

PROFESSIONAL NURSES' PERCEPTIONS OF THE SKILLS REQUIRED TO RENDER COMPREHENSIVE PRIMARY HEALTH CARE SERVICES

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In memory of my most loving, late mother (Mma) Matlhodi Ellen

You will always be remembered

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ABSTRACT

In South Africa professional nurses undergo training which gives them different levels of skills. It is difficult for professional nurses to render comprehensive primary health care services without specific knowledge and skills. Some lack skills in preventative and promotive health care delivery; others are not trained to take care of a pregnant woman or a baby after delivery, or of a mental health patient; while yet others are only curatively oriented. It is possible that they do not recognise their own limitations and are not aware of the skills needed to render comprehensive primary health care services. Their perceptions could influence their practice and severely affect the quality of health services.

The aim of this research was to explore and describe the perceptions that professional nurses working in primary health care clinics have of the skills required to render quality comprehensive primary health care services, and the perceptions they have of their own level of skills to render quality comprehensive primary health care services, as well as to formulate guidelines for the facilitation of trained professional nurses to truly render quality comprehensive primary health care services.

A qualitative design was followed. Permission was obtained from the Potchefstroom District Health Manager to conduct this research. Purposive voluntary sampling was used to identify the three samples who complied with the set selection criteria. Data collection was done by means of semi-structured interviews. Experts in qualitative research evaluated the semi-structured interview schedule. A trial run was done and the interview schedule was then finalised to conduct the interviews. The interviews were recorded on audiotape and then transcribed. The interviewer made field notes to serve as an analytical basis for the collected data. Data was collected until data saturation was achieved. Data analysis was done by means of open coding. A co-coder was appointed and two consensus meetings took place.

The findings indicated that professional nurses perceive the skills required to render quality comprehensive primary health care services as the ability to assess, diagnose and manage patients, as well as specific skills acquired during the various nurse

training programmes. The more comprehensively trained, the more competent they feel. The less comprehensively trained, the more negative they experience their work. They view their own level of skills as ranging from adequate to lacking and inadequate, depending on their training. They feel that it is important to develop skills ranging from computer skills to the full range of skills.

The conclusions drawn are that the professional nurses with different training and levels of skills are well aware of the skills required to render comprehensive primary health care services. They maintain that trained professional nurses need qualifications in General Nursing, Midwifery, Community Nursing, Psychiatric Nursing and Clinical Nursing Science, and Health Assessment, Treatment and Care. The professional nurses with all five qualifications feel confident and enjoy their work, whereas those who are not fully trained lack certain skills and experience negative feelings working in the primary health care clinics.

Recommendations are made for nursing education, nursing research and nursing practice with specific reference to the formulation of guidelines for the facilitation of trained professional nurses to truly render comprehensive primary health care services, with a focus on quality control, orientation, mentoring, planning of training, support systems, and consultancy.

[KEY CONCEPTS: comprehensive primary health care services, professional nurse, nursing, skills, perceptions]

OPSOMMING

In Suid-Afrika ondergaan professionele verpleegkundiges opleiding wat aan hulle verskillende vlakke van vaardigheid gee. Dit is moeilik vir professionele verpleegkundiges om omvattende primêre gesondheidsorgdienste te lewer sonder spesifieke kennis en vaardighede. Sommige van hulle kom vaardighede kort in die lewering van voorkomende en bevorderende gesondheidsorg; ander is nie opgelei om om te sien na 'n swanger vrou of 'n baba na geboorte, of 'n geestesongestelde pasiënt nie; terwyl nog ander slegs kuratief ingestel is. Hulle is moontlik nie bewus van hulle eie beperkings en van die vaardighede wat nodig is om omvattende primêre gesondheidsorgdienste te lewer nie. Hulle opvattinge kan hulle praktyk beïnvloed en ernstige gevolge hê vir die gehalte van gesondheidsorgdienste.

Die doel van hierdie navorsing was om ondersoek in te stel na en 'n beskrywing te gee van die persepsies wat professionele verpleegkundiges wat in primêre gesondheidsorgklinieke werk het van die vaardighede wat nodig is om gehalte omvattende primêre gesondheidsorgdienste te lewer, en van die persepsies wat hulle het van hulle eie vaardigheidsvlakke om gehalte omvattende primêre gesondheidsorgdienste te lewer, en ook om riglyne te formuleer vir die fasilitering van opgeleide professionele verpleegkundiges om waarlik gehalte omvattende primêre gesondheidsorgdienste te lewer.

'n Kwalitatiewe ontwerp is gevolg. Toestemming is verkry van die Potchefstroom Distrik Gesondheidsbestuurder om hierdie navorsing te doen. 'n Doelgerigte vrywillige steekproef is gedoen om die drie groepe individue te identifiseer wat voldoen het aan die stel seleksiekriteria. Data is ingesamel deur middel van semi-gestruktureerde onderhoude. Kundiges op die gebied van kwalitatiewe navorsing het die semi-gestruktureerde onderhoudskedule geëvalueer. 'n Proeflopie is gedoen en dit is toe gefinaliseer om die onderhoude te voer. Die onderhoude is op oudioband opgeneem en daarna getranskribeer. Die onderhoudvoerder het veldnotas gemaak om te dien as 'n analitiese basis vir die ingesamelde data. Data is ingesamel totdat dataversadiging bereik is. Dataontleding is gedoen deur middel van oop kodering. 'n Mede-kodeerder is aangewys en twee konsensus-gesprekke het plaasgevind.

Die bevindinge het aangedui dat professionele verpleegkundiges van mening is dat die vaardighede wat nodig is om gehalte omvattende primêre gesondheidsorgdienste te lewer, die vermoë is om pasiënte te beraam, diagnoseer en behandel, sowel as spesifieke vaardighede wat verwerf word tydens die verskillende verpleegkunde-opleidingsprogramme. Hoe meer omvattend hulle opgelei word, hoe meer bevoeg voel hulle. Hoe minder omvattend die opleiding is, hoe meer negatief ervaar hulle hulle werk. Hulle beskou hulle eie vaardigheidsvlakke as wisselend van voldoende tot gebrekkig en onvoldoende, afhangende van hulle opleiding. Hulle voel dat dit belangrik is om vaardighede te ontwikkel wat wissel van rekenaarvaardighede tot die volle reeks vaardighede.

Die gevolgtrekkings wat gemaak word is dat die professionele verpleegkundiges met verskillende opleiding en vaardigheidsvlakke deeglik bewus is van die vaardighede wat nodig is om omvattende primêre gesondheidsorgdienste te lewer. Hulle is van mening dat opgeleide professionele verpleegkundiges oor kwalifikasies moet beskik in Algemene Verpleegkunde, Verloskunde, Gemeenskapsverpleegkunde, Psigiatriese Verpleegkunde en Kliniese Verpleegkunde, en Gesondheidsdiagnose, -Behandeling en -Sorg. Die professionele verpleegkundiges met al vyf kwalifikasies het selfvertroue en geniet hulle werk, terwyl diegene wat nie ten volle opgelei is nie, sekere vaardighede kortkom en negatiewe gevoelens ervaar in hulle werk in primêre gesondheidsorgklinieke.

Aanbevelings word gemaak vir verpleegkunde-onderwys, -navorsing en -praktyk, met spesifieke verwysing na die formulering van riglyne vir die fasilitering van opgeleide professionele verpleegkundiges om waarlik omvattende primêre gesondheidsorgdienste te lewer, met 'n fokus op gehaltebeheer, oriëntasie, mentorskap, beplanning van opleiding, ondersteuningstelsels en konsultasie.

[SLEUTELKONSEPTE: omvattende primêre gesondheidsorgdienste, professionele verpleegkundige, verpleegkunde, vaardighede, persepsies]

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CHAPTER 1

OVERVIEW OF THE RESEARCH

1.1 INTRODUCTION AND PROBLEM STATEMENT

As far back as 1978, the report by the Director General of the World Health Organisation to the 28th World Health Assembly (Burrell & Sheps, 1978:14-15; 129-130; 169; 198) mentioned that the primary health care approach is an integral part of rendering comprehensive primary health care services. Comprehensive primary health care service is outlined in the definition of primary health care. The Alma-Ata conference outlined this definition as being "essential care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination" (Dennil *et al.*, 1999:2; Vlok, 1996:27). The basic elements of primary health care include education about the prevailing health problems and methods of preventing and controlling them, the promotion of food supply and proper nutrition, an adequate supply of safe water and basic sanitation, maternal and child health care, including family planning and care of high risk groups, immunisation against the major infectious diseases, prevention and control of locally endemic diseases, appropriate treatment of common diseases and injuries, and provision of essential drugs (Dennil *et al.*, 1999:3). The mentioned definitions of the primary health care advocate the delivery of comprehensive primary health care services, which is embedded in the basic elements of primary health care. This endorses the fact that it should include a balance of promotive, preventive, curative and rehabilitative health (Vlok, 1996:26).

It is indicated by Vlok (1996:39) that comprehensive primary health care service is provided by a primary health care team amongst which the professional nurse is seen as playing an important role only when specifically trained to fulfil this versatile role.

Both the National Health Plan (ANC, 1994:19-20) and Clark (1999:39) link to the statement of Vlok (1996:33) in mentioning that the primary health care approach should employ the services of professional nurses with further skills to render these comprehensive primary health care services. Starfield (1992:36) supports this outlook and adds that professional nurses must be able to manage several health problems all at once, even though the problems may be unrelated in aetiology or pathology. De Maeseneer and Beolchi (1995:2) as well as Strasser and Gwele (1998:84) add that services rendered by professional nurses in these settings are diverse and they involve health care promotion, prevention, and various personal health-related needs in addition to curative services. The National Health Plan (ANC, 1994:19-20; 62) and Clark (1999:38-42) specifically mention assessment, diagnosis and management of presenting diseases as further skills expected from professional nurses.

Likewise, in countries like the USA new policies on comprehensive primary health care services were implemented. It was mentioned in President Bill Clinton's health care system policy (Harper & Johnson, 1998:158) that professional nurses (primary health clinicians) need to get more training in order to acquire additional skills to render comprehensive primary health care services. Viljoen (1999:86) reported that the training of professional nurses had a great impact on the rendering of comprehensive primary health care services in the USA and Canada because it improved their skills as they were faced with a major problem of being inadequately trained to render these services.

Furthermore Kleczkowski *et al.* (1984:49) reported that professional nurses in Senegal were not trained in terms of primary health care. The findings of the studies in Canada (Bramadat *et al.*, 1996:1224-1228) outlined that professional nurses need comprehensive knowledge and a wide range of skills to practise, and also highlighted that, amongst other skills needed, clinical skills to diagnose and manage patients are vital. Countries like the United Kingdom, Cuba and Turkey also expect professional nurses to be accountable and render a diversity of primary health care services, including examining, diagnosing and managing patients with a variety of health needs (De Maeseneer & Beolchi, 1995:2; Burrell & Sheps, 1978:14-15; 129-130; Clark, 1999:39-40; Aksayan, 1994:50).

Burrell and Sheps (1978:129-130; 169; 198) also confirm the perceptions that specific skills are indeed required as the expectation is that professional nurses should be able

to manage all health problems. This is highlighted by Ross and Mackenzie (1996:143) who indicate that the changes in health care systems had an impact on the practice of professional nurses (community nurses) as they were now expected to render comprehensive primary health care services. Davies (1996:103) confirmed the extent of experience and skills needed by professional nurses in practice to carry out their demanding work rendering comprehensive primary health care services. Nurses are thus expected more and more to show proof of experience and clinical skills to render these services. Professional nurses are expected to have knowledge and skills in the application of the community process, to provide a diversity of health care services (health promotion, nutrition, tuberculosis management, maternal and child care, sexually transmitted diseases, HIV/AIDS, chronic diseases, mental health) and, most importantly, to use knowledge and skills in history-taking, physical examination, diagnosis and management of acute illnesses, general illnesses and minor ailments (Radebe, 2000:5-6). This great expectation that professional nurses should render comprehensive primary health care services is confirmed and emphasized by Bezzina, *et al.* (1998:1-4), Akinsola and Ncube (2000:49-50) and Viljoen (1991:83). These professional nurses working in primary health care clinics are given different names in different countries, ranging from "Primary Health Care Nurse", "Nurse Practitioner", "Nurse Associates", "Family Practice Nurse" and "Family Nurse Practitioner". They are trained and expected to meet the needs of communities of their specific countries as determined by their National Health System (Viljoen, 1991:82-85).

As is also the case in some other countries, in South Africa the inception of the new democratic government brought with it new policies in the health structure pertaining to the delivery of comprehensive primary health care services and the development of human resources for health (S.A., 1997b:17;54). These changes and policies placed a demand on professional nurses to render comprehensive primary health care services, which is the strategy to be followed for health service delivery (S.A., 1997b:28; 37-38). The transformation of the health system brought with it the move from previously curative or medical-oriented care to a comprehensive primary health care approach (ANC, 1994:21). The Democratic Nurses Organisation of South Africa also supports the delivery of comprehensive primary health care services by professional nurses (Geyer, 2000:24). The challenge to professional nurses in South Africa, to deliver comprehensive primary health care services, is emphasized by Strasser (1999:4). The

New National Health Policy in South Africa (ANC, 1994:79) and Strasser (2000a:2-5) further state that the government's changes of health service delivery will require changes and re-orientation in the training of personnel as their training has been inappropriate for comprehensive health care delivery.

Radebe (2000:5) cites that even though the training of nurses in South Africa has always been hospital-oriented, these nurses were placed in clinics for the community phase of their specific training programmes. There are still doubts, however, as to whether it is synchronous with the National Health Policy on comprehensive primary health care delivery. She emphasizes that the training of professional nurses needs to be updated (Radebe, 2000:4-6). In a meeting convened by the KwaZulu-Natal Province on the 21st of February, areas of frustration as a result of which professional nurses in primary health care clinics could not render a true comprehensive primary health care service were highlighted (Anon, 2001).

The above argument is supported by Hall (1999:14-15) and Strasser (1999:6-7) who point out that although South Africa has large numbers of highly skilled and qualified professional nurses, much of their training has been inappropriate and greatly varied. The Nursing Act (50/1978) as amended made provision for different training programmes in South Africa through the years. Regulation R879 of 1975 pertaining to the Nursing Act (50/1978), as amended, made provision for professional nurses to obtain a qualification in General Nursing which prepared them to work mainly in curative-oriented institutions like hospitals. The programme outlines its lectures, clinical instruction and practica on medical nursing, surgical nursing, casualty and outpatients, operating theatre, paediatric nursing, preventive and promotive health and family planning (Regulation R879 of 1975:3-4). Regulation R881 of 1975 pertaining to the Nursing Act (50/1978), as amended, made provision for professional nurses to obtain a qualification in General Nursing and Midwifery, which was also more hospital-oriented and curative. This programme has a clinical component of Midwifery and General Nursing; Social Science; Anatomy and applied Medical Biophysics; Ethos of Nursing; Physiology and Applied Sciences; Microbiology; Preventive and Promotive Health Care; General Nursing Science and Art (GNSA) I; General Nursing Science and Art (GNSA) II; General Nursing Science and Art (GNSA) III and Midwifery.

Regulation R276 of 1980 pertaining to the Nursing Act (50/1978), as amended, made provision for professional nurses to obtain a qualification in Community Nursing where

they would function within a community health setting with a preventive and promotive approach. This regulation emphasizes that a professional nurse who has undergone this training should be able to implement the community nursing process with due consideration to the ecological and preventive, promotive, curative and rehabilitative dimensions within a comprehensive health system; incorporate physical, emotional, social and cultural dimensions pertaining to the family and the community, into the community nursing process with proper education and teaching to promote community involvement and appreciate the specific organisational aspects of providing personal and environmental community health services (Regulation R276 of 1980:3). Still further, Regulation R48 of 1982 pertaining to the Nursing Act (50/1978), as amended, made provision for professional nurses to acquire an additional qualification aimed at diagnostic skills to be able to render curative services with a qualification in Clinical Nursing Science, Health Assessment, Treatment and Care. The nurse who has undergone this training should understand the nature, pathology, aetiology, diagnosis and therapy (including pharmacology) of disease conditions, possess the necessary skills in history-taking and implement the scientific process in the management of a patient (Regulation R48 of 1982:4-6). It further spells out that the clinical/practical exposure should provide experience in the diagnosis, treatment and care of patients with general disease conditions (Regulation R48 of 1982:10).

In the 1980s, however, a new comprehensive curriculum under the Nursing Act (50/1978), as amended, was introduced and implemented which made provision for professional nurses to obtain a qualification as a nurse (General, Psychiatric and Community) and midwife (Regulation R425 of 1985). The subject content, according to the minimum requirements of the South African Nursing Council, is Fundamental Nursing Science; General Nursing, which includes Medical Nursing, Surgical Nursing, Operating Theatre Nursing, Nursing in casualty and Paediatric Nursing; Psychiatric Nursing; Midwifery and Community Nursing, which includes all aspects of community nursing process; Biological and Natural Sciences; Pharmacology and Social Sciences (Regulation R425 of 1985:4-8). The changes in the curriculum did, however, not really bring the rendering of comprehensive services to the front (Strachan & Clarke, 2000:10). We find ourselves in South Africa with various categories of trained professional nurses. In this regard Hall (1996:15) emphasizes that none of the training

programmes mentioned fully equips professional nurses to render comprehensive primary health care services.

The National Health Plan (ANC, 1994:11; 89) affirms that substantial training and re-orientation of personnel is necessary – especially for professional nurses to render comprehensive primary health care services. Strasser (2000:13) relates experiences of professional nurses who underwent some training, that the extra training made a difference in rendering the required services.

In an encounter with professional nurses who only hold qualifications in general nursing science, midwifery and community nursing and no further qualification in clinical nursing science, health assessment, treatment and care, they verbalised that it has been very difficult for them to reach out and assess, diagnose and manage patients with a variety of health needs. Another professional nurse with a similar qualification was quoted saying that she felt helpless and did not know what to do as she was confronted by patients presenting many differing problems (Stucky, 1997:9).

The above quotes confirm what the researcher subjectively experienced as a professional nurse working in primary health care clinics where it has often been observed my colleagues being frustrated by the fact that not all colleagues are on the same skills level. Some lack skills in preventive promotive health care delivery, others cannot manage the pregnant woman or the baby after delivery. Others are extremely curative oriented. Working in this environment the expectations were of such a nature that I had to have a broad knowledge of what I was doing and I needed to be truly skillful. It makes it frustrating for the professional nurses to render comprehensive primary health care services if they do not have all the skills acquired through various qualifications. They find themselves with patients presenting different health needs and due to lack of skills patients are often not treated appropriately. A further problem observed is that it seems that there is not always time for the professional nurses to undergo further training to improve on their skills.

In a setting with all professional nurses having various qualifications, it might, however, be that they do not always recognize their own limitations and consequently believe themselves to be competent. It may also be that they are not aware of the skills needed by them to render comprehensive primary health care services. Perceptions of

professional nurses could influence the practice and severely affect the quality of comprehensive primary health care services delivered by them.

From what has been discussed, the following questions arise:

1. What are the perceptions of professional nurses working in primary health care clinics of the skills required to render quality comprehensive primary health care services?
2. What are the perceptions of professional nurses working in primary health care clinics of their own level of skills to render quality comprehensive primary health care services?
3. What can be done to facilitate trained professional nurses to truly render quality comprehensive primary health care services?

1.2 OBJECTIVES OF THE RESEARCH

Based on the above questions, the objectives of this study are:

1. To explore and describe the perceptions of professional nurses working in primary health care clinics of the skills required of them to render quality comprehensive primary health care services.
2. To explore and describe the perceptions of professional nurses working in primary health care clinics of their own level of skills to render quality comprehensive primary health care service.
3. To formulate guidelines for the facilitation of trained professional nurses to truly render quality comprehensive primary health care services.

1.3 PARADIGMATIC PERSPECTIVES

The paradigmatic assumptions of this research are based on meta-theoretical, theoretical and methodological assumptions.

1.3.1 Meta-theoretical assumptions

The meta-theoretical assumptions are based on the Christian Reformatory view (Potchefstroomse Universiteit vir Christellike Hoer Onderwys, 2000:69) as well as on the Nursing Theory for the Whole Person (ORU, 1990:136-142; Rand Afrikaans University: Department of Nursing, 1992:7-9) and includes assumptions regarding man, health, environment and illness.

1.3.1.1 Man

Man is a human being created by God, in His image. He is a spiritual being who functions in an integrated bio-psychosocial manner to achieve his quest for wholeness. Man exists in the world with the direct command to control the world as an accountable steward (Potchefstroomse Universiteit vir Christellike Hoer Onderwys, 2000:69; ORU, 1990:136-142; Rand Afrikaans University: Department of Nursing, 1992:9).

For the purpose of this research the focus is on the professional nurse working in primary health care clinics to render comprehensive primary health care services to patients.

1.3.1.2 Health

Health is a state of spiritual, mental and physical wholeness. The person's health status is determined by the pattern of interaction between his internal and external environment (ORU, 1990:136-142; Rand Afrikaans University: Department of Nursing, 1992:9).

In this research the focus is on the patients' different health needs met through comprehensive primary health care services rendered by professional nurses in the primary health care clinics.

1.3.1.3 Environment

Consists of an internal and external environment. The internal environment consists of body, mind and spirit and the external environment consists of the physical, social and spiritual dimensions (Rand Afrikaans University: Department of Nursing, 1992:7-9).

For the purpose of this research, the internal environment is formed by the patients who present daily with different health problems in the primary health care clinics and the skills possessed by the professional nurses working in the primary health care clinics, whereas the comprehensive primary health care services rendered by professional nurses, represent the external environment.

1.3.1.4 Illness

Illness is said to be a dynamic state indicating a person's interaction with the environment. It is described as ranging from severe to minimum illness and a potential to be healthy (Rand Afrikaans University: Department of Nursing, 1992:7-9).

For the purpose of this study illness refers to the patients who present themselves at the primary health care clinics for management of major and minor ailments and common disease conditions.

1.3.2 Theoretical assumptions

The theoretical assumptions of the research include the central theoretical statement as well as the theoretical definitions of key concepts applicable to this research.

1.3.2.1 Central Theoretical Statement

Knowledge of the perceptions of professional nurses of the skills required of them and their own level of skills to render comprehensive primary health care services will lead to the formulation of guidelines to facilitate trained professional nurses to truly render quality comprehensive primary health care services.

1.3.2.2 Theoretical definitions

The following definitions outline the key concepts applicable to this study:

- **Comprehensive primary health care services**

In this research it is a service that addresses the greatly varying individuals', families' and communities' health needs through preventive, promotive, curative and rehabilitative services by technically skilled professional nurses at an

affordable cost. This is where the professional nurse utilizes the required skills. It is a broad concept encompassing services rendered in the primary health care clinics (ANC, 1994:19-20; Clark, 1999:38-42; Vlok, 1996:37; Urdang & Swallow, 1983:642).

- **Professional nurse**

A professional nurse is a person who has undergone training under various categories regulated and licensed by the South African Nursing Council according to Section 16 of the Nursing Act 50/1978, as amended, and obtained varying qualifications in:

- General Nursing
- Midwifery
- Community Nursing
- Psychiatric Nursing
- Nursing (General, Psychiatry and Community) and Midwifery
- Clinical Nursing Science, Health Assessment, Treatment and Care

- **Nursing**

Nursing is a professional readiness, academic expertise and skill in which the nurse-patient interaction and functional activity is focused on maintaining, promoting and restoring health (Chidrawi, 2000:10).

In this research the focus is on the nursing skills required of professional nurses to render comprehensive primary health care services in primary health care clinics.

- **Skills**

Skills are learned actions and responses to utilize knowledge effectively to carry out a specific procedure for goal attainment (Hornby, 1995:1109; Torrington, 1974:393; Tracey, 1991:324). According to Greeff (2003), a series of skills lead to specific competencies.

In this research skills are learned activities by professional nurses working in primary health care clinics, following nurse training leading to specific competencies to render comprehensive primary health care services.

- **Perception**

A perception is an act of being subjectively aware of the world, of people and events (Corsini & Auerbach, 1996:660).

In this research it is the professional nurses' perception of the skills required and own level of skills to render comprehensive primary health care services.

1.3.3 Methodological assumptions

The methodological assumptions of this research are based on the research model of Botes (1995:4-6). The application of Botes's model may improve the value of this research since it is specifically meant for nursing (Botes, 1995:5). The model provides a broad approach to the research process and also affords the nursing science researchers an opportunity to be creative within a clearly defined framework (Botes, 1995:6).

The nursing activities as presented in the model of Botes (1995:5-8) are arranged in three levels. On the first level is the nursing practice: which endeavours to derive problems from the practice. For this research nursing practice is related to the professional nurses' skills to truly render quality comprehensive primary health care services in primary health care clinics.

The second level involves nursing research and enhancement of the scientific body of knowledge. This research explores the professional nurses' perceptions of the skills required of them and their level of skills to truly render quality comprehensive primary health care services in order to formulate guidelines for facilitation of trained professional nurses to truly render quality comprehensive services.

The third level entails the paradigmatic perspective of the researcher (Botes, 1995:5-8). The meta-theoretical, theoretical and methodological assumptions are selected by the researcher. In this research meta-theoretical assumptions are taken from the Christian Reformation perspective (Potchefstroomse Universiteit vir Christelike Hoer Onderwys,

2000:72), and the Nursing Theory for the Whole Person Theory (ORU, 1990:136; 142; Rand Afrikaans University: Department of Nursing 1992:7-9). The theoretical assumptions are selected from different subject theories. Methodological assumptions are based on the research model of Botes (1995:4-6).

1.4 RESEARCH DESIGN AND METHOD

The research design and method are discussed briefly with a more detailed discussion to follow in Chapter 2.

1.4.1 Research design

A qualitative design (Burns & Grove, 1997:67-72) is followed with the aim of exploring and describing the perceptions of professional nurses working in primary health care clinics, of skills required of them, their own level of skills and the formulation of guidelines to facilitate trained professional nurses to truly render quality comprehensive primary health care services in the Potchefstroom district in the North West Province as context.

1.4.2 Research method

The research method includes a brief exposition of the sampling, data collection, data analysis and literature control.

1.4.2.1 Sampling

For the purpose of this research three samples are identified, namely the various categories of professional nurses as described in detail in chapter 2 (see 2.3.1). Purposive voluntary sampling is used to select participants from all the populations who comply with the set criteria and are willing to participate.

- **Sample Size**

The sample size is determined by data saturation (Burns & Grove, 1997:309).

1.4.2.2 Data Collection

- **Role of the researcher**

Permission is obtained from the District Health Manager of the Potchefstroom district in the North West Province to conduct the research. The purpose and the importance of the research are explained to the District Health Manager. The researcher makes contact with a mediator, namely the training coordinator in the Potchefstroom district, and enables her to identify the potential participants according to the set selection criteria in order to gain their cooperation. The researcher then makes appointments with the participants and ensures that ethical issues and concerns are respected throughout the research.

- **Method**

Semi-structured interviews are conducted with willing participants, utilizing an interview schedule to explore professional nurses' perceptions of the skills required of them as well as their own level of skills to render quality comprehensive primary health care service. The interview schedule is submitted to experts for evaluation and adjusted accordingly. A trial run is conducted to test the interview schedule and determine the feasibility of the study (Burns & Grove, 1997:52). So as to ensure privacy and confidentiality interviews are conducted in a private room in the clinics by a professional psychiatric nurse who has experience in interviewing. Communication techniques, as described by Okun (1992:51-73), are utilized during the interview. The semi-structured interviews are recorded on audiotape. Descriptive, reflective and demographic field notes are recorded after conducting the interviews (Creswell, 1994:152).

- **Ethical Aspects**

The ethical aspects are taken into consideration during data collection, following the guidelines in Brink (1996:36-41), Burns and Grove (1997:94-116) as well as DENOSA (1998:1-3).

- **Data Analysis**

The data captured on the audiotape is transcribed and analysed according to the process of open coding as described by Tesch (*in* Creswell, 1994:115). A work protocol is provided to a co-coder for independent analysis of data (Creswell, 1994:152), which is then discussed to reach consensus on the results.

1.5 LITERATURE CONTROL

A literature control is done to verify the research findings against the existing literature, highlight unique findings emerging from the research, and highlight findings in the literature not found in the research (Burns & Grove 1997:117-119).

1.6 GUIDELINES

The results of the research are used to formulate guidelines for the facilitation of trained professional nurses to truly render quality comprehensive primary health care services.

1.7 FORTHCOMING CHAPTERS

The lay-out of the forthcoming chapters is as follows:

- Chapter 2: Research design and method
- Chapter 3: Discussion of research findings and literature control
- Chapter 4: Conclusions, shortcomings and recommendations, with specific reference to guidelines for the facilitation of trained professional nurses to truly render quality comprehensive primary health care service.

CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

The previous chapter dealt with the introduction and problem statement, research objectives, the paradigmatic perspectives as well as a brief orientation to the research design and methodology. This chapter entails a detailed description of the research design and method.

2.2 RESEARCH DESIGN

A qualitative design is followed with the aim of exploring and describing the perceptions of professional nurses working in primary health care clinics of skills required of them as well as of their own level of skills to truly render quality comprehensive primary health care services. Burns and Grove (1997:27) define qualitative research as a systematic, interactive subjective approach employed by the researcher to understand the life experiences and give meaning to these experiences. The exploration and description of the data mentioned earlier of the perceptions of professional nurses working in the primary health care clinics, enhance the process of obtaining new and accurate data from the individuals who have had practical experience within a specific context (Mouton & Marais, 1996:122; Woods & Catanzaro, 1988:130). The context refers to the area, time and orientation with regard to the circumstances within which the research takes place (Mouton & Marais, 1996:122).

For this research the context within which data will be gathered is primary health care clinics in the Potchefstroom district in the North West Province. The identified areas within the Potchefstroom district are Ikageng, Promosa, Mohadin, Potchefstroom, Fochville and Kokosi. The clinics in the mentioned areas serve a population of 58 8200 according to information officer Luthuli (2003.) The population consists of blacks,

coloureds, asians and whites. The socio-economic status and level of literacy ranges from low to high with the prevalence of health problems as in the whole of South Africa. The disease profile and the spectrum of services rendered ranges from mother and child services, mental health, communicable and non-communicable diseases, health promotion, laboratory and emergency care services, acute and chronic disease services. The professional nurses are consulted by patients in need of the mentioned services. These activities are to take place all at once in the primary health care clinics with a patient flow of about (30) thirty to forty (40) patients per professional nurse per day. According to Nkwe (2003), the average daily flow of patients varies from one hundred and sixty (160) to two hundred (200) per clinic. The clinics render comprehensive primary health care services following the (ANC, 1994:62). Hence by virtue of being qualified professional nurses, the professional nurses who work in these primary health care clinics are expected to render these services.

According to the Health Science Statistics (1999-2000) the clinics in the Potchefstroom district are served by twenty-one (21) professional nurses whose clinical working experience ranges from one to thirty (1-30) years. The professional nurses like others who were educated and trained under the regulation of the South African Nursing Council have varied training. The majority of the professional nurses had training in General Nursing, Midwifery (including Community Nursing) or Nurse (General, Psychiatric and Community) and Midwife. From them six (6) professional nurses have an additional qualification in Clinical Nursing Science, Health Assessment, Treatment and Care and a small number were trained in General Nursing and Midwifery only.

2.3 RESEARCH METHOD

Detailed descriptions of sampling, data collection, data analysis, ethical aspects as well as trustworthiness are dealt with below.

2.3.1 Sampling

For the purpose of this research three samples are identified from the larger population of professional nurses working in primary health care clinics as described.

Sample One

Professional nurses working in the primary health care clinics in Ikageng, Mohadin, Promosa, Potchefstroom, Fochville and Kokosi in the Potchefstroom district with registration in General Nursing Science, Midwifery and Community Nursing as well as Clinical Nursing Science, Health Assessment, Treatment and Care OR Nurse (General, Psychiatric and Community) and Midwife as well as Clinical Nursing Science, Health Assessment, Treatment and Care. They thus seem to be the most comprehensively trained to render comprehensive primary health care services.

Sample Two

Professional nurses working in the primary health care clinics in Ikageng, Mohadin, Promosa, Potchefstroom, Fochville and Kokosi in the Potchefstroom district with registration in General Nursing Science, Midwifery as well as Community Nursing or as Nurse (General, Psychiatric and Community) and Midwife. This group of professional nurses do not have training in Clinical Nursing Science, Health Assessment, Treatment and Care and thus may lack competency in assessing, diagnosing and managing patients.

Sample Three

Professional nurses working in the primary health care clinics in Ikageng, Mohadin, Promosa, Potchefstroom, Fochville and Kokosi in the Potchefstroom district with registration General Nursing Science and Midwifery only. These professional nurses had no formal training in Clinical Nursing Science, Health Assessment, Treatment and Care or Community Nursing Science to render the required services. As a consequence of their limited training they may lack competency assessing, diagnosing and managing patients.

• Sampling method

A purposive voluntary sample (Brink 1996:141; Burns & Grove 1997:302-306) is used to select the participants, who comply with the set criteria, from the larger population of professional nurses working in the primary health care clinics in the Potchefstroom district.

For the purpose of this research the selection criteria for professional nurses identified in the three samples (sample one, two and three) who are working in the primary health care clinics in Ikageng, Mohadin, Promosa, Potchefstroom, Fochville and Kokosi in the Potchefstroom district in the North West Province are that they should:

- be currently registered with the South African Nursing Council.
- be willing to give written consent to participate in the study after being informed about the reasons and procedures of the research.
- be prepared to have interviews recorded on audiotape.
- be prepared to participate in the research for the duration that is necessary to complete the data collection.
- have experience of at least one (1) year working in primary health care clinics.
- participate voluntarily.
- possess the following specific qualifications:

Sample one

Registration in General Nursing Science, Midwifery, Community Nursing as well as Clinical Nursing Science, Health Assessment, Treatment and Care OR Nurse (General, Psychiatric and Community) and Midwife as well as Clinical Nursing Science, Health Assessment, Treatment and Care.

Sample two

Registration in General Nursing, Midwifery as well as Community Nursing Or nurse (General, Psychiatric and Community) and Midwife.

Sample three

Registration in General Nursing and Midwifery only.

- **Sample size**

The sample size is determined by data saturation and pattern of repetition of data as described by Burns and Grove (1997:309) and Woods and Catanzaro (1988:476).

2.3.2 Data collection

Having identified the sample of the research, a description of data collection follows, which includes the role of the researcher, physical setting, data collection method and field notes.

2.3.2.1 Role of the researcher

It is the responsibility of the researcher to ask for permission to conduct research in a specific area (Wilson, 1993:245). The District Health Manager of the Potchefstroom district is approached by sending him a letter (See Appendix A) requesting permission to conduct research in the mentioned district. Written permission (See Appendix B) following the written request is obtained from the District Health Manager to be allowed access to the primary health care clinics in the Potchefstroom district. A psychiatric nurse specialist with experience in qualitative research is approached and requested to conduct the interviews.

After permission is granted the training coordinator from the clinics in the Potchefstroom district is approached and requested to act as mediator. A request letter (See Appendix C) is written to the mediator explaining her role in the research, objectives, importance of the research and criteria for inclusion of participants. The ethical aspects regarding confidentiality are explained to the mediator. After the mediator agrees and has identified the possible participants, the researcher arranges for a briefing session with them to explain the purpose of the research, the method of data collection and the physical setting and to introduce them to the interviewer. The researcher then arranges interview appointments (DENOSA, 1998:1).

On the day of the interview the researcher and the interviewer are on the premises (of the clinics where interviews are conducted) before the arrival of the participants to finally organize the room, check the lights and equipment to be used, decorate the room accordingly and arrange for refreshments. The researcher organizes two (2) tape

recorders and additional batteries as a backup system in case of a power failure. The participant is ushered into the selected and prepared room and made comfortable. The researcher emphasizes the purpose of the research, reassures the participants that confidentiality and anonymity is maintained by using numbers when referring to participants and that their names are nowhere linked to these numbers (DENOSA, 1998:1). The researcher ensures that, on arrival, the participants sign and give written consent (See Appendix D) to participate in the research and give permission for the use of an audiotape during the interview. The researcher ensures that the time and place of research is kept as comfortable as possible and that interviews area kept as disturbance-free as possible, i.e. no cellular phones or distracting movements that disturb the interview – as outlined by Mouton and Marais (1996:92). When the researcher, interviewer and the participants are ready, the audiotape recorder is switched on and the interview starts. The researcher makes a professional nurse available for support after the interviews in case the participants should express or show extreme feelings of discomfort.

2.3.2.2 Physical setting

Polit and Hungler (1995:306) state that a physical setting is a context within which human behaviour unfolds and should not be constrained. The environment should thus foster psychological freedom and enhance participation. The physical setting is therefore a private, quiet room in each primary health care clinic. The researcher and the mediator ensure that the room is free of distraction and that temperature, ventilation and noise by cellular phones/telephones are controlled. The clinic staff are asked not to cause any disturbances. Chairs are arranged to facilitate eye contact and continuous rapport during the interview.

2.3.2.3 Method of Data Collection

Semi-structured interviews are conducted. Open-ended questions are formulated and organised as an interview schedule (See Appendix H). The interview schedule is given to experts for evaluation (Creswell, 1994:151). In this research they are given to experts at the School of Nursing Science at the Potchefstroom University for Christian Higher Education with experience in qualitative research and the mediator, and adjusted according to their feedback before being utilized. A trial run is conducted in preparation

of the research to test the applicability of the instrument, as guided by Polit and Hungler (1995:655). If the trial run is successful the data can be used as data collected (Polit & Hungler 1995:655). Guidelines as described by Kingry, Tiedje and Friedman (1990:124-125) are followed during the data collection. This included that the interviews are conducted by an experienced person who previously has been involved in the interviewing process. The interviewer has no personal interest in the research – a factor that may enhance objectivity. The interview questions are non-threatening and the interview may last for up to two (2) hours. In addition to the mentioned guidelines, the interview begins with an outline of topics the interviewer intends to cover with each participant (Wilson, 1993:223; Brink, 1996:158).

The participant is given enough time to respond to each question as stated in the interview schedule. The objectives of the research are kept in mind all the time. During the data collection communication techniques, as described by Okun (1992:75), are used. Probing, an open-ended attempt to get the participant to give more information about the issue under discussion is used. The interviewer also uses statements such as "tell me more" as well as clarifying techniques like "you seem to be saying..." Paraphrasing is used whereby the participants' words are repeated in order to get clarity about what was said. By means of reflecting the interviewer communicates to the participant that their concern and perspective is understood by verbalising the themes mentioned by the participants. Minimal verbal response technique is used whereby verbal and non-verbal responses are used to encourage them to talk. A nod, "yes" or "mm" is used. The interviewer directs the questions according to the interview schedule and ensures that she hears and understands what the participants are saying by summarising.

These verbal and non-verbal communication techniques are enhanced by the interviewer's demonstration of further non-verbal behaviours to show that she is listening and interested. Sitting up with no barriers in between, open posture, occasional nodding, eye contact, an involved facial expression and occasional smiling will be maintained (Okun, 1992:64-66).

2.3.2.4 Field notes

Immediately after conducting the semi-structured interviews, descriptive, reflective and demographic field notes are recorded by the interviewer as described by Creswell (1994:152) to serve as an analytical base for the collected data and a written record for future publication of the research results (Wilson, 1993:223).

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

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

Demographic notes are information pertaining to the time, place and date to describe the physical setting where the interview took place.

The field notes (See Appendix E) are typed, marked and attached to each transcription and made ready for data analysis.

2.3.3 Data analysis

In preparation for data analysis the semi-structured interviews are transcribed (See Appendix F for part of the transcription). Data is analysed by open coding as described by Tesch (*in* Creswell, 1994:153-157) as follows:

- Each transcript is divided into three columns, with the middle column being used for the interviewer and participants' verbal and non-verbal responses.
- The transcripts are read through carefully so as to get a sense of the whole. Whilst reading the transcripts the questions of the interview are kept in mind.
- A specific transcript, for example of one interesting interview, is read through, asking oneself what it is all about.
- Words and themes are used as units for analysis.
- The researcher reads through the transcript again, this time underlining the themes, words and phrases as stated by the participants.

- While reading carefully through the transcript again. The ideas that come to mind are written on the left margin of the transcript.
- The underlined words and themes from the responses are then written on the right margin of the transcript.
- The identified themes are grouped into main categories, sub-categories and further categories.
- The described process is followed with the rest of the transcripts.
- The researcher eliminates redundancies in the themes that do not specify, clarify or elaborate on the meanings of the remaining themes by relating them to each other and the whole.
- Towards the end of the analysis the concrete data is formulated in scientific terminology.

A specialist qualitative researcher is appointed as an independent co-coder to analyse the data. The work protocol (for work protocol see Appendix G) stating the objectives of the research, the interview questions, and the role of the co-coder in analysing the transcripts is given to the co-coder. A clean set of transcripts (for transcripts see Appendix F), field notes (for field notes see Appendix E) and the semi-structured interview schedule (Appendix H) are included. The co-coder and the researcher work independently to analyse the data and thereafter a consensus meeting is scheduled between the researcher and co-coder to reach consensus on the categories that emerged from the data.

2.3.4 Literature control

The available literature, which includes South African and other journals, relevant research reports, electronic databases and books will be reviewed on the themes that emerged from the interviews to provide a scientific basis for the research and to highlight new insights gained from it.

2.4 TRUSTWORTHINESS

The research is said to be trustworthy if it is conducted in such a way that it ensures strictness and accuracy (Krefting, 1991:215) when presenting the participant's perceptions. The trustworthiness of this research is ensured by the achievement of criteria identified by Guba (as described by Krefting, 1991: 214-224) namely truth-value, applicability, consistency and neutrality. The truth-value was ensured by using strategies of credibility, while applicability uses transferability, consistency uses dependability and neutrality uses confirmability. The model is recommended for qualitative research and it ensures the rigour of the research without compromising the relevance of the research. The application in this research is discussed in table 2.1

Table 2.1: Trustworthiness of the research

CRITERION	STRATEGY	APPLICATION
Truth-value Lincoln and Guba (<i>in</i> Krefting 1991: 215) refers to truth value as that criterion which considers whether the researcher has established confidence in the truth of the findings for the research participants and the context in which the study is conducted.	Credibility To ensure truth-value the strategy of credibility is used. The following criteria apply:	To ensure credibility in this research:
	Triangulation	Interviews are conducted by an experienced interviewer, field notes are taken and literature control is done to ensure <i>triangulation of data sources</i> that maximises the range of data that might contribute to the complete understanding of the concept.
	Peer examination	- An evaluation of the research proposal by peer reviewers (who are experts in qualitative research in Nursing Science) and qualitative research and continuous thorough discussions of the research with the study leader and co-leader are done to ensure <i>peer examination</i> - An <i>interview schedule</i> is given to experts in qualitative research for <i>evaluation</i>. This is then followed by a <i>trial run</i> to test the feasibility of the instrument (see 1.4.2.2).
	Prolonged engagement	- The researcher establishes a <i>relationship of trust</i> with the professional nurses through the explanation of the research objectives and process. This allows the professional nurses to relax during the interviews (see 2.3.2.1) so that the participants give more in-depth information freely - The fact that the interviewer spent an <i>extended time</i> of one to two (1-2) hours during the interviews (see 2.3.2.3) with the participants allows for enough time to verify perspectives and ensured <i>prolonged engagement</i>. <i>More time</i> is spent by the interviewer on aspects that come up repeatedly from the responses of the professional nurses (see 2.3.2.3).

	Reflexive analysis	- The researcher incorporated an interviewer who is independent from the research as discussed under 2.3.2.3 which allowed for <i>reflexive analysis</i>, ensuring that her own experiences, background and perceptions are separated from those of the participants <i>Field notes</i> as described under 2.3.2.4 are to ensure that all observations as well as ideas the interviewer's mind are noted, allowing the researcher to <i>reflect</i> on the interviewer's own biases, pre-conceived ideas, behaviour and experiences and separate it from the findings.
	Interview techniques	The interviewer used <i>communication techniques</i> where she reframed, repeated and expanded questions to increase credibility (see 2.3.2.3)
Applicability The degree to which the findings of the research can be applied to other contexts and settings is referred to by Lincoln and Guba (in Krefting, 1991:216) as the criterion of applicability.	Transferability Transferability as a strategy with which the applicability of qualitative data can be assessed, uses the following criteria to ensure applicability:	Transferability in this research is established by:
	Comparison of sample to demographic data	The selection criteria in the research are such that they allow other professional nurses in the Potchefstroom district who fit well with the selection criteria, as described under 2.3.1, to be used in case of withdrawal of the initial identified participants, and thus ensures <i>comparison of demographic data</i>.
	Dense description	Giving <i>detailed information</i> about the research context, participants research design and method as described in chapter 2, and allowing other researchers to assess how transferable the findings are ensured dense description of the research.
	Nominated sample	The mediator, who is a professional nurse working in the primary health care clinics, was used to help in the selection of the participants who complied with the selection criteria.

Consistency Lincoln and Guba (<i>in</i> Krefting, 1991: 216) refer to consistency as a criterion that considers whether the findings would be consistent if applied in similar contexts, if the inquiry were to be replicated	Dependability Dependability strategy ensures consistency of the findings of research through the following criterion:	Dependability was ensured by the following in this research:
	Code-recode	• <i>Data was analysed</i> by the researcher and the independent <i>co-coder</i>. They held two meetings after which consensus was reached on the categories that emerged from the data (see 2.3.3).
	Dependability audit	• The written field notes' verbatim capturing of the interviews on audiotape, as mentioned in the dissertation, makes it possible for <i>auditing</i> in this research (see 2.3.2.1).
	Dense description of research methods	• Furthermore, <i>detailed information</i> on methods used in this research, as described under applicability (2.4.2), informs other researchers how repeatable the study might be or how unique the research is.
Neutrality	Confirmability Confirmability as a measure related to data interpretation uses the following criteria to ensure the criterion of neutrality.	To ensure confirmability in this research:
	Confirmability audit	• The <i>research proposal</i> was <i>evaluated</i> by colleagues with experience in qualitative research at the Potchefstroom University in the School of Nursing Science. • Field notes, a clean set of transcriptions as well as the interview schedule are made available for <i>auditing</i>. • The initial identification of the participants is done by a mediator with <i>no vested interest</i> in the research. The mediator is provided with a list of selection criteria, which clearly describes who is eligible to participate (see 2.3.3). • The fact that triangulation and reflexivity have been achieved under neutrality, as mentioned, ensures auditing.

2.5 ETHICAL ASPECTS

The researcher endeavours to attain and maintain the highest standards of the research through the use of thorough planning, implementation and documentation of the research findings as outlined by Wilson (1993:224). The researcher further adheres strictly to the principles upon which standards of ethical conduct are based, namely: beneficence and prevention of harm, justice, and respect for human dignity (DENOSA, 1998:1-3; Polit & Hungler, 1995:224; Burns & Grove, 1997:199).

These principles are discussed below:

- **Beneficence and prevention of harm**

The principle of beneficence and prevention of harm is concerned with freedom from harm and exploitation of the participants (DENOSA, 1998:1; Polit & Hungler, 1995:31). It encourages the researcher to do good (Burns & Grove, 1997:199). Before commencement of the research the research proposal was presented to a team of research experts and an ethical committee to ensure that participants are not exposed to an unscientific and unethical process. The fact that written permission to conduct the research has been granted by the health manager of the Potchefstroom district after a written, detailed request ensures that the professional nurses are not exposed to unnecessary discomfort. The researcher explains the possible emotional discomfort and that a professional nurse is available in case the professional nurses experience this discomfort. The researcher ensures that the research process is documented thoroughly in order to make it possible to monitor aspects of the research, which could pose to be harmful to the participants. The participants are allowed at any stage of the research to withdraw if they feel anxious and uncomfortable to continue. The researcher explains possible benefits to the participants without giving unrealistic and false hopes and promises.

- **Justice**

This principle is concerned with the participants' right to fair treatment, confidentiality and privacy (Polit & Hugler, 1995:35; DENOSA, 1998:2-3; Burns & Grove, 1997:199).

The authors mention that to ensure fair treatment, the participants have the right to withdraw from the research if they wish to do so. The authors further explain that the participants should not be coerced into participating. In this research the professional nurses are asked to participate voluntarily. A detailed explanation of the research process is given to them after which they may decide to participate voluntarily. It is explained to the participants that at no stage will they be prevented from withdrawing from the research if they feel anxious and uncomfortable to continue. All agreements with regard to the research are adhered to. Data collection ceases as soon as data saturation is reached. There will be no data collection beyond this point in the research and the researcher endeavours to collect only data that is absolutely necessary to achieve the research objective.

Brink (1996:40-41) and Burns and Grove (1997:203-204) explain that the participants' right to privacy ensures that justice is maintained. The authors also point out that when participants agree to take part in research they have the right to expect and assume that information collected about them remains private. The researcher ensures that the privacy of the professional nurses is not violated by explaining to them the objectives of the research and obtaining informed consent to participate voluntarily in this research. The researcher explains the benefits of the research to the professional nurses without exaggeration. A detailed explanation of data collection is given and the professional nurses are made aware that the interviews are going to be recorded.

DENOSA (1998:1-2) and Burns and Grove (1997:204) mention that the participants' privacy incorporates confidentiality and anonymity. For this research numbers **01, 02 and 03** are used during interviews, labelling of audiotapes, field notes and transcripts to protect the identity of the participants. Under no circumstances will the data collected be linked to the professional nurses' names. It is also explained that, after completion of the research, the audiotapes that were used to record the information will be destroyed.

Respect for human dignity

DENOSA (1998:2) explains that respect for human dignity is ensured through informed consent. Burns and Grove (1997:209-213) maintains that informed consent is the prospective participants' agreement to participate in a research and most importantly only after assimilation of important information. During the recruitment of participants explains and informs the professional nurses of the purpose of the research, objectives of the research and the possible benefits. It is only after this information session that the participant gives a written consent to participate before starting with the interview. It is explained to the professional nurses that they have the right to terminate participation even though they have signed a consent.

2.6 CLOSING REMARKS

A detailed description of the research design, method, trustworthiness and ethical aspects was done in this chapter. The next chapter deals with the discussion of the research findings and literature control.

CHAPTER 3

DISCUSSION OF RESEARCH FINDINGS AND LITERATURE CONTROL

3.1 INTRODUCTION

In the previous chapter a detailed description of the research methodology was done. In this chapter the realization of data collection and analysis is discussed (followed by a discussion of the research findings), enriched by examples of direct quotations from the interviews, and confirmed by existing literature.

3.2 REALIZATION OF DATA COLLECTION AND ANALYSIS

The realization of data collection and analysis is described.

3.2.1 The realization of data collection

Three samples that qualified according to the set criteria (see 2.3.1) were selected from the three populations. All the samples were drawn from the primary health care clinics in the Potchefstroom district in the North West Province. Semi-structured interviews (Appendix H) were conducted by an experienced interviewer who is also a psychiatric nurse specialist. Before each interview the researcher obtained written consent from each participant (Appendix D). The interviews were recorded and transcribed. Immediately after the interviews field notes were written (Appendix E). Data collection ceased after data saturation was achieved. The first sample consisted of five (5) professional nurses with training in General Nursing Science, Midwifery, Community Nursing as well as Clinical Nursing Science, Health Assessment, Treatment and Care OR those with training as a Nurse (General, Psychiatric and Community) and Midwife as well as Clinical Nursing Science, Health Assessment, Treatment and Care. Professional nurses with the mentioned qualifications were only six – of which one fell sick and

withdrew from participating. Data saturation was, however, achieved. The second sample consisted of nine (9) professional nurses with training in General Nursing Science, Midwifery and Community Nursing OR those with training as a Nurse (General, Psychiatric and Community) and Midwife. The third sample consisted of eight (8) professional nurses with training in General Nursing Science and Midwifery only.

3.2.2 The realization of data analysis

Data analysis was done by the researcher and the independent co-coder as described in chapter 2. The researcher, who is a community and primary health care nurse, completed the data analysis independently, as did the independent co-coder who is a psychiatric nurse specialist with experience in qualitative data analysis and interviewing. A meeting for consensus discussion between the researcher and co-coder was convened within six (6) days after independent co-coding, during which main, sub and further categories were identified. A further refinement of the categories was conducted by both the researcher and the independent co-coder and followed by a second consensus discussion that took place three (3) weeks later. Data was converted into scientific language and summarized as found in Table 3.1 to 3.4.

3.3 DISCUSSION OF THE FINDINGS AND LITERATURE CONTROL

The findings will be discussed in detail according to tables 3.1, 3.2, 3.3 and 3.4 with relevant quotations from the transcripts. Literature control will be done to verify the research findings by comparing it with existing literature, highlight unique findings emerging from the research and highlight findings in the literature not found in the research (Burns & Grove, 1997:117-119). Each table will be discussed according to main, sub and further categories. The discussion follows.

3.3.1 Various categories of professional nurses' perceptions of skills required to render comprehensive primary health care services

Table 3.1 consists of findings on the main, sub, and further categories of the various categories of the professional nurses' perceptions of the skills required to render comprehensive primary health care services. Column A depicts sample one, which consists of professional nurses with training in General Nursing Science, Midwifery,

Community Nursing as well as Clinical Nursing Science, Health Assessment, Treatment and Care OR those with training as a Nurse (General, Psychiatric and Community) and Midwife as well as Clinical Nursing Science, Health Assessment, Treatment and Care. Column B contains findings from sample two, namely professional nurses with training in General Nursing Science, Midwifery and Community Nursing OR those with training as a Nurse (General, Psychiatric and Community) and Midwife. Column C contains findings from sample three, namely professional nurses with training in General Nursing Science and Midwifery only. Due to some commonality identified in the findings of the three samples a literature control will be done at the end of the discussion of table 3.1.

The researcher's observation while reading through the transcripts is that professional nurses in sample one differ from those in sample two and three. The latter tend to mention skills to the finest detail. For example, when talking about physical examination skills, they elaborate on skills to use the different physical examination instruments and techniques. Professional nurses in sample one, however, respond confidently to questions and mention that in the primary health care clinics you look at a patient holistically: " *...when you have primary health care you attend to the patient holistically.*"

Table 3.1: Various categories of professional nurses' perceptions of the skills required to render comprehensive primary health care services

COLUMN A	COLUMN B	COLUMN C
The perceptions of professional nurses in sample one are that:	The perceptions of professional nurses in sample two are that:	The perceptions of professional nurses in sample three are that:
• Assessment skills are needed • The professional nurses should be able to diagnose illnesses. • The professional nurse should be able to manage patients' illnesses correctly after assessment and diagnosis, including: □ Non-drug management skills involving: - Health education - Referral - Drug management skills including: - Skilful prescription of medication - Knowledge of contra indications of drugs when prescribing. • Specific skills are required, including: - Community assessment skills, including: - Aspects to manage and control diseases - Home visits - Community analysis - Midwifery skills, in particular taking care of the pregnant woman and skills for delivery of babies - Basic nursing skills - Mental health care skills are important	• Assessment skills necessary are: - History-taking skills utilizing: - Communication skills and interviewing skills - Physical examination skills, including: - The skills to use the different physical examination techniques, including: palpation skills, auscultation skills and percussion skills • The professional nurse should have the necessary skills to diagnose • Skilful management of patient's illness including: - Non-drug management skills, including: - Health education - Referral skills - Drug management skills, including: - Correct prescribing • Specific skills are required, including: - Community nursing and home visiting skills - Antenatal and delivery skills - Mental health care skills - Basic nursing skills	• Assessment skills necessary are: - The skills to do history-taking, utilizing: - Communication skills and - interviewing skills - The skills to do a physical examination: - The skills to use the different physical examination techniques which include: palpation skills, auscultation skills, percussion skills and observation skills • The professional nurse should have the necessary skills to diagnose, including • Skilful management of patients' illnesses is necessary including: - Non-drug management - Referral - Drug management, which includes: - Correct prescribing • Specific skills are acquired during training, including: - Community nursing and home visiting skills - Antenatal and delivery skills - Mental health care skills - Basic nursing skills

Findings from sample one will be discussed separately, whereas those from sample two and three will be discussed together as follows:

3.3.1.1 Perceptions of professional nurses in sample one of the skills required to render comprehensive primary health care services

This category of professional nurses' (column A table 3.1) perceptions of the skills required to render comprehensive primary health care services indicates that they view assessment skills as necessary; and the ability of the professional nurses to make a diagnosis, to manage patients' illnesses and specific skills acquired during their training are seen as skills required to render the mentioned services. This group confidently mentioned the perceptions outlined below without going into much detail as to what the skills entail. They were confident and comfortable in their responses.

- **Assessment skills are needed**

It seems that professional nurses in this sample perceive assessment skills as necessary in order to render comprehensive primary health care services, namely to assess the patients who present in the clinics with different symptoms. They perceive these skills as important to make cautious decisions about the patients' health and not to mismanage them. It emerged that with the skills acquired during the course in Clinical Nursing Science, Health Assessment, Treatment and Care, they are more competent in assessing a patient. This is confirmed by the following direct quotations from the transcripts.

"..in the clinics you need to have assessment skills. It is needed so that you can deal with the patient accordingly."

"It is so true...because before I did this course in primary health care, when a patient came complaining of a headache, or cough I would immediately give a Panado or a cough syrup. What if the patient had asthma? My assessment was not up to standard."

"You need to assess, diagnose and manage. This you can only do when you have primary health care. It is important to make a proper assessment with all your patients."

- **The professional nurse should be able to diagnose illnesses correctly**

The professional nurses further mention that proper assessment enables them to diagnose correctly, a skill needed to render comprehensive primary health care services. They need to have knowledge of all the systems of the body, different abnormalities and illnesses, and their presentation. They say this will help them to identify diseases and diagnose correctly, thus preventing mismanagement of the patients. The following direct quotations from the transcripts indicate what the professional nurses said during the interviews:

"I have general nursing, midwifery, community nursing science and primary health care and with primary health care I can assess, diagnose and treat, and this has empowered me."

"... you must be able to diagnose and make proper diagnoses of patients so that you do not mismanage patients."

"... you must be able to have the skills of diagnosis because ... you could mismanage, misdiagnose and give the patient wrong medication."

- **The professional nurse should be able to manage the patients' illnesses correctly after assessment and diagnosis**

These professional nurses perceive management skills as important, following the assessment and diagnosis of the patients. From the findings of this research it seems that the professional nurses regard both non-drug and drug management skills as needed following the assessment and diagnosis made on a patient. Management skills enhance safe patient care. They see it as good enough a skill that will help them not to mismanage patients and enhance quality care of patient and avoid unnecessary hospitalisation. They say these management skills will assist them to manage patients correctly even before being transferred to the relevant places as confirmed by these quotations.

".... and then, most importantly, you must have primary health care because it is thereby that you are going to diagnose and treat the patient, and manage them better before they go to hospital."

"Like I've said, management of a patient is according to the history-taking and the physical examination.... So you know from that aspect what management you are going to give."

"... the skills that.... before you manage you must be able to detect that the management you are giving is specifically for the diagnosis you made..."

"In managing patients you start with non-drug management and then follow it up with drug management where you are going to prescribe."

From the findings of this research the majority of the participants refer to non-drug management skills as *health education and the ability to refer*. *Health education* mainly focuses on indicating to the patients what they need to do in order to live healthier lives. It enhances prevention and proper management of diseases. The quotations cited below indicate the importance of health education as expressed by the professional nurses during the interviews:

"You show the patient that this is a liter of boiled water that you're pouring into the container, show them eight teaspoons of sugar and half a teaspoon of salt, you must be able to show it to them, do not just explain, otherwise they won't know what you're talking about."

"Health education to people and the community is important. With proper health education you are able to prevent certain conditions and manage others."

".... you encourage people to live healthy when you give them specific information about health issues."

Professional nurses are quoted below stating that *referral skills are important and save patients' time*. They feel if you are in possession of this skill, they can refer appropriately without making mistakes. This skill makes them competent and safe in the service they render. It is confirmed by the direct quotations from the transcripts:

"I refer only those chronics to be seen by the doctor. So you see all the patients and you sift them... yes, you need to prescribe the medicine."

"... with primary health care skills you are able to ... treat and refer the patients accordingly."

"... but with the necessary knowledge and skill of referral you do not have problems, ... yes referral skills are needed."

As mentioned in this research with regard to the management of a patient, focus was also placed on drug management skills. It emerges that the professional nurses perceive skilful prescribing and having knowledge about the contraindications of drugs as important with regard to drug management. These skills assist them in giving the correct medication and being aware of the contra-indications of drugs when giving medications. Skilful prescribing and knowledge of drug contraindications are seen as important aspects of drug management skills. In *skilful prescribing* you have to take certain aspects, like age, into consideration before you can administer drug treatment. It seems that knowledge and skills on *drug contraindications*, as mentioned by the professional nurses, is required to safely manage the patients. They expressed their fear of mismanaging patients without this skill. These professional nurses emphasized the importance of this skill. Some mention that they need to be on track in terms of managing patients. The following quotations from the transcripts indicate what the professional nurses said with regard to skilful prescribing knowledge of drug-contraindications:

"As a primary health care nurse, when you prescribe, sometimes it is according to the age or weight of the patient."

"The skills that you need for giving management, you must know the eeh! prescription first. What is it used for and then you must know the contraindications of the very same medications ... you must be on the right track with the drug management."

"You need to know the correct principles of pharmacology, when do you give Panado, when do I give this drug, and why?"

- **Specific skills acquired during training**

To render comprehensive primary health care services professional nurses mentioned specific skills required. These skills include community assessment, including home visits and community analysis, midwifery skills especially taking care of the pregnant woman and delivering the baby, basic nursing skills and identifying and managing patients who are mentally ill.

From this research the professional nurses perceive community assessment skills acquired through a course in community health nursing as necessary. The professional nurses mentioned that they have to be skilled in doing *home visits*. They mentioned that this enables them to attend to patients in their own homes. According to them the physical environment affects the community's health status. This is what the professional nurses say – as quoted from the transcripts:

"... and you will be able to do home visits to identify low socio-economic conditions in the house that aggravated the conditions."

"... you are able to nurse a patient at home, and take a look at the domestic conditions."

Furthermore the professional nurses mentioned that they acquired *community analysis skills* through the community health course. It came up that it is required that they are able to make a detailed examination of the community's health needs. This is a needed skill to enable them to care for the communities' different health needs, ranging from preventive to curative. The following quotations from the transcripts confirm the professional nurses' perceptions about community analysis skills.

"... community nurse I would do a community assessment and diagnosis, vaccinate children or rather do mother and child services."

"... with community health, you'll know the community needs ... you can do community assessment and analysis ... you can analyse the needs of the community according to place and population. In that way I know how to approach the community problems."

The professional nurses furthermore mentioned that it is required of them to deal with various community health needs like *assessing and managing and controlling communicable diseases* as confirmed by these quotes:

"community nursing can go hand in hand with primary health care whereby you will be able to identify communicable disease like tuberculosis, taking sputa from patients and then diagnosing scabies, cases like diarrhoea..."

"you have to have community health otherwise you will not be able to work in the community to render services in the different aspects of community health, for example communicable diseases."

The professional nurses said that they had acquired midwifery skills that enable them to render mother and child health services. This skill enables the professional nurse to care for the pregnant woman and, secondly, to deliver babies. According to them mother and child health care is required for a healthy mother and baby. During *care of the pregnant woman* they are required to do the relevant physical examination and implement the appropriate management. Embedded in midwifery training is a skill to *deliver healthy babies* as perceived by these professional nurses. This is confirmed by these quotations from the transcripts:

"... with midwifery skills I could take care of a pregnant woman ..you must be able to deliver the baby, you must know which drugs are used during delivery, am I am on the right track."

"One needs to know what pregnancy is, be able to monitor the patient throughout pregnancy. Do a physical examination on the patient and manage the patient."

"... you get the satisfaction when you deliver a healthy baby and having a healthy mom with no complications."

"... and then you must have midwifery because there are cases that you might get and to deliver the baby... a healthy one."

Basic nursing skills as acquired during general nursing training is perceived by the professional nurses as important in order to be able to render comprehensive primary health care services. The professional nurses should be able to give basic nursing care and differentiate illnesses in order to manage patients appropriately. The following are the professional nurses' verbal statements with regard to the required basic nursing skills:

"...hmm ! eeh ! with basic general nursing you are able to differentiate illnesses. You can differentiate between medical and surgical care so that the patient is nursed appropriately."

"you need the knowledge of basic general nursing. I will be coming with the general knowledge of the ailments and their different causes. I will manage to do my own assessment and plan accordingly."

"As a general nurse I can do the basic nursing care."

The professional nurses perceive mental health care skills as important to be able to identify and manage patients who are mentally ill as important in rendering comprehensive primary health care services. They see it as imperative to be able to care for mental health patients. The following direct quotations from the transcripts confirm what the professional nurses said:

"You must also have psychiatry because you do not know when would the psyche patient come."

"The skills that you must be able to identify, the psyche patients..."

"you know some of the patients are not physically ill but may have psycho-social problems that can cause headaches."

The following is a discussion of the findings of the professional nurses' perceptions in sample two and three. These are discussed together below, as mentioned. Generally the findings present a common picture.

3.3.1.2 Perceptions of professional nurses in sample two and three of the skills required to render comprehensive primary health care services

The category of professional nurses (Column B and C) seem to have shared perceptions and views with regard to the required skills and will thus be discussed together. The professional nurses refer to skills required to render comprehensive primary health care services, emphasizing much more, finer details of each aspect. It appears that professional nurses in column A respond with a lot of certainty with regard to the required skills, because they do not elaborate on the skills as they mention them. The professional nurses in column B and C regard assessment skills, the necessary skill to diagnose, being skilful in the management of patients' illnesses and specific skills acquired during nurse training as being important. In broad what they mention is similar to what professional nurses in column A said.

The researcher's observation is that the professional nurses in these samples tend to express feelings of anger while mentioning the required skills to render comprehensive primary health care services because it seems they feel inadequate and, more often than not, mention the need for training in their responses. These experiences will be discussed in table 3.4.

- **Assessment skills necessary**

As in the case with professional nurses in column A, the professional nurses in column B and C also perceive assessment skills as required to render comprehensive primary health care services. To assess patients' health, they specifically mentioned history-taking skills as important. They say you need to talk to the patients about their state of disease. It is confirmed by the direct quotations from the transcripts.

"...when you first see the patient, you ask the patient about the illness..."

"Yes, it is important to do history-taking and physical examination of the patient."

"...so you must find out from the patient what is wrong through history-taking."

These professional nurses mention further that you need other skills, as mentioned below, to successfully execute history-taking. These skills will help you to get information from the patient. They emphasize *communication skills and interviewing skills*. The professional nurses highlight, amongst others, the importance of knowing the patients' language and the ability to listen when they talk to you. Patience with the different patients is also seen as necessary as it will enhance proper communication and extract the required health information from the patients. The following direct quotations from the transcripts express the professional nurses' perceptions regarding communication skills:

"...Communication is very important to be able to communicate easily. Knowing their language is important."

"...I think you need to have, to be knowledgeable about how you do your interview with a client to get to a diagnosis."

"...when I interview a patient I need to be able to observe, to listen to the client when they convey...whatever problem she might be having, must have patience, enough time because people are different there are others who are slow in delivering their thing and you need to be able to understand what he wants to tell you."

These professional nurses also regard physical examination skills as important in assessing the patients' health. Objective evaluation of the body systems is seen as required and enhances appropriate care of the patient. This is confirmed by the following quotations from the transcripts:

"...ja, dit word van ons verwag om die pasiënt te ondersoek."

"...I should be able to say, let me go to this system of the patient and then do the physical examination."

"yes....it is only when you examine the patients that you will know the right diagnosis."

It is noted from the findings that the professional nurses further perceive being skilled in using *different physical examination techniques* as very important. They make detailed mention of skills to *palpate, auscultate, percuss*. Sample three also added that *skills to observe* the presenting features of ill health in patients are needed. It is confirmed by the direct statements from the transcripts:

"... you need skills of eeh! to palpate, auscultate and maybe perkas – what is it in English?"

"...I need to examine the patient accordingly, you must make your own observation, or for instance percuss the chest and thereafter you can make a decision."

"...other skills are auscultation and palpation all this will help you not to mismanage a patient."

- **The professional nurse should have the necessary skills to diagnose**

As for the professional nurses in column A, those in column B and C also indicate that diagnosing is an important skill required to render comprehensive primary health care services. They say after history-taking and physical examination the professional nurse should collate this information and make a diagnosis. It arose from the findings that through the identification of diseases they can make the most appropriate diagnosis. According to these professional nurses, identification of diseases enables them to diagnose communicable, and non-communicable diseases, which is what is required. It is confirmed by these direct quotations from the transcripts

"Basically general nursing and midwifery....You need to assess to diagnose, by smelling and observing and examining the patient when you have the necessary skills."

"...you need to know how to diagnose."

"Hmm. The skills which a professional nurse need to have to diagnose, that is undergoing primary health care training, to be taught how to use instruments

like Ear, Nose and Throat set to see if the ear is inflamed.. You need to be able to take proper history from a patient..."

"...eeh! to be able to diagnose and treat."

- **Skilful management of patients' illness**

The professional nurses in these samples as in sample one also focused on management skills. They also mentioned non-drug and drug management skills. When they are skilled to diagnose correctly, management of diseases is enhanced. Non-drug management is seen as giving information to patients about healthy living without prescribing medicines, and thus emphasizing *health education*. Amongst others, they say when they counsel patients healthy living is promoted. The following direct quotations confirm what they said.

"... to educate the community to have a healthy lifestyle."

"...further it is important to counsel patients."

".. you need to give the patients information with regard to their health and also the medicines."

Referral skills are also seen as embedded in non-drug management of the patients. If appropriately skilled they will not refer unnecessarily, they will channel patients accordingly. This is confirmed by the quotation from the transcripts.

"...then you treat and refer when necessary and you should know why you are referring."

"as ons sien hierdie probleem is te groot vir ons – jy't nog gespesialiseerde aandag nodig – dan verwys ons jou na die betrokke mense toe."

"Referring patient to the relevant health resources and doctors is important, but you must know when to refer."

The second aspect in the management of patients is drug management. In the primary health care setting they handle medication and need to understand what they are prescribing for the patients. While prescribing it is important to note the effects and side-effects of drugs, therefore it is important for them to *prescribe correctly*. This is what the professional nurses say, as quoted from the transcripts:

".....I think you need to have the knowledge where to give what type of medication, like, say for instance if you treat a patient with tuberculosis, you rather give injectables so I think there are some of the things you must know and when the patient has varicose veins also it is advisable to give oral contraceptives the pill because you will be knowing how to prescribe."

"...getting a little bit of pharmacy, what do you call it... pharmacology, so that at the end you know that when you prescribe these are going to be the side-effects, why should I combine this drug with this drug so that at the end you know how to correctly prescribe."

"... ek dink is belangrik dat ... voorskryf, hoeveel dosering van medikasie is baie belangrik, en natuurlik jou interaksie tussen jou medikasie is baie belangrik."

- **Specific skills acquired during training**

These two groups of professional nurses also indicated that skills like community nursing and home visiting skills, basic nursing skills, mental health care skills and antenatal care and delivery skills acquired during specific nursing training are important. Professional nurses in column B and C perceive community nursing as being more preventative as they mentioned that they render services like family planning and immunizations to prevent some of the communicable diseases like measles and others.

Taking care of the community and nursing patients in their home environment are important aspects of rendering comprehensive primary health care services. Hence they made mention of community nursing and home visiting skills.

"...as I know in the past I had only general nursing and midwifery but when ... I started at the clinic from the hospital to a clinic it was very different so I had to acquire the skills as a community health nurse."

"... services here in the clinic that we also render are family planning ... other services rendered here is immunization you also have to eeh! know vaccines, how they work, their storage and disease itself, how like the will prevent measles, diphtheria, polio, thing like how do people contract the disease."

"Most of the time when doing home visits, I like doing home visits, but when you get into the home you must have respect and communicate well with the people so that you can get their cooperation to do your assessment."

It also came to light that skills to take care of pregnant woman and skills to deliver babies safely are also seen as important to render comprehensive primary health care services. Hence these professional nurses made mention of antenatal skills and skills to deliver a baby so as to do a proper physical examination on the pregnant woman and have a healthy baby. It is confirmed by the direct quotation from the transcripts:

"Midwifery, antenatal and postnatal, delivering...., total physical examination... immunization and mother and child care."

"The skills that are required by the midwife, is the ability to render services like deliveries, health education to the pregnant mother, what complications to expect, diet and exercises and not to take any drug or medication unless prescribed by the doctor."

"Antenatal is when the mother comes to the clinic during pregnancy ... you have to have skills to assess the mother also to do blood pressure, and you also need to be alert for any fatal complications that might occur and you must refer the patient when necessary."

Findings in this research indicate that professional nurses perceive skills to care for mentally ill patients as important. They see a need to understand the patients and being able to communicate with them. They mention that a lot of patience is required in this instance. The following direct statements confirm the professional nurses' perceptions about mental health care skills:

"diagnosis, assessment and interview clients, drug management but we are not giving psychiatric drugs here in the clinic."

"I've always wanted to do psychiatric nursing after doing community nursing, but ... I came home there weren't any chances, so in 1996 I said this is my chance. So we have been doing community and psychiatry, and I saw a lot of patients like abusers, schizophrenic and different kind of psychiatric patients most of them were hospitalized and I feel that one has to do psychiatry, because patients are not kept for their whole life in hospital but are discharged into the community, and one has to teach the community to accept the person with mental disorder. In psychiatric skills you focus on the person, how to cope with his violent behaviour and his problems and also with the family about the treatment and about teaching the community about mental health."

From the findings the professional nurses also mentioned the acquired basic nursing skills as important to render comprehensive primary health care services. They mentioned that through observation of patients, a skill acquired through basic nursing training they can differentiate between surgical and medical health conditions.

"during general nurse training you are able to make basic observations and report accordingly."

"You provide the care needed by the patient, there is a lot that you are not allowed to do by law, thus you still need the other skills I mentioned."

"..eeh, a comprehensive, general nurse can also use her skills in the clinic."

The literature to be cited below confirms what was said by various categories of professional nurses with regard to the skills required to render comprehensive primary health care services.

3.3.1.3 Literature control of the professional nurses' perceptions of the skills required to render comprehensive primary health care services

The literature is discussed at the end of the discussion of the findings, because, from the findings of this research it is apparent that the responses of the three samples of professional nurses have commonality with regard to main, sub and further categories – the last two groups introduced slightly more detail. From the findings it seems that professional nurses in column A are sure of the skills required to render comprehensive primary health care services because they did not even discuss them in detail.

- **Assessment skills needed**

With regard to the assessment skills, professional nurses in this research indicate that these skills are required to render comprehensive primary health care services. This finding is confirmed by Hicks and Hennessy (1999:669), Albarran and Whittle (*in* Littlewood & Cumberlege 1999:3-4), Plews *et al.* (2000:141) as well as Radebe (2000:5-6). These authors say that professional nurses need to be equipped with skills to assess patients' health needs. Moreover, the authors highlight that due to the complex health care needs, it is important that professional nurses are skilled in doing their required comprehensive primary health care services. Bignell (2001:180), in a study on clinical guidelines for the promotion of urinary continence in primary health care, also emphasizes the need for assessment skills. The author mentions that this skill enhances proper decision taking in the care of patients.

Professional nurses in column B and C specifically mentioned that history-taking skills and physical examination skills are required. Collado (*in* Davis & Pearson, 1996:31) agree with the fact that for professional nurses to assess patients' health needs they need to be skilled in history-taking. Stilwell (1991:26) and Kee and Hayes (2000:16) confirm that history-taking skills are needed by professional nurses to render comprehensive primary health care services. Jarvis (1996:80-81) as well as Bickley (1999:1-7) are supporting the view that history-taking skills are important. The authors further explain that the history-taking is a conversation between the patient and the professional nurse with purpose and is achieved through communicating with patients. Furthermore the professional nurses in column B and C mentioned the importance of

communication skills and interviewing skills during history-taking. This finding is confirmed by Jones (1999:1298) in her study that professional nurses need to be competent communicators when caring for patients in the primary health care setting. Kim-Godwin *et al.*, (2001:922) in their study on a model for delivery of a culturally competent community care add that communication skills are important in rendering comprehensive primary health care services because the professional nurses can determine the needs of the patients and avoid misjudgements with regard to patients' health. The author adds that speaking with patients in their own language during history-taking enhances good communication. The fact that communication and interviewing skills are important is supported by Jarvis (1996:60-64) and Bickley (1999:11-14) when stating that for professional nurses to do successful history-taking they need to draw on other aspects of communication and interviewing.

Regarding physical examination, Collado (*in* Davis & Pearson, 1996:31) mentioned that this skill is important to assess the patients' health. Bickley (1999:129-133) and Jarvis (1996:162) are in support of the fact that physical examination skills are needed to assess the patients' health. The authors explain that physical examination gives an objective data baseline to respond accordingly to the patients' concerns. Further the professional nurses mentioned that skills to use the *different physical examination techniques* enhance proper physical examination. They mentioned physical examination techniques like *palpation skills, auscultation skills and percussion skills*. Hicks and Hennessy (1999:669) and Stilwell (1991:26) confirm that professional nurses have a challenge of doing auroscopic examinations and using techniques like *palpation, auscultation, percussion and observation*. Harris *et al.* (1998:303-304) adds that observation skills are also required during the physical examination of the patient as said by column C professional nurses. Authors like Bickley (1999:131-134) and Jarvis (1996:162-168) support the fact that professional nurses need skills to use the different physical examination techniques when stating the need to be skilled to use techniques like inspection, palpation, percussion and observation.

Although professional nurses in column A did not go into finer details when mentioning assessment skills, it is clear from the literature that skills to take

proper health history, examine the patients by making use of the different physical examination techniques and instruments are required to render comprehensive primary health care services. In confirmation of the above statements Thompson and Wilson (1996:39-44; 61-75) stress the need for history-taking skills and physical examination skills. Hicks and Hennessey (1999:669) amongst others, highlight the need for professional nurses to be able to use technical equipment during consultation with patients.

As far back in, 1972 A Report of the Secretary's Committee to Study Extended Roles for professional nurses, United States Department of Health, Education and Welfare (1972:8-9) mentioned that professional nurses resume different tasks due to the impact of the changes in the National Health System. It states that professional nurses assume a greater responsibility to deliver comprehensive primary health care services. The report confirms that for professional nurses to render such a required service, they need to be prepared to do an assessment of the patients' health needs, make a safe diagnosis and implement correct management.

- **The professional nurses should be able to diagnose illnesses**

From the findings of this research professional nurses mention that skills for diagnosing illnesses are required to render the needed service. Albarran and Whittle (*quoted in* Littlewood & Cumberlege, 1999:4) explained in their statements that professional nurses working in the primary health care clinics are faced with patients who need to be diagnosed and treated. The authors added that it is imperative that professional nurses are able to diagnose and manage patients. The authors mention that, based on the data collected during history-taking and physical examination of a patient, professional nurses need the skill to diagnose correctly. This is supported by Radebe (2000: 5-6) when saying for professional nurses to render comprehensive primary health care services, skills to diagnose diseases is needed. Bickley (1999:130-131) is in support of what is said when stating that after proper history-taking and physical examination the professional nurses can make the safest diagnosis. He explains that knowledge to interpret the collected data enhances appropriate diagnosis. The author mentions that physical examination explains the

symptoms and provides baseline data to make appropriate judgements about the patients' health. Kee and Hayes (2000:16) and Jarvis (1996:890-895) support what is said, stating that based on the data collected during history-taking and physical examination the skill to diagnose is enhanced by correct data analysis and interpretation. Thompson and Wilson (1996:2) are in support of the other authors when explaining that professional nurses need skills to diagnose patients' health problems by making clinical judgements based on both the subjective and objective data.

- **The professional nurse should be able to manage patients' illnesses correctly after assessment and diagnosis**

Following the assessment and diagnostic skills, all three sample groups of professional nurses mentioned that skills to manage patients' illnesses correctly are required. Haddad and Umlauf (1998:515-517) and Bignell (2001:180-181) and Hicks and Hennessy (1999:669) confirm what was said by professional nurses with regard to managing illnesses, when saying that, amongst others, treatment of common diseases is a necessary skill in rendering comprehensive primary health care services. Haddad and Umlauf (1998:516-517) add that in other countries, like Jordan, professional nurses are also expected to have skills to render comprehensive primary health care services, including treatment of common diseases and minor injuries, health education concerning the prevailing health problems in the community, maternal and child services. Although the above author does not use the term management, he is supported by Cox and Bowman (2000:12-16) who mentioned that management of patients is a required skill in the care of patients in the primary health care setting.

Non-drug management skills were referred to as health education and appropriate referral of patients. Various authors like Collado (*in* Davis & Pearson, 1996:31), Stillwell (1991:26), Cox and Bowman (2000:12-16) and Winberg (1999:6) support each other and confirm that much of the practice of professional nurses in the primary health care setting revolves around health information with the patients for their maximum health status. Clark (1999:168-172) and Vlok (1996:226) are in agreement that *health education* is a required skill in rendering comprehensive primary health care services. These authors

support and confirm what is said by the professional nurses that skills in health education are required to change behavioural patterns and promote good health. In confirmation with what is said by the professional nurses in this research about *referral* of patients Kegal (*in* Littlewood & Cumberlege, 1999:13-14), Kleczkowski *et al.* (1984:6) as well as Hicks and Hennessy (1999:669) add that appropriate referral skills are important and bring about improvement regarding the patients' health.

A unique finding in the literature is that various authors like Coulson *et al.*, (2000:1; 9-11), Dennill *et al.* (1999:123-138), Lauzon (*in* Spradley 1985:212; 220) emphasize the need for skills in health promotion to render comprehensive primary health care services.

Regarding drug management, of patients' health problems *skilful prescribing* and *knowledge of drug contraindications* are regarded as important by the professional nurses. Albarran and Whittle (*in* Littlewood & Cumberlege, 1999:4) and Radebe (2000:6) agree that professional nurses have a challenge of treating patients correctly. The authors add that the professional nurses need to be knowledgeable about the drug contraindications when prescribing medication to manage patients' health problems. In support of what is said by other mentioned authors, Kee and Hayes (2000:16-21, 23; 160) mention that professional nurses have a great role to play with regard to patient drug treatment following identification of the patients' health problems. The authors highlighted the importance of nursing considerations and mentioned monitoring of patients' vital signs, taking note of side-effects, drug sensitivity and drug interactions. SAMF (1995:1-3) and Karb *et al.* (1996:3-14) are in support of the professional nurses' statements regarding drug management when indicating that their guidelines aim at promoting safe and rational drug use. The guidelines describe issues on prescribing like taking note of drug interactions and the fact that proper prescription is important. The ability to prescribe correctly, consideration of drug interactions and side-effects are emphasized in the Guidelines for Maternity Care in South Africa (2000:125) when prescribing medication for pregnant women.

- **Specific skills acquired during training**

McDonald *et al.* (1997:258) confirm what was said by the professional nurses that specific skills acquired during nurse training in community nursing, is essential to render comprehensive primary health care services in stating that community nurses render an important service. Cowley *et al.* (2000:132-133) and Muller (1984:10) explain that with the move from the hospital to community-based or primary health care, professional nurses need to be able to assess and manage the community. The author further says detailed examination of the community is important and this is perceived by the professional nurses as *community analysis* skills. Klein (*in* Spradley, 1985:137-145) explains that there is a need for skills to assess and analyse the community. The author further mentions that these skills provide the professional nurse with an understanding of the community and subsequent effective delivery of community health services. Various authors like Vlok (1996:8-9), Kleczkowski *et al.* (1984:6), Scammell (1990:13-15) and Muller (1984:10-11) add that community health is important because the professional nurses function in a clinic and in the patients' home thus *home visit skills* are imperative and playing a preventative and health promotive role.

Kleczkowski *et al.* (1984:6) and Vlok (1996:9) add that professional nurses need skills to render a variety of services ranging from preventive, promotive, curative and rehabilitative services. Clark (1999:8) and Winberg (1999:6) support the authors when explaining that with community nursing skills the professional nurses are empowered to render services like family planning, immunizations and health education to patients.

Professional nurses in column A also mentioned that skills to manage and control communicable diseases in the community health setting are needed. Vlok (1996:7-9&476) and Kleczkowski *et al.* (1984:6) confirm what the professional nurses say, stating that immunization against communicable diseases and treatment of common diseases are important.

The South African Nursing Council Regulation 276 (1980:3-10), as amended, outlines skills acquired during the community nursing science course as

community nursing and community nursing process including home visits and prevention and control of communicable and non-communicable diseases.

Professional nurses mentioned that midwifery skills acquired during midwifery training are required in rendering comprehensive primary health care services. Amongst others professional nurses referred to *taking care of the pregnant woman during the antenatal period and delivery of babies* as important skills acquired in Midwifery. Whittle (*in* Littlewood & Cumberlege, 1999:7) and Nolte (1998:3-5) are in agreement with the findings in saying that professional nurses need to have skills to deal effectively with a woman during the pregnancy stage and also be able to look after the mother and the baby before, during and after delivery, with the aim of having a healthy mother and baby within the community. Ojo (2000: 41-45) in the study of nurses', midwives' and mothers' perceptions of counselling needs of mothers for healthy puerperium, mention that various skills are needed to deal with the mother and the baby at specific phases of pregnancy. The author is not making use of the term antenatal and postnatal, it is, however, clear that the author agrees with what the professional nurses said when stating the need for skills to promote various health-related activities like breast-feeding, promotion of rest and sleep and health promotion.

The Guidelines for Maternity Care in South Africa (2000:5) explain issues related to safe motherhood. These guidelines confirm the professional nurses' responses when explaining the need for antenatal care. The guidelines explain that the professional nurses need to have skills to deliver babies safely and subsequently be able to provide postpartum care to both the mother and the baby. Their success is said to be based on the strategy to provide socially and technologically skilled midwives who can render appropriate care to women and babies.

The South African Nursing Council Regulation R881 (1975: 4), as amended, indicates that the purpose of the course in midwifery is to equip the professional nurse with antenatal, intranatal and postnatal care. The regulation agrees with the professional nurses in this research that, with this course the student should have the necessary skills to care for the pregnant woman and the baby during and after delivery.

The professional nurses see basic nursing skills as important in rendering comprehensive primary health care services. As confirmed in the quotations, these skills enable them to differentiate between medical and surgical nursing care. The South African Nursing Council Regulation R879, as amended, (Regulation R879, 1975:4) confirms what the professional nurses say regarding basic nursing skills when stating that the clinical instruction shall cover medical and surgical nursing. McDonald *et al.* (1997:258-259) confirm that basic nursing skills acquired during general nurse training enhances basic functioning of the professional nurses in the clinics as patients health data needs to be compiled for health care evaluation. Brunner and Suddarth (1980:6-10) mention that the nursing profession exists to meet the needs of the people – both in the institution and the community health setting. In agreement with what the professional nurses said, the authors further mention that with the skills acquired during basic nursing training, they are given the latitude to practise within as well as outside the hospital.

Nolan *et al.* (1999:97-98) describe a situation in the United Kingdom that is similar to that in South Africa. Professional nurses in the primary health care setting, are often consulted by patients with mental health problems and thus the need for the skill to deal with such patients. Norman (1998:433-434), in her study on priorities for mental health and learning disabilities in the United Kingdom and Black *et al.* (*in* Littlewood & Cumberlege, 1999:4), also confirms what was said by the professional nurses in column A that identifying and managing mentally ill patients is an important skill acquired during psychiatric nurse training to render comprehensive primary health care services. Ayers *et al.* (1999:64-73) and Morrison and Burnard (1999:107-117) support the fact that communication and counselling skills are required for comprehensive primary health care services.

According to Ogunbodede *et al.* (1999:352) professional nurses are frontline primary health care providers in the South African Health System. The authors mention that professional nurses need skills in oral health promotion to achieve the delivery of a comprehensive primary health care service. This is a unique finding in the literature as not one of the participating professional nurses made mention thereof.

3.3.2 Various categories of professional nurses' perceptions working in the primary health care clinics of their own level of skills to render comprehensive primary health care services

Table 3.2 consists of findings divided into main, sub and further categories of the various categories of professional nurses' perceptions of their own level of skills to render comprehensive primary health care services. Column A depicts sample one, column B sample two and Column C sample three as explained in 3.2.1 of this chapter. The discussion of the findings will be enriched with relevant quotations from the transcripts. Literature control will be done at the end of the discussion of table 3.2 because of the commonality of the findings in column A, B and C.

Table 3.2: Various categories of professional nurses' perceptions of their own level of skills to render comprehensive primary health care services

COLUMN A	COLUMN B	COLUMN C
The perceptions of professional nurses in sample one are that:	The perceptions of professional nurses in sample two are that:	The perceptions of professional nurses in sample three are that:
• Their training has empowered them to have a comprehensive approach: - They acquired skills to work in the hospital and in the community health setting - They are able to manage patients comprehensively. • They are safe practitioners because they can assess and diagnose properly. • They are skilful and safe in the management of patients. - They are able to identify mismanagement that was done without primary health care knowledge and skills. • They are able to do community assessment and management • They are able to share information with others • They are able to work independently as well as within teams. • They have adequate knowledge and skills with regard to mental health care: - They are having counselling skills and marriage guidance skills - Having a good approach to health care with skills in trans-cultural nursing • They are skilful in antenatal and postnatal care	• They lack primary health care skills because their training did not make provision for primary health care competency: - Learnt assessment and diagnostic skills by observing their colleagues very closely. • They lack drug management skills: - Have to refer to the Essential Drug List protocols to manage a patient - Unable to prescribe without consulting a more knowledgeable person - Refer most of the time • They cannot do a proper assessment of a patient. • They have adequate knowledge and skills with regard to mental health care due to skills acquired during psychiatric nursing training: - Good communication skills and interpersonal skills • They lack confidence in dealing with patients in primary health care clinics. • They have low morale due to absence of skills. • They obtain skills through exposure to patients.	• They are not skilful and effective due to their training which is more hospital-oriented - Basic nursing care skills only - Antenatal and postnatal skills • They find it difficult to utilize treatment protocols on Tuberculosis, Sexually Transmitted Diseases or Essential Drugs List protocols in which they were never trained • They are lacking in assessment, diagnostic and management skills to such an extent that they consult colleagues for assistance. • They lack psychiatric nursing skills and they have to refer the patients most of the time. • They learn some of the community care skills from colleagues

3.3.2.1 Perceptions of professional nurses in sample one of their own level of skills to render comprehensive primary health care services

Professional nurses in column A table 3.2, perceive their own level of skills as adequate. In their responses they seem confident, they take time and respond in a calm way. Due to their training and qualifications they perceive that their training has empowered them to have a comprehensive approach, that they are safe practitioners, that they are skilful and safe in management of patients, that they are able to do community assessment and management, able to share information with others, able to work in a team, able to implement skills acquired during the psychiatric nursing training course, and skilful in antenatal and postnatal care as discussed below.

- **Their training has empowered them to have a comprehensive approach**

The findings of this research indicate that the professional nurses in column A, perceive their own training as having prepared them to have a comprehensive approach to health care. They are thus confident that their own level of skills is such that they can render a comprehensive service within a primary health care setting. According to them their own level of skills enables them to work both in the *hospital situation and in a community health setting*. It thus seems that they are not only hospital-oriented but also community-oriented. The following quotations confirm the finding:

"... my level of skills: I possess a primary health care diploma, so my level of skills help me to identify some mismanagement that occurred before I had knowledge of primary health care. The knowledge of primary health care helps me to repair some of the mistakes."

"... as a general nurse I would do basic nursing, as a midwife I could take care of a pregnant woman, and as a community nurse I would do community assessment and diagnosis, immunize children or rather perform mother and child services."

"... I can deal with the community effectively."

They also view themselves as having the ability to *manage a patient comprehensively*. The skills they have are such that they can deal with the patients' psychosocial and physical health needs. Their training enables them to attend to all aspects of the patients' health needs. It is apparent that the skills they have are such that they can deal with the patients' psychosocial and physical health aspects. It is confirmed in the following direct quotation from the professional nurses' verbal statements:

"... I can attend to a patient comprehensively."

"... my own level of skills, I am comprehensive, I manage to touch every little aspect".

"I can assess, diagnose and manage accordingly!"

- **They are safe practitioners because they can assess and diagnose properly**

Professional nurses in column A perceive that their own level of skills allows them to be safe practitioners. They regard themselves as safe because they practice correctly. They can assess and diagnose properly and this is confirmed by the direct quotation from the transcripts:

"... I can deal effectively with the community patient in general, with children, I am now able to make a safe diagnosis because I can attend to the patient comprehensively."

"You must first detect whether the management you are giving is specifically for the diagnosis that you made."

- **They are skilful and safe in the management of patients**

The professional nurses also see themselves as skilful and safe with regard to the management of patients. They mentioned that they have adequate knowledge and skills with regard to medicines. It came up that they have the required knowledge of medication, safe prescription and contraindications. Thus they can identify mistakes made by their colleagues without appropriate training in primary health care. These professional nurses see their skills with regard to management of patients as safe. They indicate that they are able to

identify mismanagement that was done without primary health care knowledge and skills. It is confirmed by the following quotations:

"... my level of skills helps me to identify some mismanagement, that was done without primary health care skills, ...it helps to repair mistakes."

"I can deal effectively with the community, patients in general, with children, I am able to make safe diagnoses because I can attend to the patient. I feel my skills are sharpened."

"...like I told you about the patient on Atenolol. The patient was mismanaged and I realized this and I referred the patient to the doctor accordingly."

- **They are able to do community assessment and management**

It is apparent that they acquired community assessment and community management skills through the community health course they did. They mention that they can thus deal effectively with the community. These skills assist them to deal with both the sick and the well within the preventive and promotive health care circles. Amongst others the professional nurses perform a wide range of community assessment and management such as identifying immunization needs, family planning needs, continued management of chronic diseases, including environmental health needs.

".. with community nursing you immunize children, offer contraceptives to those who need them, sometimes you get involved in health education especially like hypertension ..."

"you give preventive and promotive care like educating the parents about communicable diseases. Patients do not take treatment as they are told to do, you reinforce, we do follow up."

"...I need community nursing, I need to have continued care for the patients."

- **They are able to share information with others**

From the findings the professional nurses feel confident and good about themselves because their colleagues who are not so skilled regard them as consultants. On a constant basis those without the necessary training ask for

their assistance in handling some of the patients' health problems. This is confirmed below:

"some of my colleagues who are not fully trained often come to me for help and advice."

"... and sharing information."

"Often they ask question when they have problems in handling some of the health problems of the patients."

- **They are able to work independently as well as in teams**

The professional nurses feel confident and comfortable working on their own. When there is a need to work with others especially where there is a need for a team approach in the care of a patient they are comfortable. It seems they are aware of their own capabilities and refer to other health care givers accordingly.

"... I have my dependent and independent functions they are there to help me with the care of my patients."

"We communicate and interrelate with other health care workers like doctors and social workers."

".... the collaboration enhances easy referral."

- **They have adequate knowledge and skills with regard to mental health care**

The professional nurses feel equipped by the psychiatric nurse training they have undergone. They are able to deal with issues of mental health problems like counselling and *marriage guidance*. The professional nurses are able to assist patients as they present with different mental health problems. The professional nurses feel equipped to deal with the patients in totality, considering their different cultural backgrounds, and this is confirmed by the following quotations:

"... my psychiatric nursing qualification also has a basis of community health, counselling and trans-cultural nursing. Which really enables me to have a comprehensive approach."

"....the psyche patients, whether they are psychotic or aggressive, are classified according to their disease."

"Some of our patients have problems with their marriage partners. Some of the social problems present with headaches and muscle tension."

It also came to light that the professional nurses deal with different people with differing cultural backgrounds. With *trans-cultural nursing skills* they can handle varied problems in relation to their culture.

"With the knowledge on trans-cultural nursing I can deal with patients of a different culture."

"The care I give is culture sensitive."

"Sometimes with other patients you must know how to address them, and it gets worse with physical examinations."

- **They are skilful in antenatal and postnatal care**

These professional nurses are able to take care of pregnant woman, deliver babies and look after the mother and baby after the whole process of delivery.

The researcher observed in the transcripts that the professional nurses were precise and did not search for words in their responses. Whereas sample two and three professional nurses sometimes would struggle to mention the term they wanted to say, as in this quotation *"mmm!! You need to be eegh! what is that word?"*

They seem to be confident and also emphasized that they were comprehensively trained as confirmed by the direct quotes from transcripts:

"Like in maternity you won't, I did midwifery and can function well."

"Some patients come to the clinic fully dilated even if the clinic is not a delivery clinic. You do not send the patient away but you assist to deliver the baby and I will immediately give the first immunization doses."

3.3.2.2 Perceptions of professional nurses in sample two of their own level of skills to render comprehensive primary health care services

In column B, table 3.2 professional nurses indicate that they feel uncomfortable with regard to their own level of skills to render comprehensive primary health care services. The interviewer observed that these professional nurses were not confident in their responses during the interviews. What was included in their perceptions is that they were: lacking in primary health care skills, lacking in drug management skills, cannot do a proper assessment of a patient, having adequate knowledge and skills with regard to mental health care, lacking confidence in dealing with patients in primary health care clinics and obtaining skills through exposure to patients

- **They lack primary health care skills**

Professional nurses in sample two perceived themselves as lacking in some skills because their training did not make provision for competency in primary health care. From the findings it seems they were not fully prepared to work in a primary health care setting. They seem to lack primary health care skills because their training was mainly hospital-oriented. This kind of situation made them render services and manage patients not in the way they were supposed to. It is confirmed by these direct quotations from the transcripts:

"sometimes I think you find there are certain areas where you lack certain skills.."

"... I said I do not have enough skills, as I said I haven't done primary health care."

"...I should think that this concept of primary health care was not well fitted in the course, what I am doing is what I acquired as a professional nurse, not to manage people in a primary health care setting."

As professional nurses in column B did not have formal training in primary health care, they relied mainly on their more skilled colleagues with regard to taking care of the patients in totality. They *learnt assessment and diagnostic skills by observing their colleagues very closely* as confirmed below.

"I think as time goes by you are not the same person you were when you left university. You learn certain skills and you pick up certain things as you go by."

"I am very observant, so if you maybe do something in front of me I watch you very closely because maybe I might have to do it next time. So through observations I think I have taught myself a bit especially on the diagnostic side. In private sector you work mostly with doctors."

"I taught myself through observation and reading because if you do not do that, you will stagnate. You will not know what is the latest method available."

- **They lack drug management skills**

The professional nurses in sample two perceive themselves as not skilled in the drug management of a patient. They often have to ask help from other professional nurses who have done the course in primary health care. Often they have to follow protocols like the *Essential Drugs List* protocol to manage patients because they were not trained to use the protocols. It is confirmed by the following quotations:

"As I said, I do not have enough skills, I said I haven't done primary health care so I have enrolled going to start with training next month September so I can't say I have skills. I presently concentrate much on EDL and national protocol of EPI, protocol for treating sexually transmitted diseases. So I think I am not yet competent to render comprehensive primary health care."

"...but thanks to EDL because it is very good guidelines. I think I am getting there."

"Yes I use that (EDL) as a Bible and when I fail we have a doctor who comes to the clinic once a week to see the patients"

They are not skilled enough with regard to drug management. They state that they *cannot prescribe* without consulting a more knowledgeable person. Most of the professional nurses feel frustrated because they are not confident with prescribing. The professional nurses are unsure of drug use and prescribing, unsure about actions of drugs and do not know the interactions and thus feel

very much unprotected. They are unable to manage patients well in the primary health care setting due to lack of proper training in primary health care.

"presently my own level I am doing what I have been taught at college, diagnosing, assessing and treatment supply."

"...mostly I have to ask advice from my seniors."

"...I am not sure of prescribing.."

The professional nurses find themselves having *to refer most of the time*. They feel that they need to know the causative factors and the presentation of the patients' health problem so that they can refer accordingly. They refer due to lack of knowledge and skill to *prescribe*. The way they deal with primary health care patients, is that they must always get assistance from doctors and colleagues. Some of the skills like prescribing medication, they learnt from other people and colleagues. They refer most of the time as confirmed by the direct quotations from the transcripts:

"...I was not fully trained so at some stages I will also need to refer them. Also with that referral somebody would say 'you should not have referred this client'."

".... if it is an urgent matter I write a referral letter to the hospital explaining what the patient told me and my observation and that I would like them to continue with the treatment."

"Some of the patients we see are difficult, as I said I do not have enough training, I always refer and sometimes you wonder if you did the right thing."

- **They cannot do a proper assessment of a patient**

The professional nurses in sample two perceive themselves as unskilled in patient assessment as they are not trained as such. They also indicate that primary health care was introduced superficially during their training as an introductory component. The following are statements of the responses quoted directly from the transcripts of the interviews:

"....but I am not sure, pharmacology we just did introduction. So I don't know when I prescribe this Aldomet what I know it is going to reduce the blood pressure but what is the action ... and you know sometimes I ... I ... I ... as I am saying you'll hear it from the next person but if something can crop out I am supposed to answer for myself, that somebody is not going to answer for myself so what would I say in protecting myself?"

"When I interview a patient I need to be able to observe, and listen to the client. Whatever problem she might have, you must have time and patience so that you can understand and diagnose."

- **They have adequate skills with regard to mental health care**

The professional nurses who did psychiatric training in sample two see themselves as having acquired *good communication and interpersonal skills*. They have a perception that some of the patients' health problems are attributable to mental health instability. The ability to talk to patients enhances care according to patients' needs. The following direct quotations from the transcripts indicate how confident they are with regard to mental health skills:

"My psychiatric nursing skills help to counsel the patients. Interviewing is important when you deal with a patient."

"I did mental health during training, I can diagnose some of the mental health-related conditions, I can communicate with the patients and sometimes you are also affected in a way, but when you have these skills you can handle the situation."

"I think without psychiatric nursing skills I would not be able to handle patients with stress and tension headaches. I can talk to patients, even my own colleagues."

- **They lack confidence in dealing with patients in primary health care clinics**

Professional nurses perceive themselves as lacking insight in the interpretation of the presenting symptoms and signs. Their perception is that you can tell by the professional nurses' interpretation of the presenting features of patients' health problem that they are primary health care trained. They give a good reasoning of their actions. When they prescribe an antibiotic for cough they have a good reason for that. It emerged from the findings that the professional nurses in sample two have low morale because they do not have the necessary skills to render comprehensive primary health care services as quoted from the transcripts:

" yes, what I wanted to add is that if a person is more knowledgeable, you are going to treat your patient correctly, you are going to give quality services and by correctly I mean you are not going to give unnecessary antibiotics."

"Most of the time you are afraid because you lack confidence. Proper training boosts one's morale. Due to lack of certain skills we always have to ask from our colleagues."

"I fear improper interpretation of information, leading to wrong treatment, sometimes patients become resistant to certain drugs."

Most of the professional nurses in this sample indicated that they rely on their more skilled colleagues to confirm their findings with regard to patient consultation. They merely act on previous knowledge and skills gained during basic nursing training hence they state that they *depend on others to confirm their actions*. This is what they had to say:

"... the skills that I think the level I am in, I am just a professional nurse trained in integrated course. And then I should think that this concept of primary health

care was not well fitted in the course. What I am doing is what I acquired as a professional nurse not to manage people in a primary health care setting."

"ja definitief, as jy vaardig is dan is jy nie skrikkerig nie, as jy weet wat jy doen, dan doen jy dit met meer sekerheid dink ek. En as jy twyfel, roep maar langsaan, ons help mekaar en ons is afhanklik van mekaar."

"When I see a patient, I am often not sure, I thus ask for help from my trained colleagues."

- **They obtain skills through exposure to patients**

They learn and obtain skills as patients present themselves in the clinics daily. It emerged from the findings that the professional nurses in the primary health care clinics are placed and expected to see patients regardless of their level of skills. It is confirmed by the quotations:

"Sometimes you learn as the patients come in. You assess and go for second opinion. Next time when you are faced with a similar health problem, you know what to do."

"The more patient you see it is better, you see patients with different conditions. They teach you as you talk to them. I used to work closely with the doctors at the hospital and I was exposed to questions they used to ask. Sometimes I initiated the questions myself if a patient with a similar problems comes."

"It gets better. The more patients you see, the more you learn."

3.3.2.3 Perceptions of professional nurses in sample three of their own level of skills to render comprehensive primary health care services.

Professional nurses in column C, table 3.2, perceive their own level of skills as lacking to render comprehensive primary health care services. From the transcripts the professional nurses perceived themselves as lacking in some skills. Most of the professional nurses were so uncomfortable that with every response they mentioned the need for training. Their perception is that they were only prepared to function in the hospital situation but that they are not skilful and effective, find it difficult to utilize

treatment protocols, lacking in assessment, diagnostic and management skills, lacking in psychiatric skills and had to learn some of the community care skills from colleagues.

- **They are not skilful or effective**

Professional nurses in sample three perceive themselves as not being skilful due to their nature of training. It seems their training was more hospital-orientated. It came up from the findings that they acquired *basic nursing skills* from their general nurse training. They see themselves as ineffective as their training prepared them to work mainly in a hospital environment. They perceive the clinic set-up to be different from that in the hospital. They render services by asking from colleagues. The following direct quotations from the transcripts indicate how they expressed themselves:

"When a patient comes into the clinic you start to wonder what is the problem, is it something you can handle? I did not do community health or primary health care. In the clinic you take the responsibility and we were eegh.... most of the things were done by doctors."

"... as I am working I am using a protocol. A hospital-oriented person finds it difficult to work effectively in a primary health care setting."

"... I worked in private sector in a hospital for seven years. The set-up is totally different. I had to go back and dig knowledge from my basic training."

They are able to render *antenatal and postnatal care*. They are able to take care of pregnant women. They are comfortable in dealing with patients in both the antenatal and postnatal phases as they are trained in this regard. They feel comfortable and skilled in delivering midwifery services even though some who did midwifery training in highly sophisticated training institutions are concerned that the high technology which is used in the hospital and during midwifery training is not applicable in the primary health care setting. It is confirmed in these direct quotations:

"... I am trained as a general nurse and midwife."

"I can take care of a pregnant woman. Our clinics do not have delivery facilities. We see patients again after they have delivered and you then do take care of the mother and the baby."

"... with midwifery training the hi-tech approaches used in the hospital are not applicable in the primary health care setting."

"I wanted to say I am generally trained, I have midwifery, I can handle things like minor ailments, chronic disease, family planning a very long time ago. There is no update. I attend to immunization clients referring, babies with upper respiratory tract infection (URTI), midwifery, antenatal care (ANC) and primary health care and referring high risk."

- **They find it difficult to utilize treatment protocols**

According to the professional nurses, they are placed in the primary health care clinics and expected to render a service. Most of them find it difficult to use the protocols for different conditions like Tuberculosis and Sexually Transmitted Infections because they were never trained as cited in the quotation from the transcripts.

"... I did not even know how to use protocols for instance. It's Greek to me."

"Well I am expected to do everything but my own level of skills is that I can dress wounds when patients come in. I take care of chronic disease patients by way of following protocols but I was never officially trained in this regard."

"It is difficult. You are not sure. As I am working, I am using protocols."

- **They lack assessment, diagnostic and management skills**

The professional nurses in this sample see themselves as lacking in assessment, diagnostic and management skills to such an extent that they ask colleagues for assistance. Most of them say that they are not sufficiently equipped to render comprehensive primary health care services. Most of them quote the course in clinical nursing science, health assessment, treatment and care and community health nursing. Their perception is that if they have this type of training they would have been able to render the required services. They have to consult their trained colleagues most of the time. The cited direct

quotations from the transcripts indicate how they see their own level of skills regarding assessing, diagnosing and managing patients:

"...I take history, do examination and manage according to essential drug list protocols."

"...I am gradually picking up a few skills by learning from others. I was working in the hospital and I only did blood pressure, urine testing and baseline observation. It is very difficult for me. I think primary health care is very important."

"But I think if I had extra knowledge. It will help me a lot, you know, because it boosts your confidence. That is better than having to guess."

"..when I take history I am just basing it on my previous knowledge and the present protocol, I need to deal effectively with the minor ailments."

- **They lack psychiatric nursing skills**

The professional nurses say they are not trained in psychiatric nursing. They perceive themselves lacking with regard to mental health care because they have to refer most of the time. From the findings of this research, some of the patients they see in the clinics do not only suffer from physical illnesses but also from mental health problems. They cannot choose patients but have to attend to them as they come in. It is confirmed by these quotes:

"...the sister who is in the community setting must be trained in psychiatric care."

"sometimes a patient comes in complaining of a headache, you never know what to do because it is a mental health problem you refer."

"if a violent patient comes in, you are stuck. You don't know where to start, I do not even know how to communicate with these patients."

- **They learnt some community skills from the colleagues**

The researcher observed that professional nurses with community nursing are able to deal with the community. They mentioned during the interviews that they are able to render preventive services like giving family planning and child

health. The professional nurses in column C, without community health training felt uncomfortable dealing with the community as they are not trained in this regard. They render these services by learning from their more skilled colleagues. They perceive themselves unequipped and unskilled to render comprehensive primary health care services. They perceive their own level of skills as 'skimpy'. Their responses to the question of own level of skill created discomfort, and some of them shunned away from the question about own level of skills. This is how they expressed themselves from the direct quotations:

"I do not understand, my own level of skills is skimpy."

"...no, I am okay. Let us do the third question."

"... we need to render a good service, we are trying but it is frustrating."

"I am gradually picking up a few skills by learning from others. I was working in the hospital and I only did blood pressure, urine testing, baseline observations. It is very difficult for me."

3.3.2.4 Literature control of the various categories of professional nurses' perceptions of own level of skills to render comprehensive primary health care services

The literature discussed below confirms what was said by the professional nurses with regard to their own level of skills to render comprehensive primary health care services. The discussion will first concentrate on column A, focusing on their perceptions of their competency and then followed by the discussion on column B and C focusing on their perceived lack of competence.

The professional nurses in the first sample seem comfortable with what they are doing in the primary health care clinics as it is confirmed by the following discussion below.

- **Their training has empowered them to have a comprehensive approach**

From the findings the perceptions of professional nurses in column A is that their training has prepared them to render comprehensive primary health care services. Edwards *et al.* (1998:24) confirm that professional nurses, with this kind of training (as professional nurses in column A) have been prepared to

render the required services. The author mentions that these professional nurses with this kind of training can function both in the *hospital* and in the *primary health care setting*. Van Deventer (1996:172-173) is also in agreement with the finding that professional nurses who are primary health care trained have a more *comprehensive approach* in caring for the patients. The author mentioned that they offer preventive, promotive, curative and rehabilitative care, which is in agreement with what is said by the professional nurses that they can render a holistic approach to patients and the community as compared to sample two and three of professional nurses who perceive themselves as having a hospital-oriented approach.

- **They are safe practitioners**

Professional nurses in sample one perceive themselves as safe practitioners because they are able to assess and diagnose properly. Duncan *et al.* (1997: 1170-1175) confirms the finding that professional nurses with skills in history-taking, physical examination and implementing techniques like palpation, can render comprehensive primary health care services. Van Deventer (1996:172-173) agrees with professional nurses in column A that, with the skills attained in this course, they have a comprehensive approach and can take care of the *patient and community in a holistic way*.

- **They are skilful and safe in the management of patients**

From this research the professional nurses feel effective in their management of patients because their training equipped them. Ross and Mackenzie (1996:146-147) confirm that professional nurses with a course in clinical nursing science, health assessment, treatment and care have the appropriate preparation for delivery of health services and thus are *safe in the management of patients*. Thompson and Wilson (1996:2) add that if the professional nurse can perform in-depth assessment of patients' health they will be able to implement the most appropriate and safe management.

- **They are able to do community assessment and management**

Professional nurses in sample one perceive themselves as skilled to do community assessment and management through the course in community health. They perceive themselves as being able to care for patients with chronic diseases. While (2002: 219) confirms the finding that professional community health nurses are able to care for the community as well as deal with controllable communicable diseases. Stanhope and Lancaster (1992:3) and Scammell (1990:13-15) support the finding that with community nursing skills the professional nurses can do community assessment and management when saying that they possess community analysis and management skills which assist them to play a role in disease prevention and preventative health education. The author adds that they are skilled to render nursing to any person living in the community. Clark *et al.*, (2000:456-458) add that, with community nursing, patients are given health education regarding chronic diseases like hypertension and also referred accordingly for social needs.

- **They are able to share information**

Upton (1999:888), in his study on clinical effectiveness, also found what was mentioned by the professional nurses in this research (i.e. that they are able to share information with their colleagues) when stating that professional nurses' ability to disseminate ideas about care to colleagues and sharing ideas and information with colleagues was rated very high. This confirms that properly trained professional nurses are able to assist their colleagues with the right knowledge for the care of patients. Thompson and Wilson (1996:10) confirm the professional nurses' statements that they are able to share information when stating that better qualified professional nurses are able to help their less skilled colleagues. The author mentions that a less skilled professional nurse more often than not will "go get help" for the patient from someone who is more knowledgeable.

- **They are able to work independently and within a team approach**

These professional nurses mentioned that with their training they are able to refer appropriately and thus have good communication with other health team members. Stanford and Lancaster (2002:36-37) give an explanation that the primary health care team consists of a multidisciplinary team of health providers ranging from doctors and nurses to social workers who are to communicate with each other with regard to the patients' health care. Carryer *et al.* (1999:11-12) add that professional nurses work within, and form part of, the multidisciplinary team and the valuable role they play is enhanced by the base of knowledge and skill they have. Thompson and Wilson (1996:1), also in support of what the professional nurses said, mention that experienced professional nurses can determine appropriate referrals to other health care workers and institutions through the skills they have.

- **They have adequate knowledge and skills with regard to mental health care**

By virtue of the training, and subsequently the qualifications they have, the professional nurses feel they are skilled in the identification and management of mental health problems and *counselling* of patients. Ross and Mackenzie (1996:140-141), Stanhope and Lancaster (1992:34-37) are in agreement with what the professional nurses mentioned, when saying within a primary health care setting these professional with psychiatric nursing are skilled to render mental health services like counselling and health education services regarding the prevailing health problems. Various authors like Scammell (1990:13-15), Ayers *et al.*, (1999:64-73) and Morrison and Burnard (1999:107-117) are in support of the professional nurses' perception that with mental health care skills they can render counselling services and are skilled in communication and interviewing.

- **They are skilful in antenatal and postnatal care**

The professional nurse mentioned that due to the skills they acquired during midwifery training, they can take care of the pregnant woman and the baby during and after delivery. Edwards *et al.*, (1998:21) confirm that professional nurses who underwent midwifery training are able to render prenatal care,

women's health services and childbirth. The South African Nursing Council Regulation R881, as amended, (1975:5) outline the skills acquired through this training as ranging from prenatal and intra-natal care to postnatal care, including caring for the mother and bay after delivery.

The professional nurses in sample two and three seemed overwhelmed by the situation they found themselves in and were thus observed by the interviewer to be uncomfortable in their responses. The findings are discussed concurrently under because they are very similar in their perceptions.

- **They lack primary health care skills**

The perceptions of professional nurses in sample group two and three of their own level of skills are that they were prepared to be more hospital-oriented. They saw themselves as lacking in some skills and not being effective. Seemingly their *training did not make provision for primary health care competencies*. Briggs (*in* Littlewood & Cumberlege, 1995:5) agrees with the finding when saying that pre-registration nursing education programs failed to equip the professional nurses to meet the changing health needs. Just as is the case in other past nursing education programs, professional nurses were not appropriately skilled and effective. Godin (1996:930-931) confirms that professional nurses were not adequately equipped to render comprehensive primary health care services. Strachan and Clarke (2000:10-11) add that in the past, nurse training programs were more hospital-based and professional nurses would thus only be able to render *basic nursing care* while those with midwifery training would render *antenatal and postnatal services*. This correlates with what sample three mentioned.

- **They lack drug management skills**

Professional nurses in this research perceive themselves as lacking drug management skills. After the professional nurses have made an assessment and diagnosis they need to prescribe some medication where necessary. These professional nurses mentioned that they often *have to refer protocols like Essential Drugs List* and find it difficult to use the treatment protocols because they were never trained in this regard. This finding is confirmed by Schierhout

and Fron (1999:32) and Strasser (1999:7) that professional nurses were not adequately trained and thus *lack skills to prescribe correctly*. Strachan (1999:8) adds that due to lack of proper training professional nurses often find themselves not knowing where, when and which medication to give to patients and thus ask their colleagues or refer very often. Schierhout and Fron (1999:32-33) add that professional nurses often refer irrationally due to inability to use treatment protocols and the restrictions on nurses prescribing certain drugs.

- **They cannot do a proper assessment of a patient**

From this research professional nurses perceive themselves as not being able to do a proper assessment and that they lack diagnosing and management skills. This finding is confirmed by Begun (1998:539) when saying that in any sphere of health care delivery, lack of proper training leads to poor health service delivery. From the findings the professional nurses mentioned that they often have to refer or seek advice from colleagues. It seems they depend on *their more skilled colleagues to confirm their action* in health care delivery. Bignell and Getliffe (2001:182) is in agreement with the finding that when professional nurses are inadequately trained they lack skills to render comprehensive primary health care services and also tend to be lacking in assessment, diagnosis and management skills.

- **They lack confidence in dealing with patients in primary health care clinics**

From the findings it seems that professional nurses (column B) lack confidence dealing with patients in the primary health clinics. It seems they lack insight in the interpretation of the signs and symptoms of patients. Bignell and Getliffe (2001:182) confirms the lack of confidence mentioned by the professional nurses saying that they find it difficult to make proper evaluations and assessments on patients. Strasser (1999:7-8) is in support of what the above-mentioned author said that the professional nurses *have low morale* and experience uncertainty due to inadequate skills. Aksayan (1994:151) adds that hospital-trained professional nurses have little knowledge and skills to provide care and manage common diseases in the community.

- **They have adequate knowledge and skill with regard to mental health care**

From the findings, professional nurses who have undergone psychiatric nurse training comfortably mentioned that they could render primary *mental health care* services. They mention that their communication and interpersonal skills are adequate. Seemingly these professional nurses can exchange meaningful information with the patients so as to reach a mutual understanding with regard to the patients' health. Begun (1998:539) confirms the findings when saying that in any sphere of health care delivery lack of proper training jeopardizes good services and vice versa.

As opposed to professional nurses in column B professional nurses in column C mention that they do not possess any skills to care for patients with mental health problems. Godin (1996:931) and Schierhout and Fron (1999:32) confirm that without proper training professional nurses lack the necessary skills to render the required services. Stucky (1997:9-10) quotes a professional nurse saying she was frustrated and did not know what to do as she was faced with problems of child abuse, drug abuse and domestic violence. She felt powerless because she did not possess the necessary skills to deal with such psycho-social health-related problems.

- **They learn some of the community care skills from colleagues**

Nolan *et al.*, (1999:99) confirm the frustrations experienced by the professional nurses that they have to learn some of the skills from colleagues, when they say that most of the time professional nurses acquire some of the skills through learning on the job.

Professional nurses in column C mentioned a similar perception to those in sample two when mentioning that they learn certain skills through exposure to patients. Radebe (2000:17) confirms what the professional nurses said, recounting a situation in which a professional hospital nurse was placed in a clinic and expected to render a service without the necessary training. The professional nurse explained that the only fulfillment came when a patient she had treated in the past came to the clinic with some unrelated complaint, indicating that the previous treatment was effective. If the patient felt better the

professional nurse would treat the next patient with a similar ailment the same as the previous one who gave positive feedback regarding the treatment he received from her.

3.3.3 Various categories of professional nurses' perceptions of the skills they need to develop to render comprehensive primary health care services

Table 3.3 consists of findings on main, sub and further categories of the professional nurses' perceptions of the skills they need to develop to render comprehensive primary health care services. Column A depicts sample one, column B depicts sample two and column C depicts sample three as discussed in 3.2.1. The findings of the professional nurses in column A of table 3.3 will be discussed separately, whereas those of column B and C of table 3.3 will be discussed concurrently as they are similar. A literature control will be done at the end of the discussion of table 3.3. Professional nurses in all three sample groups responded with openness for further training.

Table 3.3: Various categories of professional nurses' perceptions of the skills they need to develop to render comprehensive primary health care services

COLUMN A	COLUMN B	COLUMN C
The perceptions of professional nurses in sample one are that:	The perceptions of professional nurses in sample two are that:	The perceptions of professional nurses in sample three are that:
• Computer skills needed • Updating of latest trends through continuous in-service training	• Computer skills needed • Updating of latest trends through continuous in-service education • The skills acquired during training in: - Primary health care, including: - Assessment skills, diagnosis skills and management skills - Psychiatric Nursing including: - Mental health care • Skills acquired through short courses on: - Tuberculosis, Sexually Transmitted Diseases and HIV/AIDS	• Computer skills needed • Updating of latest trends through continuous in-service education • The skills acquired during training in: - Primary health care, including: - Assessment skills, diagnosis skills and management skills - Psychiatric Nursing including: - Mental health care - Community nursing • Skills acquired through short courses on: - Tuberculosis, Sexually Transmitted Diseases and HIV/AIDS

3.3.3.1 Perceptions of professional nurses in sample one of the skills they need to develop to render comprehensive primary health care services

The professional nurses in column A, table 3.3, perceive themselves as skilled enough to render comprehensive primary health care services. During the interview they were comfortable when responding to questions regarding further training. They indicated that they need training with regard to computer skills and the latest developments within the health structure.

- **Computer skills needed**

These professional nurses indicated that they need to be computer literate. They need skills to operate a computer. They need to be up to speed with the latest developments in information technology. The researcher observed that some of the primary health care clinics have computers that are used by the professional nurses.

"... I only need a computer."

"... what I need at the moment is to keep abreast of modern trend. That is information technology."

"We have to know how to use the computer or get information from the computer, it may also help save time."

- **Updating of latest trends through continuous in-service education**

The professional nurses in column A indicate that nursing and the health structure is dynamic. There are new things that are put in place as time goes by. Thus they need to be kept up to date with the latest trends within the health sector. The need for skills development is cited in these direct quotations from the transcripts:

"... I would like to be brought up to date in anything that is new because nursing changes and is dynamic."

"... well at the moment I need in-service training of everything on a regular basis."

"...yes, because there are a lot of changes in life, and health and nursing are very dynamic."

The professional nurses in sample one do not seem to have much problems in terms of the skills required to render comprehensive primary health care services. They are so confident in that, what they need is continuous updating with regard to the latest developments. Two of the professional nurses in column A, recommended that all professional nurses working in the primary health care setting should do a course in primary health care, as quoted:

"...I would like to say all of us, especially in primary health care setting, should have primary health care."

3.3.3.2 Perceptions of professional nurses in sample two and three of the skills they need to develop to render comprehensive primary health care services.

Professional nurses in column B and C of table 3.3 have similar perceptions of the skills they need to develop to render comprehensive primary health care services. The findings will thus be discussed concurrently. They feel that their skills to render comprehensive primary health care service will improve if they do certain courses or undergo some form of training. The skills they need are: computer skills, updating of the latest trends through continuous in-service education, skills acquired during training in primary health care, psychiatric nursing and community nurse training as well as skills acquired through short courses.

- **Computer skills**

Professional nurses in column B and C also emphasized their need to have skills in health information systems. It seems with the changing and dynamic health system, information technology is needed by professional nurses as cited in the transcripts:

"... I need more knowledge ... and new technology."

"We have been given computers in some of our clinics. We are expected to use these machines and we get frustrated because we do not know how to operate them. It becomes faster to use a computer for recording, I want training."

- **Updating of the latest trends through continuous in-service education**

The professional nurses in column B and C indicated that they need regular empowerment through continuous in-service education. These professional nurses further mentioned the need and their willingness to learn. They cry out for training and skills development. This is what they have to say:

"... I want to be hundred per cent with my skills, not fifty percent. The patients are very demanding and the government expects us to render comprehensive primary health care services."

"... yes, without proper training you cannot render a service."

"... I said I still need extra knowledge to be able to continue with my job."

"In-service education will keep us up to date. Our employers must ensure that we are informed because there are so many changes in the health sector."

"With Tuberculosis care there are changes. Patients do not take the large number of tablets they used to years ago, the treatment trends have changed. You hear people talking about drug resistance and you do not know what it means."

- **Skills acquired during training**

Professional nurses need training in primary health care so as to develop *assessment skills, diagnostic skills and management skills*. With assessment skills they want to develop and sharpen their history-taking and physical examination skills. They need to develop their knowledge and skills in diagnosing, to analyse data and make a decision about the patients' health needs.

They have a need to develop management skills including non-drug and drug management as most of them mentioned that they do not have skills for the management of patients. The following quotations from the transcripts indicate and confirm their intense need and outcry for primary health care training:

"... diagnostiese, fisiese ondersoeke wat jy doen is meer intensief en jy neem al die verantwoordelikheid op jou. Jy moet kennis dra van verskeie siektes en jy moet weet wat jy doen wanneer jy 'n pasiënt medikasie gee."

"I must say I need training on everything otherwise it is difficult for me to render comprehensive primary health care services"

"I need to do primary health care ... all components of primary health care: history-taking, physical examination, and management of patients and family planning... tuberculosis."

"I have to do primary health care, family planning. Government is offering counselling courses and I think if you have done these things you work with confidence."

"I must do a course in primary health care so that I can diagnose and treat patients safely. I have community nursing but I need skills to treat. Presently I can only deal with communicable diseases but I have difficulty with minor conditions."

The professional nurses in sample two and three indicate that they need to do training in psychiatric nursing to develop their *mental health care* skills. They say some of the patients are not really physically sick but the health problems emanate from the mental health sphere; hence they need to be equipped in this regard. It is confirmed in this direct quotation:

"Primary health care is important and I want to do it. I still need to do a course in mental health care. Even if it is not a full diploma course. I want a mental health course that will enable me to function under these difficult circumstances."

"... we need workshops to teach us to diagnose, counselling the sick, drugs, and home-based care."

"With all the diseases prevailing now I need to develop skills like communication, counselling, dealing with mentally ill patients."

Professional nurses in column C specifically mentioned the need to do a course in community nursing to develop the necessary skills of dealing with the community.

"I am willing to learn. I want to do a course in community health care and primary health care. One of my colleagues is doing community nursing now. After she has finished we are going to do primary health care together."

"It is frustrating to have patients...and you do not know what to do. Mental health complaints can come up as physical problems and instead of giving tablets unnecessarily one can do counselling."

"I need to do a course in primary health care, community nursing. I am desperate. We see patients with a lot of different diseases as I mentioned earlier there are changes in health issues. I need to be brought up to date."

- **Skills acquired through short courses**

These professional nurses perceive skills acquired in short courses to be important. They need to develop skills on the care of patients with *Tuberculosis, Sexually Transmitted Diseases, HIV/AIDS, Family planning and counselling*. It came up that they need skills to assess and manage patients with these specific conditions.

"Over and above the diploma course I need to do courses in communicable diseases including tuberculosis care, Management of Sexually Transmitted Diseases, not to mention HIV/AIDS care."

"One needs to do short courses in tuberculosis management, sexually transmitted diseases, HIV/AIDS and family planning and counselling."

"Yes primary health care including managing STDs and HIV counselling is important."

"I first want to do an STD course, then community nursing and primary health care. My diagnosis must be proper. If you give wrong medicine, you are in trouble. The expectations of the services are huge. Patients even sometimes call us doctors, and I am not a doctor."

3.3.3.3 Literature control of the perceptions of professional nurses of the skills they need to develop to render comprehensive primary health care services

Available literature confirm what was said by the various categories of professional nurses with regard to the skills they need to develop in order to render comprehensive primary health care services. From the findings it is apparent that the three samples of professional nurses have similar perceptions regarding the skills they need to development to render comprehensive primary health care services. Sample one, as discussed in 3.3.3.1, felt quite happy with their level of training. From the findings they perceive themselves well equipped and thus do not require much in terms of training except to be computer literate and be kept up to date with the latest developments in health. Sample two and three indicate a great need for training. They also mention the need to be computer literate and to undergo continuous in-service education. This group more than sample one mentioned they need skills acquired during training in Primary Health Care including assessment, diagnosis and management skills, Psychiatric Nursing including mental health care and Community Nursing for sample three, skills acquired through short courses on Tuberculosis, Sexually Transmitted Diseases and HIV/AIDS as discussed below.

- **Computer skills needed**

All three samples of professional nurses indicated the need to be computer literate and skilled. Due to the advancements in technology these professional nurses feel they need to have computer skills to render comprehensive primary health care services. This finding is confirmed in the White Paper (S.A., 1997b: 78-81) and by Goldstone *et al.* (2000:40-43) who confirm the need for professional nurses to do undergo information technology training, as mentioned by the participants, because these professional nurses had little exposure to information technology. The need for computer training is supported by Upton (1999:888) in a study on clinical effectiveness showing that professional nurses perceive their level of skills in computer technology to be low and thus need training in this regard. The need for information technology training is confirmed by Brebner *et al.* (1995:94) when saying that many nursing care systems are now computerized. The author further states that they

provide information needed to establish training for both existing and new programs to render comprehensive health services.

- **Updating of the latest trends through continuous in-service education**

All professional nurses identified a great need for continued education. These professional nurses mentioned that it is important to be informed of the latest developments. This finding is confirmed by Jordan *et al.* (1999: 799) stating that professional nurses need to be aware of the latest trends in health care due to complexities brought about by changes within the health sector. Hall (1999:14-15) and McDonald *et al.* (1997: 257-260) agree with the finding of the need for updating, when highlighting the identified lack of proper training among professional nurses and the great need for professional nurses training and updating to enable them to render comprehensive primary health care services. Jordan *et al.* (1999: 798) quoted a professional nurse emphasizing the need for training, saying that additional knowledge will improve professional nurses' skills and subsequently the quality of services they render.

The following discussion focuses on further skills development needs of sample two and three.

- **Specific skills acquired during training**

Professional nurses in these two samples indicated a great need for skills development. Geyer (1998: 32-33) is in support of the professional nurses, when saying that professional nurses should be trained accordingly so as to be empowered with the necessary skills to fulfil the community's health needs. The author stresses that skills acquired beyond basic nursing training are required for the delivery of quality services.

The need for training to ensure better qualified professional nurses to render quality comprehensive primary health care services is stressed by Strachan (2000:13) when quoting a professional nurse saying: "Everything is about primary health care and my training did not equip me for that. I need training in midwifery and mental health and I am hopeful that the primary health care courses I am doing presently, will fill the gaps with regard to the needed skills."

Another nurse was quoted by the same author saying that after her basic training she did a course in psychiatry and community health, which did help in rendering a service, but she still has to do primary health care.

The professional nurses have a need to do training in primary health care to acquire *assessment skills, diagnostic skills and management skills* to render the required services. In agreement with the responses of the professional nurses in this research, Muller (1984:11) explains that due to the content base of community nursing course, great demands and pressures created by the vast pool of illnesses in the rural and developing communities, professional nurses need a post-registration course in clinical nursing science health assessment treatment and care to render comprehensive primary health care services. Albarran and Whittle (*in* Littlewood & Cumberledge, 1999:8-11) add that the professional nurses who have been trained as general nurses, midwives and community health nurses need skills to assess, diagnose and manage a range of clinical situations in addition to render quality comprehensive primary health care services. The need for primary health care training is emphasized by Ferrinho *et al.* (1993: 159) saying that professional nurses need skills acquired during primary health training to render comprehensive primary health care services. Meyer *et al.* (2001:833-835) add that they should be trained in effective prescribing within the primary health care setting.

In this research the professional nurses mentioned that amongst other skills acquired during further nurse training they need to do psychiatric nurse training through which they will acquire communication and counselling skills. From the finding, professional nurses need communication and counselling skills. This is confirmed by Norman (1998: 437-440) when saying that embedded within the *mental health skills* talking, engage in constructive exchange of information, interpersonal and counselling skills need to be developed and fostered. Smith (1991:74) and Nolan *et al.* (1999:99) are in agreement that communication and counselling skills are needed to deal with stressful situations, e.g. the ability to elicit information from a patient, and counselling skills. Kim and Mmatshilo (2002:3-12), Laitakari *et al.* (1997: 69) and the White Paper (S.A., 1997b: 136-140) emphasize the need for mental health training. The authors state that

health personnel should be appropriately trained to do basic screening, identify, counsel and manage mental health problems.

From the transcripts the researcher noted the professional nurses' outcry and need for training and this is confirmed by McDonald *et al.* (1997:257-260) highlighting the great need for professional nurses' training and updating to enable them to render comprehensive primary health care services. The author mentions that lack of proper training was identified amongst professional nurses rendering services in primary health care settings.

Professional nurses in sample three mentioned that they need to undergo training in community health nursing. Albarran and Whittle (*in* Littlewood & Cumberledge, 1999:8-11) explain a situation similar to that in South Africa where professional nurses, who did basic training in general nursing and midwifery, need to do an additional course of community nursing to have skills to render a service accordingly. Cowley *et al.* (2000:132-133) confirm what was said by the professional nurses that they need to have their community assessment skills developed when they say community nursing skills are important in rendering quality primary health care services.

- **Skills acquired through short courses**

Atkin *et al.*, (1994:5) indicates that short courses supplement professional nurses' training so that they can acquire the needed skills. Geyer (1998:32-33) supports the outcry of professional nurses for the need of training and says that professional nurses should be trained accordingly so as to be empowered with the necessary skills to fulfil the health needs of the community, and stresses that skills acquired beyond basic nursing training are important for the delivery of quality service. Strasser (1999:6) is in agreement with what the professional nurses said with regard to the need for training and emphasized the need for skills in treatment of *sexually transmitted diseases and HIV/AIDS*. Hall (1999:15) supports the fact that professional nurses need skills acquired through training in short courses, when stating that the professional nurses should be equipped to deal and manage Tuberculosis, Sexually Transmitted Diseases and HIV/AIDS. Edwards *et al.* (1998:24-25) indicate that many different states of disease are successfully managed at nurse-manned clinics.

The author mentions the fact that patients value professional nurses' skills, confirming what was said by professional nurses in this study that when they are well equipped they are confident with what they are doing.

3.3.4 Various categories of professional nurses' experiences working in comprehensive primary health care services

A further spontaneous category (Table 3.4) emerged from the data referring to the experiences of the professional nurses. Table 3.4 consists of findings on the main and sub categories of professional nurses' experiences working in comprehensive primary health care services. Column A depicts sample one, column B depicts sample two and column C depicts sample three as discussed in 3.2.1. The findings will be enriched with relevant quotations from the transcripts. Literature control will be integrated throughout the discussion of table 3.4

Table 3.4: Various categories of professional nurses' experiences working in comprehensive primary health care services

COLUMN A	COLUMN B	COLUMN C
The experiences of professional nurses in sample one are that:	The experiences of professional nurses in sample two are that:	The experiences of professional nurses in sample three are that:
• They feel satisfied with their skills as their training prepared them in a comprehensive approach. • They feel skillful and secure because they can manage primary health care patients in totality. • They feel good about themselves in that they share information with other colleagues. • They are confident to identify and correct mistakes that were done with regard to patient care. • They feel confident with the services they render.	• They feel incompetent as their previous training lack the necessary skills • They feel unsafe because they do not have primary health care competencies. • They feel angry that they are expected to do everything • They feel overloaded due to the demands from patients.	• They feel frustrated, as they have to use protocols that are difficult to interpret. • They feel unskilled, as they have to learn from colleagues most of the time. • They experience strained relations with colleagues - They feel desperate for training • They fear misdiagnosing and mismanaging patients • They feel pressurized by: - The expectations from both the patients and the authorities. - They have to do everything while working in the primary health care clinic - They cannot choose patients they feel comfortable with.

3.3.4.1 Professional nurses' experiences in sample one working in comprehensive primary health care services

This category of professional nurses in column A table 3.4 who have all the necessary training feel satisfied and competent working in the comprehensive primary health care clinics. They express themselves confidently with regard to the skills they possess. They feel satisfied with their skills as their training gave them a comprehensive approach. They feel emotionally secure and skilful because they can manage a patient in a primary health care setting in totality. They feel good about themselves in that they share information with other colleagues, are able to identify and correct mistakes which were made with regard to patient care and feel confident and secure with the services they render because their training equipped them.

- **They feel satisfied with their skills as their training gave them a comprehensive approach**

The professional nurses in sample one confidently express feelings of satisfaction with regard to working in the comprehensive primary health care services. From the findings they see themselves as adequate and self-sufficient because they possess the necessary skills as evidenced by their training and qualifications. These professional nurses relate their satisfaction to the type of training they underwent. In terms of the skills they possess, their perception is that they can meet the anticipated services. It is confirmed by the direct quotation from the transcripts:

"... I am comprehensively trained ... I have a comprehensive approach in a primary health care setting."

"My own level....I think I am comprehensive. I manage to touch every little aspect."

"As a generally trained nurse and midwife I can do basic nursing and with community health I can man the clinic fully, attend to the patients and the community."

The finding that professional nurses who are trained to deal with preventive, promotive and curative aspects of patients' health, have a comprehensive approach, is confirmed by Doncevic *et al.* (1998:109) when saying that by virtue of their training, professional nurses in the primary health care setting can render services ranging from preventive, promotive and curative. The skills embedded within the training they did give them a comprehensive approach to deal with the patients' health needs. No mention is, however, made of feelings of satisfaction.

This feeling of satisfaction of the professional nurses because of their type of training is a unique finding to this research as no confirmation of it was found elsewhere.

- **They feel skilful and secure because they can manage primary health care patients in totality**

From the findings the professional nurses seem to have a holistic approach in the service they render because they were trained accordingly. They indicated that they feel skilful and secure because they have the necessary skills to manage patients in the primary health care clinics. They verbalized that with additional qualification of primary health care they will not misdiagnose or mismanage patients. The following statements from the transcripts denote the professional nurses' feelings of skilfulness and security:

"I can deal effectively with the community, patients in general, with children, I am now able to make a safe diagnosis because I can attend to the patient comprehensively. I feel my skills are sharpened."

"With my training and my skills I feel confident, I handle patients safely. I refer accordingly. I can follow the patient into the community through home visits."

"...I am skilled because I can render comprehensive care, based on my qualifications, that is General (Psychiatry and Community) and Midwife and Clinical Nursing Science, Health Assessment, Treatment and Care."

The feeling of skillfulness and security after adequate training as stated by the professional nurses is confirmed by Hall (1999:15) when quoting a professional nurse after undergoing some training saying *"I feel better equipped when dealing with the client.."* No literature could, however, be found on feeling skilful and secure because they could manage patients in totality.

- **They feel good about themselves in that they share information with other colleagues**

The professional nurses mentioned that they function effectively because they are competent. They indicated that they feel good because they share information with colleagues. Some of their colleagues who are not skilled enough often consult with them when they do not know what to do. Their competence makes them consultants for colleagues. The following direct quotations from the transcripts portray that the professional nurses feel good about themselves because they are resourceful:

"Some of our colleagues ask questions from us with regard to assessment and diagnosis of patients. We sort of teach them daily. Even if they have protocols for chronic diseases, they still ask from us because they have very little knowledge of pharmacology."

"I often help those who did not do community nursing with the children's immunizations and management of communicable and chronic diseases."

The following authors depict what was said by the professional nurses about their experiences of sharing information and feeling good: Carlisle *et al.* (1994:20) agree with the professional nurses that they can share information with their colleagues when stating that they feel they are of help to their colleagues because of the skills they possess. Brucker *et al.* (2000:325) support the mentioned statements when giving an example of a skilled midwife who is an educational resource for others. The fact that professional nurses without the necessary skills learn from their more skilled colleagues is confirmed by Stucky (1997:9-10) where they quote a nurse who indicates that she is teaching

her colleagues informally because she was fortunate enough to undergo primary health care training and so has the required skills.

- **They are confident to identify and correct mistakes which were made with regard to patient care**

The professional nurses feel confident because they function in such a way that they correct mistakes with regard to patient consultation. They also very often rectify incorrect judgments made by their colleagues with regard to patient assessment, diagnosis and management. These professional nurses identify mistakes which were made with regard to patient care by colleagues who are unskilled and this is what they have to say:

"... so my level of skills helps me to identify some mismanagement that was done without knowledge of primary health care. It helps me to correct some of the mistakes."

"Often you come to your colleagues' rescue, one is able to help in making diagnosis and management, and they are grateful because you can identify their wrongs."

"With my training and my skills I feel confident...."

In agreement with the professional nurses in this research that they are confident and able to correct mistakes made by their less skilled colleagues, Hall (1999:15) quotes a professional nurse as saying *"....I treat them fully according to the way I was taught."* No further literature was found to confirm their experience of identifying and correcting mistakes done with regard to patient care.

- **They feel confident with the services they render**

These professional nurses feel confident with the service they render because they mention that they are stable in their work and render the needed services:

"Immunization I do not have a problem with, I am all right. I think I am most skilled in family planning."

"Like I have said management of a patient is going to be according to history and physical examination and observation, so you know from that aspect what management you are going to give because you cannot just give if a patient says 'I have a headache', you do not know if the headache is related to blood pressure, you must first examine before you manage."

"Sometimes a woman brings in a sick child, at the same time a child for immunization. With my skills I can go on to give a family planning method if she needs it. I refer if necessary. At the end I have rendered a comprehensive service."

Carlisle *et al.* (1994:19-21) agree with the finding when stating that if professional nurses are properly trained and skilled they work with confidence and become autonomous.

A unique finding in the literature indicates that these professional nurses who seem to be confident with their skills become frustrated if they are not afforded the opportunity to apply those skills (Kipping and Hickey, 1998:536).

3.3.4.2 Professional nurses' experiences in sample two working in the primary health care service

The experiences of this category of professional nurses (column B) working in comprehensive primary health care services seem to differ from those in column A. There is a lot of dissatisfaction portrayed in the transcripts. From the findings the professional nurses feel unskilled as their previous training lack the necessary skills; unsafe because they do not have primary health care competencies, angry that they are expected to do everything and feel overloaded due to the demands from the patients in the primary health care clinics. This is discussed below:

- **They feel incompetent as their previous training lack the necessary skills**

Professional nurses in column two feel incompetent because their training did not include primary health care. From the findings the professional nurses feel that this deficiency makes it difficult to work in the comprehensive primary health care setting because they are unskilled.

"I am just a professional nurse trained in an integrated course. And I should think this concept of primary health care was not well fitted in the course ..."

"... I must say I need training on everything otherwise it is difficult for me to render comprehensive primary health care services.

"... we use protocols but we were not trained."

"... I think it is sometimes difficult because we do not all have that kind of training."

"I should think it is not even refreshment, I need training! I did not do a course in primary health care during my basic training. Some of the components of primary health care were covered."

Uys and Middleton (1997:12-13), in support of what the professional nurses say explain that in the event of adoption and implementation of the primary health care approach in rendering health care, mental health care as a component of primary health care was lacking. Professional nurses were not skilled enough to function within this situation. Bezuidenhout (1998:3), in a study on the reconstruction of education and training of professional nurses, confirms what the professional nurses said about their training, which did not include primary health care competence, when stating that in South Africa throughout the history and training of professional nurses primary health care was placed on a rather neglected position and were thus not skilled enough.

- **They feel unsafe because they do not have primary health care competencies**

It emerged that the professional nurses feel they lack certain skills, thus feel unsafe working in the comprehensive primary health care services. They do not feel free in handling patients because they fear mismanaging patients, as they are not sure which medication to prescribe. This what they say:

"I need to know when to prescribe a drug like Aldomet. The problem is I am not sure why should I start with this drug and not that one. I do not know the side-effects ... I am saying you will hear it from the next person but if something crops up I have to answer for myself. So what would I say in protecting myself."

"...and I should think if a person has done this course, you do everything with confidence. Even if a person questions why you did something, you can explain. It will boost your morale and confidence in managing patients."

"Seker baie ek hoop so, ek hoop ek gaan redelik vaardigheid optel want dit gaan oor die hantering van die pasiënte in die kliniek, alles wat in die kliniek gaan gebeur: hoe moet ek die pasiënt ondersoek, waar moet ek kyk, waarna moet ek luister, wat is die diagnose. Ek hoop om vaardig te wees, om vry te voel om die pasiënt te hanteer."

"Yes, the previous person was not as qualified as I am and struggled a lot more than me to render comprehensive primary health care services ... you must be properly trained."

Uys (2000:6) confirms what was said by the professional nurses, namely that they feel unsafe to render services because they are not primary health care trained. The author mentions that nursing and midwifery training is hospital-based and this is inappropriate for the provision of primary health care. Bezuidenhout (1998:15) supports the finding when saying that for professional nurses to render a comprehensive primary health care service and practice safely they need the necessary knowledge and skills. The author further mentioned that a diploma in Clinical Nursing Science, Health Assessment, Treatment and Care will equip the professional nurses with the required skills.

- **They feel angry that they are expected to do everything**

It emerged that they cannot only see patients they feel comfortable to handle. The expectation is that the professional nurses have to attend to a variety of patients with their different health needs without being equipped with the necessary skills. They cannot select patients, they have to see patients as they come into the clinic and thus feel angry working unequipped in the primary health care clinics. When patients come to the clinic they demand to be treated accordingly. This is what they have to say:

"...I think we must be doctors because that's what we are supposed to do, we need to render a service like a doctor and yet we are not qualified like doctors

because you have to diagnose, prescribe and sometimes refer, and I think it is sometimes difficult because we do not all have that kind of training that we have to go through as a doctor."

"... due to the impact of every service as is demanded by national government that everything should be done at the clinic, I need a basic primary health care course as we render different health care services."

"you know when I say new services eeh! when we did minor ailments we did not prescribe antibiotics. A doctor would prescribe the antibiotics and we did not have to manage chronic diseases. You see now we have to do everything and you are assisted by a trained colleague. There is no formal training as to how to manage chronic diseases. When a patient comes in, you do not say you are not trained. It is expected if you to render a service and you resort to using EDL. Formal training is important."

This finding is confirmed by Baly *et al.* (1989:81-100) when stating that it does sometimes seem that health authorities or employers expect professional nurses to achieve the impossible. Kipping and Hickey (1998:536-537) confirm what was said by the professional nurses about being expected to do everything, when saying that professional nurses are expected to render a variety of services. The author mentions that the professional nurses become uncertain and angered by the fact that at one stage they are placed in a specific working area like mental health and render mental health services only to be placed somewhere else at another stage. The authors are supported by Humpel and Caputi (2000:399) as well as Akinsola and Ncube (2000:50) when stating that professional nurses are burdened with much wider roles and responsibilities which force them to do everything, including attending to violent and aggressive patients.

- **They feel overloaded due to the demands from patients**

These professional nurses feel that they are overloaded. Often the numbers of patients are such that they cannot cope. They are overwhelmed by the patients' demands. They feel frustrated working in primary health care clinics

because many patients flock to the clinic and the government expects them to handle all aspects of patients' health needs. Lack of skills as mentioned in other sub categories puts pressure on them as it is confirmed in these direct quotations:

"Yes, you find there are certain areas where I lack skills and sometimes as well the pressure from the very full clinics is a lot and is the biggest pressure."

" The load of people who come to the clinic is a lot. We are not really trained to deal with angry patients."

"....and then the government said patients must go to the clinics because they can receive primary health care there. Clients are supposed to start at the clinic. The clients are flocking to the clinic. They expect to get quality health care at the clinics. But I was not prepared to manage whatever expectation from the clients. It is not only managing the clients through medication or health education, clients also have social problems so I need to be prepared for that too."

Kipping and Hickey (1998:536-538) and Jordan *et al.* (1999:800) confirm what was said by the professional nurses about the workload when saying that they feel overburdened and hampered by the heavy case loads. This is supported by Rout (2000:25-27) when highlighting that professional nurses are frustrated by the challenges and demands of keeping up with National Health System and work overload. In confirmation with other authors Muller (1984:10-11) describes that the complexities brought about by the changing South African health system, the pressures and demands it places on the professional nurses, coupled with the expectations from the authorities and the patients, has an impact on them. Albarran and Whittle (*in* Littlewood & Cumberledge 1999:3) add that professional nurses feel overburdened because of the demands put on them, when saying that professional nurses assume a broad range of skills, amongst others quoted are immunization, asthma care, diabetes and hypertension. They render preventive and curative services. Thipanyana and Mavumdla (1998:29-31) supports the other authors when confirming what was

said by the professional nurses that rendering of comprehensive services is hampered by the workload.

3.3.4.3 Professional nurses' experiences in sample three working in comprehensive primary health care services

From the findings it seems that professional nurses in column C also experience difficulty working in comprehensive primary health care services, because they are expected to render a service without consideration of the skills they have. They kept on mentioning that they are frustrated, unskilled and make mistakes. Their experiences are that they feel frustrated as they have to use protocols, feel unskilled, as they have to learn from colleagues most of the time, experience strained relationships with colleagues because they refer without the necessary skills, feel desperate for training, fear misdiagnosing and mismanaging patients and feel pressurized. This group of professional nurses seems to experience the situation most negatively.

- **They feel frustrated as they have to use protocols that are difficult to interpret**

From the findings of this research the professional nurses in column three felt frustrated, as they were to use protocols – something they were never trained for. On the other hand they give medicines to patients without any knowledge of the contraindications. They feel their skill are such that they are unable to render the expected service.

"one becomes frustrated as you dish out medication not knowing contraindications."

"...I was so rattled and shattered that I do not want the next person to make the same mistakes I had made."

"I did not even know how to use the protocols. It's all Greek to me. One gets frustrated because you just dish out medication and you do not know the indications and contraindications."

In this research professional nurses verbalized their frustration as they were expected to render services they were never prepared for during official training.

These professional nurses mention that it was difficult for them to interpret the protocols because they were never trained in this regard. Radebe (2000:17) and Strachan (1999:8-9) state that the professional nurses are expected to use the treatment protocols when they work in the clinics. In support of what the professional nurses said the authors confirm that they become frustrated because they were never trained to use the treatment protocols.

- **They feel unskilled as they have to learn from colleagues most of the time**

Professional nurses find it difficult to work without consulting their seniors. They believe that, had they been properly trained, they would not have had to consult their colleagues that often. The following direct quotations confirm what they said:

"Hypertension, we had a woman who came for family planning with a blood pressure of 200/160. She was fine. I went to a primary health care trained nurse she told me what to do and give."

"To follow up on the patients. Basically you have to have knowledge of everything at a lower level to be able to take care of a patient and save a life. As you are not trained you need some kind of help from the other nurses."

"Theory and practice to take history, diagnose and manage patients, family planning, geriatric care, primary health care course. I am not well equipped. I do not have the course that is why I say I am not well equipped. I always have to ask for help."

Stilwell (1991:28) confirms the finding that professional nurses have to consult others to be able to do their work, when saying that professional nurses observe their colleagues as method of learning and gaining skills so as to render a health service to patients. Williams and Sibbald (1999:741) in confirmation with the finding mention that a professional nurse indicated that her training has been such that she lacks confidence in dealing with patients because she is not skilled enough.

- **They experience strained relationships with colleagues**

These professional nurses often refer or ask from colleagues to get their work done. With the load of patients in the clinic "referral and asking" becomes a cumbersome process. Often colleagues are not happy with them as they retard their progress. The doctors are also not happy with them because they feel these professional nurses refer unnecessarily and thus their relations are often strained as stated in these transcripts:

"When you refer without skill and knowledge you even increase the problem. At first you've got a tired, overloaded, angry doctor and you end up with a screaming doctor because of the number of patients you referred."

"it makes working in a primary health care clinic difficult, other nurses have their own load of work and want to finish at the same time they have to help you to gain some skills."

"Asking from colleagues is good, but not too much, otherwise you irritate your colleagues."

The finding that professional nurses experience strained relations is confirmed by McDonald (1997:2) when saying that due to lack of skills professional nurses find themselves with relations which are not good. Nolan *et al.* (1999:97-98) are in agreement with what is said when saying that professional nurses experience poor inter-professional relations with other health personnel due to a lack of skills. Kaplan *et al.*, (1991:3) and Rout (2000:303-305) mentioned that professional nurses also find themselves in conflict with doctors. Jordan *et al.*, (1999:801) also confirms the finding of strained relations when mentioning that professional nurses experience such relations with colleagues in that they refer inappropriately.

They therefore *feel desperate for training*. As observed in the transcripts, they often mention the need for training. The professional nurses feel that had they had the necessary training they would not have had strained relations nor would they refer unnecessarily. This view is confirmed by the direct quotations from the transcripts:

"...I need training on everything otherwise it is very difficult for me to render comprehensive primary health care services."

"...I also expect the employers to take us for training if they want us to render comprehensive primary health care services."

"You must have community nursing. It is important if you are working in the clinics. I am willing to learn and I have to learn at a very high speed. I am not confident at all. I was thrown in and expected to deliver a service. You are placed under pressure and the patients expects you to solve their problem."

The finding that the professional nurses feel desperate for training is confirmed by Kipping and Hickey (1998:538) when saying that professional nurses working in primary health care clinics need to receive the necessary training so as to render a comprehensive primary health care service. Hicks and Hennesy (2001:40) agree with the finding when saying that continuing professional development is necessary to meet health needs of the people. Hall (*in* HST 1999:13-14) and Kim and Mmatshilo (2002:3-12) support what is said by the professional nurses about the need for training when saying that professional nurses play an enormous role in the primary health care setting and therefore, to ensure good quality comprehensive services, they need ongoing training.

- **They fear misdiagnosing and mismanaging patients**

The professional nurses feel they are not skilled enough and can thus misdiagnose patients. They do not have proper skills of assessment. These professional nurses lack knowledge of pharmacology. They were not trained accordingly. They mentioned that they prescribe with the help of protocols and by consulting colleagues. They are thus fearful that they will mismanage patients. They lack knowledge on drug prescription and drug interaction. This is what they have to say:

"I was so rattled and shattered that I do not want the next person to make the mistakes I had made."

"...without the necessary skills when a pregnant patient comes in complaining and you manage ordinarily. You are not considering other aspects thus you misdiagnose a patient. It is difficult."

"The skills which a professional nurse must have is through training of all the different courses, you need to take proper history, do physical examination, diagnose and treat. All this will help you not to mismanage a patient."

"One tries to follow protocols as they are, and try not to mismanage a patient. Some patients will present with blood in the urine. You have to find out where exactly he comes from to eliminate Bilharzia. In this way you will be able to treat the patient safely."

This finding that professional nurses fear misdiagnosing and mismanaging patients is supported by Nolan *et al.*, (1999:97-98) when saying that services like mental health are rendered at clinic level but professional nurses feel unprepared and reluctant to render such a service because they fear misdiagnosing and mismanaging patients and cannot cope with such a problem. Williams and Sibbald (1999:741) in their study quoted a professional nurse verbalizing her fears with regard to patient care and management due to lack of the required skills.

- **They feel pressurized**

The professional nurses feel that the *expectations from both the patients and authorities* are so high that they cannot cope. They are expected to work like their medical colleagues and some of the patients refer to them as doctors. The following quotations reflect their anger and unhappiness due to work overload and expectations from the *authorities and patients*.

"... I first want to do an STD course, then community nursing and primary health care. My diagnosis must be proper ... the expectations of the services are huge and patients sometimes call us doctors. I am not a doctor."

"... we are expected to work like mini doctors."

"...because of the primary health care approach all patients start from the clinic and free health services."

This finding of professional nurses feeling pressurized by the demands from patients and authorities is confirmed by Norman (1998:433) who mentions that with the changes within the health system in the United Kingdom, the move of services like mental health care from hospital setting to the community have come with new demands and put pressure on the professional nurses with regard to the skills needed for mental health. Albarran and Whittle (*in* Littlewood & Cumberledge, 1999:4) confirm what is said by the professional nurses that it is frustrating to be seen as and called a doctor by patients. The authors also mention that these professional nurses are *expected by the patients and authorities to manage complex health care needs*. The authors mention that challenges faced by these professional nurses are brought about by the intra-professional boundaries where nurses are expected to assess, diagnose and treat. *They are expected to do "everything"*. Williams and Sibbald (1999:742), in agreement with the findings, state that professional nurses feel annoyed as some of the patients refer to them as doctors.

These quotes indicate that they are angry and frustrated because they are not skilled enough to render comprehensive primary health care services. Despite this the government still expects them to render comprehensive primary health care services and *not to choose patients they feel comfortable with*. They have to see patients as they come in and have this to say:

"We render all services. All qualifications are necessary, because a patient can come in psychotic or for family planning. We are expected to take care of all different health needs of patients: immunization, child health, chronic diseases, TB, HIV/AIDS."

"The patient is taken care of at primary level before being transferred to secondary level. The sister who is in the community clinic must be trained in primary health care, psychiatric and community nursing. As a nurse working in primary health care clinics we render all services.... you cannot choose what type of patient you want to see."

"Very often you see a family with medical problems or psychosocial problems. You need to be effective. Hypertension patients come in and also minor ailments."

The finding that professional nurses are pressurized by the fact that they have to see patients with differing health problems is confirmed by Doncevic *et al.*, (1998;110) when mentioning that professional nurses are pressurized by the managers as they introduce new priorities and find themselves having to deal with difficult patients. Hicks and Hennessy (1999:670) confirm the finding when saying that professional nurses are pressurized by the vast expectations and activities they have to perform.

The researcher gathered from the literature that shortage of staff impedes the delivery of comprehensive primary health care services. This is a unique finding in the literature as no professional nurse in the three samples made mention thereof. McKenna and Hasson (2000:52) and Edwards *et al.*, (2000:8) confirm that professional nurses are also pressurized by the shrinking workforce resulting in inadequate staffing levels.

3.4 SUMMARY

In this chapter the realization of data collection as well as data analysis were described. The discussion of the research findings and the literature control with regard to professional nurses' perceptions of the skills required, own level of skills and skills they need to develop to render comprehensive primary health care services, as well as the emerged experiences of the professional nurses working in the primary health care clinics followed. In chapter four conclusions, shortcomings and recommendations (with specific reference to formulation of guidelines to facilitate trained professional nurses to truly render quality comprehensive primary health care services) will be dealt with.

CHAPTER 4

CONCLUSIONS, SHORTCOMINGS AND RECOMMENDATIONS WITH SPECIFIC REFERENCE TO THE FORMULATION OF GUIDELINES TO FACILITATE TRAINED PROFESSIONAL NURSES TO TRULY RENDER QUALITY COMPREHENSIVE PRIMARY HEALTH CARE SERVICES

4.1 INTRODUCTION

The research findings and supporting verbal responses from the participants were discussed in chapter 3. A literature control was also done to verify the research findings against the existing literature, highlight unique findings from the research and in some cases highlight findings in the literature not found in the research. In this chapter the conclusions and shortcomings of the research are discussed. Recommendations will be made for nursing education, nursing research as well as for nursing practice – with specific reference to the formulation of guidelines to facilitate trained professional nurses to truly render quality comprehensive primary health care services.

4.2 CONCLUSIONS

Conclusions are drawn from the findings, literature confirmation as well as field notes. The four main categories will be discussed separately after which the general conclusions will be drawn.

4.2.1 Conclusions about the various categories of professional nurses' perceptions of the skills required to render comprehensive primary health care services

Conclusions about the various categories of professional nurses' perceptions of the skills required to render comprehensive primary health care services will be discussed according to the three main categories as reflected in table 3.1. Conclusions drawn from the findings are that the professional nurses in the three samples are well aware of the required skills to render comprehensive primary health care services. Apparently due to their qualifications and skills, the sample one professional nurses do not find it necessary to elaborate when responding to the questions during the interviews. They mention the skills in general and respond in a confident manner. Whereas, due to awareness of their lack of certain skills, professional nurses in sample two and three express themselves intensively and in great detail in an effort to indicate that they are aware of the skills required to render comprehensive primary health care services. Throughout their responses professional nurses in sample two and three indicate the need to improve on the skills they have. It is thus concluded that they are aware of the skills required as well as the skills they lack to render comprehensive primary health care services. As noted in the reflective field notes the professional nurses stated that a wide range of skills is required of them to render comprehensive primary health care services.

It is apparent from the findings of this research that with the skills acquired during training in Clinical Nursing Science, Health Assessment, Treatment and Care, professional nurses working in primary health care clinics are enabled to do a proper **assessment** of the patients' health. It can be concluded that the professional nurses' ability to elicit subjective and objective information from the patients during patient consultation is necessary. The professional nurses in sample two and three emphasized that the ability to take proper *history* from the patient through good

communication skills and *interviewing* and proper *physical examination* enhance the process of patient consultation. While examining the patients they are required to use physical examination techniques, including *palpation skills*, *auscultation skills* and *percussion skills*. All three groups maintain that following assessment they need to make a diagnosis of the patients' health problems. It is concluded that the ability to put the data about patients' health into perspective and attach meaning to it is important. It is apparent that the ability to identify the possible factors causing – or contributing to – the development of ill health, enables them to make skilful **diagnoses** of patients' different health needs.

The findings lead to conclusions that once the patient has been diagnosed it is required of the professional nurses to make a decision with regard to the patient's state of health, because the identified health problems now have to be **managed**. From the findings it seems the various health problems have to be managed in different ways. Therefore the professional nurses mentioned that *non-drug management skills* and *drug management skills* are required to render comprehensive primary health care services. It would appear that non-drug management skills assists them to deal with the patients' health problems without the use of medication. The conclusion is that it is required of them to have skills to provide *health education* with regard to the health problems. In health education it is required that they direct the patients along the path of dealing with diseases by empowering them. It can be added that this required skill of health education tends to assist patients to modify their way of life so as to regain a healthy state of being. In non-drug management, if the patient's health problem is beyond the nurses' capabilities, they need to refer the patients accordingly. It follows that a skill in *referring* the patients accordingly is required. It can further be concluded that it is a required skill to note that a patient with a specific health problem needs to be channeled accordingly to the members of the multidisciplinary team. In cases where patients need a higher level of care they are referred to doctors and hospitals depending on the seriousness of their health problem. Some of the health problems emanate from social factors – in such cases they would naturally be referred to social workers.

With the drug management skills patients are given some medication to take home. The use of this skill depends on the professional nurses' knowledge of pharmacology. The knowledge of pharmacology would enable the professional nurses to prescribe medication correctly. Correct prescribing has been a sensitive issue because

professional nurses emphasized the need to prescribe correctly and manage the patient safely. It is in view of the fact that nursing is about saving and preserving life that professional nurses fear mismanaging patients. Therefore the skill of handling medication correctly is important.

It appears that some other skills acquired through **specific** nurse training programmes are also required to render comprehensive primary health care services. Skills acquired through **Community Nursing** are seen to play an important role in the health of the community. It is apparent that *community assessment skills* are required. According to the professional nurses these skills are required to establish the health needs of the community, such as providing mother and child services (family planning and immunization), health education, environmental health including management and control of *communicable diseases* and the need for people to be **visited** and cared for in their **homes**. It is further concluded that once a community assessment process has been completed the information needs to be *analysed* and put into perspective.

It appears that patients in the clinics present with different health problems/needs (including *caring for the pregnant woman* and the *delivery of a healthy baby* – thus skills to render *antenatal* services) are required, and therefore **Midwifery** skills are required. Professional nurses also required to take care of the mother and baby after delivery, i.e. *postnatal care*.

It is clear from the findings that, without the skills acquired through **basic nurse** training, comprehensive primary health care services are not possible. With basic nurse training the acquired skills range from medical and surgical nursing to the ability to make proper observations with regard to patients' health for example to monitor patients' temperatures and blood pressure.

The skills acquired during **Mental Health Nursing** refer mainly to handling angry and psychotic patients. It appears from the findings that patients do not only have physical health problems, but that they are also affected psychologically. They thus require *counseling skills*.

From the responses of the professional nurses in all three samples it seems there is general consensus among professional nurses on the skills required to render comprehensive primary health care services.

4.2.2 Conclusion about various categories of professional nurses' perceptions of their own level of skill to render comprehensive primary health care services

The conclusion drawn from the finding is that the professional nurses are well aware of their own level of skills to render comprehensive primary health care services. Their responses are congruent and they are in touch with their own level of skills and competencies. The discussion will be according to the three main categories as reflected in table 3.2. Conclusions for the three samples are discussed separately.

4.2.2.1 Conclusions about professional nurses' (column A of table 3.2) perception of their own level of skills to render comprehensive primary health care services

Based on the interviewer's reflective and descriptive field notes it can be concluded that all professional nurses who posed a confident outlook pertaining to their own level of skills to render comprehensive primary health care services said that they underwent training in General Nursing, Midwifery, Community Nursing as well as Clinical Nursing Science, Health Assessment, Treatment and Care, or training as a nurse (General, psychiatric and Community) and Midwifery as well as Clinical Nursing Science, Health Assessment, Treatment and Care. These professional nurses perceive themselves as having adequate skills and present themselves confidently with positive responses during their interviews. Their own level of skills is such that they are capable of rendering comprehensive primary health care services. They mentioned that their training empowered them and the skills they acquired gave them a **comprehensive approach**. It is concluded that they can deliver health care services both in the community setting and in the hospital. Their way of delivering health services and managing patients is said to be all-inclusive. It can thus be concluded that they do not only concentrate on the patient's physical health but because of the skills they possess they can also deal with the psycho-social health needs of the patient and the community. It seems they were empowered by their training to render preventive, promotive, curative and rehabilitative care.

The responses led to a conclusion that these professional nurses are **practicing safely**. It seems that due to the fact that they can make a proper assessment, diagnose and implement the most appropriate management, they are not endangering the patients.

Based on their level of skills with regard to pharmacology they are **skilful** and **manage patients safely**. It is clear that when prescribing medicines for patients they take drug effect, drug contraindications and the principles of pharmacology into consideration. It seems they attribute wrong practices of their colleagues to a lack of proper training and skills: in their responses they mentioned that they are able to *identify and correct mistakes* made by those without primary health care training. If professional nurses are not fully equipped to render the service expected of them they make mistakes and subsequently become hazardous in the services they deliver.

The professional nurses with community health nurse training are able to care for the community's health needs. The important skills they possess are **community assessment and management**. It is clear that they can establish the community's health needs (regarding environmental health, safe water supply, prevention and control of communicable diseases) and are able to manage these accordingly.

With the knowledge and skills necessary to render comprehensive primary health care services the professional nurses become resourceful. It is an indication that sample group one of professional nurses are **able to share valuable information** with their colleagues who lack the necessary skills. Furthermore these professional nurses guide their colleagues through patient consultation. They are willing to guide them with regards to the necessary approaches like history-taking or physical examinations.

The conclusion drawn from the research is that these professional nurses can function independently due to the skills they have. They are also **comfortable working in a multidisciplinary team**. Their communication is positive because they do not refer unnecessarily. Due to the skills they possess, they know when and which patient to refer. It is concluded that their referral skills are appropriate.

The findings confirm that the professional nurses are skilled to handle patients with mental health problems because of the **psychiatric nursing training** they underwent. It is clear from this research that they can deal with mental health issues through *counseling and marriage guidance*. From the findings it seems that professional nurses in sample three can handle angry patients in the clinics. Professional nurses in sample

one's approach to health care is more accommodating as they take the patients' *cultural beliefs* into consideration. They are aware that, due to different cultural exposure, people respond differently to health challenges and thus need to be treated in different ways. With the new health dispensation professional nurses find themselves having to deal with patients across the barriers of colour, race and culture.

The conclusion drawn is that the professional nurses are able to take care of pregnant women, as they are **skilled in antenatal as well as postnatal care**. The professional nurses are able to assess a pregnant woman's state of health and establish whether the baby will be delivered at the primary health care clinic or be referred to a hospital. It is clear that Midwifery training empowered them to know the types of medicines used during delivery of a baby.

4.2.2.2 Conclusions about professional nurses' (column B of table 3.2) perceptions of their own level of skills to render comprehensive primary health care services

From the findings a conclusion is drawn that professional nurses who underwent training in General nursing, Midwifery and Community Nursing or those with training as nurse (General, Psychiatric and Community) and Midwife seem less confident in their responses pertaining to their own level of skills to render comprehensive primary health care services. It is apparent that they lack certain skills that would enable them to render comprehensive primary health care services.

The professional nurses' training did not make provision for primary health care competency. It is clear that without training in Clinical Nursing Science, Health Assessment, Treatment and Care they **lack skills** in evaluating patients' health needs. It is further concluded that in order to provide the services they learn by observing their better-qualified colleagues. On their own they find it difficult to complete the consultation process.

The findings lead to conclusions that they are lacking proper **drug management skills**. They are unable to make an accurate decision as to what action to make in treating patients' health problems. Seemingly they do not have proper exposure to pharmacology and pharmacological principles – to such an extent that they rely solely on treatment protocols. Their qualified colleagues often assist them with regard to correct

drug prescriptions. It seems that more often than not they used the essential drug list protocols when managing patients. Being faced with patients' health problems and not knowing what to do, they tend to refer more often than their experienced colleagues. It seems their referral skills were poor because they sometimes referred unnecessarily.

From the findings the conclusion is that they are **unable** to do a **proper assessment** on a patient as compared to professional nurses who did training in Clinical Nursing Science Health Assessment, Treatment and Care. It seems their own level of skills is such that they are unable to elicit information from patients through history-taking or get objective data from patients through physical examinations, as this was introduced superficially in their training.

It is apparent that those with training in **psychiatric nursing** are skilled to deal with patients with mental health problems. It seems the professional nurses are aware that some of the patients have psycho-social problems, and can deal with them accordingly due the relevant training in mental health. It is clear that their *communication and interpersonal skills* are highly developed by their psychiatric nursing training.

It is concluded that a lack of proper training causes the professional nurses to be **less confident** practitioners. They seem to have **low morale** because most of the time they are unsure of what they are doing. They experience fear and uncertainty with regard to patient care. They seem to be frustrated as they are less competent in interpreting patients' information – which could easily result in wrong management of patients.

They assigned tasks in the primary health care clinics regardless of their level of training and skills. The patients who come to the clinic become their educational tools. They obtain some of the skills by attending to patients as they present in the clinic and learn from their more experienced colleagues. They might have the skills but lack formal theoretical grounding. This **exposure** to patients seems to afford them an opportunity to acquire some of the skills they were never trained to perform.

4.2.2.3 Conclusions about professional nurses' (column C of table 3.2) perceptions of their own level of skills to render comprehensive primary health care services

From the findings it is concluded that professional nurses who did training in General nursing and Midwifery are frustrated only when placed in the primary health care clinics. Their own level of skills is such that they lack skills to render comprehensive primary health care services. Very often in their responses they raise a need for training and further training. As compared to sample one and two, this group of professional nurses seems to experience more frustration pertaining to their own level of skills to render the required services.

The professional nurses are **not skilled** to function in the primary health care clinics. The fact that they possess only *basic nursing skills* and skills to care for patients during the *antenatal and postnatal* periods, render them **ineffective**.

Due to a lack of proper training the professional nurses depend on the protocols. They often feel frustrated and unhappy, as they cannot use the very protocol given to them. It is clear that they **find it difficult to utilize the treatment** protocols for Tuberculosis, Sexually Transmitted Diseases and the Essential Drugs List because they were never trained in this regard.

A further conclusion is drawn that the professional nurses often consult with their colleagues to confirm if what they are doing is correct. These professional nurses, with basic nursing skills and midwifery only, find it difficult to deal with a patient on primary health care level. Not only pregnant women and patients who come for blood pressure check-ups visit the clinics. It is clear that they are faced with patients who present with a variety of health needs whereby a professional nurse needs to be able to care for this patient in totality. It is thus concluded that – due to a **lack of assessment skills, diagnostic skills and management** skills – they are not sufficiently equipped to render comprehensive primary health care services.

From the findings it seems the professional nurses are frustrated by the fact that they do not know how to approach patients with mental health problems. Due to a **lack of psychiatric nurse training** professional nurses are unable to deal with mental health problems. Furthermore the professional nurses lack counseling, interviewing and communication skills.

They also lack community-nursing skills. They often have to nurse patients in need of environmental health services, immunizations, community analysis and management. They cannot choose the services they want to render. It is concluded that due to a lack of the necessary skills they **learn community care** from their more **skilled colleagues**. This is worsened by the government's expectations that they have to render all services needed. This group of professional nurses are not empowered to function comprehensively.

4.2.3 Conclusions about the various categories of professional nurses' perceptions of the skills they need to develop to render comprehensive primary health care services.

Sample one professional nurses feel well equipped to render comprehensive primary health care services and thus focus mainly on developing their computer skills and to stay informed. Due to lack of skills, sample two and three professional nurses have a greater need for more specific knowledge and formal training in areas of concern, which they feel will empower them to render comprehensive primary health care services. The discussion will be done according to the three main categories as reflected in table 3.3

From the findings all three groups of professional nurses are aware of the technological developments within the health services sector. As time goes by there are new developments with regard to distribution of information and usage of information technology. It is concluded from the findings that there is a great need for professional nurses to be **computer literate**. In view of the technological advances with regard to patient care there is a need to be informed about the latest developments. From the findings it is clear that the professional nurses need to be knowledgeable and skilled as regards collection, organization, reporting and storage of data in health services delivery. Ongoing development of the health information system is needed.

The professional nurses are aware of the fact that health trends are changing. The skilled professional nurses feel that even though they are satisfied with their own level of skills to render comprehensive primary health care services they need to be **brought up to date** on a regular and continuous basis. The results indicate that, because of the changes taking place in the profession, nurses need to be kept up to date through

continuous in-service education. From the findings it is concluded that, because certain outdated methods and technologies are gradually being replaced by the latest, professional nurses who continue to hold on to the past will not be capable to render comprehensive primary health care services.

The following discussion concentrates mainly on sample two and three of professional nurses who felt incapable of rendering comprehensive primary health care services. Professional nurses in sample one who are trained in Clinical Nursing Science, Health Assessment, Treatment and Care, Community Nursing and Psychiatric Nursing feel comfortable that their skills enable them to render comprehensive primary health care services. As compared to professional nurses in sample two and three they function well in the primary health care clinics. Sample two and three of professional nurses feel that they cannot render comprehensive primary health care services because they were not trained for this.

The professional nurses seem to need specific training that will equip them to make a full evaluation of the patients' health problems. Amongst others the participants identified primary health care training so as to acquire *assessment skills, diagnosing skills and management skills*. It is apparent from the findings that the primary health care course forms an essential part of comprehensive health care. It is concluded that they referred to the course in Clinical nursing science, Health assessment, Treatment and Care. With this course the professional nurses will be empowered to take accurate history from a patient, do a physical examination on a patient, diagnose illnesses, prescribe the safest medication, and give the most relevant health education with regard to patients' health problems.

Seeing that some of the patients have psychological problems, it stands to reason that a course that will enhance the ability to deal with mental health-care problems is needed. It is thus concluded that the professional nurses need a course in **psychiatric nursing**. It is apparent from the findings that physical health is not the only aspect of health in a person's life. Psychological well-being is seen as part of the wholeness in a patient's health status. It is clear that skills are needed to empower people and communities, and to promote healthy lifestyles. This will enable the professional nurses to have a comprehensive approach with patients. With regard to changing lifestyles it is important to deliver efficient services.

The professional nurses who are in the primary health care clinics are in contact with individuals, families and communities. It is concluded that professional nurses need **community nurse training** so as to deal with the health needs of the community because the community nurse's sphere of work is of course mainly in the community and not in the hospital. The professional nurses need to be in direct contact with the patient in his environment through home visiting skills. Most of the services are rendered in the clinics include preventive, promotive, curative and rehabilitative services.

They have a strong need to be empowered and skilled through **short courses in Tuberculosis or HIV/AIDS**. From the findings the professional nurses are challenged by the impact of diseases like tuberculosis and the changing trends in the treatment, control and management of this disease. They need to be able to control, cure and treat tuberculosis. The complex public health problems urge the professional nurses to seek skills to handle them appropriately. Amongst others they need to have skills to diagnose and manage the different health problems.

4.2.4 Conclusions about various categories of professional nurse's experiences working in comprehensive primary health care services

Conclusions about various categories of professional nurse's experiences working in comprehensive primary health care services will be discussed separately according to the three main categories as reflected in table 3.4 as their experiences vary due to their differing levels of training and skills.

4.2.4.1 Conclusions about professional nurse's (column A of table 3.4) experiences working in comprehensive primary health care services.

The professional nurses who have undergone a comprehensive training **feel satisfied**, skilled, confident, and in general good about themselves with regard to working in the primary health care clinics. The professional nurses feel satisfied because the type of **training** they did prepared them to work in a holistic way. It is concluded that through their training they acquired skills that assisted them to function in a comprehensive way. It seems the professional nurses are capable of addressing the individual and communities' health needs providing preventive, promotive, curative and rehabilitative

care through the skills they possess. It is reflected that the professional nurses can work in the hospital as well as in the community health setting. It is apparent that the additional qualifications Clinical Nursing Science, Health Assessment, Treatment and Care, Community Nursing and Psychiatric Nursing have enabled them to work in the primary health care clinics without causing harm.

Due to their training the professional nurses have a strong feeling of being **skilled** and **secure** as they provide adequate health care to patients and the community. It can be concluded from the findings that, based on their skills, they can assess, diagnose and manage patients safely. The transcripts suggest that their level of skills helps them not to misdiagnose or mismanage patients. It is further concluded that their skills are such that they can respond to the expressed health needs and also correct mistakes made by those who are not skilled enough. Due to their training they can function constructively in a primary health care clinic. Accordingly it is clear that they are skilled for diagnostic and curative as well as preventive, promotive and rehabilitative tasks to meet the daily health needs of members of the community. Thus they are able to manage a patient in totality.

It is clear that the professional nurses **feel good about themselves** as they are of the opinion that they have the right knowledge and skills to the extent that they are of assistance to their colleagues who lack proper training. These professional nurses *share valuable information* with regard to patient care with their colleagues.

It seems as though they **feel confident** to identify and correct their mistakes with regard to patient care as well as those made by their colleagues who are not skilled enough to render comprehensive primary health care services. The ability to rectify the incorrect judgments about patient care is attributed to their own level of skills, which enables them to deliver the required services.

From the finding of this research it appears that the professional nurses **feel confident** with the services they render because they were trained for that. It seems they are certain of their actions with regard to patient care in the primary health care clinics. It can be concluded from the findings that they have been trained to care for patients in a comprehensive manner as they come to the clinics.

4.2.4.2 Conclusions about professional nurses' (column B of table 3.4) experiences working in the comprehensive primary health care clinics

As opposed to professional nurses in column A these professional nurses feel that their training failed to equip them with the necessary skills required of them in a primary health care setting. It is clear that they **feel incompetent**. They experience difficulties working in comprehensive primary health care services, as they were never trained to deliver such services. It is clear that they feel that their training focused mainly on equipping them to work in a typical hospital setting with little exposure to community health care.

From the findings it is concluded that the professional nurses **feel unsafe** because they do not possess the competencies expected of them. The lack of proper training, places them in a risky position. They fear making wrong decisions because they are not primary health care trained. Seemingly they lack assessment skills, diagnosing skills and management skills

Despite the fact that professional nurses are not adequately trained, it is expected of them to render a comprehensive service. The professional nurses **feel angry** because they have to do everything and cannot select only patients they feel comfortable with. In other instances they find themselves having to deal with chronic diseases. If it so happens that these patients with chronic diseases are not managed correctly, matters are only complicated.

A **feeling** of being **overburdened** exists as professional nurses say that primary health care clinics are often overflowing with patients, making it impossible to cope. It is reflected in the findings that the patients' expectations are overwhelming. They expect the professional nurses to deal with all of their health needs at the clinics. It seems the principle of a primary health care approach has resulted in patient overload in the clinics. Large numbers of patients go to the clinics on a daily basis with their specific health needs.

4.2.4.3 Conclusions of professional nurses' (column C of table 3.4) experiences working in comprehensive primary health care services

This group of professional nurses experience the most negative feelings due to a lack of skills. It is apparent that in most cases in the primary health care clinics, professional nurses are expected to render services without any consideration of their qualification and skills. It is concluded that professional nurses **feel frustrated** working in the comprehensive primary health care clinics – even more so than those in sample two. They often find it difficult to prescribe treatment because they are not knowledgeable, thus they have to consult protocols like essential drugs list. It is concluded that they are frustrated because they were not trained to use and interpret the treatment protocols. Some theoretical background would make it easier for them to follow and use the protocols.

The findings from this research indicate that the professional nurses **feel unskilled**, as they have to learn from colleagues. It is reflected that most of the time they have to consult with their colleagues with regard to patient care in the primary health care clinics. They find it difficult to assess, diagnose and manage patients on their own.

The findings show that professional nurses **experience strained relations** with colleagues. Due to a lack of proper training, they resort to referring patients to doctors. It seems that many of these referrals are unnecessary. If they had had the necessary skills they would have been able to manage the patients on their own. It seems the professional nurses feel the negative pressure caused by lack of skills as they felt *desperately* in need of continued training.

The professional nurses **fear** misdiagnosing and mismanaging patients. It is reflected in the findings that the professional nurses do not have skills to assess, diagnose and manage patients. From the fact that they are not skilled enough to obtain the necessary information from the patient through history-taking and physical examination, it can be concluded then that they are not able to render comprehensive primary health care services. Due to the fact that they lack knowledge of pharmacology, they often have to use treatment protocols, which they cannot really interpret when managing patients.

The professional nurses **feel pressurized** by expectations from the authorities and patients. They feel that they have to do "everything" – and cannot choose patients they feel comfortable with. The findings indicate that the professional nurses feel compelled

by the *expectations of the authorities and patients* to render comprehensive primary health care services. It seems that some of the patients view professional nurses as doctors. Not only do they see them as doctors, they even call them "doctor" – which indicates their expectations. In view of the primary health care approach adopted for health service delivery, the authorities have put demands on the professional nurses to render health care services accordingly. The professional nurses are thus *expected to do everything* in the primary health care clinics. Seemingly the professional nurses also feel angered by fact that they cannot choose the patients they feel comfortable with during consultation.

4.2.5 General conclusions

In conclusion: it seems the professional nurses in this research believe that if they have all qualifications (i.e. General Nursing, Midwifery, Community Nursing, Psychiatric Nursing and Clinical Nursing Science, Health Assessment, Treatment and Care) they are truly competent. When responding to the question regarding the skills required to render comprehensive primary health care services, the professional nurses were very clear as to the specific skills needed. The better skilled professional nurses (with all five qualifications) gave a precise and comprehensive description of the required skills. Their training makes them respond in a confident manner because they are competent. However, the less trained professional nurses in all mentioned qualifications were more detailed in their responses. The fact that they were unsure made them give more detailed answers.

When looking at their own level of skills to render comprehensive primary health care services, all professional nurses were congruent with regard to the skills they have. Professional nurses whose training did not equip them fully could identify that they lack certain skills. They seem to be aware of the theoretical knowledge but lack the practical skills to implement the required services. Those with all five qualifications see themselves as better skilled and equipped to render the required services.

With regard to the skills they need to develop to render comprehensive primary health care services, all professional nurses are in touch with what they need. They were very clear as to the type of further training they need to improve on their skills. Those who are better equipped focus mainly on computer training and continuous in-service

education. They are aware of the dynamic state of health and health care delivery and thus need to be continuously updated. The less skilled professional nurses respond with openness and willingness to undergo training to improve on the needed skills. There is a great need to streamline the process of patient care in the primary health care clinics, to ensure time effective service, and avoid unnecessary referrals. They also mentioned the need for computer training and continuous in-service education because of the changes that exist in the health of the patients and the community. The less skilled professional nurses increasingly experience negative feelings while rendering a service. They feel incompetent and unsafe. They experience feelings of anger and frustration and very often have strained relations with colleagues because they lack certain skills and their practice is unsafe. Due to patients' expectations they are under intense pressure. As opposed to these professional nurses, those who possess all five qualifications are satisfied with their training and acquired skills. The fact that they are well equipped makes them enjoy what they are doing in the primary health care clinics. They practise safely and feel good about themselves. Because they are skilled they do not experience expectations and demands from patients negatively. Very often they identify and correct mistakes regarding patient care. These better-equipped professional nurses are already seen as an informal system of support for those who lack certain skills.

4.3 SHORTCOMINGS OF THE RESEARCH

The following is a discussion of the shortcomings of the research as experienced while conducting the research:

- One of the tapes had to be discarded due to background noise (caused by air-cleaning fans used in some of the clinics which, it was said, could not be switched off under any circumstances, unless attended to by the technicians).
- One of the identified potential participants withdrew due to illness.

4.4 RECOMMENDATIONS FOR NURSING EDUCATION, NURSING RESEARCH AND NURSING PRACTICE

Recommendations for nursing education, nursing research and nursing practice will be made in this section – with reference to the findings of this research, the literature, as well as the drawn conclusions. Recommendations for practice will be formulated as guidelines to facilitate trained professional nurses to truly render quality comprehensive primary health care services.

4.4.1 Recommendations for nursing education

Recommendations for nursing education are aimed at facilitating trained professional nurses who are able to render quality comprehensive primary health care services within the primary health care clinics. The following are the recommendations based on the conclusion of the research.

- If professional nurses are to render quality comprehensive primary health care services they will have to be trained accordingly. A strategic plan has to unfold in the primary health care clinics where all professional nurses will get an opportunity to go for the necessary training.
- It is recommended that professional nurses must acquire all qualifications (General Nursing, Midwifery, Community Nursing, Psychiatric Nursing and Clinical Nursing Science, Health Assessment, Treatment and Care) because they need all five competencies.
- As one of the duties of professional nurses is education of others, those who possess all five qualifications and feel confident with the services they render should be motivated and used as mentors for those who lack these qualifications.
- The employers should enter into contracts with training institutions that they should offer some courses on site so that the professional nurses will be able to continue offering services while upgrading their skills.

- The approach of granting study leave should be re-evaluated and study leave should be granted to afford the professional nurses the necessary opportunity to undergo further training as needed.
- Different training models should be put in place for professional nurses to be empowered to render comprehensive primary health care services while they are working.
- In-service education should be much more individualised and specific to the training needs of professional nurses in the primary health care clinics.
- A continuous training needs assessment, based on the principle of primary health care, should be done to keep the professional nurses up to date through a well-planned program to enable them to render the required service.
- Continuous updating programs, particularly pertaining to computer skills should be implemented to enable the professional nurses to respond accordingly with regard to patient information in the clinics to allow them to render comprehensive primary health care services.

4.4.2 Recommendations for nursing research

From the research findings it is evident that there is potential for further research with regard to professional nurses' skills to render quality comprehensive primary health care services.

Research in the following areas is recommended:

- The experiences of professional nurses working in the primary health care clinics, who do not have all five qualifications.
- The relationship between the professional nurses who do not have all five qualifications with other members of the health team.
- A survey on professional nurses' viewpoints regarding the general knowledge and skills level of the persons in supervisory positions who support and advise the professional nurses.

4.4.3 Guidelines to facilitate trained professional nurses to truly render quality comprehensive primary health care services as recommendation

Recommendations for nursing practice have special reference to guidelines to facilitate trained professional nurses to truly render quality comprehensive primary health care services. The professional nurses have very specific training needs, and the guidelines focus on the following main areas: quality control, orientation, mentoring, planning, training, support systems and consultancy.

4.4.3.1 Quality control

- The professional nurses with all five qualifications, who, because of their level of skills, are able to identify mistakes regarding patient care, should be utilized in doing a survey on patients' records to identify areas that need immediate and more attention in terms of improving the skills of professional nurses who made mistakes because of a lack of certain skills.
- The professional nurses who are better equipped to function in the primary health care clinics should be involved in auditing patient care records twice a year so that they can give valuable suggestions during planning sessions for training (refer planning training) of those who lack specific skills to enhance appropriate on-site training.
- It is important that these professional nurses working in the comprehensive primary health care clinics are supervised by nursing managers who are skilled and knowledgeable regarding the provision of comprehensive primary health care services. These supervisors should thus be kept up to date. In the best interest of the patient the supervisors should be sent on courses to build on their skills and have a comprehensive approach to patient care in the primary health care clinics. The supervisors should have all five qualifications.
- A strategic plan should unfold to employ more professional nurses to cut back on the problem of work overload if it exists due to shortage of professional nurses.

4.4.3.2 Orientation

- Proper orientation programs focusing on the process of patient consultation should be done by the skilled professional nurses for the newly-appointed professional nurses in the primary health care clinics so that they know what exactly is expected of them.
- Before professional nurses are given duties where they are expected to use treatment protocols, orientation sessions should be done by doctors and the skilled professional nurses so that they can follow the protocols with understanding. This will reduce frustration levels – especially on new and revised protocols – so that they are re-orientated with regard to new developments and changes in primary health care delivery.
- The professional nurses should be oriented regarding the community and disease profile of the area they are working in so that they will be aware of challenges in terms of patient care in the primary health care clinics.

4.4.3.3 Mentoring

- A mentor with all five qualifications should be placed in a mentoring position in the primary health care clinics to provide the needed individualised guidance and understand the professional nurses' training needs and share valuable information with them.
- The authorities should create posts and appoint more of the skilled professional nurses to form a good base for mentoring those who are being updated and undergoing specific training to acquire skills (see quality control).
- A professional nurse who is mentoring during a specific period should be given a smaller workload to enable her to mentor those in need for training and enhance safe practice.
- A strategy should be in place whereby a special post is created for a professional nurse with all five qualifications who is employed to serve as a clinical accompanist for those on further training programs.

4.4.3.4 Planning training

Training should be planned according to needs, including computer training, in-service education and full-range training.

- When implementing training programs, relief staff should be employed while the professional nurses receive their further training.
- The professional nurses who feel satisfied with what they are doing because of their level of skills should be actively involved in the training needs analysis of the less skilled professional nurses.
- With the necessary support system in place the professional nurses who feel adequately equipped (see support systems) should be allocated a lesser workload of patients and relieved of some of the responsibilities of patient care so that they can facilitate on-the-job training sessions.

4.4.3.5 Support systems

- When putting the training plans into action relieve staff should be employed while professional nurses receive their further training.
- While professional nurses are awaiting their turn to go for training they should be given appropriate tasks. Patient allocation should be done on the basis of the professional nurses' level of skills for example, those with General Nursing and Midwifery should be charged with the responsibility to render basic nursing and mother and child services, where they would function without fear and uncertainty. The appropriate placement will boost their morale.
- Those professional nurses with all five qualifications should be encouraged to act as support system for those who need assistance during patient consultation, because they feel comfortable sharing information with colleagues due to the skills they possess.
- Team building workshops should be held regularly to ease the tension, frustration and anger experienced by the professional nurses, and to foster good inter-professional and working relations.

- Clinic forums for professional nurses should be formed to allow them to share their frustrations with their colleagues, with the aim of coming up with tangible suggestions to correct the situation for improved services delivery in the clinics.
- Regular discussion meetings should be held with supervisors where professional nurses will feel comfortable to talk about their fears (due to lack of skills and their need for training) to enhance the delivery of quality, comprehensive primary health care services.
- Debriefing sessions should be held with the supervisors on a monthly basis. At these sessions professional nurses should be able to verbalize and talk openly about their experiences working in the primary health care clinics. Those who lack certain skills should voice their discomfort stemming from strained relations and pressure they experience from the employers and the patients. This can be done in groups and those who want to have individualised sessions should be given the necessary time per appointment. These sessions should help both the supervisors and managers to come up with strategies to resolve such situations in the working area.

4.4.3.6 Consultancy

- The skilled professional nurses should be available to act as mentors for the professional nurses who are being trained and those who are to be trained.
- Some form of information system making the professional nurses aware of the availability of nurses who could serve as consultants when there is need during patient consultation. Those professional nurses who feel unskilled should be informed that there is some help available whilst awaiting training.
- Professional nurses with all five qualifications, namely General Nursing, Midwifery, Community Nursing, Psychiatric Nursing and Clinical Nursing Science, Health Assessment, Treatment and Care should preferably be placed in the primary health care clinics to ensure the availability of skilled professional nurses.

- Due to the fact that professional nurses refer inappropriately, a referral form should be designed with the input of the multidisciplinary health team. The patient in question should be discussed with the consultant before referral.

4.5 CONCLUDING REMARKS

The objectives of the research have been achieved. These are: to explore and describe the perceptions of professional nurses working in primary health care clinics of the skills required to render comprehensive primary health care services, as well as their own levels of skills to render comprehensive primary health care services; and to formulate guidelines for the facilitation of trained professional nurses to render quality, comprehensive primary health care services.

Contrary to expectations the findings indicated that all groups of professional nurses are aware of the skills required to render comprehensive primary health care services. While the professional nurses with all mentioned qualifications mentioned these skills comprehensively and with confidence, the less comprehensively trained needed to describe these skills in more detail, which indicated their insecurity regarding these skills. This style of response seemed to continue when professional nurses were asked about their own level of skills to render comprehensive primary health care services. The professional nurses who are comprehensively trained were comfortable about the skills they possess. They saw themselves as well equipped and found meaning in what they are doing in the primary health care clinics. Whereas the less comprehensively trained professional nurses indicated that their own level of skills is such that they cannot render comprehensive primary health care services. They lack certain skills and see themselves as unsafe in their practice.

Accordingly, regarding the skills they need to develop to render comprehensive primary health care services, the comprehensively trained professional nurses focus mainly on the acquisition of computer skills and on continuous updating. Apart from computer skills and continuous updating, the professional nurses who are less comprehensively trained also mention that acquiring skills in all five directions is important.

It emerged spontaneously that the various categories of professional nurses have different experiences working in the primary health care clinics. The comprehensively trained group felt safe, confident, and good about themselves. They felt comfortable and

enjoyed rendering the services expected of them. Those who are less skilled felt unsafe and build up anger and frustration. Subsequently they are ineffective in the services they render.

A conclusion that can be drawn is that proper and comprehensive nurse training to fully equip the professional nurses is needed to enhance the delivery of comprehensive primary health care services. Professional nurses need all five qualifications to be able to render the expected services. They are aware of the skills needed and of their own level of skills to render comprehensive primary health care services. The comprehensively trained professional nurses render the services safely. Professional nurses who are ill-equipped experience distress working in the primary health care clinics – due to a lack of proper training and skills. Thus, professional nurses need training in General Nursing, Midwifery, Community Nursing, Psychiatric Nursing and Clinical Nursing Science, Health Assessment, Treatment and to be fully equipped to render comprehensive primary health care services. It is also important that they are computer literate and kept up to date regarding the changes taking place in primary health care delivery.

Recommendations in this research are made for nursing research, nursing education and nursing practice – with specific guidelines for the training of professional nurses to render quality comprehensive primary health care services. These guidelines focus on quality control, orientation, mentoring, support systems, consultancy and general nursing.

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APPENDIX A:

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

District Manager
Department of Health Services
P.O.Box 113
Potchefstroom
2520

Dear Mr Roopa

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am currently studying for the M.Cur (Community Nursing) degree at Potchefstroom University for Christian Higher Education.

I hereby request permission to conduct the research: **Professional nurses' perception of skills required to render comprehensive primary health care services** in the Potchefstroom. District

The objectives of the research are:

1. To explore and describe the perceptions of professional nurses working in primary health care clinics of the skills required to render comprehensive primary health care services.
2. To explore and describe the perceptions of professional nurses of their own level of skills to render comprehensive primary health care services.
3. To formulate guidelines for the facilitation of trained professional nurses to truly render quality comprehensive primary health care services.

The research will be conducted under the supervision of experts in Community Nursing and Nursing Research at the School of Nursing Science, PU for CHE.

Enclosed please find the research proposal that has been approved by the relevant authorities at the PU for CHE. This proposal gives an outline of what the research entails. The period during which I plan to do data collection is from May 2001.

Your favourable consideration of the matter and a response at your earliest convenience will be appreciated.

Yours sincerely

.....
Mrs M.S.Mmuwe-Hlahane

.....
Study leader: Prof M. Greeff

.....
Co-leader: Mrs E. du Plessis

APPENDIX B:

WRITTEN PERMISSION TO CONDUCT THE RESEARCH

OMGEWINGSGESONDHEID
ENVIRONMENTAL HEALTH



GESONDHEIDSDIENSTE
HEALTH SERVICES

STADSRAAD
CITY COUNCIL
POTCHEFSTROOM

AAN: Ms S Mmuwe-Hlahane
TO:

VERW./REF:
DATUM/DATE: 2001-05-08

PERMISSION TO CONDUCT RESEARCH

Permission has been granted to conduct research: "Professional nurses' perception of skills required to render comprehensive primary health care services."

This department requires a summary of the outcome of your research project.

Best wishes with your studies.

Yours faithfully



.....
1 MR M ROOPA
HEAD: HEALTH SERVICES

APPENDIX C:

REQUEST FOR MEDIATOR TO IDENTIFY POTENTIAL PARTICIPANTS

To whom it may concern

Primary Health Care Clinics

Dear Sir/Madam

REQUEST TO ACT AS MEDIATOR

I am currently studying for the M.Cur (Community Nursing) degree at the Potchefstroom University for Christian Higher Education (PU for CHE). One of the requirements for this course is that I have to conduct a research project.

The title of the research is: **Professional nurses' perceptions of the skills required to render comprehensive primary health care services**. The objectives of the research are:

1. To explore and describe the perceptions of professional nurses working in primary health care clinics of the skills required of them to render comprehensive primary health care services.
2. To explore and describe the perceptions of professional nurses of their own level of skills to render comprehensive services.
3. To formulate guidelines for the facilitation of trained professional nurses to truly render quality comprehensive primary health care services.

Permission to conduct this research has been obtained from the District Health Manager.

The research will be conducted under the supervision of experts in Community Nursing and Nursing Research at the School of Nursing Science, PU for CHE. The period during which I plan to do data collection is in August 2001.

I hereby request your assistance to act as a mediator in this research.

Should you agree your role would be to:

- identify and compile a list of potential participants,
- explain the objectives and benefits of the research project to the potential participants,
- explain to the potential participants that confidentiality and anonymity is maintained throughout the research project and the strategies to be used to ensure this,
- explain to the potential participants the method of data collection and that the interview is recorded on an audiotape,
- organise a private room with minimal or no disturbances at the clinic to conduct the interviews.

Three populations of professional nurses working in primary health care clinics in the Potchefstroom district in the North West province are identified for this research and the criteria for inclusion of participants is follows.

General criteria for all three populations of professional nurses is as follows: Professional nurses who:

- are currently registered with the South African Nursing Council,
- are willing to give a written, informed consent to participate in the research after being informed about the objectives and process of the research,
- are prepared to have interviews recorded on audio-tape.
- are prepared to participate in the research for the duration that is necessary to complete the session,
- are prepared to participate again after data collection to verify the collected data,
- have an experience of at least 1 year working in the primary health care clinics,

- participate voluntarily

The identified professional nurses should be in possession of the following specific qualifications:

(Population one)

Professional nurses with a registration in General Nursing Science, Midwifery, Community Nursing as well as Clinical Nursing Science, Health Assessment Treatment and Care OR nurse (General, Psychiatric, Community) and Midwife as well as Clinical Nursing Science, Health Assessment Treatment and Care.

(Population two)

Professional nurses with registration in General Nursing Science, Midwifery as well as Community Nursing or as nurse (General, Psychiatric, Community) and Midwife.

(Population three)

Professional nurses with a registration in General Nursing Science and Midwifery only.

Your favourable consideration of the matter and a response at your earliest convenience will be appreciated. I will make personal contact with you as soon as I get your response in this regard to further discuss the contents of this letter.

Yours sincerely

.....
Mrs M.S.Mmuwe-Hlahane

.....
Study leader: Prof M. Greeff

.....
Co-leader: Mrs E. du Plessis

APPENDIX D:

WRITTEN INFORMED CONSENT TO PARTICIPATE IN THE RESEARCH

I _____ hereby give consent to participate in the research project titled: Professional nurses' perceptions of skills required to render comprehensive primary health care services.

The information pertaining to the research project has been explained to me and I understand the implications thereof.

Signature of participant: _____

Date: _____

Signature of researcher: _____

Date: _____

APPENDIX E: FIELD NOTES

Interview 1

Descriptive notes

The professional nurse gave written permission to participate in the interview. The questions were read to her and she was given the opportunity to clarify the meaning of the questions before the interview took place. The professional nurse (about 40 yrs old) had a neat, professional appearance. She is the registered nurse in charge of the primary health care clinic where the interview took place. She appeared to be comfortable with participating in the interview. She maintained eye contact with the interviewer and smiled often and appropriately. She obtained qualifications in community, general, psychiatric nursing science and midwifery in 1993.

Reflective notes

The professional nurse seemed relaxed regarding giving time to take part in the interview, although there were patients waiting for her. The professional nurse answered the questions after apparently thoroughly thinking about her answers. She answered in a warm tone of voice and appeared willing to give as much information as possible. She seemed to have knowledge regarding skills required to render a comprehensive primary health care service, and was aware and verbalised that she did not have that skills and that her service rendering was hampered by her lack of skills. She seemed positive regarding undergoing further studies to acquire the necessary skills.

Demographic notes

The interview was conducted in a consultation room within a Ikageng primary health care clinic that seemed to be very busy (about 50 patients in the waiting area). The room was relatively quiet and private, as the room's door could be closed, keeping most of the noise from the waiting area out. The room temperature was moderate, a heater

had to be put on. Chairs in the room could be moved so that the interviewer and the interviewee could sit facing each other with no obstacles between them. An electricity point was available to plug in the audio tape recorder. The demographic conditions were thus conducive for an interview to take place effectively. The mediator was also present as an observer.

Interview 2

Descriptive notes

The professional nurse gave written permission to participate in the interview. The questions were read to her and she was given the opportunity to clarify the meaning of the questions before the interview took place. The professional nurse had a neat, professional appearance. She is about 35 years old and has qualifications in community, general, psychiatric nursing and midwifery. Her tone of voice was soft, and she tended to break eye contact. She apparently found it difficult to answer question 2, because she kept silent, smiled and asked if we could return to the question later.

Reflective notes

The professional nurse seemed relaxed regarding giving time to take part in the interview, although there were patients waiting for her. However, as already mentioned, the professional nurse apparently found it difficult to answer question 2. It seemed as if she did not have an answer to the question, but with further explanation of the question by the interviewer she said that she was not well equipped because she did not receive the necessary training. The professional nurse was also hesitant to answer the other two questions. The interviewer gathered from this that the professional nurse did not have knowledge regarding skills required of her to render comprehensive primary health care, and therefor found it difficult to answer.

Demographic notes

The interview was conducted in a consultation room within a Ikageng primary health care clinic that seemed to be very busy (about 50 patients in the waiting area). The room was relatively quiet and private, as the room's door could be closed, keeping most of the noise from the waiting area out. The room temperature was moderate, a heater

had to be put on. Chairs in the room could be moved so that the interviewer and the interviewee could sit facing each other with no obstacles between them. An electricity point was available to plug in the audio tape recorder. The demographic conditions were thus conducive for an interview to take place effectively. The mediator was also present as an observer.

Interview 3

Descriptive notes

The professional nurse gave written permission to participate in the interview. The questions were read to her and she was given the opportunity to clarify the meaning of the questions before the interview took place. The professional nurse appeared neat and professionally dressed in uniform. She is about 30 years old. She had a confident, comfortable appearance. She smiled appropriately and maintained eye contact. She has qualifications in community, general, psychiatric nursing and midwifery. She also obtained qualifications in primary health care in 1999.

Reflective notes

The professional nurse seemed relaxed regarding giving time to take part in the interview, although there were patients waiting for her. The professional nurse answered the questions with ease and confidence. She viewed the course in primary health care as essential in enabling her to render comprehensive primary health care. The interviewer was under the impression that more knowledge regarding the skills necessary to render comprehensive primary health care enabled the professional nurse to answer the questions with confidence and elaborately.

Demographic notes

The interview took place in a relatively noise free consultation room in a primary health care clinic in Ikageng. An airconditioner caused a small amount of noise, but it did not interfere with conducting the interview. Electricity was available for the audio tape recorder. No interruptions were experienced. The room temperature was comfortable. Chairs were in such a position that the interviewer and interviewee sat facing each other

and there were no obstacles between them. The mediator was also present as an observer.

Interview 4

Descriptive notes

The professional nurse gave written permission to participate in the interview. The questions were read to her and she was given the opportunity to clarify the meaning of the questions before the interview took place. The professional nurse appeared neatly dressed in uniform. She is about 40 years old. She has qualifications in general nursing only. She was an enrolled nurse for many years, and then completed the bridging course to become a registered nurse. The professional nurse appeared uncomfortable with answering the questions, although she was repeatedly put at ease by explaining the purpose of the interview. After the interview she admitted that the fact that it was a formally arranged interview, and because the interview was recorded, she experienced answering the questions as difficult. She verbalised that if the interview took place as an informal "chat" that she would have been able to give more information.

Reflective notes

The professional nurse seemed relaxed regarding giving time to take part in the interview, although there were patients waiting for her. The professional nurse however seemed to have difficulty in answering the questions. The interviewer made the assumption that it was not only the professional nurse's discomfort with the nature of the interview, but also her lack of knowledge regarding the skills required from her as professional nurse to render comprehensive primary health care that disabled her to answer with ease. Her answers furthermore indicated that she rely heavily on the knowledge of her colleague, who has a qualification in primary health care, during rendering comprehensive primary health care, e.g. she asks her advice during the physical examination of a patient.

Demographic notes

The interview took place in a relatively noise free consultation room in a primary health care clinic in Ikageng. An airconditioner caused a small amount of noise, but it did not

interfere with conducting the interview. Electricity was available for the audio tape recorder. No interruptions were experienced. The room temperature was comfortable. Chairs were in such a position that the interviewer and interviewee sat facing each other and there were no obstacles between them. The mediator was also present as an observer.

Interview 5

Descriptive notes

The professional nurse gave written permission to participate in the interview. The questions were read to her and she was given the opportunity to clarify the meaning of the questions before the interview took place. The professional nurse was neatly dressed in the appropriate uniform. She seemed pressed for time and expressed that she was busy with ordering medication for the clinic. The professional nurse maintained eye contact during the interview, and answered the questions after clarifying the meaning thereof. She spoke in a confident, somewhat loud tone of voice. She has qualifications in community, psychiatric, general nursing and midwifery. She has been working at the clinic for the past five months, and she previously worked in a hospital in the paediatric ward.

Reflective notes

The professional nurse expressed her willingness to participate in the interview, but she seemed eager to return to her duties. Before the interview she was busy ordering medication for the clinic, and she seemed proud of being allocated this responsibility. Her non-verbal communication indicated that she experienced frustration with the working conditions, as she saw herself as committed to promptly attend to the patients while observing that her colleagues tend to attend to the patients at a slower pace. She also created the impression that she experienced that she was not fully accepted as a colleague and professional person because of her cultural background being different from her colleagues' and the patients'.

During the interview she focussed on the importance of having knowledge of the culture of the patients she renders a comprehensive service to, as well as the importance of effective interpersonal skills in order to render a comprehensive primary health care

service. She furthermore expressed that she has developed professionally during the past five months, because she gained experience in rendering a comprehensive primary health care service.

Demographic notes

The interview was conducted in a quiet, good ventilated consultation room in a primary health care clinic in Mohadin. There were about 30 patients in the waiting area of the clinic. There was electricity available for the audio tape recorder. Chairs could be arranged so that the interviewer and interviewee could face each other during the interview. There were no obstructions between the interviewer and interviewee. The door of the room could be closed, ensuring privacy. The room temperature was comfortable.

Interview 6

Descriptive notes

The professional nurse gave written permission to participate in the interview. The questions were read to her and she was given the opportunity to clarify the meaning of the questions before the interview took place. The professional nurse had a graceful, proud appearance and she was professionally dressed in uniform and is about 45 years old. The professional nurse is in charge of the primary health care clinic where the interview took place. She has qualifications in community and general nursing and midwifery.

Reflective notes

The professional nurse seemed to have knowledge regarding the skills required of her because of her experience in working in a primary health care clinic. She also seemed to have insight in the fact that she does not have all the skills to render a comprehensive primary health care service because of her lack in training in this area. She expressed her willingness to acquire qualifications in primary health care in order to acquire the necessary skills. It seemed that she has a need to feel competent in what she is doing, and therefore is willing to acquire the necessary qualifications. During the

interview she appeared 'moedeloos', and verbalised that the clinic was very busy and that she did not really have time to participate in the interview.

Demographic notes

The interview was conducted in a quiet, good ventilated consultation room in a primary health care clinic in Mohadin. There were about 30 patients in the waiting area of the clinic. There was electricity available for the audio tape recorder. Chairs could be arranged so that the interviewer and interviewee could face each other during the interview. There were no obstructions between the interviewer and interviewee. The door of the room could be closed, ensuring privacy. The room temperature was comfortable.

Interview 7

Descriptive notes

The professional nurse gave written permission to participate in the interview. The questions were read to her and she was given the opportunity to clarify the meaning of the questions before the interview took place. The professional nurse had a young, modern appearance (about 25 yrs old) and she was appropriately dressed in uniform. She has qualifications in community, psychiatric, general nursing science and midwifery. She seemed eager to take part in the interview.

Reflective notes

The professional nurse seemed to be enthusiastic and idealistic. The professional nurse seemed relaxed regarding giving time to take part in the interview, although there were patients waiting for her. She maintained eye contact during the interview and seemed eager to answer the questions, although she needed clarification on the meaning of the questions. She expressed the importance of interpersonal skills during rendering a comprehensive primary health care service. Her answers indicated that she did not have and in-depth insight in the skills required of her to render a comprehensive primary health care service, possibly because of her lack in experience and knowledge in this area. After the interview she verbalised that she had a keen interest in acquiring qualifications in psychology.

Demographic notes

The interview was conducted in a quiet, good ventilated consultation room in a primary health care clinic in Mohadin. There were about 30 patients in the waiting area of the clinic. There was electricity available for the audio tape recorder. Chairs could be arranged so that the interviewer and interviewee could face each other during the interview. There were no obstructions between the interviewer and interviewee. The door of the room could be closed, ensuring privacy. The room temperature was comfortable.

Interview 8

Descriptive notes

The professional nurse had a neat, professional appearance, and was dressed in uniform. She appeared relaxed and confident during the interview. She has qualifications in professional nursing (general, community, psychiatric nursing science) and midwifery. She also has qualifications in theatre, intensive care nursing and primary health care. She is approximately 37 years old and has more than 10 years experience working as a professional nurse. She seemed positive regarding participating in the research interview.

Reflective notes

The professional nurse seemed confident working in the primary health clinic. She created the impression that she has vast experience in primary health care, and therefore she did not concentrate on the detail of the skills required, but she was able to identify problems of primary care as a whole, e.g. patients focussing on medication, while there is a need that they should receive appropriate health education. She furthermore maintained a positive attitude regarding further education. The professional nurse expressed a genuine concern for the community she renders a service to. Her responses during the interview correlated with the responses of the previous participants.

Demographic notes

The interview was conducted in a consultation room in a primary health clinic. The room was quiet and private. The professional nurse remained sitting behind her desk, but the desk between the interviewer and the professional nurse did not create discomfort. The researcher also was present during the interview.

Interview 9

Descriptive notes

The interviewer and the researcher met the participant while he was sitting, reading a newspaper at the desk of the consultation room. He did not seem busy with his professional duties at that time. He was dressed appropriately in uniform. He walked with a limp and his chest had a wheezing noise. He repeatedly asked for clarity about the objective of the interview, as well as the meaning of the questions. He initially did not seem comfortable to participate in the interview, but later during the interview he seemed more relaxed. He has qualifications in general nursing, and has received in service training regarding TB and HIV counselling. He has been working at the primary health clinic in Kokosi for the past 5 months. Previously he worked at a mining hospital and clinic for more than 10 years.

Reflective notes

The participant created the impression that he was uncomfortable, because it was difficult for him to maintain eye contact with the interviewer (may also be culturally appropriate for him to avoid eye contact with a female?). The interviewer was aware that the participant might feel uncomfortable participating in an interview conducted by a female, white person. The presence of the researcher as an objective observer apparently alleviated this discomfort. After reading the questions, he made notes and during the interview he read the notes aloud as his answers to the questions. This, together with his response to question 2 and 3, created the impression that he does have theoretical knowledge regarding the skills required of a professional nurse working at a comprehensive primary health care service, but that he has difficulty in implementing the skills because of his lack in qualifications. The professional nurse expressed a positive attitude regarding receiving training in primary health care.

Demographic notes

The consultation room was conducive to conducting an interview. It was a quiet, private room. Electricity was available for the audiocassette recorder. The consultation room was however not conducive for rendering a primary health care service, as it was dusty, untidy and there were no curtains in front of the windows for patient privacy. The researcher remarked that she observed that the medicine cabinet was open, and it contained drugs that are not listed in the EDL.

Interview 10

Descriptive notes

The professional nurse's appearance was untidy and it appeared that she was ill. She coughed and complained that she was recently diagnosed with asthma. Because of her illness, she found it difficult to participate in the interview. She however gave informed consent to participate. The professional nurse has qualifications in general nursing science and midwifery. She also received in service training in HIV counselling and family planning. She is in her late thirties. She has been working in the primary health clinic for the past five months. Before that she did not work for five years and raised a family in Mpumalanga.

Reflective notes

The participant's illness (coughing, difficult breathing) made it difficult for her to answer the questions. The interview was therefore relatively short. She mentioned specifically that she needed more knowledge regarding the pharmacological action of medication. After the interview the participant shared her concern regarding being diagnosed with asthma recently, and mentioned that her daughter also was diagnosed with asthma recently. The researcher, with qualifications in primary health care, who was present during the interview as an observer then gave the participant thorough health education regarding the causes and management of asthma, including the indication for and correct use of medication. The participant demonstrated signs of immediate physical and emotional relief after receiving the health education, and thanked the researcher.

Demographic notes

The interview was conducted in a consultation room at a primary health care clinic in Kokosi. The room was conducive to conducting an interview, as it was quiet and private. Electricity was available. The room however was dusty and untidy.

Interview 11

Descriptive notes

The participant is an 57 year old lady with qualifications in general, psychiatric, community nursing science and midwifery, nursing management, primary health care, marriage guidance and counselling. She also attempted an honours degree in community nursing science, but could not complete the final examination because of work related problems. She is therefore a well-experienced and knowledgeable professional nurse. Her appearance is that of a calm, authoritative leader.

Reflective notes

The participant answered the questions with ease, and was able to relate answers regarding comprehensive primary health care as a whole. The participant's experience and positive attitude regarding lifelong education impressed the interviewer.

Demographic notes

The interview was conducted in the tea-room of the primary health clinic in Wedela. The tea-room was quiet and private. Electricity was available. The clinic appeared busy, as about 20 patients were waiting in the waiting area. The clinic building seemed newly built and modern.

Interview 12

Descriptive notes

The participant has qualifications in general, community nursing science and midwifery. She also received in service training in HIV counselling, family planning and genetics. During the interview she was neatly dressed in uniform. She appears to be about 45

years old. The researcher was present as observer and to explain the objective of the research and the participation of the professional nurse. After the professional nurse gave informed consent to participate in the interview, the interview was conducted.

Reflective notes

The participant appeared uncomfortable before and during the interview. She repeatedly asked for clarification on the meaning of the interview questions, specifically the meaning of 'skills'. She furthermore apparently found it difficult to maintain eye contact with the interviewer.

Demographic notes

The interview was conducted in the tea-room of the primary health clinic in Wedela. The tea-room was quiet and private. Electricity was available. The clinic appeared busy, as about 20 patients were waiting in the waiting area. The clinic building seemed newly built and modern.

Interview 13

Descriptive notes

The interviewee was neatly and professionally dressed in her uniform. Her epaulettes indicated that she has qualifications in general nursing, midwifery and p and c. She mentioned that she was from private sector, she has been working in the clinics for two years. She indicated that she is not at ease because she is often taken to other clinic if there is shortage of nurses. She appeared to be comfortable with the interview and with being interviewed. The interviewee seemed not comfortable with working in the clinics because she kept on mentioning that without certain you are expected to work regardless of what qualification you had.

Reflective notes

Important themes repeatedly mentioned by the participant was concern about the attitude of nurses towards patients. The fact they are being shunted around from one clinic to the other in an indication of shortage of staff. This and lack of skills makes it

difficult to render a comprehensive service. The participant feels that the expectations of the patients and the government put a lot of pressure on professional nurses. The participant stresses the need for further training to render comprehensive PHC services.

Demographic notes

The physical setting seemed ideal for the research interview. The room was quite, private with minimal disturbance. The room temperature was comfortable. There was no desk or table between the interviewer and the participant. The interview took place at the clinic, which was familiar to the participant and put her to ease. It seemed not a very busy day at the clinic, not many patients which enhanced the participants comfort, as she was under no pressure to finish the interview in the shortest time possible.

Interview 14

Descriptive notes

The participant gave a written permission to participants. She was given some time to read through the questions and clarify the question before the interview took place. She was dressed professionally with distinguishing devices depicting the following qualifications, general nursing and midwifery. The participant seemed not very comfortable. She was squeezing her fingers. Later on as the interview continued she started to relax.

Reflective notes

She did not really maintain good eye contact. There were very few patients. It was one of the quite days at the clinic. She needed clarification on the meaning of the questions. She expressed the need for training. She had a broad working experience in the clinic. She thus related the expectations in rendering comprehensive PHC services as pressurizing professional nurses. She verbalized that despite her long working period in the clinic she need to do a course in PHC.

Demographic

The interview was conducted in a quite, well ventilated room in the clinic. There was electricity available for the audio tape recorder. Chairs were arranged in such a way that the participant and the interviewer could face each other. Minimal disturbance and privacy were maintained. The door was kept close during the interview.

Interview 15

Descriptive notes

The participant gave written permission to participate in the interview. The questions were read to her and she was given opportunity to clarify the meaning of the questions before the interview took place. She was neatly dresses end presented herself professionally. She has qualifications in general nursing, community nursing, psychiatric nursing and midwifery. She seemed comfortable in answering the questions.

Reflective notes

The participant answered the questions with ease. She stressed the fact that there is great demand or pressure put on the nurses by both the government and the community. She thus sees ongoing training and in service education as very important. Continuous up dating the peoples skills is seen as important. She states that she personally wants to do a course in primary health care services. She does not feel comfortable to be always asking for assistance when she has to help a patient.

Demographic

The interview was conducted in a quite, well ventilated room. There was electricity available for the audio tape recorder. Chairs were arranged in such a way that the participant and the interviewer could face each other. Minimal disturbance and privacy were maintained. The door was kept close during the interview.

Interview 16

Descriptive notes

The participant was neat and professional dressed in uniform. She mentioned that two of the staff members had to attend to something urgently so they were short staffed. Despite that she was still prepared to go on with the interview. She was comfortable and maintained good eye contact. She indicated that she enjoys working in the clinics despite the fact that there is so much expected from them.

Reflective notes

The participant constantly mentioned good communication skills. She feels that with good communication skills one can cross the barriers of language and culture. The participant mentioned that the high numbers of patients and shortage of staff hampers the delivery of good services. She feels there is a wide range of skills required to render comprehensive PHC services but PHC is most important. She has a positive outlook towards continuous and in-service training.

Demographic notes

The interview was conducted in a quite room in familiar environment. The room was well ventilated with good lighting. The arrangement of the chairs was such that to allow for good eye contact.

Interview 17

Descriptive notes

The participant was very restless. She kept on verbalizing her discomfort. She seemed to feel very insecure. The participant highlighted the fact that the hospital situation is totally different from a clinic situation. She indicated that the expectation from the patient and the government side is demanding.

Reflective notes

The participant did not maintain good eye contact. She kept on rubbing her hands. Based on her previous experiences she could only handle mother and child care though also not very well. She felt that nurses are put under a lot of pressure. To overcome this according to her training is imperative.

Demographic notes

The interview was conducted in a reasonably quite room in a familiar environment. The room was well ventilated and with good lighting. There were no movements and disturbance. The chairs were arranged in such a way as to maintain good eye contact.

Interview 18**Descriptive notes**

The participant is calm and professionally dressed. The epaulettes indicate that she has the following qualifications: general nursing, midwifery, community nursing and psychiatry. She states it was difficult to work in the clinics when she started as the hospital is more curative oriented and the clinic is preventive. Presently is well adjusted.

Reflective note

The participant answered questions with ease. She related her answers regarding comprehensive PHC as a whole very well. She maintained good eye contact during the interview.

Demographic notes

The interview was conducted in a fairly quite room, on the first floor, away from a lot of movement disturbance. The room was cool and well ventilated with good lighting.

APPENDIX F:

PART OF TRANSCRIPTION OF AN INTERVIEW WITH THE PROFESSIONAL NURSE

I: Hmmm! what skills do you need to assess patient as holistic person

P: PAUSE. To answer that one I don't know but I thought I had explained myself.

I: Hmmm! You mentioned patient interviewing skill, listening to the patient and also examination of patient. Ok lets come back to treating patient what skills do you need to treat the patient.

P: For treating the patient in the first instance we need to PAUSE eeeh to treat the patient eeeh in a primary set up we have the guideline EDL that we need to comply with and if the condition of the patient is seen such that is not able to be treated in the Primary Health Care level then we refer to a secondary level.

I: Hmmm! Maybe lets, there are two skills the medication skill according to EDL and also referring the patient and if we can talk more about these skills in details.

P: Ok eeeh the medical skill also I think you are not going to to treat a patient not being sure of what's wrong with the patient if you are not sure you rather get second opinion and maybe as I said if you are not sure we you are going to consult your EDL and if do not, you are able to refer to the hospital or maybe to the discipline that you may think is the one suitable say for instance the condition is not medical problem is a social problem you rather refer the patient to the social workers.

I: Hmmm!

P: Yes

I: Lets go back to the beginning information that you render a lot of services or different types of services like you spoke about a person. I wonder what other skill you also need or what other services you also need.

P: Services here in the clinic that we also render are family planning, so FP also I think you need to have the knowledge where to give what type of medication like say for instance, if you treat the TB patient you rather give infectable so I think there are some of the things you must know and when the patient is eeeh having varicose veins also it also eeeh advisable to give hmmm oral contraceptives the pill and the method of the pill and also knowing what eeeh disease or conditions that you need to place a client strictly on on on a method. So that if the patient becomes pregnant it will be detrimental to this or to her health. Thing like that. So other services that we are rendering is eeeh immunization so you also have to eeeh know eeeh vaccines, how they work, their storage and the disease itself how like they will will prevent the measles, diphtheria and polio thing like how do people contract the disease and so on. So mainly I think to me knowledge, the knowledge is very important.

I: Hmmm! You mentioned that knowledge is skill that is very important when you render different types of services and services include Family Planning and immunization.

P: And geriatric services also you must also know something about the affect, how do they lives their diseases eeeh which are common to the aged. Sometimes you think eeeh maybe granny is ill but in the other hand this part of things happen in old age, then so you must be able to differentiate stages of a person, how a person go into different stages of life. Another services we render here are the chronically ill. Chronic disease like HT eeeh, diabetes, asthma patients. So we need to know when to place a on or start a patient with treatment like eeeh an HT you must be able to recognize whether the high-blood was caused by situations like anxiety or anger or is it really a disease neeh!

I: I seems that this other services as well like especially chronic diseases that you have to have an assessment also diagnose in order to treat. If you look at the question again

what do you see are the skills required by you as a professional nurse to render a quality comprehensive Primary Health Care services on what can you add to all this.

P: PUASE – I think I have, I have mentioned that you have to treat the patient in a holistic

I: Would you like to add

P: Eeeh I also mentioned when I mean holistic I don't mean the physical aspect only the psychological and or spiritual aspect of the patient

I: Hmmm! You mentioned skills that are necessary, treat the patient holistically is that you have to have interviewing skills, being aware of that there may not be a physical thing but it could be one of the other aspects of the person's body such as social or psychological stress and that you a going to diagnose and treat and if you cannot treat you can refer.

P: Yes

I: Are you ready to move to the 2nd question.

P: Yes

I: What would you say is your own level of skill to render a Comprehensive Health Care services.

P: PAUSE – Hmmm! As I said I do not have enough skills a I said I haven't done PHC nursing so I have enrolled, going to start with training next month September so I can't say I have skills. I presently concentrate much on the EDL and follow the EDL and protocol that national protocol of EPI, extended program of immunization and the protocol for treating sexually transmitted infections. So I think I am not at yet competent to can render comprehensive eeeh comprehensive PHC

I: And because now that you feel that you do not have the skill you render the services according to the protocol, you use that as a bible.

P: Yes I use that as bible and then when I fail we have a doctor who comes to the clinic once a week to the clinic to see the patient or if its an urgent matter then I write a referral letter to the hospital explaining what the patient told me and my observation and that I like them to continue further.

I: So you said that you feel that you do not have the skill because you do not have qualification in Primary Health Care but you use the protocols as guidelines and you also make use of the Dr if you do not have the knowledge and skill and also refer the patient to hospital.

P: Yes

I: Third question. What skills if any do you think you need to develop to render Comprehensive Primary Health Care services.

P: PAUSE – Ja in mainly the skill that really I think I need its eeeh to be competent to feel competent in my job and going to be competent I think I need some more knowledge and as how eeeh life is not stand still there are lot of new things going on eeeh and new technology so we need to update myself also in the recent things. That are being found out in our profession.

I: You would like to be competent in the things that will help you to feel competent in rendering Primary Health Care services and also that the services is changing you would like to keep up to date in the services rendering.

P: Yes.

I: Any thing that you like to add

P: Yes eeeh what I wanted to add is that if a person is more knowledgeable you are going to treat your patient correctly, you are going to give quality services and by

correctly I mean you are not going to give unnecessary antibiotics where they are not needed.

APPENDIX G: WORK PROTOCOL FOR DATA ANALYSIS

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Dear

INDEPENDENT CO-CODER FOR A RESEARCH

I am presently studying M.Cur (Community Nursing) with the Potchefstroom University for Christian Higher Education and one of the requirements is that I conduct research. The title of the research is: **Professional nurses' perceptions of the skills required to render comprehensive primary health care services.**

The objectives of the research are as follows:

- To explore and describe the perceptions of professional nurses working in primary health care clinics of the skills required of them to render quality comprehensive primary health care services
- To explore and describe the perceptions of professional nurses of their own level of skills to render quality comprehensive primary health care services
- To formulate guidelines for the facilitation of trained professional nurses to truly render quality comprehensive primary health care services.

The interview is conducted by the interviewer and the questions are:

1. What do you see are the skills required by you as a professional nurse to render comprehensive primary health care services?
2. What would you say is your own level of skills to render comprehensive primary health care services?

3. What skills, if any, do you think you need to develop to render comprehensive primary health care services.

Your role is that of analysing the transcripts and the field notes of the interviews with the professional nurses selected according to the criteria for this research. The analysis of the transcripts and the interviews is done according to the guidelines as described by Tesch (*in* Cresswell, 1994:153-157).

- Each transcript is divided into three columns, with the middle column used for the interviewer and participants' verbal and non-verbal responses.
- A specific transcript, for example of one interview that is interesting, is read through, asking oneself what it is all about.
- The transcript is read through carefully so as to get the sense of the whole. Whilst reading the transcripts the questions of the interview are kept in mind.
- The researcher reads through the transcript again, this time underlining the themes, words and phrases as stated by the participants and written on the right hand side.
- The researcher carefully reads through the transcript again to try and establish what it is all about. The ideas that come to mind are written on the left margin of the transcript.
- Themes that emerge from the responses are written on the right margin of the transcript.
- The identified themes are grouped into main categories, subcategories and further categories.
- The described process is followed with the rest of other transcripts.
- The researcher eliminates redundancies in the themes that are not specified, clarify or elaborate the meanings of the remaining themes by relating them to each other and the whole.
- Towards the end of the analysis the concrete data is formulated in scientific terminology.

A consensus meeting is arranged in due process for discussions at a suitable date and time.

Your participation as a co-coder in this research is highly appreciated.

Yours sincerely

.....
Mrs M.S.Mmuwe-Hlahane

.....
Study leader: Prof M. Greeff

.....
Co-leader: Mrs E. du Plessis

APPENDIX H: INTERVIEW SCHEDULE

1. What do you see are the skills required by you as a professional nurse to render comprehensive primary health care services?
2. What would you say is your own level of skills to render quality comprehensive primary health care services?
3. What skills, if any, do you think you need to develop to render comprehensive primary health care services?