Exploration of support to nurses working in the Tuberculosis programme in the primary health care facilities by management in the Matlosana sub-district

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SUMMARY

Tuberculosis is a health threat, globally, in Africa, South Africa as well as in the North West Province. Although a number of positive interventions have been implemented, like the introduction of direct observation treatment strategy, still tuberculosis remains a threat. This may be due to the fact that while interventions to fight tuberculosis have been formulated and implemented, the most important resource in the Department of Health, which are nurses. Nurses working in the tuberculosis programme who play a vital role in the implementation of the health strategy are left behind and not given the proper support that they need to ensure the implementation of the health strategy. Nurses need to receive physical, emotional and social support from management so that they can give quality care to their patients.

The purpose of this study was to explore the support from management to nurses working in the tuberculosis programme in the primary health care facilities at the Matlosana sub-district so as to make recommendations to management with the aim of improving the nurses' work life and consequently rendering quality care to the tuberculosis patients.

The research was conducted in the Matlosana sub-district in the North West Province of South Africa. A qualitative research design was used to explore and describe the support by management to nurses working in the tuberculosis programme in the primary health care facilities. A purposive voluntary sampling method was used to select participants who met the set criteria. In depth Semi structured interviews were conducted. Data was captured on an audio recorder, and transcribed verbatim. The researcher and the co-coder analysed the data after data saturation was reached. A consensus was reached on the categories that emerged.

The results showed that most facility managers lack knowledge about tuberculosis making it difficult for them to support nurses working in the tuberculosis programme. The lack of support resulted in the arousal of feelings such as frustration, feeling undermined, feeling unnoticed and unappreciated. It also resulted in resistant behaviours such as underperformance, loss of interest in their work, wanting to leave to where they will be supported and reluctance to take annual leave due to fear of piling work. However, few participants reported supportive experiences from both their facility managers and from the tuberculosis coordinator.

Recommendations were made for the field of nursing education, community health nursing practice and nursing research with the aim of improving the nurses' work life and consequently rendering quality care to the tuberculosis patients.

Key concepts: Management, Tuberculosis coordinator, Facility managers, Tuberculosis, nurses, support, primary health care facilities, Tuberculosis programme.

OPSOMMING

Tuberkulose is ’n gesondheidsrisiko, internasionaal, in Afrika, Suid-Afrika sowel as in die Noordwes Provinsie. Nieteenstaande die feit dat ’n aantal positiewe intervensies reeds geïmplementeer is, soos byvoorbeeld die instelling van direkte observasie-behandelingstrategieë, bly tuberkulose ’n wesenlike bedreiging. Dit kan moontlik toegeskryf word aan die feit dat terwyl intervensies om tuberkulose te beveg geformuleer en geïmplementeer word, die nodige ondersteuning nie aan een van die mees belangrike skakels en hulpbronne van die Departement van Gesondheid genoegsaam is nie, naamlik die verpleegpersoneel. Verpleegpersoneel speel ’n integrale rol in die implementering van die gesondheidstrategie teen tuberkulose, en hulle behoort fisiese, emosionele en sosiale ondersteuning van bestuur te ontvang om sodoende op nuwe en innoverende wyses kwaliteit hulp aan hul pasiënte te kan bied. Sonder hierdie ondersteuning word verpleegpersoneel geïnhibeerd gelaat omdat hulle onbevoeg, ongewaardeerd en onseker voel. Hulle het nie die nodige selfvertroue om kwaliteit ondersteuning aan hul tuberkulose pasiënte te lewer nie.

Teen hierdie agtergrond word die doel van die studie dus geformuleer as die ondersoek na ondersteuning van bestuurskant, asook die ondersteuningsbehoeftes van die verpleegsters wat werksaam is in die tuberkulose programme van die primêre gesondheidsfasiliteite in die Matlosana sub-distrik van die Noordwes Provinsie. Sodoende kan daar aanbevelings gemaak word aan bestuur om die kwaliteit van ondersteuning aan verpleegpersoneel te verbeter met die gevolg dat ondersteuning aan tuberkulose pasiënte sal verbeter.

Die navorsing is gedoen in die Matlosana sub-distrik van die Noordwes Provinsie in Suid-Afrika. ’n Kwalitatiewe navorsingsontwerp is gebruik om die ondersteuning van bestuur en die ondersteuningsbehoeftes van die verpleegpersoneel te bepaal in die tuberkulose programme van die primêre gesondheidsorgfasiliteite. Gevolglik was dit nodig om ’n doelgerigte vrywillige steekproef metode te gebruik om respondente wat aan die nodige kriteria voldoen, te identifiseer. In diepte semi-gestruktureerde onderhoude is gedoen en opgeneem waarna dit verbatim getranskribeer is. Die navorser en kodeerder het die data gekodeer en ontleed. Die data-analise is gestaak nadat ’n data-versadigingspunt bereik is waar konsensus aangaande die geïdentifiseerde kriteria bereik is.

Vanuit die resultate word die gevolgtrekking gemaak dat die verpleegsters bestuur se ondersteuning in die primêre tuberkulose programme as onvoldoende ervaar. Die resultate toon verder dat die meeste fasiliteitsbestuurders ’n tekort aan kennis van tuberkulose het, wat dit verder moeilik maak om die verpleegpersoneel te ondersteun. Verpleegpersoneel het aangetoon dat hulle die behoefte na persoonlike ondersteuning waar bestuur gesprek voer met hulle oor hul doen en late, terwyl ander aangetoon het dat hul graag erkenning en aansporings sou wou ontvang van bestuur. Hierdie gebrek aan ondersteuning lei tot gevoelens soos frustrasie, ondermyning, onsigbaarheid in die werkplek en ook ongewaardeerdheid. Verder word aangetoon dat hierdie gevoelens lei tot weerstandige werksgedrag soos onderprestasie, verlies aan belangstelling in die werk, moontlike bedankings en dat daar nie jaarliks verlof geneem word nie omdat die werk net ophoop in hul afwesigheid. Daar is egter ook ervarings van positiewe ondersteuning gedokumenteer deur beide verpleegsters en fasiliteitsbestuurders.

Aanbevelings word gemaak in die dissiplines van verpleegopleiding, gemeenskapsgesondheid en verpleegpersoneelpraktyk wen ook verpleegkundige navorsing. Die aanbevelings is gemik daarop om verpleegpersoneel se werksomstandighede te verbeter asook om konstant verbeterde kwaliteit ondersteuning aan teringpasiënte te lewer.

Kernbegrippe: Bestuur, tuberkulose koördineerder, fasiliteitsbestuurder, tuberkulose, verpleegpersoneel, ondersteuning, primere gesondheidfasiliteite, tuberkulose programme.

DEDICATION

This study is dedicated to all the nurses working in the tuberculosis programme at the primary health care facilities, those who have been entrusted with the lives of the poverty stricken tuberculosis patients and those huge tuberculosis records which they are to daily update for a period of 6-9 months, even 10 months depending on the type of tuberculosis. I will forever be grateful to them for their readiness to participate in this study forming a voice for all the nurses, especially those working in the tuberculosis programme at the primary health care facilities.

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LIST OF ABBREVIATIONS

DOTS:	Directly Observed Treatment Strategy
EN:	Enrolled nurse
ENA:	Enrolled nurse assistant
HIV:	Human immune deficiency virus
AIDS:	Acquired immune deficiency syndrome
MDGs:	Millennium development goals
MDR:	Multidrug resistant
NWU:	North-West University
PHC:	Primary Health Care
PROF NURSE:	Professional Nurse
SANC:	South African Nursing Council
TB:	Tuberculosis
UN:	United Nations
WHO:	World Health Organisation
XDR:	Extensively drug resistant
CHC:	Community Health Centre

CHAPTER 1
OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Tuberculosis (TB) is one of humanity's greatest killers and it is out of control in many parts of the world. It is said to be the major constraint to economic development, since most TB deaths are among adults of working age (Vlok, 2006:515). Worldwide, there are 8 million new cases of TB each year and 3 million deaths, and every second someone in the world is newly infected with TB. One-third of the world's population is currently infected with TB and nearly three million people die from TB every year (World Health Organization, 2005a:104). In 2005 alone 1.6 million deaths resulted from TB making it to be the second only to HIV/AIDS as a cause of illness and death of adults. The annual number of new TB cases has quadrupled since 1990 and the number is continuing to rise across the African continent, killing more than half a million people every year (World Health Organization, 2005a:104).

Although it has only 11% of the world's population, Africa accounts today for more than a quarter of a million people every year infected with TB. There is an estimated 2.4 million TB cases and 540 000 TB deaths annually in Africa (World Health Organization, 2005a:1). South Africa, as part of Africa, is also experiencing this epidemic as it is one of 22 high-burdened TB countries and has the fifth highest number of notified TB cases in the world (Almeleh *et al.,* 2006:77). Annually, the numbers have quadrupled from 61 486 in 1988 to 279 260 in 2004. On his "experts call for action on TB" speech, Hussey (2005) reported that there are about 250 000 new cases of TB every year in South Africa, and that number is growing.

The Matlosana sub-district in North-West Province also experiences the same trend with 6 642 new TB cases in 2007 alone. Matlosana sub-district is situated close to the Vaal River and it is dominated by mines, thus attracting a large number of people from all over South Africa including people from the neighbouring countries. Matlosana municipal area comprises a total area of 3 162 km² and is located in the south-eastern part of the North-West Province. The municipality covers the central part of the Dr. Kenneth Kaunda District Municipality area and consists of four towns namely Klerksdorp, Stilfontein, Orkney and Hartbeesfontein. Matlosana is bordered by Tlokwe (Potchefstroom) municipality area in the east; Maquassi Hills (Wolmaransstad) municipal area in

the west; Ventersdorp local municipality in the north-east and the Free State Province in the south. Matlosana municipality area is also situated on the N12 Treasure Corridor which is a major route that connects cities like Johannesburg and Cape Town (City of Matlosana, 2009).

According to the (World Health Organization, 2003:11) poverty and the widening gap between the rich and the poor is one of the reasons for the global TB burden in various populations. To add to her speech, Tshabalala-Msimang (2006) said in her statement that "TB is one of the poverty-related challenges which include poor nutrition and inadequate housing". In addition, the growing HIV problem also feeds directly into the spread of tuberculosis. Because of their lowered immunity people with HIV are 800 times more likely than the general population to acquire TB (Allender *et al.,* 2010:232) (Amref, 2013). Furthermore, up to 40% of South African TB patients are co-infected with HIV and as a result the interaction between HIV and TB has enabled the HIV epidemic to contribute to a further increase in TB incidence.

Due to the high prevalence of TB incidents, the United Nations (UN) highlighted TB control and management as one of their Millennium Development Goals (MDGs) with the intention to halve its prevalence and mortality rate (Baltussen *et al.,* 2005:331). Based on the MDGs, management intervention strategies such as the Directly Observed Treatment Strategy (DOTS) were identified and recommended, and South Africa as part of the UN adopted it in their own TB control programme. Despite all the possible interventions outlined by the World Health Organisation (WHO), the number of TB cases remains high and South Africa still continue to face one of the worst TB epidemics in the world, with people dying every day (Vlok, 2006:515; De Lange, 2006:3).

Incidentally, poor programme management is also mentioned as another reason for the increase of TB, and this is marked by the global emergence of Multi drug resistant (MDR-TB) and extensively drug resistance(XDR-TB), which according to the author are stark reminders of the failure of public health systems to control TB (Reuter, 2007:10). Not only is the programme management a problem but the issue of poor programme management is further compounded by a shortage of nurses with more and more nurses leaving the country for greener pastures.

Nurses are at the forefront of TB prevention, care and treatment; hence, nursing competence in the detection, control and care is crucial. Nurses working in a TB programme in a Primary Health Care (PHC) facility carry the bulk of work in TB prevention, care and treatment (Ghebrehiwet, 2006:239). Unlike the expectations placed on a nurse in the hospital who are not involved with the TB patients, nurses in the TB programme in PHC facilities have the added responsibility, not only to the individual but to all who comes into contact with them as nurses, like family, and the community.

The nurse in the TB programme is expected to play the following roles and perform the following functions over and above what their colleagues who are not involved in TB care and management are exposed to:

- Advocacy;
- Case detection;
- Initiation, administering and monitoring drug regimens;
- Training of community health workers;
- Referrals and follow-ups of TB patients;
- Informing the patient of his/her diagnosis, nature, symptoms, complications and treatment of Tuberculosis;
- Reassure and encourage the patient in order to allay fear and get his cooperation in therapy;
- Inform the family and the patient's employer to get their co-operation;
- Assess the patient and his/her environment and in consultation with the patient choose a suitable therapy regimen with which the patient is likely to comply;
- Request tests of sensitivity of tubercle bacillus to anti-TB drugs when submitting sputum for bacteriological investigation;
- Tracing of non compliant patients and conducting home visits for the very ill patients;
- Keeping of records yearly to state how many patients received primary treatment, where cured, died and defaulted through either non-compliance and absenteeism; and
- Administrative duties such as compiling monthly Tuberculosis statistics for the health information system (Vlok, 2006:536).

All these roles and functions create great challenges for the nurses hence they almost always experience work overload. This is also fuelled by factors such as a shortage of staff, poor working conditions, lack of trained nurses and a lack of knowledge of what the programme entails. These aspects often lead to nurses not being keen to work in the TB programmes in the PHC facilities.

Shortage of staff contributes to increased workload since those present are left to handle huge amounts of work alone (Emmanuelle & Mickey, 2008:2). According to Van Rensburg *et al*. (2006:341-344), work overload in the TB programme in the PHC facilities also results from a lack of adequately trained nurses placed in the TB programmes. These untrained nurses continually seek help from or refer patients to those who are trained thereby contributing to their (trained nurses) increased workload.

In addition, lack of knowledge on what the programme entails fuels the nurses' fear of being contaminated with TB, therefore discouraging them to work in the TB programme (Athalia *et al.,* 2005:519). However, their fear might not be unfounded because health care workers are at high risk for active TB and latent TB infection, especially health care workers involved in direct contact with patients, such as the nursing professionals (Adenicia *et al*., 2008:1-2). According to Athalia *et al.* (2005:519), in New York State 2.3% of TB cases in 1994 and 4.0% in 2002 were health care workers. In South Africa, the emergence of XDR-TB and the evidence that many XDR-TB infections were nosocomial, meaning hospital acquired, leading to a devastating effect on patients and on health workers, especially nurses fuels this fear. Adams *et al.* (2010:1179) emphasise that the fear is not unfounded. The occurrence of TB in health care workers has been reported to be substantial where ten health care workers with XDR-TB were identified. Majority of health care workers (6 of 10) worked as nursing staff.

However, all these challenges could be better handled by nurses in the TB programme if there are sufficient support systems in place resulting in reassured, well informed and confident nurses who would therefore render quality care. To render quality care in the facility, there are core norms and standards that need to be in place. One of these norms is the rendering of support to the nurses by management with at least a bimonthly visit to ensure that the nurses have adequate resources and to give moral support (Van Rensburg *et al.,* 2004:429-430). This aspect is of utmost importance especially with the current situation in South Africa where staff shortages are rampant. Thus it is critical for the nurses working in programmes such as that of TB to have adequate support as they are faced with more challenges as outlined in the earlier discussion. It would be very difficult to implement a programme successfully if management failed to provide the necessary support such as training and infrastructure thereby leaving the nurses to feel inadequate or unappreciated (Muller, 2002:241).

According to Ngwena *et al.* (2006:985), support means "to bear all, to corroborate, to encourage or even to comfort". Support is also defined in terms of physical, emotional and social context. Physical support includes adequate space, well equipped and pleasant work conditions (Douglass, 1992:128) (Searle, 2006: 270). Pera and Van Tonder (2002:185) highlighted that manageable workload also forms part of physical support and it is a legal right (Searle, 2006: 360). Training is also seen as a form of physical support from management and it includes continuing education, in-service education and supervision to ensure that the nurse advances professionally by providing opportunities for promotion (Douglass, 1992:128) (Pera and Van Tonder, 2002:185). Availability of

policies also forms part of physical support essential for the provision of standardised guidance to nurses (Booysens, 2006:28).

Emotional support would include aspects such as trust among colleagues and management (Douglass, 1992:128) (Sanchez, 2009:97). According to Ellis and Hartley (2004:503), another form of emotional support is the mentoring, guiding, tutoring and coaching of nurses by management which are essential to ensure a sense of belonging and ownership, and prevent infighting due to uncertainty. Social support would be support among nurses, their colleagues, and employers, often expressed in terms of team work whereby each team member's input is regarded as important and members share responsibility thus lightening the workload (Booysens, 2006:236). Team-building activities at a social level facilitated by management could prove to be a form of social support that could improve relations among colleagues and management. Therefore, lack of support for nurses from management, according to Booysens (2000:364), leads to behaviours such as employee absenteeism and turnover.

Employee absenteeism is defined as time away from work and is viewed by Price and Mueller (*in* Booysens, 2000:355) as a form of withdrawal from unsatisfactory work conditions which is due to factors such as overworking, physical exhaustion and burnout. The author further defines employee turnover as a constant heavy loss of recruited and qualified nurses which is caused by either avoidable or unavoidable factors. Booysens (2000:355, 272) explains avoidable factors as a failure of an employer to keep employees in the organisation's service; for example, a hostile, stressful or an environment full of conflict. Consequently, fewer nurses are left to tend to patients, lowering the morale of the remaining nurses, the quality as well as the standards of care which leads to medical and legal risks.

In her study of student's clinical competencies in the PHC, (Beukes *et al.,* 2010:1) mentioned lack of support to nurses in terms of recognition and incentives as a major problem that impedes quality service delivery. According to (Media Club South Africa, 2011) nurses working in the TB programme are scared for their health and as the result they have been appealing to the government for years for remuneration that takes into account the danger of their job, access to specialized protective mask and for better ventilation in their waiting and consultation areas. It further adds on to say that many people currently working as nurses or training to become nurses are refusing to train as TB nurses because they think it's too risky and it is not worth it. The health Department is battling to attract and keep nurses in the TB programme because of their fear of

being infected (Media Club South Africa, 2011), however, if there is adequate support from management this challenge could be avoided.

According to Daiski (as quoted by Cheryl, Woelfe & McCaffrey, 2007:123-131), lack of support for nurses from management makes it a difficult and an uphill battle to advance in proper patient care and to improve the quality of patient care especially in specialised programmes such as in the TB programme. Hence, the need to explore support to nurses working in the TB programmes by management in the Matlosana sub-district is eminent in the quest to improve their well-being and service delivery to the patients infected with TB.

1.2 PROBLEM STATEMENT

TB is a health threat, globally, in Africa, South Africa as well as in North West Province. In the South African context nurses are the main group of health workers who are involved in the treatment and care of TB patients. For them to perform optimally in their duties, they need to receive physical, emotional and social support from management enabling them to find new and innovative ways to give quality care to their patients. According to the primary health care service package on norms and standards (Van Rensburg *et al.,* 2004:429), support is one of the critical aspects that needs to be in place for a programme to succeed. However, there seems to be a gap between the expected support from management by nurses working in the TB programme in health facilities as outlined by the primary health care service package norms and standards and that which is given by management in reality.

As a professional nurse working in a TB programme at the primary health care facility, the researcher has observed that there seems to be a lack of support by management to nurses leading to diminished interest to work in the TB programme consequently impacting on quality service for the TB patient. Therefore, exploring the type and level of support that is given to nurses working in the TB programme by management is important as it will encourage reflection by managers to improve their leadership role, relationship with nurses and consequently quality health care to the TB patients.

1.3 AIM AND OBJECTIVES OF THE STUDY

The aim of this study was to explore the support to nurses working in the TB programme in the primary health care facilities by management in Matlosana sub-district so as to make

recommendations to improve their work life and consequently improvement in rendering of quality care to the TB patients. To achieve the study aim, the following research questions were asked:

1. What is the support given by management to nurses working in the TB programme at primary health care facilities in the Matlosana sub-district?

2. What recommendations can be made for nursing education, community health practice and further research that will improve the work life of the nurses working in the TB programmes?

1.4 RESEARCH OBJECTIVES

In responding to the above questions, specific objectives were:

1. To explore and describe support to nurses working in the TB programme at primary health care facilities by management in the Matlosana sub-district.
2. To make recommendations for nursing education, community health practice and further research that will improve the work life of the nurses working in the TB programmes.

1.5 SIGNIFICANCE OF THE STUDY

This study will encourage the nurses to highlight the level and type of support they receive from management thereby assisting management to improve, renew or develop support systems that will meet the nurses' needs. Consequently, this will impact on the job satisfaction and motivation of nurses in the TB programme at the primary health care facility resulting in delivery of sound and effective quality service to the TB patients.

1.6 THEORETICAL ASSUMPTION

Theoretical assumptions are testable and form part of the existing and acceptable theory of a discipline (Botes, 1993:12). The theoretical assumption of this research includes the central theoretical arguments which formed the core of this study as well as conceptual definitions of key concepts applicable to this study.

1.6.1 Central theoretical argument

The central theoretical argument of this study suggests that there is a generalised lack of support for nurses working in the TB programme at the primary health care facilities in the Matlosana sub-district. Hence the exploration of support to nurses working in the TB programme at primary health care facilities by management will improve the nurses' work life and enhance delivery of quality nursing care to the TB patients. This knowledge will be useful in the development of recommendations to management to improve, renew or develop support systems that will meet the nurses' needs thereby enhancing quality of care.

1.6.2 Conceptual definitions

The following concepts are key in this study and are defined as follows:

1.6.2.1 Support

According to the Ngwena *et al.* (2006:985), support means to "bear all, to corroborate, to encourage, or even, to comfort". Support is also defined in terms of physical, emotional and social context. Physical support includes adequate, well equipped space and pleasant work conditions, emotional support include mentoring, and guiding, tutoring and coaching whereas social support is support among nurses themselves and their employers; for example, team work and team building exercises (Douglass, 1992:128).

In this study, physical support means TB nurses working in a well-equipped, pleasant working condition with adequate space, financial means, technology and manpower (Booysens, 2000:604). Emotional support means mentoring, guiding, tutoring, coaching and counselling while social support mean facilitation of team work by managers in the workplace.

1.6.2.2 Tuberculosis (TB)

It is an infectious disease caused by a micro-organism, the bacilli called Mycobacterium tuberculosis which usually enters the body by inhalation through the lungs. It spreads from the initial location in the lungs to other parts of the body via the blood stream, the lymphatic system, via the airway or by direct extension to other organs (Ait-Khaled *et al.*, 2010:2). Depending on the

individual's immune system; the bacilli may become dormant until activated when the immune system is compromised.

1.6.2.3 Tuberculosis Programme

Is a programme designed to improve case finding by detecting TB cases; decreasing mortality and morbidity. Further to this, is to prevent and treat TB even amid HIV positive patients and finally to decrease the occurrence of multidrug-resistant TB (MDR-TB) (Department of Health, 2004:7).

1.6.2.4 Nurse

The Nursing Act (33 of 2005) defines a nurse as an individual who has successfully completed a course of study prescribed by the council and is licensed to practice as a nurse practitioner and who, in the opinion of the council, has knowledge and skills sufficient as prescribed by the regulations to be licensed to practice as a nurse practitioner under this Act. In addition, the Nursing Act (33 of 2005) defines a professional nurse as a person who is registered as a nurse under section 31 of this act.

According to section 31 of the nursing Act (33 of 2005) a professional nurse is 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 responsibilities and accountability for such practice. On the other hand a staff nurse is a person educated to practise basic nursing in the manner and to the level prescribed and is registered as such in terms of section 31 while an auxiliary nurse is a person educated to provide elementary nursing care in the manner and to the level prescribe and is registered as such in terms of section 31.

In this study, nurses will mean those nurses working in the TB programme in the primary health care facilities at Matlosana sub-district. These individuals will include professional nurses, staff nurses and auxiliary nurse registered with the South African Nursing Council (SANC).

1.6.2.5 Management

Management, according to Shead (2009) is the art of conducting, directing and leading. It characterises the process of leading and directing all or part of an organisation, often a business, through the deployment and manipulation of human, financial, material, intellectual or intangible

resources. In this study, management are those individuals who perform conduct, direct, supervise and lead nurses working in the TB programme. These individuals include both the facility managers and TB coordinators in the Matlosana sub-district.

1.6.2.6 Facility manager

Facility managers are professionals who are responsible for integrating people with their physical environment, and manage both people and their environment. They work both as the operational manager and as the compliance officer where they manage people, productivity and the costs involved. Facility manager coordinates policies and operations with industry standards, practices and with regulatory mandates (Gustin, 2005: ix).

1.6.2.7 TB co-ordinator

According to WHO (2005b: 1) the person (or team) responsible for TB control at the district level is called the District TB Coordinator. The District TB Coordinator is usually a physician or a nurse. He or she works at the district health office and the job of District TB Coordinator is primarily administrative and managerial. Although the District TB Coordinator must be thoroughly familiar with clinical guidelines of the national TB control programme, he or she is primarily responsible for enabling and monitoring the implementation of these guidelines, rather than actually treating patients. In the South African context district TB coordinator functions at sub-district level therefore called sub district TB co-ordinator.

1.6.2.8 Primary Health Care Facility

Friedman and Padarath (2008), defines a clinic as a permanently equipped facility at which a package of Primary Health Care (PHC) services are provided. The operating times are a minimum of 8 hours per day and minimum of 4 days per week. For the purpose of this study, a clinic will be referred to as a primary health care facility due to the adopted national health care approach which is PHC driven.

1.7 RESEARCH DESIGN AND METHOD

In this chapter, the research design and method is discussed briefly and the more detailed discussion will follow in Chapter 2.

1.7.1 Research design

A qualitative research design which is exploratory, descriptive and contextual in nature was used to explore and describe the support for nurses by management in the TB programme at primary health care facilities in Matlosana sub-district (Burns & Grove, 2005:55). This has led to recommendations for the improvement of the nurses work life intended for improvement in rendering of quality care to the TB patients as the final outcome. The research was conducted within the context of primary health care facilities within the Matlosana sub-district in the North-West Province.

1.7.1.1 Qualitative research

Creswell (2003:179) describes qualitative research as an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. Denzin and Lincoln (2000:3) claim that qualitative research involves an interpretive and naturalistic approach: "This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them" .Therefore for the purpose of this study a qualitative research was chosen to explore and describe the support for nurses by management in the TB programme at primary health care facilities that is in their natural setting.

1.7.1.2 Exploratory design

According to De Vos *et al.* (2002:109) exploratory research design is a design that is conducted to gain insight into a situation, phenomenon, community or individual. These authors furthermore added that the need for such a study could arise from a lack of basic information on a new area of interest or in order to become acquainted with a situation so as to formulate a problem or develop a hypothesis. Exploration enables the researcher to gain a richer understanding of, and insight into, a comparatively new phenomenon, for which little or no research has been done (McMillan & Schumacher, 2006:318).

For the purpose of this study support for nurses especially in a specific programme is being viewed as a new concept in health care, because many studies done on support focuses mainly on patients need for support and not the nurses. Therefore the researcher aims to gain knowledge on the support for nurses by management in the TB programme at primary health care facilities. Within the context of this research, exploration was used to gain insight into the views of participants (nurses) regarding support from management

1.7.1.3 Descriptive design

According to De Vos *et al.* (2002:109) a descriptive design is a design that is aimed at providing a complete and accurate picture of a situation. It emphases on "how" and "why" questions seeking to describe events or experiences after observation (Babbie, 2004:89). In this study the researcher chose this design so as to be able to clearly describe the support for nurses by management in the TB programme at primary health care facilities in Matlosana sub-district.

1.7.1.4 Contextual design

A context is according to Strauss and Corbin (1990:96) a particular set of conditions within which the action is taking place. It is characterised by an 'explicit set of properties pertaining to a phenomenon (Strauss & Corbin 1990:101). Holloway and Wheeler (1998:182) state that contextual research aims to describe the phenomenon in the situation in which it normally occurs. The phenomenon of interest is explored in the immediate environment and physical location of the people studied. Therefore the researcher intended to explore the phenomenon under the context of the primary health care facilities in Matlosana sub-district. The idea is not to generalise the findings but interpret them in this context.

1.7.2 Research method

The research method included a brief exposition of the population, sampling, study context, data collection, data analysis, literature control, ethics, and rigour.

1.7.2.1 Population

Population included all the categories of nurses working in the TB programme that is professional nurses, staff nurses and auxillary nurses in all the 16 Matlosana sub-district primary health care facilities including three health care centres. They must have been working in the TB programme for duration of one year irrespective of their race, culture, age and language.

1.7.2.2 Sampling

Brink (2006:123) defines a sample as a part or fraction of a whole, or a subset of a larger set, selected by the researcher to participate in the study, while Burns and Grove (2005:352) explain sampling as a process that involves selecting a group of people, events, behaviours, or other elements with which to conduct the study. Sampling included the sampling technique used in the study and the sample size.

- **Sampling technique**

  Sampling technique is a strategy suitable for a particular research study to acquire the most appropriate participants. Non probability purposive sampling technique was used which implies that the researcher selected nurses to be sampled based on their knowledge and professional judgment as a more representative sample that can bring more accurate results (Castillo, 2009). The selected participants complied with the set criteria and were willing to participate.

- **Sample size**

  According to Burns and Grove (2005:358-359), sample size is the number of participants, determined by the depth of information needed to gain insight into the phenomenon. For the purpose of this study the sampling to redundancy technique was chosen, which involves not defining the one's sample size in advance but interviewing more and more people until same themes and issues came up over and over again (Blanche *et al.,* 2007: 49). Hence sample size was determined by data saturation meaning that the researcher did not know in advance how many participants were needed, but she accumulated samples continuously until no new information was acquired from the participants.

1.7.2.3 Study context

Matlosana sub-district consists of four towns namely Klerksdorp, Stilfontein, Orkney and Hartbeesfontein. Klerksdorp is urban in character while Stilfontein, Orkney and Hartbeesfontein are all semi-urban in character. Each town comprise of 4 PHC facilities of which 3 are 8 hour clinics and the fourth PHC facility is a community health centres which function 24 hours. All the PHC facilities are managed by facility managers who foresee the smooth running of each facility. Each facility has its own TB programme headed by either a professional nurse or an auxiliary nurse or by both. All in all there were 13 proffessional nurses by training heading the TB programme in all the 16 PHC Facilities, 3 auxillary nurses and 2 health promoters who did not meet the set criteria and were not interviewed. All the TB programme leaders have undergone in-service training for coordinating this programme.

1.7.2.4 Data collection

This section comprised a description of the role of the researcher, the physical environment and method of data collection.

- ***Role of the researcher***

  The researcher submitted a research proposal and a drafted consent form (ADDENDUM F) to the research ethical committee of the North-West University (NWU) at the Potchefstroom campus, and the North West Provincial (ADDENDUM A), district and sub district management for approval of conducting the study (ADDENDUM B). Upon receiving approval (ADDENDUM C & D) from both the provincial and sub district the researcher contacted the facility managers telephonically to arrange for visits to their facilities. The potential participants were then contacted to gain their cooperation and to explain the purpose of the study. A full exposition of the process will be given in the following chapter.

- ***Physical environment***

  Burns and Grove (2005:359) explain the physical setting as an uncontrolled, real-life situation, or environment that facilitates capturing of in-depth information.

  For the purpose of this study, the researcher did not manipulate or change the environment for the study; instead, interviews were held at a place which was chosen and convenient for the participants so as to ensure a private and non-intimidating atmosphere without

interference. The researcher realised that in the Primary Health Care (PHC) surroundings confidentiality might not be possible because nurses may be afraid to express themselves for fear of being intimidated by their managers and colleagues. Hence, the interview venue was arranged in such a way that it was away from the activities in the PHC in a well-ventilated, clean setting and with the right temperature so as to make participants feel comfortable and at ease, thus encouraging free participation.

- ***Method of data collection***

  According to Blanche, Durrheim and Painter (2007:287), in qualitative studies the aim of the researchers is to make sense of feelings, experiences, social situations, or phenomena as they occur in the real world. To attain that in this study, one-on-one interviews were conducted with nurses working in the TB programme at primary health care facilities in the Matlosana sub-district. The interviews were semi-structured (Blanche *et al.,* 2007:287) and an interview schedule (see addendum J) which was developed in advance was used. A full exposition of the process will be given in chapter 2.

1.7.2.5 Data analysis

According to (Brink *et al.,* 2006:184), data analysis in qualitative research is the examination of words where the researcher spent hours reflecting on the possible meanings and relationships of the words and becomes deeply immersed in the words. Furthermore qualitative data analysis is a systematic process of selecting, categorizing, comparing, synthesizing and interpreting data to provide explanations of the single phenomenon of interest (White, 2003:82).In this study, the data captured on the digital voice recorder was subject to transcription and analysed according to the process of open coding. This included coding for themes and categories as highlighted by (*Brink et al.,* 2006:185). In addition making memos about the context of and variations in the phenomenon under study, verifying the selected themes through reflection on the data and discussions with other researchers and experts in the field was undertaken. To assist the researcher in effectively executing the coding process Tesch's generic steps as cited by Cresswell (2003: 190) were applied. This will be discussed in more detail in Chapter Two of the study. Lastly the use of a co-coder was adopted to compare and identify similarities and differences of the emerging themes so as to reach consensus regarding the categories and sub-categories thus allowing for conclusion to be drawn.

1.7.2.6 Literature control

According to De Vos *et al.* (2005:123), a literature review is aimed at contributing towards a clear understanding of the problem that has been identified. Hence, for the purpose of this study the researcher used literature control to compare, and verify the research findings obtained in the current study with relevant literature and existing research findings to determine similarities and differences on support to nurses in the TB programme at primary health care facilities by management.

1.8 TRUSTWORTHINESS

According to Krefting (1991:215), for a research to be trustworthy it should be conducted in a manner that will ensure accuracy in presenting the lived experiences as reported by the participants. Trustworthiness is measured through the use of the following criterion truth value, applicability, consistency and neutrality. In this section a brief discussion on trustworthiness will follow with a detailed description of how this factor was ensured described in chapter 2.

1.8.1 Truth value

Krefting (1991:215) termed truth value as credibility, and he further stated that credibility is aimed at establishing how confident the researcher is with the truth of the findings based on the research design, participants and context. In this study, truth value in the form of credibility was obtained by the use of strategies such as peer evaluation and reflexive analysis which was done by the co-coder through the independent analysis of raw data given to her.

1.8.2 Applicability

Applicability is termed as transferability by Krefting (1991:215). Transferability refers to the degree to which the findings can be applied to other contexts and settings. In this study, the findings that were generated from the Matlosana sub-district could not be generalised to a larger population, according to (Krefting, 1991:216). This is due to the fact that study settings differ and the purpose of this study was to describe specific experiences in that context and not to generalise. However to ensure applicability, strategies such as nominated sample, comparisons of sample to demographic data, time sample and dense description are used (Krefting, 1991:216). In this study the researcher provided a dense description of methods and procedures that were followed and clearly explained

the context in the research report so that consumers and other researchers can evaluate the applicability of data to other contexts.

1.8.3 Consistency

Consistency is defined in terms of dependability which is concerned with whether the findings would be consistent if the interviews were replicated with the same participants or in a similar context (Krefting, 1991:216). Therefore, consistency is achieved when dependability has been achieved. According to Polit, Beck and Hungler (2001:312), dependability of qualitative data refers to the stability of data over time and over conditions. Strategies used to establish dependability include dependability audit, dense description, stepwise replication, triangulation, peer examination and code-recode (Polit *et al.,* 2001:312). In this study, consistency was established by means of dense description which clearly and comprehensively described the exact methods of data gathered. An inquiry audit where relevant supporting documents where scrutinised by an external reviewer to make interpretation and conclusion was also undertaken. The co-coder acted as the external reviewer.

1.8.4 Neutrality

Guba and Lincoln (in Krefting, 1991:216) refer to neutrality as the degree to which the findings are a function solely of the informants and conditions of the research and not of other biases, motivations, and perspectives. He further suggested conformability as the criteria to measure neutrality. Conformability is, according to Sandelowski, the freedom from bias in the research procedures and results (Krefting, 1991:216). Strategies such as conformability audit, triangulation and reflexivity are used to ensure conformability (Krefting, 1991:216). For the purpose of this study, conformability audit and reflexivity were utilised where by reflexivity, that is, the researcher's reflection of her own biases, was done before initiating interviews. This was accomplished by jotting down her own views, perceptions as well as her experience on the topic of the study in a diary. Also, raw data, that is, the audio recordings including field notes, and the interview schedules were made available to the co-coder to allow the co-coder to come to conclusions about the data (Krefting, 1991:221).

1.9 ETHICAL ASPECTS

Sound ethically grounded research is strictly based upon principles and standards of ethical conduct. Pera and Van Tonder (2002:21) view those ethical principles as action guides to moral thinking and decision-making in a particular situation. Brink *et al.* (2006:345-349) emphasize that conducting research in an ethical manner means that the researcher must carry out the research competently and most importantly consider the consequences of the research for the society, specifically the participants. Researchers have to be aware of the rights of human subjects and other ethical issues when planning a research project that deals with human subjects. The following are the relevant ethical principles and procedures adhered to in this study:

1.9.1 Review by ethical committee

According to Brink *et al.* (2006:41), ethical committees review proposed research, examine and monitor ethical standards of ongoing research and they may give or refuse permission for the researcher to carry out the study or may recommend changes to the research proposal if they are not satisfied (Brink *et al.,* 2006:30). Therefore, for the current study, the researcher submitted the research proposal to the ethical committee of the North-West University at the Potchefstroom campus, the North West Department of Health and to the Matlosana sub district for review and for permission to undertake the research. A full proposal was submitted clearly indicating the purpose of the study, the research design and the ethical considerations that the researcher adhered to. The interview schedule and the consent form were added so that the committees could evaluate its acceptability and the ethical stance.

1.9.2 Fundamental ethical principles

According to Brink *et al.* (2006:31), there are three fundamental ethical principles that are concerned with the protection of the right of human subjects. These principles are principles of respect for person which involves self-determination and protection of vulnerable groups, the principle of beneficence where the researcher has to secure participants' right to protection from discomfort and harm as well as the principle of justice which includes the right to fair selection and treatment and the right to privacy. The researcher adhered to these principles in the following manner:

- **The right not to be harmed**

Burns and Grove (2005:90) assert that the principle of beneficence that states that one should do well and above all, do no harm should be clearly stated in research. The right to self-determination expresses respect for the unconditional worth of an individual and respect for individual thought and action (Pera & Van Tonder, 2002:23). In this study, during the recruitment phase, individual briefing sessions were done whereby each participant was informed on the purpose of the research, the objectives of the research set out and the expected risks and benefits outlined. The participants were informed that they can withdraw from the study at any instance without fear of penalty.

- **The right to full disclosure**

The participants were informed about the following aspects (Wilson, 1993:250) which the researcher adhered to:

- The nature, duration and purpose of the study;
- The methods, procedures and processes by which data would be collected;
- Any inconveniences or discomfort that could result;
- The right to refuse to participate or to withdraw at any stage without being discriminated against; and
- The identities of the researcher and how to contact her.

The researcher included all the above mentioned criteria in the consent form and she verbally explained it to the participants.

- **The right to self-determination**

The right to self-determination is noted by a lack of constraints from the participants, coercion or undue influence of any kind (Burns & Grove, 2005:200).The right to self-determination expresses respect for the unconditional worth of an individual and respect for individual thought and action (Pera & Van Tonder, 2002:22). The participants were given the latitude to ask the researchers questions for the purpose of clarity and decision-making on whether or not to participate.

- **The right to privacy, anonymity and confidentiality**

The participants in this study were given the right to determine the time as well as the circumstances under which private and personal information will be shared or withheld from others (Burns & Grove, 2005:186). The information that the participants divulged during the interview was not discussed with persons not involved in this study, including their employers. The interviews were conducted at the venues chosen by the participants to help to calm, comfort, relax and to ensure privacy. Participants were informed about the use of an audio recording device to record the conversation and the taking of field notes. These were then safely stored with no one having access but the researcher.

Anonymity refers to the fact that no links can be made between the participant and the information reported. Only the researcher knew the identity of the participants and this was treated with confidentiality (Burns & Grove, 2005:186). In this study, anonymity was maintained as maximally as it was possible although the participants knew each other and were aware of individuals who participated. However, information could not be linked to a particular participant as names did not appear in any documentation, and codes were used to refer to participants. Data on the digital voice recorder was deleted after being transcribed; therefore, names mentioned during the interview could not be known or identified.

- **Scientific honesty**

To maintain scientific honesty the researcher intend sharing the results with the scientific community in a respectful manner using an accredited journal. In adhering to this aspect, the researcher will ensure that all the information reported will be accurate and no data will be falsified. The researcher also acknowledged other authors whose literatures were used to enrich this study, so as to ensure that no plagiarism was committed. The results will also be shared with management and with the participants in a form of presentations and the submission of the dissertation to management.

1.10 CHAPTER OUTLINE

Chapters were divided as follows:

- Chapter one: Overview of the study
- Chapter two: Research methodology
- Chapter three: Research findings and literature control; and
- Chapter four: Conclusions, limitations and recommendations for nursing education, nursing research and community health practice.

1.11 CONCLUSION

In this chapter, an overview of the study was given, which was composed of an introduction, problem statement, research questions, aims and objectives of the study, significance of the study, theoretical assumption, brief orientation to the research methodology, trustworthiness and ethical aspects. The following chapter entails the full exposition of the research design, research method, and ethical issues related to the respect for the participants, as well as trustworthiness which is related to the quality of the research.

CHAPTER 2

RESEARCH METHODOLOGY

2.1 INTRODUCTION

In the previous chapter an overview of the study was given, which was composed of an introduction, problem statement, research questions, aims and objectives of the study, significance of the study, theoretical assumption, and a brief orientation to the research methodology as well as ethical aspects. This chapter entails the full exposition of the research design, research method, and ethical issues related to the respect for the participants, as well as trustworthiness which is related to the quality of the research.

2.2 RESEARCH DESIGN AND METHOD

2.2.1 Research Design

In this study, a qualitative research method using exploratory, descriptive and contextual design was used.

2.2.1.1 Qualitative research

Qualitative research is, according to Burns and Grove (2005:52), a systematic, subjective method used to describe life experiences and give them meaning. The authors further state that the qualitative research method is a way of gaining insight by exploring the depth, richness and complexities found in the phenomena. Brink *et al*. (2006:113-121), see it as a method used by researchers who wish to explore the meaning, or describe and promote understanding of human experiences or an unfamiliar phenomenon that would be extremely difficult to quantify. Therefore, this method was applicable in this study as the objectives were to:

To explore and describe support to nurses working in the TB programme at primary health care facilities by management in the Matlosana sub-district.

To make recommendations for nursing education, community health practice and further research that will improve the work life of the nurses working in the TB programmes.

- **Exploratory designs**

Exploratory designs are used to make preliminary investigations into relatively unknown areas of research (Blanche *et al.,* 2007:44) where an open, flexible, and inductive approach to research was used when attempting to look for new insight into phenomena. According to De Vos *et al.* (2002:109) exploratory research design is a design that is conducted to gain insight into a situation, phenomenon, community or individual. These authors furthermore added that the need for such a study could arise from a lack of basic information on a new area of interest or in order to become acquainted with a situation so as to formulate a problem or develop a hypothesis.

Exploration enables the researcher to gain a richer understanding of, and insight into, a comparatively new phenomenon, for which little or no research has been done (McMillan & Schumacher 2006:318). For the purpose of this study support for nurses is a new concept in health care, few studies were done due to the fact that support has been seen for patients only. Therefore the researcher aims to gain knowledge on the support for nurses by management in the TB programme at primary health care facilities. This knowledge will highlight the level and type of support they receive from management thereby assisting management to improve, renew or develop support systems that will meet the nurses' needs. Within the context of this research, exploration was used to gain insight into the views of participants (nurses) regarding support from management.

- **Descriptive designs**

Burns and Grove (2005:232) claim that descriptive designs are used with the aim to gain more information thus providing a picture of situations as they naturally happen. According to De Vos *et al.* (2002:109) a descriptive design is a design that is aimed at providing a complete and accurate picture of a situation and emphases on "how" and "why" questions seeking to describe events or experiences after observation (Babbie, 2004:89). In this proposed study the researcher will identify and describe the support for nurses by management in the TB programme at primary health care facilities in Matlosana sub-district. The researcher will then give an account of the process.

- **Contextual design**

A context is according to Strauss and Corbin (1990:96) a particular set of conditions within which the action is taking place. It is characterized by an 'explicit set of properties pertaining to a phenomenon (Strauss & Corbin 1990:101). Holloway and Wheeler (1998:182) state that contextual research aims to describe the phenomenon in the situation in which it normally occurs. The phenomenon of interest is explored in the immediate environment and physical location of the people studied. The site for the research will be the 16 PHC Facilities including the 4 CHCs. Therefore contextual environment for this study will be in the Matlosana sub-district. The site for the research was the 16 PHC Facilities including the 4 CHCs.

2.2.2 Research method

The research method includes a full exposition of the population, sampling, study context, data collection, data analysis, literature control, ethics and rigour.

2.2.2.1 Population

According to Brink *et al.* (2006:123), population is the group of persons or object that is of interest to the researcher; in other words, that meet the criteria which the researcher is interested in studying. For the purpose of this study, the population involved included the nurses working in the TB programmes at Primary Health Care facilities. All the categories of nurses were involved, those being professional nurses, enrolled nurses and enrolled nurses' assistants.

2.2.2.2 Sampling

Brink *et al.* (2006:123) defines a sample as a part or fraction of a whole, or a subset of a larger set, selected by the researcher to participate in the study, while Burns and Grove (2005:352) explain sampling as a process that involves selecting a group of people, events, behaviours, or other elements with which to conduct the study. According to Welman, Kruger and Mitchell (2005:56), sampling can be distinguished between probability and non probability, where in probability sampling there is a probability that any member of the population will be included in a sample while in a non probability sampling there is a probability that not any member of the population will be included in the sample.

A non probability sample was purposively selected for this study and consisted of participants who complied with the set criteria and who were willing to participate (Brink, 2006:134). The set criteria included:

- Professional nurses, staff nurses and auxillary nurses working in the TB programme in all the 16 Primary Health Care facilities including four health care centres.

- The duration of working in the TB programme to be a minimum of one year and it includes all races, ages and languages.

The reason for using purposive sampling was that it allowed the researchers to select information rich participants, who can share a lot about the purpose of the study. Therefore, the advantage of purposive sampling is that the sample is selected based on knowledge of the phenomena under investigation (Burns & Grove, 2005:352).

- **Sample size**

According to Burns and Grove (2005:358-359), sample size is the number of participants, determined by the depth of information needed to gain insight into the phenomenon. The authors state that in a qualitative research study the number of participants is adequate when saturation of information is achieved in the study area; that is, when further sampling provides no new information instead repetition of previously collected data. Data saturation is the point at which new data no longer emerge during the data collection process (Brink *et al.,* 2006:134). Therefore, for the study at hand the sample size was determined by data saturation (Brink *et al.,* 2006:134) meaning that the researcher did not know in advance how many participants were needed. The researcher accumulated data continuously until data saturation occurred and no new information was acquired from the participants. Fifteen participants were interviewed after which a pattern of data repetition emerged.

2.2.2.3 Study context

Matlosana sub-district consists of four towns namely Klerksdorp, Stilfontein, Orkney and Hartbeesfontein. Klerksdorp is urban in character while Stilfontein, Orkney and Hartbeesfontein are all semi-urban in character. Each town comprise of 4 PHC facilities 3 are 8 hour clinics and the fourth PHC facilities are community health centres which function 24 hours. All the PHC facilities

are led by facility managers who foresee the smooth running of each facility. Each facility has its own TB programme headed by either a professional nurse or an auxiliary nurse or by both. All in all there were 13 proffessional nurses by training heading the TB programme in all the 16 PHC Facilities, 3 auxillary nurses and 2 health promoters who did not meet the set criteria and were not interviewed. All the TB programme leaders have undergone in-service training for coordinating this programme.

2.2.2.4 Data collection

This section comprised a description of the method of data collection, the role of the researcher and the physical environment.

- **Method of data collection**

  According to Blanche *et al.* (2007:287) in qualitative studies the researchers want to make sense of feelings, experiences, social situations, or phenomena as they occur in the real world. Therefore, conducting an interview is a more natural form of interacting with people and gives an opportunity to know people quite intimately if you want to study them in their natural setting. This method of data collection also helps one to understand how people think and feel.

  In this study, semi-structured interviews were conducted on a one-on-one basis. According to De Vos *et al.* (2005:296), semi-structured interviews are conducted to gain a detailed picture of the participant's beliefs and perceptions of a particular topic. Furthermore, the author states that the method provides flexibility for both the researcher and the participant for it allows the researcher to set predetermined questions and gives way for the participant to guide the direction of the interview. It also allows the participant a chance to introduce new issues, the ones that the researcher never thought of, making participants experts on the subject hence they should be given maximum opportunity for telling their stories. An interview schedule (Addendum J) used in the semi-structured interviews was developed in advance. A short demographic questionnaire (Addendum E) was given to the participants before commencing. This was done to allow the researcher to be able to distinguish differences of opinions based on the said demographic characteristics thus an overall understanding of the phenomenon. The time and venues were chosen by the interviewee and the average duration was 45 minutes minimum to 1 hour maximum.

- **Role of the researcher**

  The researcher submitted a research proposal and a drafted consent form (Addendum F) to the research ethical committee of the North-West University (NWU) at the Potchefstroom campus for approval of conducting the study. Upon receiving a letter of approval from the research ethical committee of the NWU Potchefstroom campus, another letter was written to the Provincial Ethical Committee and Matlosana sub-district asking for permission to conduct the study (Addendums A & B), which was granted (Addendums C & D). Upon receiving approval from both the provincial and sub-district the researcher contacted the facility managers telephonically to arrange for visits to their facilities. Upon agreeing with the facility managers the researcher visited all the 16 clinics so as make appointments with participants and explained the background of the study and the aim thereof. Sixteen (16) participants who met the set criteria were recruited by the researcher (See Addendum E and fifteen (15) participants availed themselves to be interviewed. One changed her mind on arrival of the researcher. The group of participants consisted of twelve (12) females and four (4) males residing at the Matlosana sub district in the North West Province.

  After the participants had agreed to take part in the study, the time for the interview was set and the venue where the interviews would take place agreed upon. Each participant was requested to sign a consent form (Addendum F) before taking part in the discussion. The researcher also explained the ethical procedures to the participants to present an understanding and assurance of confidentiality prior to each interview. The consent form was in English but the researcher made use of all languages understood by the participants as set out in the criteria.

  Participants were made aware of the digital voice recorder that was used so as to alert them that the information they gave was recorded for purposes of data analysis. At the end of each interview the researcher recorded field notes on the digital voice recorder so that they correspond with the interviews conducted (Addendum G).

- **The physical environment**

  According to Creswell (2009:133), researchers should ensure that they are not unduly disturbed in the interview context. The idea is that there should be an adequate degree of privacy and that noise levels are kept to minimal interruption so that the recording sessions are not drowned. Also, to ensure that the interviewee has planned to put aside the required

amount of time so that she or he is able to give undivided attention to the interviewer. Interviews were held at a place which was chosen by and convenient for the participants so as to ensure a private and non-intimidating atmosphere without interference.

Times that were agreed upon by the researcher and the individual participants were honoured by the researcher resulting in all interviews proceeding according to schedule. Interviews were held at the primary health care facilities. Only one was held at the home of the participant. Rooms where chosen that were private, comfortable and free from disturbances such as telephones. The rooms were well ventilated and clean. Chairs were arranged in a manner that there were no barriers between the researcher and the participant during the interview, thus facilitating eye contact and rapport. The primary health care facilities' staff was made aware of the interviews in process and asked not to disturb. The researcher presented herself earlier so that she could be able to welcome the participant where a primary health care facility was a place of choice. The researcher introduced herself and briefly explained the purpose of the appointment. The researcher made the participant to feel comfortable and reassured each person regarding issues of confidentiality. A written consent was given to the participant for reading and signing it voluntarily (Addendum F). The researcher checked the digital recorder before the interviews started to ensure that it was in good working order for recording.

At the participant's home, the researcher waited to be welcomed and be ushered in by the participant and the same processes as those that was done in the facilities were followed to ensure that the participant understood everything.

The researcher conducted the interviews herself following communication techniques as described by De Vos *et al.* (2005:289-290). These techniques were used to facilitate the interview and to help set participants at ease and they were:

Clarifying: *This technique was used to clarify unclear statements, e.g. "I wonder what you meant exactly by …"*

Reflecting: *The concerns and perspectives of the participant were verbalised to show understanding.*

Probing: *Open-ended question were asked to encourage the participants to give more information, e.g. "Tell me more about that."*

Paraphrasing: *Synonyms were used to repeat the participant's words.*

Summarising: *The interviewer cited what seemed to her the most important aspects of the conversation and gave the participants a chance to indicate whether she has clearly understood.*

Minimal verbal responses: *Were used by the researcher to such as 'mm-mm, yes, I see, to show the participant that the researcher was listening.*

Encouragement: *Participants were encouraged to say more by using the following words of encouragement: "tell me more", "I find that fascinating!!"*

Comments: *The researcher also injected her own idea or feeling to stimulate the participant into saying more: But isn't it true that ...?"*

Listening: *The researcher also used her listening skills.*

Non-verbal communication and physical setting were also taken into consideration to set the participant at ease.

- **Field notes**

Field notes regarding each interview were taken down immediately after each interview (Addendum G), as indicated by De Vos *et al.* (2005:304), to prevent the researcher from forgetting some aspects that might affect the research findings and that would assist the researcher in analysing the data. Creswell (1994:152) describes field notes as descriptive notes, demographic notes and reflective notes:

Descriptive notes: These are reports on the portraits or descriptions of the participants, the physical setting, the interviewer's account of particular events that occurred and activities that took place during the interview.

Demographic notes: This is information with regard to the time, place and date to describe the physical setting where the interview took place; and

Reflective notes: These are a record of personal thoughts such as speculation of incidents, feelings, problems encountered during an interview, hunches, impressions ideas generated during the process, and prejudices.

2.2.2.5 Data analysis

According to Brink *et al.* (2006:184), in qualitative research data analysis is the examination of words. A massive amount of words is gathered where the researcher spent hours reflecting on the possible meanings and relationships of the words and becomes deeply immersed in the words. In this study, the data captured on the audiotape was subject to transcription and analysed according to the process of open coding. This included coding for themes and categories as highlighted by Brink *et al.* (2006:185) and making memorandums about the context of and variations in the phenomenon under study, verifying the selected themes through reflection on the data and discussions with other researchers or experts in the field. The following steps of this process were followed as described by Tesch (in Creswell, 2009:185-190):

1. The researcher divided the transcripts into three columns: the column on the left side was for concepts, with data in the middle and the column on the right side for personal perceptions.

2. The researcher read all transcripts to get an overall idea of emerging themes.

3. One most interesting or shortest transcript was chosen and read again.

4. Words and sentences as units of analysis were underlined as stated by participants.

5. Underlined words and sentences were transferred to the left column of the transcript as categories.

6. Personal perceptions of the researcher were written on the right column of the transcript.

7. The identified categories that were transferred to the right were re-read so as to identify main categories, the sub-categories and the redundant categories.

8. The categories of words were translated into scientific language, whilst the possibility of refinement was kept in mind.

9. The same steps were followed to analyse the rest of the transcripts.

10. A co-coder who is experienced in qualitative research was appointed to analyse the data.

11. A work protocol**,** transcripts and field notes were given to the co-coder.

12. The co-coder and the researcher independently analysed the data followed by a discussion meeting in order to reach consensus on the categories that emerged from the data.

The use of a co-coder was adopted to compare and identify similarities and differences of the emerging themes, to reach consensus regarding the categories and sub-categories thus allowing for a conclusion to be drawn.

2.2.2.6 Literature Control

According to De Vos *et al.* (2005:123), a literature review is aimed at contributing towards a clear understanding of the problem that has been identified. According to Burns and Grove (2005:93), literature is an organised written presentation of what has been published on a topic. Therefore, the purpose of a literature review is to provide a scientific basis and highlight new insight gained from it. Furthermore they added that phenomenologists believe that literature should be reviewed after data collection so that the information in literature should not influence the researcher's openness (Burns and Grove, 2005:93).

Therefore, for the purpose of this study the researcher used literature control to compare, combine and verify the research findings obtained in the current study with relevant literature and existing research findings to determine similarities and differences on the nurses support from management to nurses working in the TB programme at Primary Health Care facilities. The available literature, which includes South African journals, electronic databases, the World Wide Web, relevant

published research reports, books and newspapers, were used for this purpose and new information gained from this research was highlighted.

2.3 TRUSTWORTHINESS

According to Krefting (1991:215), for a research to be trustworthy it should be conducted in a manner that will ensure accuracy in presenting the lived experiences as reported by the participants. He further states that the worth of any research endeavour regardless of the approach taken is evaluated by peers, grant reviewers and readers. Trustworthiness is measured through the use of the following criterion: truth-value, applicability, consistency and neutrality.

2.3.1 Truth-value

Krefting (1991:215) termed truth-value as credibility. He further stated that credibility is aimed at establishing how confident the researcher is with the truth of the findings based on research design, participants and context. In this study, truth value in the form of credibility was obtained by the use of strategies such as peer evaluation and reflexive analysis:

- ***Peer evaluation***

  According to Krefting (1991:215), involves discussing research process and findings with experienced colleagues in qualitative methods. It is also viewed as a way to keep the researcher honest. In addition, it is a means to increase credibility by checking categories developed out of data, and looking for disconfirming or negative cases.

  As a result peer examination was used in this study to strengthen credibility; therefore, concurrent data analysis was done with an independent co-coder who is experienced with qualitative research. The transcripts, together with the field notes were given to the co-coder who independently analysed the data to maximise the comprehension of the concepts. A discussion followed to check on developing categories from the data by both the researcher and the co-coder before consensus was reached regarding categories to ensure that the data was correctly interpreted.

- ***Reflexive analysis***

  Krefting (1991:218) states that reflexive analysis is used to prevent over-involvement of the researcher in the study and aims to assess the influence of the researcher's personal

history, background, perceptions and interests. In this study, all this was achieved by the use of the field notes to ensure that all the observations as well as ideas in the researcher's mind were noted. To allow the researcher to reflect on her own bias, pre-conceived ideas, behaviour and experiences as the interviewer and separated it from the findings, the researcher kept a memorandum where she jotted down her preconceived ideas concerning the phenomena under study (Addendum H).

2.3.2 Applicability

Applicability is termed as transferability by Krefting (1991:215). Transferability refers to the degree to which the findings can be applied to other contexts and settings. In this research, the findings that were generated from the Matlosana sub-district cannot be generalised to a larger population. This is due to the fact that research settings differ and the purpose of this research was to describe specific experiences and not to generalise.

To ensure applicability, strategies such as nominated sample, comparisons of sample to demographic data, time sample and dense description are used (Krefting, 1991:216). For this study, the researcher provided a dense description of methods and procedures that were followed and clearly explained the context in the research report so that consumers and other researchers can evaluate the applicability of data to other contexts.

2.3.3 Consistency

Consistency is defined in terms of dependability which is concerned with whether the findings would be consistent if the interviews were replicated with the same participants or in a similar context (Krefting, 1991:216). Therefore, consistency is achieved when dependability has been achieved. According to Polit *et al.* (2001:315), dependability of qualitative data refers to the stability of data over time and over conditions. Strategies used to establish dependability include dependability audit/dense description, stepwise replication, triangulation, peer examination and code-recode (Polit *et al.,* 2001:315).

In this study, consistency was established by means of dense description which clearly and comprehensively described the exact methods of data gathered (including raw data such as the voices recorded, field notes and interviews) and their interpretation. An inquiry audit was also used

where relevant supporting documents (including raw data such as the voices recorded, field notes and interviews) were scrutinised by the co-coder who acted as the external reviewer.

2.3.4 Neutrality

Krefting (1991:216) refer to neutrality as the degree to which the findings are a function solely of the informants and conditions of the research and not of other biases, motivations, and perspectives. They further suggested conformability as the criteria to measure neutrality. Therefore, conformability, according to Sandelowski is the freedom from bias in the research procedures and results (Krefting, 1991:216). Strategies such as conformability audit, triangulation and reflexivity are used to ensure conformability (Krefting, 1991:216).

For the purpose of this study, conformability audit and reflexivity were utilised. The researcher's reflection of her own biases was done by the researcher before initiating interviews. The researcher jotted down on a diary her own views, perceptions as well as her experience on the topic of the study. Raw data, that is, the audio recordings including field notes, and the interview schedules were made available to the co-coder to allow her to come to conclusions about the data (Krefting, 1991:221).

2.4 ETHICAL ASPECTS

Sound ethically grounded research is strictly based upon principles and standards of ethical conduct De Vos *et al.* (2005:56) view those ethical principles as action guides about the most correct conduct upon which each researcher have to evaluate his own conduct. Brink *et al.* (2006:30) emphasizes that conducting research in an ethical manner means that the researcher must carry out the research competently and most importantly consider the consequences of the research for the society, specifically the participants. Researchers have to be aware of the right of human subjects and other ethical issues when planning a research project that deals with human subjects. The following are the relevant ethical principles and procedures adhered to in this study:

2.4.1 Review by ethical committee

According to Brink *et al.* (2006:41), ethical committees are committees that review proposed research, examine and monitor ethical standards of on going research. They may give or refuse permission for the researcher to carry the study or may recommend changes to the research

proposal if they are not satisfied. Therefore, for this study the researcher submitted the research proposal to the ethical committee of the North-West University at the Potchefstroom campus, the North West Department of Health and to the Matlosana district and sub district for review and for permission to undertake the research (Brink *et al.,* 2006:30). A full proposal was submitted clearly indicating the purpose of the study, the research design and the ethical considerations that the researcher adhered to. The interview schedule was added so that the committees could evaluate its acceptability and the ethical stance.

2.4.2 Fundamental ethical principles

Brink *et al.* (2006:31) states that there are three fundamental ethical principles that are concerned with the protection of the right of human subjects. These principles are the principle of respect for a person which involves self–determination and protection of vulnerable groups, the principle of beneficence where the researcher has to secure participants' right to protection from discomfort and harm as well as the principle of justice which includes the right to fair selection and treatment and the right to privacy. The researcher adhered to these principles in the following manner:

2.4.2.1 The right to self-determination

The right to self-determination is based on the ethical principle of respect for persons (Burns & Grove, 2005:181).The right to self-determination holds that because humans are able to control their own destination and should be treated as autonomous agents who has a freedom to conduct their lives as they choose without external controls (Burns & Grove, 2005:181). The participants were given the latitude to ask the researchers questions for the purpose of clarity and decision-making on whether or not to participate. This indicates that during the recruitment, individual briefing sessions whereby each participant was informed on the purpose of the research, the objectives of the research and the expected benefits were properly done. In addition, the participants were informed that they have the right to voluntarily participate and are free to withdraw from the research at any stage if they so wish without any penalty or discrimination.

2.4.2.2 The right to full disclosure

The participants were informed about the following aspects (Burns & Grove, 2005:193-195) that the researcher adhered to:

- The nature, duration and purpose of the study.

- The methods, procedures and processes by which data would be collected.
- Any inconveniences or discomfort that could result like in this case.
- The right to refuse to participate or to withdraw at any stage without being discriminated.
- The identity of the researcher and how to contact her.

The researcher included all the above mentioned criteria in the consent form and she verbally explained it to the participants.

2.4.2.3 The right to privacy, anonymity and confidentiality

- **The right to privacy**

  The participants in this study were given the right to determine the time, the extent to as well as the circumstances under which private and personal information will be shared or withheld from others (Burns & Grove, 2005:186). The information that the participants divulged during the interview was not discussed with persons not involved in this study, including their employers. The interviews were conducted at the venues chosen by the participants to help to calm, comfort, relax and to ensure privacy. Participants were informed about the use of a digital recording device to record the conversation and the taking of field notes.

- **The right to anonymity**

  Anonymity refers to the fact that no links can be made between the participant and the information reported. Only the researcher knew the identity of the participants and was able to link the participant to the information but this was treated with confidentiality (Burns & Grove, 2005:186).

- **The right to confidentiality**

  The participants' names did not appear in any documentation, and codes were used to refer to participants. To maintain confidentiality, data on the digital voice was deleted after being transcribed; therefore, no one had access to the names mentioned during the interviews. The participants were reassured regarding this matter.

2.4.2.4. Scientific honesty

To maintain scientific honesty the researcher take the responsibility of sharing results with the scientific community in a respectful manner using an accredited journal. In adhering to this aspect, the researcher will ensure that all the information reported will be accurate and no data will be falsified. The researcher also acknowledged other authors, whose literatures were used to enrich this study, so as to ensure that no plagiarism was committed. The results will also be shared with management and with the participants in a form of presentation to both management and participants and the submission of the dissertation to management.

2.5 CONCLUSION

In this chapter, a detailed description of the research design, data collection and analysis, trustworthiness and ethical issues were discussed. The next chapter deals with the discussion of the research findings and the literature control.

CHAPTER 3

RESEARCH FINDINGS AND LITERATURE CONTROL

3.1 INTRODUCTION

In the previous chapter, a full exposition of the research design, research method, and trustworthiness was given. Research findings pertaining to the exploration and the description of support to nurses working in the TB programme at primary health care facilities by management in the Matlosana sub-district will be presented in this chapter. The presentation will depict the demographics of the participants and its relation to the perceptions of support by management to nurses working in the TB programme and identified themes. Examples of direct quotations from the interviews enriching these findings and which the researcher compared and confirmed with existing literature will also be presented. Findings unique to this research were indicated.

3.2 FINDINGS AND RELATED DISCUSSION

3.2.1 Findings pertaining to nurses' demographics

The nurses' demographics played a significant role in how support by management was perceived by nurses working in the TB programme. These are important factors that gave a comprehensive picture on the issues around support by management in the TB programme.

Demographics were according to gender, age, race, duration of working in the TB programme and professional status. Therefore under gender out of sixteen nurses interviewed four were male nurses and all nurses had a duration that exceeded a year although three (3) of those nurses had duration of 3-4 years working in the TB programme. In the race category, while the rest of nurses were blacks two (2) were whites. Ages were ranging from twenty one (21) to fifty (50) years and thirteen (13) were Professional nurses by status while three (3) were auxillarly nurses.

In spite of age and professional status all four (4) male nurses out of sixteen nurses interviewed reported that they have experienced support from management while their female counterparts mostly verbalised a lack of support. Three (3) nurses who have worked in the TB programme for a duration that exceeded a year reported that they have experienced a significant amount of support

as compared to those who have worked for a year or less irrespective of their age and professional status. In addition, two (2) white nurses reported that they have experienced support from management while most of their black colleagues reported lack of support regardless of age and professional status.

3.2.2 Discussion of findings pertaining to nurses' demographics

In this study male nurses reported support by management as compared to female nurses inspite of their age group and professional status. According to the (Daily Mail Reporter) Most women prefer to work for male bosses because they are less prone to mood swings and to bringing personal problems to work than their female counterparts as a results females who work under a woman are experiencing 'underlying tension' with their boss. In another survey women said that they prefer to work for male bosses because male bosses were more straight talking and reasonable, less bitchy, cliquey and prone to mood swings, and less likely to feel threatened if others were good at their jobs. Women bosses are being trashed by men and more worryingly by other women this is what we call self-hate (Ellen, 2010).

The findings of a 2008 study from the University of Toronto revealed that women working under a sole female supervisor reported more distress and physical stress symptoms than those working under a lone male supervisor. The same stress levels were reported for a male/female supervising team, hinting that the very presence of a woman in a position of power is a stress trigger for female employees (Casserly, 2010).

This study shows that nurses with more experience that is more than a year reported having experienced more support than those with lesser years regardless of their age group and professional status. This could imply that while nurse gain experience, they also feel independent and do not need more support. This finding is therefore unique to this study, as no other studies could be found in the literature to support this finding.

White nurses in this study also reported support by management as compared to black nurses irrespective of their age group and professional status. Treating someone differently based on skin colour is grouped under race discrimination (Wise Geek, 2012). If an employer treats a black worker differently from how they would treat a white worker in the same circumstances, they have directly discriminated and this is what we call self-hate since most of the facility managers and TB coordinators where black themselves (Nittle, 2012).

3.2.3 Findings and discussion pertaining to identified themes

Although the purpose of the study was to explore support to nurses in the TB programme by management, there was persistence in the report on what the nurses needed regarding support. These lead to a consensus between the researcher and the co-coder resulting in the following two main themes:

- Nurses' perception of support by management
- The nurses' needs with regard to support by management

These themes were further divided into sub themes which assisted in the description of the phenomena under study. Table 3.1 below gives a summary presentation of the findings. These themes will be presented concurrently with the discussion to ensure clarity and allow comparison and validation with the existing literature.

Table 3.1: Summary of the findings pertaining to support to nurses by management

1. Nurses' perception of support by management	2. The nurses' needs with regard to support by management
1.1. Non Supportive characteristics: ➢ Criticism ➢ Lack of knowledge ➢ Discouraging attitudes ➢ Clinic visit done only when there are high profile visitors	**2.1 Change in the attitude of managers:** ➢ Non judgmental follow-up visits
1.2. Supportive characteristics: ➢ Facility visits by TB co-coordinator ➢ Facility managers helping in the TB room ➢ Opportunities for consultation with managers when having problems	**2.2 Personal sense of support:** • Having personal communication with management • Debriefing sessions • Encouragement • Recognition
1.3 The consequences of lack of support from management: 1.3.1 Aroused feelings: • Frustration • Undermined • Unnoticed • Unappreciated **1.3.2 Resistant behaviour:** • Underperformance • Loss of work interest • Change in work environment • Fear of taking annual leave	**2.3 Adherence to norms and standards:** • Regular facility support visits

3.2.3.1 The nurses' perceptions of support by management

The perceptions of nurses regarding support from management in the TB programme were further divided into three sub themes which are non supportive characteristics, supportive characteristics and the consequences of lack of support from management. Following is the discussion of identified sub themes.

- **Non supportive characteristics**

The sub-theme of non supportive characteristics was further sub divided into specific categories guided by what nurses reported and was identified as a representation thereof. These are as follows:

- **Criticism**

The majority of nurses working in the TB programme at the primary health care facilities reported that they felt no support by management as they strive to perform their day to day duties. It was evident from the participants that although there might be some instances where managers show support, it is not perceived as adequate. Criticism was the major character portrayed by managers that was perceived as lack of support. The participants reported that there was continuous criticism from the TB coordinators during their clinic visits which contradicts the norms of support and rather depicts non supportive behaviour.

Below are supporting quotations to the above theme:

"*From managers and even from the TB coordinators there is not much support, they only show up when they will be looking for mistakes. So there is no support; in fact, it's a mistake finding sort of supervision."*

"They just come to find something wrong. They don't want to find something right, they just want to find something wrong this isn't done, that isn't done."

According to Therrien (2005:1), it was found that some managers have a tendency to be critical of their subordinates. The author indicated that a non-supportive manager is a poor interpersonal communicator who only talks to employees when they make mistakes. He or she tells employees what they didn't do, not what they did do. The authors add that although criticism is viewed as non supportive by the employees, employees will accept

some criticism but it must be specific and behaviourally focused. Therefore, criticism should be kept to a minimum. Many recipients prefer feedback that is factual, impersonal and timely. Unfortunately criticism given too often by persons in authority tends to unintentionally criticize subordinates rather than their actions (Business Performance, 2012). Managers often criticize their subordinates because they believe that criticism improves performance forgetting that human performance is never completely consistent and that no one performs at their best or worst every day (Hill and Lineback, 2011). This implies that too much criticism is often perceived as a non support which then supports the findings of this study.

- **Lack of knowledge**

From the findings it was evident that some managers lacked knowledge about TB and TB management. One participant justified this by saying when she is sitting and updating the TB register her facility manager will say that she is sitting and doing nothing. Another form of evidence that supports the fact that managers lacked knowledge about TB management is expressed by one participant in a managerial position who indicated that she will rather attend to other general patient instead of assisting in the TB programme as she does not have time for that.. This depicts lack of knowledge of what TB management entails with respect to man time and mental strength. Participants reported that managers were not knowledgeable that TB management is a full time job, and patients need to be given sufficient time to be cared for and records updated accordingly. The lack of knowledge by the managers results in them being insensitive thus non supportive to those who are involved in the day to day care of TB patients.

Following are supporting quotations to the above theme:

"In TB there is no mahala (free) day where you will go to work and come back without doing anything ... you will be checking for defaulters and interrupters, you will be updating information on registers and my manager if I sit down and do that, she thought that I am not working."

"TB is a full time job but I am still expected to do pap smears, I help chronic patients as well, so you do not get time to do your TB every day."

"I don't spend as much time on TB as I want to because during office hours I have to see lots of patients so sometimes you need to come in after hours to do TB records otherwise you will be seen as not having done your work."

Although no study has been done directly supporting the above findings, literature indicate that lack of skills and specific knowledge about technical activities in a particular area makes it difficult for supervisors to give required support (Smit *et al.,* 2007:17-19). For example, a car service supervisor (but in this case a TB co-ordinator or a facility manager) can never effectively manage his mechanics (in this case nurses working in the TB programme) if he himself/herself does not have prior experience in servicing a car, or at least a generous dose of the practical hardships of it. His lack of knowledge can often lead to conflicts as he may make unrealistic demands on his mechanics, commit to impractical requests by customers (in this case will be operational plans), overload his mechanics. Soon it becomes an ego conflict between the knowledgeable nurses working in the TB programme and the clueless management (Thejendra, 2012). McPheat (2008) argues that if managers themselves lack the knowledge to effectively complete a task, how they can rightfully judge employees when the time for review comes. He further adds that such managers will have no way of knowing whether or not their employees are completing their jobs properly thus opening up the possibility for a future disaster. Therefore, lower level managers, in this case the facility managers, requires a sound knowledge of the technical activities he or she must supervise. In this case, that will be the knowledge of TB management and what it entails.

- **Discouraging attitudes**

The participants verbalised that managers have discouraging attitudes which are attributed to their fault-finding manners when they visit the clinic instead of coming to give support. Participants reported that managers wait until there is a problem. According to the participants, managers only come to find mistakes and the nurses experience this as being non supportive.

Below is what the participants had to say in the interviews:

"Physically I mean that management never comes to us; they come only when there is a problem."

The above expressions are evidences of a non-supportive manager. Therrien (2005:1) indicated that negative attitudes from managers often discourage the employees as they feel that there is nothing right that they do. Non supportive managers disregard the goals

and aspirations of their employees and give feedback on performance only when expectations have not been met and feedback is given in a negative and de-motivating tone (Profile International, 2009). Supportive supervision is helping to make things work, rather than checking to see what is wrong (World Health Organization, 2008).

- **Clinic visit done only when there are high profile visitors**

The majority of nurses interviewed reported that managers seldom or never come to visit the health care facilities under normal circumstances. One participant indicated that managers only show up when there are visitors from the Provincial office who came to do their own management supervision.

The above theme is supported by the following quotations:

> *"Even from TB coordinators there is not much support, they only show up when there are visitors from the Province or National government and they will be looking for mistakes, pointing fingers. So there is no support, in fact it's a mistake finding some sort of supervision."*

According to Therrien (2005:1), non-supportive managers treat employees as if their job is a lower status job while he treats managers differently than non-managers in an organisation. This is implied in this study as it was clear that nurses at facilities were not given the same status and treatment like the managers who comes from elsewhere. Whereas according to (World Health Organization, 2005a) district TB Coordinators should visits health facilities to observe performance, record cases in a District TB Register, make suggestions, solve problems, and provide training and support. While according to the (Management Sciences for Health, 2006) a regular systematic supervision is essential for the upgrading of clinic services and maintaining improvements. Supervisors should not only guide service provision, but should also manage resources, community relations, meet staff needs for support, logistics, training, effectively provide technical guidance to staff. Therefore the finding of this study shows clear characteristics of lack of support by management.

- **Perception of support**

Although most of the participants reported lack of support there were a few who shared their perception of support by management. These supportive perceptions were categorised as follows:

- **Facility visits by TB co-coordinator**

Some participants reported that they do receive support visits from the TB co-ordinator. This was expressed by one participant as she reported that managers do visits not just to do inspection but to find out how they are doing.

The following quotation supports the above theme:

"Even the senior one, management from the CDC (TB co-ordinator), she does come just to visit. Not only coming to do inspection but coming to ask if there are any problems or whatever."

Facility visits by the TB coordinator were perceived as supportive by the participants. Literature seem to agree with the participants because, according to Therrien (2005:1), a supportive manager is the one that engages in a two-way communication with his or her subordinates, takes time to share information, get employees' opinion, give regular feedback and have frequent face-to-face meetings. Employees often need to know how are they performing because they recognize that performance vary and the only way they can make adjustments is to know how are they performing (Davis and Newstrom, 2002:187). Supportive supervision emphasizes shared problem solving and open communication between the supervisor and staff members (Management Sciences for Health, 2006).

- **Facility managers helping in the TB room**

Nurses viewed helping in the TB room in their absence by the managers as a supportive act from management. Some participants expressed this when they reported that their facility managers are supportive because they even go to help patients in the TB room when there is need.

The following statement confirms these findings:

"Also management here at the clinic is number one because my operational manager knows very well about TB so she supports me 100%. She even go to an extend that she can go to the TB room and help the patient."

"My supervisor does make a turn and she audits my work and gives recommendations where necessary and she also helps with statistics purpose."

According to Weightman (2004:80), the role of the manager in supporting staff includes the ability to serve as a mentor to staff in order to enhance their job satisfaction and performance. Therefore, they should be asking more about the obstacles the employees face and offer advice on how to tackle them. By so doing, managers will be working side by side with employees on a common goal (Bowen *et al.,* 2005:87). This is implied in this study as indicated by the sense of support that the participants expressed due to the supportive behaviour from the managers. Davis and Newstrom (2002: 187) call such managers participative managers because they consult their employees, talk about problems and together with employees make decision on how to tackle those problems so as to work together as a team.

- **Opportunities for consultation with managers when having problems**

Some participants reported having the opportunities where they could consult with their managers when having problems as one of their perception of support. One participant expressed this as having direct communication with the TB supervisor who quickly answers her questions and solves her problems. Other participants reported to be able to go to their facility managers with problems they encounter while performing their duties in the TB programme.

Following are quotations that support the above theme:

"*If you have any problems we consult them and they help us in a way they can be able."*

"If I had a problem and need an answer or if there is a TB patient problem I have an open way to the CDC of TB coordinator. She immediately answers my question and attend to the patient's problem as well as the facility manager".

The managers depicted above are the so-called supportive managers, because they possess the ability for creative problem solving. McGregor (2010:3) names them reactive supportive managers for they let subordinates operate alone but coach, talk and help when problems are brought to them. Employee consultation is lifeblood of any business because

people need to talk and that it allows the exchange of views and ideas. It's a process where one issue and receive instructions, discuss problems and consider developments. Consultation is the process by which management and employees jointly examine and discuss issues of mutual concern. It involves seeking acceptable solutions to problems through a genuine exchange of views and information. Consultation does not remove the right of managers to manage because they must still make the final decision but it does impose an obligation that the views of employees will be sought and considered before (Acasa, 2009). Managers need to be willing and able to hear employees' thoughts in person therefore an open door policy should be maintained. Such a policy will demonstrate a manager's intention to listen to employee's direct reports, suggestions and grievances (Chief Learning Officer, 2012).

- **The consequences of lack of support from management**

The consequences of lack of support are divided into two sub-themes, namely *aroused feelings* and *resistant behaviour*.

- **Aroused feelings**

From the findings, participants reported that lack of support aroused uncomfortable feelings such as frustration, feeling undermined, unnoticed and unappreciated.

- **Frustration**

Participants reported feeling frustrated when they were trying to do things in the right way but it seems like they are not doing enough. Some participants reported feeling frustrated by the fact that they are not supported by management even if they try their best in spite of challenges they face daily.

The above theme is supported by the following quotations:

"I get frustrated when I am not supported."
"You become frustrated even yourself that you are not doing enough but trying hard to-do things the right way."

This aspect seems to be true in other similar situations as, according to Povey (2010:1), leaders must recognize that a lack of support for employees is a significant business

issue because it leads to employee frustration. This is applicable in the health sector as shown by the findings of this study. Frustrated employees represent a massive lost opportunity as you are leaving productivity on the table and alienating your most effective staff. Davis and Newstrom (2002: 374) believe that supportive managerial role is needed in order to prevent frustration. Employees don't need support in order to remove all difficulties so that the assignment or job loses its challenge but rather to make the job reasonable as much as possible. Managers who are not showing support for their employees frustrates them because they never recognize their employees' good work, takes employees for granted and are quick to point out mistakes (Hyatt, 2011).

- **Undermined**

It was evident from the study that participants felt undermined by the managers. This was reported by one participant saying she feels undermined by the way management treats them because they find fault in everything they do. The participants felt that the work that they do is not seen as important by management thus their status is also relegated to that of "not important".

Following are quotations that support the abovementioned theme:

"*It's only the way management treat us, they undermine us and the work we are doing."*

"I feel that people are look down upon the TB programme."

In order for employees to perform at their optimal level, according to the Maslow hierarchy of needs, people have a need for a stable self-esteem. The need for the respect of others in this case needs to come from management. Deprivation of these needs can lead to an inferiority complex, weakness and helplessness. Fulfilment of these needs provides a feeling of self-confidence and usefulness while non-fulfilment produces feelings like inferiority and being undermined (Smit *et al.,* 2007:343). Boden (2001) urges managers to praise before criticizing and not to look for faults, instead to nurture, encourage and offer training because fault finding undermines and is destructive in nature. This support the findings of this study as presented by what the study participants felt when their self esteem was negatively affected.

- **Unnoticed**

Furthermore, from the findings the participants reported the feeling of being unnoticed. This was expressed by the participants who said that even when they try to do things the right way nobody notices it as a positive act therefore not noticing them as individuals.

Following is a supporting quotation to the above theme:

"It feels like I have done this but they don't notice, they just find fault in everything."

According to Herzberg (2010:1), people have needs that should be satisfied within a workplace in order for them to perform, thus the need for recognition, promotion and levels of responsibility. Greaves & Wolfe (2012:3) believes that individuals are pleased at work when they feel they make a difference and have a sense of purpose. As the result in an unjust environment, employees find themselves going unnoticed and feeling stuck in a dead-end job where they have no impact. Nevertheless managers still fail to recognize or show appreciation for the efforts of their team, even when team members go above and beyond the call of duty (Profile international, 2009). It is therefore apparent from the exhibit above that lack of recognition yields feelings of being unnoticed even when the nurse in the TB programme feels they have done something right.

- **Unappreciated**

Another feeling aroused by lack of support is feeling unappreciated. One participant reported that TB management is a stressful job and in such a way that it makes the participants feel that nobody appreciates what they are doing as there are also demands from patients and the community at large.

This was supported by the following quotation:

"Trying enough to do the things the right way, but somebody will feel you are not doing enough."
"Because TB job feels stressful, you feel that nobody appreciates what you are doing."

According to Michaelson (2010:1), feeling valued plays an important role in how satisfied people feel about their jobs. Appreciating your staff is critical to the success of every business. It raises morale, generates productivity and creates an ideal work relationship for the entire organisation. This principle could also be applied in the health system and, in this case, in the TB programme. Management need to acknowledge and reward employees for top performance by offering small, ongoing and personalized rewards that show employees that management really appreciate the effort they put in (Green, 2012). By not saying thank you, managers who only criticize and find fault with their employees' performance run the risk of creating an unhappy and less productive workforce. Rarely saying something as simple as "good work" or "thank you" creates an environment where staff feels unappreciated and taken advantage of (Quantum performance, 2012). Therefore the findings of this study are validated.

- **Resistant behaviour**

Participants reported the following resistant behaviours as a result of a lack of support from management.

- **Underperformance**

From these findings, underperformance was reported as the result of a lack of support. Participants reported that a lack of support from management causes people to be discouraged thus leading to underperformance. Due to the fact that nobody appreciates what they do makes participants to feel there is no need to exert themselves more than what they deem necessary. Underperformance is a way of showing resistance to managers who are not supportive.

This was supported by the following quotation:

"If management is not supportive it will cause people to underperform."

This behaviour is common in other similar situations. According to De Simone, Randy and Werner et al. (2009:334), effects of destructive criticism lead to employees setting lower goals and reporting lower self-efficacy thus underperformance. No rewards for doing a good job is one of the causes for people to underperform, therefore rewards in the form of employee recognition, can be simple and very effective. If an employee does not receive rewards, or does not see a link between their performance and the

rewards they receive, they are unlikely to perform their duty adequately (Orgnot, 2012) which is the case in this study.

- **Loss of work interest**

Some participants reported that they tend to lose interest in their work because they do not enjoy what they are doing and are not fulfilled in their work environment.

The above theme is supported by the following quotation:

"People lose interest in working in the TB programme because they are not enjoying what they are doing."

Hence, De Simone *et al.* (2009:334) support the above as, according to them, the effects of destructive criticism by management result in anger, tension, further disagreements, resistance, and avoidance. These behaviours often lead to loss of interest in one's work. Loss of interest occurs when employees simply stopped having fun at work and enjoying their jobs. Managers should cultivate work interest by creating a bearable work environment with fun outings such as staff picnics, or consider hiring a masseuse to help relax staff as they go about their work (Absolute Global, 2008). Sheahan (2012) believes that when employees don't feel valued by their supervisors, they don't like where they work, wish they worked somewhere else and generally don't care about their projects and assignments anymore, as a result their productivity may plummet. This is clearly depicted by the utterances of participants in this study.

- **Change in work environment**

From the findings of this study it was evident that a lack of support is a contributory factor in the refusal of nurses to work in the TB programme. This was expressed by one of the participants when he said that because there is no support from the managers it makes them want to go somewhere else, where they will be supported and the environment is conducive to one's well-being.

The above theme is supported by the following quotation:

"The way management is not supportive it makes me to want to go somewhere where I will get the support that I need."

Research shows that people leave their jobs because of a lack of appreciation and not compensation. It is possible for managers to create a workplace where people feel they are listened to, recognized and appreciated, and where profitability grows. In this kind of environment, employees enjoy their work and tend to stay longer. When an employee feels unrecognized and unappreciated by the person they report to it is unlikely they will be motivated to perform at a high standard or feel compelled to stay (Smart Manager, 2012). Supervisors need to praise good work because people want good pay but also want praises therefore, supervisors should tell workers when they have done a good job and that it is appreciated. Supervisors should create some formal ways to recognize good employees and find creative ways to make people feel good about their job. If managers say nothing positive about the employees work, they will leave the meeting wondering if they should look for a job where they can contribute something positive (Score, 2011). According to Williams (2012) managers don't have to go that route, but acknowledging their employees' work will make a huge difference to retention rates because managers who don't create the right opportunities for their employees, don't communicate with them, and don't appreciate them often find themselves dealing with a high turnover rate. These studies validate that the reaction of the participants in this study, that is the sudden need to change their work environment is normal when the perceive lack of support from management.

- **Fear of taking annual leave**

Another interesting behaviour that results as a consequence of a lack of support is that participants fear leaving the programme for vacation leave. Participant expressed fear of taking annual leave although they need it to avoid burn-out, because of the fear of pilling up of work owing to a lack of support. The participants indicated that when they go on vacation leave, nobody assists with their work and they therefore have more to do on their return. In other instances, patients are not taken care of which results in the increase in TB defaulter rates and chances of development of complications.

The above statement is supported by the following quotation:

"It makes us not to want to take leave but it's impossible, we also need some rest, because when you are absent for leave TB patients stand in the queue the whole day without anyone to help them and the work piles as a result."

This finding is therefore unique to this study, as no other studies could be found in the literature to support this behaviour.

3.2.3.2 The nurses' needs with regard to support

The needs of nurses regarding support in the TB programme were further divided into three sub themes, which are a change in the attitude of managers, personal sense of support, and adherence to norms and standards.

- **Change in the attitude of managers**

The findings clearly indicate the participants' need for managers to change their negative attitudes through the provision of:

- **Non-judgmental follow-up visits**

  From the findings it was indicated that nurses need non judgmental follow-up visits from their managers. Participants expressed their need for managers to change from being fault-finding managers to that of managers who would make follow-up visit with an intention to assist through assessing the situation which they are functioning under. They also expressed the need for managers who will be coming and giving continuous and positive feedback and support. Some participants indicated this aspect by saying a follow up visit with no negative criticism will make them feel supported.

  The following are quotations that support the above theme:

"A follow up visit where people sit down with you and show you how things are done, what are the expectations, how things are supposed to be like in a in a favourable atmosphere you understand, not like mistake finding attitude."

"They should come and give facility support."

"You need continuous support and positive support in actual fact."

From the findings it is evident that employees need proactive managers whom, according to McCrimmon (2007), hold regular meetings where staff is encouraged to first talk about what has gone well since the last meeting before problems can be discussed. This includes visiting employees in their work environment to solve problems and give them positive feedback. When employees perceive that managers have a constructive reason for providing performance feedback, they are more likely to see feedback as valuable because criticism has been shown to lead to high levels of anxiety. It is also noted that managers should praise in public and criticize in private. Manager should make it a habit to catch people doing things right because the more you catch people doing things right, the more right things they will do (Swinton, 2005). This support the needs expressed by the participants of this study regarding non judgmental visits by managers as a form of support.

- **Personal sense of support**

  - **Having personal communication with management**

    It was evident that nurses needed managers to take time to communicate with them individually. This was expressed by one participant as he said he needs management to come to them and talk about their problems.

The above theme is supported by the following quotations:

"They can just ask if we can cope, if there is any problems and if there is something that they can do, if there is something you don't know you want to talk to ask them, not to come and see what's wrong but to come and ask you how are you doing, how is the TB programme doing, is there any problems that you experience in the setting"

Literature supports this need, as a manager who communicates openly with subordinates minimises the difference between superior-subordinate relationships. Therefore, a comfortable environment in which subordinates can develop and use their abilities is created (McGregor, 2010:3). Davis and Newstrom (2002, 65) suggest an open door policy where employees are encouraged to go to their managers with any matter that concerns them. Managers themselves are encouraged to walk through their doors and get out among people to learn more about their employees because some employees won't admit that they have problems and would not go to their managers for such.

- **Debriefing sessions**

The findings also reveal that the nurses are affected by the death of their patients and the need to share this with management. This was noted when one participant expressed a need to talk to someone since they see lots of patients and some of which dies during the course of treatment while still under their care. Therefore, debriefing sessions were identified as a need by participants be it they are conducted by the managers themselves or management finds an expert in this field to do it.

This was supported by the following quotation:

"We do need support, somebody to talk to you because if you see a patient and you see lots of patients, that dies and nobody ever comes and find out how you are doing."

Weightman (2004:80) expresses the role of the manager in supporting staff includes the ability to ask about the obstacles the employees face and offer advice on how to tackle them. This is supported by Davis and Newstrom (2002:63) when they said that employees should be encouraged to talk about job problems, needs and management practices that interfere with job performance. By so doing, managers will be allowing

employees to voice their discomfort and express their needs. It will also allow the employees assistance when there is a need to help them to cope with their daily challenges. These studies support the participants in this study need for debriefing as realistic.

- **Encouragement and Recognition**

Like all employees it was evident from the finding that nurses, like other employees, need some encouragement and recognition. Participants expressed their need for some recognition from management. One participant expressed it as a need for encouraging words such as “well done”.

Following are supporting quotations:

“We don’t need much, just a pat in the back for job well done.”
“You need someone to say well done”
“Just encourage you and say “well done, I see patients are doing well”

According to Therrien (2005:1), a supportive manager gives recognition when a job is done well, expresses confidence in employees' abilities to do difficult jobs well and encourages employees to make their own decisions and to do their work from start to finish. Management need to reward performance and this does not mean money although money is nice and it should be done publicly, not privately (Lee Iacocca, 2012). Employees want recognition and acknowledgment that their work has purpose and that it is appreciated. According to IT Managers Box (2011) managers should never miss an opportunity to acknowledge when an employee has done good work and acknowledgment must be sincere. The participants in this study shows to be within their right to expect recognition.

- **Adherence to norms and standards**

From the findings, it was clear that nurses need management to adhere to the norms and standards of supervision by providing facility support visits that are regular as outlined in the primary health service package.

- **Facility support visits**

According to the participants, visits should be regular, that is bimonthly or monthly as expected from the primary health service (Van Rensburg *et al.,* 2004:426). The participants emphasised this by saying these visits will give them an opportunity to receive feedback and also give the managers information on how they are coping and what problems they are experiencing.

The following are quotations that support the above theme:

"I think that perhaps they can do monthly or bimonthly visits to the clinic and ask if we can cope, if there is any problems and if there is something that they can do, if there is something we don't know that we want to ask them not to come and see what's wrong but to come and ask you how are you doing, how is the TB doing, is there any problems that you experience in the setting."

"If they can come every second month just to see how you are doing and just encourage you and say "well done, I see patients are doing well"

"But they should visit; they should come and give facility support"
"We don't need much, just a pat in the back for job well done. This is motivating enough… just visit the facility, how is the arrangement, is it productive, the arrangement of things once in three months at least."

According to the WHO (2005:7), it was recommended that TB coordinators should visit each facility once per month to complete the District TB Register. Regular visits to health facilities are essential for gathering information as well as for giving support and encouragement to health workers. Good supervisors should have a pleasant and a friendly manner, and are quick to establish rapport with health workers of all categories. They should be ready to listen with an open mind to any problems and to seek solutions that will take into account the suggestions of the health worker concerned (World Health Organization, 2005a). According to the (Management Sciences for Health, 2006) clinic visits have to occur in a regularly scheduled and planned manner to enable optimal use of the time of the supervisor and assure that clinic personnel have adequate opportunity to interact with the supervisor. The need for regular and planned visits by the participants is shown to be justified.

3.3 CONCLUSION

Research findings pertaining to the perceptions of support for nurses working in the TB programme at the primary health care facilities in the Matlosana sub district by management and their support needs were presented in this chapter. Findings were discussed according to their different themes, sub-sub themes and categories with the unique findings highlighted. Demographics findings were discussed to give an overall picture of how different factors affected the perceptions of support. In the next chapter, the limitations of the research and the conclusion according to the researcher will be discussed.

CHAPTER 4

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS FOR NURSING EDUCATION, NURSING RESEARCH AND COMMUNITY HEALTH PRACTICE

4.1 INTRODUCTION

In the previous chapter the research findings were discussed. Direct quotations from the interviews were used to support the findings, and through reference to relevant literature validations were made. In this chapter, the conclusions and limitations will be discussed, and recommendations will be made for nursing education, nursing research and community health practice.

4.2 CONCLUSIONS

The aim of this study was to explore the support to nurses working in the TB programme in the primary health care facilities by management in Matlosana sub-district so as to make recommendations to improve their work life and consequently improvement in rendering of quality care to the TB patients. To achieve the study aim, the specific objectives followed were:

1. To explore and describe support to nurses working in the TB programme at primary health care facilities by management in the Matlosana sub-district.

2. To make recommendations for nursing education, community health practice and further research that will improve the work life of the nurses working in the TB programmes

Following the first objective; demographic data was collected and described in relation to the perceptions of nurses working in the TB programme about support by management in the context of the study. Two major themes resulted from data analysis. Conclusions pertaining to these two themes and how the nurses' demographics related to support will be discussed.

4.2.1 Nurses' perception of support by management

From the findings about the nurses' perceptions of support in by management at the Matlosana sub district, a conclusion was drawn that although some form of support could be reported by a number of participants, the majority of the participants indicated that there is no adequate support. Even among those who reported some support characteristics and behaviour, they still indicated non supportive characteristics portrayed by management. The non supportive characteristics were portrayed through behaviours and attitudes such as non developmental criticism from management that is often directed towards these nurses. Therefore, nurses working in the TB programme feel that even if they try to do things correctly they are still criticised. This has a negative impact as when an individual is continually criticised he or she feels discouraged and demotivated.

This study highlighted the fact that discouraging attitudes displayed by management during their visits to the facilities fuel perceptions of a lack of support from the nurses. It is said that managers only visit the TB programme when there is a problem or when there are visitors from the provincial health department. In addition, they only show up to come and find faults. The same display of discouraging attitudes is observed from the facility managers who, due to their lack of knowledge on TB, tend to criticise the nurses working in the TB programme. This lack of knowledge displayed was highlighted by the assumptions that they made when criticising the nurses for sitting down and doing nothing while these nurses were actually busy updating the TB registers which is an expectation to ensure quality data and quality management in this priority programme.

However, among the participants, there were also those who reported that they received adequate support from management. Different characteristics seen to be indicative of support were identified and reported by the participants. These participants had perceived facility visits from the TB co-ordinator where the TB co-ordinator would come to the facility to offer moral support. This kind of support seemed to be fuelled by the TB co-ordinators' high level of knowledge on the TB programme and their ownership on the programme as compared to the facility managers. Facility managers helping in the TB room were reported as another kind of support perceived by the participants and this was because of the facility managers' knowledge on TB. Supportive facility managers are the ones who once worked on the TB programme themselves, who according to their knowledge on the programme were able to offer the necessary support. Some nurses had opportunities to consult with their managers when having problems. According to the demographics, these opportunities were associated with gender, race and the duration of years the

nurses had worked in the TB programme. As a result, male nurses, white nurses and those nurses who had worked in the TB programme for more than two years are the ones who reported support from management.

None the less, the majority expressed a lack of support or non supportive charaecteristics. This resulted in the arousal of harmful feelings among the nurses such as frustration, feeling undermined, unnoticed and unappreciated which is not acceptable in the quest for productive human resources. These kinds of feelings often result in physical, psychological or emotional complications to the nurses. Conditions like burn out, stress and depression may come to the fore. The health system itself could become affected by these feelings as nurses will then become reluctant to perform at their highest potential and redirect these feeling to the patients.

4.2.2 The nurses' needs with regard to support by management

According to the findings, a conclusion can be made that nurses working in the TB programme at the primary health care facilities have specific needs from management in the Matlosana sub district. These were identified as a need for change in management's attitudes, a need to achieve a personal sense of support and a need for non judgmental clinic support visits.

In order for the nurses to feel supported by management in the TB programme at the primary health care facilities, managers are to change their attitudes and approach towards nurses working in the TB programme at the primary health care facilities in the Matlosana sub district. Management should, instead of coming to find fault, find out how are the nurses doing because nurses need to know if they are important, valued and are thought about. Words of appreciation like "thank you and well done" should often be said to nurses to show them that management notices and appreciates their hard work. Appreciation boosts employees' self-esteem and confidence and motivates them to deliver quality service to the institution.

Nurses also need to achieve a personal sense of support where they want managers to provide them with debriefing sessions. This is necessary as these nurses see a large number of patients some of which die during the course of their treatment. Nurses will feel better knowing that somebody has their emotional and psychological well-being at heart. The fact that management never come to find out how the nurses are coping is perceived as problematic because human resources should be a priority for them if productivity is to be ensured.

Nurses also need non judgmental monthly or bi-monthly clinic support visits from TB co-ordinators as expected by the primary health package of care. Follow-up visits where they will be less criticised and instead be given a chance to present their problems and receive good advice on how to tackle problems are essential. This will help motivate nurses thus improve the quality of care towards the TB patients.

4.3 LIMITATIONS OF THE STUDY

Following are the limitations of this study as experienced and observed by the researcher.

The population of this study consisted of all categories of nurses working in the TB programmes. This was due to the fact that, according to the South African Nursing Act (33 of 2005) , individuals registered with the South African Nursing Council and other professional health councils are the ones that deal directly with the patients in the health care setting Health Professionals Act (56 of 1974). However, it was discovered that a large number of health workers who are not registered by any health regulatory body were working in this programme. This impacted on the number of nurses available for the interviews thereby losing the much needed inputs from them as they were then limited per programme. Also, the health workers, who might have given valuable inputs, could not be interviewed as they did not form part of the criteria for the population of this study. Their prolonged encounters while working in the TB programme could yield rich results pertaining to the phenomenon under study.

The other limitation was the duration of having worked in the TB programme as set in the criteria for participants, i.e. a minimum of a year. It was discovered that in other facilities nurses, especially professional nurses working in the TB programmes did not meet the criteria as they were there for a lesser period. This also impacted on the number of participants for this study.

Refusal of other nurses who met the criteria to take part in the study was also a limitation as those views could have contributed significantly in the study and given a more comprehensive picture regarding the phenomenon under study.

Some participants chose their own workplace as the venue and this was a limitation in this study as the participants were disrupted by colleagues walking in the interview area in spite of knowing that the process was underway. The participants in these cases also tended to lose focus as they were then in a hurry to go back to work due to feelings of intimidation that they were wasting time by

being part of this process. This impacted on the duration of interviews and also the meaningfulness of information provided.

4.4 RECOMMENDATIONS FOR NURSING EDUCATION, NURSING RESEARCH AND COMMUNITY HEALTH NURSING PRACTICE

In this section, recommendations for nursing education, nursing research and community health nursing practice will be discussed.

4.4.1 Recommendations for nursing education

The finding of this study can bring much value to nursing education if the student managers are to be taught on the principles of integrity highlighting support to your sub ordinate and people management in a formal curriculum. The taught skills should also be assessed as a practical aspect to measure competency. This will help them to become better managers who are concerned about the support needed by nurses working in the high burdened programmes at the primary health care facilities.

4.4.2 Recommendations for nursing research

Based on the research findings, literature and conclusions made from this study, it is evident that there is potential for further research in the field of nursing management especially at primary health care settings. The following four recommendations are made towards possible further studies:

- The knowledge level of the facility managers regarding TB management.
- Exploration of coping mechanisms that are applied by nurses working in the TB programme at the primary health care facilities.
- The attitudes of management towards nurses working in the TB programme at the primary health care facilities.
- The perceptions of managers regarding support given to nurses working in the TB programmes.

4.4.3 Recommendations for community health nursing practice

There should first be a rapport between TB coordinators placed at sub district offices, facility managers who directly supervise nurses at facilities and with the nurses working in the TB programme. This will help in clearing the lines of communication and expectations between the three key parties as outlined.

There should be more involvement of facility managers on TB issues as well as in the decision-making process at sub district level. They should also be updated on the latest TB trends so as to promote ownership of the programme by the managers and thus support given to nurses working in the programme.

In-services training on TB should also be offered to facility managers together with or immediately after the TB co-ordinators, so as to help them make informed decisions and to give the necessary support to nurses working in the TB programme.

Education and TB awareness campaigns should be intensified and customised. This intensification and customisation of TB education and awareness campaigns should be quarterly organised and should include involvement of facility managers as evaluators so as to change their attitudes towards TB and have them actively involved in TB programmes.

4.5 SUMMARY

The set objectives of this study, which were to explore and describe support to nurses working in the TB programme at primary health care facilities by management in the Matlosana sub-district and to make recommendations for nursing education, community health practice and further research that will improve the work life of the nurses working in the TB programmes, were achieved.

The findings of this study plainly described the supportive and non supportive characteristics indicative of support by management as well as the needs of nurses working in the TB programme regarding support from management in the Matlosana sub district. These findings were validated with the use of literature from the electronic databases. Unique findings in this research were highlighted.

It was concluded that there is no adequate support for nurses working in the TB programme; instead, they are undermined, not noticed and demoralised and as a result they present negative feelings that could be detrimental to the TB programme, the TB patients and the health system itself. Hence, recommendations for nursing research, nursing education and nursing practice were made. These involved development of strategies such as in-service training for facility managers on TB, clear line of communication between nurses, facility managers and TB co-coordinators and to involve facility managers on TB issues from sub district level.

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ADDENDUM A

Requisition letter to the Provincial North West Department of Health

School of Nursing Science
Private Bag X6001
Potchefstroom
2520

Fax 018 299 1827/ Tel 018 299 1898
5 August 2009

North-West Department of Health
Private Bag x 2068
Mmabatho
2735
Dear Madam

RE: Requisition for permission to conduct research study in the Matlosana Sub-District Primary Health Care Facilities

Title: Exploration of support for nurses working in the primary health care facilities by management in Matlosana sub district

A. PURPOSE AND BACKGROUND

As student of the North West University, Potchefstroom campus studying in the School of nursing sciences, I am expected to conduct a research project as part of Master's Degree. I hence identified a problem that was of interest to me and that I hoped that if explored, might be useful to both the nurses and management in the Matlosana district by identifying the support needs of nurses in tackling TB pandemic and thus assisting management to improve, renew or develop support systems that will meet the nurses' needs.

TB is a health threat, globally, in Africa, South Africa as well as in North West province. Although a number of positive interventions have been implemented, like DOTS, TB still remains a threat. This may be due to the fact that while interventions to fight TB have been formulated and implemented, the most important resource in the Department of Health, which is nurses who play a vital role in the implementation of the plans are neglected and/or left behind and not given the proper support that they need to ensure the implementation of the set plans. Nurses need to receive physical, emotional and social support from management and from colleagues and hence find new and innovative ways so that they can give quality care to their patients. Without support nurses will feel inadequate, unappreciated, unsure and lacking confidence thus inhibiting the rendering of quality care to patients.

Therefore, the purpose of this study is to explore the support for nurses working in the TB programme in the primary health care facilities from management so as to make recommendations with the aim of improving their work life and consequently rendering quality care to the TB patients.

The study is targeting Chief Professional nurses, Senior Professional nurses, Professional nurses, Enrolled nurses and Enrolled nurses' assistants working in the TB programme in all the 16 Primary Health Care facilities which includes three health care centres. These are nurses who have been working in the TB programme for a minimum period of one year to a maximum period of 15 years, irrespective of their race, culture, age and language.

The North-West University ethical committee has already granted permission for this project (ethic number: NWU-00034-09-S1.; see attachment) after it has gone through a thorough process that validated the relevance of the study and the ethical implications thereof.

I kindly ask your permission to include the nurses as stated above to participate in the study. I plan to conduct semi-structured interviews during the month of September 2009 as I need to submit a report and make a presentation based on the results at the end of October 2009 as part of my final year mark.

I would greatly appreciate your prompt response to my request due to time restraints that I find myself under. If you require any additional information, please do not hesitate to contact Ayanda Sekatane at 0722769499. The response to this request should be addressing to my supervisor Mrs D R Phetlhu at the following e-mail address Rene.Phetlhu@nwu.ac.za.

Yours Sincerely

---------- ----------

Miss A Sekatane
M Cur Student

Date: 05 08 09

ADDENDUM B

Requisition letter to the Matlosana district & sub district North West Department of Health

School of Nursing Science
Private Bag X6001
Potchefstroom
2520

Fax 018 299 1827/ Tel 018 299 1898
5 August 2009

4Th Floor West End Building
Private Bag x A2
Klerksdorp
2570

Dear Madam

RE: Requisition for permission to conduct research study in the Matlosana Sub-District Primary Health Care Facilities

Title: Exploration of support for nurses working in the primary health care facilities by management in Matlosana sub district

A. PURPOSE AND BACKGROUND

As student of the North West University, Potchefstroom campus studying in the School of nursing sciences, I am expected to conduct a research project as part of Masters Degree. I hence identified a problem that was of interest to me and that I hoped that if explored, might be useful to both the nurses and management in the Matlosana district by identifying the support needs of nurses in tackling TB pandemic and thus assisting management to improve, renew or develop support systems that will meet the nurses' needs.

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Yours Sincerely

---------- ----------

Miss A Sekatane
M Cur Student

Date: 05 08 09

ADDENDUM C

Provincial Approval letter

health
Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

2ND Floor Tirelo Building
Dr. Albert Luthuli Drive
Mafikeng, 2745
Private Bag X2068
MMABATHO, 2735

Tel: (018) 387 5757
Fax: 018 392 6710
kshogwe@nwpg.gov.za
www.nwhealth.gov.za

POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

DIRECTOR: POLICY & PLANNING
18 JUN 2010
DEPARTMENT OF HEALTH
NORTH WEST PROVINCE

To : The office of the Superintendent-General
North West Department of Health

From : Director: Policy, Planning & Research Directorate
Mr K. Rabanye

Date : 09 June 2010

Subject: Exploration of support for nurses working in the TB programme in primary health care facilities by management in Matlosana Sub district

The subject matter above bears reference

1. Purpose

To seek final approval for the above mentioned study above.

2. Background

According to the South African TB Control Programme Practical Guidelines (2007), poverty and the widening gap between the rich and the poor is one of the reasons for the global TB burden in various populations.

Nurses are at the forefront of TB prevention, care and treatment, hence, nursing competence in the detection, control and care is crucial. Nurses working in a TB programme in a primary Health Care (PHC) Facility carry the bulk of work in TB prevention, care and treatment (Ghebrehiwet, 2006:239). Unlike the expectations placed on a nurse in the PHC or hospital and not involved with the TB patients, nurses in the TB programme have the added responsibility, not only to the individual but to all who comes into contact with him, like family, colleagues, the employer and the community.

TB programme have the added responsibility, not only to the individual but to all who comes into contact with him, like family, colleagues, the employer and the community

3. Problem statement

There seems to be a gap between the expected support by nurses working in the TB programme in health facilities as outlined by the primary health care service package norms and standards and that which is available from management. As a newly appointed professional nurse who has been placed in a TB programme at the primary health care facility in the North West, Matlosana sub district, I have observed that there seems to be a lack of support from management as explained in this study leading to nurses not being interested to work in the TB programme thus impacting on quality service for the TB patient.

4. Objectives of the study

1. To explore and describe the experience of nurses regarding support in the TB programme at primary health care facilities.

2. To explore and describe the nurses' needs with regard to support in the TB programme at the primary health care facilities

5. Significance of the study to the Department

This study will encourage the nurses to express their concerns and their support needs thus assisting management to improve, renew or develop support systems that will meet the nurses' needs. Consequently, this will impact on the job satisfaction and motivation of nurses in the TB programme at the primary health care facility resulting in delivery of sound and effective quality service to the TB patients.

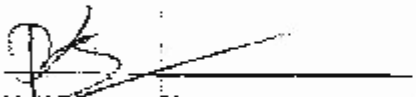
6. Financial implications

No funds are requested from the North West Department of Health for this project.

6.1 Specific Action

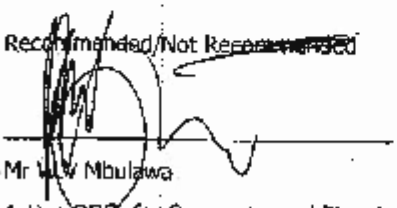
6.1.1 The Superintendent –General to grant approval.

Thank you



Mr K Rabanye: Director: Policy, Planning & Research

Recommended/Not Recommended



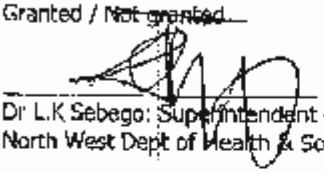
Mr W.W Mbulawa
Acting DDG for Corporate and Planning Services

Final approval

Notes: .....

.....

Granted / Not granted



Dr L.K Sebego: Superintendent –General -Health Branch
North West Dept of Health & Social Development

ADDENDUM D

Sub district Approval letter

Health & Soc Dev
Department:
Health & Social Development
North West Provincial Government
REPUBLIC OF SOUTH AFRICA

1st Floor West End Building
Private Bag A2
Klerksdorp
2570

Tel: (018) 462 574
Fax: (018) 464 407
odas@nwpg.gov.za

Date 01-03-2010

All clinics
Matlosana Sub-district

Ref: Exploration of support for nurses working in the TB programme in primary health care facilities by management in Matlosana Sub-district

Please be informed that the above research will be conducted by N. A. Sekatane in all clinics in Matlosana Sub-district.

Please assist and co-operate with her to complete the research.

Your co-operation will be highly appreciated.

You're sincerely,

Dr. C. R. Das

ADDENDUM E

Demographic questionnaire that represent also the set criteria

Please tick the most appropriate answer in the relevant box:

1. Age Group:

20 – 30	1.
31 – 35	2.
36 – 40	3.
41- 46	4.
47 – 50	5.
56 – 60	6.
Above 60	7.

2. Gender:

Female	1.
Male	2.

3. Duration of time worked in TB programme:

1-2	1.
2-3	2.
3-4	3.
4-5	4.
5-6	5.

6-7	6.
7-8	7.
8-9	8.
9-10	9.
10-11	10.
11-12	11.
12-13	12.
13-14	13.
14-15	14.
15 and above	15.

4. Professional status

Chief Professional Nurse	1.
Senior Professional Nurse	2.
Professional Nurse	3.
Enrolled Nurse	4.
Enrolled nursing assistant Nurse	5.

ADDENDUM F

Consent Form

Exploration of support for nurses working in the TB programme in Primary Health Care facilities by management in Matlosana sub district

A. PURPOSE AND BACKGROUND

As student of the North West University, Potchefstroom campus studying in the School of nursing sciences, I am expected to conduct a research project as part of Master's Degree. I hence identified a problem that was of interest to me and that I hoped that it if explored, might be useful to both the nurses and management in the Matlosana district by identifying the support needs of nurses in tackling TB pandemic and thus assisting management to improve, renew or develop support systems that will meet the nurses' needs.

TB is a health threat, globally, in Africa, South Africa as well as in North West province. Although a number of positive interventions have been implemented, like DOTS, TB still remains a threat. This may be due to the fact that while interventions to fight TB have been formulated and implemented, the most important resource in the Department of Health, which is nurses who play a vital role in the implementation of the plans are neglected and/or left behind and not given the proper support that they need to ensure the implementation of the set plans. Nurses need to receive physical, emotional and social support from management and from colleagues and hence find new and innovative ways so that they can give quality care to their patients. Without support nurses will feel inadequate, unappreciated, unsure and lacking confidence thus inhibiting the rendering of quality care to patients.

Therefore, the purpose of this study is to explore the support for nurses working in the TB programmeme in the primary health care facilities from management so as to make recommendations with the aim of improving their work life and consequently rendering quality care to the TB patients.

B. PROCEDURE

If you agree to be in this study the following will occur:

You will be invited to participate on one-on-one interview where you will share your experience in TB programmes at PHC facility with regard to support received from management and support needs.

C. RISKS/DISCOMFORTS

Some of the questions may remind you of unpleasant feelings but you may decline to answer any questions you do not wish to answer.

You may become tired while answering the questions.

Confidentiality: Participation in this research may involve a loss of privacy; however your records will be handled as confidentially as possible. Only the researcher Ayanda Sekatane and Mrs Phetlhu will have access to your study records. No individual identifiers will be used in any reports or publications resulting from the survey.

D. BENEFITS

There will be no direct benefit to you from participating in this study. Your participation will help the researchers in identifying and exploring the support needs of nurses in TB programmes and thus assisting management to improve, renew or develop support systems that will meet the nurses' needs.

E. COSTS

There will be no cost to you as a result of participating in the study.

F. PAYMENT

You will receive no payment for your participation.

G. QUESTIONS

Kindly forward your questions or concerns with regard to the research to Ayanda Sekatane and Mrs Phetlhu.

H. CONSENT

You will be given a copy of this consent to keep

I. PARTICIPATION IN THIS RESEARCH IS VOLUNTARY.

You are free to decline to be in this study, or to withdraw from it at any point. Your decision as to whether or not to participate in this study will have no influence on your present or future status as a nurse.

_____ _____

DATE SIGNATURE OF THE STUDY PARTICIPANT

_____ _____

DATE Signature of person obtaining Consent

ADDENDUM G

Transcribed Scripts & Field notes

Transcribed Scripts

1st interview

INTERVIEWER	Okay, **** can you tell me what is your view of support?	
INTERVIEWEE	******support is somebody that you can talk to, somebody who encourages you, somebody if you have a problem, you can go to that person share and they will help you through it and they will ask if you are alright and are just people that you are comfortable with that you can talk about all your problems.	
INTERVIEWER	Tell me about management, who is management in fact?	
INTERVIEWEE	We have lots of management levels sister **** she is a Clinic Manager, she manages all the sisters & ****** the IDO manages the clinic here and for the TB. I am the TB sister ****and**** they are at West end District offices they are managing the Tb Programme and they are helping people about it. They are management of people that will see that everything is happening and they will do surveillance and see supervision, come to the clinic see how everything is going how everything is running, everything is in order they will come and see if your work is done properly.	
INTERVIEWER	Can you tell me; is there support for nurses working in the TB programme?	
INTERVIEWEE	It depends, in the clinic where I work the sister that is in charge of the clinic she is very supportive of the TB; she used to do the TB before me so she knows TB. But now I don't think they support other TB sisters. TB is full time job, it has lot of paper work, lots of writing, working doing this and doing that, dressing patients. No, I don't think there is enough support for TB sisters. First of all I don't have light, a real light in my office but they just do the clinic visits, they just come to find something	

	wrong. They don't want to find something right, they just want to find something wrong this isn't done, that isn't done. Well I know my TB is on time everything is done. It is a job that is full of pressure, they just put more pressure on you, and they want to find something wrong to see what is wrong. So that does not encourage you it feels like I have done this but they don't notice, they just find fault in everything. So no, I don't think there is good management, there is not enough support or encouragement for TB sisters.	
INTERVIEWER	And then do you think TB sisters need support?	
INTERVIEWEE	Yes we do, it's a very stressful job, you see patients that are so sick and you cannot talk to anybody about it. It's hard because patients need you to come and dress them. We need support it's a stressful tome job and very stressful and I think we do need support. Somebody talk to you because if you see a patient and you lots of patients they die as well you know that patients and they are just dead you must go on, nobody ever comes and find out how are you doing. TB sisters they just need support.	
INTERVIEWER	What will your recommendation be to the management?	
INTERVIEWEE	I think that perhaps they can do monthly or bi monthly, they can come and visits the clinics and they can just ask if we can cope, if there is any problems and if there is something that they can do, if there is something you don't know you want to talk to ask them, not to come and see what's wrong but to come and ask you how are you doing, how is the TB doing is there any problems that you experience in the setting, so if they can just come every second month just to see how are you doing and just encourage you say "well done, I see patients are doing well" not just to encourage you. I think just encouragement from management not just "hey that's wrong, that's wrong why isn't this well" I think we need encouragement that's why TB sisters they don't last long. Because TB job feels so stressful you feel that nobody appreciates what you are doing. That's why lots of them rather do	

	pregnancies instead of TB, they don't know what we are doing, and they don't care.	
INTERVIEWER	Because other sisters reported that when they are doing their files management and others will come and say "you are not doing anything come help here". Is that also happening with you?	
INTERVIEWEE	Yes, like I said the clinic is very busy and we don't have enough staff for me just to do TB and like I said TB is a full time job so I have to do pap smear I help chronic patients as well, so you do not get time to do your TB every day. I try to do my schedule which is this daily and then with my TB register once a month I ordered all my files, all my deliveries see who is early, who is late must I trace and then I write it in the TB registers as well, so my registers are up to date every end of the month and I do my TB stats. So my registers are on date. This are the problems I know when to fill in, if the results comes back after 2 moths or 5 months I immediately write them in my TB register, so my TB register comes is on date its not a problem there, but I don't spend as much time as TB as I want to because during office hours I have to see lots of patients so sometimes you need to come in after hours to do my TB.	
INTERVIEWER	Oh, so you also come after hours?	
INTERVIEWEE	I come after hours to do my TB stats because that DOT supporting stats it takes me three hours to do that and I don't have three hours to do it during office hours, so I have to do my stats after hours we don't get paid extra we don't get off time, you know, you must just do it. So after hours I work on TB	
INTERVIEWER	Thank you ******	
INTERVIEWEE	Thanks *******	

2nd interview

INTERVIEWER	Good afternoon sister.	
INTERVIEWEE	Good afternoon *****.	
INTERVIEWER	Tell me what is support to you?	
INTERVIEWEE	Support means to being motivated, being mentored, involved in team work, having resources relevant to my programmeme like for example I must have the testing tools to test patients HIV, to screen contacts, to have human resources like a health promoter and have paper work and the support from my supervisor, checking if I'm doing good. If I'm fine that is observed that is the kind of support.	
INTERVIEWER	Tell me what your view of management is. Infect tell me who is management to you, particularly **********	
INTERVIEWEE	Management to me means supervisor, facilitating manager, local area manager, and my PHC manager who is in this team and then my sub district office	
INTERVIEWER	Now you told me about what management is and what is support. Then tell me that are there support for the sisters for management	
INTERVIEWEE	Not physically but the support I get is from the TB coordinator who is the team of the management give some support visits that the support gives and if I have got an awareness to conduct she also support by come to raise hand in the project and then I want to use on my awareness campaign to be conducted for example I have got transport to collect the recourses like ****** materials, writing materials that I'm going to use.	
INTERVIEWER	So you say not physically but you got from sub district office	
INTERVIEWEE	Physically, I mean the management never comes to us they come only when there is a problem but they should visits, they should come and	

	give facility support.	
INTERVIEWER	What about the environment you are working with is it productive or supportive enough to resist.	
INTERVIEWEE	E-m most are independent functional but my supervisor do make a turn and she audits my work and give recommendations where necessary and she also helps with statistics purpose.	
INTERVIEWER	What the recommendations will you give management to improve in terms of support to the sisters within the TB programme?	
INTERVIEWEE	We don't need much, just a pat in the back for job well done. This is motivating enough… just visit the facility, how is the arrangement, is it productive, the arrangement of things once in three months at least.	
INTERVIEWER	Thank you for your time.	
INTERVIEWEE	You are welcome	

ADDENDUM H

Field notes

1. 1st interview

Descriptive notes: *Are reports on the portraits or descriptions of the participants:*

Participants was not eager to speak, spirit was down but as the interview continued the tone rise, she became part of the interview she said a lot ,she opened up and became more and more emotional

The physical setting

The interview took place at the participant home, in the lounge, time and time the participant child came in calling mom... But that did not disturb the participant because she continued talking and was focused.

The interviewer's account of particular events that occurred and activities that took place during the interview.

This was a second interview hence the participants was tired for the interview lost the first recording and was forced to repeat the interview .Again the interview took place during the participant's leave days and saddened her for she was reminded of the things that happened before leave she said "I ran away from TB and you are bringing it home to me, you know its one of the cause of my sickness"

Demographic notes: Are information with regard to the:

***Time*:** 15h00

***Place**:* participants home

***Date**:* 09/02/10

Physical setting: lounge, sharing same chair that sitting next to each other up close

Reflective notes: Are a record of personal thoughts such as:

Speculation of incidents:

Feelings: sadness and frustration were relieved; participant was very emotional during the whole process

Problems encountered during an interview: none except for the child who was calling mommy although we were never disturbed because we choose to ignore the child and as soon as there was no response the child got tired and left

Impressions ideas generated during the process: participant had a hard time

Prejudices: tend to agree with the frustration that TB can bring on a nurse, criticism and the negative attitude from the CDC coordinator and the fact that the facility manager will expect you to go and push the line because according to them when you are sitting and updating the files and registers you are doing nothing the only time they view you as working is when they see many TB patients being issued medication, even when admitting a patient they complain about spending a lot of time with one patient

2. 2nd interview

***Descriptive notes*:** *Are reports on the portraits or descriptions of the participants:*

Participants was eager to speak, spirit was up and was kept throughout the interview process

The physical setting: The interview took place at the PHC facility in the board room, door closed staff informed so there were no disturbances

The interviewer's account of particular events that occurred and activities that took place during the interview.

Although this was a second interview for the interview lost the first recording was lost and the interviewer was forced to repeat the interview it did not hinder the good mood and eagerness reflected by the participants, she was more than willing to repeat it.

Demographic notes: Are information with regard to the:

***Time*:** 12h00

Place*:* PHC facility boardroom

Date*:* 05/02/10

Physical setting: lounge, sharing same chair that sitting next to each other up close

Reflective notes: Are a record of personal thoughts such as:

Speculation of incidents:

Feelings: frustration due to attending to more than one programme and staff shortage as well as criticism when she believes that she is doing her work perfectly as well as having to work overtime without pay trying to keep the records up-to-date

Problems encountered during an interview: none except that I had a hard time getting the recorder to record which was frustrating looking at the time and being aware that the participants was off and ready to go home.

Impressions ideas generated during the process: participant is having hard

Prejudices: participants spoke of a support and a good relation she receive from CDC manager, I think CDC manager is not criticising the participants is due to the race & colour for if she criticises she can be viewed as discriminating or it can be she is afraid of whites and view them superior.

3. 3rd interview

***Descriptive notes*:** *Are reports on the portraits or descriptions of the participants:*

Participants was occupied with her work when I asked can we go to some place private she insisted that we continued the interview while she was doing other work

The physical setting: The interview took place at the work place, PHC facility in the TB room, in the presence of two colleagues, I set horizontal to the participant in a table full of TB files.

The interviewer's account of particular events that occurred and activities that took place during the interview.

Reluctant as the participant was at first but it all changed as soon as asked the first question I manage to capture her full concentration, her undivided attention and she remained focused thereafter throughout the interview. A 3rd person entered the room while the participant was talking but she remained focused while the 3rd person sat on the bed and quietly remained until the interview was over.

Demographic notes: Are information with regard to the:

***Time*:** 14h30

Place*:* PHC facility TB room

Date*:* 08/02/10

***Physical setting*:** we both set horizontal to each other behind the desk

Reflective notes: Are a record of personal thoughts such as:

Speculation of incidents:

Feelings: frustration due to the lack of words of appreciation and criticism from management when she believes that she is doing her work perfectly well

Problems encountered during an interview: none except that I had a hard time getting the recorder to record which was frustrating looking at the time and being aware that the participants was off and ready to go home.

Impressions ideas generated during the process: participant is not having hard, she enjoys working at the TB room

Prejudices: participants spoke of a support and a good relation she receive from CDC manager, I think CDC manager is not criticising the participants is due fact that rumours are they are friends or it can be to the fact that she has been working there in the TB room as well as in the district for some couple of years now

ADDENDUM I

Researcher's memo by N.A Sekatane

There is no support for nurses working in the TB programme due to the fact that:

- Professional nurses work alone in the TB programme
- If he she is lucky there will be a health promoter who is only limited to give health education and collection of sputum
- Professional nurse is left alone to issue medication and to admit new patients who include filling the pink pages; CDC will be calling for the pink, yellow and green pages. There is also a tendency in the PHC's of pushing the line, where the very professional nurses will be expected to help.
- TB involves lots of administration work with fewer personnel it requires minute by minute of register and files updating
- It also needs strong DOT supporters who are there full time and who bring daily feedback to the clinic.
- TB also needs a permanent tracing team that brings daily feed back
- More staff needs to be trained on TB.
- TB also need its spacious room where the TB sister will work with no disturbance TB sister needs to be excused from other programmes and concentrate on TB
- TB room needs its own clerk, councillor, health promoter, enrolled assisted nurse, enrolled nurse and a professional nurse

ADDENDUM J

Semi structured interview Schedule

1. Can you please share your own experiences of support which you received from management while working in the TB programme at the Primary health Care facilities?
2. Is there a need for support for nurses working in the TB programme at the Primary health Care facilities?
3. What kinds of support do nurses working in the TB programme at the Primary health Care facilities need?

ADDENDUM K

Declaration by language editor

November 12, 2011

Nelisa Ayanda Sekatane

12928127

Re: Letter of confirmation of language editing

The MCur-dissertation "*Exploration of support to nurses working in the primary health care facilities by management in Matlosana sub district"* was language, technically and typographically edited. The sources and referencing technique applied was checked to comply with the specific Harvard technique as per North-West University prescriptions.

Antoinette Bisschoff
Officially approved language editor of the NWU
SA Translators Institute (Member no. 100181)