UNIVERSITEIT VAN PRETORIA
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THE LIVED EXPERIENCES OF NURSES IN SPECIALIZED AREAS DURING STRIKE ACTIONS AT A TERTIARY HOSPITAL IN EMALAHLENI DISTRICT IN MPUMALANGA

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A full dissertation submitted in fulfilment of
the requirements for the degree

MAGISTER CURATIONIS

ADVANCED NURSING MANAGEMENT

Faculty of Health Sciences

School of Health Care Sciences

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January 2019

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DECLARATION

I, Kesentseng Maria Mngomezulu,

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declare that:

"The lived experiences of nurses in specialized areas during strike actions at a tertiary hospital in Emalahleni district in Mpumalanga"

is my original work and that it has not been submitted before for any degree at the University of Pretoria or at any other institution. All sources that have been used or quoted have been acknowledged by means of complete references in the text and in the list of sources.

_____ _____

Signed **Date**

DEDICATION

I dedicate this study to the following people, who were of great help, support and inspiration throughout the course of my study:

- *Almighty God, who made it possible by giving me strength, courage and determination to persevere and complete my study.*

- *My Husband, Vusi, for his understanding and support, and the sacrifices he made for me to complete this study.*

- *My mother, Elizabeth Mhlongo, for being my source of inspiration and encouragement.*

- *My Children, Dimakatso, Sibusiso, and Sifiso, and all family members who gave me courage and motivation to complete this study.*

ACKNOWLEDGEMENT

I would like to extend my gratitude to the following people for their significant contributions and support:

- My husband, brother and sisters, and entire family for the support, time to study, love and encouragement they openly gave to me throughout the study.
- Prof RS Mogale, my supervisor, for her resourcefulness, extensive intellectual support, professional guidance, grooming and mentoring. For being understanding, patient and supportive at all times. For enhancing my learning abilities and confidence to be able to reach the level of acceptable higher learning. For putting in extra time to thoroughly supervise my study.
- Prof FM Mulaudzi, for her time and extensive and valuable contribution to my study. Thank you very much for your help.
- Witbank Hospital top management for the approval they granted for me to conduct this study.
- All the specialized units staff and management, for their active participation and support in this study. Your contribution has made the study a complete success. Thank you.
- To the library staff, for your expertise and contributions towards my study.
- My study mates, Portia, Chele, Yvonne, Mmule, Francina, Tshwaranang and all the other colleagues that we commenced the degree with, for your support and encouragement.
- Most of all I would like to extend my thanks to the most High God for giving me the brains of this calibre, the strength to press on, the motivation and endurance.

ABSTRACT

THE LIVED EXPERIENCES OF NURSES IN SPECIALIZED AREAS DURING STRIKE ACTIONS AT A TERTIARY HOSPITAL IN EMALAHLENI DISTRICT IN MPUMALANGA

Strike actions have been a common phenomenon in health care settings for a very long time. Nurses have been participating in those strike actions since they are members of labour unions even though there are serious concerns regarding nurses' participation. These concerns, among others, include the nobility of the profession, ethical considerations and the nurses' pledge of service. These concerns pose challenges to nurses, especially in specialized areas, because the nurses working in those areas, render nursing care to the most vulnerable patients.

AIM: The aim of this study is to explore the lived experiences of nurses in specialized areas regarding their participation in strike actions.

METHODOLOGY: A qualitative research design using an interpretative phenomenology approach was followed in a tertiary hospital in Emalahleni, Nkangala district in Mpumalanga Province.

Collection of data was done by in-depth interviews, with a purposively selected sample of nurses in specialized areas. Sample size was 10 participants. Data analysis was done using Colaizzi's (1978) data analysis framework from the in-depth interviews conducted on the lived experiences of the study participants during strike actions.

FINDINGS: The findings of the study provided an understanding of the strike action as an endorsed activity within the international and national labour laws. Four themes namely, Ethical and moral effects of strike actions, living with fear, "Amagundwane", "we will deal with you"; and Strike actions as an economic weapon emerged from the analysis and were guided by critical theory. from this study contribute to the body of knowledge in labor unions regarding the importance and value of specialized nursing care. The findings will be published in journals, and shared with the management of the specific hospital, study participants and labour unions.

CONCLUSION: Strike actions are still a common phenomenon and nurses will always participate in them because they are also members of labour unions, but the was a need to explore how they experience strike actions. The study concluded that most of the study participants were not willing to participate in strike actions, but were compelled by circumstances to do so, as they were identified in the four themes.

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LIST OF ABBREVIATIONS	
ABBREVIATIONS	**MEANING**
DENOSA	Democratic Nursing Organisation of South Africa
ICN	International Council of Nurses
ICU	Intensive Care Unit
ILO	International Labour Organization
LRA	Labour Relations Act

CHAPTER 1
OVERVIEW OF THE STUDY

1.1 INTRODUCTION

This chapter will provide an overview of the study through an introduction and background, rationale, problem statement, the significance of the study, the research question, aim of the study, clarification of concepts, delineation, the research methodology as well as an overview of the chapters.

1.2 BACKGROUND

Strike actions are a common practice worldwide, applied by workers when they are not happy with their working environment, including their salaries and benefits. The International Labour Organization (ILO) describes strike action as one of the means that is available for workers to improve their economic and social interests within the organization. The ILO further defines strike actions as stoppage of work by the workers. Dhai, Ethredge, Vorster & Veriava (2011:58) stated that strike actions have been common occurrences in the whole world from the 12th century BC. Strike actions used to be and still are believed to be the only method by which employees could display their dissatisfaction with the environments in which they are working and obtain outcomes that are desired. However, health workers' strikes raise questions that are complicated, because of their codes regarding ethics and how they are being viewed in terms of the profession (Dhai et al 2011:58). Strike actions are usually the last resort after negotiations between labour unions and the employers fail to reach an agreement (Dhai et al 2011:58).

The Labour Relations Act No 66 of 1995 (LRA) in South Africa, as amended, states that health workers are not allowed to embark on protected strike actions in the absence of a minimum service level agreement. The LRA also stipulates that essential services conducted by workers as designated by the Essential Services Committee are not supposed to embark on a protected strike (July & Workman-Davies 2013). Simultaneously, the same LRA provides for additional mechanisms which make it more bearable for what seems to be a blanket restriction against strike actions on essential services. However, in today's nursing practice, nurses affiliate to labour unions as part of collective decisions.

Nurses affiliate to labour unions to contest for their workers' rights and also to professional organizations that are intended to enhance their professional growth. In some countries there are organizations that have both a labour union and a professional organization wing. In South Africa one such organization is the Democratic Nursing Organisation of South Africa (DENOSA). According to Conco, Mulaudzi, Seekoei & Netshikweta (2013:7) DENOSA has always made an effort to balance professionalism with unionism. Conco et al (2013:7) elaborated further when stating that the "roots of DENOSA are in unionism while representing the workplace interests of its members". Consequently, DENOSA borrowed from global developments amongst nursing unions to include professional development of its members within its core status. From its establishment, DENOSA saw it as essential for nurses to be members of a professional body that will enhance their professional growth while representing their interests in the workplace and in society as trade union. Health workers in South Africa, including nurses, have risked their jobs by embarking on strike actions, despite providing essential services and also in the absence of a minimum service level agreement (Dhai et al 2011:58).

Nurses in South Africa and worldwide have also participated in strike actions, despite their profession being classified as noble and also as essential services. These nurses are expected to participate in strike actions as members of labour unions, but they still need to uphold the nobility of their profession, code of ethics and the nurses' pledge of service (Muller 2001:44). This notion is supported by White, Phakoe & Rispel (2015:2) who state that the importance of ethics and values in nursing, the code of ethics and nurses' pledge are "not without controversy, particularly in the context of industrial actions". In order for nurses to enhance the status of the profession, to improve career paths, and to provide better quality care for patients, they must be involved in industrial actions (White et al 2015:2). Chadwick & Thompson (2000:486) indicate that nurses in the United Kingdom and elsewhere have fought a long and arduous battle for professional recognition. Nurses have been participating in strike action worldwide including countries such as Australia, Israel, Japan, Ireland, Portugal and the United Kingdom, with Canada in the forefront in terms of being among the most unionised sectors economically (Briskin 2011:286).

Strike actions might impact negatively on the health system, but might yield positive results which could benefit the workers. Governments such as that in Malawi have revamped their health system after various strikes (Gyamfi 2011:2). This made provision for incentives for recruitment, retention and building of human capacity to address the problems of the nurses (Gyamfi 2011:2). Parker (2010:2) stated that nurses embark on strike actions knowing that they might be expelled, but some of them are very brave about their actions. Parker (2010:2) further reported that "nurses and teachers

who had scarce skills", had "absolute leverage" in strike actions as they put the law aside and leveraged their power.

In her presentation, Matebeni (2012:14) stated that "there is a dilemma for many nurses between collective bargaining/unionizing and professionalism; however, the two are not mutually exclusive". Despite the history showing that nurses have been resistant to being unionised, claiming goals for professional status, nurses are more likely to unionise than any other occupational group (Briskin 2011:286) as nursing has evolved.

The most common reason for strike actions in the health sector is poor working conditions, poor wages and other concerns (Dhai et al 2011:58). The notion of poor wages exacerbates the gross shortage of nurses, making the working conditions decline. This has led to nurses relying on publicly protests and embarking on strike activity to express their grievances (Apesoa-Varano & Varano 2004:77). When a call is made by labour unions, nurses who are working in specialized areas are the hardest hit due to uncertainty on whether to participate or not. The predicament is caused by the fact that they have to leave the most vulnerable patients, who are on ventilators and life support in intensive care units and in operating theatres for special lifesaving procedures. This study explores the lived experiences of those nurses working in specialized areas during strike actions. The intention was to gain an understanding of how those nurses experience strike actions as a phenomenon.

1.3. RATIONALE

In recent years there have been a number of strike actions in South Africa, particularly in 2007 and 2009. Nurses who are working in specialized areas face many challenges during strike actions because they are not spared by other labour union members when it comes to participation in strike actions. This is regardless of the nurses working with patients who are most vulnerable, critical and with very serious conditions. These strike actions by labour union members pose serious threats to patients, because leaving patients in specialized care, poses a real threat (von Holdt 2010:139).

1.4. PROBLEM STATEMENT

The Constitution of the Republic of South Africa, Act 108 of 1996, Clause (18) states that every citizen of South Africa has freedom of association. Clause 23(2) of the Constitution goes further to state that every employee has a right to affiliate to any political and labour organization, and participate in the activities and programs of a labour organization. These activities include strike actions. In addition to the Constitution, labour issues in South Africa are also directed by the Labour

Relations Act (LRA) No 66 of 1995. The LRA promotes the right of the employee constitutionally to participate in and affiliate to a trade union. Simultaneously, the LRA stipulates that members of labour unions can participate in lawful labour activities such as strike action (Mle 2012:291).

However, the same LRA states that people who engaged in an essential or maintenance service, may not take part in a strike action (Mle 2012:291). The LRA points out that essential service are those services whose interruptions may cause harm to the personal safety and health of a certain population (LRA, 1995, clause 71(10); Mle 2012:291). In South Africa, "nursing" is considered to be one such essential service; however, there is a thin line about what specific nursing areas are classified as essential rather than others.

Nursing is endorsed as a noble profession by the nurses' pledge of service of South Africa despite nurses being workers and having rights like all other workers. One such right in South Africa is the right to strike, as afforded to all employees in terms of section 23(2) (c) of the Constitution. The plight to earn decent salaries (Briskin 2011:289) is one of the reasons why nurses are involved in strike actions. The issue of contention is that nurses pledge to make the wellbeing of their patients their first priority. This statement is endorsed by different nursing protocols like the International Council of Nurses (ICN) Code of Conduct as amended in 2012 and the nurses' pledge of service in South Africa. The first element of the ICN code is nurses and people. The code stipulates that the nurse's primary professional responsibility is to "people requiring nursing care" which is in line with the nurses' pledge of service of South Africa, which states that, "The total health of my patient will be my first consideration."

However, it is important to note that there are circumstances that make it necessary for nurses even though they are professionals to participate in strike actions. Chadwick & Thompson (2000:494) cite that industrial action has taken over issues of efficiency or wages as justifiable, but only if they are not negatively affecting patient care. The notion of strike action by nurses, including nurses in specialized areas, becomes complicated, especially for those who are working in specialized areas.

Strike action puts nurses working in specialized areas in a predicament. These nurses end up not knowing what to do because they are members of labour unions and are obliged to participate in the strike actions. On the other hand, they are providing specialized nursing care to the most vulnerable patients. These patients need very specialized care that cannot be effectively provided by general nurses. Many issues are at stake as the nurses in these areas cannot just leave their patients any time they are called to go out to demonstrate or participate in strike actions. Among those issues are

the consideration of the nobility of the nurses' profession, the shortage of skills in specialty areas, their safety as employees, their right to strike and solidarity with other workers**.**

Studies have been done nationally and internationally, exploring ethical dilemmas that emerge when nurses are supposed to participate in strike action, but not much has been explored regarding the lived experiences of those nurses working in specialized areas (Chadwick & Thompson 2000; White, Phakoe & Rispel 2015; Muller 2001). The study by Chadwick & Thompson (2000) explored the professional ethics and labour disputes of nurses and medicine in the United Kingdom. This study recommends a need to staff specialized areas during strike actions as the total withdrawal of health professionals jeopardized the conditions of the patients. The same notion was also explored by White et al (2015) who explored nurses' perspectives on the code of ethics and service pledge in South African hospitals. Muller (2001) explores the clarification of values by nurses when it comes to strike actions. In this study, it is stated that participation by nurses in strike actions poses ethical questions (Muller 2001:38). The researcher in that study made several recommendations. One of them was that DENOSA should compile or develop a position paper on strike actions by nurses in South Africa which will include procedures, policies and conditions that will be applicable during strike actions, in the same way as the national and international professional, legal and ethical framework of the nursing profession has been developed (Muller 2001:45). In this study the researcher aims to pursue that recommendation as one of this study's objectives is that a triage is to be formulated for speciality areas. Van Rensburg & van Rensburg (2013:823) mentioned in their study about nurses, industrial actions and ethics that nurses' responsibility to their patients is subject to their ethical codes of conduct. Neiman (2011) stated that nurses' decision to go on strike poses serious moral and ethical questions about nurses' obligations to the profession. Nonetheless, the nurses have the right to bargain collectively to preserve or improve benefits, wages, working conditions, and patients' rights to medical care (Neiman 2011).

The intention of this study was to explore the lived experiences of nurses in specialized areas during strike actions. There was is a need to explore such experiences of those nurses who were and are compelled by circumstances to leave their patients in specialized care units to embark on strike action. The intention was to understand the thought processes that these nurses experienced during strike actions. The understanding of the thought processes might assist nurses and labour unions in gaining public or community consideration whilst fighting for their rights.

1.5. SIGNIFICANCE OF THE PROPOSED STUDY

The findings of the study might contribute to patient care, policy development and labour organisations.

Patient care:

The study might improve and also ensure that patient care in specialized areas where specific care is a mandate is not compromised.

Policy development:

The findings from this study might contribute to the formulation of a triage that will assist in preventing a complete halt of nursing services in specialized areas whereby patients might be compromised during strike actions. Currently, there are no policies and guidelines which could assist nurses in specialized areas to decide what to do during strike actions.

Labour organisation:

The findings from this study might contribute to the body of knowledge about labour unions regarding the importance and value of speciality nursing care.

1.6. RESEARCH QUESTION(S)

The research question for this study was:

What are the lived experiences of nurses working in speciality areas at a tertiary hospital at Emalahleni district in Nkangala region during strike actions?

1.7. AIM OF THE STUDY

The aim of the study was to explore and describe the lived experiences of nurses working in speciality areas during strike actions at a tertiary hospital at Emalahleni district in Nkangala region.

1.8. CONCEPT CLARIFICATION

1.8.1 Labour unions

Labour unions are organisations with the main aim of protecting employees' rights in their workplace. Membership of these organisations is voluntary by different employees in different levels of the workplace, as shown by Duma, de Swart, Khanyile, Kyriacos, Mtshali, Maree, Pouane, van Heever & Hewett (2008:48).

In this study, relevant labour unions include the National Union of Public Service and Allied Workers, National Health Education and Allied Workers, Health and other Services Personnel Trade Union of South Africa, as well as the Democratic Nursing Organization of South Africa (DENOSA).

1.8.2 Specialized areas

Specialized nursing areas are units which carry more specific responsibilities and functions of nursing care, varying with each specified unit; and which also maintain patients with special illnesses and injuries (Rowland & Rowland 1997:111). Those special units may include an intensive care unit, cardiac care unit, kidney dialysis unit, in-patient psychiatry unit, obstetric unit, paediatric unit and other skilled nursing facilities for long-term treatment (Griffin 2012:105). In this study, the specialized areas examined were intensive care, trauma, the operating theatre and obstetric units.

1.8.3 Strike actions

According to the Labour Relations Act (LRA) Section 213 of 1995 as amended, strike action is partial or complete agreement to refuse to work, retardation or obstruction of work by individuals who are or have been employed at the same workplace or different workplaces, with the purpose of remedying a grievance or resolving a dispute of any matter that has the same interest between employer and employee and that may include overtime that is voluntary or not. In this study, the strike actions meant participation of those nurses as employees working in the specialized areas who refused to work as part of dispute resolution.

1.8.4 Lived experiences

Lived experiences in phenomenology are personal experiences that are described by participants and that lead to an understanding of the reality of the experience (Lichtman, 2012:324). In this study, lived experiences were participants' explanations of what they went through during a strike action in the selected hospital in Mpumalanga Province.

1.8.5 Nurse

According to the South African Nursing Act, 2005, a nurse means a person that is registered in a category of professional nurse, midwife, staff nurse, auxiliary midwife or auxiliary nurse, in order to practice nursing or midwifery. In this research, a nurse is any nursing staff member who was working in specialized areas during strike actions.

1.9. DELINEATION

The focus of this study was only on the lived experiences of the nurses who worked in specialized areas during strike actions in the selected tertiary hospital at Emalahleni district in Nkangala region. The researcher explored and described the lived experiences of these nurses regarding the strike action.

1.10. RESEARCH METHODOLOGY

A qualitative research design using an interpretative phenomenology approach was used to understand and find meaning from the lived experiences of nurses in a tertiary hospital at Emalahleni district, Nkangala district in Mpumalanga Province.

Collection of data was done by in-depth interviews with a purposively selected sample of nurses in specialized areas. The sample size was 10 participants. Data analysis was done using Colaizzi's (1978) data analysis framework from the in-depth interviews conducted on the lived experiences of the study participants during strike actions.

1.11 ETHICAL CONSIDERATIONS

Permission to conduct the study was requested by the researcher and granted by the Ethics Committee of the University of Pretoria and from the Mpumalanga Department of Health. Permission was also requested from the institution where the research was conducted which was a tertiary hospital at Emalahleni district in Nkangala region

All the study participants were requested to sign an informed consent form to participate in the study (Mouton 2012:244). The ethical principles which are relevant for conducting research that involves human subjects and which the researcher adhered to are beneficence, and respect for persons and justice (LoBiondo-Wood & Haber 2010:250). A detailed section on ethical considerations will be found in Chapter 3.

1.12 OUTLINE OF THE STUDY

CHAPTER 1: **Introduction and Background**

Chapter one introduces the topic and the background of the study, the rationale, the aim and the research question. The significance of the study is explained with a short introduction of the research method that was applied in this study.

CHAPTER 2: Paradigmatic perspectives, philosophical assumptions and research methodology

Chapter 2 presents the paradigmatic perspectives and philosophical assumptions as well as the detailed research methodology of the study.

CHAPTER 3: Data analysis and interpretation

Chapter three presents the analysis of data and the interpretation of the themes.

CHAPTER 4: Discussion of the findings and literature control

Chapter four discusses the findings of the study supported by literature that is relevant to the study.

CHAPTER 5: Conclusions, recommendations and limitations of the study

This chapter discusses the conclusions, recommendations, limitations and also implications of the study.

1.13 SUMMARY

This chapter outlined the study through introduction and background, rationale, problem statement, the significance of the study, the research question, aim of the study, clarification of concepts, delineation, the research methodology as well as an overview of the chapters. Chapter two will discuss the paradigmatic perspective, philosophical framework and research method of the study.

CHAPTER 2
PARADIGMATIC PERSPECTIVE, PHILOSOPHICAL FRAMEWORK AND RESEARCH METHODOLOGY

2.1 INTRODUCTION

The previous chapter outlined the study through an introduction and background, rationale, problem statement, the significance of the study, the research question, aim of the study, clarification of concepts, delineation, the research methodology as well as an overview of the chapters. This chapter will discuss the paradigmatic perspectives and philosophical assumptions as well as the entire research methodology of the study.

2.2 RESEARCH PARADIGM

A paradigm is a framework or model for observing and understanding the social world based on philosophies and assumptions. This study was underpinned by critical social theory, which critiques society and societal processes (Polit & Beck 2012:506). Critical social theory challenges the power and authority in every domain in public, mass media, law, and multinational corporations, etc. (Kaplan 2003:154). For this study, strike actions are seen as societal processes in democratic societies where there is inclusion of everyone in socio-political actions and institutions (Kaplan 2003:155). For the purpose of this study, the researcher believed that nurses' participation in political activities especially strike actions and their affiliation to labour unions should be acknowledged.

The researcher held the belief that nurses' freedom of political and social expression is being limited and that nurses are being dominated by the laws and society because of the nobility of the nursing profession. Through critical social theory the language of mainstream social justice and freedom that is overlooked by traditional theories is addressed (Kaplan 2003:153). Traditional theories, as Kaplan (2003:153) explained, overlooked and are incapable of addressing the phenomena of oppression and domination. Through critical social theory, common research methodologies that speak the language and rely on wide-ranging political assumptions of the importance of individuality, rights, liberty and equality are advocated (Kaplan 2003:153).

The researcher in this study believed nurses' voices are being oppressed and their democratic rights are being undermined as far as strike actions are concerned**.** Nurses have a legal and professional obligation to always take care of their patients, and strike actions remove them from that obligation. Consequently, this action could be seen as an unprofessional conduct as the nurses' pledge beseeches to make the wellbeing of patients their first priority. The same statement is endorsed by different nursing protocols like the International Council of Nurses (ICN) Code of Conduct as amended in 2012 and the Nurse's Pledge of Service in South Africa. The first element of the ICN code is nurses and people. The code stipulates that the nurse's primary professional responsibility is to "people requiring nursing care" which is in line with the Nurses' Pledge of service of South Africa. The Nursing Pledge states that, "The total health of my patient will be my first consideration". The researcher believed that this nursing protocol imposes dominance on the nurses and their profession, which ultimately denies them their political freedom and emancipation. Therefore, this study used critical social theory to address such issues. Moreover, Kaplan (2003:153) maintains that critical theory does not only explain and analyse a social phenomenon, but it also judges and criticizes oppression and domination.

2.3 ASSUMPTIONS OF CRITICAL SOCIAL THEORY

Assumptions are philosophical principles that are accepted as being true, based on custom and logic without empirical evidence (Polit & Beck 2012:720). The philosophical assumptions that were followed in this study are ontological, epistemological and methodological.

2.3.1 Ontological assumptions

Ontological assumptions are about the nature of reality (Polit & Beck 2012:11). According to Guba & Lincoln (1994) as quoted by Scotland (2012:11), the ontological position of interpretism is relative and relativism views reality as subjective as it differs from person to person. Reality is constructed through interactions with individuals, because each individual constructs their own reality (Scotland 2012:11). In this study, participants talked about themselves, and related their lived experiences during strike actions and the reality that they had to face as nurses in specialized areas.

Furthermore, in critical social theory, inequity is a reality in societies and the views of those that are powerful often become dominant and suppress the voices of the powerless (Dunphy & Longo 2007:135). In this study, the researcher believes that the "powerful" refers to the regulatory bodies who govern the nursing profession in this country, being the SANC. They come up with rules that restrict nurses from voicing their concerns. Nurses in specialized areas are nursing vulnerable

patients who are mostly helpless, and this makes it more difficult for them to embark on strike actions, which makes them even more voiceless.

The researcher in this study believed nurses' voices are being suppressed and their democratic rights were being undermined as far as strike actions were concerned. Hence nurses cannot express themselves or fight for their rights as they are supposed to, like any other worker in the country (Van Rensburg & van Rensburg 2013:823). This means that despite them being workers with rights, nurses are restricted by legislature. This statement is clarified by Van Rensburg & Van Rensburg (2013:823), who say that the South African Nursing Council (SANC) allows nurses' right to strike "*within the ethical rules governing the profession of their career and scope of practice*". These authors further say that nurses' responsibility to their patients is also subjected to formal ethical codes of conduct, and they are both legally and ethically bound to the humane care of their patients.

Being a nurse in a specialized area herself, the researcher had a pre-understanding as prescribed by interpretive phenomenology of the reality of having to be restricted by prescripts and regulatory bodies to exercise constitutional rights to strike. In interpretive phenomenology, pre-understandings are acknowledged and identified by the researchers, to ensure that those who read the study are clear about the study's context and possible influencing factors (Touhy et al 2013:19).

2.3.2 Epistemological assumptions

Epistemology deals with the nature of knowledge (Botma et al 2010:40) and how knowledge is developed by interacting with participants (Polit & Beck 2012: 495; Groenewald 2004:7). This can either be objective or subjective in the case of a qualitative research approach. In critical social theory, knowledge is constituted by the lived experience and the social relations that structure the experiences (Munhall 2007:131). The researcher in this study engaged and interacted with study participants who experienced strike actions to develop knowledge on this phenomenon.

The purpose of knowledge development in critical social theory is political emancipation (Munhall 2007:131). Strike actions are political activities, and nurses need to be politically emancipated because they are the majority in the health sector. McKenna (2010:397) affirms that even though nursing is the largest healthcare profession with the greatest amount of contact with the public, nurses are not the most powerful, the most respected, the best paid, or the most politically active. Furthermore, according to McKenna (2010:397), Florence Nightingale, who was known to be the founder of modern nursing, was able to influence the future of nursing worldwide and she did so, not by practising the art and science of nursing, but by exercising her political influence.

The researcher had to probe the study participants to gain knowledge of how they were able to separate their roles as nurses and carers, versus their roles as labour union members who had to be in solidarity with other union members who are not nurses. The researcher had to gain the knowledge of the participants when they narrated their experiences, because during strike actions, especially of public workers, all the workers are put under the same umbrella, as “public servants”. Ultimately, nurses are expected to participate and be knowledgeable about the politics of our country, as much as they have to be professional and provide healthcare in their noble profession.

Therefore, the study was based on an epistemological position of acquiring knowledge from the study participants about how they were experiencing strike actions, having to understand and give meaning to their activities as nurses in labour unions, whilst protecting clients/patients.

2.3.3 Methodological assumptions

Methodological assumptions are about the rules and procedures that specify how the researcher must study the phenomenon of interest (Botma et al 2010:41). In critical social theory, the researcher adopts the role of facilitator and participants become partners in the research process (Moule & Goodman 2014:461). The study followed an interpretive phenomenological design. Interpretive phenomenological study is about understanding human experiences and focusing on participants’ interpretations of their lived experiences (Moule & Goodman 2014:461). In this study, the researcher’s intention was to facilitate the interpretation of the lived experiences of the study participants who embarked on strike actions in the designated hospital in specialized areas using in-depth interviews.

2.4 PHILOSOPHICAL FRAMEWORK: INTERPRETIVE PHENOMENOLOGY

The researcher used interpretive phenomenology in order to understand the lived experiences of nurses in specialized areas during strike action in a tertiary hospital at Emalahleni district in Mpumalanga. Phenomenology is a philosophical framework in health sciences that is aimed at investigating lived experiences (Pringle, Hendry & Mc Lafferty 2011:18).

Phenomenology can be used as a philosophy as well as a research design and it was developed by a German philosopher, Edmund Husserl (1859-1938), in the twentieth century at the end of World War One (1914-1918). Furthermore, phenomenology occupies an important position in modern philosophy (Dowling 2007:137). The intention of phenomenology and its roots are to bring an understanding to the phenomenon being studied and provide a description of human experiences

as these are experienced by the subjects (Bentz &Shapiro 1998,98). Polit & Beck (2012:494) note that phenomenologists investigate phenomena that are subjective, believing that truths that are critical about reality are grounded in people's lived experiences. In this regard, strike actions in South Africa are a reality and nurses are not spared or isolated when it comes to participation. This study focused on the lived of experiences of nurses in specialized areas during those periods.

There are two main approaches of phenomenology, which are evident in the nursing literature as descriptive and interpretive (Polit & Beck 2012:495). These two approaches are the main phenomenology approaches because they are concerned with understanding phenomena that are foundational to nursing science (Kumar 2012:792). Interpretive phenomenology was developed by Martin Heidegger, and descriptive phenomenology by Edmund Husserl, (Connely 2010, in Sloan & Bowe 2013:1293). Interpretive phenomenology is also known as hermeneutic phenomenology. The word hermeneutic is derived from a Greek verb (*hermeneuo*), by a Greek God, Hreves which means to interpret (Cohen et al: 2000:10). In this study, the researcher added her own experiences of participating in strike actions. The use of own experiences is supported by van Manen (1990:54). Van Manen (1990: 54) says that phenomenologists draw upon their personal lived experiences and their knowing.

2.5 RELATIONSHIP OF INTERPRETIVE AND DESCRIPTIVE PHENOMENOLOGY

Both descriptive and interpretive approaches put emphasis on the importance of understanding lived experiences of humans, and they are both useful for guidance in enquiries of interest to holistic nursing science (Kumar 2012:796). Interpretive phenomenology (as per Heidegger) agrees with descriptive phenomenology (as per Husserl), in the sense that they are both concerned with human experiences, as it is lived (Dowling 2004:133). Contrarily, (Dowling 2004:133), mentions that Heidegger differs from Husserl in his views of how the lived experience is explored. Hermeneutics, commonly referred to as interpretive phenomenology, is regarded as a school of phenomenology which aims at interpretations of phenomena to uncover meanings that are hidden (Dowling 2012:32). This type of phenomenology encourages the use of hermeneutics as a research method which was founded on the view that lived experiences are the interpretive processes. According to Pringle et al (2011:10), van Manen (1997) contemplated that all phenomenological descriptions have an interpretive element. This notion might indicate those both descriptive and interpretive phenomenologies are interrelated (Van der Zalm & Bergum 2000:212). Descriptive phenomenology focuses on describing participant's experiences, and the integral part of this approach is bracketing.

Bracketing means that the researcher has to exclude personal preconceptions so that they cannot affect the conduct of the research (Gelling 2015:45).

In interpretive phenomenology, the researcher rejects the idea of suspending personal opinions which is regarded as bracketing in descriptive phenomenology (Kafle 2011:186). Kafle (2011:186) further mentions that interpretive phenomenology is based on subjective experience of groups and individuals, whereby they unveil the world as they experience it through their life world's stories. Healthcare professionals have to explore subjective experiences of their patients, within their cultural, social and temporal contexts, in order to understand their real needs (Make & Elwyn, 2003:395). In this study the researcher explored the subjective experiences of nurses in speciality areas.

Phenomenology is often considered to be very important to the interpretive paradigm (Clark, 1998; Denzin & Lincoln, 1998: Koch, 1995, as quoted by Kumar 2012:791). Interpretive phenomenology has been particularly important in the healthcare professions because it deals with understanding the human world and common human experiences (Chan et al 2010:114). Interpretive phenomenology differs from other phenomenological approaches in that it looks at a phenomenon, a single kind of experience, instead of a social process, structure or a culture (Cohen et al 2000:9). In this study, the phenomenon that was looked at was strike action as experienced by nurses in specialized areas.

Descriptive phenomenology was founded by Edmund Husserl (1859-19:38), who was a German philosopher and a mathematician (Kumar 2012:792). According to Lopez & Willis (2004:727), an important component of descriptive phenomenology is the belief that it is important for the researcher to set apart all existing personal knowledge to firmly hold the essential lived experiences of those participants being studied. Lopez & Willis (2004:727) further explain that this means the researcher must actively remove all prior knowledge and personal biases (i.e. bracketing).

On the contrary, interpretive phenomenology allows the use of preconceptions in a study. Heidegger (1962) and Gadamer (1975 as cited by Miles, Chapman & Francing 2015:293) both argued that interpretive phenomenologists embrace the position of preconceptions in research. This notion is further supported by McCare & Mcilfatrick (2008 in Touhy, Cooney, Dowling, Murphy & Sixsmith

2013:19) who note that in interpretive phenomenology, the researcher cannot be separated from assumptions and preconceptions about the phenomena that are being investigated and those preconceptions should be acknowledged and integrated into the research findings.

The concept of preconception is also supported by Gelling (2015:45), who says that in interpretive phenomenology, the use of preconceptions by researchers is allowed; however, these preconceptions should be used positively and made explicit to the readers who will judge their strength and weaknesses and how they will be affecting the study.

2.6 EXAMPLES OF STUDIES THAT USE INTERPRETIVE PHENOMENOLOGY

Studies have been done nationally and internationally, applying interpretive phenomenology, and in nursing research some such studies include a study by Phiri, Mulaudzi & Heyns (2015), with the title 'The impact of an indigenous proverb on women's health: A phenomenological approach', in which an interpretive phenomenology approach was applied. In this research, the objective of the researchers was to explore and describe the proverb, *"lebitla la mosadi ke bogadi",* and how it impacts women's health. According to the authors, proverbs and idioms represent societal and cultural beliefs and values that are inherited from the forefathers. The researchers chose "*lebitla la mosadi ke bogadi"*, as an example of those proverbs. Participants were asked a research question regarding their understanding and interpretation of the proverb. That yielded the results of the study, which were based on the lived experiences of participants as they narrated them. The participants gave different meanings to the proverb. Such meanings among others included entrapment, patriarchy and stress (Phiri, Mulaudzi & Heyns 2015).

A study by Casterlé, Verhaeghe, Kars, Coolbrandt, Stevens, Stubbe, Deweirdt, Vincke & Grypdonck (2011), investigated the lived experiences in healthcare with significance for care ethics. In this study, the researchers applied interpretive phenomenology to investigate the lived experiences of healthcare professionals who faced an ethical dilemma when they had to approach parents whose children were facing death, to convince them to donate their organs for transplants. The researchers in this study investigated the lived experiences of parents who were approached to give consent for organ donation for their children who were facing death. Their aim was to uncover the meaning of the events and occurrences, and how the parents gave meaning to those situations. The study showed that the more the situation is understood by those that have lived it, the better the healthcare worker can make a decision, on what can be regarded as good care in specific situations. The study

also indicated the meaning of the role of family members in those particular situations and how much the support that they receive from health professionals can mean to them.

Another study is by Mak & Elwyn (2003), who applied interpretive phenomenology for their study titled, 'The use of hermeneutics research in understanding the meaning of desire for euthanasia'. In this study, the researchers applied interpretive phenomenology to investigate the plight of patients who had a desire to undergo euthanasia, due to their terminal health status. The study indicated that the use of interpretive phenomenology allowed the palliative care researchers to understand the patient's whole being and approach issues of end-of-life in a holistic manner, thus becoming advocates of the real needs of the terminally ill.

The researchers aim in conducting the study was to gain a deeper understanding and meaning of the desire for euthanasia, directly from the patients who were terminally ill. This was also fuelled by ongoing debates on the legalising of euthanasia and this could or should rely on evidence gathered from data collected from patients who desire to give consent to euthanasia. The meanings behind a desire of euthanasia in this study revealed hidden psychological and existential issues within the patient's whole life experiences.

A study by Brysiewicz (2007) also applied interpretive phenomenology to describe the lived experiences of families in Kwa Zulu-Natal, South Africa, who had lost a loved one to sudden death. The researcher chose interpretive phenomenology to describe a phenomenon as experienced by the participants and also to attempt to provide an understanding of the internal meaning of participants' experiences of bereavement of members of families who lost family members due to sudden death in emergency departments.

Polit & Beck (2008:229) reported that the interpretive phenomenologist relies mostly on in-depth interviews with study participants who have experienced the phenomenon being studied, to collect data. The information from this study could be used to ensure that health care professionals are made aware of how much it means to the families for them to be caring for the bereaved families, and how this could improve the therapeutic environment and make the families feel better.

2.7 THE VALUE OF INTERPRETIVE PHENOMENOLOGY FOR NURSING RESEARCH

The rationale for choosing interpretive phenomenology (IP) in nursing research is supported by Jones & Barbasi (2004:99), who said that phenomenology has become a dominant means in pursuing knowledge development in nursing and is presenting a credible display of living knowledge for nursing. According to Lopez & Willis (2004:726), phenomenology provides nurse scholars and clinicians an approach to inquiry that is relevant to nursing philosophy and nursing art. Lopez & Willis (2004:726) further explain that phenomenology as an inquiry is also an understanding of individuals that are unique, in terms of their meanings and interactions with others and the environment. Nursing is a challenging profession which requires an enquiring mind. The researcher sampled nurses in specialized areas because they are a unique category of nurses, compared to those in general wards, in terms of their responsibilities.

Descriptive and hermeneutic (interpretive) phenomenologies are two approaches that guide the majority of phenomenological investigations in nursing because they are concerned with understanding phenomena foundational to nursing science (Wojman & Swanson 2007:174). However, even though strike actions cannot be categorized as phenomena foundational to nursing science, they do affect nurses and the researcher saw a need to investigate the lived experiences of nurses during that period. Having said that, Kunene (1995:2) explains that nursing is not practised in a vacuum and nurses are also affected by changes in societal values, norms and practices.

In this study, the researcher used interpretive phenomenology. According to Lopez & Willis (2004:729), the interpretation of the events or experiences provided by participants in relation to various situations, is the foundation in interpretive phenomenology, thus the events or experiences during strike actions were explored in this study.

SeAnnels (1996, as cited by Dowling 2012:30) mentioned that there is a growing awareness of the advantages of utilizing interpretive phenomenology in nursing. However, Allen (1994, as quoted in Dowling 2012:37), argues that interpretive phenomenology in nursing is inadequate for studying clinical practice because conditions such as organisational structure or ideological commitments are sometimes not addressed and those could have influenced the way participants describe their experiences.

Nurses need to understand human behaviour, to be able to provide holistic nursing care. The notion is supported by Burns & Grove (2003:360), who say that understanding human behaviour or experiences is a central concern of nursing. In this study, the study participants interpreted their experience for the researcher and in turn the researcher interpreted the explanation that was provided by participants. Van Manen (2016:181) says that interpretive phenomenology is involved in all the disciplines of social sciences and humanities that are meaningful of the active cognitive, inner or spiritual life of human beings in historical, social or political context. Hence, IP was a relevant choice for the researcher to investigate participation in strike actions.

2.8 KEY CONCEPTS OF INTERPRETIVE PHENOMENOLOGY

According to Touhy, et al (2013:18) interpretive phenomenology consists of four concepts: "hermeneutic circle", being-in-the-world (*dasein),* existential themes, "life-world", and fore-structure. These will be discussed below.

2.8.1 Hermeneutic circle

Hermeneutic circle is a circular process which is seen as a fusion of perceptions (Dowling 2004:36). These are perceptions of the researcher and the study participants. Polit & Beck (2012:568) view the hermeneutic circle, which was made famous by Heidegger (1927), as a key notion in an interpretive study. Gadamer (1900-1996) contributed to the development of the hermeneutic circle (Converse 2012:30). This key notion creates a dialogue, whereby the perceptions of the interpreter and the phenomenon being studied are combined, resulting in the researcher's perceptions about the phenomenon not being separated from the phenomenon being investigated (Dowling 2004:36). In other words, in a hermeneutic circle, the perceptions of the interpreter and of the phenomenon being studied cannot be understood independently, hence it is called a circle. Furthermore, it is a form of circular interpretation shared between persons during their interactions.

The researcher understood the concept of strike actions very well and had her own perceptions about the phenomenon but ensured that she did not impose them on the participants. Consequently, this knowledge and understanding about the phenomenon ensured that the researcher was able to come up with questions that she could use to probe and engage with participants, during the interviewing process. The interview questions the researcher posed to the participants were not structured, but they led to the researcher being able to generate relevant information for the study.

The hermeneutic circle was developed by Heidegger, to figure out the notion that there are preconceptions by researchers of something's "being" before moving close to it, in order to understand it. The hermeneutic circle allowed the researcher to incorporate her own preconceptions about strike actions in specialized areas, and not bracket them as this study was interpretive and not descriptive. Hence, the researcher incorporated her own preconceptions about strike actions in the study, into the hermeneutic circle. The researcher perceived strike actions as activities that should be expected in the working place, especially if the employees are not satisfied with their working conditions. To support this preconception, (Dhai et al, 2011:58) stated that strike actions have been common occurrences in the whole world from the 12th century BC. However, in specialized areas where the researcher was working, it is not an easy thing to just leave the patients and embark on a strike because of the vulnerability of the patients in those areas.

The use of preconceptions and not bracketing is allowed in interpretive phenomenology. Bracketing is a method of phenomenological inquiry that requires the researcher to deliberately put aside their own belief about the phenomenon under investigation or what they already know about the subject before and throughout the phenomenological investigation (Chan, Fung & Chien 2013:1). The researcher in this study had preconceptions about strike actions, hence she saw a need to research that phenomenon further. The researcher was also working in specialized areas during strike actions as a specialized nurse; therefore, she saw a need to understand the experiences of other nurses in those areas, so that she could have a better understanding of the concept of strike actions.

The researcher also had to have pre-understanding or fore-structure to be able to enter the circle in the correct way. Gadamer (1989) emphasised the use of pre-understandings in hermeneutics, which were defined as preconceptions before they are interpreted (Mak & Elwyn 2003:396). In addition, Heidegger & Gadamer (1989) point out that it is very difficult to run away from our pre-understandings, and it is vital to engage it, incorporate it and use it as a foundation of new understanding (Chan et al 2010:23). In view of that, in the course of this study, this was done by moving back and forth, to the researcher's pre-understandings, back to the participant's meaning and back to the researcher.

The researcher continuously asked relevant questions in order to ascertain the meaning of strike action among nurses in specialized areas, using her pre-understanding of the concept as a point of departure. The hermeneutic circle allows the researcher to continually question, reflect and validate within the dialogue with study participants (Mak & Elwyn 2003:2).

Furthermore, the application of Heidegger's hermeneutic circle in the process of interpreting understanding or meanings in a specific social phenomenon is mostly influenced by the individual's history and experiences (Abidin 2015:60). In this study, the researcher interacted with study participants to get their interpretations and understandings, regarding participation in strike actions which is a social phenomenon.

The researcher interviewed the participants, using in-depth interviews. Some of the participants used their own languages, and the researcher did not restrict them because the use of own language is encouraged in interpretive phenomenology, in order to understand the phenomenon being researched better. In agreement with Heidegger's view that, "Language is the universal medium in which understanding occurs", Gadamer (1989) stated that, "language and understanding are inseparable structural aspects of human 'being-in-the world'" (Laverty 2003:23). The researcher came up with a number of themes that, according to her, best interpreted the lived experiences by the participants. Hermeneutic circle allows the researcher to always go back to the meaning of a text, never restricting to only one meaning. Koch (1993, as cited by Kumar 2012:795) further explains that the interpretive process is entering into a hermeneutic circle of understanding that exposes a mixture of meanings as explained by the researcher and the participants.

2.8.2 Being-in-the world

Being-in-the-world or *dasein* is a concept that was introduced by Heidegger (1962), to emphasize that humans cannot exclude themselves from various situations that influence their choices and also give meanings to their lived experiences (Kumar 2012:794). Reed & Ground (1997, as cited by Touhy et al 2012:18) say that, "the meaning of dasein is [that] being human is...a situated activity, a situation in which things are encountered and managed". *Dasein* means existence or being in Germany (De Chesnay 2014:6). In this study, the humans were nurses in specialized areas, who were working during strike actions. Those nurses were there and they could not exclude themselves from that situation, which was a strike action. They had to make choices that affected their professionalism as nurses and also their status of being union members. Being-in-the-world also means that human beings are already identifying with other people and things in the world (Parsons 2010:61). In this study, being-in-the-world, the being or meaning of being is explored by interpretive phenomenology, as the individual's *dasein*, and it is attempted to be addressed in its situatedness, in relation to the broader political, social and cultural moral stance, that is in the context of caring (Kumar 2012:794).

Strike actions are political activities, and study participants were interviewed about their lived experiences during that period. Nurses have a certain culture that they comply with in their profession. They are also socialized in a certain way that might clash with the ways and activities of strike actions. There is a certain image that the nurses have to always protect in order to be respected and trusted by the community that they are serving or providing care to. Contrarily, during strike actions, it is difficult for nurses to do that, because they share their being-in-the-world with other public servants, and that damages their image. Van Rensburg & van Rensburg (2013:827) say that, strike action could be perceived as betrayal by the healthcare workers, including nurses. Health workers are meant to hold society's interests in high regard, and strike actions lead to a lack of trust, that could have undesirable consequences. Nurses are meant to be carers as nursing is a caring profession. According to Khademian & Viseshfar (2007:456), caring is a prime example of emotion, action and thought, that comes together to provide comfort, both emotionally and physically. It is difficult for nurses to provide that caring during strike actions.

Nurses are supposed to behave in a morally acceptable way, in their being-in-the-world, and during strike actions, morals are mostly the last thing on striker's minds, and caring is associated with ideal morals of nursing.

Merleau Ponty's (1964) views the world as "the individuals and the individual as being in the world, which means that the world and the human being are inseparable aspects of Human "being" (Skea 2016:1141). In this study, the researcher also experienced strike actions as she was also working in speciality areas during the time, and she could also not separate herself from that "being". The study participants and the researcher encountered the situation of strike actions and they had to manage it in their own different ways.

This concept also acknowledges the physical ties of people to their world, them seeing, hearing, thinking, feeling and being conscious through the interaction of their bodies with the world (Polit & Beck 2012:495). Munhall (2012:129) further elaborates by saying that to be human is to "be-in-the-world", because an individual participates in social, cultural and historical circumstances of the world. Our "Being-in-the-world as a specific but holistic form of existence which emerges in reciprocal interdependence with other Beings" (Conroy 2003:39). As human beings, we exist in this world and depend on each other for our existence.

Being-in-the-world is believed to be understanding by Gadamer (1989; Dowling 2004). According to Miles (2015:289), for human beings to be able to make sense of being-in-the-world, they have to share knowledge and understanding. The study participants in this study had to share what it meant for them to be nurses in specialized areas and 'being-in-the-world' of strike actions. They also had to share their knowledge and understanding on strike actions, *vis-a-vis* their professionalism and morality as nurses.

In interpretive phenomenology the participants do not only describe, but explore the meaning and understanding of their lived experiences. Understanding is an unavoidable structure of being-in-the-world (van der Wal 2015:24). Strike actions are complex situations, especially in a nursing context. Kunene (1995:3) explains that strikes by nursing personnel are a threat to patient care in that they put patients' lives at risk. This results in failure to provide needed emergency and total care, which may result in unnecessary death.

Human beings are able to make sense of being-in-the-world by sharing their knowledge and understanding (Miles 2015:289). Our interpretation and understanding of the world is co-constituted and united (Conroy 2003:39). This sharing of knowledge is done by describing the lived experiences and also sharing the meaning and understanding of those experiences. Nurses who were interviewed were mostly senior nurses who were able to understand their roles in the profession, and could also interpret the phenomenon of strike actions, in terms of their profession.

2.8.3 Existential themes

Existential themes originate from Merleau-Ponty"s work, which include lived space, lived body, lived time, and lived human relation (van Manen 2016:105). Van Manen (2016:105) further says that these four existentials cannot be separated, but they can be differentiated, as they all form a detailed unity called lifeworld, or our lived world.

Lived body or corporeality, lived time or temporality, lived space or spatiality, and lived human relation or relationality, are four aspects that are of interest to phenomenologists (Polit & Beck 2012:495). They are of interest because they enable phenomenologists to reflect on how people experiences the world (Touhy et al 2012:19). They can also be applied in order to understand and interpret lived experiences. Miles (2015:290) says that Merleau-Ponty's existentials themes are a

vital approach that can be used by researchers to describe lived experiences. They assist in the understanding and interpretation of lived experiences, by not only providing insight into the relationship, history and social timetables, they also have the ability to walk along each other and experience an interpretation of what the person experienced.

2.8.3.1 Lived space

Lived space refers to surroundings that are perceived and our place in the world (Bergman, Graff, Eriksdotter, Meyer & Schuster 2016:343). Lived space is also said to guide our thinking, to ask how space is experienced with respect to the phenomenon being studied (van Manen 2016). This felt space is where we find ourselves and it helps us to determine how we feel (Gruendemann 2010:678). In this study, the lived spaces were specialized areas at a facility where the study was conducted. Hence the researcher wanted to find out how the nurses experienced the phenomenon being studied which is strike actions, whilst occupying their lived space. The researcher believed that as much as strike actions affect nurses in different areas of practice, those in specialized areas are affected more. The researcher had to dig deeply into the minds of participants to find out how they dealt with being union members who also had to think of patients who were vulnerable and needed specialized care to be provided by them. The study participants in this study occupied that lived space of specialized areas. They explained how they felt in this space that they occupied, as nurses during strike actions, and what this space meant to them, compared to other areas in the institution.

According to Packard (2004:52) lived space is the world or landscape in which humans advance and find themselves at home. In interpretive phenomenology, the lived space refers to the way humans are involved in the world, whilst living in the present (Parsons 2012:62).

Van Manen (1990) says that the place that we occupy affects us, in a sense that we feel differently in a space that we are familiar with like our home compared to a place that is not personal such as that of business or work. We tend to feel comfortable in a place that we are familiar with, compared to strange places.

It is well known that there is a shortage of nurses worldwide. This statement is supported by Fulton, Lyon & Godreau (2014:321), who said that there is a shortage of nurses worldwide, including the USA, and this shortage is confirmed by the Bureau of Labour statistics which confirm that by 2020 the situation is going to be worse. They further explain that nurse specialists are uniquely positioned

in this matter in the delivery of care and their shortage will have a great impact. This statement explains that as much as there is a shortage of all nurses worldwide, nurses in specialized areas with specialized skills are more in demand. This means that during strike actions, areas that are affected more by the shortage or unavailability of nurses are specialized areas.

Strike actions have a great impact on the lived space of specialized areas. This has been alluded to by Van rensburg & van Rensburg (2013:821) who narrated that during the 2010 public strike actions, a shortage of healthcare workers caused two hospitals to be closed down completely. This resulted in more than 400 critically ill patients being transferred from these hospitals to private health institutions, with 124 premature babies and 150 dialysis patients being among this number. Critically ill patients are mostly admitted to ICU, and some of them are assessed in emergency units.

2.8.3.2 Lived time

Lived time is our temporal way of being in the world (van Manen 1990 as cited in Gruendemann 2010:679). Lived time differs from clock time because it is subjective and clock time is objective (van Manen 2016:104).

As humans we move with time, from past to present to future. Therefore, the events that occur in our lives give us meaning and present to others an understanding of our environment where we come from which is our present, and the way we will move forward to the future (Miles 2015:291). Dallmayr (2002:474) further says that every present is already saturated with its future, just as it does with its past. Strike actions are a common phenomenon worldwide, they are a way of expressing dissatisfaction by employees to their employers, being it working conditions or it could also be because of salaries. Although they only occur in a specific time, strike actions are continuing to occur, especially during these challenging economic times in this country and elsewhere in the world. Nurses need to be recognized and to be given competitive salaries to suit their professional status; they also need to be provided with good working conditions. It is challenging to retain professional nurses in the healthcare industry, because of the global nursing shortage and factors that are related to the healthcare environment; these include poor salaries, working conditions, working hours, and increased workload, which make retention efforts more challenging than in other industries (Mokoka, Oosthuizen & Ehlers 2010:2). This is still happening even today in this lived time, and will still continue and this condition influences strike actions.

Lived time interprets the dimension; present, past and future which contains memories and future hopes that are influenced by the present. These dimensions are in turn interpreted by a person in lived time (Bergman 2016:343). Therefore, to avoid strike actions in this present time, and also in future, these issues need to be attended to by employers. That is, the only way to move forward to avoid strike actions is for the employers to ensure that their employees' working conditions are satisfactory.

Nurses have been participating in strike action worldwide in countries such as Australia, Israel, Japan, Ireland and Portugal and the United Kingdom with Canada in the forefront in terms of being among the most unionised sectors economically (Briskin 2011:286). Strike actions have thus become part of our lives forever, they have occurred before, they are still occurring and they will continue to occur in future. Chadwick & Thompson (2000:486) indicated that nurses in the United Kingdom and elsewhere have fought a long and arduous battle for professional recognition. They have done this through strike actions. To be able to gain an understanding of our future, we have to take our connection from lived experiences, especially from human existence (Dallmayr 2002:474).

The lived time in this study was the period of strike actions, especially in the years 2007 and 2009.

2.8.3.3. Lived body

Lived body is a general principle of "being", that combines a deeper understanding of corporeality. Munhall (2007 as cited in Munhall 2012:210) describes corporeality as body intelligence which is the experiencing of a phenomenon as it is lived through one's body.

Our bodies cannot be separated from our lived experiences. As human beings, we live in our bodies. Therefore, lived body means that we are always in our bodies (Touhy et al 2013:19). Through lived body, we gain access into the world through a representation of ourselves (Berman et al 2016:343). Hence, we experience the world though our bodies and encounter others through the body (Bergman et al 2016:343).

Lived bodies also refers to the fact that human beings are present bodily in the world and reveal and conceal something of themselves, through their bodies (Hall, Kronborg, Aagaard & Ammentorp 2010:308). Touhy et al (2013:19) further elaborate that when we meet people, we and they reveal and hide things about ourselves unconsciously and consciously. This notion is supported by

Heidegger (1962, as cited in Miles et al 2015:291), who says that we always meet other people bodily and he assures us that we always reveal and hide things about ourselves.

In this study, the researcher reveals the way the nurses in specialized areas experienced strike actions physically. The way their bodies and mental status were affected, as they experienced the strike actions, because our bodies cannot be separated from our lived experiences. The study participants reveal how the situation, which is strike actions, affected them and their relationships with other co-workers. This is because, ultimately, the lived human relationship is affected by the situation (Bergman et al 2016:347).

2.8.3.4 Lived relation (Relationality)

Relationality refers to the world that we find ourselves in, relation to others (Munhall 2012:161). Van Manen (2016:104) refers to the lived relations as the relationships that we maintain with other people, in the interpersonal space that we share with them. It is the way we experience others in relation to ourselves deeply (Bergman 2016:343).

Lived relation is the relationship we have with others. The lived human relationship is affected by the situation. Strike actions affected the relationships of workers and nurses in speciality areas as the unions sometimes had to force the nurses to go and join them where they were demonstrating. Therefore, in this study, the participants reveal how the situation, which is strike actions, affected them and their relationship with other co-workers, because ultimately, the lived human relationship is affected by the situation (Bergman 2016:347). Some participants participated and some did not, due to different reasons. This situation caused some sort of tension as the participants explain in the coming chapters. The relationships in this study were between nurses in specialized areas and those in general wards, and also members of other unions who were not nurses.

2.9 FORE-STRUCTURE

Fore-structure which is also referred to as fore-conception, prior awareness, pre-understanding or pre-awareness, is what is understood or known before interpretation. It is what is known before interpretation, as it stems from experiences of the past (Touhy et al 2013:19). According to Kumar (2012:795), fore-structure of understanding is not always clear to us but forms the background of how meanings are made by humans.

In interpretive phenomenology, “fore-structure”, which is the researcher’s previous knowledge and understanding is important, instead of bracketing (Touhy et al 2013:18). Fore-structure is required in order for the researcher to enter into the hermeneutic circle, which is an expression of the researcher’s pre-understanding of the interpretive situation (Parsons 2010:62).

Heidegger (1962, as cited in Miles et al 2015:288) describes fore-structure as an understanding that interpretation happens in every situation and this interpretation is influenced by the social environment, history and background in which the individual lives. Heidegger (1962) also made an assumption that the way we understand the world is closely linked to fore-structure, and that such an understanding is linked with the way one interprets reality (Kumar 2012:795).

According to Touhy et al (2013:19), it is important for researchers to ensure that they acknowledge and identify their pre-understandings in order for readers of their research to be clear about the study's context and possible influencing factors. In the context of this study, Wojnar & Swanson (2007:4) support this statement by stating that, in interpretive phenomenology, it is believed that the researcher and the participants comes to the investigation with fore-structures of understanding which are shaped by their respective backgrounds, and in that process of interaction and interpretation, they bring together an understanding of the phenomenon being studied. Hence in this study, the researcher will bring her own experiences as a speciality sister and also her own interpretation of the phenomena being researched, which are strike actions. The researcher, being a nurse in a specialized area, will be acknowledging her pre-understandings regarding strike actions and how she was also affected. Touhy (2013:18) further explains that the main aspect of interpretive phenomenology is that the researcher is considered inseparable from assumptions and pre-conceptions about the phenomena that are being investigated.

2.10 INTERPRETIVE PHENOMENOLOGY IN THE STUDY

In this study, the researcher used interpretive phenomenology as a research design. The aim was to explore the lived experiences of nurses in specialized areas during strike actions. The design is relevant because lived experiences are essentially an interpretive process. Interpretive phenomenology is one of the types of phenomenology. Phenomenology is a qualitative research approach aiming to provide an understanding of human experiences whereby the researchers’ focus is on individuals’ experiences and the way they interpreted them (Moule & Goodman 2014:461).

The goal of interpretive phenomenology is to enter people's world and to discover practical possibilities, wisdom and understanding (Polit & Beck 2012:496). The researcher wanted to enter into the world of study participants and discover their understanding and meaning of participation in strike actions as nurses working in specialized areas.

The researcher used interpretive phenomenology as a design, to focus on the lived experiences of participants (Lindseth & Nordberg 2004:3: Munhall 2007:152) during strike actions in specialized areas in the designated hospital. Interpretive phenomenology has been proven to be significant in healthcare professions, because it focuses on human beings and their experiences (Chan, Garret, Benner & Brykczynski 2010:114). Interpretive phenomenology is one of the phenomenological research approaches.

Tuohy, Cooney, Dowling, Murphy & Sixsmith (2012:18) postulated on the main concepts in interpretive phenomenology. These concepts guide any interpretive phenomenological research design as indicated above: fore-structures, life-world, existential themes, being-in-the-world and the hermeneutic circle.

2.11 RESEARCH METHODOLOGY

Research methodology is the structure of a study, to gather and analyse data in a systemic way (Polit & Beck 2012:741). In this study, the following were part of the methodology: research context, selection of participants, data collection (in-depth interviews), measures to ensure trustworthiness and ethical considerations.

2.11.1 Research context

The research context is a physical location where data collection is done in a study (Polit & Beck 2012:743). The study was conducted at a tertiary hospital in Emalahleni at Nkangala region in Mpumalanga province. The hospital is one of the two referral hospitals in the Mpumalanga province, with 350 beds. The hospital has 30 wards, five of which are speciality units: maternity, high care, intensive care, operating theatre and trauma units.

The maternity ward has 25 ante-natal beds and nine labour rooms. High care unit is in the maternity ward, and caters for maternity patients, pre and post-natal, and has four beds. The trauma unit has seven resuscitation beds, four general beds, two paediatric beds, and two obstetrics and gynaecology beds. The intensive care unit is a general unit with seven beds and caters for all patients

who require specialized care in orthopaedics, general surgery, nephrology, ear, nose and throat, maxillofacial, neurosurgery, paediatrics, obstetrics and gynaecology, internal medicine, and general intensive care.

All patients with other specialities that are not catered for in this tertiary hospital are transferred to other hospitals in Gauteng Province. The hospital has specialist doctors, registrars, medical officers, community service doctors and interns for all the specialities. Specialist doctors, medical officers and registers are appointed for all the specialities, whereas the community doctors and interns are rotating in those wards as a requirement for their training.
The hospital has 302 permanently employed nurses; 86 of these nurses are working in specialized areas. Almost 80% of the nurses at this tertiary hospital are affiliating to DENOSA; the remaining 20% are having dual membership to other labour unions

2.11.2 Recruitment and selection of participants

Recruitment in qualitative studies entails identifying suitable participants and persuading them to participate (Polit & Beck 2012:286). After obtaining ethical clearance from the Mpumalanga Department of Health, the researcher requested a research briefing meeting with the hospital management and labour union leaders from different labour unions. During the meeting the aims and objectives of the study were outlined. As recruitment strategy the researcher requested the labour union representatives to assist with the recruitment of the participants. Contact slips were provided to the labour union representatives with the researcher's contact details.

The researcher used purposive sampling to select the participants based on their knowledge of the phenomenon being researched and their willingness to share their experiences. In purposive sampling, the researcher decides what needs to be known and sets out to find people who are willing and can provide the information about the phenomenon (Etikan, Musa & Alkassim 2016:2).

In this study, the researcher sought assistance from labour unions representatives by giving them contact slips and outlining to them specifically the criteria of participants required. The union leaders then passed the information and contact slips to their members. The reason for requiring assistance from labour union representatives was that they know the members well; they also get in touch with them frequently, and have easy access to them. Therefore, it made accessing the required sample easier for the researcher.

Even though the researcher requested assistance from the union leaders to engage their members to participate in the study, other participants who met the inclusion criteria and were interested in the

study contacted the researcher for participation and were purposefully selected by the researcher. According to Etikan et al (2016:2) the researcher is supposed to identify and select individuals that are experienced and well informed about the phenomenon being researched during purposive sampling. The researcher had already identified the required sample and needed assistance of the labour union representatives to convince their members to participate and also to give out contact slips.

Phenomenologists work with very small samples of ten or fewer participants who are purposively selected as they have lived the experiences (Moule & Goodman 2014: 212; Polit & Beck 2012:523). In this study ten (N= 10) participants were an estimated sample size, this number was guided by the saturation point. The saturation point is when the themes and the categories in the data become repeated and are no longer new, in a way that information that is new can no longer be obtained by further data collection (Polit & Beck 2012:62).

2.11.3 Study population

The study population was all 86 nurses who are members of different labour unions, employed in a tertiary hospital in Nkangala region and working in specialized areas. From the entire sample the researcher interviewed 10 nurses of all categories. All these participants were involved in the strike actions of 2007 and 2009, and they gave their meaning of the strike action while working in specialized areas.

2.11.4 Inclusion criteria

Participants who were included in the study were:

- To have been working in specialized areas, during strike actions.
- Nurses of all categories registered and enrolled with the South African Nursing Council as: registered nurses, enrolled nurses and enrolled nursing assistants.
- Affiliated to the recognized labour unions in the tertiary hospital in Emalahleni district in Nkangala.

2.11.5 Exclusion criteria

Exclusion criteria for this study were

- All the other nurses who were not working in specialized units during strike actions.
- Student nurses were excluded.

2.11.6 Data collection

Data was collected by using in-depth interviews and field notes. The in-depth interviews were conducted from the three categories of nurses at a tertiary hospital in Nkangala region in Mpumalanga. These participants were members of different labour unions recognized by the South African government who is their employer. The researcher opted for in-depth interviews as a qualitative data method in order to obtain in-depth information on experiences from all categories of nurses. In-depth interviews are powerful methods for producing interpretation and description of the social worlds of people (Ritchie, Lewis, Nicholls & Ormston 2013:178).

Trial of the in-depth interviews

The researcher conducted two trial interviews as preparation for the in-depth interviews to be conducted with nurses in the specialized units. The researcher requested two colleagues who were also working in specialized units during strike actions to participate in interviews. The researcher indicated to the two colleagues that the interviews were to pilot the study and would not form part of the entire research. Thus the results thereof will not be included in the findings. The researcher attempted to simulate the in-depth interviews as much as possible by following the processes of recruiting participants and contacting the participants. And also by using the same venues. The interview processes replicated what was to happen during the in-depth interviews. Through these trial interviews the researcher was able to adjust the process from the lessons learned in conducting the individual interviews.

Data collection process

The data was collected by the researcher over four months, upon receiving the calls from the potential participants who obtained the contact slip from the union representatives. The researcher made appointments with participants to come and interview them. All interviews were conducted in the duty rooms of the units where participants were working. This was because the participants were working in specialized areas where emergencies can occur at any time of the day. Additionally, the set-up ensured that participants were in a familiar place, free of intimidation and formality. Each participant was interviewed separately and the researcher ensured that the environments were private and free of noise and disturbances, once the interviews were occurring. The researcher placed a do not disturb note on the doors where the interviews were conducted, to ensure that there were no interruptions, and all the staff members were also informed prior to the interviews to avoid disturbances. The phones were also disconnected and all the calls diverted to alternative numbers

in the respective units, during interviews to avoid disturbances. The interviews were conducted after informed consent was obtained from each participant.The interviews were conducted after informed consent was obtained from each participant. Interviews were conducted by the researcher who let the participants narrate their experiences, using their own words Polit & Beck (2012:537) explain that the interviewer's role during in-depth interviews is to ensure that the participants are encouraged to talk freely and tell their stories in their own words. The interviews were digitally recorded with permission from the participants (Botma et al 2010:207). The interviews were 20-45 minutes each.

Field notes

According to Ritchie et al (2013:172) field notes provide the researcher with an opportunity to record what they see and hear outside the context of the interview. They also include ideas to be included in later field work, their thoughts about the dynamic of the encounter and issues that may be relevant at the investigation stage (Ritchie et al 2013:172). The researcher recorded her observations in terms of what she saw and heard during interviews, including emotions that she identified. This also included her own emotions.

2.12 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness is the degree of confidence that the qualitative researchers have in their data; it is assessed using credibility, transferability, conformability and authenticity (Botma et al 2010:230). In this study, the criteria used are discussed below.

2.12.1 Credibility

Credibility refers to confidence and truth in interpretation of the data by the researcher (Polit & Beck 2012:585). Credibility was achieved through prolonged engagement with the participants, in order to have a complete understanding of the researched phenomenon (Polit & Beck 2012:589). The participants' voices were presented as they are, without altering them. This was done by a voice recorder, and transcription was done verbatim.

The researcher ensured that there was prolonged engagement between her and the participants. Prolonged engagements are necessary to ensure credibility of the study because they build trust and rapport with participants, therefore making it more likely that information that is accurate and rich will be obtained (Polit & Beck 2012:589). There were informal discussions first between the researcher and the participants, to discuss the purpose of the study, the objectives and all the

aspects that the participants needed to get clarity on. The researcher ensured that the participants relaxed so that they would be able to open up.

The researcher used purposive sampling to select the participants. It was to the advantage of the researcher that she knew most of the participants and they felt comfortable in telling their stories. The in-depth interviews were 10 and took 20 to 45 minutes each.

Triangulation was also done. The researcher used two data collection methods which were in-depth interviews and field notes.

2.12.2 Dependability

Dependability is a process of determining the quality of data; the stability of data over time and over conditions (Botma et al 2010:292). Dependability ensures that the findings of a study remain the same even if it were to be duplicated with the same participants in the same circumstances (Polit & Beck 2012:585). It is associated with consistency in a study.

In this study, the participants were asked questions during the in-depth interviews. The researcher also had peer debriefing, with her colleagues who had an understanding of participation in strike actions. During debriefing, colleagues aired their views regarding the phenomenon being researched and had a chance to review the study. This exercise accorded an opportunity for the colleagues to offer alternative insights for considering the researcher's ideas. Field notes were also kept. These notes included minutes from meetings which were held as debriefing sessions and observations from each interview. The supervisor assisted with methodological issues.

2.12.3 Conformability

Conformability refers to the objectivity or neutrality of the data (Botma et al 2010:292). This is done to ensure that the data represent the information that the participants provided and that those interpretations were not invented by the researcher (Polit & Beck 2012:585). The researcher ensured that she remained neutral at all times, therefore not imposing her own ideas on the participants. It is the assertion of the researcher that the interviews with participants were interpreted accurately.

2.12.4 Authenticity

Authenticity refers to the extent to which the researcher is fairly and faithfully showing a range of realities to report the participants' lived experiences during strike actions (Polit & Beck 2012:720). In this study, the researcher ensured authenticity by conveying the voices of the participants as reported without altering them throughout.

2.12.5 Transferability

Transferability refers to the thorough description of the research setting and research processes used to enable the reader to establish how the results of the study can be transferred from one context to the other (Moule & Goodman 2014:193). The study population and sampling did not allow transferability of findings to other settings.

2.13 ETHICAL CONSIDERATIONS

Ethics is defined as a set of moral principles determined by one person or group of people and largely accepted by them (de Vos et al 2011:114). In research, ethics are a universal requirement and are supposed to be considered from the planning phase (Botma et al 2010:277). Ethical considerations are supposed to continue throughout the study.

Participants should be respected and the respect is to be expressed by obtaining approval from an ethics committee and permission from the institution where the study will be conducted (Botma et al 2010:277). Hence the researcher obtained permission from the tertiary hospital where the study was conducted and also from the ethics committee of the University of Pretoria before data was collected. In this study, the following ethical considerations were adhered to by the researcher.

2.13.1 Permission to conduct a study

Permission to conduct the study was granted by the Ethics Committee of the University of Pretoria and by the Mpumalanga Department of Health. Permission was also granted by the CEO of the institution where research was conducted which was a tertiary hospital in Nkangala region in Emalahleni.

2.13.2 Informed consent

All the study participants were requested to sign an informed consent form in order to participate in the study (Mouton 2012:244).

The ethical principles which are relevant for conducting research that involves human subjects and which the researcher adhered to are beneficence, and respect for persons and justice (LoBiondo-Wood & Haber 2010:250).

2.13.3 Beneficence

Beneficence is an obligation by the researcher not to harm but to produce maximum benefits for the participant and this will be achieved by treating the study participants in an ethical manner, respecting their decisions and making efforts to secure their wellbeing (LoBiondo-Wood & Haber 2010:250). This principle covers the following dimensions (Polit & Beck 2012:153):

2.13.3.1 Right to freedom from harm and discomfort

The right to freedom from harm and discomfort means that the study participants are not subjected to any harm or made uncomfortable at any given time during the study (Polit & Beck 2012:152). The study participants were assured that the information that they were providing would not be used against them in their place of employment.

2.13.3.2 Right to self-determination

Self-determination means that the study participants can voluntarily determine if they want participate in the study or not. The researcher informed the study participants about their right to ask questions, to refuse to give information that they were not comfortable with, and to withdraw from the study at any given time (Polit & Beck 2012:154).

2.14 Justice

Justice refers to the moral obligations by the researcher to be fair and for preference not to be given to some participants over the others, to respect equalities and inequalities that are relevant (Moule & Goodman 2014:459). The researcher ensured that all the participants were participating willingly and were treated equally and given the same respect.

2.15 SUMMARY

This chapter discussed the paradigmatic perspectives and philosophical assumptions as well as the entire research methodology of the study. Chapter 3 will discuss data analysis and interpretation.

CHAPTER 3
DATA ANALYSIS AND INTERPRETATION

3.1 INTRODUCTION

Chapter 2 discussed the paradigmatic perspectives and philosophical assumptions as well as the entire research methodology of the study. This chapter will discuss data analysis and interpretation. The purpose of this study was to explore the lived experiences of nurses in specialized areas during strike actions. The study was guided by this research question: What are the lived experiences of nurses working in specialized areas at a tertiary hospital in Emalahleni district in Nkangala region during strike actions?

3.2 DATA ANALYSIS

Data analysis is a process that is meant to organize, obtain meaning and provide structure from data (Polit & Beck 2012:556). This was a qualitative study that used an interpretive phenomenology design (see Chapter 2, section 4.1). The interpretive process is circular, moving back and forth between the whole and its parts and between the researcher's pre-understanding and what was learned through the study (Touhy et al 2013:20). In this study, data analysis was done by entering into the hermeneutic circle, whereby the researcher and each participant engaged through the circle to identify the meaning of their experiences.

Data analysis and data collection occurred simultaneously as in any qualitative research approach. Colaizzi's (1978) data analysis method was used for analysis in this study. Colaizzi's (1978) framework of analysis was chosen as analysis in this framework does not only end with description but also interpretations of findings (Polit &Beck 2008:520). This data analysis method was used because it calls for returning to study participants to validate the results (Polit & Beck 2012:567) with the aim of encouraging trustworthiness.

3.2.1 Preparation for data analysis

Table 3.2 indicates the time audios were recorded and the number of pages of the transcripts. Ten transcripts were made from 10 participants' voice recordings. the number of pages ranged from three to six pages. The time of recordings ranged from twenty to forty minutes.

Table 3.1 Transcripts and time of recordings

TRANSCRIPT NUMBER	TIME OF AUDIO RECORDING AND NUMBER OF TRANSCRIBED PAGES
Transcript 1	21 minutes audio recording, 3 pages
Transcript 2	20 minutes audio recording, 3 pages
Transcript 3	30 minutes audio recording, 5 pages
Transcript 4	45 minutes audio recording, 6 pages
Transcript 5	30 minutes audio recording, 5 pages
Transcript 6	20 minutes audio recording, 3 pages
Transcript 7	20 minutes audio recording, 3 pages
Transcript 8	25 minutes audio recording, 4 pages
Transcript 9	28 minutes audio recording, 5 pages
Transcript 10	26 minutes audio recording, 5 pages

Ten in-depth interviews were conducted over a period of four months. The recorded interviews were transcribed after the researcher had a meeting with the supervisors; they listened to those recordings and they agreed that she could transcribe. The interviews were transcribed verbatim into 42 pages of Word documents. The transcripts were the main source of data analysis together with the field notes. Field notes were a useful supportive source of information as transcribing and coding can result in memory bias regarding non-verbal or environmental context issues that may affect interpretation of data (Sutton & Austin 2015:228).

3.2.2 Data management and data storage

During data collection, the researcher informed the participants of how their information was going to be used and they all agreed to be recorded. After each interview, the researcher transferred the recordings to a password-protected computer and the interviews were erased on the recording device. The field notes and journal were kept safe in a locked file cabinet in the researcher's office. The transcripts were labelled participant 1 to participant 10. These transcripts will be kept on a password protected computer for fifteen years as outlined by the University of Pretoria's Faculty ethics committee. Table 3.2 presents information on the participants in this study.

Table 3.2 Profile of participants

PARTICIPANT NUMBER	GENDER	YEARS OF EXPERIENCE AS A NURSE	AGE IN YEARS	CATEGORY	SPECIALITY UNIT
1	FEMALE	9	29	Registered nurse	THEATRE
2	FEMALE	18	36	Registered nurse	CASUALTY
3	FEMALE	25	49	Registered nurse	ICU
4	FEMALE	32	52	Registered nurse	MATERNITY
5	FEMALE	25	50	Registered nurse	ICU
6	FEMALE	20	45	Enrolled nursing auxiliary	CASUALTY
7	FEMALE	20	45	Registered nurse	ICU
8	FEMALE	20	49	Registered nurse	MATERNITY
9	FEMALE	30	52	Registered nurse	THEATRE
10	MALE	25	48	Registered nurse	ICU

Table 3.2 describes the profile of participants in the study. Ten participants were interviewed. Their ages ranged between 29 and 52 years. Their years of experience in their specific specialized areas ranged between 9 years and 32 years. There were nine females and one male.

3.2.3 Data analysis process

As indicated before, data collection and data analysis occurred at the same time and the data analysis framework used came from Colaizzi (1978). From the onset of data collection, key statements on the lived experiences during strike actions were identified and extracted and the following steps were followed:

Step 1: "Acquiring a sense of each transcript"

The in-depth interviews were done by the researcher personally. This assisted the researcher to gain a sense of the experiences of each participant. In this step the researcher read the transcript and listened to audiotapes of the recorded interviews after each in-depth interview. The process of listening and reading the transcripts was done several times so that the researcher could acquire a sense of each transcript. Data saturation was reached at participant 9 and the 10th participant was used to validate that no new themes emerged. Therefore, the researcher was able to share the transcripts with the participants to comment on their individual transcripts or representation of what was said in the in-depth interviews.

Step 2: "Extracting significant statements"

In this step the researcher read and re-read the transcripts to identify and highlight the lived experiences of the participants during strike actions. The researcher extracted statements and phrases from the transcripts that formed the whole meaning of the lived experiences during strike actions for participants. A highlighter was used to highlight the extracted statements on each page. Yellow, green, red and blue highlighters were used to identify the extracted key statements. One hundred and fifty-nine statements were extracted. The researcher cut the extracted statements, and then pasted all the key statements on a separate page of Word documents to form a folder with only key statements.

Figure 3.2 indicates the number of statements that were extracted and the number of times that they came up. After this was done, the researcher consulted with her supervisors to validate the extracted statements and they agreed that she could continue with the data analysis process.

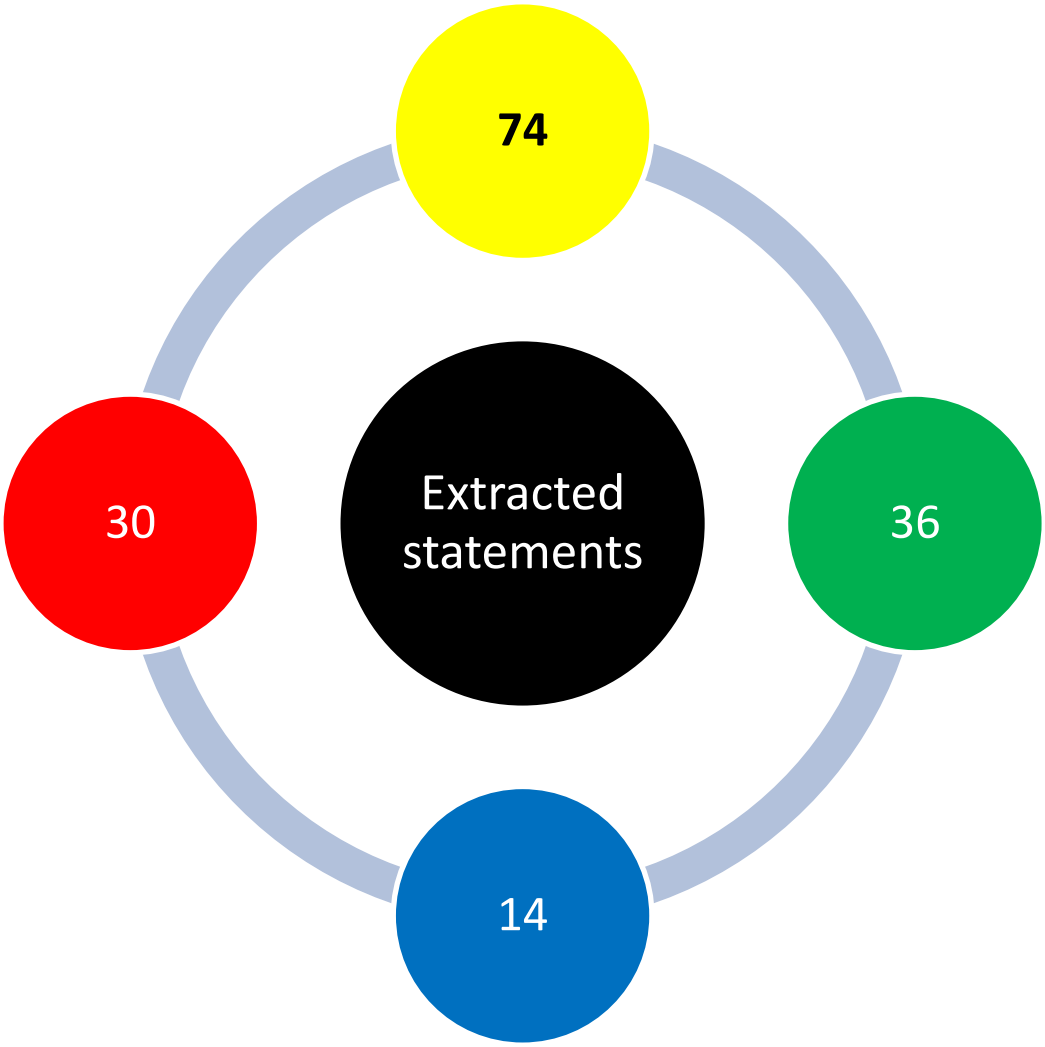

FIGURE 3.1 Graphic presentation of extracted statements

Examples of similar statements for red colour:

"I was afraid at that the exact time, maybe they will injure me". P3

"I had to lock all the doors, with restraints (laughing), because I was afraid". P1

"I was even afraid even to answer the phone, because I was thinking that hey, I am *amagundwane* (laughing) people will think that, this rat, he answered the phone, and they will pick up my voice, and come and injure me." P1

"We have to make sure that we leave early, before the comrades come and see us, and then we have to give the report to the sister in charge, sister in charge of the ward". P6

"We didn't use the main gate, we used to use the doctors' exit, so that they mustn't see us, our cars". P3

Examples of similar statements or phrases for green colour:

"We heard people saying that if you are found in the ward, then they will deal with you. By five o'clock we left the patients because were told that the management had made other arrangements, we were phoned by one of the managers, it was Matron (…), to say we must just leave the wards, as it is, Mr. (…) the porter will come and look out, look for, uhh, to look after our patients". P6

"The shop stewards told us that we are not going to work, and then those who are working, the *amagundwanes*, they are going to deal with them accordingly. Meaning they are going to injure their kids, or petrol bomb their houses, and all these bad things that they are going to injure them, to punish them for not participating in the strike". P7

"They always said, "there are those who are *amagundwane* (rats). They said those who are left behind helping the patients, they said they are *amagundwane* (rats)." P4

Examples of similar statements for yellow colour:

"Image of nursing has gone, very bad". P9

"Strike action has a very negative effect on nursing as a profession". P9

"Then after strike, for those patients who were at home, they just flocked into the unit, so we were working overtime, even though we did not want to work it, we were just sacrificing for us to try and push the backlog that was at home or in the hospital". P6.

"When I took an oath of nursing I said that my patients will be my first consideration". P5

"Even according to my scope of practice, my oath that I took as a nurse, it made me come to work during that time". P8

"In terms of the oath, it means we are breaching the oath, because you said to your oath "the total health of the patient is your first consideration". You said in your oath. Now you are breaking that oath, now, you know". P8

"Remember as an ICU nurse, as a nurse in general, my moral, we took oath, we took oath that will never allow any noble tradition to interfere with our professions but, during strike we forget about that": P9.

"Ethically, it was very difficult. To make a choice whether to join or to leave the patients, it was a very difficult decision to make". P7

"Ethically I was not happy to leave them". P7

"Having, uh, taken my oath, I felt, uh uh, I felt I felt I should I should uh, be on the ward, be on the unit". P3

Examples of similar statements in blue colour

"At that time I felt part of it. I felt that the government must listen to our grievances, they must listen to our concerns, because seemingly the government didn't care, and they were considering their financial status only, not considering our financial status, because we went on strike because we wanted the government to consider our salaries, neh, when they were giving us an increment they must give us something that is valuable, other than giving us whatever that they think is enough for us". P3

"When we go for strike is because we are fighting for money or increment. *Ngiyazi ukuthi ilanguage yase South Africa le yoku strayika* (I know that it is the language of South Africa to strike)". P10

"Because of the politics of today, the politicians, they don't have good ears. The only thing to do, is when people go on strike, that's when they start acting but if you talk to them gently, nicely, politely, they need you to be harsh, so that they need lives to be lost first, so that they can act promptly". P9

Step 3: "**Formulation of meanings"**

Meanings were formulated using key extracted statements. In this stage of analysis, Colaizzi (1978) recommends that the researcher tries to create more statements or meanings for each significant statement extracted from the narrative of the participants (Edward & Welch 2011:165). Meanings and understandings represents findings of the study, and those findings can be in the form of a theme (Merriam & Tisdell 2015:202).

In order to formulate the meaning from statements, the researcher went through her own presuppositions of the phenomenon of strike actions in order to find meanings from the statements that were extracted from the transcripts. Unlike in descriptive phenomenology where bracketing is allowed, the researcher did not bracket as she had also experienced strike actions. This was helpful because she was able to relate to most of the participants' experiences and this provided in-depth understanding of the phenomenon. Colaizzi's approach encourages the researcher to apply personal understanding to the phenomenon before the interview (Bevan 2014:137).

Table 3.3 indicates some of the examples of significant statements, themes and meanings that were formulated.

SIGNIFICANT STATEMENTS	THEMES	MEANING
"I felt that government must listen to our grievances"	Strike action as an economic weapon	The need to embark on strike action
"Because we wanted government to listen to our concerns"		
"Our grievances were not met by the government"		
"When people go on strike, that's when they (government) start acting"		
"We had to run for our lives"	Violent threats	Participants were threatened with violence
"They will deal with you"		
"Those who are working (*amagundwane*), they are going to deal with them accordingly"		
"We used to receive some phone calls, threatening us"		
"You are working whilst we are striking, so, we are going to attack you families"		
"We were living in fear"		
"They would threaten to burn the house or the car"		

Table 3.3 Examples of significant statements, themes and meanings that were formulated

Step 4:" Organizing formulated meanings into clusters of themes"

Links in the data were identified and clustered into themes. Colaizzi (1978) suggests that the researcher allocates formulated meanings into groups of similar type (Edward & Welch

2011:163). Four themes emerged from the analysis and were guided by critical theory. Critical theory creates justice that challenges domination and oppression in an institution, whilst offering heterogeneous group and public differences (Kaplan 2003:153). Four themes were extracted from the data and all the themes had three to four sub-themes. Sixty-five statements were linked to theme 1, 58 statements were linked to theme 2, 35 statements were linked to theme 3, 24 statements were linked to theme 4, 22 statements were linked to theme 5, and 27 statements were linked to theme 6. Refer to figure 3.2 for the links and the colors of extracted statements. The themes extracted raised issues of political emancipation, freedom, equality and rights, which are embedded in critical theory.

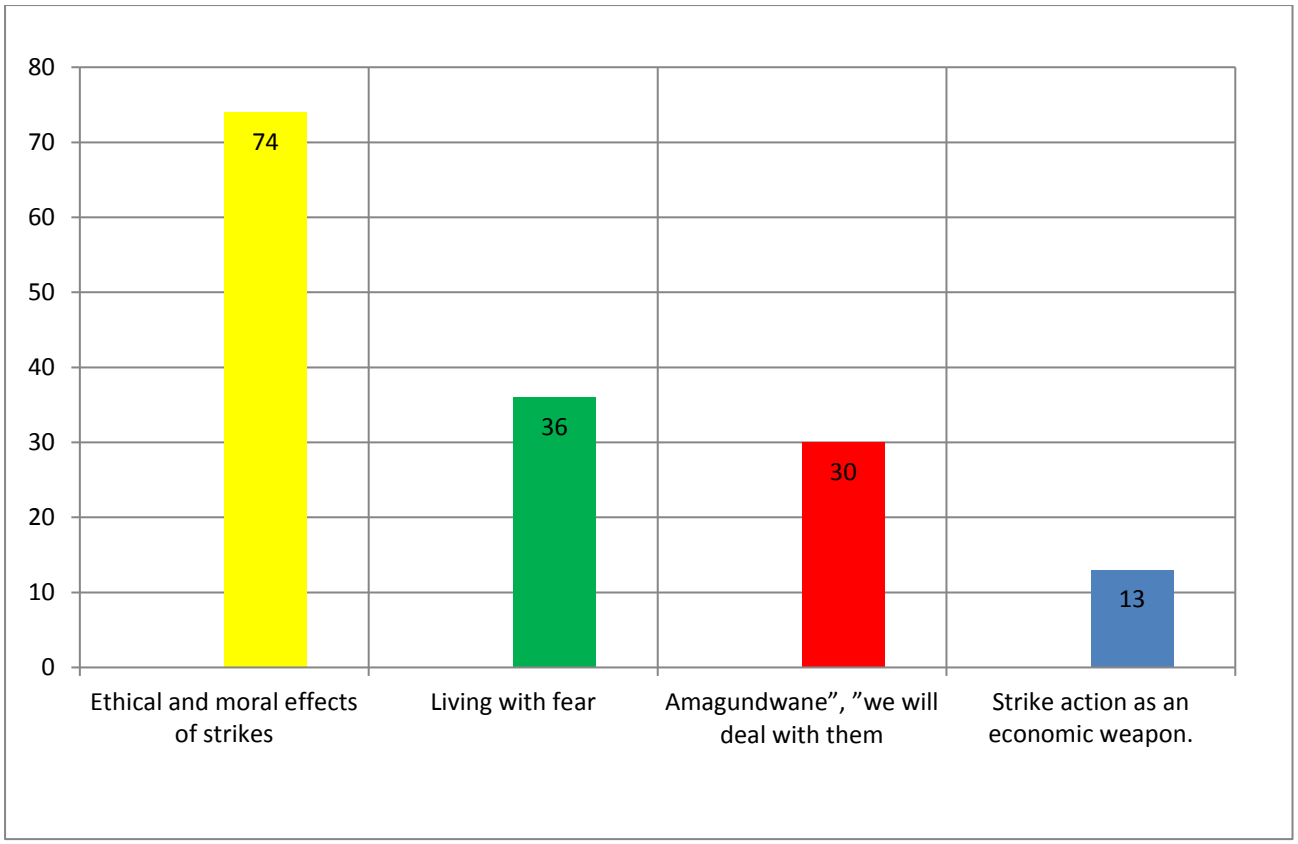

FIGURE 3.2 Graphic presentations of themes

Step 5: "Exhaustively describing the investigated phenomenon"

In this step a comprehensive description of the lived experiences of nurses in specialized areas was formulated. This was in the form of narrative which included personal and research perspectives. The description was based on the themes, subthemes and clusters. The comprehensive description had to have all the elements of the lived experiences as strike action.

The emerged themes and the sub-themes for this study are presented in Table 3.3

Table 3.4: Themes and subthemes

THEMES	SUB-THEMES	CODES
Ethical and moral effects of strikes	Ethical dilemma	Ethically, it was very difficult. To make a choice whether to join or to leave the patients, it was a very difficult decision to make
		Ethically I was not happy to leave them
		We must take into consideration the negative effects of a strike, and the image of nursing is badly damaged, because of a strike, people never think, when they think of going out they just go, they don't care whether they leave somebody behind.
	Moral judgements	For me, I can see that was not good to participate for the strike
		I am betraying my profession. When I took an oath of nursing I said that my patients will be my first consideration. Now I had to forget about the oath that I took and do my own oath now, to say I am a union member
		Remember that my duties, I am responsible to the employer, so now I felt that I am betraying my employer
		I pledged that my patients will come first. That was the first thing in my mind.

	Patients' rights to health care	In terms of the oath, it means we are breaching the oath, because you said to your oath "the total health of the patient is your first consideration". You said in your oath. Now you are breaking that oath, now, you know.
		Our patients were exposed. It was like neglecting our patients unnecessary.
	Nurses' rights as workers, to strike	The government says we have a right to strike.
		Remember those olden days when we were trained, there were no rights of a nurse that were given to us. We were never told about our rights that we can participate on strike.
Living with fear	A scary experience	So now we were scared of coming
		That's where we became scared that yoh, strike will escalate to us because we are doing the very same thing
	Losing personal property	But because of my life and the property that I had, I was scared to lose
	Risking my life	I would continue, work, I would risk but at the same time quite scared.
	Maintaining solidarity with the workers	I did as everyone was doing to say, ok, let me go out so that I can be safe, so that I cannot be called *igundwane* (rat), a person working during strike.

”Amagundwane”, ”we will deal with them”		
	Violent threats	They used to call them *amagundwane* (rats). They will end up killing them or hurting them, or injuring them, because they used to call them *amagundwane* (rats)
	Forced by the situation	Then the shop stewards told us that we are not going to work, and then those who are working, the *magundwanes*, they are going to deal with them accordingly.
		I was been warned that, should they find me working, they would, they would pull me out of the ward and they would harass me.
		They would, they would threaten to burn the house, or, or burn the car, but not in the unit that was now outside the outside the hospital premises,
Strike action as an economic weapon	A platform to raise concerns and demands	Isn’t that some of the benefits we were not getting, like the increase of the house, they said it was going to be less but at least after the strike it went a little bit higher to the extent
		But to us employees, when we are looking or asking for some of the things in the department of nursing or our hospital managers, they don’t agree to do that. Like for in case, you will find that you are working prolonged hours where one does not get paid for, but if there is a strike, then the nursing manager will give people what they want
	Demanding for better salaries and working conditions	We went on strike because we wanted the government to consider our salaries, neh, when they were giving us an increment they must give us something that is valuable, other than giving us whatever that they think is enough for us
		I wanted that money. I felt that they must give me the money that we were fighting for, the percentage that we were fighting for, I wanted it.

		When we go for strike is because we are fighting for money or increment
	Forcing management to respect the working class	We wanted the government to feel an impact, to feel the pain
		We said we just wanted the government to have listening ears, we want to have an impact, we know very well, if nurses can stop, the government will feel pain

Step 6: "Describing the fundamental structure of the phenomenon"

Description of the processes and meanings of the previous steps of analysis assisted the researcher to describe the fundamental structure of the strike action as a phenomenon**.** This was done by writing and rewriting themes and subthemes which were supported by quotes to confirm the findings. A literature review was undertaken in relation to each of the four themes to link the findings to literature that is published and will be presented in Chapter 4.

Step 7: ''Returning to the participants"

Audiotapes and transcripts are to be presented to study participants, so that they can validate that they represent their experiences as they have outlined them during the data collection period.

3.4 DISCUSSION OF THEMES

Table 3.4 as indicated, identifies the emerged themes and subthemes from the data analysis. The researcher identified four themes and thirteen subthemes from the in-depth interviews that were conducted regarding the lived experiences of nurses in specialized areas at the selected tertiary hospital in Mpumalanga province. The emerged themes are: *Ethical and moral effects of strike actions, Living with fear,* "*Amagundwane", "we will deal with them",* and *strike action as an economic weapon.* The section below is about the themes and their sub-themes and participants' quotes are presented in italics. Some of the participants preferred to express themselves in their vernacular languages during the interviews and the researcher translated these into English. Some of the participants used some slang which is explained in the glossary of terms.

3.5 THEME 1: ETHICAL AND MORAL EFFECTS OF STRIKE ACTIONS

3.5.1 Sub theme: Ethical dilemma

The study participants in this study faced an ethical dilemma because they faced two courses of action which were to either stay behind and continue nursing their patients or join their fellow union members who were participating. Participants had to show loyalty to their profession and also loyalty to their fellow union members. As members of unions, they were supposed to participate and show solidarity with other members, but as nurses, especially in specialized areas, they had an ethical dilemma. When the participants were asked about their moral and ethical responsibilities some participants said:

"Ethically, it was very difficult, to make a choice whether to join or to leave the patients, ethically I was not happy to leave them." P7

P 10 added on by stating that:

"I felt very bad, it was sad cause, I have never been involved kustrike *[in strike], in my whole life, so I felt it was unfair to the patients, to the patients,* uyabona *[you see]."*

The participants further explained their ethical dilemma according to the four fundamental ethical dilemmas which are truth versus loyalty, individual versus community, short term versus long term and justice versus mercy (Lincoln & Holmes 2008:40).

3.5.1.1 Justice versus mercy

The working conditions and salaries of nurses are mostly not desirable, but according to their oath they swear that they will make the wellbeing of the patients their first consideration. This poses an ethical dilemma of justice versus mercy because they need to get justice by fighting for their rights to be compensated well and to also work under good conditions, but they also feel mercy for their patients, and the mercy is an obligation that they are committed to.

P 4 said that:

"Having, uh, taken my oath, I felt, uh uh, I felt I felt I should I should uh, be on the ward, be on the unit."

P 5 supported this by stating that:

"In terms of the oath, it means we are breaching the oath, because you said to your oath "the total health of the patient is your first consideration". You said in your oath. Now you are breaking that oath, now, you know."

3.5.1.2 Truth versus loyalty

The truth in this study is that nurses are poorly paid professionals, even those who are highly trained and are working in specialized areas. Participants felt that they should be considered for their skills in terms of better compensation.

P5 explained that:

"We went on strike because we wanted the government to consider our salaries, neh, when they were giving us an increment they must give us something that is valuable, other than giving us whatever that they think is enough for us."

P4 further explained that:

"I feel the government should also have, uh, because most of the time problems which make to nurses strike is increments, let's say it is only salary, increment, allowances, then comes other things like safety…uh, uh, other small things which are compounded in financial aspects. I feel the government should, should have a process, say like, every year have, it should come automatically not through, through the nurses, through a nurse, nurses taking strike actions."

P8 clarified by saying that:

"I don't think we can be compared with nurses in general wards, like for instance in maternity, ICU and neonatal ICU, in specialized ward, it is very, very difficult not to have nurses there. I don't mean in other wards there must be no nurses, because, even in other words, there should be nurses."

In spite of this truth, nurses still feel loyal to their profession and this statement was indicated by these quotes:

"We say, we will never ever allow any noble tradition to interfere with our patient's lives, with our profession in other words, when we allow any person to interfere, with our profession, meaning that we allow people to bar us from coming to work, meaning that, we support strike, and then where's our morals?" P9

"*Remember that my duties, I am responsible to the employer, so now I felt that I am betraying my employer and I am betraying my profession".* P3

The nurse's oath was also mentioned, to show that the participants were having a dilemma of whether to go and join the strike or to betray their loyalty to the profession, as P5 further explained*:*

"Since I made an oath, to, to that, all my dedication will be unto the patients, I feel I've violated my my, what, my promises towards patient care."

P9 also clarified that:

"I am still having that guilty conscience that, what happened, ethically according to the oath that I took, I was not happy to leave them."

P5 also said: *"I felt bad, but my conscience came first, that, I pledged that my patients will come first. That was the first thing in my mind (laughing)."*

3.5.1.3 Individuals versus community

Individuals in this study were participants who were supposed to have participated or not participated in strike actions. The participants had personal feelings when it came to strike actions.

P2 said that:

"For me, I can see that was not good to participate for the strike, I would rather stay at home, not go to the strike if I am not coming to work."

P9 also added that:

"*You know, my general views as a nurse, regarding strike, you know, myself as a person, as an individual, as a nurse, I think, people before*, *they can think of going to strike, they should actually take, think deeply, in terms of patients' lives."*

Nurses are also a part of the health care community, which means that even though it might not be ethically correct for them to participate in strike actions, they are forced to do so because they form part of public servants.

P7 said that:

"Ethically I was not happy to leave them, but I was forced by the situation."

P10 indicated that:

"I didn't want to be seen that I was there, and I didn't like the strike."

P5 also supported this by stating that:

"We felt bad for the patients, because remember we are part of the community."

3.5.1.4 Short term versus long term

The ethical dilemmas of the short term versus long term in this study were that nurses knew that what they were embarking on, i.e. strike actions, could benefit them but in future it would leave a feeling of guilt and even break relationships with the community that they are nursing, because they are also part of that community.

P2 said that:

"Mmm, I was feeling very bad because even me I had a relative, who came and attend the hospital in maternity and find that there is no one, only the soldiers who were busy with the patients, meanwhile they are not trained. So I was feeling very bad because even my neighbor came to the hospital to get help. He ends up get, develop abscess after get an injection given by the soldier. To me, it was bad.

P5 supported by saying that:

"We felt bad for the patients, because remember we are part of the community, we have sisters and whatever, relatives, so now we were not free, asking ourselves, that what if my brother gets sick, what if my relative, what if my somebody gets an accident and goes to the emergency department and find that there is no sister (laughs) who can help them."

P9 explained in detail the long term effect by saying that:

"People must think deeply that we can get money in but if somebody lost his family, remember you just newly married and then you are coming to the [hospital] expecting a very precious baby and then nurses goes to strike and then unfortunately, there is no one who is going to help you, maybe your baby comes being critically ill, and need to be resuscitated and there is no one is going to help you, you end up losing a child. You'll never ever forget about that, and you'll end up hating nurses."

3.5.2 Sub-theme: Moral judgements

Participants were facing a situation where they had to decide whether to leave their patients which could have been a morally wrong action or to remain with their patients and continue providing the services that they were supposed to provide. They had to use their moral judgements, but some felt that it was not morally right for them to do so.

When the researcher asked the participants if they thought it is right for nurses to strike some of their responses were:

"Yes, I think it is necessary for us to strike and fight for our rights, because as you know that we are having commitments, financial constraints.". P8

"*Well coming to us employees, when we are on duty, where we are supposed to nurse our patients, it's bad because you are being forced to go out of the hospital premises, while the patients will be suffering, but to us employees, when we are looking or asking for some of the things in the department of nursing or our hospital managers, they don't agree to do that."* P6

"Remember, we can go for strike; most of the time, when we go for strike is because we are fighting for money or increment." P9

P9 further added by saying that:

"We might get that increment, but remember, life come once. The patients that are here in hospital, those who are looking for us as nurses to come and help them. There are people who need to be fed, like for instance, patients who are in ICU; they need to be looked after continuously, constantly without any breakage."

3.5.3 Sub-theme: Patients' rights to care

Patient's rights must be respected at all times by all health workers, however in this study, patients' rights were infringed, because their needs were not provided to them as they were entitled to, which also affected their ethical rights to care.

Participants described how patients were deprived of the care that they were entitled to.

"Mmmhhhh, eeehh, the patients who are supposed to go home, they get discharged without treatment, others, they going to the ward accompanied by the relatives only without porters." P2

"*Most of the patients actually took long, took long to recover, because somehow somewhere, medications were not given on time."* P5

"*We also found out that most of the patients, those who could be, say fed, sometimes were not getting the feeds*." P4

"Those patients, they were very ill, they needed an ICU trained sister like as I am. You know, mos an ICU patient needs to be suctioned now and then, the ventilators need to be attended to, we need to wean, we need to replace the electrolytes, we need to wash, change positions. All those duties were never done; our patients were suffering, really. It was a real negligence, as far as I am concerned." P3

"Patients were unattended to, doctors were trying but it was too much for them". P7

The participants indicated the extent of patient neglect, and also the infringements of their right to care.

3.5.4 Sub-theme: Nurses' rights as workers, to strike

Nurses have a constitutional right to strike as workers, and some of the participants attested to that. However, there were those who were against it, despite the constitutional right that they have. The researcher asked the participants about their views on their rights as workers to participate in strike actions, some agreed with it and some did not; they said:

"I am a union member, I have got right, I can participate in strikes, so that was it, but I had to decide now, which one must I do, so." P 5.
P 9 also added that:
"The government says we have a right to strike." and added:
"The democracy, the democracy itself contributed to that, because they said, everybody has got a right to strike and then the strike itself has contributed to that, because, if they can stop you, as a nurse, it means they are violating your rights."

However, P6 did not support the issue of strike action by saying that:

"It was not nice at all since well I knew that my scope, and the oath that I did make with the nursing council that a nurse is a nurse twenty-four hours around the clock."

P10 also indicated that:

"But, yoh, istrike vele (really), as a whole, mina izinto ze politics angizifuni (I don't like political issues at all)."

P6 further questioned the existence of unions and their roles in terms of assisting them in labor related issues and disputes, by saying that:
"Why are we paying for i-union if you still have to strike, again? That is my problem."

P9 further said that:

"No, especially when it comes to izinto zama increments (things of increment), I don't see the necessity why should we strike, mele basi represente (they should represent us), those who were … we are paying money, then they go and sleep kuma (at) hotels and enjoy. They must represent us kahle (well), not ngokuthi bathathimali (by taking money), ba enjoya (and enjoy)."

Participants had different views on the issue of their rights as nurses to participate.

3.6 THEME 2: LIVING WITH FEAR

Participants in this study expressed their fears in terms of the occurrences that were unfolding during the period of strike actions. Those incidences were happening around the institution where the study was conducted and also around the country. Mle (2012:292) pointed out that, during the 2010 strike action, in the health sector, bad scenarios emerged, whereby throughout the country strikers prevented patients and ambulances from entering hospitals and threw stones at police who in turn counterattacked with water cannons and rubber bullets. Mle (2012:292) further elaborated that those scenarios were witnessed in two Eastern Cape Province hospitals and on national television viewers witnessed incidents that were similar in other parts of the country.

3.6.1 Subtheme: A scary experience

Some of the participants narrated how scared they were when they had to sneak in to come to work. Talking about the issue of sneaking in, P1 described the situation as:

"*It was scary, it was scary. Yoh."*

P6 also mentioned that*:*

"You will go to the ward, and then you'll find them waiting for you at the gate when it was time to knock off. So now we were scared of coming."

"I decided to sneak and then come and work but I was scared." P8

The feeling of fear was also fueled by stories that were heard or portrayed on the different media platforms as P1 mentioned*:*

"…*and on the third day we saw the news that one of the sisters from Jo'burg's house was petrol bombed. That's where we became scared that, yoh, strike will escalate to us because we are doing the very same thing."*

P2 also said that:

"So, the last day, on the fifth day, we were afraid after hearing that one of the sister's house in Bara was burned, so that is why we told the unit manager that, mmh, the strike is becoming severe now, now we are afraid to come, because now they are burning the other people's houses."

But despite all the fear, some of the participants decided to come and provide patient care:

"So, we were confused again whether to come back during the night again, because we were not told actually, ukuthi (that) what is going to be the situation afterwards, so me and one of my friends, because we were working together night duty, we decided to caucus together and said we were going to sneak in the hospital, not at seven o'clock actually, because we were afraid that we were watched." P7

The sneaking in happened until it came to a point where the fear was overwhelming the participants and they decided not to come to work anymore. This was due to the stories from the media and what they saw happening around them:

"*We used to join the crew during the day. I stopped going there because I heard the rumour that there is somebody in the hospital, who told the people who were in the strike, that we are* amagundwane*, the people who are sneaking during the night work, then during the day attend the strike action. So we ran for our lives, anyway we stopped going to that place, we stayed at home. I was surprised, three days after stopping to go to the area where they were toyi toying, my next door neighbour was attacked during the night, they broke the windows and I could see, ukuthi (that) it was not for him, it was meant for my family. They broke the windows, they smashed his car, you know. It was like in the morning when my neighbour told me that such thing has happened in her house, I was like devastated that I could see that it was not meant for him. Those people were directed to come and assault me, but by the grace of God, it was channelled to my neighbour..."* P3

P5 concluded by saying that: *"That's where we became scared that yoh, strike will escalate to us because we are doing the very same thing."*

3.6.2 Subtheme: Losing personal property

Participants expressed that they did not only fear for their lives, but they also had a fear of losing their property:

P6: *"But because of my life and the property that I had, I was scared to lose, I had to participate"*

P10 also said: *Yoh, we were afraid to come to work because they were will like, they will like, burn our houses."*

P7 also added by saying: "*We were afraid that they will burn our houses."*

P4 also said*: "They would, they would threaten to burn the house, or, or burn the car, but not in the unit that was now outside the outside the hospital premises."*

3.6.3 Subtheme: Risking my life

Participants also alluded to the fact that they knew that coming to work was risking their lives. They came knowing all the dangers that they could face, but they wanted to provide the services that they were supposed to as nurses.

"We were working, risking our lives to come and help the patients who were in need." P3

"I would continue, work, I would risk, but at the same time quite scared." P4

"So, I don't like the strike, but, it is not safe, it is risky, it is risky for your health, you are not safe even. Because, we were even afraid to come out." P8

"*Coming in was very risky, it was better for us to be either at home or to join them at the strike."* P7

Some decided to not come at all because of the fear:

As P10 said*: "I drove past the hospital and it was like quite as dead, so I wouldn't risk my life going there."*

3.7. THEME 3: STRIKE ACTION AS AN ECONOMIC WEAPON

The participants in this study saw strike action was a weapon that they could use to improve their economic status. According to participants, they embarked on strike action because of a number of demands that they wanted from their employer, but they mostly were hoping for economic emancipation in terms of better salaries and benefits. El Fatar et al (2018:76) describe nurses as a crucial part of the hospital production function and also the heart and soul of the hospital. However, strike action can be used by nurses as a powerful weapon to get their demands accepted in terms of their dissatisfaction with salaries and unsatisfactory working conditions (El Fatar 2018:76).

This theme has three sub-themes: a platform to raise concerns and consideration of demands, demand for better salaries and working conditions, and forcing management to respect the working class.

3.7.1 Sub-theme: A platform to raise concerns and consideration of demands

The participants in this study felt that the only way that they are able to raise concerns regarding their working conditions and their unhappiness regarding employment benefits is through strike actions. However, this was done after long engagements with the employer and labor unions. Nala (2013:167) points out that for nurses, engaging in strike action is a last resort with the hope that their demands will be met or considered. This statement is attested to by the following quotes:

"At that time I felt part of it. I felt that the government must listen to our grievances; they must listen to our concerns, because seemingly the government didn't care, and they were considering their financial status only, not considering our financial status." P7

"Isn't that some of the benefits we were not getting, like the increase of the house, they said it was going to be less but at least after the strike it went a little bit higher to the extent." P6

"Because of the politics of today, the politicians, they don't have good ears." P9

These participants indicated that the strike actions are a means of benefiting the workers with regard to their concerns on working conditions and employee benefits. Some participants had suggestions for ways the government could handle the issue of strike actions, so as to avoid nurses having to embark on it:

"I will suggest, it's a suggestion, I am not adding, that next time really the government they must think for us, they mustn't push us up into, into a level of going on strike because people giving the percentage that they deserve as an increment is their duty, not to go to a point where the lives of the poor patients are being compromised for their thick headed thinking, of not considering the demands of the workers, because definitely if you are a worker you need to be incentified, or to get an increment at some stage. So they must put that in their yearly plans that at a certain period, they must say give people the increment, not to push the workers to go up to a level of striking, to fight for something that is useless like an increment." P3

"Uh, I feel, it is the government should actually view the nurses' problems whenever they arise. Priority actually should be given to their problems, because the nurses really spend most of their time with the patients, and this really should be looked into." P4

3.7.2 Sub-theme: Demand for better salaries and working conditions

The participants in this study also mentioned that they went on strike to demand better salaries and wages. O'Brien (2016:68) states that nursing is a profession that can be mentally, emotionally, and physically demanding, hence nurses are expecting to be heard regarding their working conditions, and wage corrections of their benefits. Participants in this study concurred as shown by the following quotes:

"*When we go for strike is because we are fighting for money or increment."* P5

P6 supported this statement regarding strike actions, by saying that:

"The housing allowance went up. I believe it was 900 then it went to almost 1250,and most of the time you'd find that our grievances were not met by the management but after the strike, some of them, some of the managers do agree to what the nursing staff must do."

P5 further clarified by saying that:

"I wanted that money. I felt that they must give me the money that we were fighting for, the percentage that we were fighting for, I wanted it."

3.7.3 Sub theme: Forcing management to respect the working class

The participants felt that their employers needed some form of pressure in order for them to give in to their demands. They felt that the pressure would force the employers to have a "listening ear". P5 said that*:*

"We said we just wanted the government to have listening ears, we want to have an impact, we know very well, if nurses can stop, the government will feel pain."

The reason for strike actions is to force management to change from existing management practices and to find new ways of coping with the demands of personnel (Shezi 2015:7). Participants indicated that they wanted their employer to get the strong message that they wanted to get through by embarking in strike actions.

"*We wanted the government to feel an impact, to feel the pain."* P6

"The only thing to do is when people go on strike, that's when they start acting but if you talk to them gently, nicely, politely, they need you to be harsh, so that they need lives to be lost first, so that they can act promptly." P6

3.8 THEME 4 "AMAGUNDWANE"," WE WILL DEAL WITH THEM"

Participants in this study highlighted that they had to join other workers in their activities for fear of being called "*amagundwane*" (rats). *Amagundwane* is a term that is used to describe people who are sneaking in and working at their places of employment whilst all the other workers are not working during strike actions. Tafira (2013:283) describes "*amagundwane*" (rats) as obvious sell-outs who are usually strike breakers, and they are mainly associated with the labor unions. Tafira (2013:283) further explains that the so-called *amagundwane* are just like rats meaning that they operate at night and their actions are both visible and invisible or like rats they blow breath where they bite.

Participants stated that they had to show solidarity towards other workers for them not to be labelled as *amagundwane*.

3.8.1 Sub-theme: Maintaining solidarity with the workers

Participants expressed that they had to join the other union members or risk being labelled "*amagundwane*":

"They said those who are left behind helping the patients, they said they are magundwane (rats)". P8

"I did as everyone was doing to say, ok, let me go out so that I can be safe, so that I cannot be called igundwane (rat), a person working during strike." P6

"The people came to take us out of the ward, so we had to go out because now, we couldn't be amagundwane (rats) because when you remain in the ward they will tell you that you are a gundwane (rat)." P6

Being referred to as *amagundwane* has always been challenging and scary at the same time this is because one has to derive means to enter the workplace whilst being careful that they are not seen. The people who are striking believe that being *amagundwane* is a sign of disrespect and not maintaining solidarity with the other workers and that such people need to be dealt with. Many of the people argued that violence against *amagundwane* was designed to force respect for maintaining solidarity of the majority (Chinguno 2015:110).

3.8.2 Sub-theme: Violent threats

According to the participants, being labelled "*amagundwane*" predisposed them to violent threats. P1 explained that:

"*I remember, during the day, there was a meeting of nurses. Then the shop stewards told us that we are not going to work, and then those who are working, the magundwanes [rats], they are going to deal with them accordingly."*

"Those who are working, they used to call them amagundwane (rats). They will end up killing them or hurting them, or injuring them, because they used to call them amagundwane (rats)." P9

"Anyway were just told ukuthi (that) today is a strike, if we dare find you in the unit, you will be like victimized." P3

Some of the participants in this study expressed that they did not really want to join the strike action, but they did so because they feared for their lives, and also for the lives of their family members. Participants also noted that those who were working were living in fear of being dealt with, as there were constant threats that were directed towards them. Participants explained with the following quotes:

"So, I remember that time I was working night duty, on that day, aah, by five o'clock we had to run for our lives because we heard people saying that if you are found in the ward, then they will deal with you. By five o'clock we left the patients because we were told that the management had made other arrangements, we were phoned by one of the managers, it was Matron (…) to say we must just leave the wards, as it is, Mr (…) the porter will come and look out, look for, uhh, to look after our patients." P3

"*Specific reason for me to decide to join, it was my safety. I was concerned about my safety because we were told; we were intimidated to say if you don't join us, they will burn your house, they will assault you, or they will kidnap you, so, for the sake of my life I joined."* P5

Some of the people who were involved in those acts of intimidation were said to be not nurses, but support staff, as P4 clarified that:

"Mostly they were sending those who are general workers, to come and take us out, and those who are shop stewards, excluding one union, DENOSA, they were saying, they wanted us to have a skeleton system, but they were overpowered."

P7 also confirmed the statement by saying that:

"We were called to go out, by some of the colleagues who were on strike especially union members and the general assistants."

Nurses who were working were also intimidated by phone calls and their families also threatened.

"*So, in the meantime, you know, during that time, we used to receive some phone calls, threatening us, and the people who were phoning they were not identifying themselves, threatening us ukuthi*

[that], yah, you are in the ward, you are working, whilst we are striking, so, we are going to attack your families. So we were living in fear, our everyday life of coming on duty". P3

"… uhm, I think that was once maybe because, uhm, incidences like they would, they would threaten to burn the house, but I didn't experience any physically." P4

3.8.3 Sub-theme: Forced by the situation

Participants highlighted that they were forced by the situation that they were facing, hence they had to participate in the strike actions. There are circumstances and situations that arise that force employees to participate in strike actions. Widespread reports of intimidation and harassment forces many nurses to join protest marches, even though some of the health sector labour unions instruct their members to picket peacefully during lunch breaks (van Rensburg & van Rensburg 2013:832). In this study, participants mentioned some of those situations that led them to join strike actions:

"We had no choice because it was a very life threatening situation." P7

"Specific reason for me to decide to join, it was my safety. I was concerned about my safety because we were told; we were intimidated to say if you don't join us, they will burn your house, they will assault you, or they will kidnap you, so, for the sake of my life I joined." P5

"*I was being warned that, should they find me working, they would, they would pull me out of the ward and they would harass me."* P4

"When the group came to maternity, one of the leaders said that all the nurses must come out. All nurses, professional nurses, enrolled nurses, assistant nurses, all nurses must come out." P8

"*I had no choice, I had to go and join them for the sake of my safety and my family."* P7

Participants highlighted that another situation that forced them to join the strike was that they were taken out of the units, they were forced out:

"When the group came to maternity, one of the leaders said that all the nurses must come out. All nurses, professional nurses, enrolled nurses, assistant nurses, all nurses must come out." P8

"*We were instructed to go out of the department to go and join the strike. … you are being forced to go out of the hospital premises, while the patients will be suffering."* P6

This instruction was said to have been given by the union leaders.

3.9 CONCLUSION

This chapter outlined the discussion of the Colaizzi (1978) data analysis seven step method, the profiling of participants and their demographics. The findings that arose from the data analysis were from the in-depth interviews that were collected by the researcher by herself. Themes and subthemes were identified and discussed according to participants' voices.

The next chapter will discuss the literature review that was undertaken in relation to each of the four themes to link to the findings.

CHAPTER 4
DISCUSSION OF THE FINDINGS AND LITERATURE CONTROL

4.1 INTRODUCTION

Chapter 3 outlined the data analysis and interpretation. This chapter will be a discussion of the findings of the study in relation to literature control. The discussion is about a reflection on the aim of this study which is to explore and describe the lived experiences of nurses working in specialized areas during strike actions at a tertiary hospital in Emalahleni district in Nkangala region.

4.2 DISCUSSION

Four themes emerged from the study: Ethical and moral effects of strike actions, living with fear: “Amagundwane”, “we will deal with you”; and Strike actions as an economic weapon.

Figure 4.1 illustrates a pictorial representation of the findings.

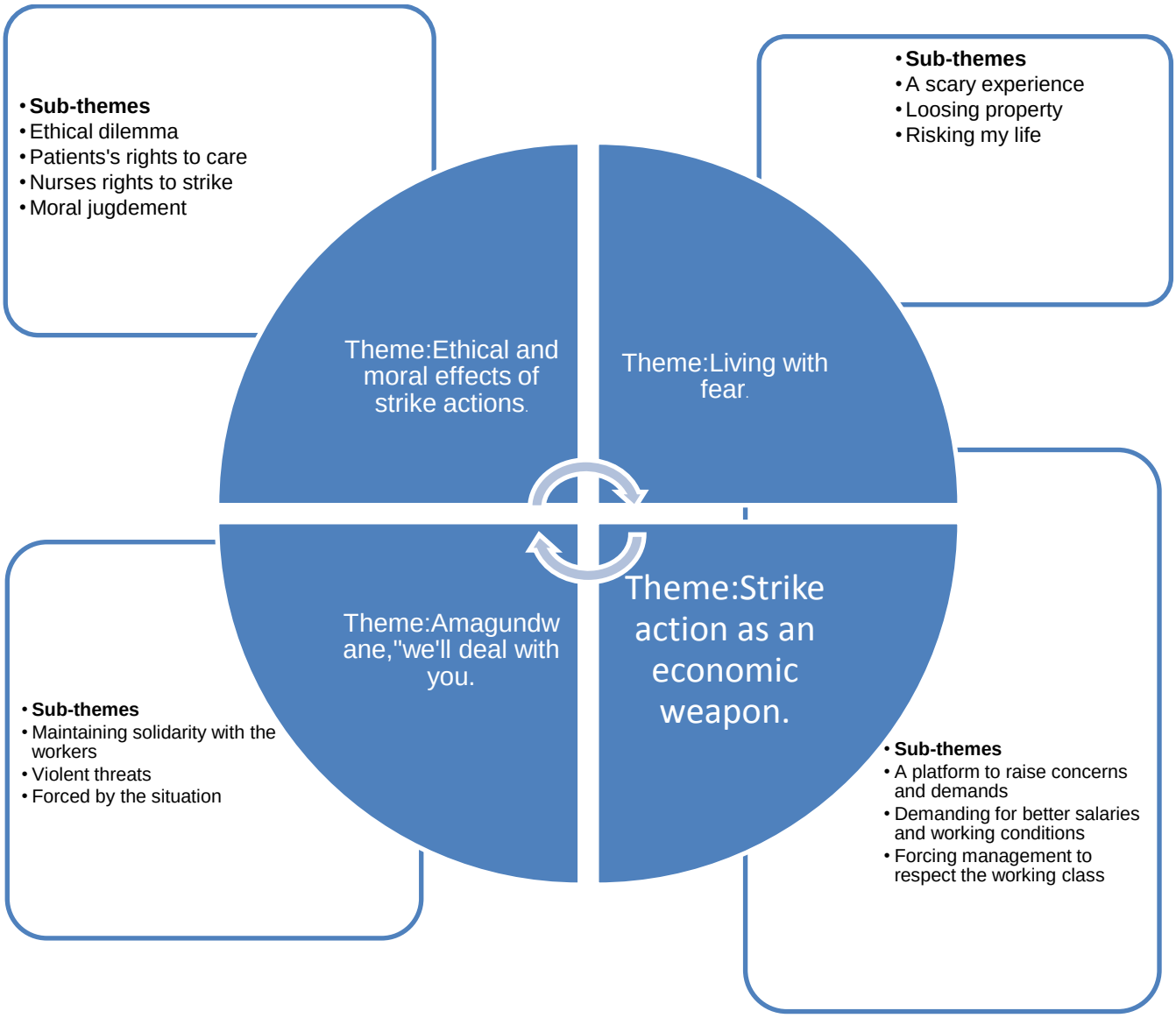

Figure 4.1: Pictorial presentation of themes and subthemes

4.2.1 Ethical and moral effects of strikes

Nurses are often placed in difficult situations whereby they have to decide between two or more choices that are acceptable and/or unacceptable (Ganz & Berkoritz 2012:1517). This was the case in this study as participants had to decide whether to participate in strike actions or not. Findings revealed that the ethical and moral effects that the participants were faced with were ethical dilemmas, patients' rights to health care, nurses' rights to participate in strike actions as workers, and moral judgements.

According to Neiman (2011:597), the basis of nurses' dilemma is formed by them feeling an obligation to the safety and care of their patients; however, they also recognize the need to strike in order to protect their own wages, benefits and their working conditions that will improve care for future patients. In her presentation on the "Impact of nursing strikes on nursing practice" (2012), Matebeni commented that, "there seems to be a dilemma for many nurses that a choice exists between collective bargaining/unionizing and professionalism as though the two were mutually exclusive when in fact they are not". Thus, participants mentioned that they were torn between being in a caring profession and being union members and participating in union activities.

Moral judgment is defined as psychological idea that characterizes the process by which people decide that one course of action in a situation is morally right and another course of action is not (Hashish & Awad 2017:3). It can also be defined as practical knowledge that allows one to know how to choose actions that fit morally relevant situations (Biss 2014:6). The ethical debate regarding strikes often revolves around tensions between promoting the individual patient's welfare and social justice (Li et al 2011:582). When dealing with ethical issues, individuals will use their moral judgment to evaluate and determine the morality of an action whilst promoting the individual patient's welfare and social justice. Findings also revealed that some of the participants chose to continue working because they knew that it was morally right for them to do so, despite all the threats and other external factors around the strike actions.

When nurses decide to go on strike, serious moral questions are raised about their obligation as professionals, their right to collective bargaining to improve or preserve their wages, benefits, and working conditions, and patients' rights to medical care (Neiman 2011:596). In addition, O'Brien (2016:69) also mentioned that strike actions represent an ethical and moral dilemma of an obligation to provide care for patients, for some nurses. The participants mentioned that they were aware of their rights as workers to participate in strike actions; however, they were also aware that patients have a right to receive care that they were entitled to without interruptions. They also indicated that they were aware of their moral responsibility towards their patients and their profession even though it had conflicted with their rights to strike as union members.

Strikes by nursing personnel have an impact on the rights of and the image of nurses themselves. The public image of nursing is an important measure of how the profession is valued in a society (Meiring & van Wyk 2013:5). Findings in the study revealed that the image of the nursing profession was tainted by the way they were behaving in public. Participants painted a picture of nurses dancing and loitering in the streets and they condemned those actions and believed that they had tainted the image of nursing. Some of the participants condemned and questioned the way their colleagues

behaved, which they said was unprofessional. According to Van Rensburg & van Rensburg (2013:822), during the 2010 public strike, the public image of nurses had been negatively tainted, and the way their unethical behaviour was perceived during the strike was widely criticised in the media.

Furthermore, Neiman (2011:597) clarifies that despite the acknowledgement of nurse's right to strike; nurse's strikes continue to raise important moral questions. Ultimately, the most instinctive argument against the morality of nurse's strikes is that they cause harm to patients. Some of the participants mentioned that they tried to negotiate with their union leaders to allow them to continue with their duties and join them later and they were fortunate that their leaders agreed. Even though it was difficult and needed a lot of courage, participants mentioned that sometimes they had to negotiate for their rights to perform some of their critical duties in their units to be able to save patients' lives. Ultimately, nurses have a right and duty to refuse to participate in an action that is in conflict with his/her morals (O'Brien 2016:69).

The World Health Organization (WHO) defines patients' rights as a set of rights that an individual has in a healthcare setting. Those rights can also be referred to as a set of entitlements regarding rightful and rational needs of patients designed in the form of laws, standards, and regulations that the healthcare providers are obliged to observe (Sheikhtaheri, Jabali, & Dehaghi 2016:867). Consequently, by abandoning patients to participate in strike actions, the participants indicated that they used patients by bargaining with their well-being. In addition to that, and given nurses' status as caregivers to the vulnerable, they felt that first had a moral obligation towards the patients, and this obligation was violated by participating in a strike (van Rensburg & van Rensburg 2013:824).

The nurses' rights to strike is entrenched under the Constitution and the Labour Relations Act no 66 of 1995 of South Africa, as described by Dhai et al (2011:60). However, Dhai et al (2017:57) further say that South Africans respect individual rights, but, in the healthcare context, there is little support for neglect and abandonment of critically ill patients. This critically ill patient includes those patients in specialized areas because of their vulnerability, in theatre, ICU, maternity and casualty. According to the findings, nurses had to embark on strike actions because it is their right to do so, in order for them to achieve what they want, in terms of their rights as employees (means to an end). Furthermore, the South African Nursing Council (SANC) asserts nurses' right to strike only within the ethical rules governing their profession and their career scope of practice (van Rensburg & van Rensburg 2013:823). Van Rensburg & van Rensburg (2013:823) further say that the policy emphasises that the assertion of the rights of nurses is a means to an end, that is, improved service to patients, provided that a patient's life is not endangered by the exercising of said rights.

Nurses are supposed to work according to certain prescripts, which include the scope of practice as determined by the SANC. This also guides the nurses to say that they can be held liable for their acts and omissions. However, some of the participants said that they were put in a difficult position because if they had practised their rights as nurses to strike, then they would have been contravening their scope of practice because they would have omitted their duties, and they would also be going against their nurse's pledge of service.

The International (Nightingale) Nurses' Pledge is a promise that is undertaken by nurses to uphold the core principles and values of nursing, and is aligned to the ICN Code of Ethics. It mentions promoting the rights of patients, promotion of health and the protection of information, and also refraining from endangering the life and health of patients, maintaining professional competence and continuing education, and sustaining good working relationships with colleagues (White, Phakoe & Rispel 2015:2). In addition, the code of ethics and practice of pledges have their origins in the deontological view that nurses have a responsibility to act in the best interest of patients that they are caring for (White et al 2015:1). The Florence Nightingale Pledge (nurses' pledge of service) compels nurses to act in the best interests of their profession and their patients (Dhai et al 2011:58).

4.2.2 Living with fear

A strike action includes a lot of activities. Demonstrations, picketing and mass action are some of them. For all those activities to be successful and have an impact, the majority or all the union members are expected to participate in those activities. In this study, the participants who are members of unions, who decided to skip those activities and continue working, reported that they were always scared, but they had to risk their lives for the sake of the patients.

According to Dhai & Mahomed (2018:633), during strike actions, some of the healthcare practitioners opt to stay away from facilities because they fear for their safety. However, some of the participants in this study reported that they sneaked in to continue to provide the services that they were supposed to render. In addition, findings in this study also revealed that those participants risked their lives by sneaking in and coming to work. In spite of sneaking in, participants revealed that strike action was a scary experience for them, because they were always living in fear.

Some of the participants mentioned that they belonged to DENOSA which is a labour union for nurses and it allowed some of them to be skeleton staff. Unfortunately, some of the other unions were not allowing skeleton staff, hence the DENOSA members were fearing that they might be

intimidated. Van Rensburg & van Rensburg (2013:831) state that some health-sector labour unions sometimes called on their members to picket peacefully during lunch breaks, however, widespread reports of intimidation and harassment forced many nurses to join protest marches. Sam (2014:25) further says that, because of union rivalry, union members in some circumstances are forced to support their labour unions and their decisions even though they may not agree, due to the fear of being intimidated. The intimidation of employees causes a chain of events for all employees, despite their union affiliation.

The findings also revealed that the participants did not only fear for their lives, but also for the loss of their property. This was because of the media reports that they were getting of some people whose houses and cars were damaged. The damaging of property is a means of scaring and forcing the workers into making them participate in strike action. Rapatsa & Matloga (2014:11) attest to this by saying that, in some instances, strike actions are accompanied by acts of violence and crime such as assaults, looting, damage to property and even killing of people.

Some participants mentioned that as much as they were scared to come on duty or even participate willingly, they were feeling guilty for abandoning their patients. Some even mentioned incidents when they could not sleep during that period. Those who managed to sneak in to continue working said that they knew that they were going to feel guilty if they had gone out and left their patients to suffer. The suffering could have also been in a form of fear of what was going to happen to them (patients). Participants mentioned that some relatives were pleading with those who were working to continue and not leave their relatives alone. Van Rensburg & van Rensburg (2013:827) state that there are countless forms of harm that can be caused by strike actions and mental anguish resulting from fear of abandonment is one of them. Hence the participants mentioned that they felt guilty to abandon their patients which could have resulted in harm. They also mentioned that listening to those relatives pleading with them, made them feel guilty. They mentioned that they knew that there was not much that they could do as they were only a skeleton staff, but they believed that the little that they did meant something. Briskin (2011:29) stated that nurses can easily be made to feel guilty if they refuse to take care and when they do strike, the media may portray them as being heartless and having no feelings.

4.2.3 "Amagundwane", "we will deal with you"

Amagundwane, meaning rats, is a term that was introduced during the 1976 political uprising in South Africa (Motshegoa 2005). This term was used to describe individuals who were suspected to be siding with the enemy, which was then the apartheid government during those struggle days (Motshegoa 2005). In terms of strike actions, Chinguno (2015:110) described *amagundwane* as a term that is used to refer to individuals who work during strike actions and are presented as unpleasant elements to be suppressed by force. This force was mostly in the form of violence and intimidation.

Akkerman, Born & Torenvlied (2013:254) state that, in some instances, strikes will be successful if only a small number of the workers go on strike, but in other situations strikers depend heavily on the full cooperation of all workers. Hence the use of violence to force as many employees as possible to participate in strike actions, to be able to make the strikes succeed. However, Tenzo (2015:224) points out that to say that the employer will only take the striking employees' demands seriously if their action is accompanied by violence, is a myth that is without foundation or basis. The findings revealed that nurses as public servants participated in strike actions because of the violent threats that the participants had experienced.

In this study, findings revealed that some of the participants were constantly referred to as *amagundwane* or were afraid of being referred to as *amagundwane*. According to some of the participants, being labelled as *amagundwane* exposed them to violent threats. A strike action often turns violent, and the participants alluded to the fact that they heard of some of incidents pertaining to incidences of violence. Strike actions often result in violence that often harms those who choose not to participate and continue with their duties. Those who are continuing to work are considered sell-outs and they are threatened with being "dealt with". Strike actions in South Africa often erupt in violence and this raises the question of personal safety, hence, apart from an obligation towards their patients, nurses also have a duty to protect themselves against harm (van Rensburg & van Rensburg 2013:832). Participants raised the issues of their safety being compromised when they tried to sneak into their units to perform their duties. Despite them working in specialized units with the most vulnerable patients, they were still being harassed and threatened, including their families.

Participant pointed out that there were acts of intimidation directed towards them and their families, like strange and anonymous phone calls that they received whilst on duty. Some participants even mentioned being physically taken out of their units to go and participate. The union leaders were in the forefront of these acts of intimidation and violent threats because they wanted the strike to be successful. They created an environment of threats and intimidation.

Violence is often utilized during strike actions to force non-strikers to reconsider their decision to not participate. This causes tension amongst the workers who are striking and the non-strikers. Van Rensburg & van Rensburg (2013:832) say that an environment that is marked by heightened tensions and a history of public violence and intimidation might cause genuine threats to emerge. Violent threats accompanied by intimidation are also used to force solidarity amongst workers. Hence, according to participants, if one was not in solidarity with other workers, they were referred to as *amagundwane*. Solidarity refers to the notion that humans exist in connection with one another (O'Brien 2016:70). In strike actions, that connection does not always exist as there are other workers who are having different opinions and choose to continue working. Hence in this study some participants reported that they did not see the need to participate, but they did not have a choice but to participate because of the violent threats. Some of the participants verbalized that they did not want to hear about strike actions again because they did not see the purpose they served to them.

According to the participants, the principle of "No Work, No Pay" disadvantaged them in terms of their finances and some mentioned that they had children who were at university, and the money that was deducted from their salaries was thus a setback to them. The principle of 'no work, no pay' is a fundamental saying in labor and industrial relations, which means that when a person is employed, it is expected that they carry out the work assigned to them, and when this is not done, the employee is not eligible for payment of any salary. It is mentioned in Net CV South Africa (2018) that "if you are not at work or working then you will not be paid – provided that you are not on paid or sick leave at the time". Bankole (2005 as cited in Osakede & Ijimakinwa 2014:159), also says health-care workers embarking on strike actions mostly face a loss of income, emotional distress and job insecurity, plus long hours of work for those who choose not to participate. This could also lead to them not being able to render the care that they are supposed to, and as a result, they end up rendering inadequate patient care with a lowering of standards. However, the violent threats that the participants received outweighed all the negative effects that would come out because of them participating, including the "no work no pay" rule.

4.2.4 Strike action as an economic weapon

According to the International Council of Nurses (ICN), strikes are defined as 'employees' refusal to work or to continue to work for the purpose of forcing an employer to agree to conditions of work that could not be achieved through negotiation (van Rensburg & van Rensburg 2013:820). The employees usually achieve this by withholding their labour from the employer in an attempt to force the employer to agree to their demands (Sam 2014:21). In this study, some of the participants said

that they felt as if their employer does not have ears and that the only language they understand is strike actions.

Strike actions remain an effective means or mechanism for employees to have their voices heard, however controversial (van Rensburg & van Rensburg 2013:820). Their concerns are raised to the government as the main employers and the managers as the immediate employer. Shezi (2015:7) states that the aim is to force management to change from existing management practices in order to find new ways of coping with the demands of personnel. The participants mentioned that there were demands, like the housing allowance that they wanted to increase, that the employer only managed to meet and increase after strike action. This phenomenon of strike actions has been occurring in many countries across the world. Briskin (2014:107) concurs by saying that in the last three decades, nurses in many countries including the UK, the US, New Zealand, Australia, Japan, Israel, Denmark, Poland, India, Fiji, Kenya and South Africa have gone on strike. These strike actions have been used by nurses as a way to force their employers to agree to their demands.

Meiring & van Wyk (2013:12) state that South African nurses have embarked on strike actions to negotiate for better salaries because they were frustrated with their poor salaries and poor working conditions. Van Rensburg & van Rensburg (2013:821) echoed the same sentiments when stating that in South Africa, strikes are often launched so as to attempt to give workers an upper hand to negotiate with the employer, the government or public institutions. Participants indicated that they embarked on strike actions to ensure that their voices are heard and their demands are met. Even though some of them were not keen on participating in strike actions, there were those who felt that it was the only way that the government could meet their demands.

4.3 SUMMARY

Chapter four discussed the interpretations and findings of the study. The four themes and the subthemes that emerged from the study were discussed in relation to literature. Ethical and moral effects of strike actions were discussed as they were experienced by the participants. Living in fear was also discussed as participants described how they had to live in fear. “Amagundwane”, “we will deal with you”, was also discussed as an emerging theme. Strike action as an economic weapon was also discussed. In the next chapter, conclusions, recommendations and limitations of the study will be discussed.

CHAPTER 5
CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

5.1 INTRODUCTION

The previous chapter discussed the themes and subthemes that were created from the transcripts. The themes and subthemes were supported by existing literature. This chapter will discuss the conclusions, recommendations and the limitations of the study that were identified.

5.2 AIM OF THE STUDY

The aim of the study was to explore and describe the lived experiences of nurses working in speciality areas during strike actions at a tertiary hospital in Emalahleni in Nkangala region.

5.3 RESEARCH QUESTION

The research question posed by the study was: What are the lived experiences of nurses working in speciality areas at a tertiary hospital in Emalahleni district in Nkangala region during strike actions?

5.4 RESEARCH METHODOLOGY

In this study, a qualitative research approach was followed in order to meet the aims of the study. The methodology was underpinned by the critical social theory paradigm. An interpretive phenomenological study was conducted in a selected institution in the Nkangala district in Mpumalanga Province, to explore the lived experiences of nurses working in speciality areas during strike actions. A purposive sampling technique was used by the researcher to recruit the participants. In-depth interviews were conducted to acquire the information. An audiotape recorder was used to collect the data, and Colaizzi's (1978) data analysis framework was used for data analysis. Four themes were identified from the data analysis: *Ethical and moral effects of strikes, Living in fear, "Amagundwane", "we will deal with you"* and *Strike action as an economic weapon.*

5.5 SUMMARY OF RESEARCH THEMES

5.5.1 Ethical and moral effects of strike actions

The ethical and moral effects that the participants indicated that they were faced with were ethical dilemmas, moral judgements, patients' rights to health care and nurses' rights to participate in strike actions as workers. Strike actions were morally challenging situations as indicated by the participants. Binkowska-Bury et al (2013:697) supported the statement by saying that strikes in the health-care sector always encourage a number of controversies in society and result in mixed feelings and dilemmas among health-care workers. Therefore, when they were facing that morally charged situation, the participants engaged in an ethical decision-making process to resolve the ethical dilemma that they were facing (Lincoln & Holmes 2008:41).

The theme indicated that the participants faced an ethical dilemma in terms of whether to do what some of them thought was right which was to continue working, or abandon their duties and participate in the strike action. The participants indicated that they acknowledged that they had rights as workers as determined by the Constitution of South Africa to participate in strike actions. However, they also indicated that they also acknowledged that the patients that were in their care, especially those in specialized areas, also had a right to health-care, considering their level of vulnerability.

The participants indicated that they were aware of their moral responsibility towards their patients; hence they faced an ethical dilemma when they had to abandon them. The code of ethics and practice of pledges have their origins in the ethical view that nurses have a moral responsibility to act in the best interest of patients that they caring for (White et al 2015:1). The participants also had to face moral judgements from the community that they serve and that they are coming from because of their decision to join the strike actions. The participants indicated that the moral judgement was also from their colleagues and fellow union members because those who were not striking were perceived to be sell-outs.

5.5.2 Living with fear

Strike actions are usually accompanied by violence, threats and intimidations. The Constitution of the Republic of South Africa makes provision for the protection of non-strikers during strike actions.

However, participants in this study mentioned that they were living in fear. Participants indicated that they risked their lives by coming on duty and they were in constant fear of losing their property. They also indicated how scary an experience it was for them to sneak into their units. The participants also indicated that they heard of incidences of people whose property was damaged because they sneaked into their workplaces during strike actions.

5.5.3 "Amagundwane", "we will deal with you"

Being called *amagundwane* during strike actions is demeaning and causes all sorts of problems and danger to the strike breakers. Violent threats were also a reason for participation for some of the participants to join the strikes. According to the participants, they feared for their lives and for those of their families. The participants said that they were threatened, intimidated and made to participate in striking activities unwillingly. They mentioned how they were ordered by the leaders of the unions to leave their workstations and participate. Those leaders had power over them because they were leading the strike. Van Rensburg & van Rensburg (2013:832) assert that in an environment that is marked by intensified tensions and a history of public violence and intimidation, real threats might unfold. Therefore, real threat to a nurse's personal safety, ethically justify striking as a mechanism of self-preservation (van Rensburg & van Rensburg 2013:832).

The participants also concluded that they were forced by the situation. They had no choice as they feared for their lives and those of their families. The situation was sometimes volatile and there were threats and intimidation directed to them when they decided to come on duty. Van Rensburg & van Rensburg (2013:831) affirmed that nurses are not only expected to provide patient care but are also obligated to look after their own and their families' financial and non-financial well-being.

5.5.4 Strike action as an economic weapon

Nurses are said to be a crucial part of the hospital production function and are considered the heart and soul of the hospital, however, dissatisfaction with salaries and unsatisfactory working conditions can cause strikes which is a powerful weapon used by them to get their demands accepted (El Fatah et al 2018:76).

In this study, strike actions were portrayed as an economic weapon by some of the participants. Some of the participants indicated that there were demands that they felt they needed to raise and the only way they could do that was by embarking on a strike action. This statement is supported by Binkowska-Bury, Marc, Nagorska, Januszewicz & Ryzko (2013:691), who stated that health-care workers across the world carry out protests, and these health workers include nurses. Binkowska-Bury et al (2013:691) further elaborate that between 2005 and 2010, nursing strikes took place in Slovakia, Australia, Ireland, Portugal, Denmark, Sweden, the UK and the USA.

The participants also indicated that they felt that the government was not treating them well by not considering their demands. However, there are those participants who felt that they did not want to participate, but they had to force the management to listen to their demands, they had to get some sort of respect. They felt that the management would only respect them if they were forceful, hence embarking on a strike action.

The participants indicated that strike actions were a forceful way which would compel the management to listen to their demands.

5.6 IMPLICATIONS

The study highlighted the lived experiences that nurses went through during strike actions and how they affected them, the nursing profession and their patients. The study also highlighted the influence that labour unions have on the nurses and the role that they play in the policies and decision making that affect nurses. The following implications are therefore relevant.

5.6.1 Implications for patient care

The Constitution of the Republic of South Africa is clear on the protection of human rights, and the right to health care. The Constitution (1996, clause 27(3)) states that everyone has a right to have access to health-care services. Furthermore, the Constitution (1996, clause 27(3)), states that no one may be refused emergency medical treatment. However, during strike actions, patient care is negatively affected as patients are being abandoned. The study highlighted the plight of the patients in specialized areas and the need for them to be protected during strike actions as there are nurses who are prepared to care for them.

5.6.2 Implications for the nurses in specialized areas

The research has highlighted the confusion and uncertainty that the nurses in specialized areas face during strike actions. As much as they are union members and workers, the research concluded that they are more affected than other nurses because their patients are more vulnerable, hence they need nurses with special skills to take care of them.

Through the participants, it was evident that the vulnerability and special care of the patients should not be ignored or taken for granted by labour unions when they call for strike actions, because those patients suffer the most. The fact that all the other patients were also suffering was not set aside, but ultimately almost all the participants put forward that their patients in specialized areas suffered the most and they needed to be protected. In this study, the participants concluded that there is a need for nurses in specialized areas to be protected so that they can continue with their duties during strike actions.

5.6.3 Implications for the nursing profession

The nursing profession has always been regarded as a calling and nurses have always distanced themselves from activities like strike actions because they were regarded as unethical. The primary principle in the nursing profession is respect for people, patients and families, hence, for some nurses, strike actions may present an ethical and moral dilemma in terms of their obligation to provide care for patients (O'Brien 2016:67).

The research highlighted how there is a need for the nursing profession to be accommodating when it comes to strike actions and also to embrace the fact that nurses will and are participating in them, even though the profession is regarded as noble. The study concluded that the nursing profession needs to move with the times and formulate policies that will accommodate the nurses and not oppress them when it comes to labour relations issues.

5.7 RECOMMENDATIONS

5.7.1 Recommendations for policy development

Currently there are no policies and guidelines which could assist nurses in specialized areas to decide what to do during strike actions. There is a need for labour unions and the government to work with each other to come up with those guidelines and policies. The findings from this study highlighted the need for the formulation of a triage that will assist in preventing a complete halt of nursing services in specialized areas whereby patients might be compromised during strike actions.

5.7.2 Recommendations for labour organisations

Nurses belong to different labour organisations depending on their choices, as the Constitution (1996, clause 23(2)) states that every worker has the right to join a trade union, to participate in trade union activities and to strike. However, there is a need to educate trade union leaders about the importance of the preservation of life so that they can use their influence to teach their members to differentiate between patients in general wards and specialized areas. This will assist in ensuring that during strike actions, nurses who are working in specialized areas are not bothered, intimidated or victimised so that they can continue with their duties and save patients' lives. The findings from this study contribute to the body of knowledge in labour unions regarding the importance and value of specialized nursing care.

5.7.3 Recommendations for patient care

Patients in specialized areas require specific care which can only be rendered by nurses with special skills and expertise. Hence there is a need for measures that will accommodate those nurses working in specialized care to exercise their rights as union members to go on strike, but ensure that patients are not compromised.

5.8. LIMITATIONS

The study used an interpretive phenomenology approach, and it focused on the lived experiences of the nurses in specialized areas during strike actions. All the participants were able to describe their experiences for the major strike actions that occurred in 2007 and 2010. Most participants had the same experiences for those years. Some participants were a bit reluctant to open up at first and they claimed to have forgotten, but they eventually opened up.

The researcher took four months to collect data because it was not easy to get hold of the participants due to the specialized units being unpredictable in terms of their schedules and routines. The researcher had to go to some of the units several times in order to be able to get hold of the participants, to collect data.

The researcher had first planned to collect data using the world café method, but after consultation with her supervisors, they decided that in-depth interviews would be the most appropriate method, due to the nature of the study being very sensitive. The supervisors believed that it would be better for the participants to be interviewed individually so that they are able to open up.

Some of the participants were not eager to open up because they felt that they might be victimised so the researcher had to really convince them and create a trusting relationship for them to open up.

5.9 FINAL CONCLUSION

The aim of the study was to explore and describe the lived experiences of nurses working in speciality areas during strike actions at a tertiary hospital in Emalahleni in Nkangala region. This study is based on the critical social theory paradigm. A qualitative research design was used following an interpretive phenomenology approach, to achieve the aim of the study. The researcher used purposive sampling to select the participants based on their knowledge of strike actions and to share their experiences. Data was collected using in-depth interviews, field notes were recorded and a journal was kept by the researcher. The Colaizzi (1978) data analysis framework was used to analyse data and four themes were identified. Four themes identified were: *Ethical and moral effects of strike actions, living with fear, "Amagundwane", "we will deal with you",* and *Strike action as an economic weapon.* The themes were discussed and controlled by literature.

The study highlighted how nurses in specialized areas interpreted strike actions and what it meant for them and their profession. The study also highlighted how patients were affected and the image of the nursing profession. The study concluded that most of the study participants were not willing to participate in strike actions, but were compelled by circumstances to do so, as they were identified in the four themes.

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ANNEXURE A

DECLARATION OF ORIGINALITY

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

DECLARATION OF ORIGINALITY

The Department of Health sciences places great emphasis upon integrity and ethical conduct in the preparation of all written work submitted for academic evaluation.

While academic staff teaches you about referencing techniques and how to avoid plagiarism, you too have a responsibility in this regard. If you are at any stage uncertain as to what is required, you should speak to your lecturer before any written work is submitted.

You are guilty of plagiarism if you copy something from another author's work (e.g. a book, an article or a website) without acknowledging the source and pass it off as your own. In effect you are stealing something that belongs to someone else. This is not only the case when you copy work word-for-word (verbatim), but also when you submit someone else's work in a slightly altered form (paraphrase) or use a line of argument without acknowledging it. You are not allowed to use work previously produced by another student. You are also not allowed to let anybody copy your work with the intention of passing if off as his/her work.

Students who commit plagiarism will not be given any credit for plagiarised work. The matter may also be referred to the Disciplinary Committee (Students) for a ruling. Plagiarism is regarded as a serious contravention of the University's rules and can lead to expulsion from the University.

The declaration which follows must accompany all written work submitted while you are a student of the Department of Health Sciences. No written work will be accepted unless the declaration has been completed and attached.

Full names of student: Kesentseng Maria Mngomezulu

Student number: 16257465

Topic of work: The living experiences of nurses in specialized areas during strike actions.

Declaration

1. I understand what plagiarism is and am aware of the University's policy in this regard.

2. I declare that this research proposal (e.g. essay, report, project, assignment, dissertation, thesis, etc.) is my own original work. Where other people's work has been used (either from a printed source, Internet or any other source), this has been properly acknowledged and referenced in accordance with departmental requirements.

3. I have not used work previously produced by another student or any other person to hand in as my own.

4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

_____

SIGNATURE

ANNEXURE B

INTERVIEW GUIDE

UNIVERSITEIT VAN PRETORIA
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Faculty of Health Sciences

Department of Nursing

Postgraduate Research Study

Clinical nurse lecturers' experience regarding their role in clinical teaching

Interview guide

TITLE: The lived experiences of nurses in specialized areas during strike actions at a tertiary hospital in Emalahleni district in Mpumalanga Province

Aim: To explore and describe the lived experiences of nurses working in specialized areas during strike actions at a tertiary hospital in Emalahleni district in Mpumalanga Province.

Grand Statement:

Tell me about your lived experiences while working in specialized areas during strike actions at this tertiary hospital.

This statement was followed by relevant probes.

ANNEXURE C

INFORMATION LEAFLET AND INFORMED CONSENT FOR EDUCATIONAL, HEALTH SYSTEMS OR NON-CLINICAL OPERATIONAL RESEARCH

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
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INFORMATION LEAFLET AND INFORMED CONSENT FOR EDUCATIONAL, HEALTH SYSTEMS OR NON-CLINICAL OPERATIONAL RESEARCH

TITLE OF THE STUDY:THE LIVED EXPERIENCES OF NURSES IN SPECIALIZED AREAS DURING STRIKE ACTIONS IN A TERTIARY HOSPITAL IN EMALAHLENI DISTRICT IN NKANGALA REGION, MPUMALANGA

Mrs KM Mngomezulu will conduct the study as part of her Master's Degree in the Department of Nursing Science, University of Pretoria.

1. INTRODUCTION

You are invited to take part in this research. This information leaflet is to assist you to decide if you might be interested to participate. If you have any questions regarding the study, you are welcome to ask the researcher. Your participation will be appreciated and will be vital to professional development in the health care field.

2. WHAT IS THE PURPOSE OF THE STUDY?

The purpose of the study is to explore the lived experiences of nurses in specialized areas during strike actions.

3. WHAT IS EXPECTED OF YOU DURING THE STUDY?

You will be required to participate in in-depth conversations that will be initiated by the researcher. Those conversations will be held at the designated tertiary hospital in specialized areas. The researcher will ensure that the areas where the conversation will be done are comfortable and private. All the participants will be required to take part in that conversation in small groups of not more than five and they will be separated according to their specialities.

The participants will be given an opportunity to express themselves about their experiences during strike action, together with the researcher. The researcher will be ensuring that there is a flow of communication during the conversations, and ensuring that all the participants are given an opportunity to express themselves. The researcher will use a tape recorder to record the conversations. All the participants will be required to talk while the recorder is recording the conversations. The researcher will also be taking part in the conversations and also giving her own account of her lived experiences during strike actions. The researcher will also be taking notes. This will be used as references during data analysis. All the information recorded will only be utilized for the purpose of the study. As soon as the data is analysed all the recorded information will be deleted.

4. HAS THE STUDY RECEIVED ETHICAL APPROVAL?

The study will be submitted to the ethics committee of the University of Pretoria, Faculty of Health Sciences for approval.

5. WHAT ARE MY RIGHTS AS PARTICIPANT IN THIS STUDY?

Your participation in this study is voluntary and you have a right to refuse to participate or withdraw at any time.

6. WILL ANY OF THE STUDY PROCEDURES RESULT IN DISCOMFORT AND RISKS?

The study will not include any experiments, but expression of experiences by verbal communication. There might be some uneasy emotions that could be expressed since the topic will be about strike actions, and strike actions might be a touchy subject to some. Therefore, you are requested to report any uneasy feelings so that they can be handled and not get out of control. The researcher will ensure that calm and understanding is maintained between all the participants.

7. WHAT ARE THE POSSIBLE BENEFITS OF THE STUDY?

The study will benefit you as a nurse in specialized area with guidance on what to do during strike actions. That might be done by development of a triage that could be utilized during strike actions in hospitals, to ensure that nursing care in specialized areas does not come to a halt during strike actions.

8. CONFIDENTIALITY

All the information to be collected during the study will be strictly confidential. The information collected during the in-depth conversations will be kept very safe and will not be used for any other purpose except for the research project. There will be no names attached to the research report.

9. SOURCES FOR ADDITIONAL INFORMATION

Should you have any questions during the study, please do not hesitate to contact the researcher:

Researcher: KM Mngomezulu (0723154847)

Supervisor: Dr RS Mogale (0715591327)

Co-Supervisor: Prof M Mulaudzi

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CONSENT TO PARTICIPATE

I hereby confirm that I have been informed by the researcher, Mrs KM Mngomezulu about the nature, conduct, benefit and risks of the study. I have also received, read and understood the participant information leaflet regarding the study. I am aware that the results of the study including personal details will be anonymously processed into the report.

I may at any stage without prejudice, withdraw my consent and participation in this study. I have had sufficient opportunity to ask questions and (of my free will) declare myself to participate in this study

Participant's name :……..(please print)

Participant's signature: Date……

Researcher's name :……(please print)

Researcher's signature: Date……

Witness name :……(please print)

Witness signature: Date

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VERBAL INFORMED CONSENT

I, the undersigned, have read and fully explained to the participants whom I have asked to participate in the study, the contents of the participant information leaflets, which explain the nature, risks, discomforts and benefits of the study.

The participant indicated that he/she understands that the results of the study, including personal details regarding the conversations, will be anonymously processed into a research report. The participant indicates that he/she had time to ask questions and has no objection to participate in the in-depth conversations. He/she understands that they will not be penalised should they wish to discontinue with the study and his/her withdrawal will not affect the study in any way. I hereby certify that the client has agreed to participate in this study.

Participant's Name…….. (Please print)

Person seeking consent…… (Please print)

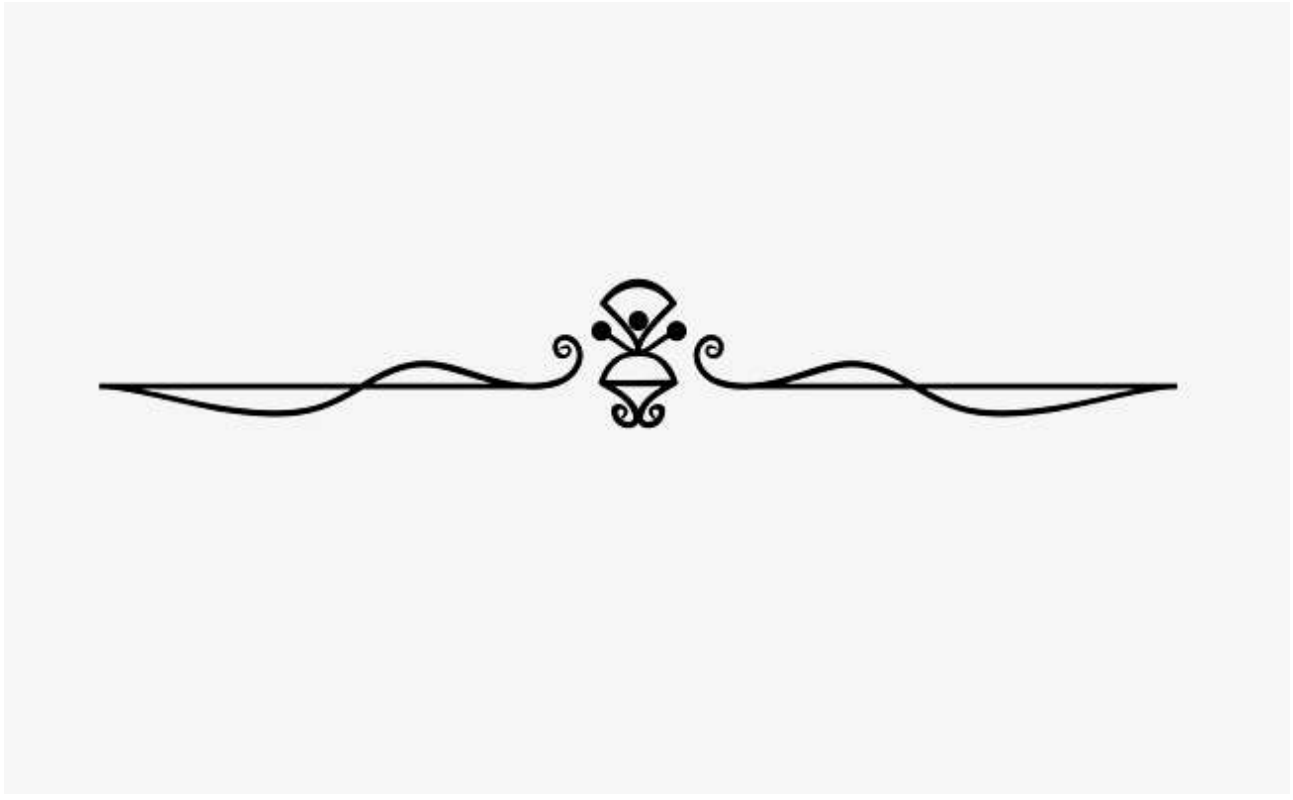
Signature……Date……

Witness's name…….. (Please print)

Signature……Date……

ANNEXURE D

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH STUDY: TERTIARY HOSPITAL



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences

School of Health Sciences

Department of Nursing Sciences

APPLICATION LETTER FOR APPROVAL

Tertiary Hospital Chief Executive Officer

The Manager

RE: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH STUDY

Dear Sir/Madam

I Kesentseng Maria Mngomezulu hereby apply for permission to conduct a research study at the tertiary hospital in Emalahleni District. The study is on the lived experiences of nurses in specialized areas during strike actions.

The study could lead to the development of a triage that could be utilized during strike actions, to ensure that patient care in specialized areas does not come to a halt.

It would be appreciated if approval is granted to conduct the study.

Thank you in advance.

Mrs Mngomezulu Kesentseng Maria.

Contact number: 0723154847

ANNEXURE E

APPLICATION LETTER FOR APPROVAL: TERTIARY HOSPITAL

Annexure E

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences
School of Health Sciences
Department of Nursing Sciences

APPLICATION LETTER FOR APPROVAL
Tertiary Hospital Chief Executive Officer
The Manager
RE: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH STUDY
Dear Sir/Madam

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The study could lead to the development of a triage that could be utilized during strike actions, to ensure that patient care in specialized areas does not come to a halt.

It would be appreciated if approval is granted to conduct the study.

Thank you in advance.

Mrs Mngomezulu Kesentseng Maria.
Contact number: 0723154847

approved
29/05/2017
MRS P.N. Rakometsi
Contact number: (013) 653 2527

ANNEXURE F

LETTER OF APPROVAL FROM DEPARTMENTAL IN-HOUSE COMMITTEE

Annexure F

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Denkleiers • Leading Minds • Dikgopolo tša Dihlalefi

DEPARTMENT OF NURSING SCIENCE
PRIVATE BAG X323, ARCADIA, 0007
TEL: (012) 354-2125
Fax: (012) 354-1490
e-mail: isabel.coetzee@up.ac.za

The Chair: Post Graduate Committee

03 April 2017

Dear Prof,

Letter of approval from Departmental In-house committee

The proposal of MCur student, Mngomezulu student number 16257465 served before the In-house committee of the Department of Nursing Science and was approved for submission to the Post Graduate School Committee.

Internal reviewer: Dr SS Moloko-Phiri

Yours sincerely

Coetzee

Dr Isabel Coetzee
Senior Lecturer
Department of Nursing Science
University of Pretoria
Cell phone: +2711 589 045
Office: (012) 354-2125
Email: isabel.coetzee@up.ac.za
Fax: (012) 354-1490

ANNEXURE G

LETTER: EDITING

Elizabeth le Roux
MIS, PhD (Publishing) (UP)
Publishing Services
bethlrx@gmail.com

Date: 21 November 2018

To:
Kesentseng Mngomezulu
M.Cur candidate
Email: kesentsengmaria@vodamail.co.za

To whom it may concern:

This letter confirms that I have professionally edited the M.Cur dissertation prepared by Kesentseng Mngomezulu, titled "The lived experiences of nurses in specialized areas during strike actions at a tertiary hospital in Emalahleni district in Mpumalanga".

Elizabeth le Roux

Elizabeth le Roux provides editing, translation, and publishing services to researchers and publishers around the world. I am a first-language English-speaker with a post-graduate certificate in editing and translation (Unisa, 1997) and a doctorate in Publishing Studies (University of Pretoria, 2013). I also have more than twenty years' experience in freelance editing and translation.

35 Union Street, Riviera 0084 / 083 987 5820 / bethlrx@gmail.com

ANNEXURE H

APPLICATION FOR RESEARCH AND ETHICS APPROVAL

Annexure H

health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

No 3, Government Boulevard, Riverside Park, Ext. 2, Mbombela, 1200, Mpumalanga Province
Private Bag X11285, Mbombela, 1200, Mpumalanga Province
Tel: +27 (13) 766 3429, Fax: +27 (13) 766 3458

Umnyango Wezempilo Departement van Gesondheid

Enquiries: Thembi Maluleke (013) 766 3211

Ms Kesentseng Mngomezulu
Witbank Hospital
Emalahleni

Dear Ms Kesentseng Mngomezulu

APPLICATION FOR RESEARCH & ETHICS APPROVAL: THE LIVED EXPERIENCES OF NURSES IN SPECIALIZED AREAS DURING STRIKE ACTIONS AT A TERTIARY HOSPITAL IN EMALAHLENI DISTRICT IN MPUMALANGA

The provincial health research committee has approved your research proposal in the latest format you sent.

- Approval Ref Number: MP_201708_012
- Approval period: 01/09/2017 – 31/13/2018
- Facilities: Witbank Hospital

Kindly ensure that the study is conducted with minimal disruption and impact on our staff, and also ensure that you provide us with the soft or hard copy of the report once your research project has been completed.

Kind regards

DR J.J ONGOLE
CHAIRPERSON MPUMALANGA: PHRC

2017/08/30
DATE

MPUMALANGA
THE PLACE OF THE RISING SUN

ANNEXURE I

ETHICS APPROVAL CERTIFICATE: UNIVERSITY OF PRETORIA

Annexure i

The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.
- FWA 00002567, Approved dd 22 May 2002 and Expires 03/20/2022.
- IRB 0000 2235 IORG0001762 Approved dd 22/04/2014 and Expires 03/14/2020.

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences Research Ethics Committee

29/06/2017

Approval Certificate
New Application

Ethics Reference No.: 242/2017

Title: The lived experiences of nurses in specialized areas during strike actions at a Tertiary Hospital in Emalahleni District in Mpumalanga

Dear Kesentseng Maria Mngomezulu

The New Application as supported by documents specified in your cover letter dated 23/06/2017 for your research received on the 23/06/2017, was approved by the Faculty of Health Sciences Research Ethics Committee on its quorate meeting of 28/06/2017.

Please note the following about your ethics approval:
- Ethics Approval is valid for 1 year
- Please remember to use your protocol number (242/2017) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, or monitor the conduct of your research.

Ethics approval is subject to the following:
- The ethics approval is conditional on the receipt of 6 monthly written Progress Reports, and
- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

Dr R Sommers; MBChB; MMed (Int); MPharMed,PhD
Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health).

☎ 012 356 3084 deepeka.behari@up.ac.za / fhsethics@up.ac.za http://www.up.ac.za/healthethics
✉ Private Bag X323, Arcadia, 0007 - Tswelopele Building, Level 4, Room 60, Gezina, Pretoria