

## **ADDENDUM A**

### **APPROVAL LETTER FROM ETHICS COMMITTEE**



Faculty of Health Sciences Research Ethics Committee

7/06/2010

<b>Number</b>	:	<b>S54/2010</b>
<b>Title</b>	:	An appreciative inquiry of psychiatric nurses' experience of workplace support in a private mental health care setting
<b>Investigator</b>	:	Mrs M C I Swart, Department of Nursing Science, University of Pretoria (Supervisors: Dr E S Janse Van Rensburg/ Dr R G Visagie )
<b>Sponsor</b>	:	None
<b>Study Degree:</b>		<b>M.Cur Psychiatric Nursing</b>

**This Student Protocol was approved by the Faculty of Health Sciences Research Ethics Committee, University of Pretoria on 7/06/2010. The approval is valid for a period of 3 years.**

Prof M J Bester	BSc (Chemistry and Biochemistry); BSc (Hons)(Biochemistry); MSc(Biochemistry); PhD (Medical Biochemistry)
Prof R Delpont	(female)BA et Scien, B Curationis (Hons) (Intensive care Nursing), M Sc (Physiology), PhD (Medicine), M Ed Computer Assisted Education
Prof V.O.L. Karusseit	MBChB; MFGP (SA); MMed (Chir); FCS (SA)
Prof J A Ker	MBChB; MMed(Int); MD – Vice-Dean (ex officio)
Dr M L Likibi	MBChB; Med.Adviser (Gauteng Dept.of Health)
Dr MP Mathebula	Deputy CEO: Steve Biko Academic Hospital
Prof T S Marcus	(Female) BSc (LSE), PhD (University of Lodz, Poland)
Prof A Nienaber	(Female) BA (Hons) (Wits); LLB (Pretoria); LLM (Pretoria); LLD (Pretoria); PhD; Diploma in Datometrics (UNISA)
Prof L M Ntthe	MBChB(Natal); FCS(SA)
Mrs M C Nzeku	(Female) BSc(NUL); MSc Biochem(UCL,UK)
Snr Sr J. Phatoli	(Female) BCur (Et.AI); BTech Oncology
Dr R Reynders	MBChB (Pret), FCPaed (CMSA) MRCPCH (Lon) Cert Med. Onc (CMSA)
Dr T Rossouw	(Female) MBChB.(cum laude); M.Phil (Applied Ethics) (cum laude), MPH (Biostatistics and Epidemiology (cum laude), D.Phil
Mr Y Sikweyiya	MPH (Umea University Umea, Sweden); Master Level Fellowship (Research Ethics) (Pretoria and UKZN); Post Grad. Diploma in Health Promotion (Unitra); BSc in Health Promotion (Unitra)
Dr L Schoeman	(Female) BPharm (NWU); BAHons (Psychology)(UP); PhD (UKZN); International Diploma in Research Ethics (UCT)
Dr R Sommers	<b>Vice-Chair</b> (Female) - MBChB; MMed (Int); MPhar.Med.
Prof T J P Swart	BChD, MSc (Odont), MChD (Oral Path), PGCHE
Prof G van Biljon	(female)FCP (Paed)SA
Prof C W van Staden	<b>Chairperson</b> - MBChB; MMed (Psych); MD; FCPsych; FTCL; UPLM; Dept of Psychiatry

**Student Ethics Sub-Committee**

Prof R S K Apatu	MBChB (Legon,UG); PhD (Cantab); PGDip International Research Ethics (UCT)
Dr A M Bergh	(female) BA (RAU); BA (Hons) (Linguistics) (Stell); BA (Hons) (German) (UNISA); BEd (Pretoria); PhD (Pretoria); SED (Stell)
Mrs N Briers	(female) BSc (Stell); BSc Hons (Pretoria); MSc (Pretoria); DHETP (Pretoria)
Dr S I Cronje	BA (Pretoria); BD (Pretoria); DD (Pretoria)
Prof M M Ehlers	(female) BSc (Agric) Microbiology (Pret); BSc (Agric) Hons Microbiology (Pret); MSc (Agric) Microbiology (Pret); PhD Microbiology (Pret); Post Doctoral Fellow (Pret)
Prof D Millard	(female) B.lur (Pretoria); LLB (Pretoria); LLM (Pretoria); AIPSA Diploma in Insolvency Law (Pretoria); LLD (UJ)
Dr S A S Olorunju	BSc (Hons). Stats ( Ahmadu Bello University –Nigeria); MSc (Applied Statistics (UKC United Kingdom); PhD (Ahmadu Bello University – Nigeria)
Dr L Schoeman	CHAIRPERSON: (female) BPharm (North West); BAHons (Psychology)(Pretoria); PhD (KwaZulu-Natal); International Diploma in Research Ethics (UCT)
Dr R Sommers	<b>Vice-Chair</b> (Female) MBChB; M.Med (Int); MPhar.Med

*L. Schoeman*

*R. Sommers*

**DR L SCHOEMAN**; BPharm, BA Hons (Psy), PhD;  
 Dip. International Research Ethics  
**CHAIRPERSON** of the Faculty of Health Sciences  
 Student Research Ethics Committee, University of Pretoria

**DR R SOMMERS**; MBChB; M.Med (Int); MPhar.Med.  
**VICE-CHAIR** of the Faculty of Health Sciences Research  
 Ethics Committee, University of Pretoria

## **ADDENDUM B**

### **APPROVAL LETTER FROM MENTAL HEALTH CARE SETTING**

**Mrs MCI Swart**

**012 332 3312**

**082 795 1005**

**[mciswart@vodamail.co.za](mailto:mciswart@vodamail.co.za)**

**MARCH 2010**

**REQUEST TO CONDUCT RESEARCH AT THIS PRIVATE MENTAL HEALTH CARE SETTING**

I am currently enrolled for M Cur Psychiatry at the University of Pretoria. I would like to request written permission to conduct research at this private mental health care setting, **AN APPRECIATIVE INQUIRY OF PSYCHIATRIC NURSES' EXPERIENCE OF WORKPLACE SUPPORT IN A PRIVATE MENTAL HEALTH CARE SETTING.**

I plan to conduct the data collection phase of my research in two independent seminars on two separate dates. I will adhere to strict ethical measures during my research. I will make a report of the findings available to this mental health care setting.

Please find attached a copy of my proposal, explaining the research methods and ethical considerations fully, an information sheet and consent form and an interview schedule for your attention.

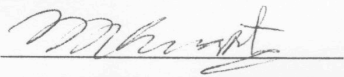
My supervisors at UP are Mrs E Janse van Rensburg and Mrs R Visagie. Please feel free to contact me or my supervisors if there are any questions regarding this research.

I would like to thank everybody in advance for your participation in this research.

You hereby give consent to

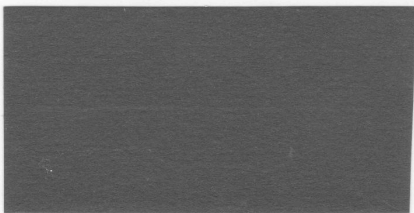
- collaborate in the proposed research
- allow your employees to participate in the proposed research
- make your conference facilities available for the proposed research

Signed at PRETORIA.....this.....13.....day of APRIL.....2010

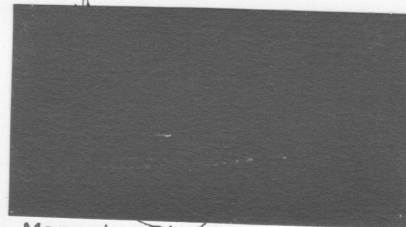


Mrs MCI Swart

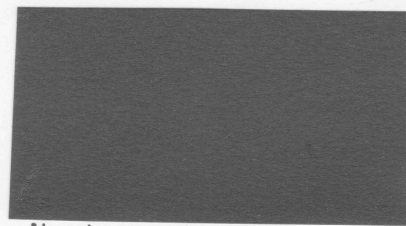
Researcher



Medical Superintendent



Managing Director



Nursing service Manager

## **ADDENDUM C**

# **PARTICIPANT INFORMATION LEAFLET AND INFORMED CONSENT FORM**

(Adapted from Ethics Committee form PIC. 3)

TITLE OF STUDY: An Appreciative Inquiry of psychiatric nurses' experience of workplace support in a private mental health care setting.

Dear Participant

### 1. INTRODUCTION

I am currently doing my M Cur degree at the University of Pretoria. I would like to invite you to participate in a research project on the subject of workplace support at the mental health care setting where you are currently employed. Before you agree to take part, you should fully understand what is involved. If you have any questions that this leaflet does not fully explain, please do not hesitate to ask the investigator, Mariëtte Swart.

### 2. THE NATURE AND PURPOSE OF THIS STUDY

The aim of this study is to conduct an Appreciative Inquiry in order to generate an in-depth understanding of psychiatric nurses' experiences of workplace support and to propose recommendations regarding the facilitation of future workplace support in a private mental health care setting. You as a psychiatric nurse are a very important source of information on workplace support.

### 3. EXPLANATION OF PROCEDURES TO BE FOLLOWED

The research team will consist of four individuals namely me, the researcher, a co-facilitator, and my two supervisors, who will be taking field notes during the data collection phase. This study involves a single group session, lasting for four hours, with a tea break of thirty minutes. The researcher will introduce the steps of the data collection to participants, including a brief background of Appreciative Inquiry and the interview techniques that will be used during data collection. The researcher will then divide participants into pairs, and give each participant an interview schedule. Participants will be interviewing each other one-on-one for fifteen minutes each, according to the interview schedule. Participants will write down all the answers acquired during their interviews. Each pair of participants will be given the opportunity to give feedback from their interviews. The co-facilitator, in conjunction with the group,

will obtain consensus and identify main emerging themes during feedback, and write this on a white board, as a positive core map, for all group members to see. It is important to note that I will be making use of a digital voice recorder during our group discussions.

#### 4. RISK AND DISCOMFORT INVOLVED

The risks in participating in this study involve that some of the questions I am going to ask you may make you feel uncomfortable, but you need not contribute information if you do not want to. The researcher will be able to evaluate the impact of the data collection phase on participants during the feedback phase from participants. Possible negative effects might include the sharing of past negative experiences and the associated emotions from those experiences. The researcher will be available after the data collection phase for support or referrals if necessary. You are also expected to travel to the venue once and to participate in your own time, approximately four hours, without compensation.

#### 5. POSSIBLE BENEFITS OF THIS STUDY

You will benefit directly by participating in this study because of the Appreciative Inquiry method used, which can be supportive in nature and can enhance collaboration of psychiatric nurse practitioners and management. The results from the study can enable better workplace support in future by recommendations made to organisational policy.

#### 6. WHAT ARE YOUR RIGHTS AS A PARTICIPANT?

Your participation in this study is entirely voluntary. You can refuse to participate or stop at any time during the study, without giving any reason. Your withdrawal will not affect you in any way.

#### 7. HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study has received written approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria. A copy of the approval letter is available if you wish to have one.

## 8. INFORMATION AND CONTACT PERSON

The contact person for the study is Mariëtte Swart. Please feel free to contact me if you have any questions or comments regarding this research.

mciswart@vodamail.co.za

(S) 082 795 1005

(H) 012 332 3312

You can alternatively contact one of my supervisors at UP.

Dr E S Janse van Rensburg

082 322 6905

Dr R G Visagie

082 436 6630

## 9. COMPENSATION

Your participation is voluntary. No compensation will be given to you in any way, either by me or by the private mental health care setting where you are employed, for your participation, time or transport.

## 10. CONFIDENTIALITY

All information that you give will be kept strictly confidential. Once I have analysed the information no one will be able to identify you. Research reports will not include any information that may identify you or your clinic.

## CONSENT TO PARTICIPATE IN THIS STUDY

I confirm that the person asking my consent to take part in this research has informed me about the nature, process, risks, discomforts and benefits of the study. I have also received, read and understood the above written information (Information leaflet and informed consent) regarding the study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports. I am participating willingly. I have had time to contact the researcher and to ask questions and have no objection to participate in the study. I understand that there is no penalty should I wish to discontinue with the study and my withdrawal will not affect me in any way.

I have received a signed copy of this informed consent agreement.

Participant's name..... (Please print)

Participant's signature..... Date.....

Researcher's name..... (Please print)

Signature..... Date.....

Witness's name..... (Please print)

Signature..... Date.....

## **ADDENDUM D**

### **DEMOGRAPHIC INFORMATION**

Please be so kind as to provide me with the following information about yourself. It is important to note that I would not use any of this information to identify you during data analysis or in the final report.

SURNAME:

---

NAME:

---

AGE: \_\_\_\_\_

GENDER: \_\_\_\_\_

RACE: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

DEPENDANTS: \_\_\_\_\_

AVERAGE HOURS SPENT AT WORK PER MONTH: \_\_\_\_\_

WHEN DO YOU MOSTLY WORK (DAY/NIGHT): \_\_\_\_\_

TIME EMPLOYED BY THIS MENTAL HEALTH CARE SETTING (MONTHS):  
\_\_\_\_\_

OTHER PSYCHIATRIC NURSING EXPERIENCE (MONTHS):  
\_\_\_\_\_

## **ADDENDUM E**

### **INTERVIEW SCHEDULE**







## **ADDENDUM F**

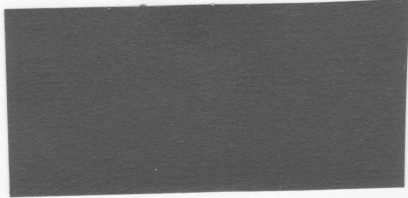
### **TIME SCHEDULE FOR SMALL CORE GROUP INQUIRIES**

08:00 - 09:00	Interview with discussion leader to clarify expectations
09:00 - 09:15	Relationship phase: Welcome, introduction/AI/structure - Mrs Swart
09:15 - 09:30	Discovery phase interviews 1 - one-on-one participant interviews in pairs
09:30 - 09:45	Discovery phase interviews 2 - one-on-one participant interviews in pairs
09:45 - 10:45	Feedback (10 min per person)/ Drawing of positive core map, identifying of emerging themes and summary. Nominal group technique - Discussion leader
10:45 - 11:15	Tea
11:15 - 11:30	Dream phase interviews 1 - one-on-one participant interviews in pairs
11:30 - 11:45	Dream phase interviews 2 - one-on-one participant interviews in pairs
11:45 - 12:45	Feedback (10 min per person)/Drawing of positive core map, identifying of emerging themes and summary. Nominal group technique - Discussion leader
12:45 - 13:00	Termination phase: questions/acknowledgements - Mrs Swart
13:00 - 13:30	Mrs Swart is available for support, to make a reference or an appointment
13:30 - 14:00	Reflective interview - Discussion leader

## **ADDENDUM G**

### **CONFIDENTIALITY AGREEMENT WITH CO-FACILITATOR**

Mrs MCI Swart  
1255 Breyer Avenue  
Waverley  
0186  
012 332 3312 / 082 795 1005  
[mciswart@vodamail.co.za](mailto:mciswart@vodamail.co.za)



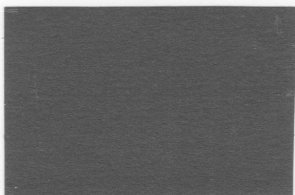
23 June 2010

#### **CONFIDENTIALITY AGREEMENT**

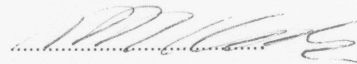
I am acting as co-facilitator in the core group inquiry that is being held as part of the data collection for the study **AN APPRECIATIVE INQUIRY OF PSYCHIATRIC NURSES' EXPERIENCE OF WORKPLACE SUPPORT IN A PRIVATE MENTAL HEALTH CARE SETTING.**

I agree to handle all information obtained in this core group inquiry as confidential. I will protect study participants by never revealing any of the information obtained on 23 June 2010. I will not disclose or discuss participant's identity or information obtained with anybody, except the researcher, Mrs MCI Swart, and her supervisors, Dr ES Janse van Rensburg and Dr RG Visagie.

Signed on 23 June 2010 at Pretoria.



Co-facilitator



Mrs MCI Swart

Researcher

## **ADDENDUM H**

### **CONFIDENTIALITY AGREEMENT WITH CO-CODER**

Mrs MCI Swart  
1255 Breyer Avenue  
Waverley  
0186  
012 332 3312 / 082 795 1005  
[mciswart@vodamail.co.za](mailto:mciswart@vodamail.co.za)



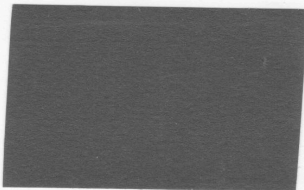
22 October 2010

#### **CONFIDENTIALITY AGREEMENT**

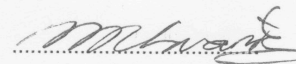
I am acting as co-coder and to verify identified themes of the data collected for the study **AN APPRECIATIVE INQUIRY OF PSYCHIATRIC NURSES' EXPERIENCE OF WORKPLACE SUPPORT IN A PRIVATE MENTAL HEALTH CARE SETTING.**

I agree to handle all information relating to this study as confidential. I will protect study participants by never revealing any of the information obtained during coding of the data. I will not disclose or discuss participant's identity or information obtained with anybody, except the researcher, Mrs MCI Swart, and her supervisors, Dr ES Janse van Rensburg and Dr RG Visagie.

Signed on 22 October 2010 at Pretoria.



Co-coder



Mrs MCI Swart

Researcher

## **ADDENDUM I**

### **WORKING PROTOCOL FOR CO-CODER**

(According to Tesch, R. 1990. Qualitative Research analysis types & software tools.)

- Read through all the data while reflecting on and noting clusters of themes, to get an overview of the content.
- Select one text and note the topic, not the content. (Repeat with all the other texts). Highlight the key phrases and note personal thoughts.
- Compile a list of all the topics.
- Formulate a list of themes by clustering similar topics together. Note comparisons and contrasts between themes and compile central themes and unique themes.
- Select a describing word or phrase or an explanatory sentence for each theme and note the interrelationship between themes.
- Organise these themes and add additional themes.
- Make a final decision regarding the naming of the themes.
- Reread through the data and pay attention to the content, recoding if necessary, to check whether new themes or categories emerge.

## **ADDENDUM J**

### **PICTURES OF POSITIVE CORE MAPS**

• Garden - peaceful  
(environment) - safety.

Formal/Informal (with boundaries) / Mutual respect.  
Support. ✓  
• Empathy collegus - Debriefing  
- Talking (communicate) ✓  
- Trust.  
- Even phone.  
- Jokes by SMS.  
- See as different ind.

Shared humor ← Jokes  
Relieves tension.  
Understand each other.

• Understand Management anger.  
(Not personal)

• Understand cultural differences.  
Respect  
- Sometimes do it. ✓  
- Getting comfortable  
- Not imposing.

2010 6 23

Management acknowledge ift illex. — Gifts

↳ Accommodate with leave/flexible. — Intervene e.g. change words.

Matron know personalit-/types/Needs

Physical closeness to keep safe.

Information/Education sharing — Sharing knowledge.  
— Listen/acknowledge knowledge.

Mr Jaco honest/supportive. — Feedback from Dr's Acknowledge.  
— honest meetings. — Even psychologist.  
— Share info about patients. — Acknowledge input  
— Give support.

Profit sharing — Feel valuable.

Small hospital — NB. Tradition/history  
— Few staff - Know each other  
— Helping supporting  
— Like family/intimate

Religious orientation — sometimes shares. (Not overly) 2010 6 23  
Spiritual. — Believe in Greater

Under  
equ  
Team  
Staff fr  
staff — S  
12 gh/7  
Recogni  
Sense of  
Having a l



# Dream

**Working Hours**

- Shorter
- Fewer weekends
- 3 shifts/24 hours (6-14, 14-22, 22-06 hours shifts)

**Counselling**

- Psyc Nurse for counselling/Debriefing.
- Confidential
- 1 to 1

**Admissions**

- Extra <sup>psyc</sup>nurse for admissions
- More time for admission & Evaluation
- Individual sessions
- Extra psyc nurse for sessions.

**Admin**

- Smo
- Kard
- Less

**Cresh Hostel**

- Near
- 06<sup>00</sup>
- Childr
- (after
- People who Long h
- travel far.
- Public transport difficulties.

**Pt. transport**

- Expe
- Own T
- Med. tes
- 2010 7 14
- 10

Pt.
Gym

- ↑ serotonin
- ↓ Frustration.
- Treadmills/weights/aerobics/cycles.
- NB. No eating disorders/manics.

Chapel

- <sup>Gym</sup> Instructor help evaluate and prescribe exercise (pers. tryn) - For staff as well.
- Pastoral counselors daily - Spiritual support.

Library

- For pt. ATM.
- coffee shop. - Hairdresser.
- Therapeutic. - other shops. - Beautician.

Adm

- Teacher. - Beauty shop. - For staff & pt.
- spa.
- Own staff/routine/strict rules.

Kitchen

- Seperate.
- Family therapy.
- More vivinity
- For pt's & staff.

No drug abuse admission

- Time consuming
- Use of drugs on premises.
- ph
- Family therapy
- Marital
- children
- Evaluate options.
- Pt. support.

Full time social worker

- Evaluate options.
- Pt. support.

2010 7 14

Admin

- Smoother admin.

- Kardex with tics.

- eat ✓
- meds ✓
- Seen by Dr.

- Less repetition.

Cash Hostel

- Nearby.  
- 06<sup>00</sup> Difficult.

- Children after school (aftercare)

- People who travel far.
- Public transport difficulties.

- Long hours.

Daily Climate meeting

- All pt. in ward.
- ? Feeling
- ? Goals for day
- With SR.
- pt take Responsibility

Pt. transport

- Expensive.
- Own Taxi/Ambulance.
- Med. tests/other facilities.
- Shuttle

Pt. Atm.

Chaper

Library

Ado unio

Kitchen Menu

2010 7 14

## ADDENDUM K

### EXAMPLE OF A COMPLETED NAÏVE SKETCH

**Please write a story and tell me about a peak experience at work, when you felt most supported.**

Daar is 'n paar dinge in die kliniek wat ek as verpleegkundige as baie ondersteunend ervaar.

Die feit dat ons twee verpleegdiensbestuurders elke dag rondtes doen in die sale, en elke oggend en aand saam met hoofverpleegkundiges rondtes doen met oorgee.

Die hoofverpleegkundige aan diens vir die dag doen twee maal 'n dag rondtes en is die hele dag beskikbaar as daar 'n krisis in die saal is.

Ons besturende direkteur en besturende psigiater doen weekliks rondtes in die saal om te hoor van enige probleme en tree vinnig op as daar enige versoeke of probleme is.

Daar is maandeliks 'n vergadering van 'n uur wat 'n oop vergadering is en enige iets kan bespreek word.

Die feit dat ons twee verpleegdiensbestuurders die hele oggend beskikbaar is, en ek hulle enige tyd kan bel vir ondersteuning, selfs om medikasie uit te deel, as daar 'n krisis in die saal is, of 'n tekort aan personeel.

## **ADDENDUM L**

### **EXAMPLE OF A TRANSCRIBED CORE GROUP DISCUSSION**

## **TRANSCRIPTION: DREAM PHASE (SECOND INQUIRY)**

Discussion leader: So, in your small group you have discussed now what your dream for the future was, in terms of this organisation, relating to support in your workplace. Can you please describe your dream for us? You can just close your eyes and imagine this organisation giving you the best possible support, in terms of what the best possible situation would be, and then you need to describe your dream. If you had a magic wand, and you could transform this setting magically. Would you like to describe your dream if there were no boundaries?

Participant 6: Does it need to be like a new thing?

Discussion leader: Anything. What will make it better for you?

Participant 5: You know that it is not always practical possible.

Discussion leader: Yes.

Participant 7: But I think one thing that is always in any nursing situation, is your working hours. Because it really does have an influence on your whole social life. So, shortly the ideal would be no working on the weekends.

Discussion leader: The working hours, how will it be? If it was an ideal?

Participant 7: It would be more like office hours so you have three shifts, instead of two shifts for 24 hours per day.

Discussion leader: In terms of times, have you thought about that? How that will work, or the times?

Participant 6: Eight hours. Like six to two, two to 10 and 10 to six. We did not think about the practical part, but it will be eight-hour shifts.

Participant 7: Yes, eight hour shifts.

Participant 7: Because in reality, to find somebody to come in at 10 at night, is bad, but just to have it divided, instead of the 12 hour shifts.

Discussion leader: Yes.

Participant 6: Is it all right, if I say this piece in Afrikaans? (Afrikaans). It is a dream, something that I would like to do. It is just to have a psychiatric nurse in the clinic that does counselling to staff, that is available daily. Yes. Not a psychologist, but a psychiatric nurse. That knows what is happening at work. That gives debriefing for the personnel.

Discussion leader: So counselling, a psychiatric nurse that does counselling, for the nursing staff in a confidential milieu. And that is available, that you can make appointments with her.

Participant 5: And we would also like an extra psychiatric nurse, in the ward to do the admissions, or to handle a crisis. Because at this moment we feel like, we can't do everything. We do the medication, the admissions, the card decks must be written about the patients. If there is a crisis, we must give them medicine, we must sort out the crisis. When there is a patient that must get stat medication. Sometimes it feels like you are overwhelmed in the ward, because you have so much is that you must do. So if you've got a psychiatric sister, that does the admission, they can spend more or less an hour with the patient. Because now you spend 10 minutes with a patient, the luggage is already in their room and the patient is waiting to be admitted. Just to give uhm, more time to the patient to listen to the patient, and to evaluate the patient properly just to see what is then needs and the problem of the patient. Because at the moment we make time during the day to do that, which is not always possible.

Participant 6: And for individual sessions.

Participant 5: Yes.

Discussion leader: In terms of, just to, explored about the context. How many, uhm, psychiatric nurses are there per patient? What is your set-up in a ward?

Participant 5: Okay, at the moment, there is, uhm, most sisters here that's got psychiatry, but there are some of them that only have general. Uhm, so we have a nursing sister, a staff nurse and a care worker in a ward. Then you have got 26 patients. There is uhm, three wards that's got smaller with 12 patients, 17 and 18

patients. But you've got the big ward with 26 patients, so it can be quite busy, especially in the big ward. So just have an extra sister, to do the, admission, so you can do the, so you can continue with the medication. The medication takes a lot of time during the day. And we've also said the admin paper, we've got a lot of admin. Like make a system, we can only kick off that the patient had he's medication, his meals, and we have extra space where we can write the emotional stuff. How is the patient emotionally, was he manic? Because in your cardex writing, your write things three times during the day. It also takes a lot of time to write the cardex.

Participant 6: Yes, and it's always the same over and over.

Discussion leader: So the cardex, do you have specific recipe. Does everybody write the cardex in the same manner? How do you go about?

Participant 5: Everybody writes the cardex in a different way, but most of the time it is the same over and over and over. The only thing that that differs is the patient was anxious, or crying, that is the only difference. And if there was a crisis with the patient, otherwise it is the same.

Participant 6: We have write, or that is how I was learnt, the patient had their medication, you have two write that they eat, that they did not eat, three times a day. That they have seen the doctor, the good doctor changed the prescription or not. That is the only thing you had to write. All the other things you can put together, but there is no time. That is what worries me, if you write for 26 patients, you have to write all that stuff. There is no time to write about the emotional stuff of the patients, how is the patient emotionally. Okay, and there is rounds. There are two rounds during the day. You have to write where the patient was, is he okay. (Afrikaans) I think it gets sloppy actually.

Discussion leader: Does everybody write the cardex, or is it the nurse?

Participant 6: One gets appointed. (Afrikaans) It is either the nurse, you or the staff nurse. Mostly the staff nurse.

Discussion leader: Okay.

Participant 5: And we also said a crèche for the kids.

Everybody: Yes.

Participant 5: The personnel have got children, and now, is the start working at six in the morning and where do you get a crèche that is open? And especially the children that comes from school. Maybe have and facility for the children to come to the, uhm, after care. Yes, it will make it easier for the nursing personnel, because now you do not have to worry, are they home safe safely, do they do their homework. Now you know. You know that your children are safe. You do not need to worry about the children, did they do their homework, and you can concentrate on your work, on the ward.

Participant 6: It does not need to be on the premises, but nearby.

Participant 5: Yes, especially with the long hours.

Participant 6: That is very important.

Participant 5: And, uhm, we have also said a hostel for the personnel that come from far. Because most of the people comes from (name) all those small places. To have a hostel for them, especially when that public transport is striking, when there is a problem, they do not have a problem they do not need to stress about how they are going to get to work, how are they going to get home tonight. When they have worked, that there is a hostel facility.

Participant 6: Yes, because some of them must get up at four o'clock to get a taxi.

Participant 7: Long travelling time.

Participant 5: Yes. Another thing that we said is, transport for the patients when they most go for, uhm MRI scans, to see a doctor, to see another specialist, because now we must arrange transport, and the patients says they do not have enough money. Sometimes they charge you over to 200 Rands just to get to Pretoria East and to come back. If they can have their system so that we can transport the patients our self, so the tariff is being worked in the hospital bill.

Participant 6: Like our own taxi.

Participant 5: Now, the patient does not have any money, now, the nursing personnel must make a plan, because this patient must go for the brain scan now. You can't always get hold of the family or the friends to take the patient.

Participant 6: Some of them stay far.

Participant 5: Just to have a transport system intern, so that patients can be taken to the facilities, and brought back. So that you do not have that strain to arrange transport for the patient.

Discussion leader: In terms off at the facility or the clinic, you would like a crèche or a pre-primary school nearby for their children, or aftercare, that is open at six o'clock. And also, a hostel for the people who comes from far, that may have transport problems where they can stay, and maybe a shuttle to help with the patients to get to the hospital, or tests.

Participant 7: Yes, we were also talking about like a gym for the patients. Because if they can, uhm, have a work out there, their frustration gets less, and it will make our world work easier.

Everybody: Laughter.

Participant 6: And also the serotonin levels, it will help them to feel better. If they feel better, we feel better.

Discussion leader: In terms of the gym, do you have a specific in your dream, how does this gym look like?

Participant 7: Definitely, not a swimming pool, it is too dangerous.

Everybody: Laughter.

Participant 7: Yes, like something like treadmills, uhm, yes, and little bit of weights.

Participant 6: There can be a place for our aerobics, and bicycles to do some cycling.

Participant 5: And stick rules to keep the eating disorders away.

Everybody: Laughter.

Participant 6: And the manic patients.

Everybody: Laughter.

Participant 7: And maybe something like a bio-kinetics, a dietician's that is there at the gym, that can evaluate the patients, exercises like Pilatus, the balls, that they can do, because a lot of the patients have got muscle pains, stress pains.

Discussion leader: Would it be a physio, or like somebody who can help and train them?

Participant 6: Yes, somebody who can help and train them, a physio is extra.

Participant 7: Yes somebody who can help and train them, like a bio technician.

Discussion leader: A gym instructor.

Participant 6: Yes, (Afrikaans) we do not have time to do that.

Everybody: Laughter.

Participant 7: Like a person, a personal trainer.

Participant 6: A personal trainer yes.

Participant 5: And we also said a library, because some of the patients asked if there is a place where they can get some books read. Because, sometimes they do not really go to the groups and art classes, and they just want to sit and read. So to have a nice corner with a coffee shop, where they can just sit and relax, read a book, like exclusive books, like a coffee corner. And the personnel can use that as well.

Discussion leader: So that can be a dream for the therapeutic environment.

Participant 5: Yes.

Discussion leader: Like a library or a quiet place where you can have some coffee, read.

Participant 6: And we said like a little coffee shop, a little town with a coffee shop, where

you can actually go and buy something, and, uhm, the visitors can also use that, and an ATM.

Participant 7: Yes, we can include all these things, a hairdresser.

Participant 6: Yes, (Afrikaans) a beautician.

Participant 5: Yes, some of the patients wants their hair done, and their nails, and maybe go for a massage.

Participant 6: Yes, especially a manicure.

Participant 5: Yes, if you physically appear better, you will feel better.

Participant 6: (Afrikaans) yes and the staff can go for a treatment, with the beautician.

Participant 7: Or with the gym instructor.

Participant 6: That would be torture.

Everybody: Laughter.

Participant 5: Yes, and we also said we wanted a, uhm, adolescent ward. We do not want them with the adults in the hospital, we want them to have their own psychiatrist, their own registered nurses, occupational therapists may be to have a teacher that come that can go on with the uhm.

Participant 6: Schoolwork.

Participant 5: Schoolwork. Because sometimes they are here for two to three weeks, and they loose work, because they are not at school. It would be nice to have someone just to continue with the schoolwork.

Participant 6: Their own little complex, where they cannot mix.

Participant 5: Yes, with stick rules.

Participant 6: Yes.

Participant 7: Like in the old (hospital name), they had the maternity with the young girls.

Everybody: Yes.

Participant 6: A menu. We would like a menu to choose.

Participant 5: Yes, for the patients and for us.

Participant 6: Like more variety. At the lunchtime.

Participant 5: That there is two or three options.

Discussion leader: Is that for the patients or for you?

Participant 5: Both.

Participant 5: Yes, because sometimes the menu.

Participant 6: Yes sometimes there is a lot of complaints about the food. It makes u stressed up, because you can do nothing about the food, working in the wards. There are a lot of complaints.

Participant 5: Yes, and we also said not to admit patients with drug abuse. We don't have the facilities for them. You can't keep an eye on them for 24 hours. To see that they don't get drugs in. It takes a lot of time from you, because now you have to watch the patient like a hawk. To see that he is not using drugs. So, now there is a patient who really needs your help, or who is depressed. We must always be hands on with the patient with the drug abuse. When they start to withdraw. It just feel it is really unfair to the other patients that have really got a need, they must go to the rehab centre.

Participant 7: And to have a full-time social worker on the premises. Also for the patients and for the staff.

Participant 6: Yes, there is a lot of social problems.

Discussion leader: Can you give us an example of what kind of problems you will have to

refer to the social worker, marital problems?

Participant 7: Marital problems, children at home, like there is mothers who must take care of the children. Because it is always a battle at home. Just to have somebody there to show them what to do, what is their options. And problems at home.

Discussion leader: So this will be in terms of support for the patients.

Participant 6: Yes, for the staff as well.

Discussion leader: Anything else you want to share?

Participant 6: I said maybe something like a chapel, uhm, a pastoral counsellor that is also here on a daily basis. If the patient decide to go there or the doctor wants to refer them.

Discussion leader: Spiritual.

Participant 6: Yes spiritual.

Participant 6: When I've worked at (Hospital name), they have what like they call a climate meeting. It is daily. When the patients come together, all the patients of the ward comes together in the ward, with the sister in charge, and they discuss, everybody got a chance to say what their goals is for the day. How are they feeling today and what are their goals for the day. And then they go on with the day. It just makes it easier for the sisters. They know what is going on in the wards with the patients. Because you do not have the time to go to every patient. You do not have the time to go to every patient every day and ask them how you are feeling today.

Participant 7: And if you give them medicine, I don't know, it does not always work. There is this queue in front of you, and sometimes they do not want to talk, it is personal.

Participant 6: Yes.

Participant 7: It is awkward, and you are under pressure to get them medicine out. And if you have set a goal for the day, it is their responsibility to attend a group.

Participant 6: (Afrikaans) you must take responsibility for your own illness.

Participant 5: Yes, it is a big problem. The patients expect us to do everything.

Participant 6: Yes, we need to teach them to take responsibility.

Discussion leader: Anything you would like to add? Let us summarise quickly. Okay, the dream will be to work 24 hours shifts, counselling for the staff, specifically a psychiatric nurse on an individual basis, you can make an appointment, and confidentiality on a one-to-one basis. And admissions, to have an extra psychiatric nurse that assist with the admissions. And to support with the patients. And Administration, in terms of the cardex writing, that there is a simpler way off, uhm, writing the cardex. In terms of the facilities, the patient transport, the gym, maybe a chapel on the premises, pastoral counsellors. A small shop, coffee shop like an ATM, a hairdresser, beautician, and adolescent ward, to separate the adolescence from the other patients. And the kitchen, more variety on the menu and they should also be in this dream I full-time social worker. To help with the marital problems, the children, taking care of their children at home, giving advice. That there is no drug abuse, patients with drug abuse admitted. If they are, it is really time consuming, and you feel it is unfair to the other patients. And the library, daily climate meeting patients taking responsibility for their own uhm, mental health. To state their goals, what groups are going to attempt? Anything that you would like to add?

Participant 6: There are adolescence, it does not need to be totally separate with the social worker, something like family therapy.

Participant 7: Yes.

Discussion leader: Okay, for now I am going to give each of you five stickers, and you can go to the board and decide, you can place a sticker next to where you think is the most important to you. So, you have to choose five that you feel in this dream will make it come true. Everybody will decide on their own.

Putting up of stickers.

Discussion leader: Okay, it seems that they are two places with three stickers each. The admissions, you feel that there need to be an extra psychiatric nurse for admissions that

there is more times for admissions and evaluations and it is also that there needs to be an extra adolescent unit, with a teacher and their own staff, strict rules and is is and other places with two stickers is counselling for the staff a psychiatric nurse for debriefing, counselling, in a confidential manner, and a chapel, with a pastoral counsellor's daily and spiritual support. The rest is Admin. In terms of the cardex, that there is less repetition. The hostel, the crèche, the patient gym and no drug abuse. And the library also. Anything else that you would like to add?

## **ADDENDUM M**

### **EXAMPLE OF A TRANSCRIBE INDIVIDUAL INTERVIEW**

## **INDIVIDUAL INTERVIEW II**

### **DISCOVERY PHASE**

Researcher: What actions from colleagues or supervisors makes you feel most supported at work?

Participant: When a doctor shouts at you, the supervisor will go into the matter and supports you. If you are in the wrong, they will show you the right way and if you are right, they will stand by you and take up your case with the relevant doctor.

Researcher: So, they support you in terms of acknowledgement and informal training?

Participant: Yes, and uhm, if you are not feeling well, or uhm, you are sick, and they know to which doctor to refer you that is good, they do so. If you just need some medication that you can get without prescription, they will also give advice in that regard. They are like a close family.

Researcher: So, they also attend to you physically when you are ill by referring or prescribing, uhm, medication.

Participant: During my (personal challenge), nobody ever was judgemental towards me, they have been just supportive. Also, when I was promoted to a senior post they mentored me up to a stage that I could go on on my own. During weekends and every afternoon when I'm alone in charge, of the hospital, they make me feel really in charge and respect the decisions I make in their absence. If there is any correcting measures that needs to be done regarding my interventions, that is done respectfully and consultatively.

Researcher: So, uhm, you feel trusted and respected?

Participant: Yes, by senior and junior staff.

Researcher: Anything else in terms of support?

Participant: The government expects my company, uhm, my hospital to be involved in programmes, uhm, like reach out programmes, to uplift disadvantaged neighbouring communities and I identified a home, which is approximately twenty-five kilometres from

us. My supervisors welcomed the idea, and up to this stage, I am the coordinator thereof.

Researcher: Please tell me more about this home.

Participant: The home is catering for poor families, orphans and HIV positive people making use of volunteers.

Researcher: In other words your hospital is also supportive to the community, which makes you feel valuable, uhm, it offers staff members the opportunity to get involved?

Participant: Yes.

Researcher: Anything else?

Participant: My staff is very cooperative and it is easy with their support to implement the policies of the hospital to the best functioning and desired standards.

Researcher: Anything else that you want to add in terms of actions from colleagues that you experience as being supportive?

Participant: No, uhm, I think that is all.

## **DREAM PHASE**

Researcher: Dream into the future and imagine this organisation giving you the best possible support at work, uhm, please describe this dream to me.

Participant: I'm nearing my retirement, I will be sixty next year, so, uhm, my dream is not so high. I can only dream seeing myself still working in this hospital for the next five years in order to accumulate better pension benefits as costs of living is going higher and higher.

Researcher: Yes, uhm, can you describe any wishes for me in terms of support?

Participant: I must stay positive in my attitude towards life. I must also look after my health, uhm, if possible join a gym and eat healthy. Presently I love my sugar and my

salt in food and think I must reduce that a bit.

Researcher: I have the same problem.

Participant: I also have to do regular pap smears and mammograms as my age falls within risk brackets. I will also have to minimise my stress at home with my (children) that don't look like having any direction or luck in life. I must just live my life.

Researcher: It sounds to me as if you have goals and dreams for yourself in terms of your own health and stress. Can you think of any dreams uhm, relating to workplace support?

Participant: I must continue to work hard and keep up my standard at work so that my employer can continue seeing me as an asset and want to keep me in the employment. I must also work harmoniously with everybody in order for people to enjoy my company and will want to continue working with me.

Researcher: So, uhm, it sounds as if you want to continue receiving, uhm, respect and appreciation?

Participant: Yes.

Researcher: Anything else?

Participant: Yes, I am a strong believer in our Creator, so I pray everyday that my dreams and wishes come true and only He knows what the future holds for us.

Researcher: It sounds as if you rely heavily on God for personal support?

Participant: Yes, very.

Researcher: Anything else, more dreams?

Participant: No.

## **ADDENDUM N**

### **EXAMPLE OF A TRANSCRIBED REFLECTIVE INTERVIEW**

## **TRANSCRIPTION REFLECTIVE INTERVIEW 2**

DISCUSSION LEADER: How was it for you to be part of this core group, this morning?

RESEARCHER: Uhm, I clicked something when I stood there, and (Name) summed it up for me beautifully. Everything she said was what I was thinking; it is a process, the feeling of positive after discovery, and the dream. Uhm, we saw it last time, and today as well. Feeling positive, saying this and this and this is what we have, and then the dream phase, for some reason or another, maybe what (Name) said is that it (dream phase) highlights what they don't have, or, ja, how unrealistic it is or they can't have it. And I was also wondering if you could go on with the process, what would that change again? If you could design and implement (delivery phase), then they would see that the dreams, or some of their dreams might come true.

DISCUSSION LEADER: So, how was it for you to stop after the dream phase?

RESEARCHER: Yes, uhm, I think you feel a void, a need to carry on. (Name) also asked, will we communicate this. An I think they have that need to go further, and feel that they are heard, somebody is giving attention to them.

DISCUSSION LEADER: How did working in this context influenced the process for you?

RESEARCHER: Uhm, I don't know, uhm, I am not that clued up with the process yet. We had only the two, and it was quite the same as the previous one. We have discussed the three seating arrangements instead of the two, and I do not think it influenced much. We wanted participants to have the on-on-one interviews, and both times, it became a discussion. The felt that they could speak freely and they seemed like they enjoyed it. Uhm, they could be open with one another.

DISCUSSION LEADER: And how, in terms of you working at the facility, how did that influence the process for you?

RESEARCHER: Uhm, JA, I think that they feel that are comfortable, kind of, it is not like a social. I think this venue is connected with training because it is at work, JA, and then you are kind of in another role. If it was in a restaurant or coffee shop, it is not viable, but maybe everybody would have been more relaxed, to talk, feel more social. I am not sure if we would have gathered other themes than we did here, I do not think that

working here really influenced the themes.

DISCUSSION LEADER: Which participant made you feel least comfortable?

RESEARCHER: No one actually.

DISCUSSION LEADER: And more comfortable?

RESEARCHER: (Name), because she really summarised what I was feeling, in terms of the process. How they were feeling at the beginning, and what they were feeling at the end, and what they felt like after the dream phase, yes, she summed it up nicely.

DISCUSSION LEADER: In which way did you feel she was helpful?

RESEARCHER: She had other experiences, working in another setting, and I think she could compare, JA, and just highlight some thoughts that I had.

DISCUSSION LEADER: What thoughts did you have?

RESEARCHER: That, it is interesting to connect the process of discovery, dream, with how they are feeling, very positive or a bit more negative or like I said, our dreams are unrealistic, and I never connected, I thought it was because of the information and the themes that came out, that maybe it has something to do with the process.

DISCUSSION LEADER: And the impact on you?

RESEARCHER: Uhm, JA, I could agree with a lot of things they said. JA, I think once or twice I may have added, because I know where they are coming from. I understand what they are saying.

DISCUSSION LEADER: Can you give me an example?

RESEARCHER: Like the cardex, they suggested ticking meds given, and the meals, uhm, it did come up later, the meals for the patients, it is a lot of repetition, and I think I wrote in before they actually mentioned it, that you must write three times in the cardex.

DISCUSSION LEADER: Uhm, uhm. How did you manage that?

RESEARCHER: I, I was aware that I am adding now, while I was doing it. JA, I am not sure if it was a suggestion, because sitting here (where the participants sat) you can read what I am writing, and I am sure they added, or they mentioned it when they saw it written there. So, JA, I am not totally objective, because I work here, in this environment, I understand what they are saying, I understand their needs, uhm, and almost everything they said I can identify with.

DISCUSSION LEADER: So, how did you manage that?

RESEARCHER: I tried to be objective, uhm, I did not obviously stood there and agreed or inspired them, uhm, and I really tried to be neutral.

DISCUSSION LEADER: And you also get an independent people (Discussion leader), to facilitate the process, you were only writing, you were not that involved. To what degree do you think the setting impacted on the dynamics of the process?

RESEARCHER: I am not sure because I have not experienced the process in another setting, as I said, I think the same themes might have emerged; maybe people would have been more comfortable, more relaxed, more open to talk in another setting. They are well known to each other and they looked quite comfortable.

DISCUSSION LEADER: What findings surprised you?

RESEARCHER: Uhm, uhm, let me think. Oh, JA, in the dream phase, the social worker, I was just wondering how liable that is, uhm, I was thinking it is a psychiatric, like some of the scope that they mentioned, I was thinking it was psychiatric nurses responsibility too. Uhm, the social worker, if we dream, it is not here to take over psychiatric nurses work. So, I could not agree with that. May be on a part-time basis or on a consulting basis.

DISCUSSION LEADER: What findings did give you a negative emotion?

RESEARCHER: JA, the others, there was not really a negative reaction, it is just that uhm, I felt some is, but it is a dream phase so we encourage them to dream, to go wild, so, we wouldn't want them to be realistic and think how implement able it can be. Uhm, JA, like the chapel, uhm, the pastoral worker on a part time. JA, but it is not for me to think what is implemented able or not. It is not my place.

(Laughter)

DISCUSSION LEADER: It is more like reflecting while you were busy.

RESEARCHER: JA.

DISCUSSION LEADER: What findings gave you a positive feeling?

RESEARCHER: Not really the findings or the things that we identified, just, when we had tea, I asked them how is it, how was it and they said it was positive. It reminded them of the positive, it reminded them. I think they summarised it again beautifully.

DISCUSSION LEADER: To what degree were the findings similar or dissimilar to your thoughts prior to today's session?

RESEARCHER: I did not have any thoughts before today. My thought was on the previous data collection (small core group inquiry) and it was a lot the same, in the discovery and dream phase. I really did not have any expectations, I hoped for new information and new things. In the dream phase, we did get a few.

DISCUSSION LEADER: And which part impacted on you?

RESEARCHER: On me? Uhm, I think when I realised that the way of doing Appreciative Inquiry and the process ma be can have an impact on how they are feeling, and it is important where you stop the process before they leave, if they left maybe before the dream phase, it is different than now. The way they are feeling, the way they are going home.

DISCUSSION LEADER: So, what would you do differently from what you have learned, in future?

RESEARCHER: I am not sure if you can change the discovery and dream phase around and if that can work, if it is possible. Uhm, maybe just summarise, bring the discovery phase just in at the end, uhm, summarise that quickly, just to remind them of all the good stuff.

DISCUSSION LEADER: What other background valuables might have influenced how the participants reacted?

RESEARCHER: I think the demographics, uhm, they are well known to each other, two are day staff, the other night staff, and I still think we have a one sided view of things. My selection criteria, I would have hoped for, to get different participants. Uhm, say, the selection criteria said psychiatric nurse, for future more night staff.

DISCUSSION LEADER: So, you felt that the one psychiatric nurse from the night staff was not enough, you would have preferred than one.

RESEARCHER: Yes.

DISCUSSION LEADER: What type of ethical issues did you encounter during today's session?

RESEARCHER: I told (name) tell everybody, go and tell, and yes, that is unethical. We did have confidentiality; I did remind them of that. They do not need to discuss or tell anybody.

DISCUSSION LEADER: How did you handle this ethical issue?

RESEARCHER: If I remember correctly, I did interrupt myself and say yes, but it is confidential.

DISCUSSION LEADER: Yes, in your opinion, how did the ethical issues impact the participants during this session?

RESEARCHER: Uhm, when I got consent, I stressed confidentiality clearly, I think that might have given them security and when I come around asking them, it might have given them trust, because when they signed consent, and again when I came to the demographic information I stressed the confidentiality, I stressed that a lot.

DISCUSSION LEADER: What political issues did you encountered before, during and after this session?

RESEARCHER: Uhm, not political, much more practical, it was difficult with the invitations to get a group of people together on the same time, everybody's got their own lives, their own routine, arrangements and I really struggled to get them together on a certain date, to participate. Uhm, JA, I did not experience negativity, only

unavailability.

DISCUSSION LEADER: And how do you think did it impact on your findings?

RESEARCHER: Uhm, JA, I still feel like that those who were willing to come gave a slighter other view than, say everybody that did come.

## **ADDENDUM O**

### **EXAMPLE OF FIELD NOTES**

NR 2  
14/7/2010 Core Group Interview (1) Fieldnotes:

- One of the participants cancelled the morning of the interview.
- Participant C was  $\pm$  5 minutes late.

Researcher introduced herself / others. Discussed title & purpose  
workplace support. Reason for selection. Ethics: Confidentiality

#### Discovery phase:

- Discuss in a group of 3 "What do you experience as support in the workplace?"

#### Process notes:

B is the silent participant although she does participate and shares at times. She remains engaged by making eye contact with the group. She is also the only participant that is working night duty.

seems to take the lead, she is confident and facilitates the discussion.

#### Dream phase:

- Discussion with 3 members went very well.
- Placed 3 stickers at Admissions: Extra psych nurse
- " Adolescent unit separately
- 2 stickers Counselling for staff
- " Chapel
- 1 sticker: Admin, library, gym and no substance/drug abuse on the premises.

Termination phase: All 3 participants stated that it was positive

and they became aware of what worked in terms of support already.

C felt very optimistic during the discovery phase but more negative during the dream phase as she questioned if it was realistic and if changes will happen.

She asked at the end if this will be given through to management.

## **ADDENDUM P**

### **LETTER FROM EDITOR**



Marina van der Merwe Cell: 083 376 7367 e-mail. [marina.vandermerwe@sita.co.za](mailto:marina.vandermerwe@sita.co.za)

---

21 September 2010

**Aan wie dit mag aangaan**

Ek, Marina van der Merwe, ID no. 680420 0110 087, verklaar hiermee dat ek die taalversorging van Mariette Swart se verhandeling gedoen het.

Ek het 'n sertifikaat in redigering en taalversorging aan die Universiteit van Pretoria voltooi, en het meer as 17 jaar ondervinding in die bedryf. Ek is tans (in 'n permanente posisie) as taalversorger werksaam by SITA (State Information Technology Agency), waar ek al die afgelope 12 jaar vir die taalversorging van dokumentasie verantwoordelik is.

By voorbaat dankie



Marina van der Merwe

(083 376 7367)