession (McQueen, 2004:107) especially in a critical care unit where professional nurses are exposed to several stress factors such as emotional labour, keeping up with technology, staff shortages, relationships in the multi-professional team and patients' emotions. Emotional intelligence as an underlying construct for this study emphasizes the management of emotions (Mayer & Salovey, 2004). Emotions in the workplace and the influence they have on professional nurses' attitudes and behaviour (Grandey, 2000) are important factors in work environments. The researcher recognised the need to gain a deeper understanding of the emotional experiences, emotional regulation and emotion management experienced by professional nurses in a critical care unit in a private hospital in Gauteng. Therefore the following research questions were formulated:

- i. What were the emotions that professional nurses experienced in a critical care unit in a private hospital in Gauteng?
- ii. Which affective events and situations did professional nurses experience in a critical care unit in a private hospital in Gauteng?
- iii. How could professional nurses regulate and manage their emotions in a critical care unit in Gauteng?

1.3 PURPOSE AND OBJECTIVE

The **purpose** of this study was to enhance professional nurses' regulation and management of their emotions in a critical care unit in a private hospital in Gauteng in order to enhance their levels of emotional intelligence.

In order to achieve this purpose, the overall **aim** of this research was to determine:

- the emotions that professional nurses experienced in a critical care unit in a private hospital in Gauteng;

- the affective events and situations that professional nurses experienced in a critical care unit in a private hospital in Gauteng leading to these emotions; and
- How professional nurses can regulate and manage their emotions in a critical care unit in a private hospital in Gauteng.

From the above-mentioned aim, the following **objectives** were formulated:

- to *explore* and *describe* the professional nurses' experiences in a critical care unit in a private hospital in Gauteng's in regard to the theirs:
 - emotions;
 - affective events and situations; and
 - regulation and management of emotions.
- To suggest recommendations for the enhanced regulation and management of professional nurses' emotions in a critical care unit in a private hospital in Gauteng.

Central theoretical statement

Professional nurses employed in a critical care unit are responsible for nursing seriously ill patients within a context of a shortage of critical care qualified professional nurses. This contributes to the intensity and pressures of this environment (Richards *et al.*, n.a.). The risk of burnout and compassion fatigue among professional nurses is generally on the increase (Kuremyr, 1994:670-679; Kovacs & Hedegus, 2010:439). Evidence from literature has indicated that more insight into the regulation and management of emotions might be an essential link into assisting professional nurses (Cummings *et al.*, 2008:244 and Feather, 2009:376-382). This research might assist in gaining a better understanding of the regulation and management of emotions among professional nurses working in a critical care unit in a private hospital in Gauteng in order to enhance the emotional intelligence of these professional nurses.

RESEARCH METHODOLOGY

The research methodology applied in this research is discussed as part of the research design and research methods.

1.6.1 Research design

A qualitative, phenomenological research design was most suitable for this research because it was also explorative, descriptive and contextual, within a case study strategy (Botma, Greef, Malaundzi & Wright, 2010:191). A *qualitative design* was considered appropriate as the researcher needed to gain a deeper understanding of the emotional experiences of professional nurses (Burns & Grove, 2009:84). In addition to having a deeper understanding, the researcher wanted to determine the meaning that professional nurses attach in their experiences and therefore this research was also conducted from a *phenomenological perspective* (Burns & Grove, 2009:55; Creswell, 2009:13). An *instrumental case study* (De Vos *et al.*, 2005:272) was conducted. The *exploration* of the research question and a rigorous process of description of the research might be able to capture the professional nurses' experiences (Burns & Grove, 2009:54). This research was conducted among professional nurses in a critical care unit in a private hospital in Gauteng between 1 July and 31 December 2011, and is therefore contextual in nature (Burn & Grove, 2009:178).

1.6.2 Research method

An extensive description of the research setting was provided as this research follows an instrumental case study strategy. Please refer to Table 1.1 for an outline (attached as appendix).

1.6.3 Data collection

Research setting

A research setting was a critical care unit in a private hospital in Gauteng. According to the Hospital Association of South Africa (HASA, 2009:138), the private hospital sector encompasses an estimated 259 hospitals and is largely controlled by three dominant groups. A critical care unit is a chosen area in the hospital, where critically ill and high risk patients are admitted. The specialized environment contains

complex multi-system life support equipment such as mechanical ventilation, renal replacement therapy, inotropic support and invasive cardiovascular monitoring (Pretorius, 2009; Gillespie *et al.*, 2006:52).

Population

The population was all professional nurses rendering direct nursing care to adults in a critical care unit in a private hospital in Gauteng.

Sample

Prospective participants complied with the following *inclusion* criteria to participate in this research:

- must be registered with the South-African Nursing Council (SANC) as a professional nurse;
- must be permanently employed at the critical care unit in the private hospital in Gauteng;
- must be proficient in Afrikaans or English;
- must be willing to participate in in-depth interviews; and
- must be willing to participate voluntarily in this research (n=8).

Participant *excluded* when they were not available for the interviews as scheduled.

Sampling and sample size

A non-probable purposive sampling (Botma *et al.*, 2010:126) was used to select participants. The sample size was established once the research questions had been answered by means of sufficiency and saturation (Botma *et al.*, 2010:200).

Pilot study

A pilot study is a smaller version of the proposed study conducted to develop and refine the methodology such as the semi-structured instrument needed for the interviews (Burns & Grove, 2009:713). This was important for the successful implementation and completion of the research project. For this research, a preliminary pilot study was performed to identify unanticipated problems. Therefore, two interviews were conducted with the professional nurses in the hospital

environment. After these interviews, the interview schedule was evaluated for suitability. No changes made to interview schedule.

In-depth interviews

Professional nurses were interviewed in their working environment (which is a critical care unit in a private hospital in Gauteng). In-depth interviews were conducted with individuals and these started with the broad question (Botma *et al.*, 2010:207-208): *“Imagine I was an actor preparing to play your role, describe to me how I would have to act and feel in order to portray you accurately as a professional nurse in this ICU?”* Interviews were digitally voice-recorded and transcribed for the purpose of data-analysis.

Field notes

The researcher kept field notes (methodological, theoretical and personal notes) (Polit & Beck, 2008:406). Demographic information (Creswell, 2009:181-182) was added and included the date, time, field setting, place and demographic notes of the participants.

1.6.2 Data analysis

Terre Blanche, Durheim and Kelly’s (2006:321-326) approach of interpretive analysis was used for data analysis of the transcribed interviews. The steps in this approach were listed as follows:

- Step 1: Familiarisation and immersion.
- Step 2: Developing themes.
- Step 3: Coding.
- Step 4: Elaboration.
- Step 5: Interpretation and checking.

Through incubation (Botma *et al.*, 2010:230) the researcher lived the data, immersed herself in the data and strove to attain closeness to the data as a mechanism to make meaning in the interpretation of the research findings. The research findings

ended with a literature integration whereby the findings were compared to and contrasted with similar research (Creswell, 1994:24) and literature.

1.7 TRUSTWORTHINESS

The trustworthiness of this research as well as strategies to enhance trustworthiness is outlined in Table 1.2 (see attached appendix).

1.8 ETHICAL CONSIDERATIONS

The ethical guidelines according to international, national and institutional standards were the guiding principles relevant to this study. The following fundamental ethical principles were also included: respect, voluntary consent, beneficence and justice. Ethical clearance was granted by the ethical committee of the University.

Discussion

The discussion is conducted according to the main- and sub themes that surfaced during data analysis of the in-depth interviews as well as a brief outline of the case:

Main theme 1: Internal regulation of emotional experiences	
<i>Subtheme 1:</i>	<i>Emotional experience of spirituality</i>
<i>Subtheme 2:</i>	<i>Emotional experience of being needed</i>
	<i>2.1 Vulnerability of patient</i>
<i>Subtheme 3:</i>	<i>Self awareness</i>
Main theme 2: External regulation of emotional experiences	
<i>Subtheme 2.1:</i>	<i>Emotional experience of being powerless underlying emotion of being angry.</i>
	<i>2.1.1. Powerless</i>
<i>Subtheme 2.2:</i>	<i>Emotional experience of control with an underlying emotion of being scared.</i>
	<i>2.2.1.1. Compensatory mechanisms</i>
	<i>2.2.1.2. Professionalism</i>
	<i>2.2.1.4. Seek knowledge</i>
	<i>2.2.2. Emotional labour</i>
<i>Subtheme 2.3:</i>	<i>Emotional experience of compassion fatigue</i>

[Preferable position for table -----]

Discussion of the case: a critical care unit in a private Gauteng hospital

Employee satisfaction of the hospital as a whole can be divided in two groups: the first, employee satisfaction high scores and; employee satisfaction low scores. The employee satisfaction high scores indicate all the positive achievements of the hospital regarding staff culture in the hospital. This entails job satisfaction, recognition and incentives, direction, supervision, authority and innovation, all of the abovementioned demonstrates high scores. The low scores of employee satisfaction start at the highest score of 66% for overall commitment, and the lowest score on career development and talent management. Take note of the score for leadership and communication on 39%.

The infection rate of the critical care unit is low in relation to the company targets. The best care always compliance of the hospital, show increases in best care always bundle compliance higher than the company average. The critical care unit outperformed the rest of the hospital units.

Compliments are normally given for excellent nursing care and support to the patients. At the same time complaints are mostly handled at unit level, no formal Priority two and priority three complaints could be found. The importance of sorting complaints on unit level is crucial.

The employee incident rate is higher than the company target. These incidents can be described as slips and falls, back injuries and neck injuries. The critical care unit manager put risk management systems in place to ensure that all of these incidents are actioned. This can be due to the high frequency of patients to the critical care unit, and then back to the wards.

Discussion of the research results

The research results are discussed according to first, the internal regulation of emotional experiences and secondly, the external regulation of emotional experiences.

Internal regulation of emotion experiences

Three subthemes emerged under the internal regulation of emotion experiences, namely, i) emotional experiences of spirituality, ii) emotional experience of being needed and iii) self-awareness. With regard to the emotional experiences of spirituality, participants recognised their dependency on God, as *'the one Person you cannot be without when you do ICU work'*. They demonstrated a deeper relationship with God, going to church and praying to God in *"humbleness"*. The experiences of God as teacher, *"to teach her the lesson what she is suppose be taught"*. Jackson, Firtko and Edenborough (2007:6) concluded that nurses experience a feeling of connectedness, of having equilibrium in life imperative to an anchor force in life.

With regard to the emotional experience of being needed, two sub themes were listed as an emotional experience of being needed due to the vulnerability of critical care patients and the emotional experiences of being needed as part of critical care nurses' work ethic. Critically ill patients are vulnerable because *"you see them at their worst"*. This vulnerability empowers the critical care nurse, *"to make sure the patient is 'totally' looked after"*. The use of their knowledge *"feels like you use your brain capacity"* to care for a very ill patient. The critical care nurses' strength lies in the fact that the patients are dependent on them because *"patients cannot speak for themselves"*. It is like an adventure *"discovering each patient has got a story"*, it is *"not just another back"*. Caring for critically ill patients stimulates inquisitiveness within critical care nurses as stated by one participant: *"it's like a dog with a bone; I have to know, I just have to know!"* The significance of nurses accepting a holistic approach to patient care in general, concentrating on the psychological, social and spiritual needs has been recognised, yet, this may prohibit a closer relationship between the critical care nurse and the critically ill patient (McQueen, 2004:103).

With regard to critical care nurses' emotional experiences of being needed as their work ethic, it became clear that there this work ethic is absolutely about the

individual patient; “you cannot disconnect yourself and think you are just going to nurse the ICU chart”. “You need to stop and check; who it is” to realise that, “every patient got a story”. On the one hand the participants verbalised empathy towards the vulnerability of the patient, especially the elderly “you think what we are doing here, putting them through all of this”, also portrayed in “I got a soft spot for them”. On the other hand participants struggled to grasp their need for prolonging life in the elderly as they experience it as prolonged suffering; “I would not like to be an older person lying in ICU on a ventilator”, and therefore “there is a time to live and a time to die”. Day (2007:182) claimed that it remains essential in ethical healthcare practices in general to have respect for individual autonomy and the right towards self-determination.

The third sub-theme was self-awareness as evident by critical care nurses’ positive self talk. The participants are aware of their inner being as most participants engage in self talk *“I talk to myself”*. This inner dialogue can be positive or negative, and presents itself as an attempt to realign oneself to your working environment *“ek dwing myself om te se dat dit nie so sleg is nie” (“I pressure myself to think that my circumstances is not that bad”)*. According to Horschild (1989), nurses in general may try to alter the emotional expression and so actually alter their inward feeling, referred to as surface acting. Furthermore, nurses can verbally prompt themselves to feel one emotion and not another which is a kind of deep acting. Whatever the method of emotional management, it is interlinked with our management of these emotions (Horschild, 1983). In addition the fragile presence of self-awareness is concurred by Sheldon, Barret and Ellington (2008:145) concluded that oncology nurses’ self awareness of their personal, emotional responses and effective communication strategies have a direct impact on patient outcomes”.

External regulation of emotional experiences

The following sub- and sub- subthemes were categorised under the external regulation of emotional experiences: firstly, critical care nurses have emotional experiences of being powerless, angry and experiencing guilt’ and secondly, the emotional experiences of control, fear, having compensatory mechanisms, seeking

knowledge, focusing on the job, exerting emotional labour and thirdly, the emotional experience of compassion fatigue.

With regard to critical care nurses' emotional experiences of being powerless, participants described their negative experiences as being stressed "*ek dink aan soveel goed in my kop, wat ek moet doen*" (I am constantly thinking of things I need to do, in my mind). When a patient dies, "*ek sal nie daaroor praat nie*" (I won't talk about it), '*ek sal sit en daaroor dink*" (I will sit and think it over). To identify these emotion of feeling poweless, and use it in reasoning allow the critical care nurse to, let these emotions progress until it is incorporated into a creative an constructive assessment with a positive patient outcome(Codier *et al.* 2011:5; Horschild, 2000:5).

In addition to feeling powerless, participants experienced guilt as critical care events conflicted with their value systems. "*I cannot do anything*", even "*with nursing and medicine, you may win a battle or you may lose a battle*". "*When a patient passed unexpectedly*", you feel guilty and "*start doubting*" yourself. . Nurses want to feel 'usefull', if patients cannot give anything back to them, they feel 'I got nothing to offer' then they avoid situation where they need to give emotionally(Coetzee, 2010:238; Kuremeyr et al.1994:676).

Participants verbalises that they tend to "*withdraw*", and "*concentrate on the work*" at hand. In a stressful situation like a resus, where a patient's life depends on the critical care nurse "there is no point of me joining the merry band over there". "You focus on the job at hand, and less on the patient underneath". Sometimes it is necessary to go outside "*take a deep breath; and the minute I come back, all the things is gone*", other times the participant "*asked to be excused and go outside and cry*". Participants don't allow themselves to become emotional because they are professionals. "*Ek moet myself in check house professioneel wees*" (I need to keep myself in check, and be professional). When making a controlled decision, one has to "*put a mask on and hide your emotions*". *Critical care nurse s are aware of the expected emotional response according to social and cultural norms, and respond accordingly by the use of coping mechanisms* (Prati, et al. Grandey,

2000:103).Grandey(2000) was used as a resource because of the groundbreaking work that was done, and it is not specific to the critical care unit.

Incompetent staff creates dissonance in the some participants; *“to get them to understand what they are working with”. They put a high value on knowledge and sorting things out “logically”. When it “feels like you use your brain capacity” they experience a feeling of excitement. To the critical care nurse you take care of patients holistically, and in specifics.* This involves a certain amount of inquisitiveness involved, “I have to know- I just have to; like a certain level of anxiety”, to enhance the anxiety technology used to improve patient care and facilitate inquisitiveness; “I am always first on the phone: ‘What is it?’”. According to Pretorius (2009), critical care nurses are compelled to maintain a sufficient knowledge base. By understanding one’s own emotional needs and reactions in general, gives insights into how to cope with stress and adversity which can spawn ideas of different ways of coping in the future (Jackson, Firtko & Edenborough, 2007:6).

Participants experienced high levels of emotional labour within the critical care unit. Participants experience anger between different staff members, *“I felt like I could kill her”, “but at the same time, I am here at work”,* which caused self controls as demonstrated by *“I try to keep things under a very neat hat, while I am at work”*. By increasing the emotional labour load by adding a difficult patient, it results in *“I would just be brief and short with no smile on my face”*. After a while the guilt set in and then the participant tries to *“spice up, so my patient does not pick up on hate”*.

The participant tend to *“I forgive a person but it will still be on my mind”*, difficult for the participant to trust if treated wrong. The most recent data indicated that *critical care nurses need to be sensitive for the effects of their engagement with the critically ill. Nurses need to consider that relationships between themselves and the conscious and unconscious patient can develop and influence them in a unlikely manner* (Vouzavali, et al. 2011:149).

“Being in control” implied that he/she could anticipate, have a greater sense of awareness and so prevent any adverse events that add to the stress and intensity of their environment. The prevention of adverse events meant that the nurses were able to devote their energies to doing what they loved, that is, critical care nursing, in the absence of unnecessary stress that could lead to a sense of helplessness and feelings of not being in control” (Pretorius, 2009).

With regard of emotional experiences of compassion fatigue, some of the participants verbalised that they feel work is a *“punishment”*, and that a lot of their colleagues verbalised that they *“need an emotional break”*. The load of emotional labour impacts negative on the participant physical health, after a traumatic experience in the critical care unit *“ek het daai dag twee kilo’s verloor van pure stress”* (I lost two kilo’s, due to stress that day). Others talked about it to their friends and families. Some participants expected a different response, *“ek het gedog ek sal huil of wat ookal, maar ek het nie”* (I expected myself to cry, but I did not).

After this incident, some of the participants didn’t talk about it *“Jy bly maar stil, op die ou end is dit soos n stoompot”* (You tend to keep quiet, but at the end it is like a pressure cooker). On a day to day basis for some participants, *“it takes a while to start my engines”*. In an environment so conducive to others *“you’re so used to pleasing others, you actually start thinking less of yourself”*.

Current data shows that “compassion fatigue is circumstances where the compassionate energy expended by the nurse practitioner has surpassed his/her restorative processes, with recovery power being lost. All these states manifest with marked physical, social, emotional, spiritual and intellectual changes that increase in intensity with each progressive state” (Knobloch, 2007). The data is applicable to nurses in general and not critical care nurses.

With regard to external regulation of emotion experiences the context of harmony was identified. *Participants portray the experience of getting support as a team member in the group through “supportive colleagues”. The “do not want to talk to management about their feelings”, because they trust their own group for support “it*

is just a feeling of belonging". They are very territorial; "this is my space, our space; what are you doing here?" and treat strangers with antagonism. They do not allow support systems like ICAS in the group "I don't trust ICAS". If the critical care nurses functions well together "It is a pleasure to work". The participants in the group look at each other for direction, being professional is also "being able to ask" and "willing to listen to new things". They "feel a sense responsibility for whatever is going on in the unit".

Recent data shows "that managers need to accept emotions in the workplace, this creates an environment conducive to honesty between team members and strengthens relationships; to build trust, loyalty, and commitment" (Finn & Chattopadhyay, 2000:D6). This data is not specific to the critical care unit, but confirm the data found in this study.

The sub sub-theme of emotional experiences regarding the context of the critical care nurses with specific reference to the handling of families, participants are used to restrict access to the critical care unit as part of the infection prevention protocols of the hospital group-*"kicking the family out". Some participants agreed that the "patient does not belong to us, but to the family" and the critical care nurses "we forget that in ICU". The families expect us to "take care of the things they should be able to do". This creates a very close bond between the family and the critical care nurses- called the patient. Due to this bond, "family's raak te afthanklik van jou"(families become to dependant on you). This increase the emotional labour in a critical care nurse "I don't show much to others", "I put on my workface". Some of the participants identified the experience of breaking bad news to the family, as the one of the experiences that scared the most "try my best to avoid the situation", because it is "difficult to break the news to the family". "I am physically shaking".*

Critical care nurses tend to get *"over involved"* according to literature. Current research by Stayt (2009:1273) indicates the critical care nurse experience discomfort when they need to break the *"bad news"* to families, therefore training and support of nurses is an integral part of ensuring the support families receive is optimal. For neonatal critical care nurses *"the ability to balance closeness with detachment*

increases with experience, which could explain the nurses' need to keep a professional distance not only to protect themselves as professionals, but also to protect parents' personal integrity" (Fegan & Helseth, 2009:672).

Negative staff dynamics as an emotional experience within the context of the critical care unit surfaced as another sub sub-theme. The critical care unit is a volatile unit if it comes to emotional experiences. There are staff that creates a dissonance to such an extent that other staff members, *"cannot sleep" if they are working with them the previous night. They become "jittery", "nervous" and "anxious".* Another participant describe it as *"dit is moeilik as een person die skof so omvergooi"(it is difficult if one person creates and environment of animosity).* After a negative incident with staff member a participant illustrate his emotional experience *"I felt like I could kill her", but the participant was at work and need to "put on my workface".* Personality differences in the unit created major communication gaps. The participants experience *"the vibes "between colleagues. Some people are perceived as "loud", other as "silent".* There were two opposing poles on the continuum. On the one hand there was the experience of competition, *"kompetisie tussen mense, ek dink dit is deel van survival mode" (competition between colleagues are seen as being part of survival mode".* On the other side the presence of good *group cohesion that create a environment where "everything in ICU stays in ICU". This result in the honest comment of "we can be very unfriendly in ICU".*

Current data specific to nursing demonstrates describes“ physical and emotional symptoms were described by the participants as negative and were highlighted as frustration, irritability, anger, emotionally fearful, being over-sensitive and temperamental.(Moola et al., 2008).” The literature confirms the data found in this study. Recent data shows “work overload gives rise to negative emotions, which in turn leads to health complaints” (Wegge, et al., 2006:250), applicable to people working in a call centre not nursing specific.

Participants' emotional experiences also included feelings of relief. The participants engaged in different types of activities to relieve their stress, either emotional or physical. Emotional the one participant explained *"tears actually work for me, I still*

cry even today". Physical activities like exercise are a favourite. Other activities like computer games, reading and music are also mentioned. And lastly, movies *"you escape to another planet"*.

Recent data specific to the critical care unit shows that "clinical supervision forms an integral part of in creating a space allowing ICU personnel to express emotions, discuss caring experiences and gain emotional relief "(Lindahl & Norberg, 2000:11). Most of the participants got good support systems at home, in the form of their important others and parent-especially mothers and important others. There is a high incidence of having nurses as friends, because they can be a *"soundboard"*. Current data demonstrate "the participants engaged in strategies designed to create balance. Self-nurturing involved lifestyle choices such as healthy eating, physical activity, spending time in the garden, walking, music and spending time with significant others. Nurses also engaged in self-validation, assertiveness and emotional support to promoting interpersonal resilience to meet workplace demands" (Rose & Glass, 2009:1411). This data is specific to the critical care unit. Recent data demonstrates that *"nurses working in a nursing burns unit, rely on themselves to find formal support. Informal support is found within networks of colleagues, and strength of the unit. It is not available to all nurses, because friendships take time to develop."* *"Nurses cope because they have to"* and recognise that they need a form of support (Cronin, 2001:346).

LIMITATIONS OF THIS RESEARCH

The following limitations were identified:

- This research was aimed at in-depth knowledge and understanding of the concepts and environment and cannot be generalized.
- The researcher as non-experienced interviewer but aimed to get the best quality data as possible.
- Even if the researcher aimed to stay as objective as possible. Therefore prior assumptions to the case are stated.

- The researcher working in the environment can add value on the one side, but on the other side it can cause bias in data-analysis. There is no comparative dimension in the study.

RECOMMENDATIONS

Recommendations are formulated for nursing science, nursing practice and nursing research.

Curriculum development

- The importance of strengthening the skill of resilience in professional nurses working in the critical care unit is of great importance.
- Life skills for nurses aimed, to keep a balance between work life and home time.
- Reflective tools for example journals should be used in the training of nurses

In-service training

- The importance of training nurses how to break the bad news was emphasized.
- Competency testing is a regular occurrence in the practice environment to decrease the stress for professional nurses working in the critical care unit.

Recommendations for nursing practice

- It is not the role of the critical care nurse to decide on the end of life support, the decision lies with the patient and the family.
- The management of the critical care unit needs to be sensitive to emotions in the unit; regarding personality types, patient allocation and factors conducive to an environment of supervision.
- The need for autonomy in the professional nurse working in the critical care environment's role, will improve patient outcomes.
- Regular debriefing session should take place for all professional nurses working in the critical care unit company support systems to facilitate their practice environment.

Recommendations for nursing research

- Emotional intelligence as a tool to stabilize the volatile emotional environment in the critical care unit. In this study only one part of emotional intelligence was investigated (management and regulation of emotions); self awareness was forthcoming out of the data.
- The study presented a different way in talking for each participant. The cultural language differences were noticed will add value to the body of knowledge.
- The link between care and emotional intelligence.

Conclusion

The current practice environment of professional nurses in critical care units, presents with specific challenges. When a professional nurse can enhance her emotional intelligence, it can be a form of preservation of her emotional management within a challenged environment. It becomes part of resilience, can impact on staff retention and may influence patient outcomes. The enhancement of emotional intelligence in professional nurses in a critical care environment in general, should be acknowledged by hospital management.

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Appendix 3A: Letter to the editor:

Nurses' Emotional Minefield: A Critical Care Case Study in a Gauteng Private Hospital

Dear Editor and Chief

RE: SUBMISSION OF A MANUSCRIPT FOR PUBLICATION

Title: Nurses' Emotional Minefield: A Critical Care Case Study in a Gauteng Private hospital.

Kindly accept the following manuscript to be considered for publication in the *Journal of Advance Nursing*. This manuscript might hold interesting and valuable results in the emotional-laden context of critical care units. As a newly graduated Masters' degree student I completed my dissertation manuscript-style. It will therefore be a wonderful learning opportunity to have my manuscript published.

Specific feedback on the following aspects of this manuscript will be appreciated:

1. The title which is at present 12 words.
2. The possibility that the ethical considerations might be over-explained.

Regarding financial involvement there is no conflict of interest involved in this study. The manuscript has been read, language and technically edited and approved by all authors.

The corresponding author who will be responsible for communicating with other authors about revision and final approval of the proofs is will be myself, Heleen Brink. My correspondence address is as follows:

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Thank you in advance,

Heleen Brink

CONCLUSION, RECOMMENDATIONS AND LITMITATIONS OF THE STUDY

1. INTRODUCTION

This is a retrospective evaluation of this research. The evaluation includes a critical reflection on the selected research design and method. Limitations of this research are discussed. Recommendations are formulated for Nursing Science, nursing practice and nursing research.

2. EVALUATION OF THE STUDY

The evaluation of this research is divided into a critical reflection of the central theoretical statement followed by a personal narrative by the researcher.

2.1 Central theoretical statement

It was argued that professional nurses employed in a critical care unit are responsible for nursing seriously ill patients within a context of a shortage of critical care qualified professional nurses. This contributes to the intensity and pressures of this environment (Richards *et al.*, n.a.). The risk of burnout and compassion fatigue among professional nurses is generally on the increase (Kuremyr *et al.*, 1994:670-679; Kovacs, Kovacs & Hedegus, 2010:439) and this is confirmed by this study. Evidence from literature has indicated that more insight into the regulation and management of emotions might be an essential link in assisting professional nurses (Cummings *et al.*, 2008:244 and Feather, 2009:376-382). This link was demonstrated in the different ways that professional nurses employed in the critical care unit in managing their emotions in a private hospital in Gauteng.

2.2 Comprehensive literature review

A literature search was undertaken to investigate the main concepts and related concepts. The following summary relating to the sample can be provided:

- Emotions=21
- Emotional experiences=16
- Emotional regulation and management=11
- Emotional intelligence=89

- Emotional labour/work=16
- Social capital system=13
- Nursing=61
- Critical care=32
- Positive practice environment=16
- Leadership=21
- Burnout and compassion fatigue=16

2.2.1 Emotions

The professional nurses demonstrated a willingness to take part in the research. The researcher experienced the interviews as appealing due to the openness that was demonstrated. Some of the interviewees became tearful, trying to control the intensity of their emotions. Interestingly, all these interviewees were not able to talk about their emotions, and needed prompting with the emotional wheel. The language they used verbalised their different emotions and demonstrated differences in self-expression, reinforced by the regulation of their emotions (see Appendix for a graphic depiction of emotions experienced by the interviewee, as perceived by the researcher).

Emotional experiences of:

2.2.2 The professional nurses

The emotions of the professional nurses working in the critical care unit demonstrate spirituality, grounded as a foundational aspect of resilience, viz. “the One Person you cannot walk without, if you do work in ICU”.

The professional nurses working in the critical care unit demonstrate vulnerability “voel great as iemand jou vra om te help”(it feels great if somebody asked for help). They tend to be pragmatic, wanting to change the patient’s outcome for the best. This leads to feelings of guilt “I cannot do anything” and creates more distress in them, perceiving the family and patient’s decisions as their own.

The professional nurses working in the critical care unit make use of all three types of acting: surface acting, method acting and deep acting. These three types of “acting” facilitate daily nursing care in the critical care unit; influenced by effective communication strategies and self-awareness resulting in positive patient outcomes.

The professional nurses experience a high intensity of emotional labour, caused by “surface acting”-“I cooled down my emotions”, “method acting”-“concentrate on my work” and “deep acting”-“try to shelf it and archive it”. The emotional labour creates a downwards spiral that surpasses the restorative processes, causing lost recovery power impacting on all levels of functioning. This results in compassion fatigue (“you get so drained physically and emotionally”) and burnout (“You are so used to pleasing others; you actually start thinking less of yourself”).

The emotional experiences of professional nurses working in the critical care unit demonstrate a high intensity of emotional labour. Literature describes it as being ‘over involved’ but the professional nurses clearly stated that they “put on their workface”.

2.2.3 The patient

The professional nurses working in the critical care unit exhibit an emotional experience of being powerless which is demonstrated in the fact that sometimes things happen, and one does not have any control over it (“when bad things happen and the patient passes away unexpectedly”). The emotional experiences of the critical care nurse reflect the importance of looking after a patient holistically (“make sure the patient is totally looked after”)

Holistic care of a patient is imperative to ensure good patient relationship, and also facilitates this inquisitiveness and the need to use their brain capacity (“interested in the things around you”). The data is recent, but no new data was found specific to critical care nurses.

The emotional experiences of the professional nurses working in the critical care unit demonstrate empathy towards the patient; this is grounded in the autonomy of an individual in literature. Although it is difficult for critical care nurses to witness the prolonged “suffering” of the elderly, it is still the decision of the patient and the family (“patient does not belong to us, but to the family”).

2.2.4 The practice environment

Employee satisfaction in the hospital as a whole can be divided in two groups: the first, employee satisfaction with high scores and secondly employee satisfaction with low scores. The employee satisfaction high scores indicate all the positive achievements of the hospital regarding staff culture in the hospital. This entails job satisfaction, recognition and incentives, direction, supervision, authority and innovation, all of the abovementioned demonstrates high scores. The low scores of employee satisfaction start at the highest score of 66% for overall commitment, and the lowest score on career development and talent management. Take note of the score for leadership and communication on 39%.

The infection rate of the critical care unit is low in relation to the company targets. The best care is always in compliance with the hospital, and increases in best care always ensure that compliance is higher than the company average. The critical care unit outperformed the rest of the hospital units.

Compliments are normally given for excellent nursing care and support to patients. At the same time complaints are mostly handled at unit level, no formal Priority two and Priority three complaints could be found. The importance of sorting complaints at unit level is crucial.

The employee incident rate is higher than the company target. These incidents can be described as slips and falls, back injuries and neck injuries. The critical care unit manager puts risk management systems in place to ensure that all these incidents are actioned. This can be due to the high frequency of patients going into the critical care unit, and then back to the wards.

The professional nurses working in the critical care unit emotional experience professionalism as part of their role; they make use of coping mechanisms that regulate and display emotions anticipated through the social role of the professional nurse working in the critical care unit (“put a mask on and hide your emotions”).

The emotional experience of being in control facilitates the professional nurse working in the critical care unit's greatest fear of not being able to handle a situation, therefore a high level of competency is necessary ("am I doing everything right for this patient").

The professional nurses working in a critical care unit need to be aware of their engagement in the unit. To be aware of the emotional labour they engage in daily, and therefore direct their "off duty" times to reflection and activities that relieve their stress.

The critical care nurses experience a high intensity of emotional labour, caused by "surface acting", "method acting" and "deep acting". The emotional labour creates a downward spiral that passes the restorative processes, causing recovery power being lost and thus impacting on all levels of functioning, resulting in compassion fatigue and burnout.

The emotional experiences of professional nurses working in the critical care unit demonstrate a high intensity of emotional labour. Literature describes it as being 'over-involved' but the professional nurses clearly state that they "put on their workface".

2.2.5 The team

The professional nurse's emotional experiences in the critical care unit show that they hope to work in a peaceful practice environment. They aim to decrease the stress in their environment, and create an environment conducive to trust and honesty to build relationships ("me rather doing it fully, or not do it at all").

The negative emotional experiences of the professional nurses working in the critical care unit can set the scene for a volatile environment ("I am going to jump at your throat").

2.2.6 Support in the unit

On the one side the emotional experiences of professional nurses working in the critical care regarding relief shows that some professional nurses portray their

emotions in a healthy manner by asking to be excused and going outside to cry. On the other hand, there are professional nurses working in the critical care unit who are alienated from support “vibes between us as colleagues”. These professional nurses must be involved in group activities to build team spirit (“dis moeilik as een persoon die hele skof omvergooi”) (it is difficult when one person disrupts the whole shift).

The emotional experiences of professional nurses working in the critical care unit portray that internal group regulation of support is plausible, but not necessarily healthy because it is not available to all (“this is my space, our space what are you doing here?”).

3. LIMITATIONS OF THIS RESEARCH

The following limitations were identified:

- This research was aimed at in-depth knowledge and understanding of the concepts and environment and although this research cannot be fully generalised, a clear description of the case study might make this research more applicable to similar critical care units.
- Although the researcher, as non-experienced interviewer, conducted the interviews herself, the researcher gained more confidence in interviewing skills and aimed to get in-depth data.
- Even if the researcher intentionally aimed to stay as objective as possible, subjectivity remains a major critical point in qualitative research. Prior research assumptions to the case were stated.
- The researcher working in the environment can add value on the one hand, but on the other hand it can cause bias in data-analysis.

4. RECOMMENDATIONS

Recommendations are formulated for nursing science, nursing practice and nursing research.

4.1 Curriculum development

- The importance of strengthening the skill of resilience in professional nurses working in the critical care unit is generally high.

- Life skills for nurses are crucial in order to keep a balance between work life and home time.
- Reflective tools for example journals should be used in the training of nurses.
- Incorporation of an emotional intelligence module in the training of all nursing staff.

4.2 In-service training

- The importance of training nurses in how to break the bad news was emphasized.
- Competency testing is a regular event in the practice environment to decrease the stress for professional nurses working in the critical care unit.
- A courtesy day for all the nursing staff working with patients spent to improve emotional intelligence.
- Facilitation of the team working together on how to support each other.

4.3 Recommendations for nursing practice

- It is not the role of the critical care nurse to decide on the end of life support as the decision lies with the patient and the family.
- The management of the critical care unit needs to be sensitive to emotions in the unit regarding personality types, patient allocation and factors conducive to an environment of supervision.
- The need for autonomy in the professional nurse working in the critical care environment's role will improve patient outcomes.
- Regular debriefing sessions should take place for all professional nurses working in the critical care units of company support systems to facilitate their practice environment.

4.4 Recommendations for nursing research

- Emotional intelligence as a tool to stabilize the volatile emotional environment in the critical care unit. In this study only one part of emotional intelligence was investigated (management and regulation of emotions); self-awareness was a quality that emerged from the data.

- The study presented a different way of talking for each interviewee. The cultural language differences were noticed will add value to the body of knowledge.
- To define the link between the caring component and emotional intelligence.

5. CONCLUSION

Literature review suggests that there has been a change in patient needs, and for private healthcare providers it is necessary to maintain an advantage by focussing on “soft skills”. Therefore, it is important to look at emotional experiences and emotional regulation as indicators of improved quality of nursing care and staff wellness. This study departed from emotional intelligence, and focussed on emotions experienced by the professional nurses working in the critical care unit, and the management and regulation of these emotions. The results re-confirmed the existence of emotional labour in the critical care unit, as well as the different emotions experienced in the critical care unit. Results reflect the emotional strain that critical care nurse’s need to cope with and the different mechanisms that they use to regulate these emotions and emotional experiences.