



# **The psychological needs of rural nurses in Mpumalanga: nurses’ perceptions**

**Bongekile C. Dlamini**

**27121039**

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**Supervisor: Prof. Maretha Visser**

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## Declaration

**I declare that this research project is my own unaided work. It has not been submitted before for any other degree of examination at this or any other university.**

**Signature**

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**Date**

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## **Abstract**

The purpose of the research study was to explore the psychological needs of nurses who work in a rural community hospital. The study also aimed to investigate the state of psychological support services currently available to these nurses. In South Africa, little attention has been given to nurses who work in rural areas as compared to those in urban areas. The sample consisted of 30 nurses who work in a hospital located in a rural community. Data was collected by means of focus group discussions and an interview guide with five open-ended questions was used to facilitate the focus group discussions. Thematic analysis was utilized as an analysis technique in the study. Findings of the study revealed that nurses in rural areas encounter a variety of issues which threaten their psychological well-being. A lack of workplace resources, staff shortages, high workload, traumatic experiences and limited support from management were some of the issues identified by the nurses. According to the nurses, the lack of sufficient nursing staff contributes to the high workload in the hospital. Findings of the study suggest that increased responsibilities and being overworked without the necessary workplace resources to carry out their duties can lead to a compromised psychological well-being among nurses. The findings also reveal that the demanding nature of the nurses' jobs affects the quality of life they have with their families and can negatively affect their mental health. In addition, the study found that nurses were dissatisfied with their financial rewards and the lack of acknowledgement for their work from management. Furthermore, the results of the study showed that the nurses do not have any psychological support services which they can make use of in the hospital. According to the findings, nurses who work in rural areas face challenges which threaten their psychological well-being on a daily basis. The exploration of psychological difficulties among rural area nurses can inform the development of psychological support services aimed at alleviating psychological distress among rural area nurses. Findings of the study recommend that psychological services such as counseling, individual therapy and group support would be beneficial to the nurses. Such services can have a positive impact on the psychological well-being of rural area nurses and influence the services they provide to patients.

## Chapter 1: Introduction

Nurses are considered the backbone of the health care sector and are fundamental in the delivery of quality care for all the inhabitants of a country (Meiring, 2010). The personal cost of caring for people with chronic conditions and terminal illnesses may cause emotional distress for nurses (Mokgotla, 2011). The quality of life of nurses has become an important factor in determining patient satisfaction (Brunault et al., 2013). The psychological well-being of nurses is therefore important in the successful maintenance of the health care sector. Therefore, improving the quality of life of a patient is strongly linked to improving the psychological well-being of a nurse (Brunault et al., 2013). The current study sought to investigate the psychological needs of nurses working in a rural community. The study also explored the nature of psychological services currently available to nurses in this area. In doing so, the study takes into consideration the history and development of psychological services in South Africa. The current study used qualitative methods in an effort to explore and understand the perceptions that rural area nurses hold about their psychological needs.

### 1.1 Background to the study

The South African public health care system has since 1994 been transformed into an integrated and comprehensive national service. The public health care system offers health care to a large number of patients from especially low socio-economic status, free of charge (Leibbrandt, Finn & Woolard, 2012). However, major challenges exist in overcoming problems in the implementation of health care services (Xaba, Peu & Phiri, 2012). Failures in leadership and weak management have led to inadequate implementation of what is often seen as good policies (Coovadia, Jewkes, Baron, Snaders & McIntyre, 2009). Factors such as lack of equipment, competent personnel, marketing and staff shortages were identified as impacting on the South African health sector's quality of service delivery (Xaba et al., 2012). Although South Africa is considered a middle-income country in terms of its economy, it faces worse health outcomes compared to many lower income countries (Coovadia et al. 2009; Leibbrandt et al. 2012).

Health care in South Africa cannot be discussed without considering how it has been affected by the prevalence of HIV/AIDS. The rapid rise of the HIV/AIDS epidemic and the subsequent

antiretroviral therapy rollout have placed a huge burden on health care services and service providers alike (Watermeyer, 2012). Antiretroviral therapy necessitates high adherence levels, regular clinic visits and careful monitoring of the patients' health, which places pressure on health care providers such as nurses (Watermeyer, 2012). The HIV/AIDS epidemic thus places pressure on an already dysfunctional health care system characterized by poor service delivery and quality of care (Coovadia et al., 2009; Watermeyer, 2012).

Health care providers such as nurses often have to deal with the fallouts of a deficient health care system. The health care sector as a whole relies on large numbers of nurses who are responsible for carrying out various duties (Meiring, 2010). Among hospital staff, it is nurses who have the most direct contact with patients. They therefore play a crucial role in the treatment process and the well-being of the patients (Mokgotla, 2011). Nurses deal with suffering and vulnerable human beings on a daily basis (Burtson & Stichler, 2010). If the health care system is unable to equip nurses with the necessary support and hospital resources, it will be detrimental to the health status of both patients and nurses.

The nursing profession in South Africa faces many challenges that could hamper nurses' role as being the backbone of the health care system (Oosthuizen, 2012). The South African National Department of Health has identified shortages in nursing staff as being one of the major challenges facing the health care system (Tshitangano, 2013). The work environments of nurses are characterized by heavy workloads and considerable stress. This results in high levels of burnout and illness-related absenteeism among nurses (Oosthuizen, 2012). As a consequence, many nurses end up leaving the profession (Burtson & Stichler, 2010; Oosthuizen, 2012). Despite efforts by the South African National Department of Health to recruit and retain nurses, there is still a high percentage of nurses who intend to leave the profession (Tshitangano, 2013). Pienaar and Bester (2011) point out that one of the major threats to the general functioning of the public health care sector in South Africa is that many professional nurses either leave the country or consider resigning to follow a career in the private sector.

Nursing as a profession requires individuals to work in demanding situations for long periods of time. Hallin and Danielson (2007) point out that the challenges in health care give rise to a highly stressful work environment and a more complicated role for registered nurses. Health care professionals, especially nurses, need to deal with increasing workloads due to HIV/AIDS patients



who are often terminally ill and require intensive care (Pienaar & Bester, 2011). Nurses are therefore exposed to emotionally taxing and unpredictable environments on a daily basis (Trepanier, Fernet & Austin, 2012). Issues such as inadequate supply of protective equipment, hazardous waste disposal methods and high patient loads threaten the psychological well-being of nurses (Oosthuizen, 2012). The picture of nurses' excessive workloads and long working hours highlights the extremely negative working conditions of nurses in the public sector (Oosthuizen, 2012).

Working in the public sector requires a high degree of personal investment, and as a result, a stressful working environment can lead to psychological distress among nurses (Trepanier et al., 2012). Oosthuizen (2012) conducted a study on how South Africa newspapers reported issues relating to nurses and nursing. A purposive sample of 161 newspaper articles from national and regional newspapers was analyzed using a qualitative, inductive approach. Some of the articles highlighted the poor working conditions experienced by nurses in the public health care sector. A lack of security in public hospitals, verbal and physical abuse by patients and their families, inadequate supply of protective equipment and high patient loads threaten the psychological well-being of nurses, especially in underserved communities (Oosthuizen, 2012). Other factors which affect the psychological well-being of nurses include: constant interaction with ill and dying people; working under increasing pressures; lack of support from managers; and poor working conditions as a result of insufficient hospital resources (Bester & Engelbrecht, 2009).

Pienaar and Bester (2011) point out that the pressure under which nurses are put in the public sector makes them easily susceptible to health concerns such as burnout. According to Pienaar and Bester (2011), the conflict that occurs between providing high quality patient care and coping with environmental stress results in burnout. Maslach and Jackson (as cited in Burtson & Stichler, 2010) define burnout as psychological distress, emotional exhaustion and a self-perception of impaired work performance resulting from an overextension of the self in a professional caregiving role. A nurse that experiences burnout is unable to provide optimal patient care (Pienaar & Bester, 2011). Dlamini (2010) conducted a study regarding job satisfaction and burnout levels among nurses working in a public hospital in a rural community. In that study, a sample of forty nurses completed the Measure of Job Satisfaction (MJS) survey as well as the Maslach Burnout

Inventory. The results showed that 85% of nurses experienced moderate levels of job satisfaction and more than half (55%) experienced medium levels of burnout that could be attributed to exhaustion. Those results suggest that increased work demands and insufficient support could lead to poorer working environments for the nurses as well as unsatisfied patients (Pienaar & Bester 2011).

In light of the challenges facing the nursing profession in South Africa, exploring the psychological well-being of nurses could make people aware of the positive and negative experiences that nurses encounter. It would also be beneficial to understand how the day to day experiences of nurses affect the well-being of their patients. According to Burtson and Stichler (2010), caring for the psychological needs of nurses improves patient satisfaction and is a key motivational factor influencing recruitment and retention. In an effort to sustain the nursing workforce, Van der Heijden, Kummerling, van Dam, van der Schoot, Estryng-Behar and Hasselhorn (2010) advocate that hospitals should not neglect the possible positive effects of social support from important figures like nurses' direct supervisors and close colleagues. Supervision and social support play a crucial role in increasing self-confidence and independence in nurses - both of which can lead to increased clinical competency and retention of staff (Tshitangano, 2013).

Pillay, Kometsi and Siyothula (2009) point out that most research focusing on the work conditions and well-being of nurses was conducted in urban areas. Nurses in rural areas mostly experience similar or even worse challenges in the workplace without the necessary resources (Hunsberger, Baumann, Blythe & Crea, 2009; Pillay et al., 2009). According to Hunsberger et al., (2009), nurses in rural areas often have to work under complex situations with limited support from their hospitals. It is therefore essential to examine the experiences and needs of nurses in the rural areas.

## **1.2 Problem statement**

Primary health care nurses form an important part of the South African health care sector (Delobelle, Rawlinson, Ntuli, Malatsi, Decock & Depoorter, 2011). Rural area nurses are often exposed to increased workloads and limited hospital equipment to work with (Tshitangano, 2013). With a prevalent scarcity of doctors, nurses in rural practice often bear the sole responsibility for patients in isolated settings and this can become very stressful for them (Hunsberger et al., 2009).

These authors highlight that issues such as professional isolation, limited supervision and inadequate management support can contribute to elevated levels of stress among rural area nurses. Delobelle et al. (2011) point out that nurses in South Africa experience stress, physical exhaustion and high patient mortality due to HIV/AIDS related illnesses. These factors can compromise the quality of care rendered by nurses which can affect their psychological well-being (Delobelle et al., 2011).

As a result of a demanding work environment, psychological support has been identified as one of the methods which can be used to assist the nursing workforce in rural areas (Swarts, 2013). To date, there has been limited research conducted on the psychological needs of nurses in rural communities and the availability of psychological services to these nurses. However, it is essential to examine these issues in an effort to develop such services.

### **1.3 Research objectives**

The objectives of the study were:

- To explore the psychological well-being of nurses working in a rural hospital.
- To explore the current nature of psychological services available to the nurses.
- To explore how the nurses envision optimal psychological services.
- To explore the nurses' use of different sources of community support other than psychological services.

### **1.4 Clarification of concepts**

#### Psychological needs

In this research, psychological needs are defined as essential conditions for healthy development and psychological well-being (Deci & Ryan, 2011). Psychological needs such as security, autonomy, competence, self-esteem and self-actualization are important to an individual's motivation and growth (Sheldon, Elliot, Kim & Kasser, 2001). Deci and Ryan (2011) assert that

everyone, regardless of gender, race, culture or socioeconomic status must have their psychological needs fulfilled in order to develop and function optimally.

### Psychological well-being

Psychological well-being refers to a positive state of being and interacting with the self and others and the world (Linley, Maltby, Wood, Osborne & Hurling, 2009; Wood & Joseph, 2009). Psychological well-being is closely linked to factors such as self-acceptance, autonomy, purpose in life, positive relationships with others, environmental mastery and personal growth (Wood & Joseph, 2009). According to Deci and Ryan (2000), psychological well-being can be achieved in the pursuit and attainment of aspirations such as meaningful relationships, personal growth and community contribution. Such aspirations promote an enduring and deeper sense of psychological well-being.

### Psychological services

Mokgale (2004) defines psychological services as those services which are rendered by members of the psychology profession and include psychological assessment, therapy, psycho-education and counselling. Psychological services are aimed at individuals who are grappling with life, relationships and work issues which are affecting the individual's general functioning and causing mental distress (Swarts, 2013). According to Burtson and Stichler (2010), psychological services can also focus on helping an individual to learn constructive ways of dealing with problems in their lives while improving psychological functioning.

### Rural area

There is not a standard definition for "rural" areas (Hunsberger et al., 2009). It is however important to provide a tentative description of a rural area. In this research, Hoggart's (1988) characterisation of rural areas will be used to define the area where the research was conducted, i.e.:

- Low density populations;
- Loose networks of infrastructure and services;
- Tight networks of personal contacts and a strong identity with home localities;
- Having below average manufacturing and office-based employment; and

- Landscapes dominated by farmland and forestry (Hoggart, 1988, p. 35).

Hoggart's (1988) definition is still appropriate after 27 years because it characterises a large number of the rural communities in South Africa.

## **1.5 Research methodology**

To understand the views rural area nurses hold about their psychological needs, qualitative research methods were used. Qualitative research is a methodological approach which studies human action from the perspective of the social actors themselves. It entails understanding and describing human behaviour (Babbie, Mouton, Vorster & Prozesky, 2005). The flexibility offered by qualitative research allows participants to share information that is important to them, that could be overseen in quantitative research approaches (Salkind, 2010).

## **1.6 Summary**

Chapter 1 described the background of the study, the problem statement and the research objectives and clarified important concepts in this report. Chapter 2 focuses on the literature review and the theoretical framework which was outsourced to conceptualize the study.

## Chapter 2: Literature review

Chapter two provides literature and the theoretical framework which guided the research.

### 2.1 Nursing and sources of stress among nurses

Nursing is defined by the South African Nursing Act, No. 33 of 2005 as a caring profession practiced by a person registered with the South African Nursing Council who supports, cares for and treats a healthcare user to achieve or maintain health. Where this is not possible, the nurses care for a healthcare user so that he or she lives in comfort and dignity until death (Oosthuizen, 2012). Mellish (1978) provides a comprehensive definition of nursing. Although this definition was published 36 years ago, it provides a complete picture of the extensive role which nurses occupy in the health care sector. Mellish (1978) describes nursing as a human activity between people that embraces a specific body of knowledge that concerns people from prior to their conception to their death. Nursing is not only concerned with the sick person, but also with the healthy person. Nurses try to keep healthy people well and functioning in society as complete human beings. Nursing is not only directed at care, but has promotive, preventive and rehabilitative aspects as well. From the above descriptions of nursing it can be deduced that the nurse has an important role in the well-being of patients and in the provision of health care services.

Nurses are often expected to provide humane, competent and ethical care in a workplace with diminished resources and increasing responsibilities (Kalliath & Morris, 2002). Nurses are faced with situations which threaten their psychological well-being on a daily basis (Pienaar & Bester, 2011). A study conducted in the Free State province of South Africa on job satisfaction and dissatisfaction among primary health care nurses showed concerning levels of job dissatisfaction (Bester & Engelbrecht, 2009). Out of 534 nurses, 76% reported workload as the main contributing factor to their job dissatisfaction. Nurses reported frustration due to excessive workloads and time pressures, an inability to treat all patients well within the available time because of staff shortages, long working hours, insufficient time to complete administrative tasks and pressure to implement a variety of programmes with limited staff (Bester & Engelbrecht, 2009). Job dissatisfaction among nurses is often seen as the result of increased challenges such as a low nurse-to-patient ratio, a shortage of qualified personnel and poor remuneration (Shaha, Wenzel & Hill, 2011).

The HIV/AIDS pandemic contributes to nurses' stress as it exacerbates some of the challenges in the health care system (Oosthuizen, 2012). HIV/AIDS has had a prominent impact on South Africa's health care sector. The epidemic has affected nurses' ability to maintain quality care and occupational safety. It has also lead to poor performance as a result of stress, illness, fear and burnout among nurses (Delobelle et al., 2009). Oosthuizen (2012) highlights that the risk of HIV infection in some hospitals is undeniably present due to an inadequate supply of protective equipment, haphazard waste disposal methods and high patient loads. Nurses in particular are the caregivers who have regular and prolonged contact with infected persons and are exposed to the risk of infection (Smit, 2005).

Nurses in a public hospital that was admitting large numbers of HIV positive patients, reported that they experienced feelings of helplessness, emotional stress, fatigue, fear, anger and frustration as a result of having to care for terminally ill patients (Smit, 2005). The HIV/AIDS epidemic has significantly changed the health care practices in South Africa. Antiretroviral therapy necessitates regular clinic visits and careful monitoring of patients' health, which places pressure on health care providers such as nurses (Watermeyer, 2012). In a South African study that explored education regarding HIV/AIDS, attitudes and practices among nurses, rural area nurses expressed that prolonged care of HIV/AIDS patients was traumatizing and it affected their personal and family lives (Delobelle et al., 2009). Delobelle et al. (2009) also found that due to the increased workload as a result of lengthy HIV/AIDS counselling procedures, the nurses felt demoralized and expressed feelings of emotional and psychological distress. A study conducted by Kyakuwa (2009) looked at the ethnographic experiences of HIV-positive nurses who were caring for HIV-positive patients. The study showed that nurses who have been diagnosed with HIV themselves experience additional stress at work, which makes caring for their patients more complex.

Van der Colff and Rothmann (2009) found that registered nurses' experience of depletion of emotional resources and responding in a cynical and detached manner to patients was strongly associated with complex job demands and a lack of organisational support. Van Dyk (2007) points out that if stress among HIV caregivers is not addressed it can lead to burnout. Burnout is viewed as the end stage of a chronic process of deterioration and frustration in the individual worker. Shanafelt et al. (2012) describe burnout as a syndrome characterized by a loss of enthusiasm for work, feelings of cynicism and a low sense of accomplishment. Pinikahana and Happell (2004)

highlight that rural area nurses have to be multi-skilled because they often have more roles to play due to the lack of hospital resources. Nurses in the primary health care sector experience various stressors (Pienaar & Bester, 2011). Some of the stressors nurses in South Africa experience include: staff shortages, poor remuneration, excessive workloads, poor working conditions, health risks posed by patients, watching patients die, a lack of appropriate incentives and impaired communication with management (van der Colff & Rothmann, 2009). Tshitangano (2013) points out that South Africa has one of the highest percentages of nurses who intend to migrate to other countries for better opportunities. This further aggravates the nursing shortages in the country. The shortage of qualified nurses in South Africa is viewed as a barrier to achieving the goals of the Department of Health which includes making health care services accessible, affordable, equitable and acceptable to all (Tshitangano, 2013).

The work related stressors outlined above show that it is possible for nurses to experience some form of physical or psychological stress. Brannon and Feist (2007) define psychological stress as a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her psychological resources and endangering his or her well-being. LeSergent and Haney (2004) emphasise that working in an environment with fewer resources - such as in some primary health care facilities, where nurses are often expected to attend to conditions that are more challenging due to a lack of treatment resources - creates a stressful environment. Occupational stress among nurses is important to recognize because it can adversely affect attitudes, staff morale, communication, cognition and quality of care (Nabirye, Brown, Pryor & Maples, 2011). Nabirye et al. (2011) highlight that stress in the nursing profession has been found to constantly affect quality of care, care outcomes, nurses' well-being and work satisfaction. A high level of work stress has been found to cause feelings of inadequacy, self-doubt, lowered self-esteem, irritability and depression (Galdikiene, Asikainen, Balciunas & Suominen, 2013).

It is evident that nurses in this country are exposed to situations and experiences that could lead to psychological difficulties. The psychological needs of nurses should be identified and eventually addressed because a nurse whose psychological needs are not met is unable to provide optimal patient care (Hunsberger et al., 2009).



The following section examines some of the unique challenges experienced by rural area nurses. It aims to show some of the difficulties experienced by rural area nurses which at times prevent them from providing quality care to patients.

## **2.2 Rural area nursing**

Although all nurses experience some similar challenges, rural area nurses often have to work with less workplace resources compared to their urban counterparts (Skillman, Palazzo, Keepnews, & Hart, 2006). Engelbrecht (2009) highlights that poor management, run-down facilities and a lack of basic medication are rife in all public health care facilities, most especially in rural areas. This problem is therefore a major disincentive to recruiting and retaining professional nurses in rural communities. Skillman et al. (2006) point out that structural difference in rural health care – where there are fewer and smaller hospitals than in urban areas – result in an inability to provide adequate health services to everyone who needs them.

Rural hospitals often have inadequate supplies of medication and hospital equipment, something which hampers the provision of adequate health care to patients (Oosthuizen, 2012). Furthermore, nurses in rural areas often have to provide mobile health services. They have to adopt multiple roles such as counselling because of the lack of qualified people. As a result, this increases nurses' responsibility towards patients. LeSergent and Haney (2004) state that nursing can be psychologically demanding especially in areas where nurses have multiple roles to play. Mohale and Mulaudzi (2008) point out that often in rural primary health-care settings, one nurse can be placed on duty with only a nursing assistant and no attending physician. This kind of situation contributes to high workloads and the poor performance of these nurses, which can tarnish the reputation of nurses in the eyes of the community. The high workload and multiple roles and responsibility may add to nurses' experience of stress which influences their psychological well-being.

Hunsberger et al. (2009) point out that some rural area nurses express concerns about their capacity to call upon necessary knowledge when needed as a result of limited specialists who work in remote contexts. Due to the lack of social amenities, attracting and retaining medical doctors and nurses in rural areas has long been a problem (Mohale & Mulaudzi, 2008). Limited assistance

from other health care professionals makes it difficult for nurses to carry out their duties. A study conducted in a South African rural area found that nurses were mostly dissatisfied with the limited availability of workplace resources (medication, beds, and safety equipment), inadequate support from management and career development opportunities (Tshitangano, 2013). These problems often lead to difficulties in sustaining the rural workforce. Hunsberger et al. (2009) highlights that issues such as professional isolation, limited supervision and inadequate management support can contribute to elevated levels of stress among rural area nurses. Although the autonomy experienced by nurses in rural areas can be a source of satisfaction, bearing the sole responsibility for patients in isolated settings can be very demanding and stressful. As a result of limited resources rural area nurses need to be independent and self-confident. However, the absence of appropriate support can make nurses feel pressured and unable to do their jobs effectively (Hunsberger et al., 2009).

A study conducted by Pienaar and Bester (2011) included professional nurses who work in the public health care sector. This study showed that stress among public health care nurses is usually the result of increased responsibilities, inadequate salary, having to work overtime and poor working conditions. These kinds of problems are experienced daily by nurses and can at times be even worse in areas of low socio-economic standing such as rural communities. Rural hospitals often have difficulty creating, recruiting and sustaining adequate health care workforces. Rural health care demands diverse and specialised skills, and providers must work with fewer diagnostic and treatment resources than providers in urban areas (Daniels, VanLeit, Skipper, Sanders & Rhyne, 2007).

Rural area nurses and their patients are bound to multi-facet relationships. According to Hunsberger et al. (2009), working in small communities such as rural areas often means the nurses' personal and professional lives intertwine. Nurses, for example, may find it intrusive when community members ask for information outside working hours or expect to get preferential treatment at the hospital because they know the nurses personally (Hunsberger et al., 2009). LeSergent and Haney (2004) assert that nurses who work in rural hospitals may experience interpersonal problems with patients and their families due to the fact that they all live and work in the same community. This kind of situation can create a stressful working environment for nurses who work in rural areas (LeSergent & Haney, 2004).

The following section looks closely at some of the issues which affect the psychological well-being of nurses and offers some reasons as to why nurses could benefit from the support which could potentially be provided through psychological services.

### **2.3 Psychological well-being of nurses**

Given the pivotal role that nurses play in determining the efficiency, effectiveness and sustainability of health services it is critical to understand the importance of psychological well-being among these health professionals (Klopper, Coetzee, Pretorius & Bester, 2012). Promoting psychological well-being among nurses can contribute to a healthy work environment which enhances nurse retention and improved quality of care (Brunault et al., 2013). A nurse's well-being and performance have a direct impact on patient care. As a result, nurses who are psychologically distressed might not be able to provide the best care possible to patients (Isaksson et al., 2009). Moszczynski and Haney (2002) assert that nurses are exposed to issues such as death and dying, dealing with emotional demands of patients and their families, work overload, inadequate staffing and conflicts with fellow health care workers. These issues are viewed as ever present and perhaps inherent to the profession of nursing. However, daily exposure to such issues can lead to compromised psychological well-being among nurses (Moszczynski & Haney, 2002). Due to the emotionally and physically demanding nature of their jobs, nurses are susceptible to psychological disorders such as posttraumatic stress disorder, anxiety, depression and burnout (Mealer, Jones, Newman, Mcfann, Rothbaum & Moss, 2011). If not addressed appropriately such disorders may lead nurses to distance themselves emotionally and cognitively from their work, resulting in their being less responsive to the needs of their patients (Pienaar & Bester, 2011).

A work environment that promotes psychological well-being among nurses can also have an impact on the quality of care nurses provide to their patients (Burtson & Stichler, 2010). Providing support could have good outcomes both for nurses and their patients (Kyakuwa, 2009). Psychological distress among nurses is a serious concern and can have several negative effects such as impaired performance and effectiveness, reduction in productivity, health problems, absenteeism and diminishing levels of customer service (Van der Colff & Rothmann, 2009). The use of psychological services could be a strategy to alleviate some of the stresses nurses experience. Swarts (2013) points out that the successful integration of psychological services into

the primary health care system could ensure that the psychological well-being of nurses is taken care of. Psychological services aimed at empowering nurses and addressing their psychological needs could have a positive impact to decrease absenteeism, low patient satisfaction and the intent of nurses to leave their job (Van der Heijden et al., 2010). The psychological well-being of a nurse can be associated with positive work outcomes such as work engagement and job satisfaction (Opie et al., 2010).

It is evident that nurses would benefit from interventions which promote psychological health and address the traumatic experiences which they often encounter at work (Mosczyński & Haney, 2002). Dealing with the stressful nature of a nurse's job requires more than just addressing a work environment characterized by inadequate staffing, long working hours, safety concerns and increased workload (Hinno, Partanen & Vehviläinen-Julkunen, 2011). The psychological well-being of a nurse can also affect how they experience stress in the workplace (Watson et al., 2009). Psychological services that provide emotional and moral support such as counselling, individual therapy, group therapy and group support have been identified as effective interventions in helping nurses cope with the stressful nature of their jobs (Mosczyński & Haney, 2002).

Hospitals that prioritise the psychological well-being of their nursing staff by providing them with social support and psychological services can expect better outcomes when it comes to job satisfaction among nurses (Burtson & Stichler, 2010). Nurses help people through negative life events, yet they may personally experience the same types of negative life events themselves (Kyakuna, 2009). Nurses need to be provided with the necessary support so that their quality of life can also be improved. According to Brunault et al. (2013), the quality of life and psychological well-being of nurses has become a major indicator of the quality of care they provide to patients. The current study aims to explore and understand the psychological needs of nurses who work in a rural community. This could contribute to decisions about psychological interventions which could be provided for these nurses.

The following section highlights the history of psychological services in South Africa. It examines how this history might have shaped the distribution and availability of psychological services in poor and disadvantaged communities.

## 2.4 Psychological services in South Africa

One of the aims of this study is to explore psychological needs of nurses working in a rural public hospital. Another aim is to explore the current state of psychological services available to nurses working in a rural community. The history of psychology in South Africa offers an important and relevant background that shapes some of the reasons why the current research has been proposed. Certain historical events have largely contributed to the development and distribution of psychological services. During the apartheid era, the psychology profession was said to enhance and sustain racial discrimination and social inequality (Painter & Terre Blanche, 2004). The planning and provision of psychological services did not attend to the needs and priorities of the different population groups (Mokgale, 2004). The mental health care system was ineffective and highly fragmented. It was biased towards curative care for the private sector (Mokgale, 2004).

Since 1994, mental health care developed as part of primary health care (Peterson, 2004). The current mental health policy promotes an understanding of mental health as related to social policies and the decentralisation of mental health care (Macleod, 2004). Yet, psychology is still being criticised for remaining inaccessible to a large number of black South Africans (Macleod, 2004).

Ruane (2010) suggests that the legacy of apartheid, the demographics of psychologists, and the context of black communities have a huge impact on black communities' help-seeking behaviours. In previous years, the demographical profile of the psychology profession was predominantly white with only a few black psychologists entering the profession (Ruane, 2010). As a result, psychology and psychological services focused mainly on the white population and remained largely irrelevant and inaccessible to other groups. The European/American origin of most theories contributes to psychology being perceived as a foreign concept to people in poor and black communities (Swarts, 2013). To be relevant in black communities, psychology needs to move from its white elitist image to embracing the indigenous knowledge held by the people (De La Rey & Ipsier, 2004). Psychology still needs to identify appropriate models to address local challenges to progress towards the goal of adequate mental health care services for all.

Due to the large concentration of psychological services in metropolitan areas and the serious lack of services in non-urban communities, it could be argued that large numbers of South Africans still have limited access to adequate psychological services (Pillay, Kometsi & Siyothula, 2009;

Swarts, 2013). The poor and non-urban communities may even have little or no knowledge that psychological services exist or what it entails (Ruane, 2010; Swarts, 2013). In addition to psychological services being made available, people also need to be made aware of how they can effectively make use of these services.

Peterson (2004) describes South African mental health care services as medium-level resources. This means that there are some resources available for mental health care, but that these resources are insufficient to provide the total population with access to mental health care. Psychological services are therefore not adequately accessible, especially in poor and rural communities. This has implications for the accessibility of services for nurses working in these settings.

As outlined in the previous section, nurses experience a number of stressors which can lead to psychological distress. Using psychological services could be one way in which nurses deal with the emotionally taxing nature of their jobs (Swarts, 2013). The provision of psychological services to primary health care workers could have an impact on issues such as burnout, staff retention and could ensure better patient care (Isaksson, Gude, Tyssen, & Aasland, 2009). Van Dyk (2007) explains that if not addressed appropriately individual factors such as anxiety, depression, low self-esteem and negative attitudes could lead to increased stress among caregivers. The current study aims to explore the nature of psychological services available to nurses who work in a rural community.

## **2.5 Theoretical framework**

Bronfenbrenner (2005) highlights that the context in which people find themselves play a significant role in their perceptions of reality. The nurses in this study are from a specific context (a rural South African community). Bronfenbrenner's (1979) ecological theory of development will be used to understand nurses' psychological needs and their perceptions of the psychological services and resources available to them in rural communities. Hook (2004) states that Bronfenbrenner's theory prioritises the individual and his/her environment while also taking into consideration the interaction between the two.

Bronfenbrenner's theory holds that an individual exists within layers of social relationships: family, friendship, neighbourhoods, culture and society (Visser, 2007). The theory maintains that

development occurs within the individual's immediate environment and is influenced by factors outside that environment (Hook, 2004). The theory provides four ecological systems that are considered to be important in an individual's development, namely: the microsystem, mesosystem, exosystem and the macrosystem (Visser, 2007).

Microsystem refers to the individual's immediate environment, i.e. family and neighbourhoods. The mesosystem is made up of the relationships between the immediate environments in which the person is located. An example of a mesosystem would be the nurses' workplaces, such as clinics and hospitals. The exosystem includes factors outside an individual's immediate environment that govern behaviour (such as nursing councils). The macrosystem is where belief systems, ideological factors and cultural attitudes are located. An example of this would be the National Department of Health that governs and decides what the nurses' role should be. The abovementioned systems are all interrelated and changes in one system may affect how other systems operate. Therefore, the interdependence between systems is highlighted. The theory emphasises the influence of context on the person and this interaction will be beneficial in this particular study.

Bronfenbrenner (2005) points out that the ecological view of organism-environment interaction also appreciates that the person is an active agent who contributes to his or her own development. Bronfenbrenner continues to state that the scientifically relevant features of any environment for human development do not only include its objective properties but also the way in which these properties are subjectively experienced by the people living in that environment (Bronfenbrenner, 2005). Therefore, according to this theory, the nurses' subjective feelings such as their hopes, doubts, personal beliefs and perceptions will shape their experience of the work environment they are in. An individual's personal characteristics can create or change their view of the external environment and how they experience it (Bronfenbrenner, 2005).

The research aims to understand events and interactions within the concrete natural context in which they occur. Babbie, Mouton, Vorster and Prozesky (2005) point out that it is important to understand events against the background of the whole context and how the context gives meaning to those events. Bronfenbrenner's (1979) ecological theory is used to understand the perceptions that nurses in rural communities hold about their experiences in a rural hospital. This research

aimed to locate its participants within their relevant context and understand their experiences, hence the relevance of this theory.

## **2.6 Summary**

The literature review emphasized the importance of nurses within the health care sector as well as the crucial role they play in the provision of quality care to the patient. The findings in the literature highlighted some of the stressors which nurses, especially those in the public sector in rural areas have to contend with. The literature also provided support for the important role which psychological services could play in promoting the psychological well-being of nurses. The perceptions that rural area nurses hold about their psychological needs were conceptualized from an ecological framework. Chapter 3 provides a detailed account of the methodological steps undertaken to conduct the current study.



## Chapter 3: Research Methodology

This chapter provides a detailed account of how the study was conducted. It includes how the participants were selected, data collected, analysed and interpreted. Lastly, ethical considerations of the study will be discussed.

### 3.1 Research approach

A qualitative research approach was adopted for this study. Qualitative research can be defined as an inquiry in which the researcher tries to understand or make sense of the phenomena in question (Creswell, 2014). Qualitative research explores in detail, the attached meanings of an experience particularly from the point of view of those being studied (Hollway & Jefferson, 2000). To understand a phenomenon, it is best to understand it from the perspectives of those who are actively involved in the phenomena (Willig, 2008). Qualitative research is shaped by aspects such as history and culture in understanding people's behaviour and experiences of specific contexts (Creswell, 2014).

This research was located within the interpretive paradigm. The interpretive paradigm holds that the only way to understand social reality is from the perspectives of those involved in it (Hesse-Biber & Leavy, 2011). Research located in the interpretive paradigm aims to explore the research participants' experience from their own perspectives. It recognizes that such an exploration will be affected by the researcher's own perception of the world as well as the nature of the interaction between the researcher and the participants (Willig, 2001).

It is important to note that the research results obtained are the researcher's interpretation of the nurses' views of their experiences. The value positions of qualitative researchers influence the research process (Koch, 2006). According to Koch (2006), these values can contribute towards making the research process meaningful, rather than getting in the way of research. Self-awareness throughout the research process is one way in which the researcher's value positions can be dealt with, so that they are not in the way during the research process (Morrow, 2005). It is important for the researcher's subjectivity to be acknowledged throughout the research process.

### **3.2 Context in respect of where the research was done**

The research was done in Embhuleni Hospital. This is a public hospital situated in a small rural community in the Mpumalanga Province of South Africa. This hospital was chosen because of the rural environment in which it is located. The nurses who work in this hospital reside in and around the hospital. The nurses working in the hospital are black men and women in various age groups and with varying levels of qualifications in the nursing profession.

### **3.3 Recruitment of participants**

A non-probability sampling technique of purposive sampling was employed by the researcher. In purposive sampling the researcher obtains participants based on the researcher's knowledge of the population and the phenomena studied (Babbie et al., 2005). To recruit appropriate participants, the following selection criteria was used by the researcher:

- 1) Participants had to be nurses at a specific hospital;
- 2) They had to have more than two years of experience in the nursing profession; and
- 3) Must work in wards which were involved with direct patient care.

It was important to note the latter inclusion criteria because nurses who, for example, deal with administrative work might not have similar experiences to nurses who deal with ill patients on a daily basis.

The researcher gave the hospital matron the inclusion criteria so that she could recruit the nurses from their various wards. This was done because the researcher was not allowed to go to the hospital wards and only had access to the nurses once they were invited by the matron. The researcher was given an opportunity to explain the study to potential participants. Nurses who did not want to participate in the study could return to their work stations. The recruitment process ended once the researcher had 30 nurses who were willing to participate in the study. Nurses who were willing to participate signed informed consent forms (Appendix D). An appropriate time and place was negotiated with the nurses to conduct the focus group discussions.

The sample consisted of 30 nurses - 27 female and 3 male. All participant nurses were black Africans, are registered with the South African Nursing Council and were permanently employed at Embhuleni Hospital. The wards which the participants came from included: orthopedic, surgical, maternity, theatre, children's and general adult male and female wards. It was noted that 50% of the nurses came from the surgical ward. This is a ward that deals with post-operation patients, as well as patients with wounds and burns. Some of the nurses came from a clinic situated in the hospital which was described as a facility that only cares for HIV/AIDS patients. The participants' experience in the nursing profession ranged from 2 to 18 years. A majority of the nurses (90%) have been in this profession for more than 4 years.

### **3.4 Data collection strategy**

Since the current study was exploratory in nature and made use of a qualitative approach, focus group discussions were chosen as the method of collecting data. Silverman (2011) defines focus group discussions as a methodology which involves recruiting a small group of people who usually share a particular characteristic pertinent to the topic of interest. A group discussion is then encouraged on that topic or set of issues. Through the collection of verbal and observational data, focus groups discussions allow the researcher to formulate an understanding of the participants' opinions and experiences (Shaha et al., 2011). The use of focus group discussions in this study allowed the nurses to elaborate their views in response to the researcher's encouragement, or to defend them when challenged by other group members (Bradbury-Jones, Sambrook & Irvine, 2009). The researcher's experience as a clinical psychologist in training allowed her to conduct focus group discussions which were characterised by openness, sharing of experiences and respect for the participants.

An interview guide with open-ended questions was used with the focus groups in order to guide discussions. The interview guide serves as a useful map that plots the focus group discussions from start to finish (Krueger & Casey, 2009). Open-ended questions are an effective way of soliciting information from group participants and allow for an in-depth exploration of issues (Krueger & Casey, 2009). The interview guide consisted of five open-ended questions. These questions were constructed in the context of the reviewed literature and the ecological theory. This was done in an endeavour to establish appropriate questions that will address the objectives of the

research and establish face validity with the participants (Babbie et al., 2005). The interview guide questions are listed below:

Questions:

1. What kind of experiences do you encounter at work, which in your opinion threaten your psychological well-being?
2. What are the psychological needs of nurses who are working in this hospital, and how are these needs currently addressed?
3. In your opinion, what kind of psychological services do nurses in this hospital need?
4. What can be done to improve the availability and accessibility of psychological services to nurses in this hospital?
5. Apart from psychological services, what other sources of support do nurses in this hospital make use of?

### **3.5 Data collection procedure**

The 30 nurses who agreed to participate in the research had already read the participant information sheets (Appendix C) and had given the researcher their signed consent forms. The researcher divided the nurses who volunteered to partake in the study into three groups of ten nurses each. One focus group discussion was conducted from 9h00 to 10h00 each morning over a period of three days. With permission from the CEO of the hospital, all focus group discussions were conducted during working hours.

The researcher was assisted by an assistant who took notes during all the focus group discussions. This was done so that the researcher could fully engage with the participants without being distracted by taking notes. The discussions were tape recorded with the permission of the participants. Questions from the interview guide were asked in English. The researcher then facilitated discussion by probing and commenting in the participants' language, siSwati. It was observed that speaking the same language as the participants made it easier for them to engage with the researcher. At the end of the group discussion the researcher reflected on her interpretations of what the participants said to validate her own interpretation.

Once the researcher had concluded the discussions, nurses were thanked for their time and provided with refreshments. After each focus group discussion, the researcher made notes of perceptions, feelings and non-verbal cues that were observed.

### **3.6 Data analysis**

After the data collection process, all focus group discussions were transcribed and translated into English. The process of data analysis is used to organize the vast amount of data obtained from data collection (Braun & Clark, 2006). Thematic analysis was utilised as an analysis technique to achieve this in the current study. Thematic analysis involves the systematic examination of contents and reveals underlying themes in the data (Patton, 2002). It helps the researcher to make sense of the data by attempting to identify core consistencies and meanings (Patton, 2002). Thematic analysis is flexible and allows for an in-depth exploration and understanding of data (Braun & Clark, 2006). The conclusions that are reached are based on the responses that were given during the focus group discussions.

The researcher conducted the data analysis and made use of the guidelines suggested by Braun and Clark (2006). The researcher read the transcribed data repeatedly in an effort to make meaning of it and identify patterns. Interesting aspects of the data items that may form themes were identified. The researcher then organized similar data items that may form potential themes and subthemes. At this stage the relationships between themes and subthemes were also established. Potential themes and subthemes which had enough data to support them were then defined and named appropriately. The researcher went back to the data and identified data extracts which capture the meaning of each theme. Thematic analysis allowed the researcher to focus immense volumes of data from the nurses into meaningful themes, from which interpretations about their view of their experiences could be made (Braun & Clark, 2006).

### **3.7 Researcher reflexivity**

People cannot separate themselves from what they know. Subjectivity is an integral part of our understanding of ourselves, of others and of the world around us (Angen, 2000). Researcher

reflexivity is a validity procedure where researchers disclose their assumptions, beliefs and biases which could have shaped the manner in which a study was approached and carried out (Creswell & Miller, 2000). In qualitative research, the researcher is part of the research process. It is therefore important for the researcher to reflect on his/her subjectivity throughout the research process (Willig, 2001). The interpretation of data in the current study was affected by the researcher's emotional involvement with the topic, presumptions formed from reading the literature and various aspects of interaction with the nurses who participated in the study (Morrow, 2005). The process of reflexivity for this study occurred through individual introspection and dialogue with the researcher's supervisor. This process provided an opportunity for the researcher to understand how her own experiences and understandings of the world affect the research process (Morrow, 2005).

The researcher was born and raised in the rural community in which the current study took place. The researcher's mother was a professional nurse at the specific hospital. The researcher thus grew up with a specific perception of the role of nurses. This history played a role in why the researcher chose to conduct the study in this particular hospital. In the year of her studies towards an honours degree, the researcher conducted a quantitative study with nurses from the same hospital, and was therefore familiar with the hospital services and facilities. This knowledge gave her a contextual background from which she could ask the nurses appropriate questions. The researcher's academic background played an important role in the way that some of the questions were phrased. She could well have had a predisposition towards uncovering some of the unfavourable working conditions which rural area nurses experience. Because of her personal and academic background, the researcher was very aware of the history of psychological services in this country and how these services have been distributed in the past. This awareness led the researcher to the rural community in which this study was conducted and also influenced the study's research objectives.

The abovementioned issues influenced the researcher's personal investment in the study. This involvement had certain advantages towards conducting the study. The researcher experienced minimal resistance from the staff members who were assigned to help her recruit participants as some of them already knew her from community interaction. This accelerated the pace at which

the researcher was able to access participants and conduct the focus group discussions. All of the participants in the study reside in this community. The researcher could therefore easily build rapport since there was a shared characteristic. The researcher's familiarity with the research context and participants thus played a role in how the study was conducted. Despite its positive aspects, this familiarity could have compromised the researcher's ability to be objective and to refrain from making assumptions about the nurses' experiences (Finlay, 2002). Morrow (2005) points out that factors such as context, culture and rapport influence the researcher's understanding of the meanings that participants make of their experiences.

### **3.8 Validity of data interpretation**

Most of the study participants were black women. The researcher felt comfortable to approach groups of women and was able to use her home language in order to communicate with the group members. This allowed the researcher to connect with the participants and aided her ability to obtain valid information from them (Angen, 2000).

It was important for the researcher to create a space in which the nurses could trust her with their information and feelings. As a clinical psychologist in training, the researcher was inclined to placing more emphasis on the emotional difficulties which the nurses shared with her. As a result of this, the nurses were able to openly share their challenges and frustrations with the researcher. The researcher was aware of her biases from the inception of the study. In an effort to enhance the validity of the data and not to become too involved in the data, the researcher made use of a co-interpreter. This was an independent individual who has been involved with various research programmes, including qualitative and quantitative research. Using this specific co-interpreter was also based on the fact that she is familiar with the community and its members. The co-interpreter enhanced the validity of the data by constantly reviewing the researcher's perceptions, insights and analysis of the data (Morrow, 2005).

Attempts to enhance the trustworthiness of the data in the current study included: engagement with the participants in their own language; awareness of the researcher's subjectivity; checking information with the participants before analysis; and the use of a co-interpreter (Morrow, 2005). These processes also allowed the researcher, to the best of her ability, to accurately represent the

meaning that nurses make of their experiences, and to enhance the validity of the findings (Creswell & Miller, 2000). Acknowledgement of the researcher's biases and preconceived ideas has contributed towards achieving credibility of the current study (Creswell & Miller, 2000). Therefore, the findings should represent as far as is humanly possible the nurses' perceptions of their experiences in this rural community, rather than the researcher's beliefs and biases (Morrow, 2005).

### **3.9 Ethical considerations**

The current study received ethical clearance from the Ethics Committee in the Faculty of Humanities at the University of Pretoria (Appendix A). Permission from the Department of Health in Mpumalanga was also obtained (Appendix B). Once the CEO of the hospital had also given permission for the researcher to conduct the study, potential participants were approached. Participants were informed of the nature and purpose of the study. The participation information sheet (Appendix C) was given to potential participants. It stipulated that participation in the study was voluntary. It also gave a prerogative to withdraw from the study at any point in time. The information sheet stipulated who would have access to the data collected, and how the nurses could obtain feedback if they required it. It was explained to the participants that choosing to participate or not to participate in the study would not benefit or disadvantage them in anyway. Before participating in the study, the nature of the study was explained to all potential participants. Those who were interested in partaking voluntarily in the study were given consent forms to sign. Nurses who did not want to participate in the study were allowed to leave the room. The participants' signing of consent forms provided written records of informed consent.

The confidentiality of data was ensured for all participants. Only the researcher and supervisor had access to tape recordings and transcribed group discussions. Participants were not required to give personal information and their names were not associated with their opinions. Anonymity in the current study could not be guaranteed because the participants were required to interact in a group. This meant that other people heard their opinions. However, the data was dealt with without any personal information attached. Group members agreed to respect one another's opinions and not to misuse the opinions expressed in the group.



It was not anticipated that the focus group discussions would cause distress to the participants. However, the participants were debriefed at the end of each group discussion about their experience of the focus group. In the event that any distress arose because of participation in the study, the participants were given the contact details of free counseling services they can access at the hospital.

### **3.10 Summary**

Chapter 3 focused on the methodological steps which were taken to conduct the current study. The introduction focused on the research paradigm used to shape the study. The participants, data collection strategy, procedures and data analysis were all described in this chapter. The researcher's process of reflexivity and ethical considerations involved in the study were also discussed. The findings of the study will be presented in chapter 4.

## Chapter 4: Presentation of findings

This chapter provides an analysis of the focus group data. The data was analysed through identifying re-occurring themes. The following core themes were identified: work environment; high workload; dealing with the death of patients; dealing with specific patient needs; discontentment with management; and psychological support services available to nurses. These themes and sub-themes will be discussed one by one and illustrated using direct quotes from the focus group discussions.

Table 4.1 the themes generated from the data are outlined in the table below:

1. Work environment	<ul style="list-style-type: none"> <li>• Lack of medical equipment</li> <li>• Lack of basic hospital services</li> </ul>
2. High workload	<ul style="list-style-type: none"> <li>• Shortage of nurses</li> <li>• Shortage of doctors</li> <li>• Multi-tasking</li> <li>• Psychological and social implications of staff shortages</li> </ul>
3. Emotionally taxing situations	<ul style="list-style-type: none"> <li>• Death of patients</li> <li>• Informing families about deaths</li> <li>• Dealing with severe poverty</li> <li>• Emotionally taxing situations affect a nurses' psychological well-being</li> </ul>
4. Discontentment with management	<ul style="list-style-type: none"> <li>• Dissatisfaction with financial reward</li> <li>• Lack of acknowledgement</li> </ul>
5. Psychological support services available to nurses	<ul style="list-style-type: none"> <li>• Lack of support services</li> <li>• Alternative sources of community support</li> </ul>

### 4.1 THEME 1: Work environment

When participants in this study were asked about experiences at work which threaten their psychological well-being, a number of the issues that were raised revolved around the problem of insufficient resources in the work environment. The participants shared different issues which were related to the lack of various hospital resources. Most participants, however, seemed to agree that

having to improvise as a result of unavailable resources often led to disastrous outcomes. This theme is divided into two subthemes: lack of medical equipment and lack of basic hospital services.

#### **4.1.1 Lack of medical equipment**

According to the nurses, the lack of medical equipment such as oxygen machines often places the patients' lives in danger and makes it difficult for nurses to carry out their jobs effectively. The quotes below display how the lack of medical equipment can cause traumatic experiences for nurses. According to the participants, the lack of medical equipment causes strenuous situations which affect their psychological well-being.

*“We can't help patients because we do not have resources. Sometimes you find that a patient may be in need of oxygen for example, and it is not available in your ward. You will find that you have to wheel that patient to a different ward. In the process of doing that a patient may die because the time it takes us to move them can be too long. In this situation you need to be quick, you need to run to try and save a life. When you get to the other ward, you may need to remove the oxygen machine from another patient so that you can give it to the critical one you have brought. The truth is, we just don't have proper working equipment.” (Group 1, participant 2)*

*“We are still using old equipment. The machines we have are old models and we know that there are newer ones which are easier to use and which can better help our patients. Sometimes you find that simple things like paper towels are not available and we need to improvise by using toilet paper. All these things make our working environment unsafe and very difficult” (Group 2, participant 9)*

The quotes illustrate how unstable their working environment can be and how some situations can become strenuous for them. Hunsberger et al. (2009) acknowledge that rural nurses often work

with minimal support and resources. The unpredictability of work in small rural hospitals can easily become a source of stress for nurses.

#### **4.1.2 Lack of basic hospital services**

Basic hospital services in this report can be understood as those services which are required by patients on a daily basis such as: food, water, bedding and medication. Nurses in the study expressed that their inability to supply patients with adequate services was strenuous for them. In the event that the hospital is unable to provide these basic resources, nurses are the ones who get blamed. For example the lack of a basic resource such as water often meant that the nurses had to obtain buckets and fetch the water from tanks themselves. For some of the nurses this process was demeaning and affected their self-esteem negatively.

*“You know working in rural areas is difficult because we always have to improvise. Whereby when you look at big cities like Johannesburg, they have more resources and everything is within easy reach. Our hospital does not have water sometimes. So you as a nurse have to try and fetch water with a bucket from somewhere else. In the morning when you wake up and think about work, you think about fetching water. You don’t even feel happy to come to work.” (Group 1, participant 5)*

*“You become a water girl and feel degraded, you can’t even be proud of your profession. Fetching water is not part of our job description, it affects our self-esteem” (Group 1, participant 2)*

One important aspect that is evident in both these responses is the psychological effect experienced by nurses as a result of unavailable basic resources such as water. Participant 5 talks about the despondent feelings she experiences every time she needs to come to work. These feelings were also echoed by other participants who felt that working in rural areas did not allow them to enjoy their profession. Instead, they felt it was more taxing than rewarding.

Participant 2 highlights how rural area nurses often have to perform duties which, according to them, are not part of their job description. The issues raised by these participants display the dissatisfaction that these rural nurses experience in their working environment.

Many of the participants in the study expressed that because nurses have direct contact with patients, patients are likely to pass all their grievances to the nurses. Nurses are thus on the receiving end of all complaints. It means that they have to answer most questions regarding some of the problems in the hospital. It may contribute to a feeling of being accused of problems that are beyond their control.

*“The departments that we are supposed to be working with are not cooperative and we find this very strenuous. For example, we have nothing to do with the linen department, but because we are the ones who see the patients, we have to explain to them about the bad condition of the blankets and no one is held accountable for this. Another example is that the kitchen will send us porridge that has been cooked the previous day to be fed to patients the following morning by us nurses. Patients complain to us about these things.” (Group 2, participant 9)*

*“You know, now its winter, it’s very cold but we do not have enough blankets. Firstly you are going to bath that patient with cold water, give them torn clothes to wear and put them in a bed that is probably not suitable for their condition. Do you expect that patient to heal?” (Group 2, participant 5)*

*“.....due to the lack of resources like food. Sometimes we advise the patients to ask their families to bring them food and blankets. But this leads us into trouble because patients think that we are taking the resources for ourselves, while the reality is the hospital really doesn’t have any.” (Group 1, participant 1)*

*“When there is no medication, it’s the nurses’ fault. When there is no food it’s the nurses’ fault. We always get the blame. Even in the media, they will say the “nurses” are giving*

*patients soft porridge every day. Those people don't know that nurses are not even the ones responsible for cooking! ” (Group 1, participant 1)*

The responses above depict how nurses are often blamed for situations which are outside of their control. Many of the participants expressed that patients are always complaining about nurses. Yet nurses are not directly responsible for some of the services offered in the hospital and the lack of adequate resources. According to the nurses, this situation affects their psychological well-being because they live in constant fear that one day a patient's complaint might result in them losing their job. Some of the participants highlighted how the lack of resources in rural areas encourages them to resign and move to urban areas.

*“The lack of resources is a huge problem in rural areas. We don't even have adequate lunch rooms where we can rest and recuperate. These issues force nurses to resign and move from rural areas to urban areas” (Group 3, participant 1).*

From the above mentioned responses it can be deduced that a working environment characterized by insufficient resources can become a source of stress for nurses. Tshitangano (2013) confirms these findings from research done in the Limpopo province. The nurses in the Limpopo province also receive insults and mistrust from the public due to shortages of medicines in hospitals. According to nurses in the current study, a work environment where they are continuously attacked and insulted by patients creates frustration. One of the nurses mentioned that, by the end of the day, you go home feeling worthless and undervalued. Feelings of worthlessness can contribute to a nurses' poor psychological well-being. The unavailability of workplace resources thus affects the psychological well-being of nurses who work in under-resourced hospitals.

#### **4.2 THEME 2: High workload**

This theme was deemed important in the current study because it captures how the nurses often do more work than what is required of them. When nurses were asked about how their psychological needs are currently being met, they expressed that no one thinks about their psychological well-

being. They are expected to be at work all the times. Nurses who participated in the study felt that they were not given sufficient time to rest as a result of an ever increasing workload. This resulted in exhaustion which made them susceptible to making mistakes while on duty. Staff shortage was the main concern for all participants. For the purpose of this report, staff shortage is used as a theme describing the lack of nursing staff, doctors and hospital staff. Nurses in the study expressed that the limited availability of doctors and other hospital staff made carrying out their jobs difficult. This theme will be divided into 4 subthemes: Shortage of nurses; shortage of doctors; multi-tasking; and psychological and social implications of staff shortages.

#### **4.2.1 Shortage of nurses**

Participants in the study felt that there were just not enough nurses to meet all the patient demands in the hospital. The lack of sufficient numbers of nurses also meant that the nurses had to do more work in order to ensure that good quality services were being rendered to the patients. The nurses revealed that night shift was especially difficult because of lack of staff. Some could not take their normal leave because of shortages of staff. The heavy work load results in nurses being overloaded, exhausted and drained which could result in burnout.

*“The shortage of nurses affects us tremendously, especially when you are working at night. You may find that two nurses will have to attend to 28 patients. Such situations are problematic because even when you are on leave, you are forced to come back to work.”*

**(Group 3, participant 1)**

*“There is a serious shortage of nurses. Sometimes you can’t even rest or go on leave because there are no nurses in the hospital. That also affects us psychologically because we also need our rest so that we can function at our optimum. These issues are just demoralizing!”* **(Group 3, participant 3)**

*“We are just overworked. You find that sometimes you only have 4 sisters in a ward with 23 patients. The work becomes too much, it is very heavy on us. You must remember that we have to take care of these patients and still give them the best care possible under these circumstances. At the end of the day we are exhausted and drained”* (Group 2, participant 10)

*“I am working in the maternity ward, there we are seriously being overworked. You find that you can deliver 10 babies a day on your own. When you are off at home, you don't want to do anything, you are just drained. You go to sleep and wake up the next morning to come back and do the same thing”* (Group 1, participant 4)

#### **4.2.2 Shortage of doctors**

The nurses in the study reported that another challenge they face in rural communities is the shortage of doctors. This complicates the nurses' ability to carry out their duties. Nurses in the study pointed out that they cannot take over the doctors' duties because they are not qualified to do so. As a result, they have to wait long hours for doctors to attend to patients due to the limited availability of doctors in this rural area. Nurses expressed that patients often complain about the hospitals' inability to provide them with sufficient doctors. Patients blame the nurse if the doctor is not available and this creates frustration among the nurses. This issue is demonstrated in the responses below.

*“We also have a shortage of doctors in this area. You will find that there is a patient who needs to see a doctor urgently. As a nurse you try to call the doctor on duty only to find that they are not available. At the end of the day you find that the patient even dies because there is no doctor to attend to them”* (Group 2, participant 3)

*“At times patients will wait long hours for the doctor. These patients will then get agitated and angry with us, thinking that maybe we are the ones who have not called the doctor. As*



*a nurse, I would have done my job by preparing the patient to see the doctor but his absence will still be viewed as my fault” (Group 2, participant 10)*

*“We are forced into situations we cannot handle. For example, when you call doctors to attend to critical patients, they don’t arrive and the patients pass away. This is extremely traumatic for us. I don’t think private hospital nurses experience what we experience.”*  
**(Group 1, participant 6)**

#### **4.2.3 Multi-tasking**

Staff shortage issues also trickled down to other hospital workers such as porters and ward clerks. Nurses in the study felt that they often had to carry out duties which were not their own, such as administrative tasks and having to wheel deceased patients to the mortuary while they are supposed to be in the wards. The nurses expressed that assuming responsibilities which are meant for other people compromised their ability to solely focus on providing quality care to their patients.

*“You know I was once faced with a situation where I had to move a corpse to the mortuary but I refused because I am not supposed to replace a porter. What if a patient in my ward passes away while I’m still wheeling someone to the mortuary?”* **(Group 3, participant 10)**

*“What if something happens to a patient in the ward while I am wheeling a body to the mortuary? I will still be held accountable for any problems that happen in the ward, even though I was not there.”* **(Group 3, participant 1)**

*“...nurses always have to do the job that doesn’t need to be done by nurses. I am a nurse! But at the same time I must become a clerk, I become a porter. I have to do everything!”*

**(Group 3, participant 3)**

#### **4.2.4 Psychological and social implications of staff shortages**

The nurses in the study expressed that due to the demanding nature of their jobs they sometimes cannot even go on leave when they need to. According to the nurses, the issues around staff shortage affects their personal lives and psychological well-being. The nurses stated that the demands placed on them were too much and this affected their relationships with their families and their social lives. Nurses in the study felt that they were not respected as human beings and are just required to do their work.

*“Nursing is draining. You don’t even have a social life due to staff shortages. We actually end up fighting with management because they don’t want us to take leave due to the staff shortage issue. It seems like, according to them, we wouldn’t go on leave, we wouldn’t have problems at home, we wouldn’t have families and we wouldn’t even go to lunch! It’s as if we are always expected to be at work!”* **(Group 1, participant 4)**

*“They don’t take nurses as humans, we don’t even have lives outside. It’s as if we are machines. Our needs are not being met, “what about us?” It’s all about patients, we are not recognized. Because of this staff shortage, even when you are meant to knock off, sometimes there is no one to relieve you. You just wait and pray that someone comes so you can go home. No one cares about the fact that we are tired”* **(Group 3, participant, 1)**

*“When you have a problem and ask for a day off, you will undergo some serious interrogation to find out what your problem is. They will even go to the extent of asking you, who you expect to do the job in your absence. When you are sick they want to find*

*out exactly what is wrong with you and you are forced to divulge your personal issues”*  
**(Group 1, participant 2).**

As a result of staff shortages, the nurses in the study felt that their psychological needs were currently not met. The nurses expressed that it appeared as if their need for any kind of psychological help was not of priority to hospital management because the hospital is facing bigger challenges. Some of the nurses expressed that they were scared of approaching management with some of their personal issues because they knew that it would not be dealt with in the appropriate manner. As a result, the nurses pointed out that they continue to go to work even if they are sick because they know that there is no one else to do their job. The nurses also pointed out that the high workload negatively affects the relationships they have with their children and spouses. They are unable to spend quality time with their families because they are either at work or too exhausted when they are at home.

### **4.3. THEME 3: Emotionally taxing situations**

The nurses identified emotionally taxing situations where they have to invest more than what is required of them due to the unpredictable and sensitive nature of their jobs. These situations can be viewed as experiences which affect their emotional well-being as well as their ability to carry out their jobs effectively. They mentioned a few emotionally taxing situations such as the death of patients, informing families about deaths and dealing with severe poverty. The nurses also reported on how these emotionally taxing situations affect their psychological well-being.

#### **4.3.1 Death of patients**

The nurses acknowledged that death is a common occurrence in hospitals. However, they experience losing a patient as a difficult and traumatic event. Some nurses are really traumatised by the deaths. This results in having nightmares, which affect their interaction with their patients and their psychological well-being.

*“There are a lot of challenges we face, especially in the medical wards. When a person passes away, it is your duty to wrap that person up and take them to the mortuary! That’s a trauma!!!” (Group 1, participant 2)*

*“You’ve been taking care of this person day in, day out and ultimately they die. You’re the one who has to close their eyes, close their mouth, wrap them up and put them into a plastic bag. Do you understand what that feels like?” (Group 1, participant 4)*

*“Seeing people die on a daily basis can destroy our love for nursing. When you’re sleeping at night images of dead people who you have been nursing can repeatedly play in your head. You know facing these difficult situations becomes a norm for us nurses and we end up losing our sense of sympathy.” (Group 2, participant 3)*

Nurses experience guilt when their patients pass away:

*“Sometimes you find yourself in a situation where you have to bath a patient with cold water. A few moments later that patient passes away. Then you are left asking yourself if their death was induced by the cold water or if it was just time” (Group 1, participant 2)*

Nurses in the study expressed that they often blame themselves when a patient in their ward commits suicide. They stated that the thought of knowing that maybe there was something they could have done torments them on a daily basis.

*“You know there was once a patient in my ward who committed suicide due to their own emotional problems. That incident affected us psychologically as nurses in the ward, especially because we were now placed on suicide watch for the patients. This situation was really stressful, so maybe if we could have one or two psychologists specifically for*

*nurses. I think this will be helpful, just to ease our load emotionally”*  
**2, participant 9)**

**(Group**

#### **4.3.2 Informing families about deaths**

Nurses experience situations such as telling a patients’ family that the patient has passed away as stressful and traumatic. Nurses in the study expressed that at times they are not prepared for the family’s reaction after hearing such news. Some of the experiences illustrated below affect the nurses emotionally. One of the nurses stated that it is difficult to go through some of these experiences without crying because even though they are the professionals, they are also human.

*“You know as nurses, we are the ones who deal directly with patients, even when they pass away we have to tell their families”* **(Group 3, participant 2)**

*“Some families want to come and perform rituals on the bed where their family member died. As nurses we don’t know if this is right or wrong”* **(Group 1, participant 7)**

*“When other patients are on their death bed, they can even ask you as a nurse to pray for them. If you don’t pray for them and they die, you will definitely feel guilty”* **(Group 1, participant 5).**

Informing patients about diagnosis and negative conditions.

*“In the maternity ward, for instance, a child can be born deformed and as a nurse you have to tell the mother. That in itself is traumatizing for us”* **(Group 3, participant 1).**

Nurses experience the delivery of sad news to patients as stressful. One nurse mentioned that often the patients are not prepared to hear the news as a result their reactions can be traumatic for the nurses.

### 4.3.3 Dealing with severe poverty

In the following responses nurses describe how working in this particular setting often means that they are faced with various unique patient needs. The nurses describe situations in which they felt it necessary to have to go beyond the scope of practice to look after their patients. In cases of poverty nurses feel that they cannot ignore their patients' needs.

*“I once had a patient who was fired from work because he had TB and was weak. As nurses who knew him we came up with a plan to provide food for him. We would supply him with food maybe to last a week. One nurse would bring potatoes, another rice, and another mealie meal, whatever we had.” (Group 1, participant 7)*

*“I once came across a patient who had just found out he was HIV positive and needed to start his treatment. This was an elderly patient, who stayed alone and was brought to the hospital by a neighbour. I found that he was not even receiving the pension money but I still had to tell this old man that he had to start eating healthy food. As I was explaining to the patient about the healthy diet he stopped me and said; “even at this very moment I haven't eaten, I am hungry”. I made him the free government porridge but that small meal was not enough and I ended up sharing my food with this man” (Group 1, participant 6).*

The nurses in the study expressed that working in this rural area was particularly stressful because they often knew some of the patients personally and this is what often forced them into situations where they try to help the patients beyond what is expected of them.

### 4.3.4 Emotionally taxing situations affect a nurse's psychological well-being

The emotionally taxing situations nurses are exposed to influence their psychological well-being and ability to do their jobs well. They do need psychological help. Nurses who participated in the

study expressed that they would make use of services which were aimed at alleviating their emotional difficulties at work.

*“To be honest this job really affects you. Personally it has affected me severely, I even went to a private psychologist for help. The stress you come across at work evokes your own personal stress making matters worse. Your memory gets affected too, you end up forgetting things easily, and you can’t work like that” (Group 1, participant 6).*

*“We always get blamed when things go wrong in the wards. We experience trauma every day. Sometimes when you get home you can’t even sleep. This is a difficult job.” (Group 3, participant 7).*

*“Sometimes we get so used to the conditions that we work under, that we don’t even realize when we need psychological help. It would be really beneficial if they could see our needs and provide us with the facilities” (Group 3, participant 7)*

The responses above illustrate the demanding nature of a nurses’ job. Nurses in the study expressed that because they face these difficult situations on a daily basis, they have become desensitized to some of the emotions which such situations evoke. This was evident when some of the nurses revealed that they do not even seek psychological help because they view these difficult circumstances as a part of their jobs. Many of the nurses were aware of how psychologically damaging their experiences were however they stated that these difficult situations have become a norm for them. These experiences can result in the development of burnout.

#### **4.4 THEME 4: Discontentment with management**

The nurses in study expressed that they felt let down by management, especially when it came to issues related to the well-being of nurses. Nurses felt that more could be done in terms of motivating them to stay in this rural hospital. According to the nurses the hospital has lost a number of good nurses as a result of this. This theme is divided into two subthemes: dissatisfaction with financial reward; and lack of acknowledgement.

#### 4.4.1 Dissatisfaction with financial rewards

In all the groups a prominent theme was that of insufficient financial reward as one of the main challenges for nurses. For the purpose of this study financial reward includes the nurses' salaries and overtime payments. The nurses in the study often linked their challenges and psychological well-being to not being rewarded for their input. This is depressing and demoralising for nurses.

*“Work is work, but we need the money as well. You work a certain number of hours and expect to be paid for that but you are not. When you get home, you are stressed! You feel like your kids are stressing you too by asking you for money that is not there. It’s really frustrating and stressful.” (Group 1, participant 2)*

*“The way they treat us is not fair. When I am expected to work overtime I do but at the end of the day I will not get paid the money I deserve. This is really frustrating.” (Group 1, participant 6)*

*“Another issue we have is that we are not being paid the money that we work for, this is very discouraging to us. It is unfair because we are working hard and sometimes we do things outside of our scope and we don’t get the deserved remuneration. This is depressing and demoralizing. We understand that nursing is a calling but at the end of the day we have our needs too. And the truth is you can’t work while you are stressed” (Group 2, participant 9)*

*“We are not paid well and this is very stressful for us. You know being stressed all the time increases the rate of absenteeism because I will not work while I am not well. I will end up taking out my frustrations on patients. The best thing for me is to stay at home and be off sick!” (Group 2, participant 1)*



#### 4.4.2 Lack of acknowledgement

Some of the nurses in the study expressed that they were not motivated to come to work because they did not feel appreciated. Most nurses mentioned that they work very hard yet their efforts are not acknowledged in the way that they expect. The nurses reported that the hospital management could do more to boost their self-esteem and encourage them to stay in this rural hospital. Most of the participants felt that any form of reward whether verbal or in the form of a certificate of achievement could play a crucial role in motivating them.

*“Something that affects us psychologically is the absence of appreciation. We work so hard but our efforts are not appreciated. I think if we were appreciated that would encourage us in the midst of all these challenges” (Group 3, participant 3)*

*“If we could have something like prize giving to recognize the good work done by nurses. Maybe this can motivate us to work even harder and boost our self-esteem” (Group 1, participant 5)*

*“There are no incentives for us here, which is why we will end up going to private hospitals. Maybe there we will be recognized. ” (Group 1, participant 5)*

Some nurses felt that they would rather resign than to endure what they viewed as “unfair practices” by management. However their responsibilities at home prevented them from leaving their jobs.

*“The challenges that we face in this hospital are so unbearable that we even think of resigning. But because we have dependents at home we have to go on. We suffer.” (Group 1, participant 7)*

It is evident that the nurses in the study were concerned about more than just their salary packages. Most of the nurses felt that it was important for them to be valued and recognized by management because some of the work they do often goes unnoticed. The nurses reported that motivation in the form of incentives would reassure them that the hospital management cared about their challenges as nurses. Most of the nurses agreed that this would probably increase the morale of nurses.

#### **4.5 THEME 5: Psychological support services available to nurses**

It was important for the researcher to investigate whether or not nurses working in this rural community had access to any form of support service which could promote their psychological well-being. The nurses in the study expressed that they do not have access to support services to help deal with the challenges and traumatic events which they experience at work. This theme is divided into two subthemes: lack of support services at work; and alternative sources of community support.

##### **4.5.1 Lack of support services at work**

The following quotes describe the limited nature of psychological services available for nurses in this hospital. The nurses feel that their mental health is not a priority to the hospital management.

*“We don’t know of any psychological services. Even some HIV patients here don’t have continuous psychological support, let alone us as nurses. When you are not feeling well, the only thing they want to know is when you will be coming back to work. No one cares about our mental health.” (Group 1, participant 2)*

*“Our psychological needs are being neglected here.” (Group 1, Participant 5)*

*“The lack of psychological support in rural areas increases absenteeism, because if I am not feeling well, I will not come to work. At the end of the day people end up resigning” (Group 3, participant 1)*

Nurses expressed that they do not know the procedure to getting psychological help if they should need it.

*“Maybe we do not have enough information. They usually talk about a counselor who is in Nelspruit (a town 2 hours away) but we do not know the steps we need to follow to get to that person. In any case we need someone closer because Nelspruit is far. Or maybe they need to call someone from Nelspruit to talk to us because we face these difficult situations every day”* **(Group 2, participant 3)**

The responses above illustrate the lack of psychological services in this rural hospital. According to the nurses, they did not have access to anyone who was hired specifically to deal with their personal issues or traumatic experiences. The nurses expressed that the hospital has one counselor who seems to deal only with patient issues. Some of the nurses showed feelings of being despondent when explaining to the researcher about the lack of psychological support available to nurses in this hospital. The nurses stated that they had a need for psychological support because they deal with many difficult situations in their jobs which end up affecting them at home too. Nurses felt they needed psychological support in order to address issues such as trauma, stress associated with being overworked and personal problems which affect their performance at work.

*“The reality is you can’t take care of patients while you are also not well. I can liken this to a taxi situation. You can’t take care of the passengers while you as a driver are not well. No one bothers to come to a nurse and ask them about their challenges at work. No one is going to do that! The only thing management is bothered about is patients first, patients first! But who is supposed to take care of that patient!!”* **(Group 3, participant 1)**

*“It seems like you need to take it upon yourself to seek private counseling on your own. That’s what I have done. Because for me, seeing children die is very painful. I get mentally disturbed” (Group 2, participant 2)*

According to the nurses in the study issues such as absenteeism, staff morale, team work and confidence in management among nurses would improve if the hospital provided support services for nurses. According to some nurses, the lack of support in the hospital makes the already difficult situations even harder for nurses. The following quotes demonstrate the need for psychological support among nurses.

*“We need support. To have someone to talk to about our challenges, that thing will increase our morale as nurses. Secondly we want to be treated as human beings, as professionals with respect and dignity so that we can also render dignified and respectful services to patients” (Group 3, participant 3)*

*“You know like in universities there are psychologists hired to deal with student issues. We need someone like that here. Currently there is no one I can go to with personal issues that affect me at work” (Group 3, participant 1)*

*“We need a psychologist here, especially for the nurses who work with terminally ill patients because it is traumatic to see these people on a daily basis. For example, Katlehong hospital has a psychologist specifically for nurses” (Group 1, participant 6)*

*“You know the issue of the counselor, especially for us nurses, we do need one. Management must try and organize a psychologist for us so that we can go and vent our frustrations to that person” (Group 1, participant 4)*

#### 4.5.2 Alternative sources of community support

The nurses in the study were also asked about alternative sources of support which they make use of when they have difficulties at work. The responses to this question were often vague and limited. Many of the nurses expressed that they either go to their families for support or their respective churches.

*“Personally when I am depressed or facing a challenge I just go to my mother. I won’t mention the name of a particular patient to her, I will just offload my frustrations which gives me a sense of relief.” (Group 2, participant 3)*

*“We also go to churches, I find that this helps me a lot” (Group 3, participant 1)*

Some of the nurses reported that they engage in social drinking in an effort to forget about their troubles at work:

*“Sometimes we socialize and get some alcohol into our system, just to de-stress a bit. When I was working with terminally ill patients I used to keep a bottle of alcohol in my fridge and I would pour myself a glass every day after work” (Group 1, participant 6)*

Others stated that they find support in other colleagues who share the same struggles.

*“Sometimes it also helps to talk to each other as colleagues on the same level. In this way it becomes easier to find solutions to our problems and ease the strain” (Group 2, participant 9)*

Nurses in the study expressed that having access to counselors whom they could talk to about their emotionally demanding jobs would improve their attitude towards many issues in the hospital. It was evident that many of the nurses often kept their struggles to themselves because they felt that

they did not have an appropriate platform where they could share them. Nurses in the study explained that it was difficult to search for alternative sources of support because as a result of staff shortages they always had to be at work. The introduction of support services for these nurses could be one way in which the hospital can ensure that the workers are taken care of.

## **Summary**

This chapter focused on the findings of the study. It illustrates the themes which were generated from the data. Relevant extracts which capture the meaning of various themes are also displayed.

The next chapter will contain the discussion of the findings, the limitations and the recommendations of the study.

## Chapter 5: Discussion and conclusions

In this study the psychological needs of rural area nurses were explored. The results of the study suggest that the nurses link their psychological well-being to the various challenges they experience at work. The findings of the study display how issues such as the lack of hospital resources and shortage of staff can affect the psychological well-being of nurses. The study therefore delved into issues which the nurses perceived as pertinent to their well-being. Nurses also expressed their need for psychological assistance to deal with their challenges effectively.

### 5.1 Work environment

Nurses in the study expressed that their work environment was characterized by a lack of medical equipment and basic hospital resources. According to the nurses, this compromised their ability to do their jobs effectively. This result concurs with Tshitangano's (2013) finding that a majority of nurses in the public sector are not satisfied with the availability of workplace resources in their hospitals. According to the nurses the lack of some medical equipment, such as oxygen machines, places the patients' lives at risk. Patients who are unable to access basic hospital services blame nurses and this creates conflict between nurses and their patients. Nurses in the study noted that the provision of sufficient hospital resources could improve their performance at work as well as play a role in improving their psychological well-being. Nurses expressed that access to adequate hospital resources could lessen the amount of insults they receive from disgruntled patients so that they can focus on doing the job effectively. This, according to the nurses, would also improve the relationships they have with patients and management.

Nurses feel frustrated and powerless when they lack resources to manage daily activities in the workplace. It can therefore be deduced that working with limited resources compromises the psychological well-being of nurses. Addressing issues around the provision of sufficient resources could alleviate workplace challenges, improve psychological well-being and sustain the rural nursing workforce (Hunsberger et al., 2009).

## 5.2 High workload

The global shortage of nurses may be seen as one of the reasons why nurses experience a high workload and are compelled to work long hours (Meiring, 2010). Findings in the current study revealed that one of the major challenges nurses had was the ever growing shortage of nurses in the hospital. According to the nurses, their workload has increased as a result of increased patient demands and poor staff retention. The nurses perceive staff shortage as the main factor contributing to their compromised psychological well-being. The lack of nursing staff meant they had to work longer hours and take on more responsibility. This result corresponds to that of Opie et al. (2010) who state that nurses in rural areas often have to deal with inadequate staffing levels, mandatory on-call duties and frequent overtime. Nurses in the current study felt that it was difficult for them to go on leave because their absence meant there would be even less people to do the job.

According to the nurses an increased workload negatively affects their psychological well-being and places strain on their ability to provide good quality care. Nurses in the study felt that they did not have sufficient time to rest and this resulted in them being susceptible to making mistakes while on duty. A high workload can contribute to increased pressures and feelings of hopelessness among nurses. Nurses felt that the additional work without adequate time to rest threatened their psychological well-being. The shortage of doctors in this rural hospital complicates the nurses' responsibility to patients. It creates further a perception among patients that nurses are not attending to them and are also not calling the doctors.

The reality is that this hospital is unable to attract and maintain sufficient doctors because it is located in a rural community which does not have much to offer. The limited availability of doctors creates a stressful environment for nurses which can compromise their psychological well-being.

One of the difficulties that nurses experience as a result of an increased workload is the limited time they spend with their families. When nurses invest the majority of their time at work it can lead to exhaustion. It was noted that some nurses felt drained after work and were unable to spend time with their families. This affects their psychological well-being. This finding is supported by Burtson and Stichler (2010) who state that nurses who are overworked are susceptible to burnout. It is almost impossible for nurses to maintain sound mental health in the midst of high workloads, staff shortage and assuming the duties of fellow health workers who are not available. In order to



ensure a healthy nursing workforce in rural areas, hospitals in conjunction with the Department of Health need to look closely at the psychological issues which are preventing nurses from rendering quality care to patients.

### **5.3 Emotionally taxing situations**

Nurses are confronted with various emotionally taxing situations. They stated that the experience of various psychological difficulties such as trauma, guilt and self-blame made their jobs very challenging. Nurses confront illness and death on a daily basis. Nurses in the study expressed that providing care to patients who they knew would eventually die was emotionally draining. Dealing with dying patients is stressful for nurses and affects their mental health (Pienaar & Bester, 2011; Wu, Chen, Wang & Jin, 2010). According to the nurses, the responsibility of handling deceased patients on a daily basis is a traumatic experience which can ruin their passion for nursing.

Nurses reported that the responsibility of telling families about their deceased members is a difficult process that one cannot get used to. Nurses reported that they are often not prepared for the type of reactions which different families display. According to the nurses, hospital policies do not make provision for some of the requests that patients and their families bring to the hospital. The inhabitants of this rural community have varying belief systems. According to nurses in the study, many people still practice cultural rituals which they believe bring peace to their families. The nurses were unsure if they could allow families of the deceased to perform rituals in the ward, as they had a responsibility to protect other patients who do not subscribe to the same belief system and would feel uncomfortable with such rituals. This finding concurs with that of Jiyane, Phiri, and Peu (2012). They found that nurses in their study acknowledged that performing rituals such as fetching the spirit of the deceased from the hospital played an important role in helping the families to mourn. However, allowing such rituals in the wards can negatively affect patients who do not belong to the same cultures. Nurses in the current study expressed that such situations caused conflict for them. Jiyane et al. (2012) points out that issues around cultural rituals and religious beliefs affects the nurses' ability to carry out their job effectively and leads to frustrations. The nurses reported that hospital management did not provide sufficient support or direction related to issues of belief systems. Hospitals situated in areas where people have different belief

systems need to have guiding policies of how to deal with such issues. In doing so, this can lessen the responsibility on nurses.

Working in rural communities often means that nurses provide health services to patients who experience poverty. This often results in nurses having to provide help beyond their professional boundaries, such as providing food. Nurses from this small rural hospital noted that, because they sometimes know their patients personally due to interaction in the community, it is difficult to ignore the social challenges that these patients face. This familiarity compels nurses to do more than what is required of them.

Psychological difficulties such as insomnia, poor memory and nightmares were identified by the nurses as just some of the issues which affect their psychological functioning and well-being. Some nurses noted that witnessing patients dying and the experience of trauma is such a common occurrence in their profession that many of them become desensitized to many difficult situations. According to the nurses this could also be the reason why many of them do not actively seek psychological help when they need it. It appeared as if the experience of psychological difficulties was a norm for the nurses. Nurses in the study expressed a great need for psychological intervention especially for issues related to dealing with the death of their patients.

#### **5.4 Discontentment with management**

The study found that nurses expressed dissatisfaction with hospital management. One of the aspects of great dissatisfaction was inadequate financial reward. According to the nurses they invest much of themselves into their jobs, however this is not reflected in the remuneration they receive. They experienced this as demoralizing and stressful. Additionally, nurses experienced a lack of acknowledgement and appreciation by management. Pienaar and Bester (2011) argue that a situation where there is high effort and commitment and low reward can be detrimental to the psychological well-being of nurses. These findings correspond with those of Tshitangano (2013) who found that South African nurses experience low satisfaction with their pay, benefits and incentives.

Nurses in the study reported that acknowledgement of their hard work by management would play a crucial role in the motivation of nursing staff. Even verbal appreciation from management could

improve their attitudes towards working in this rural hospital. This finding is confirmed by Kingma (as cited in Delobelle et al., 2010) who states that although pay is widely perceived as an important motivational factor among workers, non-financial incentives such as acknowledgement and appreciation may equally be effective in improving health workers' motivation and well-being.

### **5.5 Psychological support services available to nurses**

Nurses are an indispensable component of the work force in South Africa's health care system (Delobelle et al., 2011). Many nurses are known to work in a stressful environment which may affect their psychological well-being (Gao, Pan, Sun, Wu, Wang & Wang, 2012). Findings of the current study suggest that even though nurses in this hospital work under stressful conditions, they do not have access to any kind of support services which are aimed at promoting their mental health. According to the nurses, their emotional well-being is affected daily by issues such as the death and suffering of their patients. Nurses in the study suggested that the provision of services which support and promote their psychological well-being, would not only benefit them, but their patients as well. Nurses pointed out that if their psychological well-being is taken care of, they would be in a better position to render good quality care to patients. This finding corresponds to that of Burtson and Stichler (2010) who suggest that hospitals which promote mental health among nurses have a better chance of experiencing improved patient satisfaction. The provision of support and counseling services to nurses could have an impact on lowering stress and maintaining a healthy workforce. This is especially true for rural area hospitals where psychological services are limited in the rural area.

In the absence of formal psychological services, nurses make use of other support systems. Some of them consulted private counselors to deal with the trauma at work. Others seek counsel from their families and respective churches. Others seek support from their colleagues who have experienced similar challenges at work. This finding concurs with that of Van der Heijden et al. (2009) who reports that, when it comes to psychological stress among nurses, colleagues appear to be an important source of support. Nurses find it easier to share their challenges with colleagues especially when social support is lacking from hospital management (Van der Heijden et al., 2009). The nurses felt that if they did not take care of themselves, no one else would.

It is evident that the nurses from this hospital are in need of support services which could potentially ease the stressful environment in which they work. A nurse with positive psychological well-being has a better chance at providing quality care to patients ((Brunault et al., 2013).

## **5.6 Strengths and limitations of the study**

The study delved into issues which are pertinent to South African nurses and which undoubtedly play a crucial role in the psychological well-being of nurses in similar health care settings. This research highlighted issues that affect nurses on a daily basis. The findings of the study make a contribution toward the field of research in nursing in South Africa. More specifically, the research findings question the extent to which rural health care settings provide social support for nurses who work in these communities. The research also highlighted issues which can either promote or compromise the psychological well-being of rural area nurses.

Findings of the study must be critically interpreted and evaluated by bearing in mind the limitations intrinsic in the study. The qualitative nature of the study allowed the researcher to interpret and place emphasis on certain themes over others, based on the researchers' subjective perceptions and biases (Creswell, 2014). The use of focus group discussions in the study allowed the researcher to stimulate interaction among the nurses. This interaction provided an environment where the nurses could give a vast array of opinions and ideas (Silverman, 2011). The presence of their colleagues allowed the nurses to clarify, strengthen or change opinions that had remained uncertain up until that point (Acocella, 2012). On the other hand, the presence of other people during focus group discussions can inhibit an individual and influence the way an opinion is formulated or an answer is given (Acocella, 2012). According to Acocella (2012) nurses in the study could have been inclined to express more socially desirable and stereotypical answers. Participants in the study were aware that the group discussions were audiotaped. This could have affected what they said although the recordings gave a strong basis upon which data could be analysed.

The current study included a small number of nurses who work in a small rural hospital. It is likely that the perceptions of these nurses may differ from other nurses who work in different rural areas. The sampling technique employed in this study was purposive sampling, which does not guarantee a fair representation of the population of nurses in the hospital, hence limiting generalization of

the findings (Babbie et al., 2005). Even though, because of the rigour with which the study was planned and done, the findings of the study may be transferable to other similar contexts (Babbie et al., 2005).

Although there are some limitations to this study, the findings contribute to the limited knowledge about rural area nurses in South Africa. Furthermore, the study highlights the need to conduct more research based in smaller and poorer communities. These contributions are relevant within the South African health care context where literature about the psychological well-being of nurses is limited.

## **5.7 Recommendations**

Despite its limitations, the current study highlights that the nurses would benefit from support services which are aimed at promoting their psychological well-being. It would be beneficial to conduct a study which could look specifically at the advantages of providing support services to nurses who work in rural communities. Such research could explore the role of psychological well-being of nurses in the quality of care they provide for their patients. The results of such a study could influence the policies of the Department of Health to provide psychological services to enhance the well-being of nurses.

Other studies could explore specific psychological difficulties which nurses encounter to inform the development of interventions which are aimed at alleviating psychological distress among nurses. Finally, future research needs to look into interventions which can prepare nurses for the psychologically demanding nature of their jobs as well as provide continuous support to nurses who experience psychological distress in rural communities.

## **5.8 Conclusion**

In conclusion, this study drew attention to the challenges faced by nurses who work in rural contexts. Findings showed that these nurses work under stressful situations characterized by inadequate working equipment and ever growing staff shortages. It was found that nurses in this

rural hospital deal with traumatic incidents on a daily basis without the necessary support. Nurses articulated that due to its rural location, the hospital has difficulty recruiting and retaining health workers such as doctors who could help in alleviating some of the problems that nurses face.

Finally, one of the most important findings that emerged from the study was the apparent lack of psychological support for nurses in this rural context. Nurses in this area expressed a need for support services. According to the findings, nurses in rural areas experience various psychological difficulties which need to be addressed appropriately. The South African Department of Health must be made aware of the psychological needs of nurses who work in rural based hospitals.

## References

- Acocella, I. (2012). The focus groups in social research: advantages and disadvantages. *Quality & Quantity*, 46 (4), 1125-1136. Doi: 10.1007/s11135-011-9600-4
- Angen, M. J. (2000). Evaluating interpretive inquiry: Reviewing the validity debate and opening the dialogue. *Qualitative Health Research*, 10(3), 378-395. Doi: 10.1177/104973230001000308
- Babbie, E., Mouton, J., Vorster, P., & Prozesky, B. (2005). *The practice of social research*. Cape Town: Oxford University Press.
- Bester, C. L., & Engelbrecht, M. C. (2009). Job satisfaction and dissatisfaction of professional nurses in primary health care facilities in the Free State Province of South Africa. *Africa Journal of Nursing and Midwifery*, 11(1), 104-117. Retrieved from <http://uir.unisa.ac.za/handle/10500/9822>
- Bradbury-Jones, C., Sambrook, S., & Irvine, F. (2009). The phenomenological focus group: an oxymoron? *Journal of Advanced Nursing*, 65(3), 663-671. Doi: 10.1111/j.1365-2648.2008.04922.x
- Brannon, L., & Feist, J. (2007). *Health psychology: An introduction to behaviour and health* (7<sup>th</sup> Ed.). Belmont, CA: Wadsworth
- Braun, V., & Clark, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi: 10.1191/1478088706qp063oa
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge: Harvard University Press.
- Bronfenbrenner, U. (Ed) (2005). *Making human beings human. Bioecological perspectives on human development*. London: SAGE Publications, Inc.
- Brunault, P., Fouquereau, E., Colombat, P., Gillet, N., El-Hage, W., Camus, V. & Gaillard, P. (2013). Do transactive memory and participative teamwork improve nurses' quality of work life? *Western Journal of Nursing Research*, 36(3), 329-345. doi: 10.1177/0193945913493015

- Burtson, P. L. & Stichler, J. F. (2010). Nursing work environment and nurse caring: relationship among motivational factors. *Journal of Advanced Nursing*, 66(8), 1819-1831. doi: 10.1111/j.1365-2648.2010.05336.x
- Coovadia, H., Jewkes, R., Barron, P., Sanders, D. & McIntyre, D. (2009). The health and health system of South Africa: historical roots of current public health challenges. *Lancet*, 374, 817-834. doi: 10.1016/501406736(09)60951-x
- Creswell, J. W. & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice*, 39(3), 124-130. Doi: 10.1207/s15430421tip3903\_2
- Creswell, J. W. (2014). *Research design (4<sup>th</sup> Ed.)*. California: SAGE Publications, Inc.
- Daniels, Z. M., VanLeit, B. J., Skipper, B. J., Sanders, M. L., & Rhyne, R. L. (2007). Factors in recruiting and retaining health professionals for rural practice. *National Rural Health Association*, 23(1), 62-71. doi: 10.1111/j.1748-0361.2006.00069.x
- Deci, E. L., & Ryan, R. M. (2000). The “what” and “why” of goal pursuits: Human needs and the self-determination of behaviour. *Psychological Inquiry*, 11(4), 227-268, doi: 10.1207/S15327965PLI1104\_01
- Deci, E. L., & Ryan, R. M. (2011). Levels of analysis, regnant causes of behaviour and well-being: the role of psychological needs. *Psychological Inquiry*, 22(1), 17-22, doi: 10.1080/1047840x.2011.545978
- De La Rey, C., & Ipser, J. (2004). The call for relevance: South African psychology ten years into democracy. *South African Journal of Psychology*, 34 (4), 544-552. doi: 10.1177/008124630403400403
- Delobelle, P., Rawlinson, J. L., Ntuli, S., Malatsi, I., Decock, R., & Depoorter, A. M. (2009). HIV/AIDS knowledge, attitudes, practices and perceptions of rural nurses in South Africa. *Journal of Advanced Nursing*, 65(5), 1061-1073, doi:10.1111/j.1365-2648.2009.04973.x
- Delobelle, P., Rawlinson, J. L., Ntuli, S., Malatsi, I., Decock, R., & Depoorter, A. M. (2011). Job satisfaction and turnover intent of primary health care nurses in rural South Africa: a questionnaire survey. *Journal of Advanced Nursing*, 67(2), 371-383, doi: 10.1111/j.1365-2648.2010.05496.x



- Dlamini, B. (2010). *Job satisfaction and burnout amongst nurses in rural communities*. Unpublished Honours' thesis, University of the Witwatersrand, Johannesburg.
- Finlay, L. (2002). Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. *Qualitative Research*, 2(2), 209-230. Doi: 10.1177/146879410200200205
- Galdikiene, N., Asikainen, P., Balciunas, S., & Suominen, T. (2013). Do nurses feel stressed? A perspective from primary health care. *Nursing and Health Sciences*, 16(3), 327-334, doi: 10.1111/nhs.12108
- Gao, Y.-Q., Pan, B.-C., Sun, W., Wu, H., Wang, J.-N. & Wang, L. (2012). Anxiety symptoms among Chinese nurses and the associated factors: a cross sectional study. *BMC Psychiatry*, 12 (141), 1-9. Doi: 10.1186/1471-244X-12-141
- Hallin, K., & Danielson, E. (2007). Registered nurses' experiences of daily work, a balance between strain and stimulation: A qualitative study. *International Journal of Nursing Studies*, 44(2007), 1221-1230. doi: 10.1016/j.ijnurstu.2006.05.011
- Hesse-Biber, S. N., & Leavy, P. (2011). *The practice of qualitative research*. (2<sup>nd</sup> Ed.). Thousand Oaks, CA: SAGE Publications.
- Hinno, S., Partanen, P., & Vehvilainen-Julkunen, K. (2011). Hospital nurses' work environment, quality of care provided and career plans. *International Nursing Review*, 58(2), 255-262. Doi: 10.1111/j.1466-7657.2010.00851.x
- Hoggart, K. (1988). Not a definition of rural. *Area*, 2(1), 35-40. Retrieved from <http://www.jstor.org/stable/20002535>
- Hollway, W., & Jefferson, T. (2000). *Doing qualitative research differently: free association, narrative and the interview method*. London: Routledge.
- Hook, D. (2004). *Bronfenbrenner's ecological theory of development*. In Hook, D., Watts, J., & Cockcroft, K. (Eds). *Developmental Psychology* (pp.312-324). Cape Town: UCT Press.
- Hunsberger, M., Baumann, A., Blythe, J. & Crea, M. (2009). Sustaining the rural workforce: Nursing perspectives on work life challenges. *The Journal of Rural Health*, 25(1), 17-25, doi: 10.1111/j.1748-0361.2009.00194.x

- Isaksson, K. E., Gude, T., Tyssen, R., & Aasland, O. G. (2009). A self-referral preventive intervention for burnout among Norwegian nurses: One-year follow-up study. *Patient Education and Counselling*, 78(2), 191-197. Doi: 10.1016/j.pec.2009.07.008
- Jiyane, P. M., Phiri, S.S., & M. D. (2012). Nurses' experiences of the ritual of fetching the spirit of the deceased from a public hospital in Mpumalanga, South Africa. *Africa Journal of Nursing and Midwifery*, 14(1), 116-129
- Klopper, H. C., Coetzee, S. K., Pretorius, R., & Bester, P. (2012). Practice environment, job satisfaction and burnout of critical care nurses in South Africa. *Journal of Nursing Management*, 20(5), 685-695. Doi: 10.1111/j.1365-2834.2011.01350.x
- Koch, T. (2006). Establishing rigour in qualitative research: The decision trail. *Journal of Advanced Nursing*, 53(1), 91-103. doi: 10.1111/j.1365-2648.2006.03681
- Krueger, R. A. & Casey, M. (2009). *Focus groups: a practical guide for applied research (4<sup>th</sup> Ed.)*. California: SAGE Publications.
- Kyakuna, M. (2009). Ethnographic experiences of HIV-positive nurses in managing stigma at a clinic in rural Uganda. *African Journal of AIDS Research*, 8(3), 367-378. Doi: 10.2989/AJAR.2009.8.3.13.934
- Leibbrandt, M., Finn, A., & Woolard, I. (2012). Describing and decomposing post-apartheid income inequality in South Africa. *Development Southern Africa*, 29(1), 19-34. doi: 10.1080/0376835x.2012.645639
- LeSergent, C. M., & Haney, C. J. (2004). Rural hospital nurses stressors and coping strategies: A survey. *International Journal of Nursing Studies*, 42 (2005), 315-324. doi: 10.1016/j.ijnurstu.2004.06.017
- Linley, P. A., Maltby, J., Wood, A. M., Osborne, G., & Hurling, R. (2009). Measuring happiness: the higher order factor structure of subjective and psychological well-being measures. *Personality and Individual Differences*, 47, 878-884, doi: 10.1016/j.paid.2009.07.010
- Macleod, C. (2004). South African psychology and 'relevance': Continuing challenges. *South African Journal of Psychology*, 34(4), 613-629. doi: 10.1177/008124630403400407

- McElligott, D., Siemers, S., Thomas, L., & Kohn, N. (2009). Health promotion in nurses: Is there a healthy nurse in the house? *Applied Nursing Research*, 22(3), 211-215. Doi: 10.1016/j.apnr.2007.07.005
- Mealer, M., Jones, J., Newman, J., Mcfann, K. K., Rothbaum, B., & Moss, M. (2011). The presence of resilience is associated with a healthier psychological profile in intensive care unit (ICU) nurses: Results of a national survey. *International Journal of Nursing Studies*, 49(3), 292-299. Doi: 10.1016/j.ijnurstu.2011.09.015
- Meiring, A. (2010). *The image of nurses as perceived by the South African public*. Unpublished master's thesis, University of Pretoria, Pretoria.
- Mellish, J. M. (1978). *Ethos of nursing: A South African perspective*. Durban: Butterworth & Co.
- Mohale, M.P. & Mulaudzi, F.M. (2008). Experiences of nurses working in a rural primary health-care setting in Mopani district, Limpopo Province. *Curationis*, 31(2), 60-66. Doi: 10.4102/curationis.v31i2.984.
- Mokgale, E. K. (2004). *Knowledge about and attitudes to psychological services in a rural village in South Africa*. Unpublished Master's thesis, University of Pretoria, Pretoria.
- Mokgotla, K. N. (2011). *The emotional well-being of palliative care nurses working in a referral hospital in Johannesburg*. Unpublished master's thesis, University of the Witwatersrand, Johannesburg.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counselling psychology. *Journal of Counselling Psychology*, 52(2), 250-260. Doi: 10.1037/0022-0167.52.2.250
- Moszczynski, A. B., & Haney, C. J. (2002). Stress and coping of Canadian rural nurses caring for trauma patients who are transferred out. *Journal of Emergency Nursing*, 28(6), 496-504. Doi: 10.1067/men.2002.129727
- Nabirye, R. C., Brown, K. C., Pryor, E. R., & Maples, E. H. (2011). Occupational stress, job satisfaction and job performance among hospital nurses in Kampala, Uganda. *Journal of Nursing Management*, 19(6), 760-768, doi: 10.1111/j.1365-2834.2011.01240.x

- Oosthuizen, M. J. (2012). The portrayal of nursing in South African newspapers: A qualitative content analysis. *Africa Journal of Nursing and Midwifery*, 14(1), 49-62. Retrieved from <http://uir.unisa.ac.za/bitstream/handle/10500/8897>
- Opie, T., Dollard, M., Lenthall, S., Wakerman, J., Dunn, S., Knight, S., & MacLeod, M. (2010). Levels of occupational stress in the remote area nursing workforce. *Australian Journal of Rural Health*, 18(6), 235-241. Doi: 10.1111/j.1440-1584.2010.01161.x
- Painter, D., & Terre Blanche, M. (2004). Critical psychology in South Africa: Looking back and looking ahead. *South African Journal of Psychology*, 34(4), 520-543. doi:10.1177/008124630403400402
- Patton, M. Q. (2002). *Qualitative research and evaluation methods*. (3<sup>rd</sup> ed.). Thousand Oaks, CA: SAGE Publications.
- Peterson, I. (2004). Primary level psychological services in South Africa: Can a new psychological professional fill the gap. *Health Policy and Planning*, 19(1), 33-40. doi: 10.1093/heapol/czh004
- Pienaar, J. W. & Bester, C. L. (2011). The impact of burnout on the intention to quit among professional nurses in the Free State region- a national crisis. *South African Journal of Psychology*, 41(1), 113-122. doi: 10.1177/008124631104100112
- Pillay, A. L., Kometsi, M. J., & Siyothula, E. B. (2009). A profile of patients seen by fly-in clinical psychologists at a non-urban facility and implications for training and future services. *South African Journal of Psychology*, 39(3), 289-299. doi: 10.1177/008124630903900304
- Pinikahana, J., & Happell, B. (2004). Stress burnout and job satisfaction in rural psychiatric nurses: A Victorian study. *Journal of Rural Health*, 12, 120-125. doi: 10.1111/j.1440-1854.2004.00572.x
- Ruane, I. (2010). Obstacles to the utilisation of psychological resources in a South African township community. *South African Journal of Psychology*, 34(4), 544-552. Retrieved from <http://0-web.b.ebscohost.com.innopac.up.ac.za>
- Salkind, N. J. (Ed.). (2010). *Encyclopedia of research design; volume 3*. California: SAGE Publications, Inc.

- Shaha, M., Wenzel, J. & Hill, E. E. (2011). Planning and conducting focus group research with nurses. *NurseResearcher*, 18(2), 77-87, <http://dx.doi.org/10.7748/nr2011.01.18.2.77.c8286>
- Shanafelt, T. D., Boone, S., Tan, L., Dyrbye, L. N., Sotile, W., Satele, D., West, C. P., Sloan, J. & Oreskovich, M. R. (2012). Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med*, 172(18), 1377-1385, doi: 10.1001/archinternmed.2012.3199
- Sheldon, K. M., Elliot, A. J., Kim, Y., & Kasser, T. (2001). What is satisfying about satisfying events? Testing 10 candidate psychological needs. *Journal of Personality and Social Psychology*, 80(2), 325-339, doi: 10.1037/110022-3514.80.2.325
- Silverman, D. (2011). *Interpreting qualitative data (4<sup>th</sup> Ed.)*. London: SAGE Publications Ltd.
- Skillman, S. M., Palazzo, L., Keepnews, D., & Hart, L. G. (2006). Characteristics of registered nurses in rural versus urban areas: Implications for strategies to alleviate nursing shortages in the United States. *The Journal of Rural Health*, 22(2), 151-157. doi: 10.1111/j.1748-0361.2006.00024
- Smit, R. (2005). HIV/AIDS and the workplace: Perceptions of nurses in a public hospital in South Africa. *Journal of Advanced Nursing*, 51(1), 22-29. doi: 10.1111/j.1365-2648.2005.03456.x
- Swarts, B. (2013). A community (dis) service: Reflections of a community service clinical psychologist. *South African Journal of Psychology*, 43(1), 105-115, doi: 10.1177/0081246312474420
- Trepanier, S. G., Fernet, C., & Austin, S. (2012). Workplace psychological harassment in Canadian nurses: A descriptive study. *Journal of Health Psychology*, 18(3), 383-396, doi: 10.1177/1359105312443401
- Tshitangano, T. G. (2013). Factors that contribute to public sector nurses turnover in Limpopo province of South Africa. *African Journal of Primary Health Care & Family Medicine*, 5(1), 1-7. doi: 10.4102/phcfm.v5i1.479.

- Van der Colff, J. J. & Rothmann, S. (2009). Occupational stress, sense of coherence, coping, burnout and work engagement of registered nurses in South Africa. *South African Journal of Industrial Psychology*, 35(1), 1-10. doi: 10.4102/sajip.v35i1.423
- Van der Heijden, B. I. J. M., Kummerling, A., Van Dam, K., Van der Schoot, E., Estryn-Behar, M., & Hasselhorn, H. M. (2010). The impact of social support upon intention to leave among female nurses in Europe: Secondary analysis of data from the NEXT survey. *International Journal of Nursing Studies*, 47(4), 434-445, doi: 10.1016/j.ijnurstu.2009.10.004
- Van Dyk, A. C. (2007). Occupational stress experienced by caregivers working in the HIV/AIDS field in South Africa. *African Journal of AIDS Research*, 6(1), 49-66. doi: 10.2989/16085900709490399
- Visser, M. (2007). The social ecological model as a theoretical framework in community psychology. In N. Duncan, B. Bowman, A. Naidoo, J. Pillay & V. Roos (Eds.), *Community psychology: Analysis, context and action* (pp.102-116). Cape Town: Juta/ UCT Press
- Watermeyer, J. (2012). "This clinic is number one": A qualitative study of factors that contribute toward "successful" care at a South African pediatric HIV/AIDS clinic. *Evaluation & the Health Professions*, 35(3), 360-379. doi: 10.1177/0163278712445472
- Watson, R., Gardiner, E., Hogston, R., Gibson, H., Stimpson, A., Wrate, R., & Deary, I. (2009). A longitudinal study of stress and psychological distress in nurses and nursing students. *Journal of Clinical Nursing*, 18(2), 270-278. Doi: 10.1111/j.1365-2702.2008.02555.x
- Willig, C. (2001). *Introducing qualitative research in psychology: adventures in theory and method*. Buckingham: Open University Press
- Wood, A. M. & Joseph, S. (2009). The absence of positive psychological (eudemonic) well-being as a risk factor for depression: A ten year cohort study. *Journal of Affective Disorders*, 122, 213-217, doi: 10.1016/j.jad.2009.06.032
- Wu, H., Chi, T.-S., Chen, L., Wang, L. & Jin, Y.-P. (2010). Occupational stress among hospital nurses: cross-sectional survey. *Journal of Advanced Nursing*, 66(3), 627-634. Doi: 10.1111/j.1365-2648.2009.05203.x

Xaba, N. A., Peu, M. D. & Phiri, S. S. (2012). Perceptions of registered nurses regarding factors influencing service delivery in expanding programmes in a primary healthcare setting. *Health SA*, 17(1), 1-12. Doi: 10.4102/hsag.v17i1.535

## Appendix A



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Faculty of Humanities  
Research Ethics Committee

6 June 2014

Dear Prof Maree

**Project:** Psychological services for nurses in rural communities:  
nurses' perceptions  
**Researcher:** C Dlamini  
**Supervisor:** Prof M Visser  
**Department:** Psychology  
**Reference numbers:** 27121039

Thank you for the application that was submitted for review.

I am pleased to be able to inform you that the above application was **approved** by the **Research Ethics Committee** on 29 May 2014. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

**Prof Karen Harris**  
**Acting Chair: Postgraduate Committee &**  
**Research Ethics Committee**  
**Faculty of Humanities**  
**UNIVERSITY OF PRETORIA**  
**e-mail:Karen.harris@up.ac.za**

Research Ethics Committee Members: Dr L Blokland; Prof Prof M-H Coetzee; Dr JEH Grobler; Prof KL Harris (Acting Chair); Ms H Klopper; Dr C Panebianco-Warrens; Dr Charles Puttergill; Prof GM Spies; Dr Y Spies; Prof E Taljard; Dr P Wood



## Appendix B

# MPUMALANGA PROVINCIAL GOVERNMENT

Building No.3  
No. 7 Government Boulevard  
Riverside Park Extension 2  
Nelspruit  
1200  
Republic of South Africa



Private Bag X 11285  
Nelspruit, 1200  
Tel: 013 766 3429  
int: +27 13 766 3429  
Fax: 013 766 3458  
int: +27 13 766 3458

## Department of Health

Litiko Letemphilo

Umyango WezaMaphilo

Departement van Gesondheid

**Enquiries: Themba Mulungo (013) 766 3511**

**30 June 2014**

**Miss Bongekile Dlamini**  
PO Box 953  
Elukwatini  
1192

**Dear Miss Bongekile Dlamini**

### **APPLICATION FOR RESEARCH & ETHICS APPROVAL PSYCHOLOGICAL SERVICES FOR NURSES IN RURAL COMMUNITIES: NURSES' PERCEPTIONS**

The Provincial Research and Ethics Committee has approved your research proposal in the latest format that you sent.

Kindly ensure that you provide us with the soft and hard copies of the report once your research project has been completed.

Kind regards

**MR. MOLEFE MACHABA**  
RESEARCH AND EPIDEMIOLOGY

*30/06/2014*  
DATE





## Appendix C

### INFORMATION SHEET

Dear Participant

My name is Bongekile Clementine Dlamini; I am a Clinical Psychology Masters student registered at the University of Pretoria. I am conducting a research study as part of my course requirements. The purpose of the study is to explore the psychological needs of nurses working in a rural community. The study will contribute to our understanding and knowledge of the various psychological needs which rural nurses experience.

Participation in this study means undergoing an hour-long focus group interview with me, at a time and place convenient to you. With your permission the interview will be audio taped in order to ensure accuracy. In no way is any individual advantaged or disadvantaged by choosing to be part of this study. Participation in this study is completely voluntary and should you feel uncomfortable at any point in the study, you may withdraw without any penalties. You may also refuse to answer any questions that you do not feel comfortable answering. The interview material will be kept confidential, and no information that could identify participants will be used in the research report. The interview material (transcripts and tapes) will only be heard and processed by me and my supervisor. The results of the study will be written up in the form of a research report. A summary of these results will also be made available to participants.

Should you wish to participate in the study please sign the consent form and provide me with your contact details so that we can arrange a suitable day and time for the interview. Should you experience any distress as a result of participation in the focus group, contact numbers for free counselling services will be made available to you. Your participation in this research will be greatly appreciated. This study will contribute to a larger body of knowledge in the area of South African nurses working in rural communities.

You are free to ask any questions about the study, about being a participant and you may call me (Clementine Dlamini) at 0766801365 or email me at: [clemzadlamini@yahoo.com](mailto:clemzadlamini@yahoo.com)

My supervisor: Prof Maretha Visser can be reached on the following contacts:

Tel-012 420 2549

[Email: maretha.visser@up.ac.za](mailto:maretha.visser@up.ac.za)

Yours Sincerely,

Clementine Bongekile Dlamini



## Appendix D

### CONSENT FORM

I..... (Initials of participant) have read the content of the information sheet, and I have been given the opportunity to ask questions regarding the study. I hereby consent by appending my signature to participate in the study

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact details

I Clementine Dlamini have explained this study to the participant and have sought his/her understanding for informed consent

\_\_\_\_\_  
Researcher's Signature

\_\_\_\_\_  
Date

## **Appendix E**

### Interview guide

The interview guide questions are open-ended. This affords participants with the opportunity to elaborate. If at any time the participants are not comfortable with any question outlined below, they have the right to refrain from responding. The focus group interview will take about an hour.

### **The psychological needs of rural nurses in Mpumalanga: nurses' perceptions**

#### **Aims and objections of the study:**

- Explore the psychological needs of nurses working in a rural hospital.
- Explore the current nature of the psychological services available to them.
- Explore how the nurses envision optimal psychological services.
- Explore nurses' use of different sources of support other than psychological services.

#### **Questions:**

1. What kind of experiences do you encounter at work, which in your opinion threaten your psychological well-being?
2. What are the psychological needs of nurses who are working in this hospital and how are these needs currently addressed?
3. In your opinion, what kind of psychological services do nurses in this hospital need?
4. What can be done to improve the availability and accessibility of psychological services to nurses in this hospital?
5. Apart from psychological services, what other sources of support do nurses in this hospital make use of?