THE EXPERIENCES OF PROFESSIONAL NURSES WORKING IN OUTPATIENT DEPARTMENTS OF THE INTRODUCTION OF THE BATHO PELE PRINCIPLES IN STATE HOSPITALS

BY

Thenjiwe Mildred Miza

SUPERVISOR: DR S JAMES

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DEDICATION

This treatise is dedicated to my late parents, Beatrice and Lusiya Miza who both raised me with love, instilled values and made me to believe in myself

and

to all my teachers who I encountered in my educational career from an early age in my life and were able to unlock and develop my potential. I thank you.
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ABSTRACT

After 1994 with the inception of the South African Democratic Government, the health care delivery system was one of the areas that had to be reviewed. The vehicle for a comprehensive health care system was based on primary health care which encouraged people and patients to take responsibility for their health by being involved in all aspects of their care. For this purpose the Batho Pele principles were introduced, a concept which is informed by 8 principles, namely: consultation, service standards, access, courtesy, information, openness and transparency, redress and value for money. These principles are meant to restore the dignity and the rights of patients which are paramount in the Constitution of South Africa. (Constitution of South Africa 108 of 1996 Chapter 2)

The nurses claim that since the introduction of the Batho Pele Principles, patients and their families have been “impossible” towards nurses, making unnecessary and sometimes impossible demands. The nurses also experience patients and their families as being informed of their “rights” but not of their responsibilities as patients. They were also unaware of the rights of the nurses.

The objectives of the study were:-

To explore and describe the experiences of professional nurses working in the outpatient departments of the introduction of the Batho Pele principles in state hospitals, and to

Recommend guidelines that will enhance better understanding and implementation of the Batho Pele principles by the professional nurses.

The study is founded on a qualitative research paradigm based on explorative, descriptive and contextual framework. The data was collected from focus groups from each hospital of the Port Elizabeth Hospital Complex. Each group consisted of four to six willing participants all of them were professional nurses who have worked at least five or more years in the outpatient department of the Port Elizabeth Hospital Complex. Data was collected via semi-structured audio-taped interviews together with the researcher’s field notes. Data analysis was done using Tesch’s data analysis spiral. The assistance of independent coder reinforced the truth value of the findings.
Themes and subthemes emerged from the data that was collected and revealed that the professional nurses experienced that the Batho Pele Principles as a good policy, but that it was difficulty to uphold due to inadequate planning of health services prior to implementation of the Batho Pele Principles.

They experience not getting from their management and they also experience that there was lack of discipline in their institutions.

Based on these findings, guidelines that will recommend better implementation of the Batho Pele Principles by nurses were compiled by the researcher and future research in this regard was recommended.

Key concepts: Professional Nurse, Patient, Experiences, Principle, Batho Pele.
CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

The introduction of the Batho-Pele principles by the South African Government for the state health care services is a strategy to improve the quality of healthcare to all its citizens by providing the consumers of healthcare services with information related to their care. These principles are meant to be an empowerment tool for the citizens/users to train people to develop a sense of responsibility and awareness regarding the proper use of state health care funds and services. Patients are supposed to own responsibility for their own health while the healthcare providers are responsible for service they provide to the patients.

The study, utilising the qualitative research design, will explore and describe the experiences of professional nurses working in the outpatients departments of the hospitals regarding the introduction of the Batho-Pele principles. Data will be collected by means of semi-structured interviews with focus groups. The information will then be analyzed. Based on the findings of the study, guidelines will be compiled together with strategies to implement and enhance the understanding and use of Batho Pele principles by professional nurses. These will be recommended to the health care management.

1.2 ORIENTATION TO THE STUDY

The quality of care rendered has always been the main focus of health care and yet this remains a challenge to state hospitals. Quality care, as explained by Muller (2001:199) refers to the attributes or characteristics of excellence. The emphasis of these attributes lies in the principles of applicability and acceptability. Considering all these attributes and principles one assumes that, if implemented correctly, good quality health care delivery can be achieved. Booyens (1993:580) contends that quality refers to characteristics which are associated with excellence which form the
criteria for assessing the quality of a specific service. Booyens (1993:580) further states that patients view quality from the point of view of the care they receive and the Batho Pele principles therefore are seen to possibly play a role in the immediate health requirements. Empathy and accessibility of care are important to patients. A professional health practitioner views quality in terms of the knowledge and skills that are involved in professional practice. Management on the other hand attaches a financial value to quality. Therefore it could be said that quality means different things to different people but everyone agrees that quality is associated with excellence.

During recent years rendering of quality care in state hospitals has been compounded by the resignations of senior and experienced nurses in outpatients departments of the different hospital units. This brain and skill drain happened simultaneously to the inception of primary health care in South Africa. Primary health care is seen as the key element in the plan to transform the health services in South Africa (Department of Health, 2001:7).

Primary health care services are made available to the entire population and will provide a solid foundation for a single unified health care
Primary health care is practiced at the clinics and in outpatients departments; where the bulk of the work is the responsibility of the professional nurse. Driven by compassion and their professional ethical code of conduct, professional nurses working in outpatient departments continue to provide the services, but are not comfortable with the quality of the services rendered due to the inadequacy in meeting their set objectives. As a result they spend almost all the time in pursuit of methods to meet these objectives.

Booyens (1993:590) contends that one of the characteristics of a profession is the pursuit of excellence and the desire to regulate one’s own performance. In this study the pursuit of excellence lies in positive access to health care services in order to optimise maintenance and protection of the patients’ dignity.
The Constitution of South Africa Act 108 (1996) states that everyone has an inherent dignity and the right to have their dignity respected and protected. This statement refers to the activities of both professional and non-professionals employees. Preservation of human dignity, on the other hand, is also one of the core values of the nursing profession. In this respect Pera (1996:3) contends that nurses are taught to respect human life, to protect human dignity and to maintain a person-centred approach in their nursing practice. Protection of dignity helps the patient maintain calm and controlled behaviour thus enabling effective nursing assessment and diagnosis.

Collins English Dictionary (2005:165) defines dignity as a quality of being worthy of respect and a sense of importance. When a nurse shows respect towards a patient the experience of worthiness and importance is further enhanced thus establishing a relationship of trust and mutual respect between the patient and nurse which leads to effective communication. Openness of the patient assists the nurse with obtaining the health history from the patient and facilitates further management and treatment of the patient.

In the past, in the Republic of South Africa, human dignity and respect were enshrined in the Constitution of the country (Act 200 of 1993) constitution of the Republic of South Africa however; at times it was not practised. This led to some of the public service providers falling short in observing and providing for the basic needs of the patient that could preserve the dignity of their clients. Disadvantaged and underprivileged patients were mostly affected. There was disparity in the allocation of care and resources to satisfy the health care needs of patients from this group of people. For example there were limited institutions for the frail, aged and disabled patients. To satisfy the neglected basic health care needs of these patients, one member of the family had to stop schooling or working to look after the patient at home. At times when it was not possible to have someone caring for the patient, they would be left alone at home thus becoming victims of abuse, neglect and health problems.
Furthermore patients are not always fully informed of changes or new developments in the health care sector. They do not understand medical terminology so they rely on nurses and doctors for information, but limited information was shared with the patients. Such acts of limited information distribution created gaps in the care of the patients. To bridge the gap and improve service delivery, the South African Government published the White Paper on Batho Pele as a framework for the provision of service delivery (Department of Health, 1997). These principles are meant for all levels of public service but mainly at the primary health care level which is practiced at clinics and outpatient departments.

The Batho-Pele Principles were published in 1997. The principle of people first (Batho Pele) is the core of the Batho-Pele principles. It aims at ensuring that health care providers are sensitive to patients' health care needs. For Batho Pele to be feasible it needs to be considered within the context of its different principles. The Batho Pele Principles are as follows as stated by Muller (2001: 8)

- Consultation
- Service standards
- Access
- Courtesy
- Information
- Openness and transparency
- Redress
- Value for money.

(Department of Health 2008:7)

A brief description and application of the Batho Pele Principles in this study will now be discussed.

One of the principles insists that citizens should be consulted about the level and quality of the public service they receive. Wherever possible citizens, as stated in the principle should be given a choice about the service that is offered, including health care service. All the citizens of South Africa, including health care users and providers, should be informed and consulted about the quality of services to be
provided in order to make informed decisions about using these facilities. (Department of Health 1997).

Muller (2001:2002) contends that the success of quality improvement programmes in nursing units depends on these basic principles that include informed commitment, empowerment, management support and the establishment of quality improvement culture in the nursing unit or department. The emphasis within this principle is that the patients need to know how health care services are classified to ensure that they receive prompt care and, should the need arise, that they are referred to the correct health care facility. From experience the researcher believes that if patients are not consulted about changes and levels of health care, there will be misunderstandings leading to complaints and negative concepts about health care services. If patients are consulted it gives the patient or relative an opportunity to ask questions and get clarity leading to full co-operation from the patient. The principle of consultation is therefore seen as being implementation of care based on set service standards.

Searle, (2006:77) states that when a nurse is admitted to the professional register she declares publicly that she is competent and willing to meet the standards of nursing required from her and that she will dedicate herself to serving people through meeting their nursing needs. According to Booyens (1993:600) standards are a description of the characteristics associated with excellence. Standards are therefore a valid and explicit description of the desired quality of job performance and contain criteria or indicators for assessing the quality of health care service. Quality measurements may take the form of procedures, guidelines, major protocols and policies. Chaska (1990:420) states that the quality of patient care plays a role in patient satisfaction. Consultation with patients will therefore provide access to quality health care.

Access means the right to approach or enter (Collins English Dictionary, 2005:4) Access in terms of the Batho Pele Principles (Department of Health,1997:9) means that all health care users should have equal opportunities in terms of resources and facilities. The Department of Health has vowed to improve access through the use of primary health care services. The Department of Health believes that access
should be provided through comprehensive health care within a 5km radius of the catchment area at all times (Department of Health, 2001:12). However, access may go beyond the designated catchment areas.

The outpatient department nurse is usually the first contact with a patient. The nurse needs to portray professionalism at all times as a means of promoting access to care. Dennison (1942:774), as cited by Searle and Pera (1996:82) states that finally and fundamentally the quality of nursing care depends upon the quality of those giving care.

Besides consultation, access and *courtesy*, the Batho Pele Principles also make reference to the provision of full accurate information to the citizens about the public health services to which they are entitled. The public have faith that the professional nurse will give them accurate information regarding health issues; therefore the nurse has the responsibility to ensure that she/he is aware of all changes and new developments in the health care sector.

Booyens (1993:630) states that *information* is a sign or set of signs that predispose a person to take action. For example in the context of this study some parents do not know that a child who is under 6 years is entitled to free health care which the patients can obtain from the clinic. The parents will stay at home with a sick child because she/he does not have money to pay for health care. It is the responsibility of the Government to disseminate that information, but the nurse is also expected to inform the community of such services. It is also expected from the nurses to inform the community about the availability and types of health care services.

The patient needs to be empowered by all relevant stakeholders. It is the duty of the nurse to ensure that patients make positive decisions about their health. Nurses should use their advocacy role on behalf of their patients. Pera and Van Tonder (1996:148) define advocacy in nursing practice as the action a nurse takes to inform and to support the patient so that he can make the best decisions for himself/herself. To this end the nurse needs knowledge, integrity, conviction and self-confidence.
Pera and Van Tonder (1996:149) assert that advocacy is based on basic humanity and basic human rights.

The nurses’ role as advocates in nursing practice includes the two main functions:

- To inform the patient of his/her rights and to ensure that he/she has all the necessary knowledge to enable him/her to make an informed decision.
- To support the patient in the decision he/she makes.

While sharing information health care workers (nurses) should observe the culture of openness and transparency. Furthermore the Batho Pele principles determine that public services should be provided economically and efficiently in order to provide the citizens with the best possible service for the value of their money. Currently it is known in the circles of health care, whether in the private or public sector, that quality and cost-effectiveness must be tightly interwoven for a health care institution to provide a service.

Health authorities around the world face many concerns regarding the sustainability of health services and the allocation of scarce resources (WHO, 1996:13). For this reason some of the health care services find it difficult to allocate sufficient money for the care that patients need but will use certain strategies to provide and sustain the quality of care. Strategies usually put in place for this purpose are cost-containment and productivity.

Outpatient departments are no different. At this level of care patients are to be well informed of their illness and of the services available to them so as to access health care as soon as possible, make use of management and treatments correctly and take decisions of further management as correctly as possible. Having mentioned the various principles that comprise the notion of Batho-Pele one must also remember that these principles are informed by three sets of beliefs, namely care, teamwork and to serve.
Sourial (1997:1189) asserts that caring is integral to the ethical foundation of nursing. Nowadays although highly sophisticated machines and equipment are used to preserve the life of a patient the nurses’ presence, touch, compassion and care are still needed. For example, when relatives visit a patient who is being monitored through the use of a mechanical ventilator and do not see a nurse around they become concerned and complain that their relative is neglected at the hospital. They make statements such as “We did not see any nurse next to his/her bedside.” It is therefore obvious that the caring nature of nursing has raised some expectations among the public.

Marcel, as cited by Searle (2005:149), describes this aspect of the nursing profession as follows: “The person who is at my disposal is the one who is capable of being with me with the whole of himself when I am in need, while the other one who is at my disposal seems merely to offer me a temporary loan raised on his resources. For the one, I am a presence, for the other I am an object.” Searle and Pera (1996:159) infer that the caring and responsible nurse identifies the needs of the patient and responds to those needs at all times. Out patient department professional nurses have the responsibility to identify the needs of the patient referred to them and manage them as guided by the Batho Pele Principles.

Caring in the outpatient department cannot be done in isolation. Professional nurses need support from other health care providers and relevant stakeholders. Teamwork and support is more important in an outpatient department situation to ensure quality patient care. In most hospitals a multidisciplinary team is formed whereby all the health care disciplines meet to discuss the care of patients and to reach the goal of quality patient care. Booyens (1993:396-397) states that the aim of the teamwork is to ensure priorities and to clarify roles and responsibilities. In the outpatient department patients are sometimes referred from clinic to clinic to satisfy the hearts of the patient but this action might be confusing and annoying to some patients. Explanation in a caring manner is therefore crucial for the identification of problems, conflict and the improvement of the communication between team members and community. Covey (1989:187) states that interdependence opens up worlds of possibilities for deep rich meaningful associations and increased productivity for
serving. Those possibilities in this study will depend on the understanding and correct use of the Batho Pele principles.

One joins the nursing profession with a vision to serve society that is driven by passion and caring. During training that passion and caring is polished and internalised. Nurses are trained and are expected to be committed to the community they serve, hence the pledge of service ceremony at the end of their training. This Pledge of Service serves as a binding contract between the nurse, the patient and the community. The eight Batho Pele principles and belief sets can easily be applied within the nursing care of patients by professional nurses who are working in outpatients department as they are entrenched in the Pledge of Service. Through the Pledge of Service nurses commit themselves to serve humanity and to endeavour to practice the profession with conscience and dignity. Fundamental in serving the patient is responsibility and accountability and going beyond the call of duty.

1.3 PROBLEM STATEMENT
The researcher of this study is exposed to nurses who almost daily express the concern that since the introduction of Batho Pele principles patients have been abusive towards them thus making their work unbearable. According to these nurses, patients seem to have unrealistic demands as their expectations have been raised. Some of these nurses feel that it is not easy to uphold the principle of access when there is a shortage of staff, especially skilled staff, and a shortage of medications.

Currently, on average one professional nurse takes care of twenty patients per day. These patients present themselves to the department as early as 06:00 and might leave at 14:00-16:00. Sometimes the patient only receives the clinical attention of the professional nurse after five hours of waiting. By that time the patient is no longer tolerant enough and might come into conflict with the professional nurse who is ultimately taking care of him/her.
Shortage of material resources is also cited as a cause of concern and a factor leading to abusive behaviour of patients towards the nurses. Lack of material resources may at times include medicines to be given to the patients as well as diagnostic equipment. Nurses have to face the anger of the patients who are exposed to such supply shortages. Professional nurses as the nursing category that carries the bulk of patient care in the outpatients department, bears the brunt of the assumed bad behaviour of the patients and feel that the authorities do not listen when they report the abusive tendencies or behaviour of some patients.

Furthermore there have been many negative reports from the media in the past years about the bad attitude of nurses towards patients and their relatives and also about the sub-standard housekeeping and nursing care in state hospitals. According to professional nurses all these negative reports are directly related to the introduction of the Batho Pele principles in the state hospitals.

These statements made by nurses prompted the researcher to gain more information to identify the actual problem facing the professional nurses. Brink (1996:66) describe the research problem as “a situation of a discrepancy between the way things are and how they ought to be”. Presently professional nurses feel burdened by the demands from patients.

1.4 PURPOSE

The purpose of this study is to investigate the nature and extent of the professional nurses’ understanding of the introduction of the Batho Pele in state hospitals

1.5 RESEARCH OBJECTIVES

The primary objective will be to explore and describe the experiences of professional nurses working in the outpatient departments to the introduction of Batho Pele Principles in state hospitals.

The secondary objective will, based on the findings of the study, be to recommend guidelines to hospital management that will assist with the implementation of the
Batho Pele principles in OPD’s by the professional nurses to improve the relationship with patients.

1.6 RESEARCH QUESTIONS

The study is designed to answer the following questions:

- How do professional nurses working in outpatient departments experience the introduction of Batho Pele Principles?
- How can professional nurses be motivated to consciously adopt the Batho Pele Principles?

1.7 CLARIFICATION OF CONCEPTS

The terminology to be used in this study will now be defined to promote understanding and easy reading of the study.

1.7.1 Professional Nurse

A professional nurse (South African Nursing Act 33 of 2005 Section 30) is defined as: “... a person who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed. He/she is capable of assuming responsibility and accountability for such prescribed level practice. He/she should have an up to date registration with the South African Nursing Council (SANC)”. In this study this definition stands and will be applied as such.

1.7.2 Patient

Searle (2006:122) defines a patient as a person (of any age and either sex) as a total being, body-mind-spirit, sick or well, who needs help to complement his specific ability to accept optimal responsibility for his own health. According to the Collins English Dictionary (2005:423) a patient is a person receiving medical treatment. In
the context of this study the word will refer to patient as defined in the Collins English Dictionary.

1.7.3 Experience

According to the Collins English Dictionary (2005:205) experience is a direct personal participation in a particular incident, a feeling that a person has undergone, or to be affected by emotion. The English Usage Dictionary (1984:286) defines experience as knowledge and practice gained from a real life. The latter explanation is appropriate for this study because the researcher is interested in the feelings and emotions of Professional Nurses who are directly involved with patients before and after the introduction of the Batho Pele Principles.

1.7.4 Principle


1.7.5 Batho-Pele Principles

Muller (2001: 8) states that Batho Pele means people first. The White Paper on Transforming Public Service Delivery (Department of Health: 1997:9) sets out eight priorities or principles amongst which transforming service delivery is the key. This explanation of Batho Pele Principles is appropriate for this study.

1.8 RESEARCH DESIGN AND METHODS

The research design and method direct the researcher on how to achieve the study objectives. The critical aspects of this process will now be discussed briefly.
1.8.1 Research Design

The research design guides the researcher in planning and conducting the study in a way that is most likely to achieve the intended goal. Mouton (2001:55) describes a research design as a plan of how one intends conducting the research. Burns and Grove (1993:261) further define the research design as a blue print for conducting the study that maximizes control over factors.

The design for the proposed study will be a qualitative design and will utilize the explorative, descriptive and contextual research approach to investigate the experience of professional nurses working in the outpatient departments of the introduction of the Batho Pele principles in state hospitals.

1.8.1.1 Qualitative Research

Creswell (2003:179) describes qualitative research as an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. Burns and Grove (1999:338) contend that qualitative research is a systematic, subjective approach used to describe life experiences and give meaning to those experiences.

The life experiences to be described in this study are those the professional nurses working in the outpatient departments had of the introduction of the Batho Pele Principles in state hospitals. The proposed study seeks to understand the experiences of professional nurses with regard to the Batho Pele Principles. Based on the description already provided of the qualitative research design the choice of the present research design for this study is most suitable.

1.8.1.2 Exploratory Design

De Vos, Strydom, Fouche, Delport (2002:109) refer to the exploratory research design as a design that is conducted to gain insight into a situation, phenomenon, community or individual. According to these authors the need for such a study could
rise from a lack of basic information on a new area of interest or in order to become acquainted with a situation so as to formulate a problem or develop a hypothesis. Batho Pele is a new concept that has been introduced to health care and, due to a lack of understanding, still seems to be causing some anxiety amongst professional nurses.

The researcher aims to gain basic knowledge on the experience of professional nurses working in the outpatients department with regard to the introduction of the Batho Pele Principles in state hospitals. These experiences will generate new knowledge that will assist professional nurses to implement these principles in order to create an effective relationship between professional nurses and patients.

1.8.1.3 Descriptive Design

Descriptive design is aimed at providing a complete and accurate picture of a situation and focuses on “how” and “why” questions (De Vos, 2002:109). Babbie (2004:89) contends that descriptive studies describe events or experiences after observation. In this proposed study the researcher will identify and describe the experiences of the professional nurse working in the outpatients department had of the introduction of the Batho Pele Principles in state hospitals. The researcher will give an account of the process.

1.8.1.4 Contextual Approach

Strauss and Corbin (1990:96) define context as the particular set of conditions within which the action is taking place. Holloway and Wheeler (1998:182) state that contextual research aims to describe the phenomenon in the situation in which it normally occurs. The phenomenon of interest is explored in the immediate environment and physical location of the people studied. The contextual environment for this study will be one of the state hospitals in the Nelson Mandela Bay Municipality (NMMM). The site for the research will be the outpatients department in that hospital.
1.8.2 Research Method

The research methods in this study are sampling methods which includes selection of population and the criteria for the inclusion of that selected population. Data collection also forms an important aspect of the research methods. Data analysis will be the last step in the research methods.

1.8.2.1 Research Population

Polit and Hungler (1993:173) state that a population refers to the entire aggregation of cases that meets a designated set of criteria. Burns and Grove (2005:746) contend that a study population includes all the elements that meet the inclusion criteria. The target population for this study would be all the professional nurses working in the outpatients department at a state hospital.

1.8.2.2 Sampling Method and Inclusion Criteria

The researcher will use a purposive sample for this study. Polit and Hungler (1995: 468) refer to purposive sampling as the process whereby a researcher selects a certain portion of the research population in order to discover their experiences of the phenomenon being investigated. Babbie (1992:230) contends that occasionally it may be appropriate for the researcher to select the sample on the basis of the researcher’s own knowledge of the population.

Participants will be identified from the allocation (change) list of the outpatient department in one state hospital in the NMMM. The allocation list is written according to the seniority of the nursing personnel therefore the first three are usually senior professional nurses with adequate years of experience. Each outpatient’s department has at least five different specialist units and should provide an adequate and a representative sample. The first three professional nurses on the list for each sub-division of the outpatient department will be selected and then approached to secure a meeting to discuss and ask for permission to participate in the study.
The researcher intends to have a sample that would justify the findings of the study and therefore the inclusion criteria would be the professional nurses who have

- At least five (5) years experience working in the outpatients department in a state hospital.
- Work in either the adult or children outpatients departments.
- Knowledge and practical skills and who should therefore possess a better understanding of what nursing stands for.

1.8.2.3  Data Collection Method

Data will be collected as soon as the necessary permission has been gained from the relevant authorities and persons who are:

- The Chief Executive Officer of the Port Elizabeth Hospital Complex
- Medical Superintendent of the hospital where the research will be conducted
- The Nelson Mandela Metropolitan University’s Department of Nursing Science, Faculty Research Technology and Innovation Committee and the Research Ethics Committee.

The proposed participants will be approached individually, either telephonically or in person, to secure an appointment. During the appointment session the researcher will give a full explanation about the research objective and the participants’ roles and the use of audio tape recorder. The participants will be reassured that the information will be treated with confidentiality. The researcher will also inform the participants that they will remain anonymous as their real names will not be used. The participants will be provided with an informed consent form to sign as a means of confirming voluntary permission to take part in the study.
In this study data will be collected by means of focus group interviews. De Vos et al (2002: 305) state that focus group interviews are a means of better understanding how people think about an issue, product or service. The group is “focused” in that there is a focus on the topic to be discussed and the participants are selected so as to satisfy discussions that take place (Denscombe, 2007:178). The topic for this study is to discuss the experiences of professional nurses of the introduction of the Batho-Pele Principles in the state hospitals. The focus groups will each consist of not more than 4 professional nurses to assist with control of the discussions and avoid inconveniences (Denscombe, 2007:181). All the groups will respond to the same question:

“Tell me how you feel about the introduction of the Batho Pele principles in the state hospitals?”

The interviews will be audio-taped using two audio-tapes for backup. Field notes will also be used to complement data captured through interviews. The researcher will use a schedule as a guideline for the interview. De Vos (1998: 299) describes the interview schedule as a guideline for the interview and it contains questions that are important to the research.

The researcher will conduct the research in an institution different from that where the researcher is employed. This is for ethical reasons because the researcher is regarded as an authority figure in her working place and if the research is conducted where the researcher works this might influence the research and the participants might not feel free to tell their experiences. The interviews with the groups will be conducted until data saturation is reached. The duration of each session will not be more than one and a half (1½) hours to allow in-depth discussions and for the late comers to get a grip of the discussions and make their input (Denscombe, 2007:181).
1.8.2.5 Analysis of Data

Data analysis will commence at least twenty four hours after the last interview. De Vos (2002:339) states that data analysis is the process of bringing order, structure and meaning to collected data. All data collected for this study will be transcribed verbatim before being analyzed. Data analysis in this study would be done according to the steps as proposed by Tesch in Creswell (1994:154). The steps are: The researcher will use the assistance of an independent coder who is a professional person and knowledge of qualitative research to enhance the credibility of the findings of the study. The independent coder will not be involved in this study for any other purpose than for data analysis but will be provided with a guide of the method of data analysis to be used. The independent coder and the researcher will meet for a consensus discussion on the themes and categories reached independently. These findings will be used to recommend guidelines that will enhance the implementation of the Batho Pele principles by the professional nurses working in outpatient departments.

1.8.2.6 Pilot Study

The pilot study is done to improve the success and effectiveness of the investigation. The pilot study is defined as the process whereby the research design for a prospective survey is tested (New Dictionary of Social Work, 1995:45). The pilot study as stated by Mitchell and Jolley (2001:13-14) helps the researcher to fine tune the study for the main enquiry. To test the feasibility of the research methods the researcher will interview one purposively sampled focus group as a pilot study. The results of the pilot study will be discussed with the supervisors, who will assess the interview technique and the feasibility of the study, recommend changes if necessary before the researcher embarks on the main study.

1.8.2.7 Literature Control

Literature control is important to assist in justifying the findings of the study and to compare these findings with the findings of previous studies on the same topic.
Sources in the literature control will be carefully selected for the purpose of either confirming or opposing the present study results. Data verification also predicts whether the study is “believable, accurate and right” Creswell (1998:193). In this study literature will be used as a control by acting as the basis for comparing and contrasting the findings of the study.

1.9 TRUSTWORTHINESS

Babbie and Mouton (1998:276-278) state that the eminence of any qualitative study is determined by the level of trustworthiness it “portrays”. To ensure valid results and trustworthiness the researcher will use Guba’s model as described in Krefting (1991:215). The model revolves around truth value, applicability, consistency and neutrality. The model will be described briefly here and in more detail in chapter 2.

1.9.1 Truth Value

Truth value determines whether the researcher has established justification in the truth of the findings for the subject and context in which the research was undertaken (De Vos, 1998:331). Credibility is the conclusive criterion for truth value. Participants will be allowed to tell their stories freely during the interview sessions. Interview strategies to be used will include probing, clarifying and confirming.

1.9.2 Applicability

Applicability refers to the degree to which the finding can be applied to the other context and settings or to other groups. Krefting (1991:216) states that it is the ability to generalize from the findings of the study to larger populations.

1.9.3 Consistency

The findings of a research study are said to be trustworthy if they are consistent even if used in another similar context or even if the same subjects are used again. De Vos (1998:350) asserts that inherent in the goal of consistency is the value of repeatability, so that replication of the testing procedure does not affect the findings.
Trackable variability will be the focus of consistency in the study, which could be for example relevant data or literature about the problem. The use of the pilot study will also assist in ensuring consistency of the study.

1.9.4 Neutrality

Krefting (1991:216) states that neutrality refers to the degree to which findings are based on correct, true and unbiased information and the conditions of the research. Conformability is the criterion of neutrality and would be achieved by maintaining truth value and applicability. To ensure neutrality the researcher will use triangulation as stated in Krefting (1991:217).

1.10 ETHICAL CONSIDERATIONS

The research study will involve human beings and will intrude into their personal feelings and emotions therefore the researcher will adhere to the standards of research as prescribed by the South African Society for Nursing Research and by Neuman (1997:447). in this study the important ethical issues that will be adhered to include informed consent, preventing harm, no deception of participants, confidentiality, anonymity and privacy.

1.10.1 Informed Consent

According to De Vos et al (2002:65) informed consent implies that all possible or adequate information on the goal of the investigation, the procedure that will be followed during the investigation, the possible advantages, disadvantages and dangers to which the respondents may be exposed, as well as the credibility of the researcher be rendered to the potential participants. Brink and Wood (2001:202) contend that informed consent has three major elements, information, understanding and free choice.

The participants will be informed of the nature of the study, the purpose and the duration of the study. They will also be informed of the use of the audio-tape as a
data collection device and their permission will be asked for the use of this device. Participants will also be informed that they have the right to withdraw at any time of the study should they so wish. The participants will be asked to sign a consent form in which they will give voluntary consent to participate in the study.

1.10.2 No Harm

The researcher must ensure that no physical or emotional discomfort is endured by the participants during the research study. Babbie (1992:471) states that researchers can reduce the potential emotional and or psychological distress during the study by using anonymous, self administered questionnaires or well-framed interviews and by wording sensitive questions carefully. Brink and Wood (2001:212) state that there are three principles that guide the researcher, autonomy, beneficence and non malfeasance.

This study does not include physical procedures therefore physical harm is not a significant factor. Since the research requires the participants to describe their feelings on the subject of the introduction of the Batho Pele Principles a limited degree of emotional distress is possible. All the steps of the data collection will be explained and the researcher will use a sensitive questioning style to limit the emotional discomfort.

1.10.3 No Deception of Participants

Deception is unethical. Brink and Wood (2001:209) state that deception of a participant occurs when one gives only partial information about the study and/or gives false information about the purpose of the study or the procedure to be followed.

In this study the purpose, objectives and how data will be collected, used and published will be explained to the participants. All questions asked by participants will be answered truthfully.
1.10.4 Confidentiality

Confidentiality implies that the researcher will keep all the records closed and that only persons involved in the research will have access to them (Brink and Wood, 2001:210). De Vos et al (2002:68) states that the more sensitive the information, or the more concealed the manner in which the information was gathered, the greater the responsibility of the researcher and all concerned to treat the information as extremely confidential.

In this study the participants will be assured of confidentiality and that no names will be attached to any information gained. Only the researcher, the supervisors and the independent coder will have access to the information obtained from the participants. Data collected will be kept under lock and key at the researcher's home and will be destroyed by burning after completion of the study. Should the researcher need to re-use the information for further studies permission will be asked from the participants.

1.10.5 Anonymity

According the Brink and Wood (2001:210) anonymity means that the researcher will not publish the names and addresses of your data sources and that you will make every attempt to group your data so that personal characteristics will not become known.

In this study codes known only to the researcher will be used to identify the data source or participants.

1.10.6 Privacy

Participants have a right to privacy, confidentiality and anonymity. The researcher does not have a right to violate that principle. The participants must be assured that their privacy would be protected throughout the study. Audiotapes, transcribed
interviews and field notes will be locked away in a safe place at the researchers’ home and will be destroyed on completion of the study.

1.11 DISSEMINATION OF RESULTS

The results of the study will be printed, bound and sent to relevant authorities including the Department of Health and other relevant stake holders. An article will be prepared for publication in relevant recognized peer-reviewed journals. Results will also be presented to the public by means of workshops and presentation in conferences to relevant audiences. The final report will be available in the Nelson Mandela Metropolitan University library where it can be accessible to any interested party.

1.12 CONCLUSION

In this study the researcher will gain knowledge of the experiences of professional nurses working in outpatient departments on the introduction of the Batho Pele principles in state hospitals.

All the necessary research ethical principles and trustworthiness will be adhered to. Findings of the study will guide the researcher to recommend useful guidelines that will assist the professional nurse and the public to understand the intentions associated with these principles. The guidelines will assist in the achievement of an improved health care service delivery in South Africa.
CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

Chapter one provided an overview of the research approach and of the expectations of this research study. Chapter two provides a description of the research design for the study. The research design refers to the overall plan the researcher will follow in order to answer the research questions (Burns and Grove, 2001:167). The current chapter provides a detailed description of the steps and processes employed to fulfil the objectives of this study. These processes include the design, methods, objectives and rationale of the study. The trustworthiness of the research methods and ethical considerations employed will also be discussed.

This study aimed to explore and describe the experiences of professional nurses in state-controlled hospitals in the Nelson Mandela Metropole to the introduction of the Batho Pele principles. The results of the study will be used to develop the guidelines to be recommended on completion of the study. At present it is difficult to predict the nature of these recommendations.

2.2 OBJECTIVES OF THE STUDY

The objectives of this study are:

- To explore and describe the experiences of professional nurses in state hospitals to the introduction of the Batho Pele principles
- Based on the results of this study, to recommend guidelines that will enhance the implementation of the Batho Pele principles.

2.3 RESEARCH DESIGN

Research design is about plan and structure. The research design is a guideline for a study that is followed to achieve the objectives of the
research. Burns and Grove, (1993:261) define the research design as a blueprint for conducting the study that maximises control over factors. Creswell (1998:2) further defines design and the entire process of research from conceptualising the problem to writing the narrative. To achieve the objectives of this study the researcher used a qualitative approach. According to Burns and Grove (1999:338), qualitative research seeks to understand people’s interpretation of their reality, being lived experiences or perceptions of a specific issue, event or obstruction. The research design for this study is qualitative, exploratory, descriptive and contextual in nature.

2.3.1 QUALITATIVE APPROACH

A qualitative approach is intended to give a complete picture of the issue under investigation. In this study the researcher intended to understand the experiences of professional nurses in relation to the implementation of the Batho Pele principles in state hospitals in the Nelson Mandela Metropole. The qualitative research approach is most suitable for clinical research and is the most popular approach in health related research (Pope and May, 2006:82). The advantage of this choice of research design for the current study was that it has the benefit of allowing the researcher to understand the professional nurses’ experiences.

2.3.1.1 Advantages of the qualitative approach

Johnston and Onwuegbuzie (2004:20) list the following advantages of the qualitative approach. These include:

- Better understanding of a phenomenon and the gaining of a new perspective. In this study the researcher gained a better understanding of the experiences of professional nurses regarding the introduction of the Batho Pele principles in state hospitals.

- Collecting and exploring in-depth information or data that cannot be conveyed quantitatively. The researcher utilised a focus group consisting of professional nurses to collect the data. These nurses have all worked in the 17 out-patients departments of state hospitals for 15 years or more. The
researcher regards these nurses as people who have internalised the ethics of nursing and who have undergone training in nursing ethos

- Exploration of sensitive topics. In this study the professional nurses were allowed to describe and explore their experiences on the introduction of the Batho Pele principles in state hospitals in the Nelson Mandela Metropole
- Tracking of unique or unexpected events
- Illuminations of experiences and interpretations by the actors which in this study, were the professional nurses working in the Outpatient of the state hospital.
- Giving voice to those who are rarely heard. The study assisted and encouraged better understanding and implementation of Batho Pele principles by nurses leading to better relationships between nurses and patients, thus ensuring quality nursing care and service delivery.

2.3.2 EXPLORATORY DESIGN
Bless and Higson-Smith, as cited in De Vos, Strydom, Fouché and Delport (2002:109), state that exploratory research is conducted to gain insight into a situation, phenomenon, community or individual. The need for such a study could arise out of a lack of basic information on a new area of interest or in order to become acquainted with a situation so as to formulate a problem or develop a hypothesis.

The Batho Pele principles are a new concept that have been introduced into government service and therefore also into state health care. Some aspects of this concept seem to be causing anxiety and frustration among professional nurses. The researcher wished to acquire knowledge of and insight into the experiences of professional nurses with regard to the introduction of the Batho Pele principles in the state hospitals in the Nelson Mandela Metropole. This research utilised a descriptive approach in addition to the exploratory design.

2.3.3 DESCRIPTIVE APPROACH
The descriptive approach is employed to obtain complete and accurate information about phenomena through observation, description and classification. Brink (1996:11) and Burns and Grove (1999:192) assert that descriptive research provides a picture of the situation as it naturally occurs. The descriptive design seeks to describe both the details of the phenomenon as well as those of the research process followed. The findings are usually presented in a rich description using quotes from the participants or from documents related to the study to help the reader gain insight into the phenomenon.

In this study the descriptive design was utilised to collect data in the Port Elizabeth Hospital Complex on the introduction of the Batho Pele principles in state hospitals. Participants were given the opportunity to describe and explain their feelings during the interviews.

### 2.3.4 CONTEXTUAL DESIGNS

Contextual research aims to describe a phenomenon in the situation in which it normally occurs. According to Holloway and Wheeler (1998:192), the phenomenon of interest is explored in the immediate environment and physical locations of the people studied. Babbie and Mouton (2003:272) contend that if an event is understood against the background of its context it can be better understood.

In this study the experiences of professional nurses in the Port Elizabeth Hospital Complex on the implementation of the Batho Pele principles were obtained through focus groups utilising semi-structured interviews. The findings from these interviews will allow the researcher to construct guidelines that will enhance better understanding and implementation of the Batho Pele principles which will in turn lead to quality nursing care.

### 2.4 RESEARCH METHODS

Research methods are techniques used by a researcher to structure a study to gather and analyse information relevant to the research question (Burns
and Grove, 1997:8). The methodology therefore addresses the strategy and method to be employed to obtain valid results.

This study comprised of two phases. In phase one the researcher described and explored the experiences of professional nurses of the Port Elizabeth Hospital Complex regarding the implementation of the Batho Pele principles in state hospitals. The methodology of phase one included identification of the research population, selection of the research sample and data collection as described in the following sub-sections.

Phase two followed the analysis of the findings of phase one. During phase two the researcher formulated guidelines to enhance better implementation of the principles during nursing care.

2.4.1 RESEARCH POPULATION
Mouton (1996:134) defines the research population as the total number of individuals who make up the population under investigation or a complete set of elements. Neuman (2003:126) however refers to the research population as the entire collection of people or elements that share some defined characteristics.

In Phase one the researcher decided on the population for the study. This population included professional nurses who had worked in the Port Elizabeth Hospital Complex for five or more years. These nurses had to be able to speak and understand English as the interviews were to be conducted in English. English is also the medium of instruction in the South African nursing profession.

2.4.2 SAMPLING METHOD AND SAMPLE
The purposive sampling method was used in the selection of the participants for this study. Singleton, Straits and McAllister (in De Vos, 1998:198) define a purposive sample as comprising the elements that contain the most characteristics of the population under investigation. Polit and Hungler
(1995:65) assert that purposive sampling is a method in which the researcher selects subjects for the study on the basis of personal judgement about which participants will be representative of the population or will produce the necessary information.

In this study the researcher used her own judgement and knowledge to purposively select the participants to be included in the sample. These decisions were based on the following specific selection criteria. These professional nurses should:

- Have five or more years experience working in the Out Patients Department of the Port Elizabeth Hospital Complex
- Communicate fluently in English as the interviews were to be conducted in English
- Come from diverse cultural backgrounds to provide broader insight into the experiences associated with the introduction of the Batho Pele principles in nursing care
- Be gender inclusive
- Give informed consent to participate in the study.

2.4.3 DATA COLLECTION

According to the Collins English Dictionary (2005:62), data is the information consisting of observation, measurements and facts that can be easily handled by a computer. De Vos (2002:305) describes focus groups as group interviews in which the group is focused on a collective activity and through which a researcher is able to acquire a better understanding of how people think or feel about an issue, service or product.

Focus groups rather than individual interviews, using the semi-structured interviewing technique were the method of data collection used in this study. The groups consisted of four to six professional nurses who had worked in the Out Patients Department of the Port Elizabeth Hospital
Complex for five or more years. To ensure accuracy the researcher made use of a digital audiotape to record and capture the interviews. Field notes were also made to ensure that the researcher did not lose valuable information in terms of gestures, moods, facial expressions and the posture of participants that would not easily be captured on the audiotape.

The researcher planned to hold the interviews in a private room at the hospital during the lunch break so as not to inconvenience the participants. This room was selected by the participants themselves. The interviews were scheduled to last no longer than 45 uninterrupted minutes but at times this schedule was not easy to maintain due to the nature of engagement with the participants.

The researcher secured appointments with the participants in the designated room which ensured a non-threatening environment. Each group was limited to four to six participants to ensure that the researcher could exercise control and to provide each participant with the opportunity to express his/her views on the introduction of the Batho Pele principles in state hospitals in the Nelson Mandela Metropole. Participants were informed of the proposed duration of the interview and assured of anonymity and confidentiality throughout the process.

The interviews were based on one central question with subsequent questions developing from the responses of the group members. The central question was

“Tell me your experiences on the introduction of Batho Pele principles in your institution?”

The researcher was able to obtain rich information from the participants by probing, focusing, reflecting and nodding where appropriate. The researcher was careful not to ask leading questions to allow all participants to give free expression to their views and feelings on the introduction of the Batho Pele principles in their hospitals. Care was also taken to ensure that no single member dominated the discussions and at times specific participant would be asked to respond to a specific question.
Field notes were taken in an unobtrusive manner during the interview to augment the information captured on the audiotape, recall gestures, moods, facial expressions and the posture of participants while they recounted their experiences.

Interviews continued until data saturation was evident. According to Creswell (1994:148) saturation of data refers to repetition of discovered information and confirmation of previously collected data. In other words, when saturation point is reached interviewing can cease.

2.4.4 FIELD NOTES
According to Polit and Hungler (1993:430) field notes are kept by the researcher on observations made in the field. The field notes assist the researcher to form a picture of each participant’s mood or experience that cannot be captured by the use of audiotape only, for example nervousness, tearful gestures, impressions of the physical setting. Field notes can also be used as a backup if the audiotape becomes faulty or goes missing. Sudd et al (1991:304), as cited in De Vos (2002:285) asserts that field notes should consist of everything the researcher sees or hears.

In this study the field notes were written into a small note book. The researcher utilised different types of field notes as described by Neuman (1997:365) which included:

- **Observational notes.** These notes are a written description of events as they are experienced through watching and listening. These notes served as an exact record of particular words, phrases or reactions. From these observational notes the researcher was able to make her own interpretation of the experiences of the professional nurses participating in this study.

- **Theoretical notes.** These are a deliberate attempt to derive meaning from the observational notes. From the theoretical notes the researcher was able to derive meaning from reflection on the experiences of the participants.
• **Methodological notes.** These are instructions that serve as a guide during the researcher’s recording of the field notes to ensure that the researcher’s conduct during interviews is in line with the research design. Methodological notes remind the researcher of the processes used during the study.

• **Personal notes.** Neuman (1997:366) describes personal notes as an outlet for the researcher to help the researcher cope with stress. These notes provide a source of data about personal reactions as well as a way to evaluate direct observations or inferences made when data is re-read later after completion of the interviews.

### 2.4.5 THE ROLE OF THE RESEARCHER

The use of self as a primary instrument for gathering and analysing data is an important factor in qualitative research (Creswell, 1994:145). Muller and Naudé (1996:28) contend that the researcher does not assume a position of expertise regarding the research phenomenon but is sensitive to maximising opportunities for data collection and to the production of meaningful information. In other words, the researcher must always be objective and neutral.

In this study the researcher obtained written permission from the Port Elizabeth Hospital Complex management as well as from the participants. A comfortable, non-threatening venue was secured for the interviews. After introducing herself to the participants the researcher reassured the participants that anonymity and confidentiality would be observed at all times. The researcher obtained permission from the participants to identify them by using codes such as P1, P2, P3, P4, P5 and P6 instead of using their real names. The participants were then informed of the aims of the research and of the field notes. Participants were informed that all tapes and field notes used in the research would be destroyed after use. They were reassured that only the researcher, the supervisor and the independent coder would have access to the interviews. The researcher has the responsibility to reassure the participants that these people are impartial.
credible professionals with research experience and that they would not divulge any information from the interviews.

2.5 DATA ANALYSIS

According to Grinell (1996:90), the central purpose of analysis in qualitative studies is to sift, sort and organise the masses of information acquired during data collection in such a way that the emergent themes and interpretations address the research problem. Creswell (1998), cited in De Vos (2002:340), asserts that the process of data analysis and interpretation can best be represented as a spiral image, known as the data analysis spiral. Creswell further explains that one enters the spiral with data made up from the text, images, audiotapes and field notes with an account or narrative.

Data analysis for this study followed data collection enabling the researcher to sort, organise and process the data and to ascribe meaning to the data collected through a process of analysis. The researcher used the data analysis prescribed by Tesch described in Creswell (1994;153). This technique has the following stages:

- Getting a sense of the whole through listening and writing down important ideas
- Pick one short and interesting transcribed interview, and analysing its meaning by writing notes in the margins
- Using abbreviated topics, written as codes next to the appropriate segments of the text
- Using descriptive wording on the topics and turning them into categories
- Grouping topics according to relationships
- Taking final decisions on the abbreviations for categories and codes arranged in an alphabetical order
- Assembling data belonging to each category to form a preliminary analysis
• Existing data will be recorded if necessary.

Clean transcribed interviews and field notes were handed over to an experienced independent coder to verify the categories and themes. The independent coder met with the researcher to discuss the identified themes and sub-themes. Guidelines were developed from the themes.

2.6 LITERATURE CONTROL

Literature control is aimed towards a clearer understanding of the nature and meaning of the identified problem (De Vos, 2002:127). The goal of the literature control is to place the findings in the context of established knowledge and to identify clearly those results that support the literature. The literature review in this study was employed to justify and clarify the views expressed by the professional nurses of the Port Elizabeth Hospital Complex on the introduction of the Batho Pele principles in state hospital.

2.7 DEVELOPMENT OF GUIDELINES

The guidelines were formulated after the data were analysed and the themes and sub-themes identified by the researcher and the independent coder. This constituted phase two of the research project. A literature review will determine whether similar guidelines have previously been formulated and to what extent they can be correlated to the needs identified in this study. In this study the researcher’s aim was to formulate guidelines that will enhance better implementation of the Batho Pele principles by nurses for the purpose of promoting good relationships between nurses and patients. Guidelines developed, satisfied this aim.

2.8 TRUSTWORTHINESS

Establishing trustworthiness is essential to verify the rigour of the research process. Trustworthiness in this study was evaluated by using Guba’s
model (Krefting, 1991:215). This model includes the following aspects, namely truth value, applicability, consistency and neutrality. These will be discussed below.

2.8.1 Truth value
Truth value is described as establishing the confidence of the researcher in the truth of the research findings based on the research design, participants and the context. According to De Vos (1998:349), truth value is usually obtained from the discovery of human experiences as they are lived and perceived by the informants. In this study the researcher made use of member checking to establish and verify the truth value. Member checking is a direct way of improving the credibility of a study (Robson (1993) cited in Holloway and Wheeler (1998:165). In keeping with Robson’s statement, the researcher used the professional nurses who were participants in the study to verify whether the data and interpretations were true to their lived experiences. The aim was to assess the data for correctness to ensure that it reflected their intentions in order to correct any errors and to provide additional information.

Another method employed to assess truth value was reflexivity and peer examination reflexivity. According to Krefting (1991:8) reflexivity assesses the influence of the researcher on the research process and refers to the researcher’s background interest and involvement with the participants. The researcher used methodological notes and the guidance of the impartial, credible research supervisor to ensure that the study was credible.

Peer examination reflexivity was achieved by consulting senior personnel and research supervisors who were not associated with this study and gaining their objective input on the study, the research process and the findings.

2.8.2 Applicability
Poggenpoel (in De Vos, 1998:349) states that applicability refers to the degree to which the findings can be applied to other contexts and settings
or to other groups. It is the ability therefore to generalise from findings using a sample to a larger population. To ensure the applicability of this study thick description of the research process was utilised including data collection, data analysis, findings and literature control. This will enable other researchers and/or readers to detect the applicability and transferability of the findings.

2.8.3 Consistency
De Vos (1998:3500) contends that consistency refers to whether the investigation would produce similar results if it were replicated with the same subjects or in a similar context. Krefting (1991:216) defines consistency in terms of dependability. Dependability is attained by using the code-recode procedure and peer examination. Guba (in Krefting, 1991:13) asserts that the code-recode procedure is done during the data analysis phase. After coding a segment of data the researcher should wait at least two weeks and then return to recode the same data and compare the results. To ensure consistency the researcher together with the independent coder will complete the coding-recoding process on all the data. Peer examination took the form of checking the responses and reflections of participants to ensure consistency of the interviews.

2.8.4 Neutrality
Krefting (1991:215-216) defines neutrality as freedom from bias in the research process and results. It also refers to the degree to which the findings are a function solely of the interviewees and conditions of the research and not the biases, motivation and perspectives of the researcher. Neutrality and objectivity in this study will be maintained by keeping what Oka and Shaw (2000:116) refer to as the “Audit Trail”. The audit trail utilises the research materials such as interview guides, audiotapes and field notes to determine whether the researcher’s understanding and interpretation of data correlates with those of the participants and with the reviews of the research supervisor. The audit
trail for this study was kept in a safe place to ensure that it would be available when required or when there is doubt on the neutrality of the study.

2.9 ETHICAL CONSIDERATIONS

Burns and Grove (1993:200) state that researchers and reviewers of the research project have an ethical responsibility to recognise and protect the rights of human respondents. De Vos (2002:63) defines ethics as a set of moral principles that are suggested by an individual or group, are subsequently widely accepted and offered rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents. These aspects include informed consent; confidentiality and anonymity; privacy and the avoidance of harm and discomfort to the participants.

2.9.1 Informed consent

According to Burns and Grove (1999:168) consent is the prospective subject’s agreement to participate in a study. Every person has the right to choose whether or not to participate in a research project. In this study the researcher presented a complete research proposal to the research committee of the Nursing Science Department and obtained written permission to conduct the research from the Research, Technology and Innovation Committee of the Faculty of Health Sciences and Ethical Committee of the Nelson Mandela Metropolitan University, (See Annexure B), the Chief Executive Officer of the Port Elizabeth Hospital Complex (See Annexure A) and from the individual participants after they had been informed about the nature and aim of the study (See Annexure B). Participants were informed that they were free to withdraw at any stage from the interview if they feel uncomfortable.

2.9.2 Confidentiality and anonymity

Confidentiality, as explained by Babbie (2001:472) in De Vos (2002:68), implies that only the researcher and possibly a few members of his staff
should be aware of the identity of participants and that the latter should also have made a commitment with regards to confidentiality. In this study the participants were assured of their anonymity and that confidentiality will be observed. During the interviews the participants were assured that codes (eg P1, P2 etc) would be used and that their real names would not be revealed. They were also assured that the audiotapes would be kept in a safe place and that all the information, including field notes, would be erased after completion of the research to further ensure the confidentiality and anonymity for the participants.

2.9.3 Privacy
Sieber (1982:145), as cited in De Vos (2002:67), defines privacy as that which normally is not intended for others to observe and analyse. This author further explains that privacy is the individual’s right to decide when, where, to whom and to what extent his or her attitudes, beliefs and behaviour will be revealed. As previously stated under “informed consent”, the participants were informed that the only people apart from the researcher to have access to the taped information would be the research supervisor and the independent coder. Since the research supervisor and the coder are senior people with research skills, impartiality and credibility this should not pose a problem to the participants. Participants were reassured that they could withdraw from the interviews at any stage.

2.9.4 Discomfort and harm
Participants in research can be harmed physically and/or mentally but emotional harm is difficult to predict. It is for that reason that, when a researcher is conducting a study she/he must be able to detect traumatised participants and refer them to a therapist or a psychologist. Burns and Grove (1999:166) states that the right to protection from discomfort and harm during participation in a study is based on the ethical principle of beneficence. This principle states that one should do good and, above all, do no harm.
Although in this study the participants were required to share their experiences on the introduction of the Batho Pele principles in state hospitals in the Nelson Mandela Metropole no physical harm will be inflicted on participants nor were false rewards or false information given to the participants.

2.10 CONCLUSION

This chapter comprehensively describes the designs and methods of the study into the experiences of professional nurses on the introduction of the Batho Pele principles in state hospitals in the Nelson Mandela Metropole. A qualitative approach was utilised. The data was collected by subjecting focus groups to semi-structured interviews. Measures to ensure trustworthiness and ethical considerations were observed. The following chapter will present an extensive discussion of the findings from the interviews together with an applicable literature control.

CHAPTER 3

DISCUSSION OF RESULTS

3.1 INTRODUCTION

This chapter discusses the collected data as directed by the results of the completed analysis. An in-depth discussion will be presented of the themes and sub-themes emerging from the semi-structured interviews conducted with participants who shared their experiences of the introduction of Batho Pele principles. This discussion is supported with quotations from the transcribed interviews as well as by the use of relevant literature. Creswell (1994:20) contends that the literature in a research study accomplishes several purposes one of which being to relate a study to the larger ongoing dialogue in the literature about a topic. On the other hand Morse and Field (1996:06) assert that a literature control provides a mechanism that assists in demonstrating the usefulness and implications of the findings.
3.2 PRESENTATION OF RESULTS

The researcher conducted semi-structured interviews using five different focus groups. Each group consisted of four to six willing participants. These participants had all worked in the Outpatient Departments of the Port Elizabeth Hospital Complex for more than five years each. The interviews were conducted over a period of one week so as to limit possible disruption in the department. The best days for the interviews as suggested by the participants were Tuesday and Thursday and both days were utilized during the data collection period.

The participants, who were purposively sampled, were all eager to share their experiences except for one participant. This participant withdrew after the researcher had introduced the nature and aim of the study, citing that she did not want to relive her experiences anymore. The researcher respected her decision and spent at least twenty minutes talking to her before referring her for professional assistance to the clinical psychologist who had been appointed to assist with this study. She declined and told the researcher that she was already having sessions with the psychologist for other reasons and would continue with that assistance.

The remaining participants were informed of the nature and duration of the interviews and gave formal written consent to participate. They saw the interview as a useful opportunity to express their views and feelings on how Batho Pele principles have affected their jobs, dignity and reputation.

While conducting the interview the researcher was careful to ensure that no single participant dominated the group as this is one of the challenges synonymous with focus group interviews (De Vos 2002:309). Each participant was given a chance to express her/his views on the subject by at times directing a specific question to a specific participant. Pseudo names were used for the benefit of these interviews to protect the identity of participants and to uphold confidentiality. An audio-tape recorder and field notes were employed to collect the information from the participants, making sure that each tape was correctly identified so as not to lose information.
The duration of each interview was at least forty five minutes. Interviews were conducted at the workplace, away from the rest of the staff members and during the lunch break as the participants indicated that this was being the best time. The venue for conducting the interviews was the same for all groups and was chosen by the participants themselves. Although participants from the other groups did not know who were participating, the researcher mentioned to each group that the other groups used this particular venue for their interview sessions and it became clear that this specific venue was preferred by all groups.

Participants were between the ages of 35 and 50yrs. Two groups each had a male participant and two groups had one Coloured participant each. The male participants represented a 100% sample of the male professional nurses in the department chosen as the research site. The majority of the participants were African and Coloured and since there were no White employees in this research site hence there were no White participants in this study.

All participants had to respond to one central research question namely:

“Tell me about your experiences of the introduction of the Batho Pele principles in your institution?”

There was an additional pre-prepared schedule of questions intended to guide the interviews. These additional questions were:

“When this happens, how do you feel?” and

“What do you think can be done to ensure better implementation of the Batho Pele principles?” (See Annexure C)

The researcher discontinued the interviews when there was no new information emerging, that is when the data became saturated and there was no need to continue with the interviews (see De Vos et al, 2002:336). Data were analysed using Tesch’s method of data analysis as stated in Creswell (1996:154-156). The researcher sent transcripts of raw data to the independent coder with definite instructions on the data analysis method (See Annexure D). Three main themes, several sub-themes and categories emerged from the data analysis. The results are presented in the table on the following page.
### TABLE 3.1 - Main themes, sub-themes and categories relating to the experiences of professional nurses working in out-patients of the introduction of the Batho Pele Principles.

<table>
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<tr>
<th>THEMES</th>
<th>SUB-THEMES</th>
<th>CATEGORIES</th>
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| 1. Professional Nurses experience mixed emotions about the introduction of Batho Pele Principles | Professional nurses experience the Batho-Pele principles 1.1 as a positive policy but which is difficult to uphold 1.2 was not planned properly 1.3 as being affected by the shortage of human and material resources | Professional Nurses  
• Become scared, embarrassed, disgruntled and angry.  
• They feel unsafe.  
• They feel fed up  
• At times feel like resigning. |
| 2. Professional Nurses experience their nurse managers as letting them down. | Professional nurses experience 2.1 themselves as not being appreciated | Professional nurses state that they feel  
• Sad, angry, demotivated, confused, victimized, guilty and not being appreciated. |
by their nurse managers for the service they provide
2.2 lack of discipline by their nurse managers as contributing to the Batho-Pele challenges

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<tr>
<th>3. Professional nurses experience the attitude of some of their colleagues as non-professional</th>
<th>The professional nurses experience</th>
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<tr>
<td>3.1 the doctors as being impolite to patients and nurses</td>
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<td>3.2 the doctors as not committed to the Batho-Pele principles.</td>
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<td>3.3 Some of the professional nurses as being uncaring to the patients.</td>
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<tr>
<td>Professional nurses feel</td>
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<tr>
<td>• hurt, angry, embarrassed</td>
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<tr>
<td>• they want to resign.</td>
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### 3.3 DISCUSSION OF RESULTS
The abovementioned themes, sub-themes and accompanying categories are discussed in this sub-section. Each theme and its related sub-themes will be discussed independently of the others. Professional nurses who participated in the study will be referred to as participants unless otherwise specified
THEME 1: PROFESSIONAL NURSES EXPERIENCED MIXED EMOTIONS ABOUT THE INTRODUCTION OF THE BATHO-PELE PRINCIPLES

Participants experienced diverse emotions regarding the introduction of the Batho-Pele principles. Louw and Edwards (1997:424) state that emotions refer to a range of feelings and that these feelings deeply shape people's experiences. According to the Collins English Dictionary (2005:192) emotions are strong feelings. In this study the participants strongly felt that although the formulation of the Batho Pele Principles was a good policy introduced by the government, it lacked a sound foundation to its implementation and as a result it could not meet the set objective.

Batho Pele Principles were meant to enhance and promote service delivery and to develop a competent, committed and professional health worker for whom people or patients will come first (Department of Health Eastern Cape 2008:32). These principles were meant to improve the communication between health providers and patients and to ensure better relations between the nurses and patients thus leading to the rendering of positive quality care.

Muller (2001: 221) states that communication is the most important interaction that takes place every moment of the day. It is the most basic yet most important life skill. However trust and respect are essential to ensure good communication. Health professionals are supposed to build a positive rapport between them and patients which is based on mutual respect leading to co-operation of the patient. According to Stephen Harvey, (1989:34), integrity and honesty create the foundation of trust which is essential to co-operation, long-term personal and interpersonal growth. When people are consulted about a programme that is going to be introduced, they might show cooperation and own that programme.
Consultation gives in most instances, people a sense of belonging. Health professionals and the community need to cooperate with each other and, assisted by the Batho Pele Principles, for health professionals to grow in terms of providing quality care and for the community to be active in their own care.

When the community, who are the consumers of health and partners in the relationship with health care providers, are consulted and well informed of any newly introduced programmes they will hopefully make inputs, see themselves as part of the change and thus own the change. Hellriegel (2002:393) argues that if the public, including the employees who in the context of this study are health care providers, are well prepared and where effective communication has taken place there will be understanding and cooperation leading to smooth implementation of the programme.

Charles, Steven, Hillard and McShane (2008:428) assert that communication builds commitment among subordinates and achieves coordination between different units within the organisation. These authors also state that effective communication transmits information about the goals, philosophy and values of the organisation. When the community, who are the consumers of health care and partners in the relationship with health care providers, are consulted and well informed of any new or soon to be introduced changes they will hopefully make inputs, see themselves as part of the change and thus own the change. Hellriegel (2002:393), in relation to the above assumption argues that if the public, including the employees who in the context of this study are health care providers, are well prepared and where effective communication has taken place there will be understanding and cooperation leading to smooth implementation of the programme.

Planning, in the opinion of the participants, could have anticipated strategies to inform the public on the Batho Pele Principles thus facilitating the implementation of these principles. According to the participants planning
was ineffective or did not take place before implementing the Batho Pele Principles leading to many challenges.

The patients and the public, according to the participants, seem to be misinformed of the Batho Pele Principles and as a result they are inclined to make inappropriate demands. These demands include patients not wanting to go to the district clinic citing that they have a right to be seen by a specialist doctor at the hospital without a booking. When a nurse explains the correct procedure to be followed, the patients and their relatives become angry and shout at the nurse accusing her of not caring and being selfish. Some even threaten to write to the media. These inappropriate demands, as told by the participants, tarnish the name of the specific hospital and leave the nurses as victims with bruised self-esteem as these patients and their relatives shout and point at the nurse threatening to physically assault the nurse in front of other patients and colleagues.

The participants gave the following statements in support of the above argument.

“Some of these patients are not educated. These principles were read to them then they picked up what they want to hear and interpret it wrongly”

“Patients are not aware that other things are beyond the control of a nurse”

“Patients are rude ... they have taken this the wrong way. They think when they shout at a nurse it is their right. They think that these rights are to disrespect and abuse nurses”

Despite the inception of the Batho Pele Principles in 2001, participants stated that there have recently been more criticism and complaints with regards to the attitudes and the poor services in public hospitals. Some of
these complaints are personally lodged by the patients or by their relatives to the management of the hospitals or to the courts of law suing the nurses and hospitals or the Department of Health. Some of the reports that appeared in the newspapers are listed below:

- Shocking sight at Livingstone casualty section (Herald, October 21, 2009).
- Patient naked and dead in bed (Herald, March 16, 2009).
- Casualty building beautiful but service pathetic (Herald, August 3, 2010).

In the opinion of the participants this is caused by the fact that the patients and the community see only one side of the policy, that side which is meant for their benefit, and neglect to recognize the needs and rights of the nurses.

The participants also feel that since the introduction of Batho Pele principles they are verbally abused by the patients. Patients are reported as shouting, threatening and not wanting to listen to any of the participants and yet there is no positive intervention from the management to resolve the matter.

“Patients shout and threaten us. You become scared and humiliated because patients shout at you in front of colleagues and other patients, even if you report the patient to the management nothing happens”

It is for that reason that the professional nurses felt that this policy was good but could have been introduced better. The mixed emotions were experienced because the participants felt that the policy was not planned properly and as a result was grossly affected by the shortage of human and material resources which are the main factors that could influence the achievement of the goals of the Batho-Pele Principles.

The Batho Pele Principles are meant to enhance and promote service delivery and to build a committed professional worker whereby people or patients in the context of this study will come first. These principles were
meant to improve the communication between health workers or providers and patients, ensure better relations between nurses and patients.

If Batho Pele principles are sufficiently met they are thought to positively benefit the quality of care rendered. However, in order to succeed in ensuring good communication, trust and respect on both sides of the relationship is essential. According to Stephen Harvey (1989:34) integrity and honesty create the foundation of trust which is essential for cooperation, long term personal and interpersonal growth. The Batho Pele Principles will hopefully complement such statements. Despite the short comings professional nurses still had hoped that some aspects of the health care service if given the necessary attention, the Batho Pele Principles could still benefit the health service.

The following sub-themes and categories related to this main theme will now be discussed. These are:

Sub-theme 1.1: Professional nurses experience the introduction of the Batho Pele Principles as a positive policy but which is difficult to uphold.
Sub-theme 1.2: Professional nurses experience the introduction of the Batho Pele Principles as not being planned properly
Sub-theme 1.3: The professional nurses experience the introduction of the Batho Pele Principles as being affected by the shortage of human and material resources

**SUB-THEME 1.1: Professional nurses experienced the introduction of the Batho Pele Principles as a positive policy but which is difficult to uphold.**

Muller (2001:129) states that a policy is a written guideline to direct decision-making during a specific action. It is a rule of prescription that regulates behaviour as seen from the objectives of the Bath-Pele Principles. Booyens
(1993:197), in discussing the place of policies in an organization, contends that policies are meant for accomplishing organizational goals and objectives. Policies explain the steps to be followed in achieving goals and serve as the basis for future decisions and actions. Participants experienced the Batho Pele Principles as a guideline that could assist the health care professionals in their day-to-day activities. In the words of one participant:

“*These principles are good as a guideline*”.

The policy of the Batho Pele Principles was designed to ensure that health professionals display an acceptable professional behaviour when interacting with patients and their relatives. Integral to these principles is the caring culture of health care providers and the restoration of patients’ dignity. Searle (2006:92) states that nursing is the major caring profession in the world and the caring role is the core nursing practice. When the patients are treated with respect and dignity by the health care providers they tend to return the respect thus co-operation and understanding is achieved between the two parties. Such a relationship leads to the nurse being able to render quality nursing care with minimal complaints from the patients. The aforementioned argument comes from the researcher’s experience with patients during her twenty year career as a professional nurse.

Batho Pele Principles are based on ethics. When one commences nursing training one is taught the principles of ethical behaviour. Nursing ethics is about respect and consideration for patients as nursing is a caring profession. Searle (2005:89) describes ethics as essential constituents of a profession.

Participants expressed concern that, because the implementation of the policy incorporating the Batho Pele Principles was not adequately planned, it is sometimes difficult for them to act ethically because of the manner in which the patients and community address or treat them.
Ethics are vital in nursing, for any occupation dealing with human life needs to be regulated to control the practitioner to protect the good name of the profession and to protect the public. Ethics provides guidelines to each member so that she/he may protect his/her own name and professional integrity and standing. From the definition of ethics one can confidently state that the Batho Pele Principles and the Ethos of nursing share the same principles. Nursing is about caring and uphold and maintain the dignity of patients even when the patient die. The participants stated that the Batho Pele Principles was a good policy but that it was difficult to uphold.

Grobler et al (2002:29) describe ethics as what is good and bad, right or wrong or as a moral duty and obligation. Batho Pele Principles were formulated to ensure that the patients are treated with respect and consideration and that the health care providers show courtesy and respect when interacting with patients. With this understanding in mind professional nurses often had to keep quiet and accept the abusive behaviour from their patients despite feeling heart broken. Participants had the following to say on this matter:

“I can say Batho Pele Principles is something good introduced by the government but sometimes it is difficult to uphold”.

“It is a good tool, but patients use it the wrong way.”

In the context of this study the Batho Pele Principles are a set of principles to ensure that health care providers protect the dignity of the health care user. Guidelines assist in clarifying role and performance expectations. Batho Pele Principles are there to assist and clarify the role of the health care provider when interacting with a patient. However, the participants felt that patients are using these principles in a wrong way by giving attention to the benefits and forgetting about their responsibilities to make the Batho Pele Principles a reality. It is for this reason that participants felt that the introduction of these Principles was not planned properly.
SUB-THEME 1.2: Professional nurses experience the introduction of the Batho Pele Principles as not being planned properly

Tomey (2009:26) makes the following statement: “Changing an organisation may appear easy on paper but is quite complicated in reality ... it threatens the prestige and status of personnel ... Change introduces the risk of error and fear of failure ... (and) is most threatening in the presence of insecurity”. Change should therefore be planned properly. If proper planning is not done it will lead to frustration, confusion and resistance to change amongst the employees. Planning, according to Booyens (2008:21), is the cornerstone of good management and it is grounded in the vision, mission, goals, philosophy and objectives of the organization. Planning defines the business, improves profitability and the efficient use of resources.

Proper planning, education and introduction of the Batho Pele Principles are essential to ensure smooth running of the organization and the rendering of quality health care and to minimize conflicts between nurses and patients.

Booyens (1993:463) contends that when planning for a change the manager should not settle on an approach to change before first examining the problem, the personal environment, time constraints, resources and the goals to be achieved. In the opinion of the participants, this approach should have been adopted by the health authorities before implementing the Batho Pele Principles.

Hellriegel (2002:86) asserts that assessing internal strengths and weaknesses and the external environment enables the manager to identify the organization’s core competencies in order to determine when the need arises for improvement or to identify gaps in the organization.
As much as Batho Pele Principles are experienced as a positive policy, participants felt that planning the implementation of these Principles was not properly done. In other words they attribute the short-comings in the implementation of this policy to poor planning by the health services prior to introducing the Batho Pele Principles. In their opinion a feasibility study, which is the first step in planning, was not done before the introduction of this policy. The participants believed that such a feasibility study could have guided the implementation of these principles more effectively. The participants voiced this concern as follows:

“No planning was done before implementing the Batho Pele Principles”.

“My experience with Batho Pele Principles is that it was designed to transform the health services, the aim was good, but the government fails to do the ground work”.

“...without checking on the consequences the patients were informed of the Batho Pele Principles. Now the patients want to hear what they want to hear”.

Planning, in the opinion of the participants, could have anticipated strategies to inform the public on the principles of Batho Pele thus facilitating the implementation of these principles. The following are some of the statements that came from the participants.

“Some of these patients are not educated. These principles were read to them then they picked up what they want to hear and interpret it wrongly”.

“Patients are not aware that other things are beyond the control of a nurse”.
“Patients are rude they have taken this the wrong way. They think when they shout at a nurse it is their right. They think that these rights are to disrespect and abuse nurses”.

Participants felt that the Batho Pele Principles need to be revisited. They felt that ground work was not adequately done and that the Hospital Boards, hospital management and community leaders need to engage with the public, be transparent and explain how the health services are being run in the Nelson Mandela Metropole and this should not be a once-off event it should be continuous. According to the participants this step should be taken as soon as possible.

The participants felt that if proper planning and education of public was done prior to the implementation of these principles the relations between the nurses and patients would have been much better.

**SUB-THEME 1.3 The professional nurses experience the introduction of the Batho Pele Principles as being affected by the shortage of human and material resources**

The participants indicated that, besides the lack of planning from the relevant authorities, there were also human and material resource constraints which made it difficult for them to achieve the goals of the Batho Pele Principles. The participants claimed that the government did not provide adequate resources to deal with the huge number of patients who attend the various clinics at the outpatients department.

Inadequate resources can have a negative impact on the provision of care, leading to delays and deaths of patients. When there are no resources, nurses are unable to render quality care and give their optimal best. The participants reported that they will improvise and run around borrowing from other departments but ultimately this will lead to demotivation and job dissatisfaction which, in the patients’ eyes, will be perceived as non-caring
and inefficiency. Such a perception by the patients will arise if they do not get their treatments on time or are sent home to return later to collect outstanding medications.

Hellriegel (2002:107) states that managers need to identify and commit the organisation’s resources to achieving its goals. To support Hellriegel’s statement, Benjamin (2008:20) recommended that managers develop Gants charts to help them focus on tracking tasks and allocating resources thus identifying shortcomings and providing the necessary help.

The following are some of the statements made by the participants in relation to the inadequacy of material resources.

“Another thing that makes us bad to the public is shortage of resources. Look today the patients that were booked for FNA (Fine Needle Aspiration) were turned back because the person doing aspirations was off sick and there was no one to relieve her”.

“You feel embarrassed when you must re-book a patient because of no availability of resources some of these patients are poor. At times for most of these patients they have kept that money to come to the hospital some have borrowed the money and they must go back without any help because there are no resources”.

“Most of the time we nurses we improvise or go round borrowing from other departments or hospitals because there are no resources”.

“Nurses would like to work and produce good results. When there are no resources I feel disgruntled, fed up. I feel like taking my bag and resign and find work where there are resources and I can give optimal care”.
Charles (2008:46) contends that the resources of a firm or organisation are the assets that managers have to work with in their quest to improve the performance of the enterprise which in the context of this study is the Health Department. Both material resources and human resources pose a challenge. Human resources in the health care professions are multifaceted but need to work as a team to provide quality care. Furthermore, in the nursing profession there are different categories of nurses as designated in Section 31 of the Nursing Act, no. 33 of 2005. This allows patient care to be approached from different levels and dimensions without losing accountability. Accountability and responsibility become a problem when human resources are limited. Nurses need both human and material resources in order to render quality care (Charles, 2008:46).

The following comment was made by participants in relation to the inadequacy of human resources:

“When there are four patients all these patients want your attention and you are alone you feel frustrated and stressed out”.

Without resources one cannot provide quality nursing care. Resource availability greatly influences the length of time between events and costs associated with each activity (Hellriegel, 2002:192). Participants in this study also blamed the procurement system as affecting the availability of material resources that are needed to continue with patient care.

“Procurement in this complex is a problem when one orders an important item, they will toss you around at times you will get the equipment which is needed urgently after a year”.

Participants felt that it was difficult to uphold the Batho Pele Principles and render quality care without adequate resources. The participants perceived the government as having betrayed them by introducing the Batho Pele principles which is a good tool and yet failing to ensure that there were
adequate resources to make these principles a reality. These were cited by the participants as a source of conflict in the department.

**THEME 2: PROFESSIONAL NURSES EXPERIENCED THEIR MANAGERS AS LETTING THEM DOWN.**

Participants experienced themselves as not being supported by their managers which to them was a disappointing attitude. This experience will be discussed as a second main theme. The accompanying sub-themes, namely, the experience of not being appreciated by their nurse managers for the service they provide and the lack of discipline by their nurse managers as contributing to the Batho-Pele challenges, will now be discussed to clarify the main second theme.

Managers get things done through other people. Dessler (2004:3) argues that a manager is a person who plans, organizes, leads and controls the work of others so that the organization can achieve its goals. Ensuring the smooth running of the department is the core function of the manager. If the manager fails to adhere to these attributes the department will be chaotic and nursing care will be compromised (Dessler, 2004:3).

Managers have a huge role in supporting the employees and create effective and positive relationship amongst employees. It is the duty of the manager to create a climate which enables the employees to develop their potential and be productive. Ghillyer (2009:95) states that managers can provide an enabling environment for employees by:

- Instilling trust and eliminating the fear of failure
- Developing effective internal and external communication
- Encouraging innovation
- Seeking a mix of talent within the organisation, finding a blend of different personality types and being encouraging.
- Creating problem solving opportunities
- Rewarding useful ideas and solutions
Allowing for some flexibility in the existing organisational structure so that new ideas and creative solutions will not be eliminated by tradition.

Gemeiner and Poggenpoel (1996:55) contend that nursing service managers are responsible for co-ordinating nursing services within the health system. Coordination is the process of achieving unity of action among interdependent activities (Dessler, 2004:180).

Listening to the narratives of the participants regarding their experiences of the implementation of the Batho Pele Principles it appeared that managers were not effective in their roles. A lot of blame seemed to be directed towards them. Nursing managers are therefore by virtue of their expertise, wisdom and experience in nursing practice expected to help professional nurses through the phase of uncertainty and discomfort caused by measures to meet quality health care demands. Tomey (2009:6) states that managerial support will promote cooperation.

Dessler (2004:305) asserts that support increases self-confidence amongst employees, increases personal value of job-related efforts, make tasks more bearable and it creates a stable working environment. Participants in this study indicated that they felt neglected and that this often led to conflict between staff members due to the type of leadership they experienced in their work areas.

One of the participants said:

“To report a patient or even a staff member who threatens you, you will be wasting time nothing happens”.

“Instead, if you report a person to the management the manager will be angry with you and become friends with those people doing wrong things.”
The participants believed that the managers encourage the conflict between nurses and patients by not ensuring that all employees observe the Batho Pele Principles. They feel that the managers are not consistent in the application and implementation of policies related to service standards and the Batho Pele Principles. For example managers will force the nurse to let a patient who is stable be seen in a specialist out-patient department without a referral letter just because the patient was angry, threatening to go to the media. Instead of explaining the correct procedure to the patient the management will allow that patient to be seen.

**SUB-THEME 2.1: Professional nurses experienced themselves as not being appreciated by the nursing managers for the service they provide**

Yoder Wise (2007:47) contends that the manager's role is to motivate and communicate with the people responsible for various jobs through team work. Muller (2001:180) refers to motivation as encouragement and in this study the participants felt discouraged because they believed that management did not appear to appreciate the service they rendered. They verbalised feelings of demotivation and demoralisation. In the words of one of the participants:

"The management of this place does not care for nurses".

Subordinates in any work environment need to be acknowledged and supported for the service they provide. Tomey (2009:6) asserts that by giving timely and specific feedback about the positive aspects of another person’s ideas or efforts and by acknowledging the value of the contributions of others will limit feelings of job dissatisfaction among subordinates. In the context of this study, nurses need to be acknowledged and appreciated to be able to do more and to uphold the Batho Pele Principles.
Tomey (2009;101) further contends that recognition and appreciation boosts nurses confidence and self-esteem. Management can help meet these needs by giving praise when it is deserved (Tomey, 2009:101). Participants are also of the opinion that their managers do not provide the necessary recognition for their loyalty to the hospital. They reported that the Performance Management Developmental System (PMDS) was a major example of disregard for their loyalty to work and patient care.

The PMDS was introduced in the State institutions in 2003 as a system for rewarding performance. The Eastern Cape Department of Health (2008:8) explains the objectives of the PMDS as a tool to provide a framework for assessing good and poor performance in order to act appropriately through development, recognition and rewarding effective performance.

Participants indicated that PMDS was marred by favouritism and that unfortunately it favoured those who, in their opinion are not loyal to patient care. These are the statements made by the participants to support this contention.

“Look at what is happening with PMDS and PMDS there is no honesty there. People who are shop stewards and who are not here most of the time are rewarded”.

“PMDS is for democratizing of services, it is about rewarding performance. Look I am here every day giving my utmost best to promote service delivery, now take for instance we have shop stewards who are 70% of the time not in the department attending union activities. That shop stewards will get a bonus, for what? PMDS is about performance and I get nothing but I am here working every day.”

“I went to a PMDS manager, I came back discouraged. She asked me to put in writing that is written evidence. I wrote everything but when it came back, all what I have written was scratched and there was a comment that all that I have done is my scope of practice. I mean I work
hard, I am responsible. I sacrifice most of the time, I do not have tea or lunch breaks. I felt unappreciated and I was demotivated.”

Participants felt that they are not appreciated and that they deserve to be rewarded. Another disturbing and confusing factor the participants indicated that other categories or shop stewards are at times rewarded. The participants verbalised that it was difficult to endure difficulties brought about by their day-to-day clinical practice when they are not being cared for nor appreciated by their managers.

Charles (2008:317) claims that a highly motivated work force can be developed by creating a more supportive and empowering environment and by linking rewards to performance. In the opinion of the researcher this is what is being requested by the participants.

**SUB-THEME 2.2: Professional nurses experienced the lack of discipline by their nursing managers as contributing to the challenges brought about by the introduction of the Batho Pele Principles**

Another factor that was cited by the participants was the lack of discipline in the institution and in their view such behaviour was aggravated by inconsistencies in the application of discipline by the nurse managers. For example so many negative reports from the patients were about the attitude of the employees.

“People do not want to work. You can stay out of work for weeks, some come drunk on duty, and you know all the wrong things. There is that “I do not care attitude”.

Grobler *et al* (2002:537) contend that the primary objective of discipline is to motivate an employee to comply with the company’s performance standards. It is to create mutual respect and trust between the supervisor and employee and improve employee behaviour. For that reason, management needs to
maintain discipline and to act when breaches of discipline occur (Hellriegel, 2002:275). To this effect Booyens (1993:658) asserts that discipline is to be applied consistently and fairly to all employees. Participants in this study verbalised that this action is limited in their departments. Such experiences are found in the quotations that follow.

“I must say there is no discipline in our hospitals. In the olden days really we were scared to do wrong things because we know we will be disciplined”.

“The disciplinary policies are there but they are not implemented, especially if that person is a shop steward nothing is done. They do as they please. They are rewarded for their behaviour, like they will be promoted or sent for courses.”

The participants believed that discipline was lacking in their institution and it was a major factor that was hindering the effectiveness of the provision of the Batho Pele Principles. The participants cited that the managers were paralyzed with fear of the shop stewards. As a result employees were doing wrong things because when they are reprimanded for something wrong that they have done they report the supervisor or the manager to the shop stewards.

The following are the statements made by the participants regarding this sub-theme:

“There is no discipline in our hospitals, everyone does what he/she likes and even if you report that person nothing happens”.

The participants verbalized being confused and demotivated by the lack of discipline in the institution. In their opinion if there is no discipline and employees do as they like even the good ones become demotivated and tend to copy what is being done by others. The participants cited that the
hospitals are dirty and the cleaners do not want to clean and even if you report the cleaners for not cleaning nothing is being done.

Because of the lack of discipline the participants felt that the standards of care are low and housekeeping is sub–standard. These contravene the principles of Batho Pele. In one of his speeches President Zuma (2010) said: “Ill-discipline weakens the fibre of our existence.”

**THEME 3: PROFESSIONAL NURSES EXPERIENCED THE ATTITUDE OF SOME OF THEIR COLLEAGUES AS NON PROFESSIONAL**

The attitude of health care workers has often been highlighted in the media and in the newspapers. These reports seemed to have a tarnishing effect on the name of the nursing profession and that of the mentioned organization in that particular article or news bulletin insert (No will to improve hospital conditions, Herald, May 17, 2010)

When a patient visits a health care facility the patient expects quality health care and to be treated with respect. However, at times the patients seem to think that they do not receive such care and participants in a way confirmed this experience of some of the patients. The participants verbalized that there are some health professionals who still disregard the principles of rendering quality care and being respectful to patients and at times display unacceptable attitudes towards patients and their relatives. Griffin (2005:487) describes attitudes as complexes of beliefs and feelings that people have about specific situations or other people.

The Batho Pele Policy, states that all citizens should be treated with courtesy and consideration. However, the participants indicated that there were some of their colleagues who fail to observe this principle.

“At times really our attitudes as nurses are not good. We do not practice Batho Pele when dealing with patients. You feel so ashamed”.
“A patient will go to a nurse reporting that his/her file is missing, the nurse will say, look I am not a clerk, why don’t you ask a clerk?’

These are the attitudes that are totally unacceptable. The patients look up to the nurses to help and assist them when they are in the hospital. Most of the patients, as stated by the participants, expect that the nurse is able to assist, though we know that most of the services no longer fall under the jurisdiction of a nurse. Services have been decentralized each with its own management but there is no harm in explaining and assisting the patient. It is after all our duty as health care providers to ensure that the patient is assisted and that his/her rights are protected whilst in the hospital.

SUB-THME 3.1 – Professional nurses experienced the doctors as being impolite to patients and nurses

Doctors have the same responsibility as the nurses with regards to upholding the Batho Pele principles. However, most of the participants felt that some doctors were extremely impolite, sarcastic and shouted at the nurses in front of patients.

When a nurse queries something that the doctor has done or prescribed the doctor will be angry and shout or be sarcastic towards that nurse. Participants felt that the doctors’ behaviour is another factor that encourages patients to swear at nurses.

These are the statements made by the nurses to support this statement:

“The doctors are worse; they can make you more stressed”.

“Look we are all here for the patients’ doctors as well as a nurse I have advocacy role for a patient. Take for instance a patient will come out of the consulting room, when you want to know if he/she understood what the doctor said the patient will be blank. You go back to the doctor with
the patient to get clarity, you know what happens? That doctor just look at you takes his books and leave without answering you or the patient”.

“Some doctors disrespect us nurses, are rude to nurses, shout at us in front of patients”.

Researcher: When that happens how you do feel?
Participant: I cried, I felt humiliated. I did not want to work with that doctor again. Even when you report these doctors nothing happens”.

Pera and van Tonder (1996:75) state that collaborative relationships between nurses and doctors are built on mutual respect for the contribution of others and that is what patients want from doctors and nurses? These authors further contend that effective relationship between nurses and doctors that is built on honesty and sincerity increases the quality of patient care and job satisfaction.

In the context of this study the attitude of some of the doctors makes it impossible for the nurses to render quality care in an environment that is conducive and where there is harmony.

Harmony is an important ingredient for achieving quality health care. Muller (2001:175) refers to harmony as unity in a group in a pleasant atmosphere. The group demonstrates good cooperation and have a positive attitude.

**SUB-THEME 3.2: Professional nurses experience doctors as not committed to the Batho Pele Principles**

Batho Pele principles are meant for all public service providers, including the doctors. The Batho Pele Principles, as explained in Chapter one, are aimed at serving the public and restoring people’s dignity. However, there is a perception amongst the participants that some doctors do not observe or are not committed to these principles. Participants indicated that some doctors will allow more than one patient in a room and speak about the diagnosis
and prognosis of one patient in front of another patient. This practice violates the rights of a patient. Patients should be treated with dignity and privacy and confidentiality is crucial in the upholding of the Batho Pele Principles and the dignity of patients (Department of Health 1997:10.)

Participants also stated that some doctors do not even attend lectures on the Batho Pele Principles. They feel, in the participants’ opinion, that they are exempted from these lectures. Doctors shout and treat patients with disrespect.

“Batho Pele is for all categories, not only for nurses”.

“Doctors must get lectures on the upholding of the Batho Pele principles”.

Participants felt that some doctors ignore the fact that a nurse is part of the health team. Searle (2006:172) contends that nurses act in the interest of the patient and have a joint responsibility with the doctor for ensuring that the patient is receiving the correct prescribed diagnostic and therapeutic treatment.

The Department of Health (2008:3) states that the Batho Pele Principles cut across all the various work streams within the department. Therefore it is very important that doctors should comply with and be part of the health team and practice Batho Pele principles when interacting with both nurses and patients to ensure quality health care which is the core business of all health care providers. When all health care providers observe the Batho Pele Principles, team work and job satisfaction will be achieved.

3.4 CONCLUSION
This chapter presented research findings together with supporting verbatim responses to substantiate the themes and sub-themes that emerged from the unstructured interviews with focus groups. The study revealed that the
professional nurses experienced mixed emotions regarding the introduction of the Batho Pele Principles. These emotions ranged from being hurt, guilty, embarrassed, scared, fed up, demotivated and disgruntled. The study also revealed that the professional nurses were confused and disillusioned by the ill-discipline and inconsistencies in the application of policies in the institution.

Another factor was the attitude of some medical doctors towards professional nurses whereby the doctors shouted, belittled and were sarcastic towards professional nurses in front of the patients. This caused further conflict and disrespect of nurses by the patients thus preventing the realization or achievement of a good relationship between nurses and patients and the attainment of harmony and quality health care.

Almost all the participants felt that the Batho Pele Principles were useful as guidelines but also felt that they were not properly planned and that the groundwork was not done before implementing the principles. The participants felt that there were many issues such as the unavailability of resources which needed to be corrected before implementing these principles. Therefore the participants felt that the Batho Pele principles needed to be revisited. The researcher’s conclusions and recommendations will be set out in Chapter 4.
CHAPTER FOUR

LIMITATIONS, SUMMARY, GUIDELINES, RECOMMENDATIONS AND CONCLUSIONS

4.1 INTRODUCTION
The previous chapter discussed and described the experiences of the professional nurse of the introduction of the Batho Pele Principles in the state hospitals of the Nelson Mandela Metropole. The researcher was able to identify themes, sub-themes and categories from these experiences discussed and operationalised these findings. This chapter presents the limitations, guidelines and recommendations based on the findings of the study. Relevant literature will be discussed.

4.2 LIMITATIONS OF THE STUDY

The following limitations of study were identified:-

- The interviews were limited to professional nurses working in the outpatient departments. This study did not include the opinions of other departments, other nursing categories or other members of the multidisciplinary team therefore the results cannot be generalized to all health care providers in the Nelson Mandela Metropole. If this study was extended to other categories and disciplines it might have assisted the researcher to get a wider range of experiences that could have provided a more concrete opinion of the topic under investigation.

- Another limitation was the fact that the interviews were done during lunch breaks and the researcher felt uncomfortable utilising the participants’ rest period. Therefore the researcher was very conscious not to exceed the stated time frame (40-45 minutes) for the interviews.

4.4 SUMMARY OF THE STUDY
The study was conducted at an out-patient department in a state hospital in the Nelson Mandela Metropolitan Municipal area.

The objectives of the study were firstly, to explore and describe the experiences of the professional nurses working in the outpatient departments regarding the introduction of the Batho Pele Principles in state hospitals; and secondly, to recommend guidelines to the health service authorities that would enhance better understanding of the Batho Pele Principles by the professional nurse and improve their implementation.

A qualitative research design that adopted a descriptive, explorative, contextual approach was utilized. Semi-structured interviews were considered a suitable method for data collection and were conducted using focus groups. Each focus group consisted of six to ten willing participants. Data collection took place over a period of at least two weeks after completion of the pilot study. No major challenges arose during data collection as all necessary ethical processes needed to conduct a research study were formalised and completed willingly and procedurally.

The interviews were audio-taped and field notes were utilized. The tapes were transcribed before being analyzed. Data themes, sub-themes and categories were identified from the analysis of the data. It emerged from the analysis of collected data in the study that the participants experience the introduction of the Batho Pele Principles as being a good and a positive policy yet difficult to uphold due to inadequate planning and lack of discipline in the institution. A lack of both human and material resources, a lack of support from management, a lack of discipline in the departments as well as the negative attitudes and lack of professionalism were identified as barriers to effective implementation of the Batho Pele Principles.

4.4.1 INADEQUATE PLANNING OF THE INTRODUCTION OF THE BATHO PELE PRINCIPLES
The participants indicated that, in their opinion, proper planning was not done prior to introduction of Batho Pele Principles. The participant felt that ground work and planning was not extensively done before the enforcement of the implementation of these Batho Pele Principles, there were many gaps, patients were still not sure of where to access health services, for example patients will go to Livingstone Hospital or to Port Elizabeth Provincial Hospital with a sick child meanwhile Paediatric patients are only seen at Dora Nginza Hospital, thus creating a conflict between the nurse and patients. Patients/relatives will interpret this as not being care for and as being tossed up and down.

4.4.2 UNAVAILABILITY OF RESOURCES
Participants indicated that inadequate human and material resources have a negative impact on rendering quality health care and the implementation of the Batho Pele Principles. Participants indicated how a poorly functioning procurement system influences the effectiveness of health care negatively. Examples they gave included the fact that equipment intended for patient treatment will often not be purchased citing lack of funds, or will only be purchased after having waited for six months or longer.

4.4.3 MANAGEMENT NOT SUPPORTIVE
The participants expressed that they felt let down by the management as there is neither support nor appreciation for the work they render. Participants verbalized that they were demotivated and demoralized.

4.4.4 ILL-DISCIPLINE AND LACK OF PROFESSIONALISM
The participants indicated that there is a lack of discipline in their institutions. Employees display unacceptable behaviours that warrant disciplinary action but that nothing happens. They voiced the belief that although the policies exist and are good they are in writing and on paper. They are not implemented by the managers. Furthermore some professional nurses and
doctors are perceived to be unprofessional and rude to patients. Comments were made that doctors were also impolite towards professional nurse and verbally abused (“shouted at”) them in front of patients.

The participants also indicated that management is paralysed with fear of the unions and are therefore scared to discipline the staff. Shop stewards do whatever they like and go wherever they want and no one is prepared to correct or reprimand them. This demoralizes the other staff members who witness the actions of the shop stewards and the attitude of managers towards shop stewards.

4.4 GUIDELINES TO FACILITATE BETTER RELATIONSHIPS BETWEEN NURSES AND PATIENTS

The secondary objective of this study was to formulate guidelines that will enhance effective implementation of the Batho Pele Principles by the nurses. These guidelines are not intended to replace the existing literature and directives on the Batho Pele Principles but rather to devise further strategies that would assist in the implementation of these Principles by the nurses and to highlight the challenges that are hindering the effectiveness of the implementation of the Batho Pele Principles in the Port Elizabeth Hospital Complex and to ensure that these challenges are addressed.

The following guidelines were based on the needs that were identified by the participants during the interviews with focus groups of the three hospitals which form the Port Elizabeth Hospital Complex. Effective leadership and management is essential for any organization to ensure a culture of quality. According to Tomey, (2009:454) leaders envision high quality care, model quality care management, encourage others to be involved in quality improvement, encourage setting high standards, are pro-active, facilitate interdisciplinary quality and build a culture of quality. The participants indicated that in the Port Elizabeth Hospital Complex there is a lack of effective leadership and management leading to ill discipline amongst
employees and no-one is willing to correct an unacceptable behaviour because of the managers’ fear of the unions.

4.4.1 GUIDELINE 1 – EFFECTIVE LEADERSHIP AND MANAGEMENT

According to Charles, Hill, Stephen and McShane (2008:404) leadership is the process of motivating, influencing and directing others in the organization to work productively in pursuit of the organizational goals. Leadership is one of the central functions of management.

Managers must be sensitive to the employee’s problem and show genuine concern. Although many characteristics of effective leadership and management have been described, Fayol’s principles of management and organization, as described in Stephen, Winstead, Fulop and Lilly (2009:198), remain a basis for the significant areas of behaviour and activities that depict an effective leader and manager.

- **Division of work**: Specialization allows individuals to build expertise and thereby be more productive
- **Authority**: The right to issue commands (and expect them to be followed)
- **Discipline**: The importance of employees obeying orders, but orders will be obeyed if managers are good leaders
- **Unity of command**: Employees should have only one direct supervisor ("boss"); there should be no conflicting lines of command. The participants felt that too many managers in the institution add to chaos and ill discipline
- **Subordination of individual interest to general interest**: Management must see that the goals of the organization are paramount
- **Order**: Both material and social orders are necessary. In the context of this study both human and material resources are necessary
- **Equity**: A combination of kindliness and justice is needed in treating employees
- **Initiative**: Allow and encourage the employees to show initiative
- **Esprit de corps**: Management fosters the morale of employees.
Linsted, Fulop and Lilly (2009:480 – 481) contend that leaders should display the following qualities:

- **Drive**: High desire for achievement
- **Leadership motivation**: Desire to lead and a willingness to assume responsibility
- **Honesty and Integrity**: Being trustworthy, to attract and retain followers through gaining their trust
- **Self confidence**: The ability to take hard decisions and stand by them
- **Cognitive ability**: Above average intelligence to analyze situations accurately and solve problems effectively.

Managers are regarded as the head of the institutions, the employees look up to them to lead them effectively and to create an environment whereby the employees look up to them to lead them effectively and to create an environment whereby the employees are able to render optimal care in a safe secured and non-threatening environment with adequate resources.

### 4.4.3 GUIDELINE 2 – PLANNING OF HEALTH SERVICES

According to Griffin (2008:106) planning is a process whereby managers select goals, choose actions to attain those goals, allocate responsibility for implementing actions to specific individuals or units and measure the success of actions by comparing actual results against the goals and revise plans accordingly.

The participants were of the opinion that rationalisation of services further depleted the human and material resources in the institutions and that the few nurses available are expected to render efficient service and uphold the Batho Pele Principles to the bulk of the patients that arrive at the hospital. The participants felt that if a feasibility study had been done prior to rationalisation it would have revealed the gaps and with proper planning those gaps would have been addressed. Currently there is a gross shortage
of human and material resources, poor infrastructure, debilitated buildings and an erratic transport system both public and emergency vehicles

The researcher believes that the staff would be eager supporters of the Batho Pele Principles if they could be assured of the following aspects relative to the health care system.

- That the Primary Health Care system receive the necessary human and material resources to relieve the work load of hospital-based staff
- That all hospitals in the Port Elizabeth Hospital Complex as well as the clinics receive all the resources necessary to promote job satisfaction and productivity
- To ensure an adequate and reliable public and emergency services transport system to ensure that patients are able to move freely when being referred for further treatment or when returning home
- To provide a fully functional Accident and Emergency Departments in all hospitals in the Port Elizabeth Hospital Complex to enable prompt treatment at an easily accessible institution without waiting for emergency transport
- To provide security to safeguard the environment for both patients and staff. This will increase productivity and a sense of well-being in staff, patients and the public
- To provide educational programmes to inform all the stakeholders about the standards of care they will receive, how the rationalisation of services is to work and how to channel their grievances.

4.4.3 GUIDELINE NO 3 – AVAILABILITY OF HUMAN AND MATERIAL RESOURCES

There are never enough resources for the work that needs to be done. Nurses need adequate human and material resources to be able to perform and be productive. Managers need to be well versed on financial management and budgetary control, must be able to prioritize and be cost-effective without compromising quality care. Yoder Wise (2007:229)
discusses the following strategies for cost-conscious or cost-cutting measures:

- Understand what is required to remain financially sound
- Know the costs and re-imbursement practices of the organisation
- Use time effectively
- Evaluate the cost effectiveness of new technologies
- Use research to evaluate standard nursing practices

With the money that is saved by cost-effective management practices the managers will be able to purchase the necessary resources that will add value to the organization. Other factors that will minimize cost are:

- Avoiding duplication. For example, PMDS is a good tool but is time consuming and a lot of duplication needs to be revisited
- Managing absenteeism
- Implementing time management practices
- Outsourcing some of the services such as laundry, food service, cleaning will also assist in saving costs
- Employing competent, co-operative well-trained staff who know exactly what they are doing and who are not only an asset in the institution but also assist in curbing costs

Further cost containment strategies to optimise the availability of material resources include:

- Procurement system manned by personnel who are knowledgeable about medical and surgical equipment and who will be able to prioritise requests for urgently needed equipment
- Regular maintenance and servicing of equipment and buildings to prolong their life-span

4.4.4 GUIDELINE 4 – RECOMMENDATION TO INSTILL A SENSE OF CONTROL OVER DISCIPLINE BY NURSE MANAGERS
Muller (2001:59) refers to discipline as a punitive measure that may be applied when the nursing practitioner fails to meet the professional standards. Collins English Dictionary (2005:164) refers to discipline as an attempt to improve the behaviour by training or rules. Some managers are of the opinion that if staff is left to do what they want and are showered with benefits, they will be able to retain the staff. On the contrary where there is no discipline, employees feel insecure and confused and eventually leave the service.

Disciplining of staff or employees who transgress is the function of the manager or the supervisor and therefore managers should ensure the following activities are implemented:

- Orientating new personnel on the policies of the institution
- Base all punitive discipline on accepted legal prescriptions and not be influenced by other staff members or unions
- Be fair but firm, consistent with no favouritism
- Be honest and trustworthy
- Ensure job satisfaction by showing appreciation for good work done and hard work
- Managers must be exemplary because if they are also acting in an unprofessional manner, the employee will lose respect for such managers and there will be no control or discipline. Ill discipline leads to chaos and confusion. It demotivates those who want to work and produce positive results.
- It is important that the manager must be consistent in implementing discipline. There must be no favouritism, no targeting of certain individuals, fair monitoring and evaluations and counselling for employees. Refer staff members to employee assistant programmes for further counselling and assistance. If there is no improvement in the behaviour of the employee, a verbal warning followed by written warning. If still there is no improvement, disciplinary measures must be enacted.

4.5 RECOMMENDATIONS
The following recommendations are based on the findings of the study. Some of the recommendations will be highlighted as they have been extensively explained when the guidelines were discussed.

4.5.1. EDUCATION

The managers have an important task to ensure that the employees receive ongoing training and education in the institution. The introduction of a performance management and development system has assisted the nursing supervisor to identify the training needs of an employee and to monitor the performance of her staff. However, honesty is crucial when assessing employees otherwise the employee will be negative towards the programme. Participants verbalized that there was no honesty with PMDS rating. Orientation of new personnel should be compulsory and the Batho Pele Principles must be part of the orientation programme. There should be compulsory lectures on the Batho Pele Principles within each unit. Patients in the outpatient department must be given lectures on the Batho Pele Principles and their responsibilities pertaining to the health care services. These lectures should be recorded in the patient’s folder and, if possible, the patient must counter sign.

All ranks and disciplines must get lectures on the Batho Pele Principles including the security officers who man the gate, they must know what Batho Pele is and they must practice the Batho Pele Principles because they are the first contact with the patients. Each unit should allocate a registered nurse with specific responsibility for training and teaching programmes, evaluating the knowledge of staff and ensuring that the staff attends the lectures and sign after receiving a lecture.

The unit manager must do spot teaching and check if the staff is well-versed with the principles and they are practicing the principles. Patient satisfaction survey to be done by independent officers but those officers must be well versed in hospital policies. It does not give the correct picture if the survey is being done by a person who knows nothing about
health services and how they are being run, for example if a nurse tells a patient who comes on a Wednesday for removal of POP that there is no Orthopaedic Clinic on Wednesdays and advise the patient to come on any day except for a Wednesday. The officer conducting the survey will interpret this as not caring on the part of the nurses. The staff attending courses must come back and give feedback that should be compulsory for all employees not only for nurses.

Managers must get lectures on effective leadership, management, communication, conflict resolution skills as well as instruction on effective budgetary and financial management, team building and diversity management. These courses will assist the manager to acquire skills that are crucial for effective management of an organization to ensure that the employees are knowledgeable and empowered and that they perform with insight.

Booyens (1993:442) state that the following benefits must be available to retain the employees:

• Attractive salaries, housing and medical aid
• Opportunities for promotion
• Skills development courses
• Security
• Effective employee assistance programme
• Discipline
• Hard work to be recognized and appreciated

4.5.2. FURTHER RESEARCH

There are many challenges facing Department of Health. Further studies to address solutions to lack of discipline in our institutions may assist in
improving the attitude of all health care providers and the working conditions. For that reason, further research could focus for example on:

- The role and place of the labour unions on the health care delivery
- The role of the medical doctors in the implementation of the Batho Pele Principles in the hospitals and clinics
- The nurse managers could also be interviewed to describe their experiences of the introduction of the Batho Pele Principles.

4.6 CONCLUSION

The aim of this study was to explore and describe the experiences of professional nurses on the introduction of the Batho Pele Principles in the state hospitals’ of the Nelson Mandela Metropole and to make guidelines and recommendations that will assist in the effective implementation of the Batho Pele Principles by the Professional Nurses.

To answer the research question, a research designed was outlined, approach for sampling data, gathering method and data analysis were discussed.

This study revealed that there were challenges which hinder the effective implementation of the Batho Pele Principles.

Amongst the challenges that were indicated by the participants there were:

- inadequate human and material resources
- attitude of both health care providers and health care users
- no support from management
- lack of discipline and no implementation of policies relating to discipline

The issues if they are not addressed they have negative impact on the productivity, morale of staff and that of upholding Batho Pele Principles when interacting with the patients and their relatives. They also tarnish the name of the institution and that of the professional nurses. Most importantly they can be costly as some of the clients they take the legal route and sue
the Department of Health leading to further depletion of funds. What is needed is not quantity, but well trained, competent quality care driven professional nurses,
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ANNEXURE A
REQUEST FOR PERMISSION FROM THE PORT ELIZABETH HOSPITAL
COMPLEX MANAGEMENT TO CONDUCT RESEARCH
ANNEXURE C
SCRIPT OF AN INTERVIEW
ANNEXURE D
DATA ANALYSIS INSTRUCTIONS TO THE INDEPENDENT CODER
ANNEXURE E
BATHO PELE PRINCIPLES