EXPLORATORY STUDY ON ATTITUDES OF NURSE MANAGERS TOWARDS QUALITY IMPROVEMENT PROGRAMMES IN THE EAST LONDON HOSPITAL COMPLEX.

BY

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DECLARATION

I declare that this study is my own original work and that all other sources of reference have been acknowledged.

This study has not been previously submitted for a degree at this university or at any other university.

Name: Tobeka Dondashe-Mtise

Signature: Date: 04/05/2011
DEDICATION

I dedicate this study to my late parents whose love and trust in me have always been a motivation.
I would also like to express my gratitude to my husband Chris and my daughter Liwa for their patience, love, and understanding. Their support despite the feeling of neglect and loneliness as I was busy occupied with books was invaluable throughout my years of studying.
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ABSTRACT

This study was aimed at investigating the attitudes of nurse managers towards quality improvement programmes in the East London Hospital Complex.

The research design comprised a qualitative, exploratory and descriptive approach. A purposive sample of 10 nurse managers participated in the study. The data were collected through interviews, using a semi-structured interview guide. Interviews were recorded using audiotape. Data were analysed manually and by using the computer software Atlas ti. Positive and negative themes were identified and ethical consideration was ensured by means of privacy, confidentiality and anonymity.

The findings revealed that nurse managers in the East London Hospital Complex had overall positive attitudes towards quality improvement programmes. A few negative attitudes and their contributory factors were also identified. The limitations of the study and recommendations based on the findings of the study are presented.
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CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

The focus of this study was to determine the attitudes of nurse managers towards quality improvement programmes as they were the key role players in the implementation of quality improvement programmes. The quality improvement programmes were put in place to overcome low standard of care that prevails in nursing today in the East London Hospital Complex. Clients expect nurses and other health care providers/workers to provide them with quality health care (Wensley, 1992:1). Many developing countries have put more emphasis on making the services more accessible through the Primary Health Care Approach. Peltzer & Mashego (2005:13) indicated that quality of health care has until recently been viewed as “a luxury reserved for developed countries”. It is critical that developing countries including South Africa should evaluate the quality of health care provided and to put into place some mechanisms to improve the quality of health care.

South Africa, inclusive of the Eastern Cape Province, has experienced a shortage of nurses due to the emigration of nurses to more developed countries; an aging population of nurses and competition between the nursing profession and other professions in attracting new members. The younger generation now has more opportunities for career development and nursing as a profession has become less popular than other professions (Breirer, Wildschut & Mgqolozana, 2009:29).

There are challenges in implementing quality improvement programmes in a public health system that is plaqued by limited material and human resources. Quality improvement programmes were introduced at the East London Hospital Complex as a vehicle for improved care of clients and families.

Lack of equipment and unavailability of medication in some health facilities, together with other factors have a negative impact on the quality of health care (Peltzer & Mashego 2005: 20). Despite the challenges the institution needs to evaluate its performance and to provide the best care possible. Quality improvement programmes were put into place to be effective, nurse
managers, professional nurses and other health workers need to be committed to the programme and demonstrate positive attitudes towards it. Few studies on quality improvement programmes were detected and a limited number of those specifically address the attitudes of nurse managers towards quality improvement programmes. The purpose of this study, therefore, was to determine the attitudes of nurse managers towards quality improvement programmes.

Ehlers and Lazenby (2007:285-287) have pointed out that, the strategy’s success can be achieved by embarking on the context of continuous improvement. Continuous quality improvement can be achieved by organisations through practices such as bench-marking, total quality management courses and re-engineering of organisations. These authors indicated that, in order for the organisations to achieve best quality, services/products they should have a strong commitment to benchmarking their activities against the best in industry or best among world performers/achievers. Consequently best practices should be incorporated into a strategy of implementation efforts and strategic control systems.

Melnyk and Denzer (1996:295) indicated that total quality management is focused on designing and delivering quality services to customers and could dramatically improve hospital/organisational performance. Total quality management may be defined as a “culture”. Inherent, in this culture is a total commitment to quality and attitudes expressed by everybody’s involvement in the process of continuous improvement of services.

Some organisations follow the re-engineering approach in managing quality. The organisation is re-organised in such a way that it creates value for the customers by eliminating barriers that create distance between employees and customers. Processes are re-engineered with the question in mind “How can we re-organise the way we do our work to provide the best quality and the lowest-cost service to the customers?” Processes here are focused on customer needs rather than specific task or functional areas. Once re-engineering processes achieve success, they are continuously improved (Ehlers and Lazenby 2007: 285)

1.2 PROBLEM STATEMENT
The hospital introduced the quality improvement programmes, the researcher perceived that, there was a lack of implementation of the programme and of evaluation. The researcher also assumed there may be a relationship between the lack of implementation of quality improvement
programmes and the attitudes of nurse managers. This led the researcher to identify a need to undertake/conduct research on the attitudes of nurse managers towards quality improvement programmes in the East London Hospital Complex.

1.3 SIGNIFICANCE OF THE STUDY
The study was undertaken in the belief that the findings of such a study would contribute towards improvement in the implementation of the quality improvement programmes, which in turn, would improve the quality of patient care. The institution would improve in service delivery and attract more customers while the Department of Health would save cost and minimise negative incidents/publicity.

1.4 THE AIM OF THE STUDY
The aim of the study was to establish whether nurse managers in the East London Hospital Complex had a positive or negative attitude towards quality improvement programmes.

1.5 OBJECTIVE OF THE STUDY
The objectives of the study were as follows:

To determine the nature of the attitudes of nurse managers towards quality improvement programmes.

1.6 RESEARCH QUESTION
The research question for this study was:-

What are the attitudes of nurse managers towards implementation of quality improvement programmes in the East London Hospital Complex?

1.7 DEFINITION OF TERMS
1.7.1 Quality Improvement Programme
Quality refers to attributes/characteristics of a product or a service that credits itself on its ability to satisfy the customer. It is a guarantee of excellence (Oxford Dictionary 1984:604). “A quality improvement programme is therefore a formal, valid and reliable method of measuring the quality of nursing in order to improve the standard” (Booyens 2000:629). In
this study the quality improvement programme is a formal programme introduced to improve the quality of care rendered to clients and their families.

1.7.2 Attitude
Mode of thinking or behaving (Oxford Dictionary 1984:590). In this study the attitude refers to mode of thinking/reaction of nurse managers in the pursuit of providing and ensuring implementation of the best possible service within the constraints of institutional circumstances.

1.7.3 Negative Attitude
Experiencing denial to accept or refuse to accept things objectively (Hornby 1994: 65). In this study, negative attitude refers to refusal or poor implementation of quality improvement programmes by nurse managers.

1.7.4 Positive Attitude
Expressing a definite feeling of accepting something with no obligation (Hornby 1994:65). In this study positive attitude refers to acceptance of the quality improvement programmes by nurse managers.

1.7.5 Nurse Manager
In this study a nurse manager is a registered nurse who is designated as a Chief Professional Nurse or nursing service manager and above is assigned a task to manage two or more units as an area of supervisor.

1.8 SUMMARY
In this chapter, an overview of quality improvement is presented. The aim, objective, and research question are clearly set out. In the next chapter, the review of literature on quality improvement and the attitudes of health practitioners will be presented.
CHAPTER 2

REVIEW OF LITERATURE

2.1 INTRODUCTION
The researcher embarked on literature search to support the study and to find out whether such a study has been conducted previously. With the assistance of the librarian, books on the quality of nursing were found. An internet search was undertaken using the words ‘attitudes of nurse managers and quality improvement programmes’ interchangeable. Very few studies on quality improvement programs were found. None of the studies addressed the attitude of nurse managers concerning quality improvement, which indicated need for more research in this area. The literature review that is presented in this chapter focuses on quality improvement programmes, quality health care, patient satisfaction and attitudes of nurses.

2.2 LITERATURE
Plebani (2003:131) studied appropriateness in programmes for continuous quality improvement in clinical laboratories. This research found that, “The new approaches to quality improvement suggest that, rather than using inspection to correct unusual errors there should be more emphasis on improving the process of healthcare to ensure that desired outcomes are produced. Furthermore, the appropriateness plays a key role in programs for quality improvement”. The study on appropriateness by Plebani (2003:132) was conducted on medical laboratories in which medical test kits, crucial tools in modern medicine that were essential to health promotion, disease screening diagnosis and monitoring were tested for their effectiveness in producing the desired results. Effectiveness was also enhanced by stressing the importance of the technical and professional competence of the evaluators. Appropriateness in medicine involves two fundamental concepts. These are patient centred services to meet patients’ needs and competence/skill with which appropriate care is provided.

Appropriateness in laboratory medicine refers to the extent to which a particular procedure, treatment, test or service is effective, clearly indicated, not excessive, adequate in quality and provided in the inpatient, outpatient, house or other setting, best suited to the patient’s needs (Plebani 2003:131).
The particular study does not refer to attitudes, but to appropriateness in programmes for continuous quality improvement in clinical laboratories. Therefore nurse managers in the clinical settings have a duty to ensure competence or technical skills have been acquired by the nurses in the use of technical equipment, as well as technology that is in use in particular units. Cardiac monitors and ventilator machines in intensive care units can be used as examples, where technical competence is needed.

Wisniewski, Erdy, Singh, Servos, Naughton, and Singh (2007:126) piloted a study on assessment of staff attitudes regarding safety cultures at one skilled nursing facility. Safety is a dimension of quality but the attitudes that were assessed were not those of nurse managers towards quality improvement programmes. The attitudes that were assessed were those of nursing staff and other healthcare providers during the process of general care, especially medical safety (prescription medication and scheduled drugs). Attention was focused on cost associated with medical errors in the inpatient setting.

The investigators indicate that many healthcare organisations employ a punitive approach to medical errors, fixing blame on workers. They argue that this approach ignores the weakness within the system that contribute to errors and does little, if anything, to prevent recurrence. They further indicate that a culture of safety information has been found to be the most effective and enduring strategy for initiating and continuing improvement in patient safety. However, sustaining a culture of safety in an organisation requires time, commitment and effort on the part of all employees and senior management including front-line workers. The results overall showed that a majority of respondents had a positive attitude with regard to job satisfaction, even though morale was comparatively low (Wisniewski et al,2007: 126).

A study by Tai, Chu, Liang, Lin, Huang, Tsai and Wang (2003:210) made use of patient satisfaction data in continuous quality improvement programmes for endoscopic sinus surgery. Their objective was to highlight continuous quality improvement as an effort by healthcare professionals to improve the quality of service by continuously exceeding the patient’s expectations. A patient satisfaction survey is one of the measures of quality care. The study confirmed that continuous quality improvement was described as the continual attempt to furnish care that met or exceeded patient expectations.

The attitude of staff in implementation of this quality improvement programme were mentioned, the emphasis being only physicians and healthcare organisations to monitor their performance and services by tracking serial patients satisfaction survey data to continuously improve quality. Findings include that quality of care has been vehemently emphasised in a patient centred modern healthcare environment. Patients were very satisfied with the services provided in endoscopic sinus surgery (Tai et al, 2003; 214)

Pierce and Robinson (2007:184), in their book defined continuous improvement as ‘the process of relentlessly trying to find ways to improve and enhance a company’s products or organisation’s service from design through services”. In Japan this is called Keizen. This approach, really an operating philosophy, seeks to always find slight improvements or refinements in every aspect to what a company/organisation does so that it result in service that is of low cost (affordability), higher in quality and speed or more responsive to customer needs (Pierce and Robinson. 2007:184).

Peltzer & Mashego (2005:13) conducted their study with the aim of surveying the perceptions of quality of primary health care services provided in rural community of Limpopo Province. A convenience sample chosen- of ten focus groups- was composed of community members from public health places of four villages. The focus was on the conduct of staff (attitude, reception, communication, equal treatment, care and compassion and privacy); technical competence (examination, explanation of treatment, responsiveness and treatment outcomes); healthcare organisation (availability of drugs, explanation, effectiveness, payment) and mapping of services (waiting time). Findings of the study showed minimal satisfaction with free basic services provided, preventive healthcare and social services. Dissatisfaction was shown with regard to interpersonal relations, provision of medication with adequate explanation and on structural aspects. Recommendations were to improve drug availability, interpersonal relations and technical skills. This study only focused on community perceptions of quality in primary
healthcare services but not on the attitude of nurse managers towards quality improvement programmes.

Uys & Naidoo (2004:1) conducted the study with the purpose of describing and comparing the quality of nursing care and care in three health districts in the KwaZulu Natal Province in South Africa. The aim was to identify differences which could be addressed through education and training. Six hospitals and six clinics constituted the three districts. Five different aspects were evaluated. These were: handing over from one shift to another; implementation of universal precautions; patient satisfaction; nursing records and management of chronic illnesses. Four aspects were evaluated using a checklist based on reviews of records or direct observation, while patient satisfaction was evaluated by means of questionnaires. The findings of the study pointed out a number of problems in the quality of care given by nurses, varying from district to district. Specific problems in each district and general problems across all three districts were identified. Some of the problems might be addressed through education and training while others needed management strategies.

The study, in surveying the quality of nursing care in several districts in South Africa, identified the need for education and training in order to provide quality healthcare.

Wensley (1992:1) examined the quality nursing care in the inpatient education programme in the Coronary Care Unit at Saint Vincent’s Hospital, Sydney.

The inpatient education programme was prompted by a need to evaluate the effectiveness of the education program for patients admitted in the unit. The method of evaluation for the CCU inpatient education programme was the patient questionnaires. A sample size of thirty was selected and the frequency of monitoring was identified to be monthly. The results revealed that patient questionnaires did not in themselves evaluate quality of care delivered, rather they functioned as indicators of quality and identified the aspect of the service with which the patients were satisfied or dissatisfied. The recommendation was that no single technique could be used solely, since each method had strength and weaknesses. The study did not focus on attitudes of nurse managers towards quality improvement programmes, but on improving the inpatient education programmes and it shed light on the complexity of evaluating quality.
In a more recent study, Young, Horton and Davidhizar (2006:412) conducted research on one important aspect of pain management, namely the attitude of nurses towards pain assessment instruments. In addition, the relationship of the attitude towards education and experienced nurses was compared. An open-ended questionnaire used in this study was based on Fisubein & Ajzen expectancy – value model. Three questions were asked concerning: their belief about assessment of pain, their belief about the use of pain assessment tools and their belief about the use of pain assessment tools in improving patient outcome. The results obtained were compared to identify the relationship between attitude towards pain assessment and education and experience.

Results showed positive and negative beliefs. Positive belief showed value of assessment tools, value in relation to positive outcomes and value of tools in providing objective and measurable data. Negative beliefs revealed that assessment tools lacked objectivity and were also inaccurate. Other pain assessment tools could be used. Attitude scores indicated a positive attitude towards pain assessment tool.

This study focused on the attitude of nurses (all categories) towards pain assessment instrument in relation to educational level and experience.

Delia, & Lewis, (1995:20) investigated the attitude of nurses to cost effectiveness and quality management strategies in Australia with a random stratified sample selected in a large teaching hospital. Data was analysed using multivariate statistical techniques. The findings indicated that nurses surveyed had positive attitudes to quality management techniques, but attitudes towards cost effectiveness were notably less positive, as the respondents perceived that cost effectiveness strategies were not congruent with professional practice. This study sheds light on attitudes of nurse managers towards quality improvement programmes in a hospital setting.

2.3 SUMMARY

Literature found for the literature review of this study focused mainly on the implementation of quality improvement programmes; no studies on attitude of nurse managers towards quality improvement programmes could be found. However, quality improvement programmes were found to be effective in addressing challenges in healthcare organisations.
CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION
In the previous chapter, a literature reviewed from other literature sources on attitude of healthcare professionals towards quality improvement programmes and quality in general of health services towards community was presented. In this chapter the researcher describes the research methodology used in the course of the study.

3.2 RESEARCH DESIGN
This study followed a qualitative approach. Its design was exploratory and descriptive. This design was found appropriate since the researcher sought to gain in-depth knowledge of the attitudes of nurse managers towards quality improvement programmes in East London Hospital Complex.

Qualitative research seeks to understand the meaning that particular experiences and events have for individuals who experience them (Burns & Grove 2009:22).

Exploratory design, according Speziale and Carpenter (2007:21) explores a relatively unknown research area in order to gain, discover or reveal new information concerning the phenomenon under study and thus lead to the development of new theory about the subject. Exploratory study is open and flexible. The researcher can thus examine many dimensions of the area under study in depth, while the use of a descriptive study enables the researcher to describe the specific phenomenon under study as accurately as possible using the exact words of the informants (Burns & Grove 2009:25)

3.3 RESEARCH SETTING
Speziale and Carpenter (2007:28) described that, setting is the field; the field is the place where individuals of interest can be located. The reason for conducting data collection in the field is to maintain the natural setting where phenomena occur.

This study was conducted in South Africa, Eastern Cape Province, Buffalo City Municipality. Nurse manager’s offices were used in both Cecilia Makhiwane Hospital and Frere Hospital,
which constitutes the East London Hospital Complex. Cecilia Makhiwane Hospital is in the peri-
urban area, while Frere Hospital is in urban area in East London. The East London Hospital
Complex is a tertiary hospital and serves as a referral hospital for the clinics, community health
centres in the area and other small hospitals in the surrounding towns.

3.4 TARGET POPULATION
According to Burns and Grove (2009:42) the population is the entire set of individuals or
elements who meet the sampling criteria. The population for this study consisted of 40 registered
nurses who were designated as chief professional nurses or nursing service managers.

3.5 SAMPLING PROCEDURE
A purposive sample of 10 nurse managers from these two hospitals participated in the study.
Purposive sampling would ensure that the researcher could hand pick informants who had the
required information and thus yield the required information. Burns and Groove (2001:353)
describe purposive sampling as referred to judgemental or selective, because it involves
conscious selection by the researcher of certain participants, elements, events or incidents to
include in the study.

3.5.1 Criteria for inclusion and exclusion
Criteria for inclusion and exclusion may be used to develop the desired sample. Inclusion criteria
are characteristics that must be present for the element to be included in the sample (Burns and

3.5.1.1 Inclusion Criteria
In this study; this criteria refers to nurse managers who were working at East London Complex at
the time of the study.

3.5.1.2 Exclusion Criteria
The criteria for exclusion from this study included the following:-
- Professional nurses in non-management posts.
- Professional nurses on leave.
3.6 DATA COLLECTION PROCEDURE
Data collection involves a process of selecting subjects and gathering data from those subjects. Brink (2006:394), describes the process of data collection as important for the study to be successful. The researcher collected data through semi-structured interviews.

Data was collected to determine the attitudes of nurse managers towards implementation of quality improvements programmes. Individual qualitative interviews were conducted using semi-structured approach to collect the required data.

A qualitative research interview was chosen because it permitted an in depth exploration of issues that were under investigation, especially those that were very complex. It also afforded the interviewer numerous sessions with the same informant. The interviewer was able to understand the meaning of what was said, how it was said including body language, varying tone of voice and was able to interpret non verbal cues such as facial expression and body gestures (Burns & Grove 2009:529).

A semi-structured interview allowed the researcher to focus on issues of particular importance to research question. The researcher probed for more information by adapting questions and thus explored more dimensions of the topic. Clarity was sought from statements made by informants. The informants, on the other hand had freedom to address issues that they felt were important. Repeated interviews were conducted with the informants until saturation was achieved Speziale & Carpenter (2007: 95)

The interview sessions were recorded by using an audio tape recorder. Consent was obtained for the use of audio tape recorder and explanation given for the purpose of using the recorder. Other participants refused to be taped, but continued with interviews. Notes were taken by the researcher.

3.7 Measurement
In this investigation, the researcher collected data by means of an interview guide developed by the researcher and approved by the supervisor. The interview guide had one overriding question with sub questions that were used by the researcher for probing to obtain more information or clarity on the phenomenon.
3.8 Trust Worthiness

Trust worthiness described by Speziale and Carpenter (2007:48) as the term used in the evaluation of qualitative data in relation to objectivity. Polit & Beck (2004:332) suggest that the criteria for establishing trustworthiness of qualitative data are credibility, dependability, conformability and transferability.

3.8.1 Credibility

Credibility refers to confidence in the truth value of qualitative data. This can be established by prolonged engagement with the subject matter. Another way to confirm the credibility of findings is to see whether the participants recognise the findings of the study to be true to their experiences. The act of returning to the participants to see whether they recognise the findings is frequently referred to as member checking (Speziale and Carpenter 2007:49).

**Prolonged engagement:** - In this study credibility was ensured by remaining with the participants after the interviews conducted (end the question- asking phase) to verify the data collected by giving the participant opportunity to ask questions, to clarify any factual errors expressed during interview and check their response.

**Member checking:** - in this study the researcher checked the data by returning to the participants to check whether they recognise their responses, the researcher is working in the same institution with the participants.

**Persistent observations:** - is another activity that ensures credibility of study. This refers to the researcher focusing on some aspects of the situation that are relevant to the phenomena under study (Polit & Beck 2004:337). In this study the researcher collected data through interviews, during interview the researcher observed non-verbal responses such as facial expressions and gestures and evaluate stance / attitude. The researcher attend quality circle meetings, in which the participants (nurse managers) verbalises their daily challenges in the implementation of quality improvement programmes, this helped the researcher to verify some of the data collected.

**Triangulation:** - Brink et al (2006:116) describes data source triangulation as the use of multiple resources referents in order in order to draw conclusion about the truth, this provides the basis for the truth. Burns & Grove (2009: 231) describe data sources as to provide an opportunity for researchers to examine how an event is experienced by different individuals, groups of people or
communities at different times or different settings. Semi-structured interviews were used to gather information from nurse managers of different racial groups and gender from two hospitals that constitute East London Hospital Complex. Journals, articles and internet searches guided the researcher in controlling the study (Polit & Beck 2004:431).

Peer debriefing: This is a complete disclosure of the study purpose and results at the end of the study which is done with a colleague of similar status who is outside the context of the study, who has a general understanding of the nature of the study and with whom one can review perceptions, insights and analysis (Mouton, 2002:277). The researcher was assisted by the supervisor to focus on the study and also discussed the study with the retired lecturer who is a mentor to the researcher.

3.8.2 Dependability
The dependability of qualitative data refers to data stability over time and conditions. It might be said that credibility is to validity (in quantitative studies) what dependability is to reliability. Another technique relating to dependability is the inquiry audit; this involves scrutiny of the data and the relevant supporting documents by an external reviewer (Polit and Hungler 2007:315). In this study the supervisor checked the data for authenticity and approved the data analysis. The study was sent to an independent editor to assist in the conclusion.

3.8.3 Confirmability
Confirmability is a process criterion. It is the degree to which the findings are the product of the focus of the enquiry and not the biases of the researcher (Babbie and Mouton 2001:278). The objective is to illustrate as clearly as possible the evidence and thought processes that led to the conclusion. The study was sent to an independent auditor to make study conclusion.

3.8.4 Transferability
Transferability refers to the probability that the study findings have meaning to others in similar situations. It has also been labelled “fittingness” (Speziale and Carpenter 2007:49). In this study the researcher applied the following strategy to enable a certain level of transferability: the researcher utilised a purposeful sample of nurse managers to gather data on their experience with
regard to implementation of quality improvement programmes, its challenges and support they need. The researcher comprehensively described the research methods used in this study to the reader of the report.

3.9 ETHICAL CONSIDERATION

Prior to conducting the study, the researcher obtained approval from the University of Fort Hare Ethics Committee and the Research Committee in the Eastern Cape Department of Health. Additionally, the researcher obtained permission from the Medical Superintended/Chief Executive Officer and the Deputy Director of Nursing Services of East London Hospital Complex.

Consent forms were signed by the participants. A full explanation of the purpose and the significance of the study were given. No form of incentive was offered to the research participants. The researcher conducted the study after permission had been granted and the consent obtained.

The researcher guaranteed anonymity during data collection. Confidentiality was guaranteed and respect for the participant’s right maintained. The participants were assured that the data collection will be used solely for the purpose of the study. The participants were further assured that they would not experience any discomfort.

3.10 DATA ANALYSIS

In preparation for the analysis the researcher repeatedly read the verbatim transcripts in order to get a global view and understanding of the interviews and also to become familiar with the data collected during interviews. The transcripts were loaded into the programme Atlas.ti on the computer as primary documents.

The researcher analyzed the responses of each participant in relation to question asked. Responses were aligned to the objective of the study. Computer Atlas.ti programme was used to assist the researcher in the analysis of data, level 1open coding was done, that is highlighting string of words of interest then assigning a descriptive code which is level two, categories/
families were created which lead to creation networks/themes by highlighting the family with link codes. Themes and sub themes will be presented in the next chapter.

3.11 Summary
In this chapter a detailed description of the methodology applied in this study is presented. The researcher has described the study design, population, sample, data collection and data analysis. Data analysis was done using computer software programme Atlas,ti. In the analysis significant statements were identified and extracted. The results of the study will be presented in the next chapter.
CHAPTER 4

RESULTS

4.1 INTRODUCTION

The results of the data analysed in the previous chapter analysed are presented here. The themes that emerged are divided into two groups:- themes indicate positive attitudes and those that demonstrate negative attitude. The challenges identified as factors influencing negative attitudes are presented.

4.2 THEMES INDICATING POSITIVE ATTITUDE- Presented in Figure 1

Figure 1: Schematic diagram of positive themes emerged from nurse managers in the implementation of quality improvement programmes.
4.2.1 Quality Improvement Programmes being regarded as a provision of guidance in relation to work output

Nurse managers described quality improvement programmes (QIPs) as a moral obligation to everyone working in a healthcare service to provide a responsible and caring service to customers. A participant said,

*The programmes are very important, it has made a great change, to me it makes us aware of what we are supposed to do for patients, able to welcome relatives, to collect data carefully for follow up history and to keep records properly allowing continuity of care*  (Participant 3).

Another participant said:

*QIPs are important, it is not something new, is part of our work that we are doing; it gives nurses guidance, direction. QIPs helps to see wrong and right doings and allows us to correct mistakes*  (Participant 5).

4.2.2 Quality Improvement Programmes being regarded as promotion of transparency and accountability

Nurse managers view QIPs as encouraging open debate about the nature and the extent of provision of care. This illustrated by the following verbatim quote:-

*It saves costs to the institution, the institution receives complements, complaints, clients are also allowed to criticize the service positively, this allows us to pull up our socks*  (Participant 3).

4.2.3 Quality Improvement Programmes are regarded as allowing nursing dynamics

Nurse Managers explained that, nursing is not static but change with times. The Directive Quality Assurance is new, in earlier times they only prepared for inspection by the professional body but today, the quality is measured. The nurse managers quoted verbatim:-

*They are really necessary as the nursing changes, things also are dynamic and processes are changing. There are more projects developing that will make us to do things in a smarter way,*
therefore as nurses we should adopt new styles of doing things to be parallel with the changing world. This helps us to improve from doing things traditionally (Participant 10).

4.2.4 Quality Improvement Programmes regarded as improving the image of the institution and enhance positive media publicity

Nurse managers agreed that, quality improvement programmes improve customer satisfaction, and lessen cost to the institution and boost self-esteem of the health providers. First participant said:-

At the end of the day the patients will benefit because all what we are trying to do is for our private interest to find fulfilment in what we are doing or as a hospital or institution we need to, you know people will say I want to go to Frere ....... (Participant 7)

Second participant said:-

Relative even the family will come to CMH (CECILIA MAKIWANE HOSPITAL). Sometimes families bring gratitude cards and we (nurses) always say it is enough to say thank you. Outside people compliment the institution and even mention names of the staff that cares (Participant 3).

Third participant said:-

More people will seek service in the institution, there will be less adverse events, instead there will be more compliments” (Participant 4).

4.2.5 Quality Improvement Programmes regarded as promoting the concept Consultation in the Bato Pele principles

Nurse managers expressed the thought that quality improvement systems should ensure that the customer’s opinion is taken into account and that the customer is consulted about the treatment; such consultation can be even regarded as the customer’s moral right. This is illustrated by the following statement:-

They (QIPs) are essential to meet the standard according to the needs of clients or community, so programs are there to assist us so that we are on the right track every time and they should be based on the challenges that are there (Participant 8)
4.2.6 Quality Improvement Programmes can be used as a means of promoting team building and encourage communication
Nurse managers expressed the thought that that implementation of quality improvement and involvement of staff right at the beginning of projects have the effect of getting the (staff) to participate in driving the quality improvement projects to the intended goal with ease, as suggested in the following quote

*I also do not have a challenge with the staff, we chose the project as team so it is not something that i impose on them, we decide together on a project, they continue doing it right* (Participant 9).

4.2.7 Quality Improvement Programmes can be used as a monitoring and evaluation tool
Nurse managers described implementation of QIP as the measurement of their service to customers as they are able to identify areas of improvement and follow the steps of quality improvement project. The participant said,

*It was initially presented as a faultfinding programme, but at later stage it has been found necessary, useful to enhance total patient care, that attributing to, if for instance taking intake and output, it, shows you what are the areas of improvement, how do you achieve that improvement and what is it that you need to do, so more than seeing it as additional work.* (Participant 4).

Another participant said,

*We got to always monitor all what we are doing and check where the gaps, challenges and what can we do to bridge up the gap and to improve whatever is coming up.* (Participant 1).

4.3 THEMES INDICATING NEGATIVE ATTITUDES
The following are themes that indicate negative attitudes as described by nurse managers in the implementation of quality improvement programmes. Two themes indicating negative attitudes emerged from data analysis i.e. lack of commitment among nurse managers and perception that the programme was stressful. These are presented in Figure 2 below.
4.3.1 Lack of commitment among nurse managers

Quality is influenced by everyone, so it is important that all nurse managers are committed to quality improvement, are willing to accept and implement quality improvement programmes. Participant said,

Okay, others have negative attitude, no interest, like will say, “I have been to that course only just for the sake of being there” (Participant 2).

Other participants said,

No passion to the programme and the staff lack commitment. The subordinates take it as an additional workload. Other challenges are clients tend to be difficult and it is easy for them to report dissatisfaction to the media (Participant 4)
4.3.2 Programme perceived as stressful

Stress arises due to poor development of the programme and maintenance of a quality system; poor development and improvement of standards; failure to educate nurse managers about quality; inconsistent in the training of personnel.

The cost of implementing a quality assurance system should be outweighed by the resultant savings through improved efficiency, effectiveness and customer satisfaction. This is evidenced by the following verbatim statement,

*Stressed as a manager also you have to contain yourself, so your attitude must not influence the people that are working with you or under you, if you are the very person who is complaining expressing demotivation that….* (Participant 3).

Another nurse manager said,

*Training must not only awarded to managers because what is happening, the managers are driving those programmes, then subordinate think is a managers thing and they want to increase workload to us* (Participant 8).

All participants agreed that,

*They (staff) understand the QIPs but think is a managers duty to implement them so they do not participate. I have to do them on my own and cover for them* (Participant 6).

4.4 Factors that influence negative attitudes Figure 3
4.4.1 Knowledge deficit in the implementation of QIPs has been found a problem

Nurse managers explained that there were no training programmes to keep personnel up to date with skills and technical development. In order to perform their duties more efficiently and effectively. First participant said,

*There is a knowledge gap among many staff members, others willing to implement these QIP but do not know how, we need to be trained on quality management and to be in serviced* (Participant 4).

Second participant said,

*I have attended the course long ago, not again and is not frequent. I think I need it because things are changing* (Participant 2).

Third participant said,

*Yes but you find that they do not know, but as a manager I educate and I think they need training on quality improvement* (Participant 5).
Fourth participant said,
*In service training on the programme as well as mentorship in the implementation of the program (Participant 5).*

Another nurse manager actually had a course on total quality management and acknowledges that top management allowed all managers and their subordinates to attend the course on quality management, quoted verbatim,
*They (top managers) allow the operational managers to attend and when the course is available they want me to write a letter if not attending and if not send the name of the staff members that will attend. (Participant 7).*

### 4.4.2 Lack of managerial support in the implementation of quality improvement programmes

Quality improvement is everyone’s business. In any organization or business some needs to take the responsibility for quality and improvements. This helps to ensure that quality matters are considered and taken seriously. Nurse managers verbalised that they lacked managerial support and as well as support from quality assurance facilitators to monitor their quality improvement programmes. This is illustrated by the following statement;
*We need to be complimented by the top management when we did right, we need to be supported by quality assurance facilitators, we need constant feedback on progress of already submitted quality improvement projects, we want to vent our challenges encountered without complaining, we need somebody to listen not to be judged (Participant 4).*

Nurse managers also need personal recognition on work done as well as appraisals. Quoted said:
*I need to be motivated at all times, to be assessed continuously , allowed to work independently, to be praised, to be listened and to be in serviced (Participant 3).*

### 4.4.3 Human resources shortages
Most nurse managers in most interviews mentioned that, as they implement these programmes, they over stretch themselves due to manpower shortage across the institution. Quoted verbatim,

“Across institutions, there is HR problems there is gross shortage of staff you will find out that, nurse patient ratio is not maintained and its not right and at times in the wards you will find two professional nurses against 40 patients (Participant 1).

Other participant said, “Lack of passion from nurses has been identified. Nurses are overwhelmed by work as they are compensating for shortage of staff while the number of clients increases everyday (Participant 5).

4.4.4 Shortage or faulty equipment
Nurse managers cited inadequate supply of materials, lack of technical equipment, unsuitable treatment norms as a challenge to implement quality improvement programmes. First participant said,

Another problem is unavailability of resources, equipment that is available is of poor quality (Participant 4).

Second participant said,
“You order this equipment and you find that there is no budget and also procurement/supply chain process is so slow, they are dragging (Participant 1).

4.4.5 Technical incompetence has been found that it hinders implementation of quality improvement programmes
In other areas/departments explained that they do have equipment but the personnel is not competent in the operation of such technical equipment. This is illustrated by,
Another barrier is improper use of equipment (Participant 2).

4.5 SUMMARY
Responses from nurse managers showed positive attitudes towards quality improvement programmes in the East London Hospital Complex. A limited occurrence of new negative attitudes was evident in the case of some managers. The themes that emerged demonstrated positive attitudes were provision of guidance to work outputs; promotion of transparency and accountability; nursing dynamics; improved image of the institution and positive media publicity; promotion of the concept consultation; promoting teambuilding and accountability; and monitoring and evaluation tool.

The themes that were indicative of negative attitude were lack of commitment among nurse managers and the perception that the programme was stressful. The challenges identified as contributing factors to negative attitudes were knowledge deficit concerning the programme; lack of managerial support; human resource shortages; material resource shortages and technical incompetence.

CHAPTER 5

DISCUSSION

5.1 INTRODUCTION

In this study, the phenomenon; attitudes of nurse managers towards implementation of quality improvement programmes was understood by the research participants. The research question
was understood. This was evidenced by some of the responses obtained from the research participants.

The researcher observed that the research participants were happy to participate in the study as they verbalized that somebody, at least, was listening to their everyday challenges at work. They showed willingness to provide quality services to customers, but were hindered by unavailability of both human and material resources.

Wright and Whittington (1992:51) indicated that everyone working in a healthcare was under a moral obligation to provide a responsible and a caring service to every customer. Quality improvement in a healthcare institution is seen as a mission to enhance the quality, effectiveness and efficiency of services provided to beneficiaries who are customers. It is designed to provide a formal ongoing process by which the health plan, participating providers and practitioners, nurse managers and nursing staff utilize objective measures to monitor and evaluate the quality of services. This programme, which addresses both general and behavioral healthcare and services, defines and facilitates a systematic approach to identify and pursue to improve services then resolve identified problems. The quality improvement is updated, viewed and approved by nominated council (Paramount Healthcare 2010:1).

The research participants pointed out challenges during implementation of quality improvement programmes. Nurse managers found it difficult to implement quality improvement programmes; they mentioned lack of support and commitment from the top management and the staff at large, shortage of human and material resources. These are intractable challenges encountered. As a nurse managers approach, the implementation of quality improvement programme should use a methodology that can overcome the challenges to implementation by first garnering managerial support and establish early quality successes. Building momentum based on measurable successes is critical to establishing quality. (Terry, Lee, Stanely, Fawcet, Jason, 2002:37-38).

Quality improvement methods can achieve better health outcomes and greater efficiency in the developed countries. That initiative can help South Africa achieve better health outcomes too. Quality improvement closes the gap between actual and achievable practice in terms of service
delivered. It unites heath workforce by enhancing the individual performance, job satisfaction as well as retention. (Loatherman, Ferries, Berunek, Omaswa, Crisp 2010:56)

Quality improvement improves the appropriate, evidence-based use of limited resources, these can be achieved by embarking on a quality improvement that does not need material resources much such as treating customers courteously, this is evidenced by (Andaleeb 2000 :97) in comparing public and private hospital staff in which it was stated that, public hospital staff is perceived as less responsive, little willingness to help and to provide prompt service, while private hospital staff are perceived more responsive, that is willingness to help and to provide prompt service.

5.2 Quality Improvement Programmes being regarded as a provision of guidance in relation to work outputs
Nurse managers indicated that implementation of quality improvement programs reminds them to go back to basics in which they provide treatment procedurally as they were thought at the training nursing school to do the right thing, right, right away. This statement is supported by (Crosby, 1950: 48) who acknowledges the importance of the relationship of quality and cost to include conformance to requirements; that is, quality is achieved through compliance with defined specification or standards, also emphasizes the need to do things right from the start.

5.3 Quality Improvement Programmes being regarded as promotion of transparency and accountability.
Nurse managers actually agreed that customers have a right to complain about the services they receive, come out with suggestion and complement the good service as enshrined in the Patient Right Charter. This can be achieved by listening to customers in the form of customer satisfaction survey. Customers have most direct experience of the service provided by clinics and hospitals, therefore their perspective should be known as this can be an indication of which area can be improved first. Wolosin (2003:76) argued that measurement of patient/customer satisfaction remains an important role in the growing push towards accountability among healthcare providers.
5.4 **Quality Improvement Programmes can be used as a monitoring and evaluation tool.**
Nurse managers are mobilized to achieve quality goals. Traditionally, quality assurance focused on finding and fixing the problem, it soon became apparent that this approach to problem identification did not necessarily ensure quality, and a shift to quality improvement emerges. Quality improvement is achieved by identifying key indicators of quality in a health service, monitoring those indicators and measuring the quality of outcomes. The quality of outcomes is improved by identifying the key processes leading to those outcomes and by applying improvement efforts, then outcomes may be achieved. (Katz & Green 1997:10).

5.5 **Quality Improvement Programmes can be used as a means of promoting teambuilding and encourage communication.**
Nurse managers indicated that they did not wait for the customer to complain about the service, instead they identified the problem as a team and follow up the quality improvement steps to monitor the problem, working on it until solved or improved. A quality improvement team provides an excellent solution to problems that arise in an organisation because having a team of individuals focused on quality is bound to be more effective than one person. A team is a good idea because everyone in a team will take ownership and responsibility for providing excellent work. Total involvement is obtained in a team. (Jacowski 2010:52)

5.6 **Quality Improvement Programmes regarded as allowing the nursing process to change.**
Nurse managers should recognize “what should change” in order to sustain a responsive healthcare system. This should take leadership / management at all levels in the institution to drive these quality improvement programmes to be implemented in a manner that creates sustainable change at the point of care. This leadership / management effort will require that all levels of management demonstrate innovative thinking, stamina, and openness to learn. As point of care leaders, nurse managers must learn to operate the business unit, budget for required resources, manage change, manage people, build teams, and use process of improvement as a way of thinking. All managers require a solid foundation in these areas to function effectively and demonstrate excellence in management practice (Gallo 2007: 28-29).
5.7 Themes that implied negative attitudes as identified by nurse managers

5.7.1 Lack of commitment among nurse managers

Nurse managers cited that, as much as they implement the quality improvement programmes, they still face the challenge of personnel that are not committed to their job, the result being that they perceive quality improvement as additional workload because of staff members who do not participate in the implementation of quality improvement programmes, saying that, it’s a ‘manager’s thing’.

Adenyika, Ayeni, Popoola, (2007:1) believe that the management of people at work is an integral part of the management process. A well managed institution usually sees an average worker as the root source of quality and productivity gains. In order to make personnel satisfied and committed to their job, there is a need for strong and effective motivation at various level of employment; this can be achieved by giving recognition for a done well, in the form of performance bonus, promotion, educational training, study leave etc.

5.7.2 Programme perceived as stressful

Nurse managers indicated that the following challenges which hinder implementation of quality improvement lead to stress.

In this difficult economic climate (recession), the nurse managers find it harder than ever to cope with challenges on the job. Both the stress they take with them when they go to work and the stress that waits on the job are on the rise. Employers, top managers and healthcare providers, all feel the added pressure. While some stress is a normal part of life, excessive stress interferes with productivity and reduces physical and emotional health, so it is important to find ways to keep it under control (Segal; Horwitz : Jaffe-Gill; Smith & Segal 2008:1).

5.8 Factors influencing negative attitudes as identified by nurse managers
A number of challenges were identified as the factors that influenced the negative attitudes towards quality improvement programme.

5.8.1 Knowledge deficit
Nurse managers indicated that, some of them (nurse manager) and the staff have not been trained nor attended a course on total quality management. They also verbalised that the staff as much wanted to participate in the programme as they (staff) did not know how to implement quality improvement programs. Gallo (2007:29) agreed that formal graduate-level education is essential to the development of the nurse manager. A graduate degree in nursing administration can equip the new nurse manager with the fundamental tools and knowledge needed for the development. The nurse manager in turn will educate staff and motivate for the staff to be trained on total quality management when doing skills audit.

5.8.2 Lack of managerial support
During interviews, nurse managers mentioned that they are not supported by top management and quality assurance facilitators while experiencing difficulties with implementation of quality improvement programs. Support by top management is necessary as it ensures excellence in practice and allows professional growth (O’Rourke 2007: 46).

5.8.3 Human resource shortages
Shortage of human resource / workforce shortages in a health sector poses a great challenge to the nurse managers responsible for the implementation of quality improvement programmes. Human resource shortfalls in public health institutions have repeatedly been identified as a critical factor in undermining health system development. O’Rourke (2007:47) has stated that reports about the shortage of nurses and its consequences have been a world wide problem. The shortage is placing nurse managers in the position of having to spend amounts of time on staffing and scheduling to make sure adequate numbers of staff are available to care for customers in all the shifts and, if finding numbers accurate, maintaining patent ratio, nurse managers have an equally difficult time finding nurses who have the necessary experience and educational background. These are important factors to ensuring smooth running of the unit.
5.9 SUGGESTIONS FROM NURSE MANAGERS FOR IMPROVING ATTITUDES TO THE QUALITY IMPROVEMENT PROGRAMME

5.9.1 Stress management
The ability to manage stress in the workplace can make difference between success and failure on the job. Emotions are contagious, and stress has impact on the quality of your interactions with others. The better one can manage his/her own stress, the more positively will they affect those around them and the less other people’s stress will negatively affect one another. Nurse managers agreed that one should take responsibility for improving their physical and emotional well-being. Pitfalls should be avoided by identifying stressors and negative attitude that add to the stress, better communication should be learnt and relations between managers and workers should be improved (Segal; Horwitz; Jaffe – Gill; Smith & Segal 2008:1).

5.9.2 Managerial support
The top managers should submit motivations for increased funding for the health sector and the introduction of multiple incentives to health workers and to make working in unattractive areas more appealing, and manage high levels of absenteeism. They should support the health system with adequately trained personnel and equipment in order to improve provision of health service. The professional involvement of top management team members plays a vital role in explaining and adoption of quality improvement techniques. Increasing professional involvement expose managers to a greater variety of ideas on how to manage and will lead to increased engagement in the exchange of ideas (Gallo 2007:29).

5.9.3 Training in total quality management
All nurse managers, all professional nurses as well as staff from support services need to be given training in total quality management or continuous quality improvement. Castle (1999:98) agreed that nurse managers/top management team with higher level of education is more likely to adopt quality improvement techniques. Higher levels of education are associated with tolerance for ambiguity, a higher capacity for information processing and a greater likelihood of adopting innovations such as quality improvement.
5.10 Summary
The focus of this study was on the attitudes of nurse managers towards quality improvement programmes in the East London Hospital Complex. Overall, the nurse managers had positive attitudes towards the programme. Only two negative attitudes were expressed and the challenges that were related to these negative attitudes were identified as a knowledge deficit concerning the programme and lack of managerial support, and a shortage of human and material resource.

5.11 Limitation
This study provided in depth information on the attitudes of nurse managers towards quality improvement programme at the East London Hospital Complex. Its limitation is that the findings cannot be generalized to other institutions in the Eastern Cape Province or other provinces in South Africa.

5.12 Recommendations
The recommendations that are based on the findings of the study are as follows:-
Top management at East London Hospital Complex should come up with strategies that enhance positive attitudes among the nurse managers.
The challenges that the nurse managers face in the institution should be addressed in order to eliminate or further minimize the negative attitudes of the nurse managers towards the programme, for example, both human and material resources should be provided.
Education and training of nurse managers on quality improvement should be done, so that they are all comfortable in implementing the programme.
Future research studies using bigger samples covering the entire Eastern Cape Province and quantitative approaches should be conducted, so that the results may be generalised.

LIST OF REFERENCES


Delia, P.P & Lewis, J.A  1995 The attitude of nurses to cost effectiveness and quality management strategies. *Journal of the Royal College of Nurses in Australia* 2 (1) 20-23


Mouton,J 2002 Research design and methodology. Human sciences research council.

O’Rourke, M.W 2007 Role-Based Nurse Managers: A Linchpin to Practice Excellence. Nurse Leader 10(1016) 44-53


Peltzer,K & Mashego,T 2005  Community Perception of Quality of (Primary) Healthcare services in a rural area of Limpopo Province. *Curations* 28 (2) 13-21

Plebani, M 2003  Appropriateness in programmes for continuous quality improvement in clinical laboratories. *Elsevier Sciences* 333(03)131-139


Segal,J; Horwitz,L; Jaffe-Gill, E; Smith,M & Segal,M.A. 2008  Stress at Work. *Help Guide* 1-5.[Online] available:-

http://helppguide.org/mental/work  [10 November 2010]


Tai,C; Chu,S; Liang,S; Lin,T& Huang,Z 2003  Use of patient satisfaction data in a continuous quality improvement programme for endoscopic sinus surgery. *Otolaryngology-Head and Neck Surgery* 129(3)210-216

Uys, L.R. & Naidoo, J.R. 2004 A survey of the Quality of Nursing Care in Several Health Districts in South Africa. _BioMed Central Nursing_ 3 (1) 1-7


Wisniewski, A.M; Erdley, W.M; Singh, R; Servoss, T.J, Naughton, B.J & Singh, G 2007 Assessment of safety attitudes in a skilled nursing facility. _Geriatric nursing_ 28(2)126-136

Wolosin, R. 2003 Role of patient satisfaction. _Physician’s News Digest_ 1(11)1-


Young, J.L; Horton, F.M & Davidhizar, R 2006 _Nursing Attitudes and Beliefs in Pain Assessment and Management_. United States of America: Blackwell Publishing Limited.

APPENDIX A:

Consent for participation in the Research Study

University of Fort Hare
East London Campus
PO Box 7426
East London
5200.

Research Participant
East London Hospital Complex
Private Bag X9047
Cambridge
East London
5211

Dear Sir/Madam,

Re: Consent for participation in the Research Study

I hereby request for your consent for participation in the research study that I will undertake at the hospital. The data that will be obtained from you will be used in the scientific study. The purpose of the study is to determine the attitudes of nurse managers towards quality improvement programmes in the East London Hospital Complex. The data will be collected by means of a semi-structured interviews answering prepared research questions related to you and the study.

The interview will take approximately thirty to forty-five minutes. Anonymity and confidentiality will be maintained as much as possible. Whatever answers you give during interview will be treated with utmost strict confidence and your name will not be divulged.

There will be no physical discomfort that you will suffer during the interview. However, slight emotional discomfort may be experienced because the subject touches on you and your work. There are no incentives in terms of money or expenditure for transport because you will be visited at your place of work.
I also wish to point out that your participation in the study is voluntary and should you wish to withdraw; you may do so at any time and no penalty will be imposed on you. I assure you that your privacy will at all time be protected.

Should you wish to have further clarification I will be available at this number: 082 4872 642

Thanking you in anticipation of a positive response.

Yours faithfully,
T. Mkise
MCur Student Nursing Administration
APPENDIX B:

Permission letter to Conduct Research at the East London Hospital Complex

The University of Fort Hare
East London Campus
PO Box 7426
East London
5200

The Chief Executive Officer
East London Hospital Complex
Private Bag X9047
Cambridge
East London

Dear Sir/Madam,

Re: Permission to Conduct Research

I hereby request permission to conduct research. The researcher is a registered student with the University of Fort Hare, studying Masters Degree in Nursing Administration.

The researcher, as a requirement intends to investigate attitudes of nurse managers towards quality improvement programmes in the East London Hospital Complex. I therefore request your permission to conduct this study in this institution. Anonymity will be maintained. All the information will be held strictly confidential, but the results of the study will be presented to your staff on completion of the study.

The subjects will not experience any physical harm and their privacy will be protected.

Hoping that my request will receive your favourable consideration.

Yours faithfully,

____________________
T. Mtise

T. Mtise (082 4872 642)
APPENDIX C:

Clearance certificate from the University of Fort Hare research ethics committee

Application for clearance from the University of Fort Hare’s Ethics Committee

**Project Title:** EXPLORATORY STUDY ON ATTITUDES OF NURSE MANAGERS TOWARDS QUALITY IMPROVEMENT PROGRAMS IN THE EAST LONDON HOSPITAL COMPLEX

Chief Researcher: Mrs. Tobeka Dondashe-Mtise

Supervisor: Dr E. M. Yako

Date of application: 29 May 2008

Having consulted the Dean of Research, I hereby grant permission to conduct the research.

Professor J R Midgley
Deputy Vice-Chancellor
Chairperson of the interim Ethics Committee

APPENDIX D:

Letter of approval from the Eastern Cape Department of Health Ethics Committee

Eastern Cape Department of Health

Inquiries: Zonwabole Merile
Tel No: 083 378 1202

Date: 06th January 2009
Fax No: 040 608 1177

Email address: zonwabole.merile@empio.ecprov.gov.za

Dear Ms T Dondashe-Mtise

Subject: Exploratory study on attitudes of nurse managers towards quality improvement programs in the East London Hospital Complex

The Department of Health would like to inform you that your application for conducting a research on the above mentioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure you observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants. You will not impose or force individuals or possible research participants to participate in your study. Research participants have a right to withdraw anytime they want to.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

Deputy Director: Epidemiological Research & Surveillance Management
APPENDIX E:

Letter of approval from Clinical Head of the East London Hospital Complex Ethics Committee.

Ethics Committee: E. L HOSPITAL COMPLEX

Postal Address:
C/o East London Health Resource Centre
PO Box 12882
Amalinda
5252
Telephone: 043 - 709 2401

Physical Address:
Cheltenham Road
East London
5201 South Africa
Fax no.: 043 - 7092386

04 August 2009

Ms T. Mtise
East London Health Complex
East London
5200

Dear Ms Mtise

RE: Exploratory study on attitudes of nurse managers towards quality improvement programs in the East London Hospital Complex

We acknowledge receipt of the above mentioned proposal.

Having gone through your proposal, the committee has no ethical problems noted.

Please be advised that the committee has granted you the consent to do the research.

Yours sincerely

[Signature]

Dr P Alexander – Chairman Region C Ethics Committee
Ophthalmologist EL Hospital Complex
APPENDIX F:

Letter of approval from Acting Hospital Manager of the East London Hospital Complex

Province of the
EASTERN CAPE
HEALTH

Office of the Hospital Manager • Room 4,75 • 4th Floor • Frere Hospital • Amalinda Main Road •
East London • Eastern Cape
Private Bag X 9047 • East London • 5200 • REPUBLIC OF SOUTH AFRICA
Tel: +27 (0)43 709 2006 • Fax: +27 (0)43 709 2062 • Email: carmen.delamare@impilo.esoh.gov.za • Website: www.esoh.gov.za

T Mtise
Contact Number: 0824672642

RE: PERMISSION TO CONDUCT RESEARCH

Your correspondence dated 20 January 2009 refers.

The request to conduct research investigating the Attitude of Nursing Managers towards Quality Improvement Programmes in the East London Hospital Complex has been approved, on condition that a copy of the Protocol and approval by the Ethics Committee for the East London Hospital Complex is submitted to this office.

Dr Z. Jafita
Acting Hospital Manager
Frere Hospital
East London Hospital Complex
ZJcdl
APPENDIX G:

Interview Guide

NAME: TOBEKA DONDASHE - MTISE

STUDENT NO: 200025376

TITLE OF RESEARCH PROJECT

EXPLORATORY STUDY ON ATTITUDES OF NURSE MANAGERS TOWARDS QUALITY IMPROVEMENT PROGRAMMES IN THE EAST LONDON HOSPITAL COMPLEX

1. As a nurse manager, what are your views on the implementation of Quality Improvement Programmes (QIP) at the East London Hospital Complex in relation to the following?
   
   o What are the benefits the institution and customers receive when implementing QIP?
   
   o What challenges do you encounter when implementing QIP?
   
   o How are those challenges addressed?
   
   o What type of support do you need as a nurse manager in order to implement quality improvement programs?
   
   o Who is expected to provide this support?
   
   o How is this support to be provided?
   
   o Are there any specific measures to be taken in order to sustain this support?

SUPERVISOR: DR. E. YAKO