

**CHALLENGES ENCOUNTERED BY PROFESSIONAL NURSES DURING
SUPERVISION OF CARE IN VHEMBE DISTRICT HOSPITALS IN LIMPOPO
PROVINCE, SOUTH AFRICA**

by

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Science degree

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DECLARATION

Student Number: 11523974

I, Raliphaswa Munyadziwa Reginah, declare that this dissertation titled '**CHALLENGES ENCOUNTERED BY PROFESSIONAL NURSES DURING SUPERVISION OF CARE IN VHEMBE DISTRICT HOSPITALS IN LIMPOPO PROVINCE, SOUTH AFRICA**' is my own work and that all the sources used or quoted are indicated and acknowledged by means of complete references. This research project has not been previously submitted in full or in partial fulfillment of the requirements of an equivalent or higher qualification at any other recognised educational institution. This research dissertation is submitted in fulfillment of the requirements of the **Masters in Nursing** degree at the University of Venda, School of Health Sciences: Department of Advanced Nursing Sciences.

Signature: MRaliphaswa

Date: 14/06/2020

DEDICATION

This study is dedicated to the following people who inspired me to pursue and complete my study:

In memory of my late father, Mr. Andries Maemu Maiwashe, and my late mother, Dipuo Rachel Maiwashe, who believed in me making a difference in a nursing career and epitomised the true meaning of caring, commitment, and endeavour to persevere through life's journey.

All Chief Executive Officers and Nurse Managers of the Vhembe District hospitals who granted me the opportunity to conduct this study in their hospitals.

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- My inspirational colleagues and friends who motivated me throughout the study and instilled in me a passion for nursing leadership.
- All my family and brothers for their invaluable support and belief in my abilities, which made all the difference.

LIST OF ACRONYMS AND ABBREVIATIONS

AI:	Appreciative Inquiry
AACCN:	American Association of Critical Care Nurses
CARNA:	College and association of registered nurses of Alberta
CEO:	Chief Executive officer
5-D PHASES:	Define, Discover, Design, Dream, Destiny
DHIS:	District Health Information System
ICU:	Intensive Care Unit
MEC:	Member of Executive Council
PHC:	Primary Health Care
PPE	Positive Practice Environment
RAN:	Registered Auxiliary nurse
RPN:	Registered Professional nurse
RSN:	Registered Staff Nurse
SANC:	South African Nursing Council
WHO:	World Health Organisation

ABSTRACT

Professional nurses have the responsibility of supervising the care that is rendered, the nursing personnel and patients throughout 24 hours of the day, for the purpose of ensuring quality patient care and patient safety. However, it seems that this is not happening as expected because there are continuous complaints from the patients about the poor quality of care. This study was aimed at exploring the challenges that are encountered by professional nurses during supervision of care in the district hospitals of Vhembe.

A qualitative study was conducted which was explorative, descriptive, contextual and guided by an Appreciative inquiry approach. A purposive sample was used where thirty-six (36) participants were recruited and consent was obtained. Individual semi structured interviews were conducted. Data was analysed according to Tesch's eight steps. Trustworthiness was ensured through following the principles which are credibility, dependability, confirmability, transferability and authenticity.

The findings revealed multiple challenges that professional nurses encountered during supervision of care. The main themes found were lack of resources, challenges related to the supervisees, cultural changes in nursing affecting supervision, and challenges related to education and training. Apart from challenges, there were positive aspects verbalised that enhance supervision

The researcher recommended that nursing practice through the Department of Health should address issues such as shortage of staff, shortage of equipment and inadequate and/or poor infrastructure. Professional nurses should be trained on diversity management and emotional intelligence in order address the ever changing culture in nursing. Students' accompaniment and clinical exposure should be addressed. Future research should be conducted to outline what causes these challenges in supervision in other districts so that the findings could be representable.

Key words: Nurse Manager; Nursing practice; Professional nurses; Quality Nursing care;

Supervision.

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Supervision in nursing is as old as mankind itself. It is a means of ensuring quality nursing care and patient safety. Professional nurses are entrusted with the responsibilities to supervise the care rendered by nursing personnel to ensure safe compassionate care. Supervision in nursing is a means of improving quality care and quality assurance. Many studies had been conducted about supervision but there are still challenges of poor supervision of nursing care (Habimana, Tuyizere & Uwajeneze 2016:42). The researcher hypothesized as reflected from several literature that there is a relationship between poor supervision and poor-quality nursing care. The researcher investigated the challenges associated with supervision of nursing care as reflected by professional nurses in selected hospitals in Vhembe district, Limpopo Province. This chapter discusses the overview of the study which covered background and rationale, problem statement, significance of the study, research purpose and objective and research methodology,

1.2 BACKGROUND AND RATIONALE

Supervision in nursing encompasses supervision of nursing care and the personnel who provide that care. The supervisor should provide direction in the nursing environment through effective communication of unit objectives, and ensure that these objectives are met through effective supervision (Sullivan & Decker 2005:78). According to Meyer, Naude, Shangase and van Niekerk (2009:224), supervision was referred to as the active process of directing, guiding and influencing the outcome of an individual's performance. The professional nurses have the legal duty of ensuring that the staff members allocated in the wards is performing their tasks in a manner that is consistent with the desired standards of practice.

Supervision is a key method of accessing professional support thereby ensuring that quality patient care and patient safety is rendered. Supervision is seen as an important way to provide adequate support that focuses on both professional and personal growth. Proctor (1986) in Moxham and Gagan (2015:37) identified three components of supervision: normative (standard setting), formative (development) and restorative (support), which have been adopted by the nursing profession as key elements in the supervision literature. The

purpose and content of supervision thus encompasses one or a combination of the following: learning, support and monitoring.

Supervision is vital in clinical governance because through effective supervision the supervisor ensures that the patient receives the right care at the right time by the right clinician, with right skills which are pillars of clinical effectiveness. Moxham and Gagan (2015:37) indicate that supervision has since become an integral part of the public health system in terms of clinical governance and quality assurance. In South Africa, with the process of the implementation of Primary Health Care (PHC) Re-Engineering, the Department of Health had employed the clinical specialist teams at the districts and provincial level, whose responsibilities were, amongst others, to support, supervise and mentor clinicians, and to monitor health outcomes (Oboirien, Harris, Eyles, Goudge, Orgill, McIntyre & Chimbindi, 2014:46).

The supervisor's role is significant for the quality of supervision and a systematic structure that enhances professional development, leading to positive outcomes in terms of quality and patient safety. Patient safety is the cornerstone of high quality healthcare and systematic development; it is also necessary as poor-quality care causes human suffering (Jølstad, Røsnæs, Lyberg, & Severinsson 2017:254).

Supervision, as outlined in the National Department of Health (NDoH 2007:22), should include "...providing support in solving problems, training to help improve performance, reviewing individual performance, monitoring the clinical services and inspecting mandatory or statutory functions". Effective supervision can yield positive results of good quality patient care and that was revealed in a study conducted in America by Taylor (2014:31), who reports that supervision encourages critical thinking, decision making and increasing accountability. These developed attributes in nursing, make nurses motivated to render quality patient care because the nurse who is accountable is responsible and knows what is entitled of her/him in the clinical setting. Therefore, there should be a reasonable balance between the supervisor, supervisee and the clinical environment. Hence the supervisor must be ready to supervise and the supervisees should also be willing to be supervised and the environment should be conducive for supervision.

Corey, et al. 2014 (in Moxham & Gagan, 2015:37), further indicate that the goals of supervision are promotion of growth and professional development, to protect the clients, as well as ensuring that the supervisee could be able to supervise herself and achieve independence. In addition, Baylis, 2014 (in Bifarin & Stonehouse, 2017:331), outlined the

benefits of high quality supervision as job satisfaction, increased depth of knowledge, increased self-awareness, and reduced emotional stress and burn out.

The literature on supervision is vast and empirical research has also focused on different models of supervision, effectiveness and quality of care as well as on ethical issues but the challenges in supervision is still experienced. Habimana, Tuyizere and Uwajeneze (2016:42), indicated that supervision is faced with many challenges. Therefore, there should be good interaction between the supervisor who is the professional nurse, the clinical environment, and the supervisees

Martin, Copley and Tyack (2014:204), claim that when line management and supervision is provided by the same person, evidence suggests that supervision time is frequently taken up in discussion of administrative issues, rather than patient management. Furthermore, a study conducted by Tomlinson (2015:103) in the United Kingdom, reported the evidence that linking supervision to quality and safety of patient care reveals that supervision is most effective when its educational, and supportive functions are separated from its managerial and evaluative functions. Therefore, it is essential to separate supervision of care and managerial supervision, as this contributes to challenges that are encountered in supervision because supervision would be confused with performance appraisal, rather than development of clinical competence.

Supervision needs to be practiced throughout daily for 24 hours in order to ensure that the patients receive good quality care. In countries like Wales, there is statutory supervision of midwifery which aims at offering 24-hour on-call supervision for regulatory advice and guidance, which would enhance public protection (Ness & Richards 2014:276). In Sweden, a study conducted by Severisson, Johansson and Lindquist (2014:449), indicate that supervision should be provided on continual basis as a regular part of work, in order to ensure quality of care, thereby making it standard practice amongst staff. However, even though the efforts of gazetted and policing supervision, this still has not strengthened the implementation because there is still challenges of non-compliance, hence this constant cry of poor supervision.

In South Africa, the complaints of deterioration in quality patient care is due to various challenges, including lack of supervision which is against the vision of the Department of Health which is “An accessible, high quality health system”(Manyisa & van Aswegen, 2017:28). One of the roles of the professional nurses in the clinical area is to realise this vision of high-quality patient care. Consequently, one of their roles, as outlined in the

Nursing Act 2005, is to provide supervision of nursing care (South Africa Nursing Act 2005, Act no 33 of 2005:5).

Supervision is one of the professional nurses' responsibilities in the clinical area, but it seems as if there are challenges that these professional nurses are encountering in the supervision of care. Those challenges are giving rise to poor quality patient care, which is costly because it gives rise to prolonged hospitalization, illness, or death, and reduced productivity and frustration of workers.

Currently in the units, there are two cadres of professional nurses who are operational managers and assistant managers who have been entrusted with the responsibility of supervision of care. This responsibility is outlined in their job descriptions. However, these two cadres of professional nurses are always occupied with administrative and managerial responsibilities, which render them unable to carry out supervision of care effectively. The second in charge in the units are then allocated to carry out this task, but because they are not really responsible, this work is not fully done or is poorly done.

The operational managers and assistant managers are not shift workers but the second in charge and specialty professional nurses are always on the bedside covering 24 hours for patient care. It means that, these cadres of professionals should take a lead in supervision of care, but the challenges of poor supervision still surface. Thus, in this study the researcher explored the challenges encountered by these categories of nurses during supervision of care in the district hospitals of Vhembe District.

1.3 PROBLEM STATEMENT

Poor quality patient care compromises patient safety, which is associated with poor supervision. This continues to exist despite a number of research studies on the matter. Limpopo Province, like other provinces is faced with a challenge of so many litigations that are costing the large sum of money which is burdening the department. However, these litigations some of them are due to lack of supervision by experienced professionals which resulted in sub-standard care. The Member of Executive Council (MEC) of Health Limpopo, Doctor Ramathuba reported to the Portfolio Committee on the 14th June 2018 in SAnews.gov.za that, "The province's burden of medical law suits remains high. Between the 2014/15 financial year and the current financial year, medico legal claims have set the department back by R4.3 billion. Ramathuba said the most effective way of reducing the number of claims is to offer quality health care."

In 2016/17 financial year from District Health Information System (DHIS) in Vhembe District there were 800 complaints and 2/3 of them were related to poor supervision. Furthermore, the researcher observed that the clinical audits results often showed that some of the complaints and some patients' mortality could have been circumvented by good quality supervision. The question that is usually asked is "could it be the issue of lack of competency, unavailability of time or culture of ignorance? The researcher therefore decided to explore the challenges encountered by professional nurses during supervision of nursing care in the district hospitals of Vhembe District.

1.4 SIGNIFICANCE OF THE STUDY

The findings of this research may assist the Nursing Directorate in the Limpopo Province to deal with the challenges encountered by professional nurses in conducting their supervisory roles.

Patients admitted in the selected wards may benefit by receiving good quality nursing care. It is envisaged that findings of this study may assist in improvement of quality care in that the researcher will communicate the findings and the recommendations to participants and to the relevant policy makers and managers in selected hospitals. There may be fewer complaints from patients which may reduce the litigations that the Limpopo Provincial Health Department is faced with.

Research findings may assist further in addition to the body of knowledge and education of professional nurses as to how to effectively supervise and address the challenges in supervision. Furthermore, the findings may influence the policy around effective supervision by all professional nurses and considering all other level of professional nurses to be responsible for supervision of care and leave the responsibility of administrative/ managerial supervision with the operational managers and assistant managers.

1.5 PURPOSE AND OBJECTIVES

1.5.1 Purpose of the study

A research purpose is defined as "a clear, concise statement of the specific goal or aim of a study, which is generated from a research problem" (Grove, Burns & Gray, 2013:74). Creswell (2014:123) defined "a research purpose as a statement that establishes the intent of the entire study and it needs to be clear, specific and informative." The purpose of this

study was to explore the challenges encountered by the professional nurses during supervision of care in the Vhembe District hospitals.

1.5.2 Objectives of the study

Brink, van der Walt and van Rensburg (2012: 85) explain research objective as “a concrete, measurable end towards which effort or ambition is directed.” Therefore the research objectives are further defined as clear, concise, declarative statements that are written in present tense. The objectives of this study were:

- To describe the challenges encountered by professional nurses during supervision of care in the Vhembe District hospitals.
- To describe the strength and capacities of a professional nurse.

1.6 RESEARCH QUESTION

The research question of this study is: What are the challenges encountered by professional nurses during supervision of care in the Vhembe district hospitals?

1.7 DEFINITION OF CONCEPTS

- **Nurse** refers to “a person registered in a category under section 31(1) in order to practice nursing or midwifery” (South Africa Nursing Act, Act No. 33 of 2005:34). In this study nurse shall mean a person who is registered as a professional nurse (RPN), Registered Midwives (RM), Registered Staff Nurse (RSN) and Registered Auxiliary Nurse (RAN).
- **Nurse Managers** refers to nurses providing health administrative management services, having acquired qualifications as a nurse and registered with the South African Nursing Council (SANC) (South Africa Nursing Act, Act No. 33 of 2005:34). In this study the nurse manager shall mean an operational manager in charge of the unit and or the area manager who is an overall in charge of more than one unit.
- **Nursing practice** refers to “evidence-based nursing care and preventive health practices such as roles of nursing, theories of nursing, licensing and legal issues that helps enhance performance” (Nettina, 2014:2). In this study, nursing practice shall mean the nursing care that is rendered by nurses who are registered by South African Nursing Council (SANC) according to their different levels of nursing

profession.

- **Professional nurse** refers to “a person who is qualified and competent to independently practice comprehensive nursing in a manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice”. (South Africa Nursing Act 2005, Act no 33 of 2005:25). In this study, the professional nurse shall mean the nurses trained and registered as a professional nurse by the South African Nursing Council (SANC) and are the second in charge of the wards or are having specialty.
- **Quality nursing care** refers to “meeting client needs and expectations, through conformance to relevant standards/ requirement and comprehensive implementation of care through the nursing process” (Mhlanga, Zvinavashe, Haruzivishe & Ndaimani, 2016:29). In this study quality nursing care shall mean high standard nursing care that is timeous, effective, safe, reliable and responsive to the patients’ needs and improvement of outcome
- **Specialty professional nurse** refers to “a Professional Nurse with an additional qualification in nursing and is registered as such by the South African Nursing Council (SANC)”. (South Africa Nursing Act 2005, Act no 33 of 2005:25). In this study the specialty professional nurse shall mean any professional nurse who is registered with South African Nursing council with any qualification be it child nursing science, oncology nursing science, trauma nursing science, primary health care and orthopaedic nursing science.
- **Supervision** refers to “a process whereby a therapist is helped to become a more effective clinician through the direction of a supervisor who provides theoretic knowledge and therapeutic techniques and supports the working through transference and counter transference reactions” (Mosby Dictionary, 2013:1717). In this study supervision shall means the continuous process of professional support, guidance, coaching, mentoring and teaching of junior nurses so that patient care can be efficient and of high quality.

1.8 THEORETICAL FRAMEWORK

Theory is defined by Chinn and Kramer (2011:257) as “an expression of knowledge within the empirics’ pattern; the creative and rigorous structuring of ideas that project a tentative, purposeful, and systematic view of phenomena”. Theory is “a set of related statements that describes or explains phenomenon in a systematic way. Theoretical framework or conceptual framework is defined as study framework based on prepositional statements

from a theory of theories” (Brink, et al. 2012:218). According to Chinn and Kramer (2011:257), a theoretical framework is a logical grouping of related concepts or theories, usually created to draw several different aspects together that are relevant to a complex situation, such as a practice setting or an educational program. The theoretical framework of this study is based on Proctor’s clinical supervision model which has three dimensions which are normative, formative and restorative dimensions (Moxham & Gagan, 2015:37).

Moxham and Gagan (2015:37) explain that the Proctor Clinical supervision model is the model that is aimed at supporting the staff and enhancing the outcome for both the clinician and users. In this study, the Proctor model of clinical supervision is regarded as the most influential model that has been adopted in the nursing context. This model does not deal with a single element of professional growth but also covers development of knowledge and skills as well as promotion of compliance to clinical standards; hence, these three dimensions that are outlined: they are normative, formative and restorative dimensions. The normative dimension is the dimension which addresses the promotion of standards and clinical audits, whereas the formative dimension is the dimension which is aimed at the development of knowledge and skills, and the restorative dimension is aimed at development of the personal wellbeing of the supervisees.

The Proctor model of clinical supervision is more influential in the supervision of nurses by the professional nurses because all dimensions talk to professional development and thereby enhance professional growth and independence whilst unlocking challenges that are encountered during supervision. Through this model, the nurses who are supervised develop confidence, knowledge and skills, and became proactive in the management of patients, thereby reducing medical risks and ensuring patient safety; hence, quality care.

Furthermore, as mentioned, the Proctor model of clinical supervision plays an important role in the supervision of nurses in the workplace. Therefore, the researcher chose to use an Appreciative Inquiry (AI) to hear the voices of the professional nurses in their context on what challenges they encounter during supervision of care in the Vhembe District hospitals.

1.9 RESEARCH METHODOLOGY

This study is qualitative, explorative, descriptive and contextual in nature. Data collection used an Appreciative Inquiry (AI) approach as the researcher believes that in every organisation there is a good practice, despite the challenges encountered. The researcher used this positive approach to solicit precisely what challenges the professional nurses were

encountering during supervision of care. Creswell (2014:4) describes qualitative research as “an approach for exploring and understanding the meaning individuals or group ascribe to the social or human problem.” Creswell (2014:186) further indicates some characteristics of qualitative research of which one is that the researcher tries to develop a complex picture of the problem or issue under study. Brink, et al (2012:121) indicated the aim or purpose of qualitative research as in-depth description and understanding of people’s beliefs, actions and events in all their complexity.

In this study, the researcher sought for in-depth understanding of the challenges encountered by professional nurses during supervision of care in Vhembe District hospitals. According to Botma, Reef, Mulaudzi and Wright (2010) in Brink, et al. (2012:120), the qualitative research is used when little is known about the phenomenon, or when the nature, context and boundaries of phenomenon are poorly understood and defined.

1.10 RESEARCH DESIGN

The research design is referred to by Brink, et al. (2012:120) as “a broad range of research designs and methods used to study phenomena of social actions and of which we do not have an understanding.” In this study the research design is a descriptive, exploratory and contextual design wherein the data is collected using an appreciative inquiry approach.

1.10.1 Appreciative Inquiry

Appreciative inquiry is “an approach to change that identifies and builds on what is working well in an organisation with an aim of bringing a positive change” (Frankel & Beyt, 2017:4). Appreciative inquiry (AI) approach was chosen as an approach which has 5-D cycles that encouraged the researcher to identify what is working well during supervision of care so that the professional nurses can foster positive change in supervision of care.

However to explore the challenges encountered by the professional nurses during supervision of care using appreciative Inquiry approach (AI) assisted the professional nurses to focus on positives than negatives and what works well than what is not working. Openo (2016:41) indicates that Appreciative inquiry has 5-D phases that assisted the researcher to address challenges in a positive manner. The 5-D phases of AI have been explained as Defining phase, discovery, dreaming for future, designing and destiny. Detailed discussion is in chapter 3.

1.10.2 Explorative design

This study uses the exploratory research design because the researcher wanted to explore the challenges that are encountered by the professional nurses during supervision of care in the clinical area so that the researcher could gain more insight of the topic under study. An exploratory design helps the researcher to gain insight into the situation, phenomenon, community or individual. An exploratory design explores the dimensions of the phenomenon. (De Vos, Strydom, Fouche & Delpont, 2011:96). It allows for an in-depth exploration by probing. The researcher aimed at becoming conversant with basic facts and creates a general picture of these challenges.

1.10.3 Descriptive design

Brink, et al. (2012:112) outlines the descriptive design as “a design that is used where more information is required in a particular field through the provision of a picture of the phenomenon as it occurs naturally.” Burns and Grove (2011:25); LoBiondo-Wood and Haber (2010:198) in Brink, et al. (2012:112) further indicated that the descriptive design may be used to identify the problem with the current practice: to justify current practice, make judgements or determine what other similar professionals in similar situation are doing or to develop theories. The purpose of a descriptive design is to allow a picture of the study as it happens. However, in this study the descriptive design was used to describe the challenges encountered by professional nurses during supervision of care so that a clear picture could be provided about those challenges that are encountered.

1.10.4 Contextual design

A contextual design occurs in a natural setting where detailed data is collected because human beings are best understood in the context in which they live. This study was conducted in the real working environment of professional nurses, which were the six district hospitals of Vhembe District. This section is discussed in details in Chapter 3.

1.11 STUDY SETTING

This study was conducted in the Vhembe District, in the six district hospitals which are Donald Fraser, Elim, Louis Trichardt, Malamulele, Messina and Siloam. (A full description of the study setting is discussed in Chapter 3).

1.12 STUDY POPULATION AND SAMPLING

1.12.1 Population

According to Brink, et al. (2012:131) a population is defined as “the entire group of persons or objects that is of interest to the researcher in other words that meets the criteria that the researcher is interested in studying”. In this study, the population was all supervisors who are employed in the district hospitals of the Vhembe District. This section is discussed in details in Chapter 3.

1.12.2 Sampling

According to Brink, et al. (2012:132) sampling is referred to as “a process of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest.” In this study, a non-probability sampling method was used because the researcher was required to judge and select those participants who knew most about the phenomenon and who were able to articulate and explain the nuance to the researcher (Brink, et al. 2012:139). A purposive/judgmental sampling method was selected because the researcher believed that the chosen participants knew more about the challenges that professional nurses encountered during supervision because they themselves were supervisors. This section is discussed in details in Chapter 3.

The researcher currently is the Nursing service manager for two years and previously was a district clinical specialist for five years and was responsible for mentoring, teaching and training of nurses, conducting of audits both document and clinical as well as monitoring and evaluation of care rendered at Vhembe District hospitals.

1.12.2.1 Selection of the hospital

In this study, the researcher purposively selected six district hospitals in the Vhembe district: the Malamulele hospital, Louis Trichardt hospital, Messina hospital, Elim hospital, Donald Fraser hospital and Siloam hospital because these hospitals selected were the district hospitals in Vhembe because if care rendered could improve, there will be less referrals to regional hospital hence cutting of cost.

1.13 PRE- TESTING

Pre- testing was described as “a small scale study conducted prior to the main study on a limited number of participants from the population at hand” (Brink, et al. 2012:174). Pre-testing was done in the wards that are none- participating wards where in 2 second in-charges from Maximum male and female wards were interviewed using the semi-structured interview guide to check the feasibility of the proposed study. The hospital where pre-testing was done was Hayani Hospital which is the specialised hospital in Vhembe District.

1.14 DATA COLLECTION PROCEDURE

Burns and Groove (2004:732) refers to data collection as “precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypothesis of the study.” The data collection method selected in this study was semi-structured one to one interview. Semi-structured interview is defined as “interviews in which the researcher has the list of topics to cover” (Polit & Beck, 2008:766). The semi-structured interview was chosen because the researcher would probe further, and the participants would give in depth information of the phenomenon under study which is challenges encountered by professional nurses during supervision of care in district hospitals of Vhembe District.

The researcher also used the interview guide with closed and open ended questions (attached in Annexure J). The interviews were recorded by a voice recorder so that all information was collected from the participants in full. Smith, et al. (1995:17) as cited by De Vos, et al. (2011:359) mentioned that a voice recorder allowed a much fuller record than notes taking during the interview.

1.15 DATA ANALYSIS

Data analysis entails categorising, ordering, manipulating and summarising the data, and describing them in meaningful terms (Brink, et al. 2012:177). Babbie (2007:378) in De Vos, et al. 2011:399) refers to qualitative analysis as the “nonnumerical examination and interpretation of observations, for the purpose of discovering underlying meanings and patterns of relationships”. The researcher examined data for completeness and accuracy by listing each piece of data collected individually. Data was analysed using Tesch’s eight steps (in Creswell, 2014:198). Data was transcribed verbatim and transcripts were coded using an independent coder. This section is discussed in details in Chapter 3.

1.16 TRUSTWORTHINESS

Trustworthiness is a way of ensuring data quality or rigour in qualitative research (Brink, et al. 2012:172). In qualitative research rigor is measured by its trustworthiness or the extent to which the findings are true to the data collected and analysed (Polit & Beck, 2012:583). Ensuring trustworthiness entails taking measures to make sure that the research findings are worth paying attention to and taken into consideration, Lincoln and Guba (1985) in Holloway and Wheeler (2010:350) identified criteria of credibility, transferability, confirmability and dependability to encompass trustworthiness. This section is discussed in details in Chapter 3.

1.17 ETHICAL CONSIDERATIONS

Ethics is defined as “system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to a study’ (Polit & Beck, 2012:727). Ethical considerations in this study was maintained throughout the study from the conceptualisation phase until report writing through respect of the rights of the study institution and participants by requesting for approval from various institutions as well as getting consent from participants before interview. Ethical consideration covers the approval from different institutions and principle of human right.

This section is discussed in details in Chapter 3.

1.18 SCOPE OF STUDY

The study was conducted in the six district hospitals of the Vhembe District which were Messina, Siloam, Elim, Donald Fraser, Malamulele and Louis Trichardt Memorial hospitals. In this study, data was collected from one second in charge and one specialty professional nurse who was working in paediatric, medical and casualty wards of the six district hospitals of Vhembe District. The delimiting factor was when the targeted professional nurses were not willing to participate.

1.19 PLAN FOR DESSIMINATION OF RESULTS

The final report of this study shall be presented to the hospitals that participated in the study. The hard copy and CD copy of the research report shall be sent to University Library for filing. The report would be given to the Limpopo Department of Health provincial office ethics committee and district ethics committee. This research paper would also be

presented at seminars, workshops and conferences. Articles would also be written in accredited journals.

1.20 LAYOUT OF THE SUBSEQUENT CHAPTERS

The rest of the chapters in this study are organised in this manner:

Chapter 1: Overview of the study. This chapter covered the background and rationale for the study. It provided a brief overview of the research questions and objectives, research methods and design, definition of terms, proposed timeframe and budget.

Chapter 2: Covers the literature review. This chapter discusses the definition of supervision, the goal or purpose of supervision and supervision in the international countries, Sub Saharan region and South Africa. It also outlines the types of supervision as well as the benefits of supervision to personnel, patients and organisation

Chapter 3: Presents the research design and methodology to achieve the aim of this research study. Details of the study design, sampling method, data collection method, and data analysis is presented, as well as a description of the measures to taken to ensure the trustworthiness of the research.

Chapter 4: Presents the discussion of findings and literature control. A discussion of the themes that emerged from the data analysis is presented in this chapter

Chapter 5: Recommendations, limitations and conclusion. Based on the findings, in this chapter recommendations were made in accordance with the objectives of the study and outline of the limitations and conclusion was made.

1.21 SUMMARY

The overview of this study included the following: Introduction, background to the research problem, research question, purpose research design and methods, data analysis, ethical consideration, measures to ensure trustworthiness and the arrangement of chapters.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Chapter 1 has dealt with the overview of the study wherein it described the background, the research problem, the research purpose, objectives, research design and method, as well as data collection method and data analysis.

This chapter outlines the literature review which discusses the definition of supervision in nursing, supervision in international countries, supervision in Sub-Saharan countries, supervision in South Africa, benefits of supervision and challenges of poor supervision.

2.2 LITERATURE REVIEW

Literature review is a critical summary of a research on a topic of interest, often prepared to put a research problem in context (Polit & Beck, 2017:733). Brink, et al. (2012:71) further described the literature review as “written sources relevant to the topic of interest. Literature is all the written sources relevant to the topic of interest.”

According to Brink, et al. (2012:71), the researcher conducts a literature review in order to:

- Conduct a critical analytical appraisal of recent scholarly works on the topic. By determining what is already known about the topic, the researcher can obtain a comprehensive picture of the state of knowledge.
- Identify the research problem and refine the research questions.
- Place the study in the context of the general body of knowledge, which minimises the possibility of unintentional duplication and increases the probability that the study makes a valuable contribution.
- Obtain clues to the methodology and instruments. This aspect provides the researcher with information on what has and has not been attempted with regard to approaches and methods, and on what types of data-collecting instruments exist and work or do not work.
- Refine certain parts of the study, specifically the problem statement, hypothesis, conceptual framework, design and data-analysis process.

- Compare the findings of existing studies with those of the study at hand. This process shows the relevance of the latter findings to the existing body of knowledge.
- Inform or support a qualitative study, especially in conjunction with the collection and data analysis.

An intensive literature review was conducted to determine challenges encountered by professional nurses during supervision of care. In accordance with a literature review this chapter covers the definition of supervision in nursing, how supervision is done globally, in Sub-Saharan countries, as well as in South Africa. The literature review will also unpack the effects of supervision in nursing of the quality of care, as well as patient safety, and the challenges of poor supervision.

2.3 DEFINITION OF SUPERVISION IN NURSING

Supervision has been widely recognized as a valuable tool to promote best practice and is a commonly discussed concept within nursing which appears to be a common belief that it is a good thing for nursing (O'Donnell, 2015:11). A number of definitions and models of supervision have been developed, but it remains ill defined. Supervision merely refers to the observation of staff during work, and formal guidance on how to do so. In health care organisations, protecting life and human health and nullifying clients' needs are the main goals. Supervision has been introduced as clinical supervision in health care organisations. (Dehghani, Nasiriani, & Salimi, 2016: 63). Supervision was further referred generally to "the process 'which aims to support, assure and develop the knowledge, skills and values of the person being supervised (the supervisee), team or project group'" (Daly & Muirhead, 2015:7). Jooste (2017:289) also defines supervision as "a learning relationship between two or more professionals that enables the followers under the guidance of a leader or leaders to develop in all roles in the district health system namely clinical, leadership, teaching and professional"

Based on the different definitions given above therefore; supervision is regarded as interactive process between the supervisor and supervisees which is aimed at quality patient care, patient safety and protecting human life. Furthermore supervision ensures development of knowledge and skills which leads professional competency and maturity of the person that is being supervised.

2.4 PURPOSE OR GOALS OF SUPERVISION

According to Corey (2014:5), “supervision is conceptualised as having four goals: to promote supervisee growth and development, to protect the welfare of the client, to monitor supervisee performance and act as a gatekeeper for the profession, and to empower the supervisee to self-supervise and carry out these goals as an independent professional.” The purpose of supervision is further described by Dehghani, et al. (2016:63) as “to provide a safe and confidential environment for the staff to reflect on and discuss their work, which enhances their awareness and clinical skills and leads to improved competency”. Love (2018:10), indicates that the principal aims of supervision as being: to enhance supervisees’ skills, competence and confidence, to provide a reflective space and emotional support, to provide assistance with professional development, to ensure that services to clients is safe, ethical and competent, and to ensure compliance with professional and organisational treatment standards and practice.

2.5 TYPES OF SUPERVISION

There are several types of supervision that the professional nurses can use during supervision. These types are chosen depending on the supervisees’ needs, and could take the form of one-to-one supervision, group supervision, peer supervision, direct and indirect supervision.

2.5.1 Individual supervision

Individual supervision (one-on-one) is that which occurs between the supervisor and the supervisee, and it involves a regular, structured meeting/ discussion between the supervisor and supervisee. The supervisor should have knowledge and skills in supervision practice, be respected by their peers and demonstrate leadership qualities. Feedback is a critical component of supervision to ensure there is a two-way interaction between the supervisor and supervisee. The frequency and location of these sessions is agreed in the supervision plan and is prioritised and protected by both the supervisor and supervisee (Love, 2018:26).

2.5.2 Group supervision

Group supervision is when supervision involves four or more personnel. This is facilitated by a supervisor with knowledge and skills in working with groups. It is effective and provides an opportunity for supervisees to experience mutual support, share common experiences, solve

complex tasks, learn new behaviours, and participate in informal training, increase communication, confidence and insight (Love, 2018:29).

2.5.3 Peer supervision

Peer supervision occurs between two or more individuals, and it is usually experienced nurses who are experienced in participating in clinical supervision. It is a variation of the individual or group modes. It requires facilitation in the initial/formative stage, which may be shared/rotated among participants. It may include consultation, problem solving, reflective practice and clinical decision making (Love, 2018:32).

2.5.4 Direct supervision

Direct supervision is where the supervisor is always there with the supervisees. The supervisees benefit from being with the supervisor always. According to Snowdon, Leggat and Taylor (2016:449), direct supervision refers to “supervision of clinical practice where the supervisor is personally present, either face-to-face, or using a communication device, during the occasion of service and has the potential to immediately influence patient care”. Therefore, it is mandatory for supervisor to be there for constant supervision to ensure that quality care is rendered.

2.5.5 Indirect supervision

In indirect supervision, the supervisor is not always with the supervisee but can be contacted. Koutoukidis and Strainton (2017: 388) explain that “indirect supervision is when the supervisor works in the same facility or organisation as the supervised person but does not constantly observe their activities.” The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the person receiving care and the needs of the person being supervised.

For the supervision to be effective, the supervisor should utilise all the types of supervision depending on the need of the supervisees so the organisation and patient can benefit out of that. If the supervisor can identify that one supervisee has challenges during supervision that supervisor can utilise the individual supervision while continuing the other types with other. Therefore, there is a need for use of all types of supervision so that there be smooth running of an organisation. It is likewise in nursing, that all types of supervision are important so that there be continuity of supervision.

2.6 SUPERVISION IN THE INTERNATIONAL COUNTRIES

Supervision needs to be practiced throughout the day and night in order to ensure that the patients receive good quality care. In the province of Alberta, in Canada, the college and association of registered nurses of Alberta (CARNA), has developed the practice standards that regulate all registered nurses and outline their responsibilities. One of these responsibilities is to coordinate, supervise, monitor and evaluate the provision of health services (CARNA 2013:13). Cruz, Carvalhob, Barbosac and Lamas (2015:335) reported that in Portugal currently, many nursing schools have incorporated supervision as a course of post-graduate training. Dehghani, et al. (2016:68) indicates that the Department of Health in England also recommended familiarity with supervision in a professional training course.

In Wales, there is statutory supervision of midwifery which is aimed at offering 24-hour on-call supervision for regulatory advice and guidance which enhances public protection (Ness & Richards, 2014:276). Severisson, Johansson and Lindquist (2014:449) indicate that in Sweden, supervision should be provided on a continual basis as a regular part of work in order to ensure quality of care, thereby making it standard practice amongst staff.

Martin, Kumar, Lizarondo and VanErp (2015:6) stated that in Queensland, Australia for supervision to be effective there should be supervisor-supervisees match and fit, supervisory relationship and continuous availability of supervisor for support during supervision. They explained that for supervision to be effective the supervisor should continuously be with the supervisees in order to provide the support that is needed during supervision. Apart from the availability of a supervisor, the relationship between the supervisor and supervisees should be good, and there be a perfect match between*the supervisor and supervisees.

Dehghani, et al. (2016:63) explained that in Iran, for effective supervision to be practiced the infrastructure should be provided and the comprehensive competency of the supervisor should be enhanced. Therefore, the supervisor needs to be properly trained in order to carry out effective supervision. Hence, not everyone can carry out supervision other than the professional nurse who is trained to do so.

2.7 SUPERVISION IN SUB-SAHARAN COUNTRIES

Supervision is not only happening in the international countries but also in the Sub- Saharan countries. In Sub-Saharan Africa, Bailey, Blake, Schriver, Cubakac, Thomas and Hilber

(2015:9) show that the relationship between supervisor and supervisee is an important factor in the effectiveness of supervision; supervisors selected for the task need to be able to create a non-judgmental and supportive environment. Supervisors must also be equipped with good communication skills as well as clinical knowledge. Therefore, there should be a balance between the supervisor, supervisees and environment for supervision to be effectively carried out.

In Rwanda, the Ministry of Health has an established supervision structure, where health centres are supervised by staff at district hospitals and the district hospital employees are integrated within the standard supervision system with an emphasis on building capacity for improved patient care through mentorship and coaching (Kirk, Sweeney, Gupta, Drobac, & Manzi 2015:14).

Snowdown, et al. (2017:6) indicate that in Botswana, direct supervision may be more useful in producing effective change in process of care than reflective supervision, as direct supervision allows for greater levels of interaction between the supervisor and supervisee, and a more accurate representation of clinical performance

2.8 SUPERVISION IN SOUTH AFRICA

In South Africa, the nursing profession is governed by the statutory body which is the South Africa Nursing Council, under the Nursing Act, Act No 33 of 2005. The South African Nursing Council developed the Scope of practice of each category of nurses, which binds the nurses when executing their task of nursing care. There are many levels of professional nurses that are responsible for supervision namely the area managers, operational managers and other professional nurses. The Nursing Act 2005 (Act no 33 of 2005:5), clearly outlines the roles of professional nurses and one of those roles as to provide supervision for nursing and midwifery care, therefore the professional nurses are responsible for supervising the nursing care rendered in order to ensure that the nursing care be of high quality.

Supervision is one of the professional nurses' responsibilities but it seemed as if there are challenges that these professional nurses are encountering in supervision of care. The National Department of Health has developed the PHC supervisory manual which provides a guide to structured supervision that is evidence-based and whose requirements can be implemented and measured, thus ensuring good quality primary health care provision in health facilities (NDoH, 2009:4).

In South Africa also through the process of implementation of Primary Health Care (PHC) Re-Engineering, the Department of Health had employed the clinical specialist teams in the districts and provincial level whose responsibilities were amongst others were to support, supervise and mentor clinicians, and to monitor health outcomes (Oboriene, Harris, Eyles, Goudge, Orgill, McIntyre, & Chimbindi, 2014:46).

The National Department of Health (NDoH) has also come up with the strategies having the middle management structure which was vested with powers of looking after the day to day operations of the ward more especially supervision of the care that is rendered. Armstrong, Rispel and Penn-Kekana (2015:2) argued that the unit managers who are professional nurses registered with the South African Nursing Council (SANC), with at least 4 years of nursing training, and extensive clinical experience are responsible for the management of: nursing care to patients; all nursing staff within the unit; and the resources associated with health care delivery in the unit. These unit managers are accountable for the quality of patient care in their units or wards, and they enter into performance management agreements that outline their operational management responsibilities. But even though there is this cadre of nursing profession the quality of care is not rendered anticipated due to challenges that these professionals are encountering during supervision.

2.9 BENEFITS OF SUPERVISION

2.9.1 Benefit to personnel

Temane, Pogenpoel and Myburg (2014:8) indicate that supervision is advantageous to individual nurse practitioners because it enhances practice and accountability, and promotes professional growth. Martin, et al. (2015:2) also outline that supervision also has benefits on the staff as it reduces isolation and burnout, improves coping at work, and enhances competence. Supervision in nursing is a major promoter of personal, professional and human development (Cruz, et al. 2015:334). Cruz et al. (2015:335) further added that the other benefits to staff include improved job satisfaction, enhanced integration of theoretical and practical knowledge, and increased confidence, self-esteem, and empathy. According to Lavery, Wolfe, and Darra (2016:196), good supervision is associated with job satisfaction, reduction in staff turnover, an increase in critical thinking and improvement in reflective practice. In addition, effective supervision provides an avenue for nurses to demonstrate active support for each other as professional colleagues. Blishen (2016:31) furthermore, lists the benefits of supervision as increased job satisfaction, prevention of burn out, improved worker retention, and improved motivation and commitment to the

organisation

2.9.2 Benefits to the patients

Supervision of health professionals is associated with the reduced risk of patient mortality and complications. Through effective supervision of health professionals, patient safety is achieved to the optimum (Snowdon, et al. 2016:448).

Martin, Copley, and Tyack (2014:2) report the benefits of supervision to patients include improved patient outcomes and better quality of care. Cruz, et al. (2015:335) further indicate that supervision is considered a core element in the improvement of clinical standards, as well as an important tool in the development of quality in nursing care, with a fundamental role in the prevention of clinical risk. It also improves patient care, reduces errors, improves efficiency, enhances staff performance, and reduces burnout.

Supervision is also one strand of clinical governance, alongside with continuing professional development and lifelong learning ensure safe and accountable practice as well as quality assurance (Moxham & Gagan, 2015:37).

Nkomazana, Mash, Wojczewski, Kutalek and Phaladze (2016:2) stated that in Botswana, supervision has shown to improve health workers' satisfaction, motivation, performance and retention. It may also enhance competence and patient outcomes. Brunero and Stein Parbury (2014:87) indicated that supervision provides nurses with an opportunity to improve patient care in particular for a given patient and in general in relation to maintaining standards of care.

2.9.3 Benefit to the organisation

Apart from the benefit to the patient and employees, supervision has benefits for the organisation. Blishen (2016:31), identifies some of the benefits as improved communication amongst workers and maintenance of clinical skills and quality practice which will make the patients to receive quality care. The organisation also benefits in the sense that its vision and mission will be realised if the staff are able to render quality care.

2.10 CHALLENGES OF POOR SUPERVISION

Poor supervision gives rise to poor quality patient care which is costly because it leads to prolonged hospitalisation and also compromises patient safety. These challenges reduce

productivity and frustration of workers. The stance of Bailey, et al. (2015:1) is that Primary Health care in Sub-Saharan Africa faces many challenges, amongst which are inconsistency in the quality of care delivered by health professionals which affects both utilisation of services and individual health outcomes, and a possible contributor to poor quality service delivery is a lack of appropriate or effective supervision of frontline health workers.

Omosire (2014:106) reported that poor supervision also affects the staff productivity, resulting unsatisfactory job performance which will lead to risk of substandard care which can compromise patient safety and quality of care rendered.

2.11 SUMMARY

This chapter outlined the literature review underpinning this study of challenges encountered by professional nurses during supervision of care in the district hospitals of Vhembe. A detailed discussion was made on the definition of supervision, aim of supervision, types of supervision and models of supervision. The discussion went further and outlined the supervision in international countries, sub-Saharan countries and in South Africa, benefits of supervision on personnel and patients and challenges in supervision.

Chapter 3 covers the research design and research methodology in detail.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In the previous chapter a literature review of challenges encountered by professional nurses during supervision of care was presented. The chapter detailed the literature review surrounding the existence and practice of supervision from international countries, sub-Saharan countries, and in South Africa, as well as the benefits of proper supervision and challenges of poor supervision and challenges. The purpose of this chapter is to present the research process which is used in this study. It will cover the research approach, design, setting, sampling process, instrument, data collection and data analysis.

3.2 RESEARCH METHODOLOGY

The research methodology informs the reader how the study was carried out in other words the techniques the researcher used to systematically structure the study to gather and analyses information to answer the research question (Polit & Beck, 2012:741). Methodological decisions depend on the nature of the research question. For instance, methodology includes the study design, setting, sampling, methodological limitation of the data, collection and analysis techniques. For this study, methodology refers to how the research was done and its logical sequence. The purpose of research methodology is to inform the reader of how the investigation was carried out, what the researcher did to solve the research question and respond to the research questions (Brink, et al. 2012:199).

3.3 QUALITATIVE RESEARCH APPROACH

Creswell (2014:4) described “qualitative research as an approach for exploring and understanding the meaning individuals or groups ascribe to the social or human problem”. Creswell (2014:186): further indicated some characteristics of qualitative research, of which one of those is that the researcher tries to develop a complex picture of the problem or issue under study. According to Brink, et al. (2012:121) indicated that the aim or purpose of qualitative research is in-depth description and understanding of people’s beliefs, actions and events in all their complexity. The main focus of the study was to explore the challenges encountered by professional nurses during supervision of care in the Vhembe District hospitals in the Limpopo Province, South Africa.

Some of the core characteristics that define qualitative research, according to Creswell

(2007:37) in De Vos, et al. (2011:65) were:

Qualitative researchers tend to collect data in a natural setting where participants experience the issue or problem under study. This implies that the researcher interacts face-to-face with the participants, talking to them and observing how they behave in their context;

Qualitative researchers as a key instrument collect data themselves through examining documents, observing behaviour and interviewing participants. Data collected for this study was collected by the researcher.

The qualitative researcher, typically, gathers multiple forms of data, such as interviews, observation, documentation and audio visual information, instead of relying on a single data source. In this study, the researcher gathered data by conducting individual in-depth interviews with the participants, while observing the participants for non-verbal communication shared. The interviews were voice recorded, while the researcher made copious notes during the interviews.

In the entire qualitative research process, the researchers kept focus on learning the meaning that the participants hold about the problem or issue, not the meaning that the researchers bring to the research or writers from the literature.

Qualitative researchers do inductive, as well as deductive analysis, by building their patterns, categories and themes from the bottom up, organising the data into increasingly more abstract units of information. The inductive process is demonstrated, when the researcher works back and forth between the themes and the database, until s/he has established a comprehensive set of themes. The deductive process is demonstrated, when the researcher looks back at the data from the themes, to determine whether more evidence can support each theme;

Emphasis in qualitative research is totally focused on the participants' conception of the problem or issue, and not focused on the interpretation provided by literature or the researcher's opinion and in this study the researcher focused on the challenges that professional nurses encountered during supervision of care in district hospitals of Vhembe District.

The research process for qualitative research is emergent, as the key behind qualitative

research is to learn about the problem or issue from participants, and to explore the research to obtain the information and in this study the researcher was interested in learning about the challenges that the professional nurses are encountering during supervision of care and through the data collection method of semi-structure interview, the researcher want to explore more about the phenomenon.

In qualitative research, the inquirer (researcher) reflects on their role in the study and their personal background - this is referred to as reflexivity; and

The researcher used a qualitative approach to unearth the challenges encountered by professional nurses during supervision of care in district hospitals of Vhembe District.

3.4 RESEARCH DESIGN

The research design was the overall plan that the researcher employed to generate and analyse data (Creswell 2014:49). The research design guides the researcher in planning and implementing the study in such a way that it is more likely to achieve the intended results. Research design is defined as the overall plan for gathering data in a research study (Brink, et al. 2012:112). The research design is further described as “a broad range of research designs and methods used to study phenomena of social actions and of which we do not have an understanding” (Brink, et al. 2012:120). A research design is an integrated statement and justification for the more technical decision in planning a research project and a process analogous to the activities of an architect designing a building (De Vos, et al. 2011:142). A research design is a set of logical steps, an overall plan the researcher will take to answer the research question and research objectives (Polit & Beck, 2012:66). A research design is referred to the overall strategy chosen to integrate the different components of a study in a coherent and logical way, thereby, ensuring that the research problem is addressed effectively (Polit & Beck, 2012:66). In this study, the research design was the descriptive, exploratory and contextual design wherein the data was collected using appreciative inquiry approach to explore and describe the challenges encountered by professional nurses during supervision of care in district hospitals of Vhembe District in the Limpopo Province.

3.4.1 Explorative design

Exploratory research is conducted to gain insight into a phenomenon, community or individual (De Vos, et al. 2011:95). Exploratory research is defined as a study that explores

the dimensions of a phenomenon or develops or that refines hypothesis about relationships between phenomenon (Polit & Beck, 2012:727). Exploratory research strives to explore the dimension of the phenomenon so that it provides more insight about its nature and the manner in which it manifests itself. An exploratory design helps the researcher to gain insight into the situation, phenomenon, community or individual. An exploratory design explores the dimensions of the phenomenon. (De Vos, et al. 2011:96). Exploratory research in this study was conducted in order to satisfy the researcher's curiosity and desire for a better understanding and to explicate the central concepts and constructs of the study phenomena (Polit & Beck, 2012:18). Furthermore, the exploratory research design was chosen because the researcher wanted to explore the challenges that were encountered by the professional nurses during supervision of care so that the researcher could gain more insight of the topic under study. It allowed for an in-depth exploration by probing, wherein participants explained challenges encountered during supervision of care. The researcher aimed at becoming conversant with basic facts and created a general picture of these challenges.

In this study, the dimension of the phenomenon, the nature and how it relates to other factors was explored. An exploratory design increased understanding of the subject under study and helped the researcher to determine why and how things happen. It leads to better conclusions by directing subsequent best research approaches to achieve research objectives.

3.4.2 Descriptive design

Brink, et al. (2012:112) outlines the descriptive design as "a design that is used where more information is required in a particular field through the provision of a picture of the phenomenon as it occurs naturally." According to Burns and Grove (2011:256); LoBiondo-Wood and Haber (2010:198) in Brink, et al. (2012:112) the descriptive design may be used to identify the problem with the current practice: to justify current practice, make judgements or determine what other similar professionals in similar situation are doing or to develop theories. In descriptive research, phenomena are described or the relationship between variables is examined, and there is no attempt made to determine cause and effect of a relationship (Brink, et al. 2012:11). The purpose of descriptive design is to allow a picture of the study as it happens. However, in this study, the descriptive design was chosen to describe the challenges encountered by professional nurses during supervision of care so that a clear picture could be provided about those challenges that are encountered.

3.4.3 Contextual design

The context of the study refers to “the research setting/physical location and condition in which data collection takes place” (Polit & Beck, 2010:568). The contextual design occurs in a natural setting where a detailed data was collected because human beings are best understood in the context they live in. This study was conducted in the real working environment of professional nurses in the Vhembe district, which were the wards of six district hospitals of Vhembe wherein the detailed data was collected from the second in charge and one professional nurse with specialty in the casualty, paediatric and medical wards. Data was collected in the operational manager’s office and in cubicles without patients. The area provided was without any disturbances for the interview.

3.4.4 Appreciative Inquiry

Appreciative inquiry is defined as “an approach to change that identifies and builds on what is working well in an organisation with the aim of bringing a positive change” (Frankel & Beyt, 2017:4). Appreciative inquiry was further outlined by Havens, Wood and Leeman (2006:464) as “a philosophy and methodology for promoting positive organizational change through creating meaningful dialogue, inspiring hope, and inviting action.” In this study appreciative inquiry refers to the approach of appreciating the work that is done by professional nurses when supervising the nursing care, with the aim of bringing a positive change in patient care and patient safety.

Meanwhile, the focusing only on what is wrong in an organisation or department, can lead to exclusive attention to problems and create a negative atmosphere, whereas taking the time to focus on the positives can help individuals recognize what gives life, vitality and joy to the practice. Appreciative Inquiry was further explained by Stratton-Berkessel (2015:10) as” the discovery for the best in people, their organizations, and the relevant world around them.” It is an art and practice of asking unconditional, positive questions that strengthen a system’s capacity to apprehend anticipate and heighten positive potential. Instead of negation, criticism and spiralling diagnosis, there is discovery, dream, design and destiny.

In this study, appreciative inquiry means the approach of appreciating the work that is done by professional nurses with an aim of bringing a positive change in supervision of patient care and good patient outcome. Because focusing only on what’s wrong in an organization, such as a clinical practice or department, can lead to exclusive attention to problems and create a negative atmosphere, whereas taking the time to focus on the positives can help individuals recognize what gives life, vitality and joy to the practice

An appreciative inquiry (AI) approach was chosen as an approach which has 5-D cycles that encouraged me to identify what was working well during supervision of care so that the professional nurses can foster positive change in supervision of themselves. However, to explore the challenges encountered by the professional nurses during supervision of care using an appreciative Inquiry approach (AI) assisted the professional nurses to focus on positives than negatives.

Openo (2016:41) showed that “Appreciative inquiry has 5-D phases that assist the researcher to explore a challenge in a positive manner”. In this study, the 5-D phases of AI are explained as follows:

3.4.4.1 Defining phase

The Defining phase was involved with the introduction and clarification of the topic under study wherein the researcher introduced the topic under study which was challenges encountered by professional nurses during supervision of care in the Vhembe district hospitals.

3.4.4.2 Discovery phase

The Discovery phase was involved with appreciating the best out of what already exists. The researcher identified what is working well during supervision of care with the professional nurses

3.4.4.3 Dream for the future

The Dream for the future phase was concerned about defining the vision for the future. In this phase the professional nurses were assisted to set goals and envision the future. The interview guide had a question wherein the participants were asked about their wishes with regard to supervision in in future.

3.4.4.4 Design

The Design phase is concerned with reshaping the future through dialogue. In this phase the researcher found out from the professional nurses their options to make effective supervision happen. In this phase the participants came up with positive recommendations and solutions of improving supervision of care

3.4.4.5 Destiny

The Destiny phase is concerned with the execution of designed plans. In this phase the participants came up with positive recommendations and solutions of improving supervision of care

3.5 THE STUDY SETTING

The research setting is a specific place where the data was collected, that is, the real life situation and environment (Brink, 2012:59). The Vhembe District is one of the five districts of the Limpopo province in South Africa. The Vhembe district has 4 sub-districts or municipalities: Makhado, Musina, Thulamela and Collin Chavani.

There are eight (8) hospitals in the Vhembe District, of which are six district hospitals, one is a regional hospital, and one a specialised hospital. Apart from hospitals, there are also 123 Primary Health care facilities. Figure 3.1. Illustrates the Vhembe District, sub-districts and hospitals.

There are 1453 professional nurses that are employed in the district, of which 636 are employed in the hospitals, and 812 in Primary health care facilities. There are 24 Assistant managers and 176 Operational managers for both the primary health care facilities and hospitals.

In this qualitative research study, the study was conducted in the six district hospitals of Vhembe District, namely Donald Fraser, Elim, Louis Trichardt Memorial, Malamulele, Messina and Siloam.

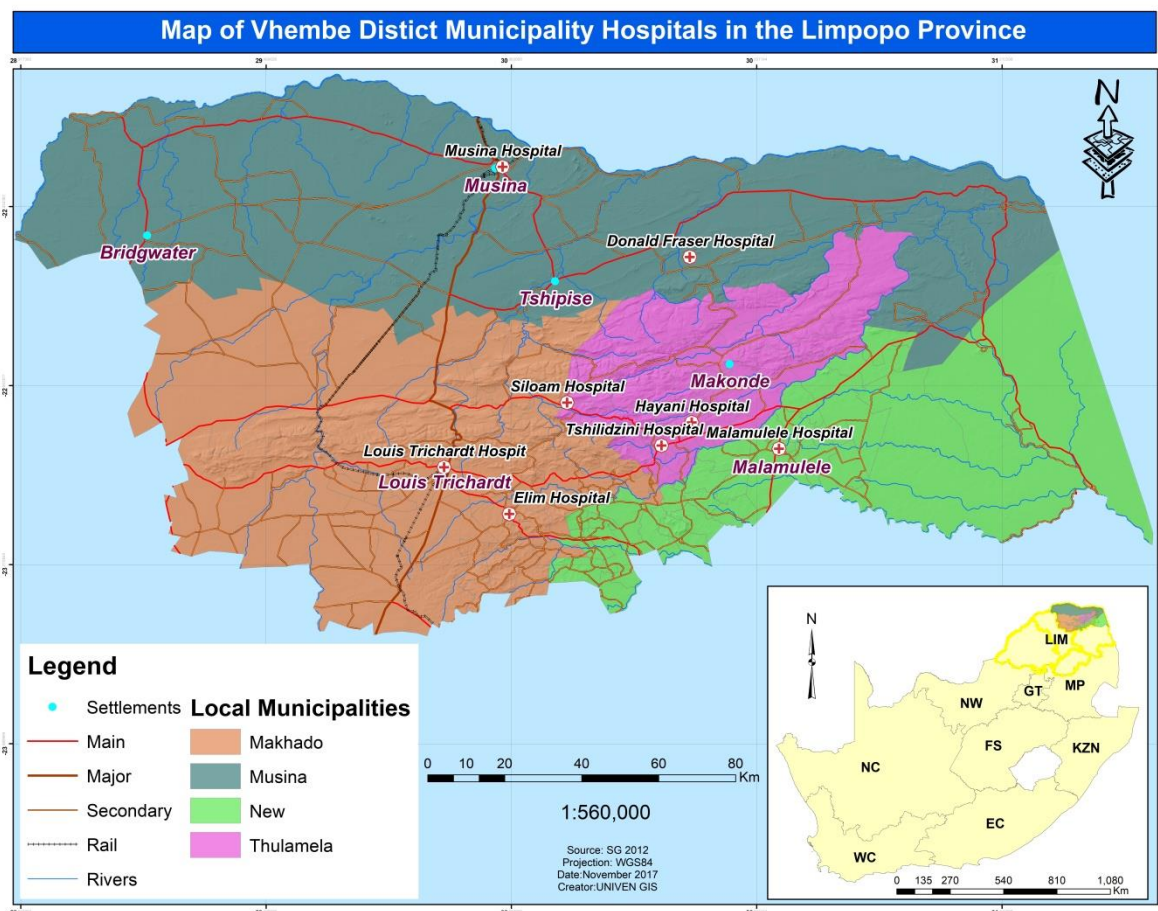


Figure 3.1 The Vhembe district map with sub-districts and hospitals

3.6 POPULATION

A population is defined as the entire group of persons or objects that is of interest to the researcher; in other words that meets the criteria that the researcher is interested in studying the population. A population is also described as “a complete set of persons or objects that possess some common characteristics that is of interest to the researcher.” (Brink, et al. 2012:131). A population is further described by Polit and Beck (2014:51), as “all the individuals or objects with common, defining characteristics.” In this study, the population is all professional nurses who are employed in the district hospitals of the Vhembe district. The purpose of selecting this category of population was that the professional nurses and/or specialty professional nurses by virtue of their position, training, experience and qualifications were expected to supervise nursing care and supervisees of nursing profession.

3.7 SAMPLING

Sampling refers to “selecting a portion of the population to represent the population” (Polit & Beck, 2014:177). Brink, et al. (2012:132) also describe “sampling as a process of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest”. De Vos, et al. (2011:223), and Grove, Burns, and Gray, (2013:357) further explain sampling as the series of actions taken by the researcher to select a sample from the entire population that will represent the whole population of interest in order to achieve a set of objectives or goals. In this study the participants selected were the second in charge and specialty professional nurses who were able to give information and who were suitable for the study because they were knowledgeable about challenges of supervision of care.

3.7.1 SAMPLING METHOD

There are two types of sampling, namely non-probability and probability sampling. Probability sampling is the random selection in choosing the elements with the probability that each element will be included in the sample. Elements selected by probability include methods such as random, stratified, cluster and systematic sampling (De Vos, et al. 2011:228).

Non-probability sampling implies that not every element of the population has an opportunity for selection in the sample. Non-probability sampling requires that the researcher judges and selects those participants who know the most about the phenomenon, in this case known as a representative sample (Brink, et al. 2012:139). Elements are selected by non-random methods such as accidental, quota, purposive, dimensional and snowballing and it has limited representativeness (De Vos, et al. 2011:228).

In this study, the non-probability purposive sampling was chosen, based on my judgment regarding participation of the subjects based on the representativeness of the population especially those that are knowledgeable about the research in question (Brink, et al. 2012:141). According to Brink, et al. (2012:141) purposive sampling is “the technique that is based on judgment of the researcher regarding the participants or objects that are typical or representative of the study phenomenon or who are especially knowledgeable about the question at hand.” Purposive sampling also refers “to consciously selecting participants or elements to include in the study” (Grove, et al. 2013:365).

The researcher purposefully selected professional nurses who are second in charge of the

wards and or those professional nurses who have a post basic qualification specialty and who work in the Paediatric, Medical and Casualty wards and were from the six district hospitals of Vhembe. These wards were selected because of their nature of complexity of care that is rendered, workload and the acuity level of patients as well as according to the number of complaints about the quality of care rendered in these units.

Purposive sampling allowed the researcher to select the sample based on the knowledge of the phenomenon. The researcher was quite aware of the challenges of potential for sampling bias, which was mitigated by the process wherein the researcher identified and set aside any preconceived beliefs and opinions that might have about the phenomenon as well as discussions with peers and the supervisors prior during the process.

The researcher had purposefully selected one second in charge professional nurse and one specialty professional nurse who were working in the paediatric, medical and casualty wards and were from the six district hospitals of Vhembe District. These wards were selected because of their nature of complexity of care, load and the acuity level of patients. Those professional nurses gave the researcher the detailed relevant information about the challenges encountered during supervision of care as they were expected to supervise

3.7.1.1 Selection of the hospitals

In this study, the researcher had purposively selected six district hospitals in the Vhembe District which are Malamulele hospital, Louis Trichardt hospital, Messina hospital, Elim hospital, Donald Fraser Hospital and Siloam Hospital because these hospitals selected were the district hospitals in Vhembe District and if care could improve, there would be less referrals to regional hospital hence cutting of cost. The following wards were purposively selected because of their nature of complexity of care, load and the acuity level of patients namely paediatric, casualty and medical wards.

3.7.1.2 Selection of participants

Permission to conduct the research was granted by the Chief Executive Officers and nursing managers of all hospitals. Participants who met the inclusion criteria were selected by the operational managers with the assistance of nursing managers. Participants in this study were purposively selected from paediatric, casualty and medical wards of the six district hospitals of Vhembe District. The second in charge professional nurses of the units or wards and one specialty professional nurse in the six district hospitals were selected

because they were able to give the researcher relevant information.

The researcher thus decided to sample the professional nurses who are second in charge of the ward and specialty professional nurses because of the observation that these categories of professional nurses seemed to have the most supervisory challenges based on the reported cases referred to earlier on in this chapter of substandard care rendered due to poor supervision of nursing personnel, patients and nursing care. These categories of professional nurse are supervisors and thus possess sufficient knowledge and experiences of providing supervision and supervision responsibility is included in their job descriptions. They will thus be able to give information about challenges of supervision of care and in addition, they were knowledgeable about challenges that professional nurses are encountering during supervision as they were in supervisory level.

3.7.1.3 Inclusion criteria

The inclusion criteria specify the characteristics that people in the population must possess in order to be included in the study (Brink, et al. 2012:131). The inclusion criteria, also known as eligibility criteria define “participants to be included in the population” (Polit & Beck, 2012:272). In this study, the following criteria were used to select participants to participate in the study namely professional nurses were the second in charge of the casualty, paediatric and medical wards; professional nurses with specialty in the casualty, paediatric and medical wards and all these should be from the six district hospitals in Vhembe District. These cadres of professional nurses were chosen because their expertise and experience would allow them to give more information with regard to challenges they encounter during supervision of care and they were the right participant as supervision is outlined in their job descriptions.

3.7.1.4 Exclusion criteria

Exclusion criteria had been explained by Brink, et al. (2012:131), as “the criteria that the researcher will exclude certain elements – individuals or objects – from the population.” An exclusion criterion has been further defined by Polit and Beck (2012:274) as the characteristics of people who must not be included in the study sampling. Thus, in this study the following individuals were excluded: other professional nurses who were not the second in charge and other professional nurses from the wards that were not part of the study.

3.7.1.5 Participant sample size

Burns & Grove (2011:548) define the sample size as “the number of subjects, events, behavior or situations that are examined in a study.” The sample size is the determination of the number, or selecting an appropriate size needed for the study considering both scientific and pragmatic factors influencing sample size (Brink, et al. 2012:143). The sample size is also the number of participants recruited and who would give the consent to participate in the study (Grove, et al. 2013: 708). Grove, et al. (2013:371), further define a sample size is determined by the scope of the study, nature of topic, quality of data and study design.

De Vos et al. (2011:350) maintain that there are not a specified number of participants to be interviewed. However, a sample size should meet two criteria: sufficiency and saturation. Sufficiency means that there should be sufficient numbers to reflect the entire population; saturation is reached when a researcher is no longer getting any new information.

Sampling size in this study will be achieved through data saturation however; the number of professional nurses interviewed was thirty-six (36). In each selected district hospital six (6) professional nurses gave their consent and participated in the study as planned. Even though thirty-six (36) participants were interviewed, data saturation was reached after fourteen (14) interviews, but the researcher continued to gather data in order to get a dense description of findings that is representative of the views of all participants.

3.8 PRE-TESTING

Pre-testing is described as a small-scale study conducted prior to the main study on a limited number of participants who meet the eligibility criteria from the population at hand. The purpose of pre-test was further indicated as is to investigate the feasibility of the proposed study and to detect possible flaws in the methodology of the proposed study (Brink, et al. 2012:174). Rubin and Babbie (2010: 342) further indicate that a pre-test or pilot study is one of the mechanisms in qualitative research that is used to alleviate practical setbacks prior to the research study being undertaken. The pre-test is usually informal, administered to a few participants and is usually done to investigate for possible flaws in the instrument, such as ambiguous instruction or wording, inadequate time limits and whether the variables defined by operational definition are actually observable and measurable (Brink, et al. 2012:175). In this research study a pretest was conducted to check whether the semi-structured interview schedule guide can be refined and to identify possible problems for the real situation interviews that could have an influence on the reliability of the research study thus ensure a user friendly schedule. The second in charge and specialty professional nurses were used

as participants and were not included in the research sample. Appropriate adjustments were made regarding phrasing of the questions and to adjust the distance between a voice and a research participant.

Pre-testing of the instrument was done in the non-participating wards wherein two second in-charge professional nurses and a specialty professional nurse were interviewed to check if the semi-structured schedule guide gave the expected or desired responses. The hospital that pretesting was done at was Hayani Hospital which is the specialised district hospital in the Vhembe District.

3.9 DATA COLLECTION PROCEDURE

Data collection is the process of collecting data from the participants. According to Brink, et al. (2012:147) data collection is process of critical importance for the success of the study. Therefore, the process of data collection should be done using high quality data collection techniques. Data collection is “a series of interrelated activities aimed at gathering good information from the selected participants to answer the emerging research question” (Polit & Beck, 2012:518).

The researcher collected data about the challenges encountered by the professional nurses during supervision of care in the Vhembe district hospitals. The researcher was the main data collector, collecting the information from the participants.

Semi-structured interviews are defined as “interviews which the researcher uses in order to gain a detailed picture of participants beliefs about, or perceptions or account of, a particular topic” (De Vos et al. 2011: 351). Semi-structured interviews are said to be interviews that are especially suitable when one is particularly interested in complexity or process, or when the issue is controversial or personal (De Vos, et al. 2011:352). The data collection method selected in this study was semi-structured one-to-one interviews. The researcher prepared a semi-structured interview guide that was used because the researcher had an interest in understanding the challenges encountered by the professional nurses during supervision of care (see Annexure G).

The interview guide was based on the objectives of the study. It was validated by the supervisor and co-supervisor. (De Vos, et al. 2011:349). It consisted of sections which were following the Appreciative Inquiry 5-D phases. The questions enabled the researcher to get the respondents’ views about the challenges that the professional nurse were encountering during supervision. The researcher chose to use semi-structured interview because the

researcher was able to probe further from the participants in order to get in depth information about the challenges encountered by the professional nurses during supervision of care. In addition, Poli & Beck (2012: 537) further indicates that semi-structured interviews ensures that the researcher will obtain all the information required, and it gives people the freedom to provide as many illustrations and explanation as they wish. However, the researcher sought information from the number of individuals which were professional nurses with specialty and the second in charge of paediatric, medical and casualty wards in order to get in-depth information about the challenges that the professional nurses were encountering during supervision.

According to De Vos, et al. (2011:353) the benefit of semi-structured interview is that the researcher would be able to explore an issue because the researcher can probe for more information and participants can talk freely. However, there were some challenges mentioned such as, that the participants may be unwilling to share information, and that it is time consuming.

The researcher approached the Human Resource Department (HRD) of all selected hospitals and showed them the letter of approval to conduct the study and then requested to be given direction as to how to go about collecting data (See Annexure D). The HRD then took me to the nursing manager where the study, its objectives and the whole research methodology was explained. The nursing manager then delegated the assistant manager to accompany me to the operational managers of wards that are part of the study. The second in charge and specialty professional nurses were then delegated to participate in the study by the operational manager. The researcher was allocated to use operational managers' offices for interviews in three hospitals, whereas in the remaining hospitals, empty cubicles were used. An introduction was done, followed by explanation of the purpose of the visit. An appointment was then made for tea time or lunch breaks with an aim of not disturbing service delivery.

At an agreed time, the researcher returned to the participants. The researcher physically interviewed the participants in an allocated private room, so as to maintain privacy. Confidentiality was maintained by not using the participants' real names. The researcher gave a brief self-introduction, welcomed and thanked the participants for their availability and willingness to do the interviews. The researcher gave the participants comprehensive information about the study and the information document was read to all those who participated (see Annexure E). The consent form was then signed by the researcher and the participants (See Annexure F). Thirty-six (36) participants were asked questions using the

interview guide See Annexure G) and flexibility was allowed. To obtain clarity from participants' responses, probing questions were asked. The participants were interviewed for 30 to 45 minutes. The following questions were asked:

PHASE1: DISCOVERY STAGE

- 1) What are your roles in this unit?
- 2) Tell me what pleases you in your supervision role in this unit?
- 3) Can you explain to me, the challenges that you are encountering during supervision of the care in your unit?

PHASE 2: DREAM AND DESIGN STAGE

- 1) Explain the positive changes would you like to achieve in supervision of your supervisees in future?
- 2) How best could you supervise to enhance quality patient and improve patient safety?

PHASE 3: DESTINY STAGE

- 1) What do you think could be the best method of supervision that can promote confidence of the supervisor and supervisees?
- 2) Apart from what has been said, what can you add related to supervision that could enhance supervision?

Data was collected from all thirty-six (36) participants, even though data saturation was observed from participant number fourteen (14) because the researcher wanted to check if new data and themes can emerge from the remaining participants..

The researcher also recorded the interviews with a voice recorder so that all information was collected from the participants in full. According to Smith, et al. (1995:17) in De Vos, et al (2011:359), a voice recorder allows a much fuller record than note-taking during the interview. The benefits of voice recording are that the researcher will concentrate on how the interview is proceeding and where to go next, rather than note-taking. Apart from having the advantages there were also the disadvantages of voice recording which are that the participants may not feel happy being recorded and may even wish to withdraw. Therefore, the researcher explained the purpose of using a voice recorder thoroughly to the participants before starting with the interview in order to gain the participant co-operation.

Data was collected firstly from the second in charge professional nurses and specialty professional nurses from paediatric, casualty and medical wards of all district hospitals of Vhembe District. The professional nurses that were interviewed were one second in charge and one specialty professional nurse per ward, and in the wards where there was no specialty professional nurse, only the second in charge was interviewed. The three hospitals had no medical wards but only the separate general ward for male and female wards therefore the second in charge of the female and male general wards were interviewed. All the professional nurses were interviewed whilst on duty during lunch or tea break to avoid interruption of service. Debriefing was done after each interview to ensure that participants were fine and to assess whether there was a need for emotional support (Polit & Beck, 2010:130). The study did not pose any direct risk or harm to the participants and it did not evoke any unpleasant emotions from them. They seemed happy and laughing as they expressed themselves more freely. To maintain confidentiality, the information obtained from the participants was only shared between the researcher and the two supervisors. No names of participants were written only numbers were attached to each participant as P1 or P2.

3.10 DATA ANALYSIS

Data analysis entails categorising, ordering, manipulating and summarising the data, and describing them in meaningful terms (Brink, et al. 2012:177). Babbie (in De Vos, et al. 2011:399) refers to qualitative analysis as the “nonnumerical examination and interpretation of observations, for the purpose of discovering underlying meanings and patterns of relationships”. The researcher examined data for completeness and accuracy by individually listing each piece of data collected. Data was not reported in a raw form, the researcher chose the methods of exploring and organising raw data and interpreting it to answer the research question meaningfully. Data was processed and analysed in some orderly coherent fashion so that patterns and relationships could be discerned.

The transcripts captured all the words the participants verbalized, which assisted me with data analysis. Data was transcribed verbatim and the researcher analysed the data while still fresh. As advised by Creswell (2014:245), data analysis occurred simultaneously with collection and the write-up of the findings. Therefore, after each interview was completed, data was transcribed and coded.

The researcher discussed the codes and identified themes and ideas with my supervisor. The typed transcripts were also given to the independent coder to analyse so that the findings could be compared. During the coding of data, main themes emerged which helped

towards identifying the subthemes and later the categories. Data was analysed using Tesch's eight steps (in Creswell, 2014: 198). Tesch's eight steps of coding were applied in this study in the following way:

Step 1.

The researcher made sense of the whole. The transcripts were read carefully and wrote down some ideas as they come to mind while reading. The researcher went through all the transcripts to familiarize herself with the content of the interviews and began to make notes of the transcripts.

Step 2

The researcher picked one interesting document and went through it and considered looking at the underlying meaning of the text. The researcher focused on the transcript with the most relevant information and began analyzing the text.

Step 3

The researcher made a list of all the topics gathered and grouped similar topics together in columns of major, unique and leftover topics. The researcher made notes on the margins that were used to group the information together. These groups formed the basis of drafted themes and subthemes.

Step 4

The researcher assigned each topic a code, compared it to the text and see if new categories and codes emerge. After the groups were arranged, the researcher went back to the text to identify and code the information. This process allowed for credibility.

Step 5

The researcher found descriptive wording for the topics and turned them into categories. To reduce the total list of categories, the researcher considered grouping topics that related to each other. The researcher made use of the coding process to generate descriptive words.

Step 6

The researcher made a final decision on the abbreviation for each category and alphabetised the codes. A table of the themes and subthemes was created.

Step 7

The researcher grouped the data material belonging to each category in one place and performed a preliminary analysis. By coding and creating the themes, the researcher grouped the material and the data was reduced.

Step 8

The researcher recoded existing data if necessary. The researcher went through the data again and made the necessary changes.

3.11 TRUSTWORTHINESS

Trustworthiness as explained by Du Plooy-Celliers, Davis & Bezuidenhout (2014:258) is divided into five strategies which are credibility, transferability, dependability, confirmability and authenticity. In this study trustworthiness was based on the four models of Lincoln and Guba (1995) in Holloway & Wheeler, (2010:350), which were maintenance of credibility, transferability, dependability and confirmability.

3.11.1 Credibility

Credibility is explained as the accuracy with which the researchers interpreted the data that was provided by participants. Credibility is increased when the researcher spends long periods of time with the participants in order to understand them better and gain insight into their lives (Du Plooy-Cilliers, et al. 2014:258). Credibility is further explained by Brink, et al. (2012:172) as it alludes to confidence in the truth of data and interpretation thereof.” In this study the credibility was increased when the researcher spent at least 30 to 45 minutes when conducting interviews with each participant. This was usually preceded by the introductory/preparatory meeting few hours before the interviews. Credibility was ensured when making use of triangulation where the researcher used semi-structured interview, voice recording and verbatim

To ensure credibility in the present study, field notes were written during the interviews. Information was probed during interviews until data was saturated. A detailed summary was written immediately after each interview to clarify the data obtained from participants and confirmation of the data. Voice recordings were also used to assist me to review data. To establish confidence in the truth of the findings, voice recordings were replayed repeatedly during report writing to ensure that all information was transcribed.

Credibility was also increased by using the following strategies:

- Triangulation where the data was analysed by the researcher, my supervisor and an independent coder, and more literature were sourced about the study
- Prolonged engagement. The researcher was in the field for a prolonged period until data saturation has been reached. Data was collected over a period of time; the researcher spent 30-45 minutes with each participant.
- Performing a member check. Member checking was done by constantly checking data with the participants. This was done immediately after the interview by summarising the responses to ascertain if it was a true reflection of their responses to determine the accuracy of the findings. The participants were given a chance to validate and verify my interpretations which were done to ensure no facts were misconstrued (Brink, et al. 2012:127). At the end of the interview, the researcher reiterated understanding of statements, thereby ensuring no information was misconstrued. The researcher validated the data with the participants by summarising the interview and also asking the participants if what was captured was what the participants wished to share.
- Peer debriefing. The intentionality of participants to provide additional information was assessed. At the end of the interview the participants were asked if there is some other information they want to share that pertains to supervision.
- Referential adequacy. The semi-structured interview data was transcribed verbatim. The transcribed data represented the response from the participants and not my viewpoint. The supervisor and co-supervisor also reviewed the transcriptions against the developed themes in order to assess whether the researcher's interpretations truly represented the realities of the participants (Polit & Beck, 2012:4).

3.11.2 Transferability

Transferability is the ability of the findings to be applied to a similar situation and delivering similar results and will allow for generalisation. This would allow for generalisation within an approach that does not lend itself to generalised findings (Du Plooy-Cilliers, et al. 2014:258). According to Brink, et al. (2012:173) transferability refers to "the ability to apply the findings

in other contexts or to other participants.” In this study transferability was maintained through the following strategies:

- Purposive sampling: The researcher purposively selected the participants. The participants that were purposively selected were the second in charge and the specialty professional nurses
- Thick description: The researcher thoroughly described the research setting, study participants and research process
- Data Saturation: The researcher collected data from thirty-six (36) participants but no new data was collected from participant number fourteen (14).

3.11.3 Dependability

Dependability refers to “quality of process of integration that takes place between the data collection method, data analysis and theory generated from the data” (Du Plooy-Cilliers, et al. 2014:259). Dependability is further explained by Brink, et al. (2012: 173) as a “provision of evidence such as that if it were to be repeated with the same or similar participants in the same or similar context, its findings would be similar”. In this study dependability was maintained through the in-depth description of research methodology that was used with all steps clearly stated. The research process and procedures were adhered to. Pre-testing the interview guide was done with two operational managers who were not part of the participants under study. The researcher stayed focused on the research problem and the objectives of the study. The comprehensive transcribed interviews were presented in this study.

The researcher sourced the assistance of another independent researcher who was conversant with the qualitative research. This independent researcher examined the documentation of the critical incidents and the process of investigation which included data, findings interpretation and recommendations.

3.11.4 Confirmability

Confirmability guarantees that the findings, conclusions and recommendations are supported by the data and that the internal agreement between the investigators interpretations and the actual evidence (Du Plooy-Cilliers, et al. 2014:259). Confirmability refers to “how well the data collected support the findings and interpretation of the researcher” (Du Plooy-Cilliers, et al. 2014:259). Confirmability is further explained by Brink,

et al. (2012:173) as the potential for congruency of data in terms of accuracy, relevance or meaning”.

In this study confirmability was maintained through the findings flowing from the data and this was achieved because the literature was reviewed extensively about the challenges encountered by professional nurses during supervision of care. The researcher documented the procedure, and checked and rechecked the data throughout the study. The findings, conclusions and recommendations are supported by data that was collected among participants. The data reflected the voice of the participants and not my own biases or perceptions.

The link between raw data, findings and interpretations was confirmed by the supervisors through an audit of the tape recordings and transcripts. Themes and subthemes were developed by the researcher in agreement with the supervisor who checked that transcripts and themes resembled raw data (De Vos, et al. 2011:421).

The findings, conclusions and recommendations are supported by data that was collected among participants. The data reflected the voice of the participants and not the researcher's biases or perception.

3.11.5 Authenticity

Authenticity refers to the extent to which the researcher fairly and faithfully shows a range of different realities (Brink, et al. 2012:173). Authenticity also refers to the extent to which qualitative researchers truthfully and honestly demonstrate that their data collection, analysis and interpretation is believable with no fabrication of findings (Polit & Beck, 2012:720). The researcher's study should invite readers as the report conveys the feeling tone of participants' needs as they lived it (Botma, Greeff, Mulaudzi & Wright, 2010:234). This research study conveyed the experiences and feelings of the participants and not my own view. The researcher was fair to the participants throughout the research process. The researcher also respected the participants' views throughout the study. Informed consent was obtained from each participant before the study is conducted and the study was conducted in the context where the participants work. The researcher also listened, interpreted and described what the researcher heard during the interview which was challenging the professional nurses during supervision of care.

3.12 ETHICAL CONSIDERATIONS

Brink, et al. (2012:33) indicate that the researcher is responsible for conducting the research in an ethical manner from the conceptualisation and planning phase, through the implementation phase to the dissemination phase. To conduct the research ethically, the researcher must carry out the research competently rigorously and methodologically sound, manage resources with respect and integrity, acknowledges fairly those who contribute guidance or assistance, communicate results accurately and consider the consequences of the research for the field of the study in particular and for society in general. Brink, et al.(2012:34) indicate that the three fundamental ethical principles that guide the researchers during the research process which are respect for person, beneficence and justice based on the human rights that need to be protected. Ethical consideration in this study was maintained through the following criteria which are: Permission to conduct research and principle of human rights.

3.12.1 Permission to conduct research

The researcher requested permission to conduct this study from the following:

- University of Venda Research Ethics Committee. A proposal was presented to the Higher Degree's Committee of the school of Health Sciences. An ethical clearance certificate and permission to conduct the study was given by the University of Venda through the Higher Degree's committee (See annexure A).
- The Limpopo Province Department of Health Research Ethics Committee (See annexure B and C)
- The Vhembe District Department of Health (See annexure D and E)
- The permission to conduct the study was sought from the Ethics committees of Vhembe District and of the six District hospitals namely Donald Fraser, Malamulele, Siloam, Elim, Messina, Louis Trichardt Memorial hospitals where the data was collected (See Annexure F and G).

3.12.2 Principles of human rights

3.12.2.1 Informed consent

Brink, et al. (2012:38) indicates that the ethical principle of voluntary participation and protecting the participants from harm are formalised in the concept of informed consent. The researcher must provide her participants with comprehensive and clear information (Brink, et al. 2012:38:116). In this study, the participants signed the consent before participating in the study and those who wished not to participate were not victimised. To enable the participants to make an informed decision to participate in the study, the researcher provided detailed explanation on the study, including but not limited to the purpose of the study, consequences of participation or refusal to participate, and possible gains or risks associated with participating in the study. Following the full disclosure of information regarding the study, participants were asked to voluntarily sign a written consent to participate in the study. The researcher witnessed the signing and countersigned as witness. (See Annexure F).

3.12.2.2 Voluntary participation

Rubin and Babbie (2005:71) in De Vos, et al. (2011:116) indicate that participation should at all times be voluntary and no-one should be forced to participate in the project. In this study, the researcher informed the participants that participation is voluntary and that they would not be punished or forced to participate. The wishes of participants who wished to withdraw from the study were respected. In this study, the participants were given information about voluntary participation.

3.12.2.3 Avoidance of harm

Babbie (2007:27) in De Vos, et al. (2011:115) indicated that the fundamental ethical rule of social research is that it must bring no harm to participants. The participants should be thoroughly informed beforehand about the potential impact of the investigation and such information offered the participants the opportunity to withdraw from the study if they so wish (De Vos, et al. 2011:115). In this study, the participants were given the information about the opportunity to withdraw. The right to freedom from harm and discomfort was maintained as participants were not subjected to any risk of harm or injury. Before the study was conducted it was first approved by the University Research Committee and Provincial Department of Health of Limpopo, as well as the Vhembe District ethics committee.

The nature of the study, its importance and how it was going to be conducted was explained to the key contacts and the potential participants. The information about the purpose of the study, the process of data collection and analysis and how the results will be disseminated was discussed with the participants. The participants were given the opportunity to ask questions about the research procedure and the purpose before giving consent to be part of the research study. During interviews the researcher ensured privacy by conducting interviews in the operational managers' office and empty cubicles in the ward, far away from the patients and other staff members. The participants were informed that they were free to discontinue their participation at any time during the study.

3.12.2.4 Confidentiality and anonymity

According to Brink, et al. (2012: 37) indicates that anonymity refers to the researcher's act of keeping the participants identities a secret with regard to their participation in the research study or the researcher should not link the participant with the data. Confidentiality also referred to "the identity of research participants is known only to the study" (Brink, et al. 2012: 209). In this study anonymity and confidentiality was maintained through the following steps namely no names were documented during transcription of data only codes were used such as P1 or P2 referring to participant no1 and participant no2. All raw data were stored in a safe place and is only accessible to the researcher and the supervisor. Permission was sought from the participants before the supervisor gains access to data.

3.12.2.5 Right to fair treatment

The right to fair treatment is based on the ethical principle of justice, which is grounded on the ethical principle of justice, which asserts that each person should be treated fairly. The researcher ensured that the participants were fairly selected as outlined in the sampling criteria. The roles of the researcher and that of the participants were thoroughly explained in the study and on the information sheet (Annexure H) accompanying the consent form. The researcher avoided inflicting psychological harm to the participants by carefully considering the phrasing of questions (Brink, et al. 2012:32).

3.13 SUMMARY

This chapter outlined the research design and research methodology and also explained the reasons motivating the chosen research design and methodology. The following chapter shall discuss the relevant literature underpinning this study of challenges encountered by

professional nurses during supervision of care in the district hospitals of Vhembe District.

CHAPTER 4

DISCUSSION OF FINDINGS AND LITERATURE CONTROL

4.1 INTRODUCTION

In the previous chapter, the researcher discussed the research methodology, research design, research setting, sampling process, instruments used, data collection and data analysis. Inclusion and exclusion criteria as well as measures to ensure trustworthiness were also discussed. In this chapter, discuss the findings and literature control of the views of the participants relating to the challenges encountered by professional nurses during supervision of care in the district hospitals of Vhembe District in the Limpopo Province, South Africa.

4.2 DEMOGRAPHIC DATA

A total of thirty-six (36) participants were identified and interviewed about the challenges encountered by professional nurses during supervision of care in the Vhembe district hospitals in the Limpopo province, South Africa. The participants were both males and females though majority of them were females who met the criteria set for the study. There were five (5) males and thirty-one (31) females. See figure 4.4.1.

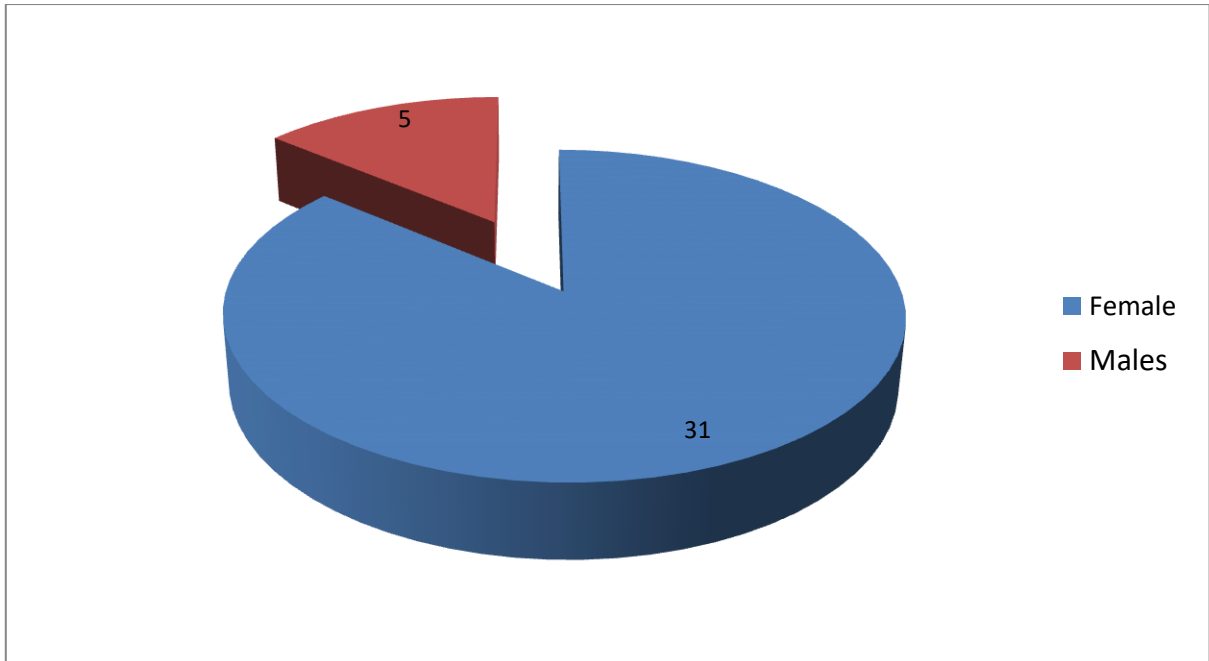


FIGURE 4.2.1 Participants' Gender

Their ages ranged from 35 to 60 years of age, with the majority of the participants being between the ages of 35 and 40. Twelve participants (12) were specialty professional nurses and twenty-four (24) were second in charge without specialty. All participants had service year periods of 5 years or more. Figure 4.4.2 shows the number of participants:

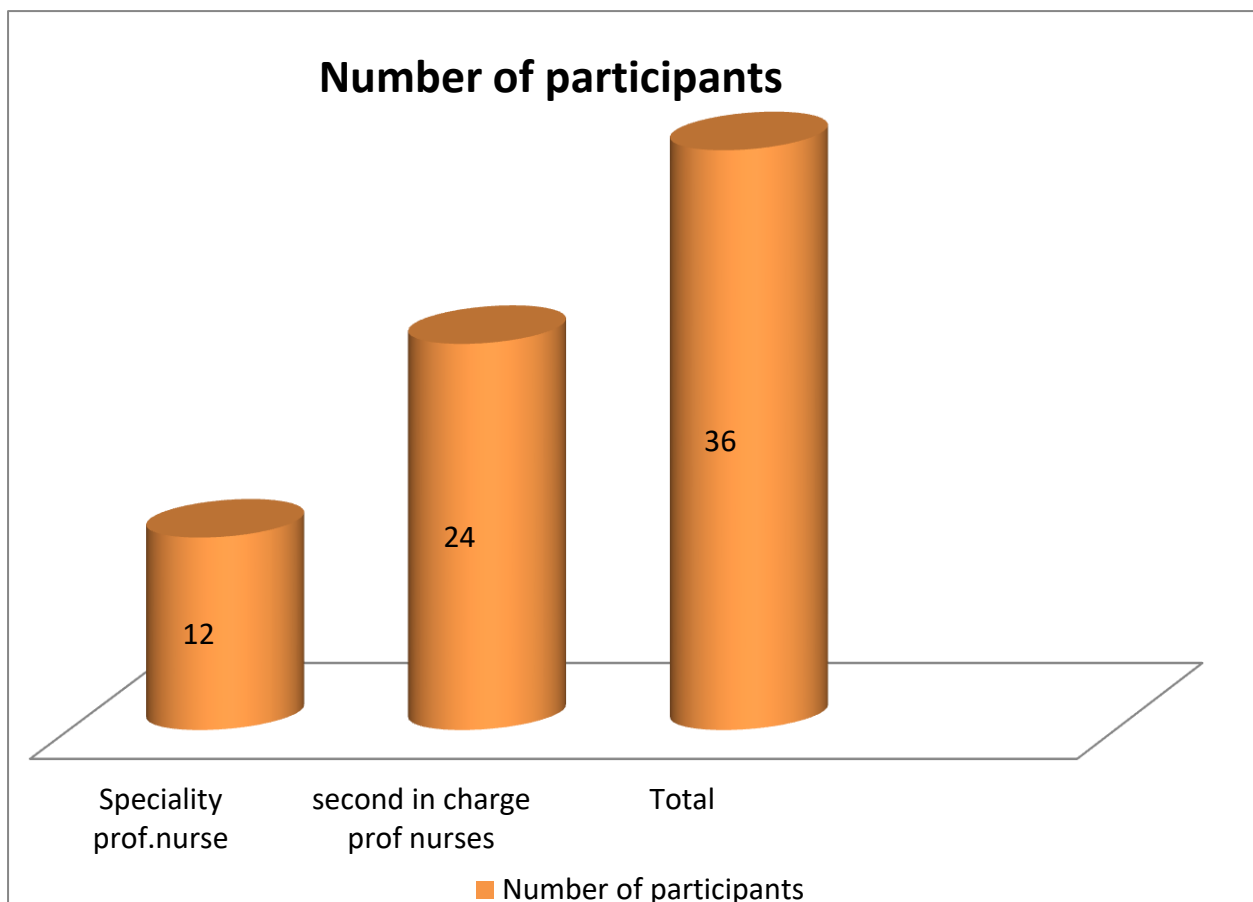


FIGURE 4.2.2 Number of participants

4.3 MAIN THEMES

Five (5) main themes and sixteen (16) sub-themes emerged following the process of data analysis. Each theme was discussed with relevant quotations from the participants, and the relevant literature was also cited as a control to the findings of this research. The supplementary data (verbatim transcripts) was presented, without any attempt by myself to correct the grammatical errors, and was coded to facilitate audit trailing. The themes were discussed with accompanying quotations from the data, and supported by literature control. Themes that emerged from the findings of the study are:

1. Lack of resources
2. Challenges related to the supervisees
3. Cultural changes in nursing affecting supervision
4. Challenges related to nursing education and training
5. Positive aspects verbalized that enhance supervision

Table 4.1 Themes and sub-themes reflecting challenges encountered during supervision of care in the Vhembe district hospitals of the Limpopo Province, South Africa

THEMES	SUB-THEMES
1. Lack of resources	1.1. Shortage of staff
	1.2. Shortage of material resources
	1.3. Inadequate and improper infrastructure
2. Challenges related to supervisees	2.1. Attitude
	2.2. Demotivation and burnout
	2.3. Lack of knowledge, ignorance and apathy
3. Cultural changes in nursing affecting supervision	3.1. Politics and democratization in nursing
	3.2. Community interference
	3.3. Lack of management support and favouritism
4. Challenges related to nursing education and training	4.1. Inadequate exposure to clinical area
	4.2. Lack of student accompaniment
5. Positive aspect that enhances supervision	5.1. Team work
	5.2. Debriefing
	5.3. Good staff management
	5.4. Staff involvement and open communication
	5.5. Supervision method and role modelling

4.4 DESCRIPTION OF THE FINDINGS

4.4.1 THEME 1: LACK OF RESOURCES

The first theme that emerged from the interviews pertaining to challenges encountered by professional nurses during supervision was lack of resources. The three sub-themes that emerged were shortage of staff, shortage of material resources and inadequate and improper infrastructure.

4.4.1.1 Sub-theme 1.1: Shortage of staff

The findings revealed that supervision of care is affected by a shortage of nursing personnel in the working environment; most of the participants mentioned this in their statements as the major challenge that is experienced in the facilities that is hampering effective supervision of care. Shortages of staff lead to increased work load. One participant said,

“Sometimes we remain being two or three nurses after 16h00 in Casualty”. (Participant No 2)

Another participant said,

“We are not given enough number of staff and nurses end up working long hours and are overworked and supervisees resort in taking sick leaves which causes more shortage because we can't work 7/19 offs for 8 days therefore you become tired and resort in taking sick leave”. (Participant No 3)

Most of the participants expressed that there is a serious shortage of nursing personnel which leads to overworking, resulting in them being tired and demotivated. Participants also mentioned that when they have to work long shifts for several days in order to cover the shortage of staff, they feel demotivated and they become sick.

This is supported by a participant, who said,

“If you think of repeating 19h00 off for several days to patch shortage it makes the nurses to become tired and demotivated and they resort in taking sick leaves.”(Participant No 2)

Another participant said,

“The challenge of heavy load of work in the ward is evident because as a professional nurse I am expected to do doctors work because they indicate that they have other patients to see in other wards. The doctor’s work such as insertion of drips and insertion of Nasogastric tube for feeding we are doing that.”(Participant No 22)

4.4.1.2 Subtheme 1.2: Shortage of material resources

The findings of the study indicate that a shortage of material resources is experienced in the working environment and affects the provision of effective supervision of care in a negative way. A shortage of equipment, medication, linen and water are sign of a sad state of affairs in hospitals. In this study, most of the participants indicated that a shortage of equipment is a problem, which challenges supervision of care.

This is evidenced by one of the participants, who said,

“Shortage of equipment is a challenge which is very big and serious, imagine when you have ECG machine and don’t have ECG papers and you come across the cardiac patient where you will need to do ECG before referral.” (Participant No 26)

A shortage of medication and supplies was cited by most of participants as a challenging issue in the supervision of care encountered by professional nurses.

One participant said,

“Shortage of medicine and supplies is a problem because we are going to nurse patients without any improvement as there is no medication in the hospital and this is making our patients to stay longer. Staff is affected and stressed”.(Participant No 5)

Shortage of water was also cited by some participants as a challenge during supervision of care

One participant said,

“Shortage of water, it affects the care that we are to render such as when doing dressing of wounds aseptic technique cannot be achieved as there will be no hand washing in between the patients and just change gloves.”(Participant No 5)

4.4.1.3 Sub-theme 1.3: Challenges of lack of adequate and proper infrastructure

The study showed a lack of adequate and proper infrastructure poses a challenge experienced during supervision of care. Supervision also entails overseeing one's performance, discussion about that performance and correction of one's performance. Therefore, the suitable space for discussion and correction of an individual nurse is necessary.

This is supported by expressions from the participants, such as:

"The challenge of infrastructure is impacting negatively on supervision because we store stock in other ward and when you are alone you have to leave your patients looking for medication" Participant No 22)

Supervision of care also needs adequate space for patient care and should there be insufficient space where patients are managed this poses as a challenge. Shortage of space is seen as an impeding factor for effective supervision as patients are to be nursed in a suitable environment. Lack of adequate and proper infrastructure is a challenge to rendering of quality patient care. This is supported by the expression from one participant:

"There is no enough space for patients, when the ward is full we admit patients on the floor and ask for space in other wards."(Participant No 3)

4.4.2 THEME 2: CHALLENGES RELATED TO SUPERVISEES

4.4.2.1 Sub theme 2.1: Negative attitudes

The findings of the study revealed negative attitudes as a challenge encountered by professional nurses during supervision which was displayed in many ways, such as poor communication, lack of passion of the work and lack of respect. Comments of most participants were clear that the supervisees refuse the delegation and they end up not executing the task delegated which poses a challenge during supervision.

Negative behaviour by supervisees' was seen as a challenge during supervision. One participant emphasised this behaviour in the following way:

"Nowadays there are so many challenges because I cannot render nursing alone. You see... there is apathy in nursing, nurses are no longer work orientated .You find

them sitting down, playing with their phones, ignoring patients. Even the way they walk, we used to walk fast and strong and dedicated but nowadays you cannot find the nurse who is willing to work so everything you have to force them. So it is a challenge.... I don't know what went wrong." (Participant No 6)

In this study, the majority of participants viewed poor communication, refusal of work, and lack of respect as challenges during supervision. Most of participants cited that the supervisees displayed negative attitudes through poor communication and lack of respect of seniors or professional nurses which resulted in them refusing the delegation and end up not doing the tasks delegated. The views regarding the age gap was mostly said by many participants that supervisees refuse to do the work allocated by professional nurses because the professional nurses were said to be younger in age than them.

One participant stated,

"When you are delegating other duties, you find that the nurses say that every day I am allocated to do that task I cannot do it and they talk in a manner that is not good to me and end up not doing the task of which sometimes they don't come to you but they just keep quiet not doing the work, talking to themselves."(Participant No 12)

Another participant said,

"We encounter challenges because these young nurses, some of them are stubborn , when you allocate them the work they can tell you that you can do it yourself in fact you started down like me and I cannot do everything when they are seated."(Participant No 30)

In this study, a lack of job satisfaction of supervisees has impacted on supervision because they displayed the attitude of being less interested in their work as evidenced one participant who said,

" I think nowadays nursing is not a call and they just go to nursing because there are no jobs and they chose nursing as the last resort and they are here for money."(Participant No 12)

Another one said,

‘I think they are not having interest of work what they are doing because some of them has chosen nursing because there are no any other job and has decided to go for the work as the last resort.’(Participant No 30)

4.4.2.2 Sub theme 2.2: Demotivation and Burnout

For supervision to be effective it should be carried out when the supervisees are ready and willing but the supervisees in this study are seen to be demotivated and have burnout syndrome due to shortage of staff and increased workload. The supervisees are said to be demotivated due to increased work load which results in them abusing sick leave and this affects supervision because it leads to a shortage of staff. Absenteeism, lowered morale, and decreased productivity finally end up in the staff suffering from burnout syndrome and the result is deficit and compromised patient care.

Most of participants indicated that the supervisees are demotivated and have burnout syndrome that is evident when they are absenting themselves from work.

One participant said,

‘Absenteeism is a challenge because sometimes you may find that we are only two and the other one get sick and you remain alone doing all nursing duties even running the clinic. Sometimes the nurse is sick indeed but sometimes nurses are tired because of shortage of staff. (Participant No19)

Another participant has said,

‘We don’t take the breaks accordingly because of more overload of the work and it affects us because some of nurses wont sacrifice their lunch and some nurses have been sacrificing for so long to such an extend they say they don’t want to sacrifices anymore because they have been doing that for long and this makes the nurses to leave the patients and management does not see that.’(Participant No 22)

4.4.2.3 Sub theme 2.3: Lack of knowledge and competency, ignorance and apathy

In this study, it is indicated that the supervisees lack knowledge of the work and this is seen as a challenge during supervision. Most of participants cited that the current supervisees lack knowledge and competency of the work which is a challenge during supervision.

One participant illustrated this in the following quote,

“I will give an example of a nurse whom you delegate to do minor procedure to the patient for instant preparing for an IV line and you find that the nurses does not know how to prepare for an IV line though the level that he/she is in, requires him/her to have knowledge of such a procedure.” (Participant No 31)

Another participant said,

“They lack capacity or knowledge because when you mention a thing you will find nurses become surprised to hear you mentioning that in the hospital and they hide by being arrogant” (Participant No 6)

Ignorance and apathy were also cited as challenges encountered during supervision. Some of the participants mentioned these as the key challenges experienced doing supervision of care as evidenced in the next quotes;

“You will find that we are only two professional nurses or sometimes being four the whole day, however you will find that the others are lazy and other are working hard yet others who are lazy are just roaming around and our Casualty is very busy and this result in conflicts.”(Participant No 12)

Another participant said,

“When nurses don’t do the task allocated I can give an example you find that the person who has been delegated to check the machine and if the machine is not working they don’t report to supervisor sometimes they check the ventilator and do not report.” (Participant No 21)

4.4.3 THEME 3: CULTURAL CHANGES IN NURSING RELATED TO CHALLENGES IN SUPERVISION

There are so many changes in the society and the world that also affect nursing and the culture of nursing today.

4.4.3.1 Sub-theme 3.1: Politics and democratisation of nursing

Politics and democratisation of nursing is seen as a challenge during supervision of care between the supervisor and supervisees. In this study, politics and democratisation of nursing were cited as challenges that are encountered by the professional nurses during supervision. The politics and democratization of nursing was manifested in the following issues: demonstration claims of rights, supervisors fearing unions, community, politicians interference and inadequate management support

The following statement substantiates this,

"These nurses are too democratic and have more rights. They have the right to choose the task that they perform and they indicate that they cannot do this because it is not their responsibility or other task they don't do for example they will tell you that ethos is long buried."(Participant No 18)

The issue of abuse of unions and fear of unions were cited as the challenge that the professional nurses are encountering during supervision as they are always threatened by nurses about them.

One participant said,

'When we discipline our supervisees, when they repeat: we take further steps of referring them to our managers. They go there without us, when they come back they repeat the very same mistakes and we do same things of referring them to our managers. We don't know what they are telling them or how they are disciplining them. Should they continue and we do the same, they threaten to take us to the unions. (Participant No 20)

Another participant said,

'Whenever the nurses are allocated the task you find that she didn't do or complete

the task allocated, the way that nurse relates and even to seniors, manner of approach, you approach her/him in a nice way and the way she answers you won't like it. Sometimes when you call her or him to discuss with him/her trying to correct the next thing she/he report you to the union and at the end of the day the voice of the supervisor is not heard.” (Participant 16)

4.4.3.2 Sub theme 3.2: Community interference

The ever-changing world contributes to the community to be informed about political issues in the world. Any pronouncement by the political head is taken as such without prior digestion that there is the difference between the political sphere and administrative sphere. Community interference was cited as a challenge that is being encountered during supervision by professional nurses.

One participant said,

“There are threats from community, community not considering nursing; it makes nurses not to feel free to touch the patient because they are always complaining of each and every thing done to the patients. Everybody out there is hungry and too much media reporting. The MEC out there will report to the community that they should go to the hospital and they will get everything free and for example when the patient are brought by the ambulance to the hospital they expect that that ambulance must take them back home.”(Participant No 6)

Another participant said,

“There is interference by community when they bring the patient, they don't trust nurses when they are told to wait outside they don't want I don't know what they have in their minds.” (Participant No 7)

4.4.3.3 Sub theme 3.3: Lack of support from management, and favouritism

The findings of the study indicated lack of support from management and favouritism as the challenges that are encountered by professional nurses during supervision of care.

One participant said,

“Favouritism amongst the supervisors and supervisees. I mean when somebody

whom you love says she or he is sick is believed yet when the other one says I am sick is not believed. Let me say our management is not exercising fairness like when they come from the same place they will like each other than those that are not coming from same place with you and this cause a drift between supervisees. And it poses a challenge when the supervisor who is from your area is not in.” Participant No 26)

Another participant said,

“Lack of discipline from supervisees due to lack of support from management which make the nurses to have ill-discipline because when they are reported to management we don’t get support”. (Participant No 22)

Comments by some of the participants were clear that they are not supported and management showed favoritism of other employees and this result in conflict and staff becoming demotivated. Every person needs a shoulder to cry on after working very hard and they need to be treated the same by their managers.

4.4.4 THEME 4: VIEWS RELATING TO EDUCATION AND TRAINING

Challenges related to education and training were cited as challenges that are encountered by professional nurses during supervision of care and this has been indicated as inadequate or lack of exposure to clinical area and lack of student accompaniment.

4.4.4.1 Sub-Theme 4.1: Lack of clinical exposure

Lack of exposure to the clinical area was cited as a challenge that is encountered by professional nurses during supervision which manifests itself through lack of knowledge and competence.

This is evidenced by the following quote from a participant,

“They choose the work to do because they lack knowledge because there is no exposure to practice as they are only doing theory from an assistant nurses level until professional nurses level. In three years a nurse progresses form an assistant nurse to professional nurse with no time to practice before going to the next level. It is a scapegoat.”(Participant No 18)

Another participant said,

“Training of nowadays as they are not trained holistically as they are trained for the sake of getting certificates and too many private trainings.” (Participant No 8)

A participant also said,

“They do not accumulate enough experience because there is no exposure, “Because they do not have enough time to practice the activities in the ward because they progress quickly from nursing assistant to staff nurse then to professional nurses.” (Participant No 36)

A further participant said,

“ I think it is the way they have been initiated or training of nowadays because there is a lot of private schools that is producing nurses and does not emphasise ethics like during our times, lack of ethics and some of them are just money orientated and I cannot put it into words it is disappointing and other challenges.”(Participant No 6)

4.4.4.2 Sub-theme 4.2: Lack of student accompaniment

Lack of student accompaniment was also cited as a challenge encountered during supervision because students are left on their own without any teacher during clinical exposure which leads to them lacking knowledge of the clinical area

One participant said,

“I think those who do not have knowledge did not get more information from their studies. They need to be followed by clinical staff and make sure they are getting clinical skills.”(Participant No 12)

Another participant said,

‘It is because they don’t have knowledge because there is no enough exposure to practice and as they are only doing theory. The teaching staff does not follow them up to instil more knowledge’. (Participant No 18)

4.4.5 POSITIVE ASPECTS EXPRESSED THAT ENHANCE SUPERVISION

Apart from the challenges encountered, the participants also shared the positive strategies that can improve supervision of care. Most of the participants have positive comments that can enhance supervision of care such as team work, debriefing, staff management, staff involvement and in-service training/workshops.

4.4.5.1 Sub-theme 5.1: Team work

Team work was cited as a positive aspect that can enhance supervision of care.

One participant said,

“As a supervisor to best supervise in order to enhance quality patient care and enhance patient safety, I think if I can sit with our supervisees and agree to work as a team.”(Participant No 8)

Another participant said,

“As a supervisor to best supervises in order to enhance quality patient care and enhance patient safety, I must involve the staff that I work with them, have teamwork as well as two way communication.”(Participant No 24)

Most of the participants indicated that teamwork can improve supervision.

4.4.5.2 Sub-theme 5.2: Debriefing

Debriefing has been cited as a positive aspect of improving supervision of care because the nurses will have no stress and be able to work effectively.

One participant said,

“Sometimes you find that when I am supervising, it is a bit challenging because you supervise a lot of things at a time and you become stressed of so many things that need to be done but satisfied when things are happening the way they are to be therefore as supervisors we need to be debriefed.”(Participant No 3)

Another participant has said,

“Open communications, have regular meetings with supervisees, Reflective discussions take resolutions on items discussed and debriefing of staff with challenges will enhance productivity”. (Participant No 2)

The participants have cited that if nurses can get an opportunity of being debriefed can make them to be motivated be able supervise more effectively thereby improving quality of care that is rendered.

4.4.5.3 Sub-theme 5.3: Good staff management

Good staff management was cited as a positive aspect that can improve supervision of care. Holding regular staff meetings or climate meetings, in-service trainings and spot teachings can all contribute to good staff management

Regular staff meetings or climate meetings were cited as a positive aspect that can improve supervision of care because the staff will have opportunity of sharing their challenges; these challenges are solved and thus performance is improved.(Participant No 33)

In-service training and spot teachings were also cited as a positive aspect that can improve supervision.(Participant No 3)

4.4.5.4 Sub-theme 5.4: Staff involvement and open communication

Most of the participants have cited the staff involvement as the positive aspect that can enhances supervision of care. One participant said,

"I think the best method of supervision is the one of involving supervisees in decision making." (Participant No 5)

Another participant said,

"The best method is when the supervisor use the democratic method of involving the supervisee in decision making because they will be free to ask anything and will be happy and be able to render quality nursing care."(Participant No 25)

Open communication was cited as the positive aspect that can improve supervision. Most of the participants have cited open communication between the supervisor and supervisees as the enabler of supervision of care. Communication is vital to all functions of organizations and the main key to cultivation of an efficient working environment is through coordinated communication. Communication satisfaction with methods adopted by supervisors has a major influence on job satisfaction and the extent of the quality and consistency of communication methods reiterates its importance.

One participant said,

"With the help of staff, there should be open communication and free flow of communication, have regular meetings with supervisees and reflective discussion and take resolutions on items discussed."(Participant No 9)

4.4.5.5 Sub-theme 5.5: Supervision method and role modeling

Supervision style and role modeling were cited as a positive aspect of enhancing supervision. Most of the participants have indicated that the supervision style where the supervisor is always with the supervisees was regarded as the best method of supervision. Supervision in nursing is not one size fits all; rather, the supervision style is shaped according to the needs of the supervisees.

In this study, participants cited different methods of supervision as necessary for supervision of care, for example, methods like direct and democratic supervision.

This is evidenced by a quote from participant,

"I think the best method of supervision is direct supervision."(Participant No 17)

Another participant said,

"I think the best method of supervision is to sit with the supervisees and discuss issues with them and one on one supervision". (Participant No 8)

The participants have also indicated that acting as the role model is the positive aspect of effective supervision.

One participant said,

"The best method of supervision is leading by example and being there for my supervisees." (Participant No 14)

Another participant said,

"The best method of supervision is to be a good leader not being biased, be role model and teach by example."(Participant No 11)

4.5 DISCUSSION OF STUDY FINDINGS AND LITERATURE CONTROL

The key findings related to the challenges encountered by professional nurses during supervision of nursing care are discussed in the following section. The findings indicate that there are challenges related to lack of resources, challenges related to supervisees themselves, cultural changes in nursing related to challenges in supervision, views relating to education and training as well as positive aspects expressed that enhance supervision.

4.5.1 Lack of resources

It is understood that for supervision to be carried out effectively there should be a balance between the supervisor, supervisees and environment. Supervision of care is challenged mostly by a shortage of resources, which it results in compromised and sub-standard care that is rendered. All participants from all hospitals reported shortage of staff, material resources and inadequate infrastructure. In this study, findings revealed that supervision of care is affected mostly by challenges of lack of resources as discussed below.

4.5.1.1 Shortage of staff

Shortage of staff was a concern in all hospitals, some of the participants were reluctant to talk about it because they said this problem is long standing, and is affecting nursing care and supervision negatively. The shortage of staff results in increased workload which makes the professional nurses to relinquish the task of supervision and concentrate of rendering of patient care. This increased workload also affects the students because they are not taught nor supervised when they are allocated in the clinical area and this result in them only acquiring the theoretical knowledge but lack knowledge of clinical practice.

Daly and Muirhead (2015:24) agree that the effect of staff shortages is far reaching and impacts on supervision in several ways. It makes it very difficult to prioritise supervision over other demands and has meant that the manager (who has a nursing background) was regularly undertaking 12-hour nursing shifts, taking her away from managerial work. Neshuku and Akumugo (2015:89) concur, stating that shortage of staff results in an increased workload and professional nurses have little or no time to supervise. Matlakala, Bezuidenhout and Botha (2014:6) also point out that shortage of staff brings about change in roles from being the nurse who is supervising to the nurse who is doing operational activities. This then causes the supervision to suffer.

4.5.1.2 Shortage of material resources

Participants mentioned that, there is shortage of material resource which encompasses the shortage of medications and supplies, linen and water hampers the provisioning of effective supervision of care. The issue of shortage of medication and supplies does not affect nurses only but it does affect the patients because the use of an alternative results in patients not recovering and deteriorating of their health status.

The patients suffer when medicines are unavailable. Treatment may be delayed or completely unavailable. Alternate medicine may be less effective than the prescribed medicine and may result in adverse outcomes. Health care professionals are also affected because their time and attention is directed towards problems caused by medicine shortages (Iyengar, Hedman, Forte & Hill, 2016:124).

Yang, Wu, Cal, Zhu, Shen & Fung (2016:2) state: "WHO considered drug shortage to be a complex global challenge? Both developing and developed countries were affected by drug shortage problems, which seemed to be worse in the recent years. In November 2014, the European Association Hospital Pharmacists reported that 80% of 607 practitioners in 36 European countries had sourcing problems and that 66% said these problems arose on a daily or weekly basis". This serious shortage of medication is posing a challenge during supervision of care.

The issue of shortage of water and linen was reported to be the challenge as these two resources are requirement for rendering quality care therefore the unavailability make the nursing staff to move around the hospital in searching for them and thus contribute to the shortage of staff that was already there and compromises supervision of care.

This quote illustrates that shortage of water compromised infection control standards and hygiene principles. This shortage of water also delays patient care as some of the operations cannot be performed thus causing increase in hospital stay and delays patient recovery and complications.

The study conducted by Maupye (2016:62) concur with the findings that shortage of resources is one element which is a challenge in supervision. Delihlazo (2014:41) indicate that, "Human resource is one element that makes up a positive practice environment (PPE), which is a campaign that we embark on as a call by health professionals (nurses and doctors) to improve the standard of services that we provide to patients by having enough

equipment, resources, training and support among others.”

4.5.1.3 Sub-theme 1.3: Challenges of lack of adequate and proper infrastructure

Poor infrastructure was also seen as the obstacle in the provision of quality care. Other participants reported that they are failing to adhere to infection prevention and control standard operating procedures due to limitations from the infrastructures. Infection prevention and control standards are compromised hence quality nursing care is affected. Participants reported also that patients were not having enough area for managing them, leaving them to be nursed on the floor due to this limitation of infrastructure. The unavailability of storing space in the ward also contributes to the challenge during supervision because nurses will have to leave their patients and go to the other ward to collect the treatments of patients as reported by the participants

According to Booyens, Jooste and Sibiyi (2015:129), the physical environment in which health care is rendered has an effect on the patients, health care professionals, equipment and supplies. Any obstacle that prevents health care professionals from practicing effectively should be eliminated. The physical environment in which care is rendered is just as important for cost-effective care as the quality of the care itself.

As emphasised by the quotes, many public health facilities are old and dilapidated which pose a threat to the safety of both staff and patients. The study conducted by Msimanga and Moeti-Mosenodi (2018:50) supported the study findings that inadequate and improper infrastructure impacts negatively on effective supervision of care.

4.5.2 THEME 2. CHALLENGES RELATED TO SUPERVISEES

It was identified that there are so many issues that affect the supervisees themselves that constitute challenges during supervision of care that are seen by professional nurses during their day to day work

4.5.2.1 Sub theme 2.1. Negative attitude

Most of participants indicated that the supervisees do display a negative attitude whilst they are at work and this is evidenced by the fact that they refuse to carry out the task allocated to them which is indicated as a critical challenge that professional nurses are encountering during supervision of care. Some of the supervisees are said to have a challenge of

ignorance of their work because even if they are allocated the tasks, they end up not doing that.

Participants also reported that the supervisees displayed negative attitude which is challenge during supervision of care. This negative attitude was demonstrated through negative behaviour, poor communication, lack of respect, lack of job satisfaction. The study conducted by Shokane, Makhubele, Shokane and Mabasa (2017:284) concur with the finding that supervision cannot be effectively implemented due to the fact that supervisees have negative attitudes.

Communication, good interpersonal relationships, and mutual respect are important for the continuity of care. If two horses are fighting one thing that suffers is the grass. It is the same, if the supervisor and supervisees does not interrelate the person who suffer is the patient who will receive poor quality care, therefore good relationship at the work place is essential. Poor communication was expressed as the challenge that the professional nurses had encountered during supervision wherein the supervisees were communicating badly. However good communication between supervisor and supervisees is the base for effective supervision therefore this should be exercised in the clinical care environment so that the patient can receive quality care. Poor communication that was alluded in this study was coupled with disrespect.

This concurred with the study conducted by Neshuku and Akumugo (2015:95) who reported that poor interpersonal relationships and poor communication experienced during the process of supervision; these were both between nurses and supervisors and among supervisors impacted negatively on supervision. In addition, Neshuku and Akumugo (2015:95) further confirmed that poor communication is sometimes a stumbling block in supervision.

The issue of age gap or difference was reported to be so common in nursing nowadays where in supervisees felt that they cannot be allocated tasks by professional nurses that are younger by age than them.

4.5.2.2 Sub theme 2.2 Demotivation and Burn out

This issue of lack of job satisfaction was expressed as the challenge that is encountered by professional nurses during supervision of care. The supervisees' had been said to have lack of job satisfaction but which is not due to salary but due assumption of wrong choice of

profession. This behavior affects nursing care that is rendered negatively leading to sub-standard care because the supervisees show lack of interest to the work. Therefore the supervisors need to support and motivate them so that there is improved quality nursing care.

Burnout has been defined by Baljoon, Banjar and Banakhar (2018:3) as “the state of physical, emotional and mental fatigue resulted from long-term participation in work conditions that are emotionally demanding absenteeism, lowered morale, and decreased productivity which finally ends up in the staff suffering from burnout syndrome and the result is deficit and compromising patient care”

Al-Sharif, Kassem, Mohamed and Shokry (2017:63) concurred with the participants’ views that absenteeism is a challenge during supervision of care and they cited that absenteeism is a concern in hospitals because it decreases the care quality, disorganizes the work routine, and overburdens nurses that are present. Absenteeism among staff nurses leads to a reducing of the quality of patient care, an increased staff shortage in health care organisation, increased workload, work-related stress, which adversely affects their morale and a lack of motivation among staff nurses.

The study conducted by Mbombi, Mothiba, Malema and Malatji (2018:5) added that the effects of absenteeism on nurses remaining on duty as that of increased workload in the wards and consequently reduced quality patient care. All these effects have challenging effect on supervision of care.

4.5.2.3 Sub theme 2.3: Lack of knowledge and competency, ignorance and apathy

Nursing competency is one of the factors to be considered in assessing the performance of a nurse. It includes knowledge, skills and attitudes which could lead to the achievement of the goals of the nurse to the patient (Mangubat, Mangahas, Matias, Crevex & Mauleon, 2014:137).

Lack knowledge of the work was also cited as the challenge during supervision as encountered by professional nurses. This is evident when the supervisees display arrogance and negative attitude. The participants revealed that the supervisees also ignorance and apathy and this is evident when they were allocated the tasks and end up not doing the tasks allocated and sometimes they were reported to just linger with other wards whereas others were doing the work.

Jorgensen, Brown-Rice and Olson (2017:19) reported that lack of knowledge and competency impacted negatively on the supervision by supervisor indicating that “the clinical supervisor believe that lack of competency of supervisees caused increased stress, increased workload, negatively impacted their work environment and impacted client care is important to note”

4.5.3 THEME 3: CULTURAL CHANGES IN NURSING RELATED TO CHALLENGES IN SUPERVISION

This theme revealed that there were changes in the nursing profession that affect supervision of nurses and these changes were evident by the following factors namely politics and democratisation of nursing, community interference and lack of management support. Nursing is changing like any other professions in the world but it is affected by these changes that make nurses to be uncontrollable. According to the Constitution of Republic of South Africa Act no 108 of 1996, Chapter 2 indicates that “This Bill of Rights is a cornerstone of democracy in South Africa. It enshrines the rights of all people in our country and affirms the democratic values of human dignity, equality and freedom.” The nurses like any other South African citizen also have rights, but the exercising of their rights in such a way that they do not care about the work as demonstrated by supervisees have been indicated as a challenge that professional nurses are encountering during supervision.

According to Tomlison (2015:4) defined culture as a “social construct that comprises shared values, assumptions and learning, it is both resilient and in constant flux”. Cultural changes in current nursing poses a challenge in supervision and this can be seen the politics and democratization of nursing. According to Varnum and Grossmann (2017:2) defined cultural change as “changes in ideas, norms, and behaviors of a group of people (or changes in the contents or themes of their products reflecting such changes), over time, typically on the scale of decades or centuries.” There are so many changes in the society and the world that also affect nursing and the culture of nursing today.

4.5.3.1 Sub-theme 3.1 Politics and democratisation of nursing

Politics and democratization of nursing is reported as the challenge during supervision because nurses always threatens the supervisors with unions and the supervisors voices are not heard when there is discussions with unions. It was also reported that the unions when with the supervisors or managers they act as if they understood the dynamics of the profession but when they are with the supervisees they also talk to them different language

and these cause friction between the supervisors and supervisees. The participants also expressed that unions threaten them and this attitude result in them, relinquishing the task of supervising in fear of being of that.

According to the Constitution of Republic of South Africa, Act no 108 of 1996 Chapter 2 indicates that "This Bill of Rights is a cornerstone of democracy in South Africa. It enshrines the rights of all people in our country and affirms the democratic values of human dignity, equality and freedom." The nurses like any other South African citizen have also rights but exercising of too much rights in such that they don't care about the work as demonstrated by supervisees have been indicated as a challenge that professional nurses are encountering during supervision.

According to Labour relation Act, Act no 66 of 1995 Chapter 2 4.1b,"Every employee has the right to join a trade union, subject to its constitution." Supervisor and supervisees as employees have the right to join the trade unions. According to Shezi (2015:13) referred to labour union as 'an organisation of workers who have banded together to achieve common goals such as protecting the integrity of its labour, achieving higher pay, increasing the number of employees an employer hires, and better working conditions"

Nurses as employees like others have the right to affiliate in any organization of their choice but the challenges arise when these unions interfere with the nursing activities. In the study conducted by Shezi (2015:53) reflected that the union representatives are disrespectful, in that they deal directly with their members without involving the Nurse Managers. A lot of interference with managers' work is noted, and boundaries are also ignored by union members because they report directly to their union representatives instead of asking their managers for resolution. Managers are fearful of union members, they feel threatened.

According to Carpio (2014:2) in Shezi (2015:46) indicated that unions have also been proven to pose a great threat to administrators when it comes to managing the institution, because they sometimes stress the management to give in to their demands. The above behaviours of labour union representatives affect the supervisors during supervision because they feel threatened and then leave out supervising the care.

4.5.3.2 Sub theme 3.2. Community interference

The community interference was also reported as the challenge that professional nurses were encountering during supervision. This is evident when it was reported that the

community does not trust the nurses or not recognize nurses and this make the nurses not to feel free to touch the patients. This constitutes a challenge during supervision of care.

The ever changing world contributes to the community to be informed about political issues in the world. Any pronouncement by the political head is taken as such without prior digestion that there is the difference between the political sphere and administrative sphere

The study conducted by Matlakala, Bezuidenhout and Botha (2014:6) reported that, “Another challenge identified was with visitors disrupted the patient care routine by not adhering to visiting times and seeking information about the patient’s condition. The American Association of Critical Care (2007) in Matlakala et al. (2014:6) indicates that family members experience high levels of stress when relatives are admitted in ICU. This stress can manifest itself as a distrust of hospital staff, thus their constant visits and presence to ICU.” The above said behavior of community it serves as a challenge during supervision of care.

4.5.3.3 Sub theme 3.3. Lack of support from management and favouritism

Lack of management support and favouritism was also reported as the challenge the professional nurses encountered during supervision of care. This is evident the report that management does not support the professional nurses during supervision. The revealed favouritism that the management also displays when handling issues between the supervisor and supervisees results in a challenge during supervision

The study by Hammig (2017:400) concurred with the findings that lack of managers’ support is most strongly associated with poor work and health outcomes. Therefore, the managers must constantly support the supervisor and supervisee so that there be good work performance. The study conducted by Bos, Silen and Kaila (2015:4) agreed with Hamming that lack of management support affect supervision as it makes the supervisor to be frustrated. Bos et al. (2015:6) alluded that management’s attitude might influence supervisors’ attitude toward supervision and supervisors’ abilities to supervise. Supervisors require much more management support in their supervisory roles. Therefore their lack of support from management impeded effective supervision as encountered by professional nurses.

4.5.4 THEME 4: VIEWS RELATING TO EDUCATION AND TRAINING

Education and training of nurses plays a major role in shaping the nurse therefore if there are challenges these results in production of incompetent nurses which a challenge in the clinical environment. Challenges of education and training were manifested by inadequate exposure to clinical area and lack of student accompaniment. Inadequate exposure to clinical area have a challenging effect of the development of a nurses as nursing is mostly practical. The nurses should have adequate clinical practice so that the neophyte nurse could be knowledgeable of clinical area. Inadequate clinical exposure was reported as a challenge during supervision because the nurses lack knowledge of clinical area and these results in patients receiving a substandard care

Nursing training is a combination of theoretical and practical learning experiences that enable nursing students to acquire the knowledge, skills, and attitudes for providing nursing care, since nursing is a performance-based profession, clinical learning environments play an important role in the acquisition of professional abilities and train the nursing students to enter the nursing profession and become a registered nurse (Jamshidi, Molazem, Sharif, Torabizadeh & Kalyani 2016:1). In South Africa, nursing education and nursing education institutions are regulated by the South African Nursing Council (SANC), of which there are sets of norms and standards that are to be complied with. Challenges related to education and training were cited as the challenges that are encountered by professional nurses during supervision of care and this has been indicated as inadequate or lack of exposure to clinical area and lack of student accompaniment.

4.5.4.1 Sub-Theme 4.1 Lack of clinical exposure

The theory-practice gap has been described as the disparity between what has been learnt in the classroom setting and what is practiced in the clinical environment (Kaphagawani, 2015:24). This theory- practice gap makes the nurses not to have clinical knowledge. Lack of exposure to clinical area was cited as the challenge that is encountered by professional nurses during supervision which manifests itself through lack of knowledge and competence.

The nursing students must be given enough opportunities to experience the real world of nursing to develop their psychomotor skills, professional behaviour and interpersonal skills. The clinical exposure should be guided by the regulation that guides that training. In the study conducted by Zenani (2016:70) supported the findings that nursing students were not

provided with adequate time and exposure to practice in clinical settings and also indicated that they were not delegated to perform tasks which are included in their training programme, and were appointed tasks that are lower than the level of competence expected from them. This constitutes challenges in the clinical practice because the nurses that are produced are the ones who have theoretical knowledge but lack clinical practice knowledge. This poses as a challenge during supervision of care.

4.5.4.2 Sub-theme 4.2 Lack of student accompaniment

Clinical accompaniment is defined as a means of structured process at a nursing education institution to facilitate assistance and support to learner by the nurse educator in the clinical facility to ensure achievement of programme outcome as defined by South Africa Nursing Act 2005 (Act no 33 of 2005:2)

Lack of student accompaniment was also reported as a challenge during supervision because the nurses that are produced shall lack knowledge of clinical care results in patient receiving substandard care. Nursing care is dynamic and comprehensive; therefore knowledge and skills are the baselines for quality care. Lack of clinical teachings may result in occurrence of medico-legal hazards and avoidable deaths.

The study conducted by Neshuku and Akumugo (2015:91) concurred with the findings that the absence of clinical supervisors in some wards was another challenge which has a negative effect on the supervision of student nurses. Therefore the students finish their training without clinical knowledge and they display the attitude of not having knowledge.

Furthermore Motsilanyane 2015:88; Neshuku and Akumugo (2015:88) added that clinical supervisors do not accompany students, they were simply not there, not present and they leave student on their own. These practices make the students not to have knowledge of clinical practice and as such they pose a challenge during supervision of care because they are not competent with clinical skills.

4.5.5 POSITIVE ASPECTS EXPRESSED THAT ENHANCE SUPERVISION

Apart from the challenges encountered the participants also shared the positive strategies that can improve supervision of care. Most of the participants have positive comments that can enhance supervision of care such as teamwork, debriefing, staff management, staff involvement and in-service training/workshops.

4.5.5.1 Sub theme 5.1. Team work

According to Cleary and Horsfall (2015:78) teamwork in health is defined as two or more people who interact interdependently with a common purpose, working toward measurable goals that benefit from leadership that maintains stability while encouraging honest discussion and problem solving. Most of participants indicated that teamwork can improve supervision. According to Nkomazana, Mash, Wojczewski, Kutalek and Phaladze (2016: 6) teamwork is one of the enabler of effective supervision.

4.5.5.2 Sub-theme 5.2 Debriefing

Nurses are exposed to stressors everyday such as seeing patients dying every day and this affects nursing care negatively. According to Maestra and Rudolph (2015:282) debriefing, which has been defined as “a conversation between several people to review a real or simulated event, in which the participants analyze their actions and reflect on the role of thought processes, psychomotor skills, and emotional states to improve or maintain future performance”. Weatheres (2017:10) defined debriefing as” it is to meet with someone who had undergone a traumatic or stressful experience, especially for therapeutic or diagnostic purposes”

In the study conducted by Weatheres (2017:32) agreed with participants views that nurses find debriefing sessions useful following stressful events, as they allow for venting of emotions, reflection, and discussion of events that occurred. This exercise will improve staff morale and make them to cooperate during supervision thus improving patient care.

The NDoH (2009:3.8) concurred with the findings that debriefing of staff can improve supervision thereby encouraging the staff to improve on the job performance

4.5.5.3 Sub theme 5.3. Good Staff management

Good staff management was cited as the positive aspect that can improve supervision of care. Staff management such have holding regular staff meetings/ climate meetings, in-service trainings and spot teachings.

Regular staff meetings or climate meetings were cited as the positive aspect that can improve supervision of care because the staff will have opportunity of sharing their challenges; these challenges are solved and thus improve their performance.

The study conducted by Muller (2014:98) stated that the interaction on a monthly base between management and employees was suggested to allow employees to discuss written minutes and unclear issues. Frequent climate meetings should be held where employees get the opportunity to express unwanted feelings. This will eliminate negative attitudes in the workplace. Problems or frustrations should be discussed at meetings where employees have the choice to participate in solving problems, as well as to foster a good sense of commitment.

In-service training and spot teaching were also cited as the positive aspect that can improve supervision. If the staff is capacitated, they become more knowledgeable and cooperate well during supervision therefore in-service training and spot teachings were cited as the enablers of supervision. The study conducted by Thu, Wilson and McDonald (2015:11) concurred with views of participants that in-service training and spot teaching can improve supervision of care because that staff will have more knowledge of conditions that they are managing in the clinical environment. They also cited that provision of in-service training should take into account the relevance of the training to the needs of health workers and adopt a practical approach that essentially accelerates the development of the task-relevant skills and competencies of health workers which will contribute to boosting the quality of care and worker motivation.

4.5.5.4 Sub theme 5.4 Staff involvement and open communication

Staff involvement simply means the involvement of staff in decision making in order to positively contribute to attainment of organisational goal. Employee involvement is outlined by Odero and Makori (2017:1169) as a “process concerned with participation and empowerment of employees so as to use their inputs in order to achieve higher individual and organizational performance”. Involvement refers to the employee participation in decision making and problem solving and increased autonomy in work processes

Open communication was expressed as the positive aspect that can improve supervision. Most of the participants have cited open communication between the supervisor and supervisees as the enabler of supervision of care. Communication is vital to all functions of organizations and the main key to cultivation of an efficient working environment is through coordinated communication. Communication satisfaction with methods adopted by supervisors has a major influence on job satisfaction and the extent of the quality and consistency of communication methods reiterates its importance.

The study conducted by Simunyu (2017:30) concurred with the views of participants that there is a need for open communication between the supervisor and the supervisee in order for them to experience supervision as a valuable positive experience. It was also mentioned that the level of communication between the supervisor and the supervisee contributed to their experiences of positive valuable supervision. In addition, the level of communication needed to be on a professional basis where respect, honesty, warmth and support needed to be key to supervision.

4.5.5.5. Sub theme 5.5. Supervision method and role modeling

Supervision style and role modeling were cited as the positive aspect of enhancing supervision. Most of the participants have indicated that the supervision style where in the supervisor is always with the supervisees was regarded as the best method of supervision. With supervision in nursing is not one size fit all, supervision style is shaped according to the needs of the supervisees.

The study conducted by Snowdon, Legat and Taylor (2016:6) indicated that direct supervision may be more useful in producing effective change in process of care than reflective supervision, as direct supervision allows for greater levels of interaction between the supervisor and supervisee, and a more accurate representation of clinical performance. Role modeling has been defined as the “process in which faculty members demonstrate clinical skills, model and articulate thought processes and manifest positive professional characteristics” (Haider, Snead & Bari, 2016:1).

These views concur with the study by Barnett & Molzon (2014:1055) that the supervisor should in addition to all the teaching that clinical supervisors provide, they also serve the important function of professional role model. The way the supervisor conducts him or herself in supervision sessions with the supervisee will likely have a significant effect on how the supervisee functions as a professional as well. If the supervisor is warm, empathic, and understanding (or cold, emotionally distant, and unsupportive, for that matter) with the supervisee, the supervisee may internalize these qualities and emulate them in relationships with clients, both now and in the future, as well as with their future supervisees.

In the study conducted by in Jooste and Hammani (2016:46) further indicated that the importance of having access to a good role model in order to observe and practise skills has a tremendous influence on the clinical learning environment and the development of nurses’

competence and confidence. Therefore, this agrees with the participants views that for supervision of care to be effective the supervisor should act as the role model when carrying out the nursing activities

4.6 SUMMARY

Data was collected from six district hospitals of Vhembe. Data collected showed that there are challenges that the professional nurses are encountering during supervision of care in the district hospitals of Vhembe District in the Limpopo Province. The participants interviewed were 36 professional nurses who were the second in charge and specialty professional nurses. This chapter outlined the research findings and discussions of the findings in line with literature control. In this chapter, the researcher was able to analyse the information derived from the interviews with the selected participants so that certain themes could be identified. Table 4.1 provides a summary of themes and sub-themes. The overall themes that emerged from the interviews were shortage of resources, challenges of supervisees, vies related to education and training and cultural changes in nursing. Chapter 5 will present the recommendation, limitations and conclusions.

CHAPTER 5

RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

5.1 INTRODUCTION

The previous chapter presented the research findings and discussions of the findings. The research findings are guided by the research question described that lead to development of themes and sub themes emerged from the analysis of the interviews. This chapter provides the summary, conclusions, limitations and recommendations based on the findings of the study.

Supervision of care that is done by the professional nurses to both the nurses and student nurses is remarkable in all hospitals. Comprehensive quality care is the core of the nursing profession and this is achieved through quality effective supervision of nursing care.

As the researcher continued with the research, challenges have been identified with the supervision of care as encountered by professional nurses despite these challenges supervision was continued so that the patient could receive the care desired. Even this study identified the challenges that professional nurses are encountering during supervision of care. It has been identified that supervision of care in all hospitals is compromised as explained by professional nurses.

5.2 STUDY AIM AND OBJECTIVES

The study clearly identified challenges encountered by professional nurses during supervision of care in the district hospital of Vhembe District in the Limpopo Province, South Africa.

The objectives of this study were:

- To describe the challenges encountered by professional nurses during supervision of care in the Vhembe district hospitals.
- To describe the strength and capacities of a professional nurse

The objectives of this study were achieved where the findings of the study managed to describe the challenges that the professional nurses encountered during supervision of

care, describe the strength and capacities of professional nurses during supervision and make some recommendations for improvement of supervision of care

5.3 SUMMARY OF RESEARCH METHOD AND DESIGN

This study employed a qualitative approach that involves a systemic collection and analysis of more existing information as said by the participants (Brink, et al. 2012:11).

The design suitable for this study was exploratory, descriptive and contextual using an appreciative inquiry to collect data, because the topic needed me to explore and describe the challenges encountered by professional nurses during supervision of care. The approach was qualitative, exploratory, descriptive and contextual in design. In this study, a qualitative design was used because it assisted me to collect in-depth exploratory information regarding challenges encountered by professional nurses during supervision of care.

Data was collected through semi-structured interviews using the interview guide. The questionnaires were designed in an appreciative inquiry way in that the data was collected using the appreciative Inquiry. Data was collected from twenty-four (24) second in charge professional nurses and twelve (12) specialty professional nurses. Data saturation was achieved after fourteen interviews, but the researcher continued in order to get a dense description of the phenomenon under study. Data was analysed using Tesch's eight steps as outlined in Creswell (2014:198). Data was transcribed verbatim and transcripts were coded after being thoroughly read and analysed. Coding was also done by the independent coder. The researcher and the supervisor discussed the themes and agreed on them. The researcher ensured measures of trustworthiness by using credibility, dependability, transferability and confirmability. Permission was sought from the University Ethics Committee, the Provincial Department of Health, and the District Department of Health, as well as Chief Executive Officers of the six district hospitals of Vhembe where the research study was conducted. Informed consent was obtained from participants.

5.4 SUMMARY OF THEORETICAL FRAMEWORK USED

The theoretical framework used in this study is Proctor's clinical supervision model. Moxham and Gagan, (2015:37) explain that the model is aimed at the development of knowledge and skills, professional growth and promotion of compliance to standards which all these lead to enhancement of quality patient care and independence on the side of supervisee.

This model advocates that both the patient and nurses shall benefit through effective supervision as the supervisee will develop required knowledge and skills to can render quality care, professionally they grow and become independent. The patients will then in return receive quality care which will improve their health outcome. The study showed that to ensure effective supervision, the environment should be conducive for supervision, the supervisor should be ready to supervise and supervisees should be willing to be supervised. The study also showed that effective supervision is compromised due the break in the supervisory chain which amounts to relinquishing of supervision resulting in compromised nursing care.

5.5 SUMMARY AND INTERPRETATION OF MAJOR THEMES

The summary of this study is presented under the following themes:

1. Shortage of resources
2. Challenges related to supervisees
3. Cultural changes in nursing affecting supervision
4. Challenges related to education and training
5. Positive aspects related to that enhance supervision

5.5.1 Theme 1: Shortage of resources

Shortage of resources was the main theme that emerged from almost all participants and this is manifest by shortage of staff, material resources and inadequate infrastructure. Shortage of these resources has a negative impact on quality of supervision.

Shortage of staff is a serious concern for both patient care and supervision. Inadequate material resources stemming from equipment to medications, linen and water also have a negative outcome on effective supervision. Infrastructure also plays a major role in patient care.

5.5.2 Theme 2: Challenges of supervisees

Supervisees were seen to be having challenges that makes supervision to be challenged because their behaviour in the clinical environment is not favourable to effective supervision. The behaviour of arrogance, apathy, poor communication and not overlooking their refusal of delegation are a major challenge to effective supervision. It has been mentioned that for supervision to be effective there should be a balance between the

supervisor, supervisee and the clinical environment

5.5.3 Theme 3: Cultural changes in nursing affecting supervision

The changes in the country affect the nursing culture and this has a significant role in the effectiveness of supervision. These changes in the nursing culture also affect the patient care because nurses put forth their rights than the patient which has impact on supervision. The changes in culture are evident by politicizing nursing wherein unions also have a major role in the hospital management than the executive management.

Community interference is also becoming more evident than before wherein it was an encouraged standard but with changes in the country it has become a challenging factor because of threats and litigations which is seen as a challenge that professional nurses were encountering during supervision.

5.5.4 Theme 4: Challenges related to education and training

Nursing education and training plays a major role in shaping the nurse so that they be able to render quality patient care but the quality of education and training that the nurses are exposed to currently make the nurse to be incompetent and as a results have a negative impact on effective supervision. This incompetency is due to inadequate exposure and lack of accompaniment makes the nurses to become defensive, argumentative and have negative attitudes which pose a challenge during supervision.

5.5.5 Theme 5: Positive aspects verbalized that enhance supervision

Apart from challenges encountered during supervision as outlined by professional nurses, participants reported some positive aspects that can enhance supervision. All participants cited positive strategies that can enhance supervision, although the majority has reported the following: team work, debriefing, good staff management, staff involvement, open communication, supervision method and role modeling. Participants also commented that if these aspects can be exercised there can be improvement in supervision thereby patient receiving quality patient care.

5.5 RECOMMENDATIONS

Based on findings of the study on challenges encountered by professional nurses during supervision of care in the district hospitals of Vhembe District in the Limpopo Province,

South Africa, the recommendations are made under the following categories: management, nursing practice, research and education.

5.6.1 Recommendations for management

Noting the views of participants of shortage of resources that negatively affect supervision of care, the Department of Health should address the above mentioned shortages, which include a shortage of staff, shortage of equipment, shortage of pharmaceutical items and supplies so that there be improved quality of supervision of care.

5.6.2 Recommendations for nursing practice

The nursing manager should support the staff and supervisor so that supervision can be effectively carried out and thereby increase productivity. Climate meetings should be encouraged monthly, in order to create a platform for discussion of challenges in the ward, this will enhance employees' satisfaction and increase cooperation during supervision. Debriefing of staff will improve communication and relationships and encourage a sense of ownership. In-service training should be conducted to capacitate staff so that they become knowledgeable and independent.

5.6.3 Recommendations for nursing education

Based on the views of participants, clinical accompaniment of students should be strengthened to support and mentor the student nurses and newly qualified nurses so that their confidence can be built up and that they are able to render quality care. The clinical exposure of nurses during and after training should be addressed, in order to support the nurses in the clinical practice environment. Clinical teachings for students and other nurses should be done by professional nurses on duty, in order to impart knowledge and equip nurses.

Professional nurses' training curricula should have a model on supervision from the foundation phase of nursing which include both theory and practical so that the qualified professional nurses should be able to supervise.

5.6.4 Recommendations for research

The study was conducted in the Vhembe District in selected hospitals; therefore future research can be conducted in other provinces so that the comprehensive challenges of professional nurses as encountered during supervision can be better understood.

5.7 LIMITATIONS

The study was conducted only at the selected hospitals of the Vhembe District; therefore the findings of the study cannot be generalized to other hospitals, districts and provinces.

5.8 DISSEMINATION OF INFORMATION

A final report of this study will be submitted to the Limpopo Provincial Department of Health, as well as chief executive officers (CEO) of the six district hospitals where the study was conducted. The report and recommendations will be thoroughly discussed with the CEO. The report will also be given to the hospital executive management during the meetings and written feedback will be handed over. Papers will be presented at seminars, workshops and conferences. Articles will also be written in accredited journals.

5.9 FINAL SUMMARY

This chapter discussed the findings of the study on challenges encountered by professional nurses during supervision of care in the district hospitals of Vhembe District in the Limpopo Province, South Africa. The revealed challenges that professional nurses are encountering during supervision of care in the district hospitals of Vhembe District, resulting in patients receiving substandard nursing care was identified. The study also revealed that the environment that nurses are working in contributes to challenges in the supervision of care.

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ANNEXURE A. Ethical clearance certificate

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:

Mrs MR Raliphaswa

Student No:

11523974

PROJECT TITLE: Challenges encountered by professional nurses during supervision of care in district hospitals of Vhembe in Limpopo Province, South Africa.

PROJECT NO: SHS/18/PDC/01/1505

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr TR Luhallma	University of Venda	Supervisor
Prof VO Netshandama	University of Venda	Co - Supervisor
Mrs MR Raliphaswa	University of Venda	Investigator – Student

ISSUED BY:

UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: May 2018

Decision by Ethical Clearance Committee Granted

Signature of Chairperson of the Committee: 

Name of the Chairperson of the Committee: Senior Prof. G.E. Ekosse



University of Venda

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TELEPHONE (015) 962 8504/8313 FAX (015) 962 9060

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ANNEXURE B: Letter to the province requesting for approval

P.O. BOX 4154

THOHOYANDOU

0950

Department of Health

Research Unit

Office D36 Old Building

Polokwane

0700

Dear Sir/Madam

REQUEST FOR APPROVAL TO CONDUCT RESEARCH.

I hereby wish to apply for approval to conduct a research study in Vhembe district hospitals OF Limpopo province. I am presently a Master's degree student at the University of Venda under the School of Health Sciences. My student Number is 11523974.

The topic of my research study is "Challenges encountered by professional nurses during supervision of care in the Vhembe district hospitals in Limpopo Province. The data will be collected from the second in charge and the specialty professional nurse of Casualty, Paediatric and Medical wards. The data will also be collected during lunch time between 13h00-14h00 in order to prevent destruction of service delivery and will take 45 minutes per participant.

The results of the study may help the above mentioned units in the improvement of quality nursing care and patient safety. Participation for this study will be voluntary free participation, giving information or withdrawal without being intimidated or threatened. All information collected will be kept confidential. For any enquiry contact Mrs Raliphaswa M.R.

on these numbers: 083 3663 656 or 060 6056 532. At the end of the study the results shall also be submitted to the provincial office.

Hoping my request is taken into consideration.

Yours faithfully

.....

.....

Raliphaswa M.R.

Date

Research student

ANNEXURE C: PERMISSION FROM LIMPOPO PROVINCE DEPARTMENT OF HEALTH TO CONDUCT RESEARCH



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Stander SS (015 293 6650)

Ref: LP_201806_014

Raliphaswa MR
UNIVERSITY OF VENDA

Greetings,

RE: Challenges encountered by professional nurses during supervision of care in district hospitals of Vhembe in Limpopo Province, South Africa

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:
 - Research must be loaded on the NHRD site (<http://nhrd.nst.org.za>) by the researcher.
 - Further arrangement should be made with the targeted institutions after consultation with the District Executive Manager.
 - In the course of your study there should be no action that disrupts the services, or incur any cost on the Department.
 - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
 - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
 - The above approval is valid for a 3 year period.
 - If the proposal has been amended, a new approval should be sought from the Department of Health.
 - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.


Head of Department

Date

06/08/2018

Private Bag X9302 Polokwane
Fidel Castro Ruz House, 18 College Street, Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.
Website: <http://www.limpopo.gov.za>

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ANNEXURE D.

REQUEST FOR PERMISSION TO CONDUCT RESEARCH FROM VHEMBE DISTRICT

P.O. BOX 4154

THOHOYANDOU

0950

14/08/2018

The Chief Director

Department of Health

Vhembe District Offices

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT RESEARCH.

I hereby wish to apply to be granted permission to conduct a research study at Vhembe District hospitals namely Donald Fraser, Elim, Malamulele, Messina, Louis Trichardt Memorial and Siloam hospitals. I am presently a Master's degree student at the University of Venda under the School of Health Sciences. My student Number is 11523974.

The topic of my research study is "Challenges encountered by professional nurses during supervision of care in the Vhembe district hospitals in Limpopo Province. The data will be collected from the second in charge and the speciality professional nurse of Casualty, Paediatric and Medical wards. The data will also be collected during lunch time between 12h00 and 14h00 in order to prevent destruction of service delivery and will take 45 minutes per participant.

The results of the study may help the above mentioned facilities and units in the improvement of quality nursing care and patient safety. For more information contact Mrs Raliphaswa M.R. on these numbers: 083 3663 656 or 060 6056 532.

Attached please find the approval letter from the province.

Hoping my request is taken into consideration.

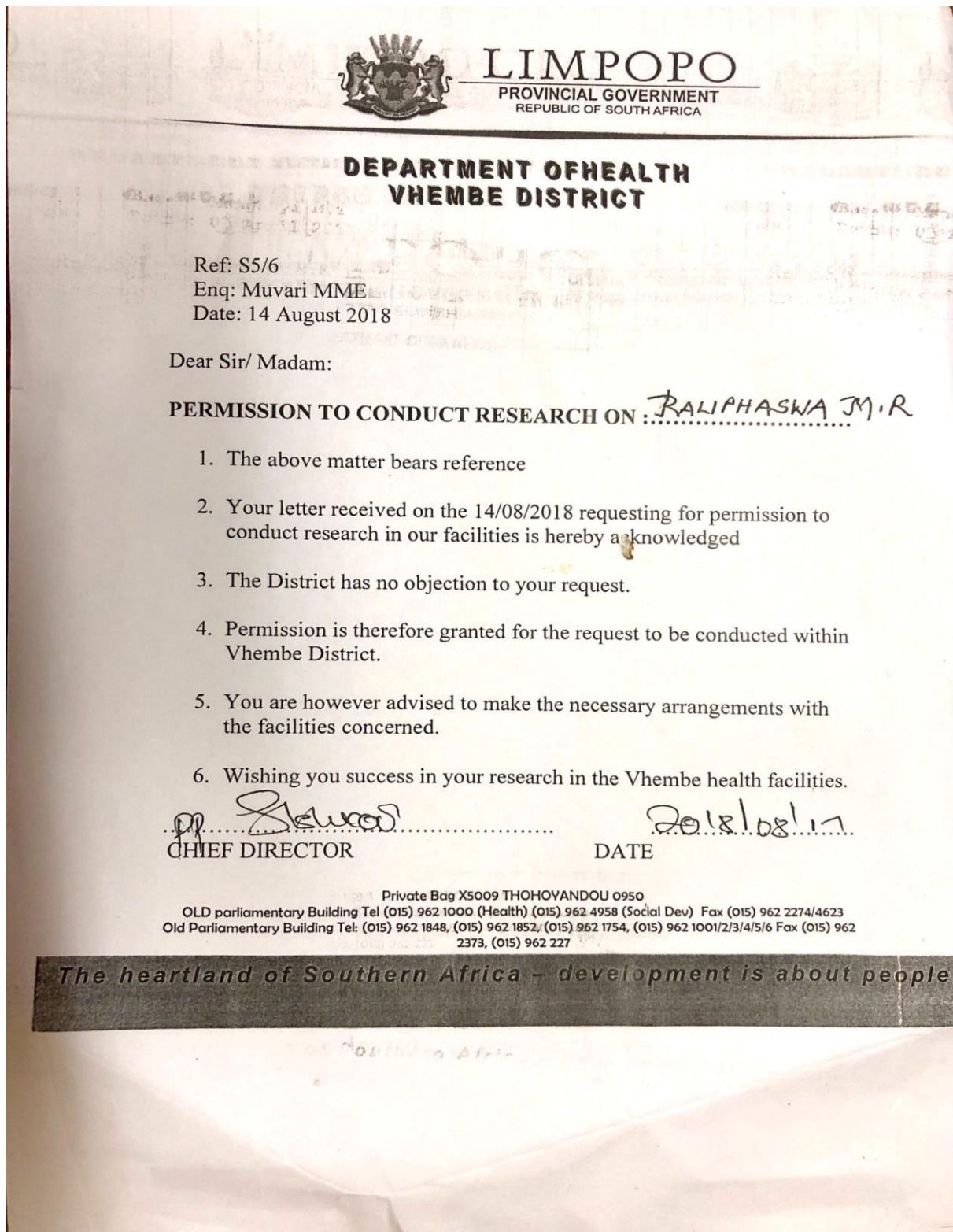
Yours faithfully

.....

Raliphaswa M.R.

ANNEXURE E

PERMISSION FROM VHEMBE DISTRICT TO CONDUCT RESEARCH



ANNEXURE F

LETTER TO REQUEST PERMISSION AT HOSPITALS

(I) Letter to request permission at Elim hospital

P.O. BOX 4154

THOHOYANDOU

0950

23/08/2018

The Chief Executive Officer

Elim hospital

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT RESEARCH.

I hereby wish to apply to be granted permission to conduct a research study at Elim District hospital. I am presently a Master's degree student at the University of Venda under the School of Health Sciences. My student Number is 11523974.

The topic of my research study is "Challenges encountered by professional nurses during supervision of care in the Vhembe district hospitals in Limpopo Province. The data will be collected from the second in charge and the specialty professional nurse of Casualty,

Paediatric and Medical wards. The data will also be collected during lunch time between 12h00 and 14h00 in order to prevent destruction of service delivery and will take 45 minutes per participant.

The results of the study may help the above mentioned facilities and units in the improvement of quality nursing care and patient safety. For more information contact Mrs Raliphaswa M.R. on these numbers: 083 3663 656 or 060 6056 532.

Attached please find the approval letter from the province and letter of permission from district office.

Hoping my request is taken into consideration.

Yours faithfully

.....

Raliphaswa M.R.

(II) Letter to request permission at Siloam hospital

P.O. BOX 4154

THOHOYANDOU

0950

23/08/2018

The Chief Executive Officer

Siloam hospital

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT RESEARCH.

I hereby wish to apply to be granted permission to conduct a research study at Siloam District hospital. I am presently a Master's degree student at the University of Venda under the School of Health Sciences. My student Number is 11523974.

The topic of my research study is "Challenges encountered by professional nurses during supervision of care in the Vhembe district hospitals in Limpopo Province. The data will be collected from the second in charge and the specialty professional nurse of Casualty, Paediatric and Medical wards. The data will also be collected during lunch time between 12h00 and 14h00 in order to prevent destruction of service delivery and will take 45 minutes

per participant.

The results of the study may help the above mentioned facilities and units in the improvement of quality nursing care and patient safety. For more information contact Mrs Raliphaswa M.R. on these numbers: 083 3663 656 or 060 6056 532.

Attached please find the approval letter from the province and letter of permission from district office.

Hoping my request is taken into consideration.

Yours faithfully

.....

Raliphaswa M.R.

(III) Letter to request permission at Messina hospital

P.O. BOX 4154

THOHOYANDOU

0950

23/08/2018

The Chief Executive Officer

Messina hospital

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT RESEARCH.

I hereby wish to apply to be granted permission to conduct a research study at Messina District hospital. I am presently a Master's degree student at the University of Venda under the School of Health Sciences. My student Number is 11523974.

The topic of my research study is "Challenges encountered by professional nurses during supervision of care in the Vhembe district hospitals in Limpopo Province. The data will be collected from the second in charge and the specialty professional nurse of Casualty, Paediatric and Medical wards. The data will also be collected during lunch time between 12h00 and 14h00 in order to prevent destruction of service delivery and will take 45 minutes per participant.

The results of the study may help the above mentioned facilities and units in the improvement of quality nursing care and patient safety. For more information contact Mrs Raliphaswa M.R. on these numbers: 083 3663 656 or 060 6056 532.

Attached please find the approval letter from the province and letter of permission from district office.

Hoping my request is taken into consideration.

Yours faithfully

.....

Raliphaswa M.R.

(IV) Letter to request permission at L.T.T. hospital

P.O. BOX 4154

THOHOYANDOU

0950

23/08/2018

The Chief Executive Officer

L.T.T.hospital

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT RESEARCH.

I hereby wish to apply to be granted permission to conduct a research study at L.T.T. District hospital. I am presently a Master's degree student at the University of Venda under the School of Health Sciences. My student Number is 11523974.

The topic of my research study is "Challenges encountered by professional nurses during supervision of care in the Vhembe district hospitals in Limpopo Province. The data will be collected from the second in charge and the specialty professional nurse of Casualty, Paediatric and Medical wards. The data will also be collected during lunch time between 12h00 and 14h00 in order to prevent destruction of service delivery and will take 45 minutes per participant.

The results of the study may help the above mentioned facilities and units in the improvement of quality nursing care and patient safety. For more information contact Mrs Raliphaswa M.R. on these numbers: 083 3663 656 or 060 6056 532.

Attached please find the approval letter from the province and letter of permission from district office.

Hoping my request is taken into consideration.

Yours faithfully

.....

Raliphaswa M.R.

(V) Letter to request permission at DFH hospital

P.O. BOX 4154

THOHOYANDOU

0950

23/08/2018

The Chief Executive Officer

DFH hospital

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT RESEARCH.

I hereby wish to apply to be granted permission to conduct a research study at DFH District hospital. I am presently a Master's degree student at the University of Venda under the School of Health Sciences. My student Number is 11523974.

The topic of my research study is "Challenges encountered by professional nurses during supervision of care in the Vhembe district hospitals in Limpopo Province. The data will be collected from the second in charge and the specialty professional nurse of Casualty, Paediatric and Medical wards. The data will also be collected during lunch time between 12h00 and 14h00 in order to prevent destruction of service delivery and will take 45 minutes per participant.

The results of the study may help the above mentioned facilities and units in the improvement of quality nursing care and patient safety. For more information contact Mrs Raliphaswa M.R. on these numbers: 083 3663 656 or 060 6056 532.

Attached please find the approval letter from the province and letter of permission from district office.

Hoping my request is taken into consideration.

Yours faithfully

.....

Raliphaswa M.R.

(VI) Letter to request permission at Malamulele hospital

P.O. BOX 4154

THOHOYANDOU

0950

23/08/2018

The Chief Executive Officer

Malamulele hospital

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT RESEARCH.

I hereby wish to apply to be granted permission to conduct a research study at Elim District hospital. I am presently a Master's degree student at the University of Venda under the School of Health Sciences. My student Number is 11523974.

The topic of my research study is "Challenges encountered by professional nurses during supervision of care in the Vhembe district hospitals in Limpopo Province. The data will be collected from the second in charge and the specialty professional nurse of Casualty, Paediatric and Medical wards. The data will also be collected during lunch time between 12h00 and 14h00 in order to prevent destruction of service delivery and will take 45 minutes per participant.

The results of the study may help the above mentioned facilities and units in the improvement of quality nursing care and patient safety. For more information contact Mrs Raliphaswa M.R. on these numbers: 083 3663 656 or 060 6056 532.

Attached please find the approval letter from the province and letter of permission from district office.

Hoping my request is taken into consideration.


Yours faithfully

.....

Raliphaswa M.R.

ANNEXURE G. PERMISSION LETTERS FROM HOSPITALS

ANNEXURE G 1 Permission letter from Malamulele hospital

 **LIMPOPO**
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH
MALAMULELE HOSPITAL**

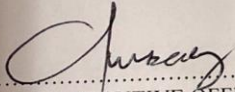
REF : S 4/5
ENQ : Siwela T.S
DATE : 04/09/2018

TO WHOM IT MAY CONCERN

SUBJECT: PERMISSION TO CONDUCT A RESEARCH: RALIPHASWA M.R

1. This is to certify that the above mentioned has been granted permission to conduct a research at Malamulele hospital.
2. The research topic is on **“Challenges encountered by Professional nurses during supervision of care in district hospitals of Vhembe in Limpopo Province, South Africa”**
3. Attached hereto is the applicant’s letter, research proposal, Training institutions Ethics committee clearance, Provincial and District offices approvals
4. Hoping for an effective cooperation between the participants of this research

Thank you


CHIEF EXECUTIVE OFFICER
MALAMULELE HOSPITAL


LIMPOPO PROVINCE DEPARTMENT OF HEALTH MALAMULELE HOSPITAL 2018 -09- 05 REGISTRY P/BAG 9245 MALAMULELE 0982 TEL: 015 851 0026/FAX 015 851 0620	04/09/2018 DATE
---	--------------------

CONFIDENTIAL

Malamulele Hospital Private Bag x9245 Malamulele 0982
Tel: (015) 851 0026/1020/1017/1019 Fax: (015) 851 0620

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ANNEXURE G.2. Permission letter from Elim hospital

**LIMPOPO**
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
ELIM HOSPITAL
CONFIDENTIAL

LIMPOPO PROVINCE
HUMAN RESOURCES MANAGEMENT &
DEVELOPMENT
03-09-2018
P/BAG X312, ELIM HOSPITAL, 0960
DEPT. OF HEALTH & SOCIAL DEVELOPMENT


Ref.: S5/3/2
Enq. Makondo A.T
Date: 2018.09.03

To: Mrs. Raliphaswa M.R
University of Venda

CC: Acting Deputy Director: Risk Management Services: Mr Matsheka
CC: Acting Assistant Director: Quality Assurance: Mr Siavhe N.Z

RE: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH: MASTERS
STUDENT: UNIVERSITY OF VENDA: SCHOOL OF HEALTH SCIENCES:
RALIPHASWA M.R

1. The above matter bears reference.
2. Your application letter dated 23rd of August 2018 together with the approval from the Provincial and District offices also refers.
3. You are hereby granted permission to access the hospital to conduct the research as requested.
4. When collecting the data, you are kindly advised to liaise with Mr Matsheka: Acting Deputy Director: Risk Management Services regarding issues of information security and the patients' rights
5. Your urgent attention is always appreciated.



A70021
.....
CHIEF EXECUTIVE OFFICER

2018. 09. 03
.....
DATE

P/Bag X312, Elim Hospital, 0960
Tel (015)556 3201/2/3/4/5, Fax (015)556 3160.
The heartland of Southern Africa - development is about people
RESTRICTED

23/08/2018

ANNEXURE G.3 Permission letter from Siloam hospital

**LIMPOPO**
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH
SILOAM HOSPITAL**
Confidential

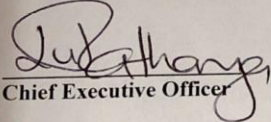
DEPARTMENT OF HEALTH SILOAM HOSPITAL HUMAN RESOURCE 2018 -10- 04 P/BAG X 2432, MAKHADO, 0920 LIMPOPO PROVINCE
--

Ref : S4/2/1/1/3
Enq : Mushaphi N.T: HRD
Date : 03 September 2018

To: Raliphaswa M.R

RE: PERMISSION TO CONDUCT RESEARCH: YOURSELF.

1. The above matter refers.
2. The Hospital highly acknowledges the receipt of your letter dated 23/08/ 2018 regarding the above matter.
3. Kindly note that the institution is granting you permission to come and conduct research in Challenges encountered by professional nurses during supervision of care in the Vhembe District Hospitals in Limpopo Province.
4. You are kindly requested to adhere to the conditions as set out in your approval from the Provincial Office.
5. Hoping you will find the above in order



Chief Executive Officer

09/10/2018
Date

Private Bag X2432. Makhado, 0920
Tel (015) 973 0004/5/6, 015 973 1447/8, 015 973 1977, 015 973 1892/4/9 Fax (015) 973 0607.

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ANNEXUREG.4. Permission letter form Donald Fraser hospital

 **LIMPOPO**
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH
DONALD FRASER HOSPITAL**

Ref: 4/2/2


Enquiries: Mphephu V.F

TELL NO. 0721880436; Ext. 9306/9348

28.09.2018

To: Mrs MR Raliphaswa

University of Venda
Private Bag X5050
Thohoyandou
0950

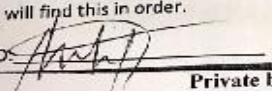
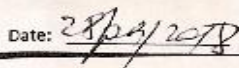

**LIMPOPO PROVINCE
DONALD FRASER HOSPITAL
2018-09-28
PRIVATE BAG X1172
0971 VHUFULI
DEPARTMENT OF HEALTH**

RE: Permission to conduct research study at Donald Fraser Hospital.

Topic: The experiences of student nurses during clinical allocation at Donald Fraser Hospital, Vhembe District, Limpopo Province, South Africa

1. The above matter refers.
2. Permission to conduct the above mentioned study is hereby granted.
3. Kindly be informed that:-
 - In the course of study there should be no action that disrupts the services.
 - You to give report to quality assurance manager of Donald Fraser Hospital after the completion of research study at Donald Fraser Hospital.
 - After completion of the study, a copy should be submitted to our Institution to serve as a resource.
 - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
 - You are therefore requested to contact nursing audit office number 5, OPD basement for logistic arrangements
4. Please bring along the following documents:
 - Permission letter granted from department of health
 - Permission letter granted from educational institution.
 - This letter


Hoping you will find this in order.

Signed CEO:  Date: 

Private bag X1172, Vhufuli 0971
Tel: 015 963 1778/9, 015 1783 1791/2 • Fax: 015 963 1773, 015 963 1796
Cell: 083 248 0184

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ANNEXURE G.5. Permission letter from Messina hospital



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH
MESSINA HOSPITAL**

REF: S5/4/1/2
ENQ: Mulaudzi P
DATE: 07 September 2018

FROM: HUMAN RESOURCE DEVELOPMENT

TO: RALIPHASWA MR
P O BOX 4154
THOHOYANDOU
0950

RE: CHALLENGES ENCOUNTERED BY PROFESSIONAL NURSES DURING
SUPERVISION OF CARE IN DISTRICT HOSPITALS OF VHEMBE IN
LIMPOPO PROVINCE, SOUTH AFRICA.

1. The above matter has reference.
2. This office wishes to inform you that your application has been approved as per conditions stipulated on the approval letter by Head of Department. You are requested to liaise with office of the Chief Executive Officer on your commencement date.
3. Your co-operation will be highly appreciated.

.....
CHIEF EXECUTIVE OFFICER

2018.09.07
DATE


P.O. Box 60 Musina 0900
Tel: 015 534 0446 Fax 015 534 0819
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ANNEXRE G.6. Permission letter from Louis Trichardt hospital

CONFIDENTIAL

 **LIMPOPO**
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
LOUIS TRICHARDT MEMORIAL HOSPITAL


Ref: 4/2/2
Enq: Masindi L.P

30/08/2018

To: Raliphaswa M.R
P.O. Box 4154
THOHOYANDOU
0950

SUBJECT: APPROVAL TO CONDUCT A RESEARCH AT LOUIS TRICHARDT MEMORIAL HOSPITAL: RALIPHASWA M.R

1. The receipt of your letter dated 23/08/2018 is hereby acknowledged.
2. Permission to conduct the following research topic "Challenges encountered by professional nurses during supervision of care in Vhembe district hospitals in Limpopo Province" is hereby approved.
3. The data will be collected from the second in charge and the speciality professional nurse of casualty, Paediatric and medical wards. The data will also be collected during lunch time between 12h00 and 14h00 in order to prevent disruption of service delivery and will take 45 minutes per participant.
4. The above permission is subject to the conditions as set down in both permission letters of Province dated 06/08/2018 and District dated 17/08/2018.
5. Thank you.


CHIEF EXECUTIVE OFFICER
DR. MALATJI M.

30/08/2018
DATE

P/BAG X 2417 LOUIS TRICHARDT 0920
TEL: 015 516 0148 Cmn. Hospital & Snyman Street Fax: 015 516 3252/ 4658
The heartland of Southern Africa- development is about people

Scanned with CamScanner

ANNEXURE H. Letter of information

Title of the Research Study :

Challenges encountered by professional nurses during supervision of care in the Vhembe District hospitals in Limpopo province of South Africa

Principal Investigator/s/ researcher :

Raliphaswa Munyadziwa Reginah :BCur Hons (Education)

Co-Investigator/s/supervisor/s :

Dr. T.R. Luhalima

Brief Introduction and Purpose of the Study:

Supervision in nursing is as old as mankind itself. Professional nurses in charge of the unit are required to supervise the care rendered and nursing personnel to ensure safe compassionate care. Given the above explanation, it shows that supervision was being practiced since the discovery of nursing globally and was seen as a means of improving quality care and quality assurance. Many studies have been conducted about supervision but there are still challenges of poor supervision of nursing care by supervisors in the clinical area. These challenges of supervision can be heard through media reports and patients complaints of poor standard of nursing care that is rendered.

Purpose of the study

To explore the challenges encountered by professional nurses during supervision of care in Vhembe district hospitals

Outline of the Procedures :

Interview

The data collection method will be the semi-structured interview using the Appreciative inquiry approach where in the interview guide developed will be used. The researcher will

only meet with participants during an interview session. The participants will be informed about their rights before the interview. A voice recorder will be used for voice recording during an interview and all the answers that you provide will not be attached or traced to your name. All information given by participants will be treated confidentially as there will be neither ID nor names that will be attached to the responses given.

The interview will last for 45 minutes and will be done at lunch time to prevent interruption of services. The venue of the interview will be requested to be the operational managers' offices in the wards identified or any other venue that the hospital will have arranged within the unit.

Selection of participants

Participants in this study will be purposively selected from Paediatric, casualty and medical wards of the six district hospitals of Vhembe. The second in charge professional nurses and one specialty professional nurse in the six district hospitals will be selected because they will be able to give the researcher relevant information

Sampling

The sampling method chosen is the purposive sampling where in the participants will be purposively selected with the intention of getting more information from them.

Sample size

The estimated sample size will be 36 professional nurses though the number of professional nurses to be interviewed will also depend on data saturation.

Inclusion criteria

In this study, participants will be the second in charge professional nurses and the one specialty professional nurse of the Casualty, Paediatric and Medical wards of the six district hospitals in Vhembe district because their expertise will allow them to give more information with regard to challenges they encounter during supervision of care. In a ward where there will be more than one specialty professional nurses, the professional nurse who will be part of the study will be the one who has more than 5 years of experience in the specialty area. In case where all specialty professional nurses have less than 5 years then the senior

amongst all will be considered.

Exclusion criteria

The following individuals will be excluded namely other professional nurses who are not the second in charge and not having specialty. In cases where there are more than one professional nurses with specialty only the professional nurse who has less than 5 years of experience and or junior will be excluded in the study.

Responsibilities and expectations of participants

The participants will be expected to sign the consent form before interview. They will be informed about their rights and if they choose to participate, they will be informed that do so voluntarily with full understanding. If they no longer wish to participate they will also do that freely with no intimidation. Withdrawal to participate can be done before or during the interview.

Risks or Discomforts to the Participant:

None

Benefits :

Participants

The findings of this study may benefit the participants in that the quality patients' care will be rendered thereby reducing patients complaints and litigations.

Researcher

The findings of this study will be benefit the researcher in the sense that the results will be published and be known and used by other managers whereby there will be improved patient care and safety

Reason/s why the Participant May Be Withdrawn from the Study:

Should the participants wish to withdraw at the beginning or in the middle of interview

because of any other reason, they will not be intimidated nor threatened, and their wish will be respected

Remuneration : None.

Costs of the Study : None.

Confidentiality :

The names and particulars of participants will not be recorded so that data or information given must never be linked with the participants.

Research-related Injury :

There will be neither any adverse reaction nor any research related injury that will be incurred during the study.

Persons to Contact in the Event of Any Problems or Queries:

Doctor T.R. Luhalima supervisor or Professor V.O. Netshandama co-supervisor

Please contact the researcher at (0833663656 or 0606056532.), my supervisor (0724823404.) or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director: Research and Innovation, Prof GE Ekosse on 015 962 8313 or Georges Ivo.Ekosse@univen.ac.za

ANNEXURE I: Informed consent

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Raliphaswa M.R, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: Project no: SHS/18/PDC/01/1505
- I have also received, read and understood the above written information (*Participant Letter of Information*) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant	Date	Time	Signature
I,

fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher.....Date:.....
Signature.....

Full Name of Witness (If applicable)

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

Full Name of Legal Guardian (If applicable)

.....

Date.....

Signature.....

ANNEXURE J. Interview schedule

PHASE1: DISCOVERY STAGE

- 4) What are your roles in this unit?
- 5) Tell me what pleases you in your supervision role in this unit?
- 6) Can you explain to me, the challenges that you are encountering during supervision of the care in your unit?

PHASE 2: DREAM AND DESIGN STAGE

- 3) Explain the positive changes would you like to achieve in supervision of your supervisees in future?
- 4) How best could you supervise to enhance quality patient and improve patient safety?

PHASE 3: DESTINY STAGE

- 3) What do you think could be the best method of supervision that can promote confidence of the supervisor and supervisees?
- 4) Apart from what has been said, what can you add related to supervision that could enhance supervision?

ANNEXURE K. Transcripts from interview

Participant transcript (R is the researcher and P is the participant)

supervisees will share

Participant no 26

R: Good morning my name is Mrs Raliphaswa, I am UNIVEN student, I am doing Masters' Degree. The topic of my study is challenges encountered by professional nurses during supervision of care in Vhembe District hospitals. I am here to conduct an interview and you are?

P: Professional nurse second in charge

R: What are your roles in this unit?

P: My role is to supervise my subordinates; I also make sure that there is smooth running of the department

R: As far as supervision is concern, can you unpack the activities that you are doing when it comes to supervision when you say you are supervising?

P: In casualty what we do, since it is a trauma department, we ensure that there is readiness at all times of an emergency when they come every single day. Every single morning, I delegate my staff and make sure that everybody works according to delegation. In casualty we have disaster card and I make sure that they know what their duties are and understand their roles. I also see to it that all staff members are clear of the task delegated and when they are not clear I make sure I clear for them so that they understand through teaching.

R: What pleases you, or what makes happy in your supervision role in this unit?

P: It is to see the ward running smoothly, and when I see my supervisees working as a team because nothing matters more than working as a team because we are always busy and also like to see my patient walk out alive and fine. I also want to see the very ill patient come back to life and stable before they get admitted to other departments or discharge

R: Explain to me, what are the challenges that you are encountering during supervision in this unit.

P: The biggest challenge is attitude

R: This attitude, is it because they don't know what to do or they are just arrogant

P: In most cases is because the person just doesn't want to do what they have been supervise what to do or are expected to do.

R: What is it that makes them just no want to do what they are supposed to do yet they are on duty?

P: You will find that we have nurses who have been working here for a long time and you have somebody who has just come they come and make you feel that you have not been working here for a long time and they want to continue to do what they know to be done even though what they were doing was wrong and the other issue of age difference also is a challenge they don't want to be supervised by a person who is young as they say that they cannot be supervised by a child and they feel that the child cannot tell them anything

R: What is it that is making them not to progress, yet they want to make life difficult for others

P: They feel they are fine and stagnant

R: Any other challenge that you encounter during supervision

P: Shortage of equipment

R: How big is shortage of equipment?

P: It is very big and serious, imagine when you have ECG and don't have ECG papers and you come across the cardiac patient where you will need to do ECG and need to print out the ECG before the referral

R: Any other challenges that you encounter when supervising

P: Shortage of staff and doctors

R: How big is this shortage of staff?

P: It is very big, and the shortages of doctors is more especially during the weekend and imagine when there is an accident, they bring the whole bus here and you find that we are without a doctors, it makes the community to shout and swear at us. Sometimes you will find that there are no doctors because they have reached their hours and sometime, we receive call rooster without names because they have reached their hours and you will hear them saying call the other one

R: Any other challenge that you are encountering during supervision

P: When we are disciplining our supervisees and as they don't listening and if the repeat and we take further steps and refer them to our managers they go there without us and when they come back, they repeat the same mistakes and we do the same thing we don't

know what they are telling or discipline them should we continue they threaten to take us to the unions

R: How do the unions handle the matter?

P: When they are with us they act as if they are against them but when they are with them, they act as if they are supporting them

R: If you wish to turn them how do you want the unions to behave?

P: I think they should not involve themselves in the work issues unless it is not the case of report but the issue of working; I am the one who is seeing the supervisees

R: Any other challenge that you are encountering

P: Absenteeism

R: What causes this absenteeism?

P: Stubbornness, feeling that I can show them that I can stay away from work and they will do me nothing

R: Does it mean that nurse of nowadays they lack discipline

P: They lack discipline a lot and you can say I am sick, but your friends will come and tell us I was with him/her last night

R: How do you think you bridge the gap of absenteeism?

P: We talk to them and they don't listen the more you talk to them the more they repeat

R: Any other challenge that you encounter during supervision

P: Lack of medication and pharmaceutical supply

R: Any other challenge that you encounter during

P: Favouritism amongst the supervisor and supervisees

R: What do you mean when you say favouritism?

P: I mean when somebody whom you love says she or he is sick is believed yet when the other one says I am sick is not believed Let me say our management style is not exercising fairness. Like when they come from same place, they will like each other than those that are not coming from the same with you and this cause a drift between supervisors. And it poses a challenge when the supervisor is not in

R: Any other challenge that you encounter during

P: When the community is not informed about how the hospital is run because you will find the person who is not an emergency coming to casualty at the weekend

R: Any other challenge that you encounter during

P: Infrastructural challenge

R: From your point of view, what do you think are the top challenges that are impacting negatively on supervision role?

P: Lack of medication and infrastructural challenge

R: If the top challenges are be addressed which challenge should be first and why?

P: Infrastructural challenges

R: Explain positive changes that would like to achieve in supervision of your supervisees in future?

P: More of teamwork and respect amongst supervisees and supervisor and to have more positive outcome

R: How best could you supervise to enhance quality patient care and improve patient safety?

P: Instil more discipline and in-service training and also not to have favouritism

R: What do you think could be the best method of supervision that can promote confidence of the supervisor and supervisees?

P: The one you involve each other and treat your staff with respect and respect the patient and avoid calling the patient with their diagnosis and avoid favouritism

R: Apart from what has been said what can you add related to supervision that could enhance supervision

P: Managers and supervises should have the times where you sit and discuss the issues in the ward so that they can be cleared and have frequent meeting with supervisor and supervisees

ANNEXURE L: Letter from Editor

**Dr Catherine Hutchings
Freelance Editorial Services**

51 Bathurst Road
Kenilworth
7708
Cape Town
Western Cape
South Africa

Telephone/Fax: + 27 21 7618522
Mobile: + 27 82 9702219
E-mail: catherinehutchings@gmail.com


To whom it may concern.

I hereby confirm that I edited Raliphaswa Munyadziwa's thesis, on

Challenges encountered by professional nurses during supervision of care in Vhembe district in Limpopo Province

in August 2019.

I wish this student well in their endeavours.



Dr Catherine Hutchings

