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EXPLORING SUPPORT NEEDS OF REGISTERED NURSES WORKING IN A NEONATAL INTENSIVE CARE UNIT TSHWANE DISTRICT, GAUTENG PROVINCE

BY

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SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MCUR – FULL DISSERTATION

IN THE FACULTY OF HEALTH SCIENCES

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DATE: 15 FEBRUARY 2021

DECLARATION

I, Nefale Funzani Nelly, declare that **Exploring Support Needs of Registered Nurses Working in a Neonatal Intensive Care Unit in the Tshwane District Gauteng Province** is my original work and that it has not been submitted before to any other institution. All sources that have been used or cited have been acknowledged by means of a comprehensive referencing system. I declare that this full dissertation is submitted in partial fulfillment of the requirements for Magister Curationis (full dissertation) in the Department of Nursing Science, Faculty of Health Science, at the University of Pretoria.

Name of the student: Nefale Funzani Nelly Date: 02 December 2020

Signature:

DEDICATION

This dissertation is dedicated to my daughters for their encouragement and support they showed me during this study.

ACKNOWLEDGEMENTS

First, I would like to thank the Almighty God for giving me the strength and wisdom to conduct this study. I want to thank my supervisors, Dr N.V. Sepeng and Prof. RN. Ngunyulu for their guidance, supervision, motivation and understanding. I would never have accomplished my dissertation without your supervision support. I would like to thank my family, friends and my colleague Mrs E Venter for giving me support in my studies. I would like to thank the Ethics Committee structures, University of Pretoria and the selected hospital in the Tshwane District, Gauteng Province for allowing me to conduct the study. I pass my sincere gratitude to the research participants of this study - without you this study would have been impossible. Lastly, thank you to the Head of Department and operational manager for permitting me to conduct interviews in the Neonatal Intensive Care Unit of the selected hospital in the Tshwane District, Gauteng Province.

ABSTRACT

Background: Registered nurses in a Neonatal Intensive Care Unit are working under a stressful environment. In response to a stressful environment, there is a need to know their support needs to promote a positive working environment. However, the support needs of registered nurses in Neonatal Intensive Care Units have not been explored and described in the Tshwane District, Gauteng province.

Aim: Therefore, this study explored and described support needs for registered nurses working in a Neonatal Intensive Care Unit situated in the Tshwane District of the Gauteng province.

Research design and methods: A qualitative, exploratory, descriptive and contextual design was used in this study. The population of this study comprised of 15 registered nurses working in a Neonatal Intensive Care Unit of a selected hospital in the Tshwane District, Gauteng Province, South Africa. However, the data saturation was reached after interviewing six participants and three more interviews were done to make sure that the interviewer has reached data saturation. The inclusion criteria of those registered nurses were those who had been working in Neonatal Intensive Care Unit for one year or more. Other categories of medical professionals like doctors, physiotherapist and or dieticians were excluded in this study. In-depth unstructured interviews were conducted during data collection and data was analysed following thematic analysis. Ethical approval from the University of Pretoria and an approval letter from the Department of Health were received prior to conducting the study.

Results: The research results of the study revealed five themes of support needs of registered nurses working in a NICU situated in the Tshwane District of the Gauteng Province. Those support needs are fair leadership management, management intervention, teamwork, staff development and availability of resources within the workplace.

Significance of the study: The study results provided an understanding of the support needs of registered nurses which might enable the unit manager to plan strategies that

can be used to address the nurse's needs, which could promote quality care for neonates admitted in that Unit. In addition, the health care institution might benefit from the study as it might assist them to care for registered nurses through addressing their needs, thus retaining their staff members working in the NICU.

Keyword: Neonatal Intensive Care, Registered Nurses, Support, Support Needs, Tshwane District, Gauteng, South Africa

List of Abbreviations / Acronyms

List of Abbreviations/Acronyms	***Meaning***
AAC	Centre of Augmentative and Alternative Communication
CEO	Chief Executive Officer
DOH	Department of Health
Dr	Doctor
EWP	Employee Wellness Program
HIV	Human Immunodeficiency Virus
ICU	Intensive care Unit
MCUR	Magister Curationis
MHP	Mental Health Professional
NICU	Neonatal Intensive care Unit
NIOSH	National Institute for Occupational Safety and Health
PROF	Professor
RN	Registered Nurse
SA	South Africa
SBAH	Steve Biko Academic Hospital
SANC	South African Nursing Council
UP	University of Pretoria

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CHAPTER 1: ORIENTATION TO THE STUDY

1.1. Introduction and background of the study

Embree (2013:1) alluded that in an attempt to deal with the stressful environment, there is a need to offer support among those who are encountering difficulties with the service in order to promote a positive working environment. A positive working environment is one in which the registered nurses provide the highest standards of compassionate patient care while being fulfilled on duty and where the nurses have an input into clinical care decisions in the institution (Lake, 2016:1). However, Tompson *et al.* (2011:4) stated that support needs differ extensively. In other circumstances, employees' support needs may be emotional, physical, social and instrumental (Morelli *et al.*2015:2). Additionally, Unger (2019:184) reported that employee training, employee benefits, career advancement and workplace culture are regarded as some of the support needs of employees within the workplace. Support needs that are met within the workplace prevent possible diseases that may arise from an unhealthy environment and additionally, the working environment is promoted to make sure that employees are productive and growing in their professions (Shoss *et al.*, 2013:158).

However, registered nurses working in Neonatal Intensive Care Units (NICUs) are faced with several challenges which affect their working environment negatively. This is because NICU's are regarded as some of the most stressful units which can admit close to 8000 neonates per annum (Bluebond – Langner *et al.,* 2017:283). This increased number of admissions contributes to greater professional responsibility and accountability among registered nurses who are working in the NICU as their roles became more complex and demanding and consequently affect their well-being (Bluebond – Langner *et al.,* 2017:283).

In addition, the NICU is a specialized unit which is equipped with a complex range of monitors and life-supporting equipment to sustain life (Matlakala & Botha, 2016:49). The complex range of monitors and life-support equipment make registered nurses to continue to work in a stressful environment of caring for those infants because they are

faced with extensive care assessments of implementing therapies which are required (Thompson, 2015:458). The other issue which causes registered nurses to work in a stressful environment, is understaffing. For example, Rogowski *et al.* (2013:444) explained that understaffing by a tenth of a nurse (per infant) is associated with 40% higher odds of neonates diagnosed with infection caused by compromised heath care. In addition to the compromised health care of neonates, Lake (2016:1) had revealed that one in every four babies born die within the first year of its life and 87% of those deaths is for those babies that were admitted in the NICU.

The other reason which causes a stressful environment for nurses working in the NICU is the fact that babies who are admitted in those units are very vulnerable, fragile and are more likely to have complications, especially when exposed to medication errors (Foster *et al.,* 2016:105). The fragility of those babies admitted to NICU, increase the risk of any procedures to be implemented by registered nurses caring for these infants, which leads to a stressful working environment (Foster *et al*., 2016:105). Lack of positive working relationships with managers, doctors or co-workers also is cited as one of issues which contributes to stress for registered nurses working in NICU t (De Boer et al., 2014: 166). Montanholi *et al.*(2011: 301) further stated that some nurses had reported dissatisfaction emanating from being unappreciated by the work team as well as the lack of autonomy which is a predictor of stress affecting quality of work as the organisation expects from employees.

The families of the infant were included in nursing care of registered nurses because those families faced high levels of stress and anxiety which made them to seek relief through the provision of information and support by health care professionals (Foster *et al*., 2016:105). The inclusion of care of families of infants admitted to NICU were defined by Nurses Key (2016:1). It indicated that neonatal nursing is “the specialized practice of care for the neonates, infants and family from birth and initial hospitalization through discharge and early follow-up care (Nurses Key, 2016:1). Hence, the moral obligation of nurses not only encompasses clinical decision making at personal level, but also extends extended to patients, their families, and to society at large. Consequently, the

management of families of the neonates who are admitted to the NICU results in increased workload of registered nurses and consequently affect their well-being.

The researcher observed that registered nurses working in the NICU situated in the Tshwane District also experience similar problems at work and these problems affect their well-being and productivity, as is expected from them by their employer. However, the support needs of these registered nurses working in the NICU in the Tshwane District in Gauteng province, has not been explored and described in-depth. Hence, in this study, the researcher explored and described the support needs of registered nurses working in the NICU situated in the Tshwane District, Gauteng Province.

1.2 Problem statement

Registered nurses working in the NICU are faced with major challenges between role expectations and patient care, professional ideals while still maintaining humanity, which contributes to workplace stress (Stayt, 2007:623). Nevertheless, stress is regarded as an occupational hazard and remain the most significant concern in nursing, affecting both individuals and organizations which contribute to absenteeism and turnover (Jennings, 2007:193).The other challenge experienced by registered nurses working in the NICU and contributed to workplace stress is that, they should work more efficiently and provide quality care in hospitals which has diminished resources, perform sophisticated technical skills, be vigilant in intense conditions under considerable pressure (Zeller & Pamela, 2013:201; National Institute for Occupational Safety and Health [NIOSH], 2009:66). Those documented challenges are in line with what the researcher had observed in the NICU situated in the Tshwane district, Gauteng Province, because the registered nurses working there absent themselves, there is a shortage of staff, there is high staff turnover and there is also lack of resources to carry out their nursing duties.

However, to deal with those major challenges of role expectations, patient care, and professional ideals contributing to workplace stress, there is a need to support registered nurses working in the NICU. The importance of supporting registered nurses has been cited decades ago. For example, AbuAlRub (2004:780); Mahmoud (2008:295) and

Gutierrez *et al.* (2012:1613) illustrated that nurses who receive a high level of support from their managers and co-workers display a positive relationship amongst each other. They are also productive to the organisation, perform desirably well and has low level of job stress resulting in higher rates of nurse's retention and low level of absenteeism (AbuAlRub, 2004:780; Mahmoud, 2008:295; Gutierrez *et al.,* 2012:1613). However, Schmalenberg and Kramer (2016:61) explains that those support needs should be identified by the nurses who are in need, instead of allowing the managers and other stakeholders to identify the type of support needed by them. Foster *et al*. (2016:105) and Lake (2016:24) argued that regardless of the documented benefits and the importance of supporting nurses, there is inadequate literature regarding the support needs of registered nurses working in NICUs. This is also the case for registered nurses working in the NICU situated in the Tshwane District, Gauteng Province.

The lack of the support needed for registered nurses working in the NICU may result in nursing managers not knowing how deal with the job dissatisfaction experienced by nurses which is likely to result in the low staff morale, high rate of absenteeism and high staff turnover. The researcher viewed that it has been aligned with the background that there was a need to explore and describe the support needs for registered nurses working in the NICU situated in the Tshwane District, Gauteng Province.

1.3 Research aim, questions and objective

1.3.1 Aim

The aim of the study explored and described the support needs of registered nurses working in the NICU situated in the Tshwane District, Gauteng province.

1. 3.2 Research question

- What are the support needs of registered nurses working in the NICU situated in the Tshwane District, Gauteng province?

1.3.3 Research objectives

The research objectives are:

- To explore the support needs of registered nurses working in the NICU situated in the Tshwane District, Gauteng province
- To describe the support needs of registered nurses working in the NICU situated in the Tshwane District, Gauteng province

1.4 Definition of key terms/Concepts

1. 4.1 Neonatal intensive care unit

Neonatal intensive care unit refers to a specialized unit where critically ill neonates or premature babies are cared for. As alluded by Matlakala and Botha (2016:49), the units are equipped with a range of monitors and life-supporting equipment to sustain life. Furthermore, NICUs require the use of advanced technology and expert healthcare professionals to provide specialised neonatal care to the vulnerable and unstable neonates (Matlakala & Botha, 2016:49). In this study, NICU is defined as the specialized unit that appoint expert registered nurses to care for critically ill neonates requiring highly technological equipment to sustain life. NICU in this study is also defined as the specialized unit that appoint expert registered nurses to care for neonates that require close monitoring without being nursed in a highly technological equipment to sustain their life.

1. 4.2 Registered nurses

According to the South African Nursing Council (SANC) Nursing Act of 2005 (Act No.33 of 2005), the title of a registered nurse may only be used by a person who have met the prescribed education requirements for registration as a registered nurse, not always to have all of them but entailed having general nursing, community nursing, psychiatric nursing and midwifery qualification in undergraduate programme. The role of registered nurses in NICU is to provide care “specific to perinatal, antenatal and neonatal development and care, treating prematurity, illness for the sick infants, congenital abnormalities, dying infants, and give post-surgery treatment” (Dunn *et al.,*2018:285). In addition, the role of registered nurses in the NICU is to render physical and emotional support to affected families (Foster *et al.,*2016:105). In this study, a registered nurse is

the nurse that met SANC criteria to provide care among neonates and their families in the NICU situated in the Tshwane District, in Gauteng province.

1. 4.3 Support

Support is assistance or advice offered to those encountering difficulties with a service, to promote a positive working environment (Embree, 2013:1). In this study, support refers to the assistance or advice that is offered to registered nurses encountering difficulties when providing care to neonates admitted in the NICU in one of the selected public hospitals in the Gauteng Province, to promote a good positive working environment.

1.5 Significance/Contribution

The results may provide an understanding of the support needs of registered nurses that will enable the unit manager to plan, develop strategies to address the nurses' needs, thus promoting a positive working environment in the NICU. Alternatively, the healthcare institution may benefit from this study because it will assist in staff retention and improve rate of absenteeism, and possibly lead to more nurse recruitment to this institution.

1.6 Paradigm

Paradigm is explained “as a way of looking at a natural phenomenon-a world view that encompasses a set of philosophical assumptions and that guided one’s approach to inquiry” (Polite & Beck, 2017:739). In this study, an interpretive/constructs paradigm was followed. This paradigm is found appropriate in this study because it allowed the researcher to explore and describe and interpret the support needs of registered nurses working in NICU situated in the Tshwane District of the Gauteng Province. In this study, the interpretivist /constructivist paradigm is followed under three elements of philosophical assumptions.

1.6.1 Philosophical assumptions

Polit and Beck (2017:720) explains that an assumption is a statement or opinion that is considered accurate without being tested scientifically. Brink *et al.* (2018:24) explained ontological, epistemological, and methodological assumption as follows:

1.6.2 Ontological assumptions

Brink *et al.* (2018:24) explains that ontological assumptions are based on nature of reality. In this study, nature of reality entails that there is paucity in the literature regarding the support needs of registered nurses working in the NICU situated in the Tshwane District in Gauteng Province.

1.6.3 Epistemological assumptions

Epistemology refers to the knowledge of reality being studied (Brink *et al.,*Rensburg, 2018:24). The knowledge of reality being studied was to explore and describe support needs of registered nurses working in the NICU, Tshwane District, Gauteng Province.

1.6.4 Methodological assumptions

Methodological assumptions can be defined as inductive processes and theory generation about the phenomenon under review and how the evidence is obtained (Polit & Beck 2017:10). According to Brink (2008: 22), a methodological assumption refers to a way of knowing something about reality. A qualitative research approach is followed in this study as the researcher assumed a qualitative approach to facilitate in-depth exploration and description of the phenomenon on the support needs of registered nurses working in the NICU of the Tshwane District, Gauteng Province. Therefore, in-depth individual interviews were conducted for data collection and steps of thematic analysis were followed to analyse the support needs of registered nurses working in the NICU as it occurs naturally without imposing their ideas to the participants.

1.7 Research design and method

Research design can be defined as the inclusive organisation of addressing a research question which comprises of conditions for improving study integrity (Polit & Beck, 2017:743). The research design was qualitative, exploratory, descriptive and contextual in order to explore the research problem and to identify possible solutions (Grove *et al.,* 2013:694; Polit & Beck, 2018:505). The qualitative research methods is the investigation of phenomena that collects and works with non-numerical data and which interprets meaning from these data, while helping us to understand social life through the study of targeted population or places (Polit & Beck, 2017:741).

Exploratory design is usually used to gain understanding of the situation, and phenomenon where there is a lack of evidence on a new area of interest in order to respond to the situation (De Vos, 2011:1). The descriptive design was used to describe and document aspects of a situation (Polit & Beck, 2018) as they naturally occur (De Vos, 2011:1). In this study, the researcher described the support needs of registered nurses working in the NICU situated in the Tshwane District, Gauteng province as they naturally occur.

Contextual design is applied to study people in their daily environment and to witness how they ensured or performed their activities in their context (Patton, 2015:18). This study was done on the support needs of registered nurses working in the NICU only in the context of the NICU situated in the Tshwane District, Gauteng Province. The study was conducted among registered nurses. Ethical approval was sought from the University of Pretoria, Department of Health and from the managers.

1.8 Delineation

Delineation refers to narrowing or limiting the scope of a study to include specific participants (Stevenson, 2010). This study focused on workplace support needs of registered nurses working in the NICU situated in the Tshwane District in Gauteng Province.

1.9 Summary

Chapter 1 discussed the overview of the study which included the introduction and background of the study, problem statement, research aim, questions and objective. Additionally, this chapter included the definition of key terms/concepts, significance/contribution, paradigm, overview of the research design and methods, as well as delineation. The next chapter will discuss the research methodology.

1. 10 Organisation of chapters

Chapter one	: Orientation of the study

Chapter two	: Research design and methods
Chapter three	: Presentation of the results of the study
Chapter four	: Discussion of results of the study
Chapter five	: Future Recommendations, Limitations and Conclusions

CHAPTER 2: RESEARCH DESIGN AND METHODS

2.1 Introduction

Chapter one focused on the overview of the study. This chapter described the research design that was used to explore and describe the support needs of registered nurses working in the NICU situated in the Tshwane District in Gauteng Province of South Africa. This chapter also described the research methods that were followed to conduct this study. The research methods included the context, population, sampling, data collection, data analysis, trustworthiness, and ethical consideration

2.2 Philosophical foundation

This study was viewed and designed through the lens of constructivism. This paradigm originated as a rejection of the positivist assertion that there is only one reality to be experienced by all humans. In the early 20th century, philosophers—such as Vico, von Glaserfeld, Dewey, and Vygotsky asserted that the positivist view was limited and did not consider personal experiences or varying contextual situations in which experiences occurred (McLeod, 2007:1). Constructivists state that knowledge is merely what one person has assimilated based on his or her personal interactions with and experiences in the world. Further, because individuals create contextual meaning through their interactions with each other and their environments, no two people can have identical experiences.

Asserting a relativist ontology, constructivists contend that, in addition to the immediate distinctiveness of an experience, a person's memory of an experience changes over time due to interactions with the world and the comprehension of additional contextual concepts (Polkinghorne, 2007:471; Riessman, 2008:1). Therefore, constructivist researchers acknowledge the subjectivity and contextual variability of any gathered data. Additionally, such researchers recognize that data co-construction occurs as the researcher-participant relationship unfolds, providing yet another influence on the

participant's experience and memory. Another point of subjectivity within this philosophical view is the interpretative nature of analytic methods.

Studies designed with constructivist underpinnings often use purposive sampling and inductive data analysis to reveal the most natural and diverse findings within a given population's experience with a phenomenon and illustrate patterns within that phenomenon (Appleton & King, 1997:13; Riessman, 2008:1). Constructivism is especially relevant to registered nurses' experiences, as well as the health-related experiences of all persons since both types of experiences include interactional dynamics between two or more people (Hall, 2011:3; Riessman, 2008:1).

This study is grounded in the belief that each NICU registered nurse's past and present personal beliefs, experiences, and social/professional interactions contribute to the feelings they are experiencing while caring for the neonates, parents and/or their families. The researcher is of the view that NICU registered nurses' needs, perspectives or experiences are identical; however, some may encounter dissimilar needs.

2.3 Qualitative research design and methods

The qualitative research methods are used to investigate the phenomena that collects and works with non-numerical data and that interpret meaning from these data which helps us to understand social life through the study of targeted population or places (Polit & Beck, 2017:741). According to Brink (2008: 113) indicated that methods of qualitative research focus on the qualitative aspects of meaning, experience and understanding, and they study human experience from the viewpoint of the research participants in the context in which the action takes place following mentioned characteristics of qualitative research (Brink, 2008:10) below:

- Uses structured procedures and formal instruments to collect information,
- Being committed to identifying an approach to understanding that supports the phenomenon studied,
- Being committed to the participants' viewpoints,

- Conducting the enquiry in a way that limits the disruption of the context of the phenomenon of interest,
- Acknowledging the participants in the research process and
- Reporting the data in literary rich style with participants' annotations.

2.4 Research design

Research design can be defined as the inclusive organisation for addressing a research question which comprises of conditions for improving study integrity (Polit & Beck, 2017:743). The research design is qualitative, exploratory, descriptive and contextual design in order to explore the research problem and to identify possible solutions (Grove *et al.,*2013:694; Polit & Beck, 2018:505). Therefore, exploratory, descriptive and contextual designs were used to explore the support needs of registered nurses working in the NICU situated in the Tshwane District in Gauteng Province.

2.4.1 Exploratory research design

Exploratory design is used normally to gain understanding of the situation, and phenomenon where there is a lack of evidence on a new area of interest in to respond to the situation (De Vos, 2011:1). This design enabled the researcher to explore the support needs of registered nurses working in the NICU situated in Tshwane District in Gauteng province where there is a lack of information or evidence about the study. Exploratory design is applied by asking the participants questions, for example, what are the support needs you would like to receive in the NICU? Thereafter, the researcher utilized probing questions to seek more in-depth information by allowing participants to provide more information.

2.4.2 Descriptive research design

The descriptive design is used to describe and document aspects of a situation (Polit & Beck, 2018:505) as they naturally occur (De Vos, 2011:1). In this study, descriptive design was used to describe the support needs of registered nurses working in the NICU situated in the Tshwane District in Gauteng province. Individual unstructured in-depth interviews were conducted when collecting data by engaging with participants. In this study, the

interviewer observed and wrote down every activity expressed by the participants during the interviews.

2.4.3 Contextual research design

Contextual design means to study people in their daily environment and to witness how they ensure or perform their activities in their context (Patton, 2015:18). Contextual design was applied to explore and describe the support needs only in the context of the NICU situated in the Tshwane District, Gauteng Province.

2.5 Research methods

According to Polit and Beck (2017:743), methodology refers to the techniques used to structure a study to gather and analyze information in a systematic fashion. The researcher followed the methodology for a group of methods that harmonize one another and that have the capability to deliver data and findings that will reflect the research question and suit the researcher's purpose. Furthermore, the aim is to improve the trustworthiness of the data collection procedure.

2.5.1 Context

Patton (2015: 22) explained context as a place where the information the gathered during the research period. The study was conducted in a selected NICU situated in a public hospital in the Tshwane District, Gauteng province. This NICU has total bed occupancy of 38. Ten of the beds are used for neonates requiring ICU care and 28 of them are used for neonates requiring high care. The neonates that are normally admitted in this NICU has congenital abnormalities, prematurity, asphyxia, hyaline membrane diseases, neonatal jaundice, and other chronic disorders like immune compromised diseases such as Human Immune Deficiency (HIV), respiratory distress syndrome and diabetes. The number of patients admitted per month in this NICU is approximately 282. The unstructured in-depth individual interviews were conducted in the doctor's room, because it is a quiet room which is free from distractions, therefore it enabled the participants to express themselves freely. The NICU has a total number of 18 nurses of which 15 are registered nurses, two are enrolled nurses, and one is a nursing assistant. The NICU is equipped with technological advanced machines to care for neonates. On a daily basis,

the NICU, per shift, has two to three registered nurses who are complimented by one to two agency staff to cover the shortage.

2.5.2 Study population / Unit of analysis

A study population is the entire set of individuals having some common characteristics and who meet the sampling criteria (Polit & Beck, 2017:738). The target population for this study were 15 registered nurses working in the NICU, Tshwane District Gauteng province.

2.6 Sampling Method

2.6.1 Sampling of the study

Total sampling was used in this study. Total population sampling is a type of purposive sampling where the whole population of interest (i.e., a group whose members all share a given characteristic) is studied (Polit & Beck, 2017:741). Therefore, in this study a total population sampling of all the registered nurses working NICU situated in Tshwane District, Gauteng province, were invited to participate in this study. Total samplings which is (15) registered nurses were sampled based on the inclusion and exclusion criteria described as follows:

2.6.1.1 Inclusion Criteria

Inclusion criteria as stated by Polit and Beck (2017:290) is the formation of population characteristics and to decide who can participate in the study. Participants were all:

- Registered nurses working in the NICU of the Tshwane District in Gauteng Province
- Registered nurses who worked for one year or more in the NICU of the Tshwane District, Gauteng Province.
- Registered nurses who voluntarily were willing to participate in the study.

2.6.1.2 Exclusion Criteria

Exclusion criteria are a formation of population characteristics that do not have the characteristics to be included in the study (De Vos *et al*., 2012:325). The researcher excluded:

- Other categories of nursing, for example enrolled nurses
- Other medical healthcare professionals who were not registered nurses but working in the NICU.
- Registered nurses who worked part time in this unit were excluded, for example those who were agency staff.

2.6.2 Sampling size

The number of participants in a study is referred to as sample size (Polit & Beck, 2017:74). In qualitative research, the sample size was determined by data saturation (Polit & Beck, 2017:60). Data saturation was being reached when there was no new information obtained from the participants (Polit & Beck, 2017:60). In this study, data saturation was reached after interviewing six participants. However, the interviewer conducted three more interviews to make sure that there is no new information that is coming from the participants, which brought the sample size to nine.

2.7 Data collection and organisation

Data collection refers to a method of collecting data to solve a problem in the study (Polit &Beck, 2017:725). Data collection process of this study included preparatory and interview and phases.

2.7.1 Preparatory Phase

Preparatory phase is the step whereby the researcher starts with interview entry and establishment of rapport (De Vos *et al*., 2012:325). For this study, the researcher appointed an experienced independent interviewer who has a Master's Degree in nursing to collect data and this independent interviewer was subjected to sign an agreement form, (see Annexure G) because the researcher was one of the managers/employees working in the NICU situated in the Tshwane district in Gauteng Province. The independent

interviewer was appointed to avoid biasness and coercion within the participants and enabled them to feel free to express themselves during interviews - compensation was given for the work the interviewer has completed.

The preparatory phase was done as follows:

- Interview entry is the first step of preparatory phase, whereby the interviewer starts to build up and maintain relationships and agreement with the gatekeepers and participants, as well as accessibility of the setting (De Vos *et al*., 2012:325). In this study, the interviewer adhered to the principles of agreement of the letter of approval with the gatekeepers to build and maintain relationships with them. A gatekeeper is explained as an individual that have formal and informal authority to give approval to access the research participants (De Vos *et al*., 2012:325). In this study, the gatekeepers were the Department of Health and the Hospital Chief Executive Officer (CEO) as they are the ones who have the authority to give an approval letter to access registered nurses in the hospital care settings.

  After an interviewer has located and established contact with gatekeepers, the interviewer established the relationship with the participants to gain the participants' cooperation by informing the unit where the study is going to take place. Based on this, an interviewer recruited participants individually during day and night shifts. This recruitment was done at Level Eight (8) in one of the doctor's consultation rooms during lunch time to negotiate with the participants by providing them with the information of the study and to gain their cooperation. The interviewer and the participants adhered to the Covid19 regulations. Sanitizer was provided in the doctor's room, participants maintained social distancing and always wore their masks when in contact with the interviewer.
- During negotiations, the participants were informed about the study in detail, which included the explanation of the aim of the study, objectives and the significance of the study, as well as assurance of the ethical principles to establish rapport. For example, in ethical principles of an interviewer, it was explained to the participants that no names will be disclosed, instead pseudo-names such as participant 1 will be used to ensure the principle of confidentiality.

- Prior to actual data collection, the appointed interviewer conducted a pilot interview. Pilot interview refers to a small-scale preliminary study conducted in order to evaluate feasibility of the study and improve upon the study design prior to performance of a full-scale research project (Janghorban *et al.,*2014:1). The pilot study was conducted among three registered nurses working in a NICU situated in Tshwane District in Gauteng Province to test the interview skills, questions and findings of the interviewer. The interviews with the participants were done one week after the pilot study which was at the end of April 2020 at Level Eight (8) in a doctor's consultation room during lunch time near the NICU and interviews did not interfere with the daily operations of the staff. The interview with each participant was estimated not to exceed 40 minutes. The interviewer explained the study to the participants.
- The reason of the pilot study was to validate if the interviewer could conduct interviews that would be feasible to answer the research question of the study before conducting the actual study and to also confirm if it would be possible to collect data within the time agreed with the participants. The analyzed data of the pilot study was used for conformability and dependability for the results of the main study.

2.7.2 Interview Phase

Interview phase refers to a step whereby the interviewer will conduct face to face unstructured individual interviews to collect data (Brink *et al.,* 2012:158). Face to face unstructured individual interviews were conducted more like a normal discussion as it is more suitable for qualitative or exploratory research and this is applicable where the researcher did not possess enough information about the topic to structure questions in advance of data collection (Brink *et al.,* 2012:158). The interview phase began in May 2020 until the end of June 2020.

The interviewer asked the registered nurses open-ended questions such as "what are the support needs you would like to receive in the NICU? The independent interviewer used probing questions to prompt the participant's response from the questions asked, to seek

clarity from their initial response or enhanced participants to give more information regarding the subject at (Brink *et al.,*2012:158).

During the process of interviews in data collection, the following techniques were used to avoid biasness by the interviewer:

2.7.2.1 The audio recorder

An audio recorder was used with the participants' permission. The audio recorder ensured that interview data was the participant's actual verbatim responses, rather than relying on interviewer notes (Polit & Beck, 2017:729). The audio recorder as recommended by Polit and Beck (2017:729), assisted the interviewer not to be bias by including their memory or personal views.

2.7.2.2 Field notes

Field notes were taken and viewed as notes taken by researcher to record the response made in the field and the interpretation of those observations (Polit & Beck, 2017:729). The independent interviewer also transcribed the field notes to make sure that the interpretation of what was said in the interview, was correctly captured. During data collection process, the independent interviewer adhered to the following steps during interviews as described by Brink *et al.* (2012:122) as follows:

- Bracketing: The interviewer identified and set aside any preconceived beliefs and opinions about what had been known about the topic under study and allowed the participants to express themselves in order to consider their perspectives about the subject under study. The interviewer encouraged participants to pursue a line of thought (De Vos *et al*., 2012:344) for example, the interviewer encouraged the participants to give her more information through saying tell me more about what the support need you have just said to me.
- Intuiting: The interviewer remained open to what have been detailed or said by the participants regarding the subject under study.

- Describing: The interviewer provided a detailed description of collected data on the findings together with an audit trail which showed how the data was collected, captured and analysed.
- Data saturation was reached when the interview was conducted with participant number six (6) because there was no new information being collected. However, the researcher and independent interviewer agreed that the interviewer should do more interviews to verify that there is no new information. On that note, the three participants who did not participate' whose data were not used, both in the pilot study and the actual data collection, were approached for interviews to assess if there is no new information being presented. Luckily, their participation confirmed that the interviewer reached data saturation.

At the end of the interview, the interviewer thanked the participants for participating in the study and gave them a chance to ask questions for seeking clarity where needed. Recorded interviews were listened to and checked for audibility and completeness soon after the interview was over. The researcher asked permission from the participants to contact them if there was to be any follow up questions that might arise while processing data.

2.8 Data analysis

Steps of thematic analysis were applied to analyse the data. Thematic analysis is an inductive process of organizing data into categories/themes and identifying patterns (Creswell, 2014:166). It allows researchers to understand social reality in a subjective but scientific manner. In this study, the data gathered from participated registered nurses was analysed to generate findings.

The process of data analysis commenced when the process of data collection begun, to determine when data saturation had been reached. According to Creswell (2014:166) data analysis is an ongoing process that routinely starts prior to the first interview and it

is an interactive process where steps are interrelated and is not an orderly linear hierarchical stepwise process.

The researcher followed Clarke and Braun's (2013:121) thematic analysis steps to analyse the qualitative data as follows:

- Step 1: Familiarization with data, the interviewer immersed in and familiarized herself with data by reading data repeatedly. Also, by listening to the audio-recorded data that the interviewer collected during interviews, noting any initial analytic observation. The interviewer wrote out all the transcripts and submitted them to the researcher in a Microsoft Word document to continue with data analysis.
- Step 2: Coding- involved labelling the important features of the data of relevance to the research question guiding the analysis. The researcher coded every data item and ended this phase by collating all the codes and extracting relevant data.
- Step 3: Searching for themes- The researcher reduced data into small and manageable sets by collating all the coded data relevant to each theme.
- Step 4: Reviewing themes- The researcher reviewed the themes which involved checking that the themes were in relation to both the coded extracts and the full data set.
- Step 5: Defining and naming themes - The researcher conducted and wrote a detailed analysis of each theme. The essence of each theme was identified and constructed a concise, informative name for each theme.
- Step 6: Writing up - involves weaving together the analytic narrative, data extracts, contextualizing it in relation to existing literature. The researcher used an independent coder and a literature review to compare findings with similar studies.

2.9 Ethical considerations

Ethics refer to a system of moral values that is concerned with the degree to which the research procedure adhere to professional, legal and social obligation to study participants (Polit & Beck, 2017:727).

2.9.1 Permission to conduct the study

Ethical approval was obtained from the Faculty of Health Sciences Research Ethics Committee of the University of Pretoria, ethics number 883/2019, to conduct the study, see Annexure H. Permission was granted by the Gauteng Department of Health and Steve Biko Research Ethics Committee, see annexure I. The ethical approval and the permission letters from the DoH were presented to the Hospital CEO and HOD to gain access to the research site and the participants.

2.9.2 Gaining informed consent

This study obtained informed consent from the participants before starting to collect data such as: In the consent form, the researcher composed the correct title of the study and the motivation behind the study to give participants the relevant data. Also, the interviewer clarified what is written in the informed consent to make sure the consent comprehended everything before signing it. The consent form clarified that the study was voluntary and no punishment would be given to participants who quit taking part in the study or withdrew during process of data collection (see Annexure D). Informed consent referred to the prospective participant's agreement to voluntarily participate in the study, which is reached after the participant had assimilated information about the study (Grove *et al.,* 2013:704).

2.9.3 Gaining informed consent

Polit *et al.* (2017:157) stated that obtaining informed consent is one of the critical procedures in research to safeguard the study participants. This study obtained informed consent from all participants before starting with the data collection, in the following way: In the consent form, the correct title of the study and purpose of the study was stated to give the participants proper information of what the study entailed and intended to achieve. The interviewer also clarified what was written in the informed consent to make sure that the participants understand the study correctly before they sign and participate in data collection.

2.9.4 Principles of research ethics

Ethical principles guided the researcher during the research process: respect for person, beneficence and justice (Brink *et al.,* 2012: 34). Those principles were based on the human rights that needed to be protected (Brink *et al.,*2012:34). In this study, this was done by ensuring that principles such as beneficence, respect for human dignity, confidentiality, anonymity, and justice are adhered to, which will be discussed below. The researcher had to make sure that the appointed experienced independent interviewer, who has a Master's Degree in Nursing, collect the data because the researcher is one of the employees who works in the NICU in the Gauteng Province and that was done to avoid biasness and coercion.

2.9.4.1 Respect for participants

Respect for human dignity implies that the participants must be informed by the independent interviewer that they have a right to withdraw from participating at any time (Bertram & Christiansen, 2014:66). The interviewer did make sure that the participants are aware of the right to make their own decisions without coercion.

2.9.4.2 Benefiecence

Beneficence refers to the researchers' need to secure the well-being of the participant's rights to protection from discomfort and harm (Brink *et al.,*2012:35). The independent interviewer clarified the benefits for the participants. The participants were not introduced to any risks which would be physical, enthusiastic and social or financial related. The independent interviewer took into consideration, with caution, the participant's personal views and fear of responding to some of the questions, to minimise discomfort or harm.

2.9.4.3 Justice

It included participant's right to fair treatment and their right to privacy (Polit & Beck, 2017). In this study, maintenance for the right to fair treatment, the interviewer explained that she would treat people who choose to decline to participate in the study fairly, as they have a right to privacy and will ensure that their right to change at any given point in time is preserved.

2.9.4.4 Confidentiality

Confidentiality refers to the management of private data in research so that participant's identity was not linked to their responses (Burns & Grove, 2013:693). The interviewer explained that neither she, nor the researcher, would share the any information collected among the participants to other people in a manner that classifies them. In addition, the researcher and the data collector agreed that they would not make information of participants accessible to others unless the participants gives approval to share.

2.9.4.5 Anonymity

Anonymity refers to the researcher's act of protecting participant's confidentiality (Polit & Beck, 2012:169). In this study, the researcher ensured that the information collected by the independent interviewer from the participants remained anonymous or their identities remained a secret, for example, the independent interviewer provided each participant with a coded name such as participant A, instead of calling them their real names during discussion, transcription and data analysis.

2.10 Trustworthiness

Polit and Beck (2017:560) define trustworthiness as the degree of self-reliance the researchers have in their data. The following criteria will be used as described by Lincoln and Guba (Polit & Beck, 2017:559): credibility, dependability, conformability, transferability, and authenticity.

2.10.1 Credibility

Credibility refers to the self-reliance in the accuracy of the data and their understanding. It has two aspects: carrying the study in a way that enhances the believability of findings and taking steps to demonstrate credibility in research report (Polit & Beck 2017:559). In this study, credibility was demonstrated through ensuring audit trails, discussing the interview technique in-depth and providing evidence of field notes as suggested by Brink *et al.*2012:172) for example, the researcher had to build trust and rapport amongst the participants by engaging them, consistently pursuing interpretations in various ways, asking different questions and seeking different sources, assessing intentionality of

participants by correcting obvious errors and offering them additional information and continually reviewing and refining the assumptions. For this study, the researcher appointed an experienced independent interviewer who has a Master's Degree in nursing, to establish the rapport to explore more on the support needs of registered nurses. The use of independent interviewer was done to avoid biasness and coercion among the participants to enable them to feel free to express themselves during interviews because the researcher was one of the employees working in the NICU situated in the Gauteng Province. Compensation was given for the work the independent interviewer has done.

2.10.2 Dependability

Dependability refers to the extent to which similar findings would be obtained if the study was to be repeated (Van Zyl, 2014:1). This study's dependability was enhanced by clearly communicating the purpose of the interview questions with the participants before obtaining their consent to gain their cooperation by the appointed experienced independent interviewer. The independent interviewer collected and coded data. Coded data was set as an endowment of evidence if there was a need for repeated interviews with similar participants by listening to the audio-taped data and transcribing the data verbatim. This was also done to check if the themes that were identified during the pilot interview, were like the findings of the actual study.

2.10.3 Conformability

Conformability refers to the potential for congruency of data in terms of accuracy, applicability, or meaning (Polit & Back 2017:559). To enhance conformability in this study, the independent interviewer used a voice recorder to record what had been provided by the participants, transcribe the data verbatim and transcribing exactly what was said by the participant. The results of the pilot study also served as a confirmability of the actual results of the study because there were no differences in the findings of the pilot study and the actual findings from the larger group of participants of the study.

2.10.4 Transferability

Transferability refers to the potential for extrapolation, that is, the extent to which the findings of this study can be applied to other situations with clear description of the characteristics of the setting (Van Zyl, 2014:1, Polit & Beck, 2017:560). Transferability

was ensured by describing the setting of the study in details, sampling of participants and findings. The researcher provided enough descriptive data gathered by the independent interviewer so that it became easier for other researchers to understand and apply these findings in their context for generalization, where possible.

2.10.5 Aunthenticy

Authenticity refers to the level to which the researchers honestly and truly showed a range of realities (Brink *et al.,*2012:193). The researcher ensured that the findings of this study gathered by the independent interviewer, only conveyed the participant's views, state of mind, and developed thoughtfulness on issues discussed.

2.11 Summary

This chapter described and discussed the study's philosophical fundamentals, research design and methodology, context, population, sampling, data collection, data analysis, and trustworthiness which included credibility, conformability, transferability, and dependability. The next chapter will discuss the presentation of results.

CHAPTER THREE: PRESENTATION OF RESULTS OF THE STUDY

3.1 Introduction

In this chapter, the researcher presented the demographic characteristics of the participants and results of the study. The aim of this chapter was to explore and describe the support needs of registered nurses to promote a positive working environment in the NICU situated in Tshwane District, in Gauteng province. Data was collected through the application of face to face unstructured interview, from nine registered nurses that were sampled purposively in the NICU of the Tshwane District, Gauteng province. Steps of thematic analysis were followed to analyze data that was collected from registered nurses.

3.2 Demographics

An overview of the demographic characteristics of the participants who participated in this study, is presented in the table below (Table 1). The total number of the participants were nine registered nurses working in the NICU of the Tshwane District, Gauteng province. For confidentiality and anonymity purposes, the participants of this study were given codes, namely Participant 1 to Participant 9. All the participants were females. Most of the participants (five) had a specialty in child nursing science, followed by one with specialty in intensive care and one in neonatal nursing. Two of the participants didn't have any specialty, but had either a diploma or degree in general nursing science.

Table 3.2.1 Demographic characteristics

Participant Codes	Work Experience	Gender	Designation	Qualifications
Participant 1	15 Years	Female	Registered nurse	Diploma in intensive care
Participant 2	10 Years	Female	Registered nurse	Child nursing science
Participant 3	13 Years	Female	Registered Nurse	Neonatal Nursing
Participant 4	15 Years	Female	Registered nurse	Child nursing science
Participant 5	20 Years	Female	Registered nurse	Child nursing science
Participant 6	20 Years	Female	Registered nurse	Child nursing science
Participant 7	5 Years	Female	Registered nurse	Child nursing science
Participant 8	20 Years	Female	Registered nurse	General nursing
Participant 9	12 Years	Female	Registered nurse	General nursing

3.3 Results

The objective of this study was to explore and describe support needs for registered nurses working in the NICU situated in the Tshwane District, Gauteng province. The researcher collected data through in-depth individual interviews and used steps of thematic analysis to analyze the data of this study. The analysis resulted in five themes of support needs for registered nurses working in the NICU of the Tshwane District Gauteng. Those support needs are: fair leadership, management intervention, teamwork, staff development and availability of resources in the workplace. Each theme has been

substantiated by sub-themes as stipulated in Table 3.2. In addition, each sub-theme was supported by direct quotations from the participants.

Table 3.3.1 Support needs for registered nurses working in the NICU in the Tshwane District Gauteng Province

Themes	Sub-themes
3.3.1 Fair leadership management support needs	• Supervision of delegated work • Listening and understanding • Leadership role opportunities • Professional secrecy
3.3.2 Management Intervention support needs	• Reduction of absenteeism
3.3.3 Teamwork support needs	• Continuous communication • Occupational and social support • Improving positive attitude between doctors and nurses
3.3.4 Staff development support needs	• Peer seminars • Continuous meetings and workshops • Provision of in-service training
3.3.5 Availability of resources within the workplace support needs	• Purchasing resources needed in the unit • Employment of more trained and experienced permanent staff • Long term usable assets

3.3.1 Fair leadership management support needs

Fair leadership management support needs of registered nurses working in the NICU situated in the Tshwane District emerged as the first theme of this study. This theme was justified with four sub-themes which are: supervision of delegated of work, listening and understanding, leadership role and mentorship opportunities and professional secrecy.

These sub-themes which emerged from fair leadership support needs are explained and supported by direct quotations from the participants to give them more meaning.

- *Supervision of delegated duties*

Supervision of delegated duties emerged as the first sub-theme resulting from fair leadership management support needs of registered nurses working in the NICU situated in the Tshwane District, Gauteng province. Registered nurses indicated that managers should make sure that their subordinates carry out delegated duties so that they share workload and responsibilities equally. This finding was supported by direct quotations from the participants as follows.

Participant one (1) verbalized that:

"Managers should delegate duties to staff members and all of us must carry out our delegated duties because that will prevent creation of workload to other staff members because having to do what was allocated to other person in the ward."

Participant six (6) supports this finding through indicating that:

"When managers are delegating duties to staff members working in this NICU they should make sure that they complete their work that is allocated to them. If managers do make sure that that nurses complete their work, nurses will care for their babies correctly. Those who feels that they are not sure of any nursing duties that they have to perform for a specific baby will ask for supervision in the unit where necessary other than running after people to do the work in the unit,"

There were no differences regarding supervision of delegated duties from registered nurses working in the NICU situated in Tshwane district, Gauteng Province. Therefore, this conclude this sub-theme of fair leadership management support needs.

- *Listening and understanding*

Listening and understanding was one of the support needs of registered nurses resulting from fair leadership support needs. Registered nurses stated that management should listen with understanding to their work related and personal issues which frustrates them in their daily lives.

In support of this sub-theme, participant three (3) indicated that:

"I wish management can be able to listen to us with understanding with us when we are going through tough time. At times we are stressed, and we have poor coping mechanisms we just need someone like your manager to listen to our frustrations."

Participant six (6) further supported this sub-theme through referring to her real-life experience which results in poor mechanism and she stated that:

"Managers need to listen and understand our unique needs as their juniors. For example, I'm a breastfeeding mother, I cannot work night duty now so therefore, I expect the manager to look for somebody that is willing to work night duty that was scheduled for me. I am saying this because, at times they want us to come to work regardless of our unique situations and that makes us to absent ourselves from work and it doesn't help others because they will be over worked on that particular day."

Participant one (1) supported this subtheme through indicating that:

"Listening and trying to understand before they jump into conclusion will solve our problems in that unit. If the manager doesn't understand something they must just come, ask and we will clarify before jumping into conclusions."

Registered nurses are of the view that listening and understanding is one of the support needs that they need to ensure fair leadership management support needs to assist them with positive coping mechanisms skills, as well as to reduce both the level of stress absenteeism.

- *Leadership role opportunities*

Leadership role opportunities emerged as one of the sub-themes resulting from fair leadership management support needs for registered nurses working in the NICU situated in the Tshwane District. Registered nurses indicated that managers should give them leadership role opportunities to lead their shifts in the NICU ward/unit because that will enable them to grow professionally. This finding was confirmed by the following three quotations from the participants.

Participant three (3) said:

"I will be glad if the manager gives us a chance to be leaders on our shifts so that we can grow professionally and know how to face NICU management related challenges in the unit. When they allow us to lead our shifts and see that we are unable to solve a particular problem then we will consult them for further guidance"

Participant four (4), in support of participant four (4) indicated that:

"...Managers should give us a chance to manage the unit the whole day or to take shift leading, fix problems, attend to issues on our own and if I fail then I go to manager. We can do this by working or carrying out our duties of caring for neonates and managing the unit at the same time. This will definitely work because we will be overseeing the unit and we can identify problems immediately and solve them quickly. Additionally when doing all these activities we will be done preventing complains and incomplete work when caring for those infants then leading to conflicts amongst each other"

Participant five (5) supported the two participants through indicating that:
"Management must trust us as individuals in the unit because trust can be seen through giving us a chance to solve problems that are arising in the unit so that they can see if their staff is growing or not…"

Registered nurses indicated that the leadership role opportunities support their needs in the sense that they attain nursing management skills. Management skills will give them the responsibility of leading others in the ward, as well as gaining problem solving skills. Additionally, consulting their managers when needed, will build trust in the relationship between them and their managers.

- *Professional secrecy*

Professional secrecy was one of the least sub-themes resulting from fair leadership management support needs of registered nurses working in the NICU situated in the Tshwane District Gauteng. Registered nurses indicated that managers should not disclose their confidential secrets to other people without their permission.

This finding is confirmed by participant three (3) when stating that:

"Professional secrecy should be there because if you are a manager you shouldn't disclose other people's problems otherwise you will open can of worms to a point whereby you are no longer able to control the conflicts between staff members at work"

Although, this was mentioned by one participant, it is one of the skills that is expected from managers to prevent unnecessary grudges within the workplace.The first theme of the findings presented fair leadership management support needs of registered nurses working in the NICU situated in the Tshwane District and this theme is justified by four sub-themes. Each sub-theme was supported by similar quotations that were grouped together from the participants.

3.3.2 Management intervention support needs

Management intervention support needs of registered nurses working in the NICU situated in the Tshwane District emerged as the second theme of this study. This theme was justified with one sub-theme which is the reduction of absenteeism. This sub-theme, which emerged from management intervention support needs, is explained and supported by direct quotations from the participants to give them more meaning.

- *Reduction of absenteeism*

Reduction of absenteeism was the only sub-theme resulting from management intervention support needs for registered nurses working in the NICU situated in Tshwane District Gauteng Province. Registered nurses indicated that reduction of absenteeism can be achieved through having adequate staff, educated staff and referring nurses for counseling.

This finding is confirmed by the participant six (6) through indicating that:

"Currently nurses are absenting themselves because they are exhausted and there is too much shortage. Others continue to become more and more exhausted because they are sometimes called at home when someone is absent and end up not resting enough. So therefore, managers need to appoint adequate staff to prevent exhausting registered nurses working in NICU."

Participant nine (9) indicated that:

"Knowledge is power. If they want to reduce absenteeism in NICU they better appoint people who are knowledgeable and those that are experienced because if not people are going to absent themselves, NICU is not like all other wards. It's tough here"

In support of this, participant eight (8) said:

"Maybe managers should refer registered nurses going through hard time in Employee Wellness Program (EWP) to make sure that they regain their mental health wellbeing and that will reduce absenteeism in this NICU."

Registered nurses working in the NICU situated in the Tshwane District, Gauteng Province expressed different reasons of management intervention support needs to reduce absenteeism. This concluded this theme because there were no differences that were noted between the three nurses that have indicated this management intervention support need.

3.3.3 Teamwork support needs

Teamwork support needs of registered nurses working in the NICU situated in the Tshwane District, Gauteng Province emerged as the third theme of this study. This theme

is supported by three sub-themes, namely: continuous communication, social support, as well as the improvement of positive attitude between doctors and nurses. These sub-themes which emerged from teamwork support needs of registered nurses working in the NICU situated in the Tshwane District, Gauteng province is explained and supported by direct quotations from the participants to give them more meaning.

- *Communication*

Registered nurses working in the NICU situated in Tshwane District, Gauteng Province indicated that communication is one of their teamwork support needs. Registered nurses stated that they need to communicate with one another to convey the information that is needed to care for neonates accurately, as well as to prevent litigations faced by nurses. This finding is confirmed by participant six (6) and participant two (2) as follows:

Participant six (6) indicated that:

"We need to communicate to each other especially when you see somebody doing something wrong, for example you can stop that person and correct through teaching him and her to do the correct thing that will prevent litigations that are faced by nurses working in NICU's."

Participant two (2) supported this participant through saying that:

"We must be able to communicate as colleagues especially between us registered nurses and doctors to promote understanding amongst each other and that will enable us to give quality care among neonates and consequently promote a positive working relationship between us thus positive working relationship."

Registered nurses working in the NICU situated in the Tshwane District Gauteng have indicated that they need communication as of their teamwork support needs because communication is the key for quality care for neonates.

- *Social support*

Social support from colleagues was indicated as one of the teamwork support needs of registered nurses working in the NICU situated in Tshwane District, Gauteng Province. Registered nurses indicated that they need to assist each other as colleagues to cope with work or home related problems. This finding is confirmed by the following quotation.

Participant three (3) said:

"We are working in a stressful environment with a lot of shortage of staff. Supporting one another as colleagues when someone, is having problems at work or home, can ease the stress through going to work on behalf of your colleague on that particular day so that your colleague can rest and regain strength of coming back to work."

Participant six (6) said:

"We need to *support one another especially as colleagues because it's easy to talk about work and home related problems. So support from colleagues will be beneficial for all of us to cope with life and work related issues."*

Registered nurses working in NICU situated in Tshwane District Gauteng province indicated that they need to support one another because NICU is a stressful environment for them. They have indicated that the social support that they give each other is likely to decrease stress related issues which will affect their wellbeing.

- *Improvement of positive attitude between doctors and nurses*

Improvement of positive attitude between doctors and nurses emerged as one of the sub-themes of teamwork support needs of registered nurses working in the NICU situated in the Tshwane district. Registered nurses indicated that positive attitude would promote

good working relationship amongst each other and consequently improve quality care that should be given to neonates This finding is confirmed by the following two quotations from the participants.

Participant one (1) said:

"Nurses and doctors need to improve their attitudes amongst each other to promote their good working relationship. …. We must be able to correct it each other if the case be without holding grudges and share information to promote quality care for neonates not this thing I didn't see you in medical school. It is disrespectful for nurses because they have also studies to become professional nurses"

Participant six (6) supported this through saying that:

"Nurses and doctors need to work on the negative attitude they have amongst each other because positive attitude is the most important thing that will all need to provide quality care in NICU.... It is not hard to work on negative attitude; people need to respect each other and avoid conflicts as colleagues"

Participant five (5) supported this finding through making an example that:

"If nurses and doctors work on their attitudes, patients will receive holistic medical care service from both the nurse and doctor. Sometimes mothers of the babies don't have knowledge of what is happening to their babies and the registered nurse can tell the doctor that she needs to tell the mother the condition of the baby to help reduce the anxiety of the mothers her baby's condition. That will promote the trust between patient and health care workers and trust will win patients over and stop talking about us in the media even if we are not wrong."

Registered nurses have indicated the importance of positive attitude and the effects of negative attitude between nurses and doctors within the workplace. They have also indicated that positive attitude will enable them to work together as colleagues, remain hopeful and see the best even in difficult situations.

The second theme of the findings presented teamwork support needs of registered nurses working in the NICU situated in the Tshwane district Gauteng Province which is justified by three sub-themes. Each sub-theme was supported by the similar quotations that were grouped together from the participants.

3.3.4 Staff development support needs

Staff development support needs of registered nurses working in the NICU situated in the Tshwane district Gauteng province emerged as the fourth theme of this study. This theme was justified with three sub-themes which are: peer seminars, continuous meetings & workshops and the provision of in-service training. These sub-themes which emerged from staff development support needs is explained and supported by direct quotations from the participants to give them more meaning.

- *Peer seminars*

Peer seminars was indicated as one of the staff-development needs for registered nurses working in the NICU situated in the Tshwane district Gauteng Province. Registered nurses indicated that colleagues need to teach one another so that they can learn from one another on how to care for neonates admitted in the NICU. This finding is confirmed by the following quotations.

Participant three (3) indicated that:

"I would like to see leading doctors like consultant and senior professional nurses who have specialty in NICU teaching us and sharing information with junior staff members experiencing difficulties of providing quality care for neonates"

In support of this, participant eight (8) indicated that:

"I am a junior sister and I would like to receive support from my seniors and mentors in the neonatal ICU through teaching me especially if I don't know something in the unit because is challenging to work in NICU…. there can be lot of things that you don't understand"

Registered nurses working in the NICU situated in the Tshwane have indicated that peer seminar is one of their staff development support needs. They have explained that this can be achieved through allowing experienced and highly qualified registered nurses and doctors working in the NICU to share knowledge with them for qualify care of neonates.

- *Continuous meetings and workshops*

One of the staff development support needs required by registered nurses working in the NICU situated in the Tshwane District Gauteng is having continuous meetings and workshops. Registered nurses indicated that in these meetings they will be able to encourage each other, share the problems that they are experiencing in the NICU, as well as have workshops to address those problems.

In support of this, participant two (2) stated that:

"We can have meetings continuously where we can share our problems and to encourage each other's and afterwards will have workshops were people can come with

different ideas because I believe these workshops can uplift our spirits and increase our knowledge that we need to care for neonates in our unit"

Participant nine (9) further indicated that:

"We are doing well so far with in our monthly meetings because we are able to address our problems and encourage each other. However, I still feel we need to have continuous workshops as well so that we can learn from one another. Rotate in giving a lecturer within those workshops to make sure that we come prepared to learn…. Ahh, perhaps we should reduce the time of our monthly meetings and use the time to educate each other through having workshops."

Registered nurses working in the NICU situated in the Tshwane district, Gauteng Province have indicated that they need staff development support needs of having continuous meeting and workshops. They have highlighted that they can share problems in the meetings and have workshops to address such problems to promote quality care for neonates. However, the registered nurse indicated that it will be better to have some of the time scheduled for meetings, be scheduled to workshops.

- *Provision of in-service training*

Provision of in-service training was one of the staff development support needs required by registered nurses working in the NICU situated in the Tshwane District Gauteng Province. Registered nurses indicated the importance of in-service training for newly qualified, agency staff and experienced registered nurses to gain knowledge that they will use to provide quality care for neonates. This finding was supported by the following direct quotations from participants.

Participant four (4) and eight (8) supported this submission through making an example as follows:

"Sometimes in NICU they appoint newly staff or have staff from agencies that do not know anything about NICU, so therefore, we really need in-service training support that can provided by experienced registered nurses so that these newly appointed nurses can gain knowledge that they will use to provide quality care for neonates.

Participant three (3) supported this theme through indicating the needs for in-service training when purchasing equipment and indicated that:

"NICU staff should receive in-service training when the hospital is purchasing new equipment because we will find it easy to use the equipment, prevent breakages and enable us to give quality care without having to struggle first, struggling when you have to use the equipment affect us negatively because it usually takes time before we get to know to use new equipment"

Participant six (6) further said:

"Managers should allow staff that are having either a diploma or degree in nursing to register for NICU courses or NICU specialization because the knowledge that they will receive will improve NICU units through providing quality care"

Participants mentioned in-service training as one of their staff development support needs for experienced and inexperienced registered nurses to gain knowledge to provide neonatal quality care. They have also indicated the support need of in-service training of using new equipment to improve the skill on how to use the equipment promptly as an when needed.

The fourth theme of the results of this study presented staff development support needs of registered nurses to gain knowledge using peer seminars, workshops and in-service

training to provide quality care for neonates. Each sub-theme was supported by the similar quotations that were grouped together from the participants. This conclude this theme of the upcoming last theme of the results of this study.

3.3.5 Availability of resources within the workplace support needs

Availability of resources within the workplace support needs of registered nurses working in the NICU situated in the Tshwane District, Gauteng Province emerged as the fifth theme of this study. This theme was justified by three sub-themes which are: purchasing of resources needed in the unit, employment of more trained and experienced permanent staff and long term usable of assets. These sub-themes which emerged from availability of resources within the workplace support needs are explained and supported by direct quotations from the participants to give them more meaning.

- *Purchasing resources needed in the unit*

Purchasing resources needed in the unit was one of the availability of resources within the support needs of registered nurses working in NICU situated in Tshwane District Gauteng District. Registered nurses indicated that they need new equipment to work more efficiently and to provide quality care for neonates admitted in NICU which has diminished resources and confirmation of this result is quoted by participants as indicated below.

Participant indicated that

“The hospital needs to buy new resources for NICU because if you have the required resources you are able to work at your best at all times….”

Another participant, participant four (4) added:

"Our support needs in NICU is new equipment, and quality ones for that matter because when you have resources your work doesn't stop because you don't run around looking for things in other hospitals… and when they buy quality ones there won't break easily

Registered nurses working in the NICU situated in the Tshwane District Gauteng Province have indicated that they need support of purchasing new equipment that is not breaking easily to provide quality care for neonates.

- *Servicing of equipment to increase their lifespan*

Registered nurses working in the NICU situated in Tshwane District Gauteng Province indicated that they need support of servicing of equipment to increase their lifespan and that will enable them to work proficiently when caring for neonates.

In support of these findings, participant three (3) verbalized that:

"Servicing equipment's is needed because if this is done will prevent unnecessary breakages and the ward will be fully equipped and enable us to carry out our duties without any struggle and that will make us to provide quality care in NICU"

In agreement with participant three (3), participant nine (9) and one (1) said:

"Servicing the equipment will prevent unnecessary breakages caused by lack of service and when the equipment is serviced will enable the hospital or manager not to buy one equipment thing time and again. In addition, we will not be called to come and account why the equipment has broken down or not. The less we account for such the more positive relationship we have with our managers in NICU

Registered nurses working in the NICU situated in the Tshwane district of Gauteng have indicated that they need support of servicing equipment within the workplace to give quality care and to prevent unnecessary issues that affect the relationship that they have with their managers.

- *Employment of more trained and experienced permanent staff*

Registered nurses working in the NICU situated in Tshwane District, Gauteng province indicated that they need support of availability of resources within the workplace. This support must be through employing more staff that is well trained and experienced to provide quality care for neonates that are diagnosed with complex neonatal conditions. This finding is confirmed by the following quotations.

Participant two (2) indicated that:

"There is a need of extra registered nurses in NICU because currently our unit is a 39 bedded unit when it is combined with high care and most of the time we are having 39 babies so it becomes difficult to run the ward as a shift leader and check every cardex from bed 1 to bed 39. Eventually you will miss the most important things which will affect the care of neonates negatively"

In support of this, participant one (1) said:

"In NICU we need staff that is well trained to provide quality care for neonates. It may not be those who have specialization but people who have been exposed to NICU like sometimes managers ask agencies to give them professionals nurses and sometimes those agency nurses are not knowledgeable. You will have to start teaching them first and you follow up them when they are busy working because you are afraid that they will give wrong medication or give wrong doses of medication so it's very difficult to work with them."

Participant seven (7) also indicated that:

"Allocation of more registered nurses that are NICU trained and those that are knowledgeable should be done in NICU because we are dealing with premature babies and most of them weigh less than 1kg and they are being nursed by enrolled nurses who doesn't know how to ventilate or resuscitate a neonate"

Registered nurses working in the NICU situated in the Tshwane district of Gauteng have indicated they need the support of having a knowledgeable and experienced registered nurse to care for neonates that need complex management.

The fifth theme of the results of the study presented availability of resources within the workplace support needs of registered nurses working in the NICU situated in Tshwane District Gauteng Province to give quality neonatal care. This theme is justified by three sub-themes. Each sub-theme was supported by similar quotations that were grouped together from the participants. This conclude this theme and the results of this study.

3.4 Summary

This chapter focused on the presentation of the results of the study which resulted in five themes support needs of registered nurses working in the NICU situated in the Tshwane District, Gauteng Province. Those support needs of registered nurses working in the NICU situated in the Tshwane District, Gauteng Province are: fair leadership management, management intervention, teamwork, staff development and availability of resources within the workplace. Each theme had its own sub-themes and quotations were used to support each sub-theme in the results of this study. The next chapter will focus on the discussion of the results.

CHAPTER 4:

DISCUSSION OF RESULTS, INTERPRETATION AND LITERATURE CONTROL.

4.1 Introduction

The previous chapter presented the results of this study. This chapter will focus on the discussion of the results of the study. The results of this study provided a unique opportunity to explore and describe support needs of registered nurses working in the NICU in the Tshwane District, Gauteng Province. Registered nurses working in the NICU in Tshwane District Gauteng Province verbalized five support needs themes which are: fair leadership management, management intervention, teamwork, staff development and availability of resources within the workplace.

4.2 Discussion according to each theme

4.2.1 Fair leadership

The first theme of the results of this study is fair leadership management support needs of registered nurses working environment in the NICU situated in Tshwane District, Gauteng Province. This theme had four sub-themes which are: supervision of delegated work, listening and understanding, leadership role opportunities and professional secrecy.

These results revealed that registered nurses working in the NICU situated in the Tshwane District, Gauteng Province indicated that they need supervision in the tasks that are delegated to them to prevent burdening each other with incomplete work that was supposed to be done by other staff members. Nzinga *et al.* (2019:18) stated that delegation of registered nurses working in the NICU situated in public hospitals in Kenya was done through writing down their tasks and that has assisted them to complete their allocated tasks. Delegating staff through jotting down their tasks is a well-known practice in nursing. However, the completion of the tasks allocated to nurses is not always the case irrespective of the whether the duties were written down or not. Therefore, managers should use the book that they to write down the tasks that are delegated among registered nurses for supervision of staff. The supervision will be done according to reference of

what is written down in the book to identify and monitor the tasks that are not done by registered nurses. Additionally, addressing those areas as they supervise them with the aim of preventing to burden other staff members with the work allocated to someone else.

The results of this study along with Mortier *et al.* (2016:357) revealed that listening and understanding is one of the support needs of registered nurses working in the NICU. Registered nurses working in the NICU explained that they need managers to listen to their work related and personal issues which frustrates them to suffer from poor mechanism and consequently leading to poor quality care among neonates. Similarly, Jones and Cutcliffe (2009:352) stated that it is emotionally challenging for registered nurses working with people who are seriously ill. Therefore, there is a need to listen closely to their life stories that are disregarded and seen as threatening their health. Listening to them with understanding will decrease the probability of distress caused by repeated exposures to heartbreak and frequently problematic professional circumstances (Jones & Cutcliffe, 2009:352). Also, the most considerate thing with regard to listening with understanding, is that it can contribute to helping registered nurses to become more resistant to sensitively thought-provoking issues and that will increase the quality of healthcare delivery (Jones & Cutcliffe, 2009:352).

Registered nurses working in the NICU in this study also indicated that they need support of leadership role opportunities to grow professionally. In support of these results, Soroush *et al.* (2016:424) reported that registered nurses working in the NICU should essentially have management skills because many situations in the NICUs need hurried decision making, capability of making a decision, proper assessment and management. Similarly, Vatan and Temel (2016:242) reported that registered nurses that attained mentorship programs in Turkey developed leadership skills which enhanced nursing satisfaction, nursing retention and increased patient outcomes. Therefore, as current research indicates, leadership skills of registered nurses improved quality care of

patients, then this should influence management participation to mentor and support them to acquire leadership skills.

Registered nurses of this study indicated that managers should not disclose their confidential secrets to other people without their permission. In support of this finding, Jackson *et al.* (2011:655) stated that ethical practices have dynamic importance in the field of health. Also, nurse managers should consider confidentiality of nurses bearing in mind whose benefits are being aided by keeping such confidential matters within their units (Jackson *et al*., 2011:655). However, Hynan *et al*. (2015:14) stated that some hospitals shifted nurse manager's roles to nurse case management. Meaning that they recommended the use of mental health professionals (MHPs) to provide support for nurses working in the NICU. Therefore, this notion of MHPs can be looked at in this context through allowing NICU nurses to talk to these professionals in matters that they deem secretive to co-enhance their psychological wellbeing.

4.2.3 Management intervention support needs

The second theme of this study is management intervention support needs. This theme had one sub-theme which is reduction of absenteeism. Registered nurses working in the NICU indicated that the reduction of absenteeism can be done through having adequate and knowledgeable staff to prevent work overload and litigations faced by nurses resulting from lack of knowledge and exhaustion. Janvier *et al.* (2007:203) highlighted that outcomes of limited knowledge and high threshold for resuscitation is one of the issues that makes nurses to face ethical battles in NICU. Additionally, workload problems establish an additional general set of strain, together with dealing with extreme and impractical patient tasks because of shortage of staff in NICU (Cricco-Lizza, 2014:615). Therefore, limited knowledge and extreme workload cannot be ignored because they will adversely lead to absenteeism. Hence, the findings of this study along with Farvrod *et al.* (2018:364) suggest that the knowledge is important not only to improve quality of neonate's care but also decrease sick leave, which is equated to absenteeism.

4.2.3 Teamwork support needs

The third theme of the results of this study is teamwork support needs for registered nurses' working environment in the NICU. This theme had four sub-themes, namely continuous communication, social support, as well as improvement of positive attitude between doctors and nurses.

Regarding communication, registered nurses of this study indicated that they need communication support which will enable them to convey the information that is needed to care for neonates, accurately. In support of this, Profit *et al.* (2017:1032) indicated that NICUs have high performance which requires teamwork which have a clear, accurate and well-timed communication. Furthermore, Thomas *et al.* (2004:552) stated that communication descriptors comprise of communication expertise and style, liability to distribute precise information, confirmation of information and clarifications, enquiring and hierarchy. The complexity of these communication descriptors is critical for healthcare workers because they must take the decision based on the assessment and objective made by them and others, therefore miscommunication is eminent of a severe problem.

Registered nurses of this study also indicated that they need social support to assist one another to cope with work or home related problems. Farvrod *et al.* (2018:364) and Miedenar *et al.* (2018:180) reported that nurses working in the NICU report mental health problems such as burnout, anxiety or depression which are frequently caused by work related stressors. It was documented that registered nurses who receive high level of support from their co-workers have low level of job stress resulting in higher rates of nurse's retention and low level of absenteeism (AbuAlRub, 2004:780; Mahmoud, 2008:295; Gutierrez, Candela & Carver, 2012:1613). However, Farvrod *et al.* (2018:364) indicated that NICU nurses do not seek support when they encounter work related stresses. In this instance, Miedaner *et al.* (2018:180), Farvrod *et al.* (2018:364) and Sano *et al.* (2018:576) documented that management should commit through developing interventions that they can use to addresses negative consequences experienced by nurses working in the NICU. Additionally, to make sure that those nurses receive the

social support which in turn may improve staff turnover and patient safety (Miedaner *et al*., 2018:180; Farvrod *et al*., 2018:364; Sano *et al*., 2018:576).

Improvement of positive attitude between doctors and nurses emerged as one of the teamwork support needs of registered nurses working in the NICU. This support is needed because Thomas *et al.*(2013:956) reported that nurses and doctor's negative attitude is caused by lack of conflict resolution and interactive communication skills, their differences in gender, responsibilities and training, as well as their culture. Additionally, this negative attitude towards each other affect their teamwork (Thomas *et al.,*2013:956). Therefore, these findings suggest teamwork capacity building workshops for nurses and doctors where they can interact with each other and come up with conflict resolution strategies that can be used to build their relationship with the aim of promoting positive attitude towards each other. Additionally, it will also be important to socialize student doctors and student nurses while they are still training to become qualified professionals to promote their working relationship towards each other. During socialization they will appraise their differences in terms of culture, gender and their scope of practice and consequently lead to a positive attitude towards each other.

The results of this study revealed that registered nurses indicated that they need support for staff development to gain knowledge that they can use to provide quality care for neonates. Registered nurses justified this finding with three sub-themes: peer seminars, continuous meetings & workshops and the provision of in-service training.

In response to this, Kalyan and Vatsa (2014:1205) stated that there is a need of capacitating nurses working in the NICU to increase their knowledge of caring for neonates and prevent possible ligations resulting from errors of their nursing care. Furthermore, Evans *et al.* (2018:207) indicated that there is an urgent need of using peer

assisted learning to improve and maintain intrapartum skills of health care providers in sub-Saharan Africa.

Evans *et al.* (2018:207) revealed that peer learning is feasible and it can be done through the use of simulation-based training facilities to improve neonatal care. Similarly, in randomized controlled studies by Kamath-Rayne *et al.* (2018:538) and Walker *et al.* (2014:367) reported that nurses indicated that they need more time for practicing skills using trainer's models and to do self-reflection, make comments and probe each other for quality improvement during their scheduled peer learning training. Therefore, registered nurses working in the NICU may also use simulators/trainers for peer learning staff development support needs to improve their skills and knowledge that they should have for providing quality care for admitted neonates.

Regarding workshops, Touzet *et al.* (2016:3) stated that nurse's educational programs should be coordinated by a group of experts in the field to teach a maximum number of nurses using utilizing video recordings and other essential elements that are effective. Therefore, registered nurses working in a NICU can download videos and use them for presentations in their scheduled meetings for workshopping each other. Additionally, they can use scenarios of illnesses that are common in NICU and use those scenario's to prepare a lesson to teach one another. The results of this study further revealed that registered nurses working in a NICU indicated that they need support of being given an in-service training on the use of equipment and through attending short courses related to the NICU environment. In support of this findings, Kalyan and Vatsa (2014:1205) stated that there is a need to support nurses through increasing their expertise during their basic nursing training and in-service training so that they can provide quality care. Therefore, it clearly shows that in-service training is important to improve knowledge and skills required by registered nurses to provide quality care given to patients.

4.2.4 Availability of resources in the workplace support needs

The results of this study revealed that registered nurses working in NICU indicated that they need support of availability of resources within the workplace. This theme had three sub-themes, which are: employment of more trained and experienced permanent staff, purchasing resources needed in the unit and long term usable assets. Eskandar-Afshari *et al.* (2020:1) reported that NICU requires multitude of resources because the infants are vulnerable and their needs require highly specialized care. Additionally, Fallah *et al.* (2011:16) reported that NICUs provide care for new born with low birth weight, preterm, those that have respiratory conditions and those who requires length of stay in the hospital depending on the severity of their conditions and based on these, NICU needs high expert health care providers. Therefore, this calls for a need to appoint NICU trained nurses to provide quality care among neonates.

Registered nurses working of this study stated that they support the purchasing of new quality equipment and that the equipment must be maintained to make sure that they always have resources for providing care among neonates. Sign (2010:100) in support of this results, stated that hospitals need to purchase fixed assets and make sure that they have management and maintenance of fixed assets in place. However, Eskandar-Afshari *et al.* (2020:1) is of different opinion regarding fixed assets as the author indicated that NICU's have redundant systems in place to care for neonates. Therefore, this calls for rescheduling of budget in NICU's to purchase new and well-functioning equipment and make sure that the equipment are maintained to support nurses to provide quality care for neonates admitted in the NICU.

4.3 Summary

The results of this study indicated five themes of support needed by registered nurses working in the NICU situated in the Tshwane District Gauteng. The identified support needs of this study were supported with the literature review of past studies. Furthermore, the discussion showed the importance of these support needs in relation to what

registered nurses are experiencing in the NICU, as well as how they want to improve the care they are giving to neonates.

CHAPTER FIVE:

FUTURE RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

5.1 Introduction

The previous chapter focused on the discussion of the findings of the research conducted. The interviews that are discussed with findings, revealed that the support needs of registered nurses working in the NICU, are: fair leadership management, management intervention, teamwork, staff development and availability of resources within the workplace. Therefore, this chapter conclude the dissertation with recommendations, limitations and the conclusion of the study. The recommendations are presented to address the support needs of registered nurses working in the NICU. Following that, the conclusion and limitations were drawn from the findings that are discussed within the literature.

5.2. Recommendations of the Study

The following recommendations may be considered to ensure that the support needs of registered nurses working in in the NICU situated in the Tshwane district are well taken into consideration to improve their knowledge in the provision of quality care among neonates. Additionally, to improve their working relationship with management and their colleagues.

5.2.1 Recommendations for future research

This study recommends the development and implementation of strategies that can be used to implement the support needs of registered nurses working in the NICU to capacitate them with the knowledge that they need to provide quality care among neonates. Despite that, further research, perhaps a quantitative study, is needed at national level to address support needs required by registered nurses, including all other healthcare professionals working in NICUs. This information will be needed so that the development and implementation of strategies can be generalized without omitting other

registered nurses outside Tshwane and healthcare professionals working in this NICU or others in South Africa. Possibly, transferability of these findings can be done to other regions, including other countries, where possible.

5.2.2 *Recommendations for nursing education*

This study recommends that nursing institutions should adopt these support needs required by registered nurses working in the NICU to impart them with the knowledge that they need to provide quality care. This can be successful through incorporating these support needs in the curriculum of student nurses both in undergraduate and post graduate level of study.

5.2.3 Recommendations for health care practice

It is deemed necessary for the NICU situated in the Tshwane District to implement these support needs of registered nurses to enhance their knowledge and their wellbeing to promote quality care for neonates. The importance of taking care of the wellbeing of nurses will reduce absenteeism, burnout, and staff turnover and favorably reduce workload of the few nurses that are working in the NICU.

5.2.4 Recommendations for policy makers

The study recommends that policy makers adopt support needs of registered nurses to promote a positive working environment in the NICU. The importance of policy makers to adopt these support needs is to make sure that the voice of registered nurses is included in the development of nurses in favor of their working conditions and favorable to improve quality care of neonates.

5.3 Limitations

The limitations of this study, following the achievement of the overall purpose of the study which was to explore and describe support needs of NICU registered nurses working in Tshwane District, are as follows:

- The study is conducted in a selected NICU situated in Tshwane district, so they cannot be generalized to other NICUs in SA.

- Interviews were conducted by an appointed data collector to prevent biasness because the researcher was working in this NICU at the time of data collection and therefore, this had negative impact of the researcher's finances because the researcher had to reimburse the data collector.

5.4 Conclusion

Even though there are several limitations noted in this study, there is significant contribution regarding the knowledge of support needs registered nurses working in the NICU in the context of SA, particularly in the Gauteng province, Tshwane District. Support needs were divided into five themes, which are: fair leadership management, management intervention, teamwork, staff development and availability of resources within the workplace in NICU. These themes had sub-themes that were used to justify the support needs of registered nurses working in the NICU. The sub-themes derived from fair leadership management, support needs of registered nurses working in the NICU, is delegation of work, listening and understanding, leadership role opportunities, and professional secrecy. The sub-theme derived from management intervention support needs is reduction of absenteeism. The sub-themes of teamwork support needs of registered nurses working in the NICU are communication, social support, as well as improvement of positive attitude between doctors and nurses.

The sub-themes derived from staff development support needs of registered nurses working in the NICU are peer seminars, continuous meetings and workshops and the provision of in-service training. The sub-themes derived from availability of resources within the workplace support needs of registered nurses to working in NICU are purchasing resources needed in the unit, employment of more trained and experienced permanent staff and long term usable of asserts. Based on the findings of this study, it is evident that registered nurses working in the NICU experience several challenges brought by negative working environment and those negative experiences are affecting quality care that is provided in the NICU. Hence, there was a need to explore and describe support needs of registered nurses working in the NICU to promote a positive working environment in the Tshwane District, Gauteng province of South Africa.

5.5 Summary

This chapter concluded the dissertation with recommendations for education, research, and healthcare and for policy makers. It has discussed limitations and overall conclusion of the study.

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Annexures

Annexure A: Declaration regarding plagiarism in University of Pretoria

The Department of Nursing 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 Science. No written work will be accepted unless the declaration has been completed and attached.

Full names of student: Funzani Nelly Nefale

Student number: 18385347

Title: Exploring Workplace Support Needs of Registered Nurses Working in NICU in Tshwane District Gauteng Province

Declaration

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

2. I declare that this Proposal 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

Nelly Funzani (Signed)

Annexure B: Permission letter to the Gauteng Department of Health and Research Committee

Justice Place Complex

Glen Avenue Road

Equestria

Pretoria

0184

Gauteng Health Ethics and Research Committee

Pretoria

0001

RE: Permission to conduct research at Steve Biko Academic Hospital Neonatal Intensive Care Unit

I Funzani Nelly Nefale Area Manager of Neonatal Intensive Care Unit at Steve Biko Academic Hospital, am requesting permission to conduct a study in NICU that involves access to registered nurses working in this unit.

I hereby request permission to conduct a study at Steve Biko Academic Hospital in Gauteng Province. The aim of the study is to explore and describe support needs of registered nurses working in a Neonatal Intensive Care Unit (NICU) in Tshwane District Gauteng Province.

The anticipated data collection analysis will take place between April 2020 and May 2020. A qualitative study design will be followed using Individual face to face unstructured interviews for a data collection among registered nurses working in NICU and who agreed to participate in this study

Please note that this study received an ethical clearance from the University of Pretoria, Ethics number 883/2019

I hope that my request will be highly considered.

Yours sincerely

Funzani Nelly Nefale

Annexure C: Permission Letter to the CEO

To: Chief Executive Officer

Steve Biko Academic Hospital

Dr Mathabo Mathebula

From: Ms Funzani Nelly Nefale

Steve Biko Academic Hospital

RE: Permission conduct research at Steve Biko Academic Hospital Neonatal Intensive Care Unit

I Funzani Nelly Nefale, area manager of the Neonatal Intensive Care Unit (NICU) at Steve Biko Academic Hospital, am requesting permission to conduct a study in NICU that involves access to registered nurses working in this unit.

The title of this study is: Exploring support needs of registered nurses working in a Neonatal Intensive Care Unit in the Tshwane District, Gauteng Province

The researcher request access to all registered nurses working in NICU for a period of one year and longer. The researcher intends to explore and describe support needs of registered nurses working in NICU situated in Tshwane District Gauteng Province.

Please note that this study received ethical clearance from the University of Pretoria, Ethics number 883/2019 as well as the approval from the Department of Health (DoH) - Gauteng. See the attached copy of letter of approval from DoH Gauteng

I hope that my request will be highly considered

Yours sincerely

Funzani Nelly Nefale

Annexure D: Permission letter to The HOD

To: Head of Department

Steve Biko Academic Hospital

Prof Wilma De Witt

From: Ms Funzani Nelly Nefale

Steve Biko Academic Hospital

RE: Permission to conduct research At Steve Biko Academic Hospital Neonatal Intensive Care Unit

I Funzani Nelly Nefale, Area Manager of the Neonatal Intensive Care Unit (NICU) at Steve Biko Academic Hospital, am requesting permission to conduct a study in NICU that involves access to registered nurses working in this unit.

The title of this study is: Exploring support needs of registered nurses working in a Neonatal Intensive Care Unit in the Tshwane District, Gauteng Province.

The aim of the study is to explore and describe the support needs of registered nurses working in NICU Tshwane District, Gauteng province

The researcher request access to all registered nurses working in NICU for a period of one year and longer. This study involves answering some questions regarding **Exploring support needs of registered nurses working in NICU in the Tshwane District, Gauteng Province.**

Please note that the data collection will not have an impact on the care of the patient's daily nursing activities of the unit. The interviews will be done at Level 8 in one of the doctor's consultation room during lunch time near the NICU which will not interfere with the daily operations of the staff.

I hope that my request will be highly considered

Yours sincerely

Funzani Nelly Nefale

Annexure E: Information leaflets and informed consent

ICD 2A - Participant's information & informed consent document for Participants

Study Title: ……

Principal Investigator:

Supervisor:

Institution: …

Daytime telephone number:

DATE AND TIME OF INFORMED CONSENT DISCUSSION:

				:
dd	**month**	**year**		**Time**

Dear Research Participant

1) Introduction

You are invited to volunteer for a research study. I am doing this research for **Master's Nursing** degree purposes at the University of Pretoria. The information in this document is provided to help you to decide if you would like to participate. Before you agree to take part in this study, you should fully understand what is involved. If you have any questions,

which are not fully explained in this document, do not hesitate to ask the researcher. You should not agree to take part unless you are completely happy with the kind of questions that will be asked.

2) The nature and purpose of this study

The nature and purpose of this study is to explore and describe support needs of registered nurses working in NICU situated in Tshwane District, Gauteng Province

3) Explanation of procedures and what will be expected from participants

This study involves answering some questions regarding **Exploring support needs of registered nurses working in NICU situated in Tshwane District, Gauteng Province.**

The interviews will take approximately **40** minutes and they are done by an interviewer who is hired by the researcher to avoid exploiting the participants and or exploiting them because she is their manager. I am also hired to make sure that you express yourself freely without being intimidated. The interviewer will use a tape recorder so that he or she can be able to transcribe all the required information for data analysis, delete the recordings to continue to ensure anonymity and submit transcribed data to the researcher of this study for data analysis. No names will be mentioned during interviews instead the participants will be given pseudo names to continue to keep the data anonymous and confidential.

4) Risk and discomfort involved

There is no foreseeable physical discomfort or risk involved. If there are questions that are too sensitive for you to answer, you do not need to answer them.

5) Possible benefits of this study

This study may help **registered nurses to get the support they need from the managers and their colleagues with the intention to a promote positive working environment which will enable them to carry out their duties to nurse patients as required and seek help where possible.**

6) Ethics approval

This Protocol was submitted to the Faculty of Health Sciences Research Ethics Committee, University of Pretoria, Medical Campus, Tswelopele Building, Level 4-59, Telephone numbers 012 356 3084 / 012 356 3085 and written approval has been granted by that committee. The study has been structured in accordance with the Declaration of Helsinki (last update: October 2013), which deals with the recommendations guiding doctors in biomedical research involving humans. A copy of the Declaration may be obtained from the investigator should you wish to review it.

8) Information

If you have any questions concerning this study, you may contact: **Dr N.V Sepeng and Prof. R.N Ngunyulu**

9) Confidentiality

All records from this study will be regarded as confidential. All results will be published or presented in such a way that it is not possible to identify the participants.

10) Compensation

You will not be paid to take part in the study. There are no costs involved for you to be part of the study.

11) Consent to participate in this study

- I confirm that the person requesting my consent to take part in this study has told me about the nature and process, any risks or discomforts, and the benefits of the study.
- I have also received, read and understood the above-written information about the study.
- I have had adequate time to ask questions, and I have no objections participating in this study.
- I am aware that the information obtained in the study, including personal details, will be anonymously processed and presented in the reporting of results.
- I understand that I will not be penalised in any way should I wish to discontinue with the study and my withdrawal will not affect my employment or student status.
- I am participating willingly.
- I have received a signed copy of this informed consent agreement.

12) Participants Permission to tape- record interviews

I ……, (full names and surname) hereby provide consent to permit interview to be tape recorded in this study as outlined above.

- Understand that I will at no stage during the research process be exposed to any harmful situations.
- Agree that I have the right to withdraw from this study should I wish to do so for any reason whatsoever without providing any explanation and without any negative consequences.
- Understand that the content of the data and information will be handled with confidentiality and used for research purposes, conferences presentations, journal articles and to write thesis only.
- Understand that data will be stored 15 years in safekeeping at Centre for AAC, University of Pretoria.

_____ _____

Participant's name (Please print) Date

_____ _____

Participant's signature Date

_____ _____

Researcher's name (Please print) Date

_____ _____

Researcher's signature Date

Annexure F: Participants permission to Tape- Record interviews

STUDY TITLE:

……

Principal Investigator…….

Supervisor……

Institution……

Daytime telephone number……...

Email address……

Dear Participants

Request to participate in research study

I Funzani Nelly Nefale, Area Manager of the Neonatal Intensive Care Unit (NICU) at Steve Biko Academic Hospital, currently a master's student at The University of Pretoria. In partial fulfilment for the requirements of this degree, I am requesting permission to conduct a research project in conducting data collection interviews.

The title of this study is: Exploring support needs of registered nurses working in a Neonatal Intensive Care Unit situated in the Tshwane District, Gauteng Province.

The aim of the study is to explore and describe the support needs of registered nurses working in NICU Tshwane District, Gauteng province

The Head of Department in NICU has kindly approved for you to participate in this project. As participant of this study you will have to answer proposed questions designed for this study which will be done by an independent interviewer who will use tape recorder. The interviewer will ask the participants questions open ended questions such as “what are the support needs you would like to receive in NICU?

During the process of interviews, an audio recorder will be used by the independent interviewer with the participant’s permission to record the response and for the interpretation of those observations. The interviewer will also transcribe the field notes that to make sure that the interpretation of what was said in the interview is correctly captured. The interviews will be done at Level 8 in one of the doctor’s consultation room during lunch time near the NICU which will not interfere with the daily operations of the staff. It is estimated that you’re of the study will not exceed 40 minutes. The interviewer will explain the study to you before you agree to participate.

Your consent to participate in this study would be appreciated. Upon consent, the interviewer will meet with you directly to provide details of what to expect through the process. At no given time will the interviewer intervene or interrupt any medical or other circumstances of the NICU areas, and no research will be conducted with you outside of the hospital boundaries.

Risks and benefits: Your participation in this project is voluntary and you will not receive any incentives to participate. You may withdraw at any time from the study without any negative consequences. At no stage during this study will be exposed to any harmful situations. The content of the data will be handled with confidentiality and used for research purposes, conferences presentations, journal articles and to write thesis. In the final report and during presentations, no identifying of any of the participants will be published. Documents will be in safekeeping at Centre for AAC, University of Pretoria for 15 years for archival purposes.

If you require further information after reading this document, please feel free to contact me.

Independent Interviewer……

Institution……

Daytime telephone number……...

Email address……

If you will be willing to participate in this study, please complete the reply slip attached and submit to the NICU manager. I will then contact you. Thank you very much for your time and consideration in making the decision to be a participant for this study.

Regards

Ms FN Nefale

Reply Slip: Permission to tape record interview

Name of Participant……...

The title of this study is: Exploring support needs of registered nurses working in Neonatal Intensive Care Unit in the Tshwane District, Gauteng Province.

I ……, (full names and surname) hereby provide consent to permit interview to be tape recorded in this study as outlined above.

Please x your necessary option

I give consent to participate in the study I do not give consent to participate in the study

Signature of Participant Date

Annexure G: Independent interview agreement

From: Independent Interviewer……

To: Participants……

Institution……

Daytime telephone number……

Email address……

Dear Participants

RE: Confidential agreement during interview

I independent interviewer ……, (full names and surname) who have Master's Degree in Nursing with the University of Pretoria appointed to collect data with the participants as the researcher is one of the employees working in a NICU in Gauteng Province hereby provide consent for confidential agreement that whatever discussed during interviews will be regarded as confidential as outlined below:

- The content of the data will be handled with confidentiality and used for research purposes, conferences presentations, journal articles and to write thesis. In the final report and during presentations, no identifying of any of the participants will be published. Documents will be in safekeeping at Centre for AAC, University of Pretoria for 15 years for archival purposes.
- Understand that I will at no stage during the interview process expose the participants to any harmful situations.

Thank you very much for your time and consideration in making the decision to be a participant for this study.

Independent Interviewer ……. Date…….

Signature……..

Annexure H: Ethics approval

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences

Institution: The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and the US Federal wide Assurance.

- FWA 00002567, Approved 1st 22 May 2002 and Expires 03/20/2022.
- IORG #: IORG0001762 OMB No. 0990 0279 Approved for use through February 20, 2022 and Expires: 03/04/2023.

16 March 2020

Approval Certificate
New Application

Ethics Reference No.: 883/2019
Title: Exploring Support Needs of Registered nurses Working In A Neonatal Intensive Care Unit Tswane District, Gauteng Province

Dear Ms FN Nefale

The **New Application** as supported by documents received between 2020-01-27 and 2020-03-11 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on its quorate meeting of 2020-03-11.

Please note the following about your ethics approval:

- Ethics Approval is valid for 1 year and needs to be renewed annually by 2021-03-16.
- Please remember to use your protocol number (883/2019) 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, monitor the conduct of your research, or suspend or withdraw ethics approval.

Ethics approval is subject to the following:

- 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) MPharmMed 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)

Research Ethics Committee
Room 1.69, Level 1, Tswelopele Building
University of Pretoria, Private Bag x323
Arcadia 0007, South Africa
Tel +27 (0)12 356 3084
Email: deputychairbehoms@up.ac.za
www.up.ac.za

Fakulteit Gesondheidswetenskappe
Letlopha la Lefapha la Maphelo

Annexure I: Department of Health and Steve Biko Academic Research Ethics Permission Letter

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

STEVE BIKO ACADEMIC HOSPITAL

Enquiries: Dr JS Mangwane
Tel No: +2712 3452018
Fax No: +2712 354 2151
E-mail: joseph.mangwane@gauteng.gov.za

For attention: Funzani Nelly Nefale

NHRD Ref Number: GP_202003_036

Re: REQUEST FOR PERMISION TO CONDUCT RESEARCH AT STEVE BIKO ACADEMIC HOSPITAL

TITLE: Exploring Support Needs of Registered nurses Working In A Neonatal Intensive Care Unit Tshwane District, Gauteng Province

Permission is hereby granted for the above-mentioned research to be conducted at Steve Biko Academic Hospital.
This is done in accordance to the "Promotion of access to information act No 2 of 2000".
Please note that in addition to receiving approval from Hospital Research Committee, the researcher is expected to seek permission from all relevant department.
Furthermore, collection of data and consent for participation remain the responsibility of the researcher.
The hospital will not incur extra cost as a result of the research being conducted within the hospital.
You are also required to submit your final report or summary of your findings and recommendations to the office of the CEO.

Approved

Comment:

GAUTENG PROVINCIAL GOVERNMENT
DEPT. VAN GESONDHEID
STEVE BIKO ACADEMIC HOSPITAL
2020 -04- 15
Date: 2020-04-15

Dr. J.S. Mangwane
Manager: Medical Service

Annexure J: Language editor certificate

To whom it may concern

With this letter, I, Simonete Munro, BIS Publishing Honours Degree graduate and member of the Professional Editors' Guild (membership number: MUN002), confirm that the research article titled *"EXPLORING SUPPORT NEEDS OF REGISTERED NURSES WORKING IN A NEONATAL INTENSIVE CARE UNIT IN THE TSHWANE DISTRICT, GAUTENG PROVINCE"* by FUNZANI NELLY NEFALE, was edited by myself in a professional capacity in November 2020.

Attention was given to sentence structure, spelling, grammar, and other minor language matters in the document. Reference checking was also done and changes made according to the Harvard style of referencing.

For further information, please contact me at simonete@wol.co.za.

Kind regards,

Simonete

Professional EDITORS Guild

Simonete Munro
Associate Member

Membership number: MUN002
Membership year: March 2020 to February 2021

072 609 6572
simonete@wol.co.za

www.editors.org.za