Support for nurses dealing with rituals held in health care facilities

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Abstract

Health facility management support remains a strong pillar and motivator for nurses during service delivery but, unfortunately, in most cases a lack of management support is experienced in hospitals in South Africa. Lack of management support exists in one health district in Mpumalanga Province. The problem was realised when families visited the health facility to fetch the spirit of deceased. These family members were dissatisfied about the care they received from the nurses. During a study which explored the nurses experiences regarding the ritual of fetching the spirit if the deceased, the study findings revealed the suggestions for possible consideration by the hospital management to support the nurses in dealing with the families. That triggered the researcher's intentions to identify the participants' suggestions which the health care management should use as support for the nurses dealing with rituals held in health care facilities. A qualitative, explorative, descriptive study was conducted using unstructured interviews. The data collection method used was one-one interviews. An interview schedule was used to collect data. Techs' method of data analysis was used for analysing the collected data. The findings of the study revealed ways that may effectively promote management's support for nurses during their daily encounter with families who fetch the spirit of the deceased. The findings were used as suggestions to support the nurses; for example, increased nursing staff coverage, formulating the standards of nursing care, advocating for the nurses, mentoring, bereavement debriefing sessions for the nurses, limitation of the non-nursing duties and creating a healthy environment for the nurses. Management support is a priority motivator for nurses. The researcher believes that the use of the suggestions of this research should lead to increased harmonious stakeholder interaction with resultant quality care in health facilities.

Keywords: Fetching the spirit, ritual.

Introduction

South African families are diverse and each have their own unique beliefs, values and practices that render one family different from the other. The country, which is also referred to as "the rainbow nation", is more diversified than any other country worldwide (De Raet, 2012). Rodriques (2006) asserts that South Africa is acknowledged as the one and only country with eleven spoken languages. In addition, Africa is a continent with unusual funeral ceremonies and South Africa is no exception (Iteyo, 2009).

Diverse ritual fetching procedures are used by communities. One example, as indicated in Jiyane, Phiri and Peu (2012) is that of families visiting health facilities to perform the various rituals of fetching the spirit of the deceased for different reasons. People believe that rituals are performed to respect the ancestors. Iteyo (2009) stated that the ancestors have supernatural powers to protect the families against all kinds of harm. Different rituals have different meanings to some African families. Martin, van Wijk, Hans-Arendse and Makhaba (2013) indicate that families perform rituals of death to prevent the recurrence of death and misfortunes for families, especially for those whose family members died from accidents and other mysterious deaths. Wolfeit (2005) indicates that rituals help families to acknowledge the reality of death, give encouragement about the expression of grief in a culturally consistent manner, provide mourners' support and instil hope and a wish for family members to continue living.

The nurses, on several occasions, respond negatively towards families who perform the ritual of death in health facilities. Families feel neglected and uncared for. The relations of the nurses and families are affected. Families resort to complaining to the hospital management that their right to practise their own culture is violated.

The problem during the nurses' engagement with the families is that they feel unsupported by the management, which continuously blames them for the complaints from the families. The management seems not to take any initiative to listen to the nurses' side of the story on receiving the complaints and that makes them feel forgotten and unsupported. Consequently, they show emotions like anger, frustration and rejection of the families. They resort to distancing themselves from families who visit the hospital to fetch the spirits. Consequently, families are not attended to as early as they are supposed to be. Families too end up feeling unsupported by the health care providers – the nurses. Obviously, no good interpersonal relationships exist between the stakeholders involved. Such a situation may mean that nurses and families may continuously remain in a dilemma to whether engage with each other during the ritual or not.

Although Knapp van Bogaert and Ogunbanjo (2013) suggest that harmless rituals should be allowed, nurses find themselves in a dilemma of not knowing how to act when faced with issues related to the rituals in health care facilities. Perkins, Cortez and Hazuda (2012) concur that discussion around issues of the deceased's soul is not part of nurses' scientific beliefs. It becomes hard for nurses to move away from their scientific mind-set to easily support the families. Nurses as independent decision makers have a responsibility to take timeous autonomous decisions in matters that concern their patients. The responsibility does not permit them to put themselves at any risk in matters they are not sure of.

Schmalenburg and Kramer (2009) assert that nurses' autonomous decision making should be supported at all times in order to instil a sense of worth and value in them while saving them from potential risks. It is nurses' professional-ethical right to be provided with adequate material to use during their caring for patients on a continuous basis. SANC, (2004:15) mentions the nurses' right number 7 (seven) that serves as a guideline and a source of reference to save the nurses from litigation. Health care providers at times put their careers at risk unnecessarily (Izindaba, 2009) and that is the case with nurses who agree to work in areas where there are no proper prescripts to guide them.

One responsibility of hospital management is to support nurses throughout their work-life. Generally, any health care facility management team that does not support its workforce stands a chance of loss of staff to other facilities. On observation of the affected relations between the stakeholders, the researcher decided to come up with suggestions to assist the health care managers to support the nurses who deal with the families who fetch the spirit in health care facilities. The support may assist the nurses to effectively deal with the families and promote good relations in health care facilities in Mpumalanga Province and elsewhere.

Therefore, the purpose of this study is to suggest the ways which the health facility management may use to support the nurses dealing with rituals held in health care facilities**.**

Methodology

The study is qualitative, explorative and descriptive in nature. The target population comprised all nurses in three medical-surgical and the maternity wards in a selected health facility in Mpumalanga Province. A non-random, non-probalitity sampling was used to select the participants. Nurses who are knowledgeable about the ritual of fetching the spirit and are also willing to participate in the study were purposefully selected to comprise the sample for the study. The size of the sample was determined by the data saturation and the total thereof was ten.

Data collection

One-to-one unstructured interviews were used to elicit response from the participants at times most convenient to them. The participants were ten, six were professional nurses, two were enrolled nurses and the other two enrolled nursing auxiliaries. The central question posed to the participants at the beginning of each interview read as "*what is the necessary management support required by nurses dealing with rituals in health care facilities?* Follow-up questions were asked as each interview proceeded to allow participants to

explore more and describe various suggestions which may be useful in supporting the practice of dealing with rituals of fetching the spirit of the deceased as performed by families in health care facilities. Field notes were captured throughout the research. Data redundancy occurred after the tenth interview and thus 'saturation' was reached (Burns & Grove, 2009).

Measures to ensure trustworthiness

Trustworthiness is assessed through the use of the criteria of credibility, transferability, dependability, confirmability and authenticity and these criteria were applied in the study.

Table 1: Strategies to ensure trustworthiness

STRATEGY	CRITERIA	APPLICATION
Credibility	**Member checking**	The researcher returned back to the participants to confirm the truth of the data collected in the interviews. The tape recorder was played back for participants to confirm their real words as they were said during the interviews
	Prolonged engagement	The researcher spent much time with the participants during the preparatory-, the pre-test- as well as the interview phases of the research in order to build the rapport that would encourage the opening up of the participants and trust.
	Persistent observation	All the non-verbal communication features, such as tone of voice, silences, and any signs of discomfort, were observed and captured through constant observation and recorded.
	Referential adequacy	The correctness of various aspects of the research was discussed with two senior researchers who were more knowledgeable and experienced so as to ensure correctness of the whole process.
	Peer examination	The whole research process was discussed with supervisors who are research experts.
Transferability	**Purposeful sampling**	The participants were known to the researcher as nurses who were knowledgeable about the ritual of fetching the spirit of the deceased from hospital.

STRATEGY	CRITERIA	APPLICATION
Dependability	**Thick descriptions**	In-depth interviews were conducted in order to share rich data from the flexible unstructured interviews conducted with each participant.
	Code-recode procedure	The researcher continuously coded segments of data which were compared with the findings of the independent co-coder.

Source: Polit and Beck (2008); Streubert and Carpenter (2011)

Ethical considerations

Permission to conduct the study was obtained from the Ethics Committee of the University of Pretoria. The province where the research was conducted also gave authority for the study to be conducted in the selected health facility. The management of the hospital where the research was conducted also gave its permission. To ensure the safety of the participants, the researcher observed fundamental ethical principles throughout the research process.

Data analysis

Data analysis was carried out according to the eight coding guidelines suggested by Tesch in Botma, Greeff, Mulaudzi and Wright (2010). The identified themes, sub-themes and excerpts were described and are presented below. Data coded by the researcher and the co-coder included all transcribed discussions and field notes. The researcher and the co-coder read all transcripts independently. All the words or phrases on all transcripts, that represented the participants' experiences were identified and highlighted. Categories of data were subsequently identified and subcategories were developed. Relationships existing among major categories and subcategories were identified and reflected as themes. The co-coder met with the researcher to discuss their findings and reached consensus. All the identified categories, subcategories and themes.

Results

Various suggestions to support the nurses who deal with families who fetch the spirit of the deceased were brought forward as major categories. Seven suggestions emerged as themes, with nine subthemes and eleven supporting statements as shown in Table 2.

Table 2: The framework for data analysis

Themes	Subthemes	Supporting Statements
1. Increased nursing staff coverage	- Health care management - Nurses	- Abnormal working hours - Patient care errors - Staff turnover
2. Formulating the standards of nursing care	-Same procedures should be followed	- Additional information for reference
3. Advocating for the nurses	- Need for nurses' protection /advocacy	- Fear of litigation
4. Mentoring	- clinical guidance	- Informal mentoring
5. Bereavement debriefing sessions	- Emotional support	- Acknowledgement of the nurses - Increased coping
6. Limiting the nurses' performance of non-nursing duties	- Time management	- Seldom performance of non-nursing duties
7. Creating a healthy working environment for the nurses	- Nurses - motivation	- Workplace stress - psychosomatic illnesses

Theme 1: Increased nursing staff coverage

The theme of the need for increased shortage of staff coverage emerged backed up by the sub-themes of health facility management and the nurses. Abnormal workloads and patient care errors and staff turnover were the supporting statements. The supporting statements are as reflected below:

"We are short staffed and they expect us to leave whatever we are busy with to attend to them. We struggle a lot and our workloads are abnormal."
"We are exposed to unnecessary mistakes. I am reluctant to work here. That is why many nurses resign."

Theme 2: Formulating the standards of nursing care

Participants suggested that the management should develop standards of nursing care to guide them as to how to deal with families who fetch the spirit of the deceased. The subcategory of same procedures should be followed by the nurses and the supporting statements of providing additional information as source of reference for the nurses emerged and are illustrated below:

"*Should we have standards of care we will easily find out information for ourselves which tell us what to do during the encounter with these families."*
"Standards will guide us enough."

Theme 3: Advocating for the nurses

Another suggestion from the participants was that management should act as the nurses' mouth piece. The sub-themes on the need to be protected were supported by the following statements: fear of litigation which demotivates the nurses to continue dealing with the families who fetch the spirit of the deceased from hospitals and were obvious in the excerpts from the transcripts as follows:
"I think my last option will be to move away. No one talks or advocates on our behalf. We suffer alone."
"The management does not say anything. We will be alone when the families sue us for nothing one day."
"I do not wish to lose my certificate I work so hard for."

The themes illustrated above highlight the nurses' feelings of lack of support from management in the selected health care facility.

Theme 4: Mentoring

The participants further pointed out that they understand that mentoring of the nurses by the nurses who were previously exposed to death rituals and other forms of clinical care may be useful to them. Informal mentoring emerged through statements which were reflected as follows:

"I am left to work alone, all by myself. I need to be assisted through and taught as to how to attend to the families effectively."
"Our manager should choose people who will guide us when in need especially in issues related to patient care. We need not be left to fend for ourselves".
"Mentoring might also be done informally"

The above words signify a need for nurses' support from the health care management on a continuous basis.

Theme 5: Bereavement debriefing sessions for the nurses

Bereavement debriefing emerged as a theme backed up through a subtheme of emotional support and the supporting statements that signify increased coping and the acknowledgement of the nurses which are indicated below as follows:

"We are exposed to death on a daily basis". We should be sent for emotional support too."
We, the nursing staff are frequently affected by death and issues of death rituals than all other health care providers but nothing is done for us. Debriefing us will help us to cope and easily accept what we are experiencing. That may be more helpful, to assist us to cope with the issues of these families."

"Our feelings are not considered during moments of death and dying of our patients."

"Managers should care about us and acknowledge our efforts since we remain with the ward and experience serious challenges during their absence. They should understand what we go through."

Through the statements uttered above, it is obvious that debriefing sessions are necessary to support the nurses who deal with rituals held in health care facilities.

Theme 6: Limiting the nurses' performance of non-nursing duties

The need to limit the performance of non-nursing duties were mentioned as the worst time waster for nurses and an appeal to the management was that these duties should be done as seldom as possible by the nurses. The excerpts supporting this appeal were indicated below as follows:

"Our routines are delayed. The time we spend with them during the ritual ranges between 30 – 40 minutes per family. Our patient care routines and procedures are interrupted."

"I do not disagree totally with performance of the non-nursing duties. But we may still do them at times but not always".

Generally, the above themes indicate non-nursing duties waste the nurses' direct patient care time and that would need the health facility managements' support.

Theme 7: Creating a healthy work environment for the nurses

The theme of creating a healthy working environment for the nurses emerged. A subtheme involving workplace stress and psycho-somatic illnesses emerged and the supporting themes were related to workplace stress and psychosomatic illnesses were reflected in the excerpts as follows:

"I do not enjoy working here any longer...I even developed high blood. I take prexum-plus now. The environment is not conducive to our stay as nurses. We are stressed up."

"How do I care for others if I am not cared for?, working here is too strenuous and stressing."

"Managers must be interested in resolving issues that interrupts peace in the ward and solve them."

All the above themes, , sub-themes and the supporting statements indicate the need for health facility management's support for the nurses who deal with the rituals held in health care facilities in the selected district and elsewhere. Saturation occurred when no new themes were elicited from the transcripts. The

discussion of results was done and supported through a critical analysis of the literature as reflected below.

Discussion

The findings revealed that lack of health management support is a problem in the selected health care facility in a province in South Africa. This observation was supported by Paliadelis, Cruickshank and Sheridan (2007) who stated that, generally, nurses experience lack of support in health care facilities. The need for supporting the nurses was repeatedly brought forward through the categories, subcategories and the themes. Discussions thereof are as reflected below:

Joubert (2009) indicates that in South Africa available data reveals the scarcity of registered nurses in health care facilities. Shortage of staff poses a threat to the wellbeing of the nurses (McCauley, 2005). Furthermore, the staff shortage affects the nurses' performance of some end-of-life care activities due to a lack of adequate time and was identified as the reason why nurses felt they were unsupported and uncared for (Beckstrand, Calister & Kirchhof, 2006).

Health care management has a responsibility to provide all the necessary support systems to the nurses in a form of standards of nursing care that are a source of additional information for utilization by the nurses who are in need (College of Registered Nurses of Columbia, 2013). The availability of nursing standards of care that cover how to deal with death rituals in the health facility may provide a strong support mechanism for the nurses involved in the study.
Supporting the nurses means that health care management should act as a mouth piece for the nurses where there is a need. Tomajan (2012) asserts that advocacy skills are essential to address any workplace challenges met by nurses during service delivery. Advocacy should be coupled with mentoring of the nurses which, as reflected in Gibson and Heartfield (2005) is a beneficial mechanism to use during the implementation of support for nurses in health care facilities.
The available literature supports the nurses' belief that dealing with families during the ritual performance in a health care environment exposes them to the psychosomatic illnesses that are a health risk. A stressful environment can expose individuals to problems affecting the human mind with resultant physical ill-health referred to as "psychosomatic stress disorders" (Rosethal & Alter, 2011). Keena, Hutton, Hall and Rushton (2010) concur that health care management may apply the bereavement debriefing sessions to effectively de-stress the nurses who deal with patient death and its related activities on a continuous basis. Furthermore, Keena, Hutton, Hall and Rushton (2010) continue that bereavement debriefing sessions are a valuable tool for relieving stress of the nurses during service delivery.

The non-nursing duties as defined by Joubert (2009) are tasks performed by the nurses that fall out of their scope of practice. The performance of these tasks usually lead to mistakes that impact negatively on patients and their families and the rituals may fall within that category. Joubert (2009) highlights that performing non-nursing duties usually lead to mistakes that impact negatively on patients and may put the nurses at risk. Ball, Murrells, Rafferty, Morrow and Griffiths (2013:4) mention that nurses end up missing basic procedures like providing comfort, giving health education, responding to patients' verbal communication, including the updating of patients' records and nursing care plans and these are omissions of care on the part of nurses. The omissions may be applicable to the nurses in the selected health facility. At times these omissions may be caused by disturbances; for example, time spent with families who fetch the spirit during the nurses' caring duties. Interruptions of nursing activities and the performance of non-nursing duties should be reduced to allow more time for nursing activities. Brixey (2005) indicates that interruptions decrease nurses' performance and can lead to human errors, which may result in serious adverse events. Hunt (2009) states that failure to ensure safe nurse staffing may result in nurses being overworked, with resultant unnecessary negative incidences in the workplace.

Health care omissions may occur during the nurses' routine health care delivery in health care facilities. The thought of losing one's profession may have triggered the nurses' feelings of being unsupported and uncared for by the health care management during the rituals of fetching the spirit of deceased from health care facilities.

The creation of healthy work environments for nurses will develop a sense of being supported by health care management during nurses' daily encounter with the communities in health care facilities McCauley, for example, families who fetch the spirit of the deceased (McCauley, 2005). Furthermore, the health care management should create a culture of on-going collaboration and communication with peers in own and other disciplines in order to come up with solutions to support the nurses during their encounter with problems in the work place. Collaboration may enhance decision making in issues that are challenging during service delivery (McCauley, 2005). Furthermore, Needleman and Hassmiller's (2009) view is that nurses, as front-liners, should be supported in decision making about matters that concern their daily practice or else they might behave negatively towards others.

Nurses spend most of their work time completing nursing tasks alone and that exposes them to intolerable situations Westbrook, Duffield, Li and Creswick (2010). Intentional exposure of nurses to risky situations indicates lack of support, which should not be promoted by the health care management in health

care facilities. Nurses who are supported will in turn support the patients and improved quality of service may prevail in health care facilities.

Recommendations

Health facility management require sufficient health care professionals especially the nurses who should combine in an effort to bring quality health care in the facilities. Achieving quality health in health care facilities will only take place in an environment in which the staff support is promoted. The facility management should use the mentioned suggestions to support the nurses dealing with rituals held in health care facilities as that may possibly intrinsically promote their sense of belonging, value and worth.

Limitations of the study

The study was conducted in one health facility in a district in Mpumalanga province. Its sample was recruited from one selected health facility which is predominantly occupied by the Ama-Ndebele tribe. Other districts are occupied by the Ama-Swazi, the Northern Sotho's or a mixture of both. The researcher does not assume that the same results should be expected in other districts in case the same study is conducted in other districts in the province and thus, the study will not easily be generalised to other health facilities in the selected province.

Conclusions

Different ways of supporting the nurses in their daily dealing with families came up and were considered the best as proven through literature. It is obvious that the health care management which utilise the findings may reap positive outcomes for the organisations and the individual stakeholders. Generally, every nursing support effort symbolises the care the management offers to the nurses who commit to play a frontline role throughout their service delivery. Improved support to the nurses may lead to increased nurses' job satisfaction which may result in quality care for the stakeholders in the selected health care facility.

Acknowledgements

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