CHALLENGES EXPERIENCED BY PROFFESSIONAL NURSES AT THE RURAL PRIMARY HEALTH CARE FACILITIES IN MSUKALIGWA SUB-DISTRICT OF MPUMALANGA PROVINCE, SOUTH AFRICA

By

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DECLARATION

I **Mafhungo Thuso Charity**, hereby declare that the dissertation titled "**Challenges *experienced by professional nurses at* the rural primary health care facilities in Msukaligwa sub-district of Mpumalanga province, South Africa"** submitted by me, has not been submitted previously for a degree at this or any other university, that it is my work in design and execution, and that all reference material contained therein has been duly acknowledged.

Signature:  Date: 2022 /01/ 17

DEDICATION

This study is dedicated to my mother Tshikororo Thivhavhudzi Esnath. Registering for masters was her idea. Uneducated as she is, all that she wants is for her children to study. Mom, with your encouragement, support, and love I was able to carry out this study. You are the best mom.

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ABSTRACT

Professional nurses providing health care services in rural primary health care facilities need to have a broad range of skills, knowledge and stay current and up to date on different areas of healthcare. They work in an environment characterized by poor infrastructure, inadequate equipment, and medications, and yet they are expected to render quality nursing care in totality. Professional nurses in rural primary health care facilities need to be provided with enough equipment and medications for them to render quality nursing care to the patients. The purpose of the study was to explore and describe the challenges experienced by professional nurses providing health care services to patients at the rural primary health care facilities in the Msukaligwa Sub-district of Mpumalanga Province. Qualitative approach with exploratory and descriptive designs were employed in this study. The study was conducted in the primary health care facilities in Msukaligwa sub-district of Mpumalanga province. The population was professional nurses allocated at the primary health care facilities in Msukakigwa sub-district of Mpumalanga province. The target population was professional nurses who had more than two years working experience in rural primary health care facilities. Non-probability purposive and convenience sampling methods were used to select the sample of the study. The sample size was 24 professional nurses. Data was collected using unstructured in-depth face to face interviews. Data were analysed using Tesch' eight steps. Trustworthiness was ensured throughout by employing the principles of credibility, dependability, transferability, and confirmability. Ethical considerations were observed throughout the study. The study findings revealed several challenges experienced by professional nurses providing health care. Professional nurses in the Msukaligwa Sub-district are facing challenges related to shortage of manpower and resources and communication. Challenges impacted negatively on provision of patient care. Recommendations were made based on the research findings.

Keywords: challenges, patients, professional nurses, providing, rural primary health care facilities

ABBREVIATIONS AND ACRONYMS

COVID-19 Corona virus disease of 2019

ORS Oral rehydration solution

PHC: Primary Health Care

SANC: South African Nursing Council

WHO: World Health Organisation

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CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 Introduction and background

Professional Nurses are a critical part of healthcare and they make up the largest section of the health profession. Professional nurses in rural areas work in a wide variety of settings and have a broad range of practice responsibilities, within a wide variety of clinical situations. They are required to use sound clinical judgment and act often with few resources and limited backup. Rural nursing is a complex practice that is often challenging (MacLeon, Kulig & Stewart, 2019). Professional nurses play an important role as they are the first and often the only contact providing Primary Health Care (PHC) services in rural communities (Dlamini & Visser, 2017). They are closest to the community and they maintain the link between individuals, their families, and the rest of the health care system. They are a cavalry of health care (Wilmot, 2016).

Professional nurses working in rural primary health care (PHC) facilities need to be generalists with a broader range of skills and knowledge (Carbery, 2019). They should be up to date on different areas of healthcare. They are the largest component of the health workforce. They play critical roles in patient safety, education, treatment follow-up, disease prevention, and health promotion (Xing, Ao, Xiao, Cheng, Liang & Wang, 2018). Coatsworth, Hurley, and Miller (2016) affirmed that working in rural PHC facilities have expanded their capabilities as professional nurses. Sometimes they are required to think on their feet, drawing on their knowledge and decision-making skills when assessing patients and delivering health care. Rural nursing needs to be valued as a pinnacle of nursing practice (Carbery, 2019).

In British, Columbia, Alberta, and Canada, rural nursing is characterized as fundamentally different from nursing in urban areas due to factors such as access to resources, social connections in the community, and varied and often extended scope of practice. Professional nurses described their role as being the jack of all trades and specialists in general nursing. This expression was used in the context of describing the variety of tasks, knowledge, and roles required of the rural

professional nurses during a given day. Professional nurses felt they were expected to change roles as the situation demanded, drawing on their wealth of knowledge (Zibrik, MacLeod & Zimmer, 2016). In Nepal Southern Asia Coatsworth, Hurley, and Miller-Rosser (2016) claim that working in rural PHC facilities has expanded their capabilities as Professional nurses, at times they are required to think on their feet, drawing on their knowledge and decision-making skills when assessing patients and delivering health care. Rural nursing needs to be valued as a pinnacle of nursing practice (Carbery, 2019). Mokoena (2017) mentioned that professional nurses are doing non-nursing duties because of a shortage of other staff categories. Professional nurses are working as pharmacists, dispensing medicines and receiving stock. Professional nurses in rural PHC facilities performed tasks that were outside their scope of practice, which included medical diagnosis, prescribing medications, and performing minor procedures such as incision and drainage, episiotomy, removal of foreign bodies, insertion and removal Implanon as a family planning method, and suprapubic catheterization (Msuya, Blood-Siegfried, Chugulu, Kidayi, Sumaye, Machange, Mtuya & Pereira, 2017).

The findings of the study conducted by Jaeger, Benchir, Harouna, Moto, and Utzinger (2018) in the rural district of Chad, revealed that infrastructure and supplies may not only influence care for patients but also influence motivation, performance, and the wellbeing of Professional nurses. Nursing shortages in rural areas are an ongoing issue. Given the significant role, professional nurses play in the delivery of rural health care, enough workforces are essential. Health and social care in every system and every country is labor-intensive and must be oriented to people's needs for it to be effective. It is now widely recognized that human resources for health are a key enabler for the attainment of universal health coverage, and the achievement of sustainable development goals; ensure healthy lives and promote wellbeing for all in all ages (WHO, 2017).

In Canada, professional nurses experience greater autonomy and flexibility in how the boundaries of their practice are interpreted and applied. Flexible scope of practice in rural PHC areas undue stress on professional nurses when they are compensating for staff shortages or operating beyond their skill level. In rural PHC facilities when no physicians are on-site, professional nurses perform the necessary procedures to support patients' survival. Rural nursing requires professional nurses

to stretch themselves right out to the far reaches of their scope of practice, as many should work independently and still stay within the limitations of that scope with the limited resources of rural areas, while still providing quality care to each patient (MacLeon, Kulig & Stewart, 2019). More than 70% of Tanzanians live in rural areas. Professional nurses are more likely than physicians to practice in these communities; thus, they are frequently forced to practice beyond their scope of practice and expand their practice to meet the health needs of the community (Msuya et al, 2016).

In Australia, professional nurses claimed that the working environment is characterized by limited resources for assessing and managing patients (Beks, Healey & Schlicht, 2018). Rivaz, Momennasab, Yektatalab, and Ebadi (2017) confirmed that inadequate equipment is one of the most important barriers in PHC facilities, which leads to disruption, missed care, or delay in delivery care and emotional tension. Resources in PHC facilities are very important as they affect both the patient and the relationship between professional nurses. The availability of sufficient equipment in PHC facilities plays a key role in facilitating care delivery, a decrease in stress, no delay to care, and patient satisfaction. Mokoena (2017) attests that being unable to provide care to the patients strains professional nurses and they sometimes blame themselves for poor prognosis prolonged recoveries.

More than three-quarters of the countries are designated as health professional shortage areas in addition to the scarcity of professional nurses and services in rural areas. People who live in rural areas also lack access to mental health and other behavioral health services and emergency medical services. For decades, rural areas across the United States of America had experienced persistent shortages of professional nurses (Ortiz et al, 2018).

In the United State of America, professional nurses went through psychological harm, attacks, verbal abuse every single day and they don't report as they feel sympathy for their patients and understand that they are acting out because they are ill or impaired and professional nurses have this ethical duty to not harm (Stephens, 2019). There's a time when professional nurses fail to concentrate on their work because of the emotional element when they are distracted (Esposito, 2017). Prolonged exposure to stressors might progress to a negative stressor and lead to emotional disturbance. Long-term exposure to stressors had a critical impact on

professional nurses (Selamu, Thornicroft, Fekadu, and Hanlon, 2017). In Sweden, verbal abuse was perceived as potentially more frightening as it could be more personally directed. Professional nurses described that the most serious and disrespectful form of verbal abuse involves threats made by patients and patients' relatives who are sometimes threatened by the knives and doors blocked (Jakobsson, Axelsson & Ormon, 2020).

In the rural PHC facilities of China, professional nurses experienced psychological violence caused by relatives and patients and they did not have a procedure for reporting. Professional nurses at rural PHC facilities have more work to do daily. They mostly fail to meet the patient's needs resulting from increased workload (Li, Xing, Qiao, Fang, Ma, Jiao, Hao, Li et al, 2018).

The study conducted by Sisawo, Ouedraoge, and Huang (2017) in Zambia, stated that drug shortage was a fundamental factor triggering aggressive reactions from patients. Professional nurses often carry the blame when prescribed drugs are in short. Patients' reactions to drugs shortage took the form of abuse utterances. Yao, Zhao, Gao, An, Wang, Li, Gao, Lu, and Dong et al, (2018) in their study attested that the level of burnout in young professional nurses is due to the short service, heavy community pressure, and poor job adaptability. Kumar (2016) indicated that professional nurses are exposed to high levels of stress in the course of their profession. Professional nurses working in poorly functioning facilities may be exposed to high levels of stress putting them at greater risk of experiencing burnout.

Professional nurses claimed that absenteeism is one of the stressors in rural PHC facilities. It was reported that unplanned absences where professional nurses did not communicate, tend to disrupt duty schedules. Professional nurses on duty had to endure increased unplanned workload because both the health facility authorities and patients expected them to complete the workload, even when some of their colleagues were absent. In Uganda, professional nurses' absenteeism tends to portray negatively to patients through overcrowding, long waiting times, and rude health care providers (Tweheyo, Reed, Campel, Davis and Daker-White, 2019). Staff absenteeism stands out as a cardinal factor for long waiting times and patients who became bored and impatient. Such frustrations engender remarks from patients and in certain instances physical confrontation.

Recruitment and retention of professional nurses in rural PHC facilities are challenging activities (Carbery, 2019). According to Mokoena (2017), the shortage of professional nurses in South Africa is an obstacle to the provision of quality patient care. The nursing shortage is undermining the goals of the health system globally and challenging professional nurses' ability to meet the needs of our citizens. Shortage of professional nurses affects patients' care negatively and if there's only one professional nurse on duty patients' needs cannot need resulting in prolonged waiting hours at the rural PHC. Shortage of professional nurses results in increased workload for those who remain on duty and can lead to situations in which lack of motivation and lowering of quality of patient care may occur.

In South Africa Moyimane, Matlala and Kekena, (2017) asserted that there was a lack of resources. Professional nurses mentioned that they only have one glucometer, sometimes the batteries get finished and they have to dig out from their pockets to buy them. Professional nurses showed emotional reactions through feelings of self-blame and guilt feelings of being discouraged, feeling frustration, and feeling of demotivation. Mokoena (2017) alluded that professional nurses are not motivated to go to work because they are unable to give total patient care. They reported that going to work knowing that there is no equipment is discouraging. In Mpumalanga province, South Africa, Dlamini and Visser (2017) mentioned that despite high levels of stress, physical exhaustion, and traumatic experiences, there is a lack of support services for rural professional nurses and little attention has been given to the poor working conditions of rural professional nurses. With the prevalent scarcity of doctors, in rural PHC facilities, professional nurses often bear the sole responsibility for patients.

In the Eastern Cape Province of South Africa, Hodes, Price, Bungane, Toska, and Cluver (2017) reported that there was stock out of drugs such as kelatra syrup, folic acid, simvastatin, and electrolyte solutions. When the PHC facilities are running low on certain medicines professional nurses would contact the other nearby PHC facilities to ask for the medicines. The practice of sharing essential medicines is common at rural PHC facilities (Magagula, 2018). Nkoane (2015) observed that there were no thermometers and glucometer. Professional nurses reported not having delivery packs instead they end up using stitch packs to conduct deliveries. There was a shortage of medical supplies such as analgesics, antibiotics, and

antipsychotic drugs were out of stock. Psychiatric patients tend to relapse because they did not get the anti-psychiatric drugs since they were out of stock, this increases the workload on professional nurses. Professional nurses reported that they are overwhelmed resulting in increased workload and inability to cope with professional demands.

In Limpopo province, professional nurses turn back the patients without medicines due to shortage which negatively affects the nurse-patient relationship. Medicines are delayed or completely unavailable. Patients are given alternate medicine which may be less effective for the specific disease or conditions and may result in adverse patients' disease outcomes (Mokoena 2017). Skosana (2015) supported Mokoena (2017) when stating that patients come to get their medicines and are given substitutes medicines or forced to leave without medicines.

There is a delay in diagnosing the patient as in most instances diagnostic equipment is not available. Patient diagnosis is delayed due to broken or shortage of equipment Mokoena (2017). Bogart (2016) mentioned that laboratory testing is a challenge in rural PHC facilities. Blood specimens are transported to the hospital' laboratory and the results are received after two or more days. The delay in getting back the results often delays the diagnosis and treating of a medical condition.

The government aims to implement Universal Health Coverage, which only exists when all people receive the quality health services they need without suffering financial hardships (WHO, 2019). For the government to achieve universal health coverage, PHC facilities must be well equipped and must have all the required healthcare resources for professional nurses to render quality nursing care to the patients. It is important to explore and describe the challenges experienced by professional nurses proving health care services in rural PHC facilities since they are the core to healthcare. Professional nurses are essential health resources because they are the first line of contact for members of the community who utilize health care services.

1.2 Problem statement

The researcher is a professional nurse allocated in one of the facilities in the Msukaligwa sub-district. The researcher has observed that professional nurses are facing many challenges. Profesional nurses are expected to provide quality nursing

care to patients with inadequate resources, which resulted in burnout. Since October 2018 PHC facilities in the selected Sub-district of Mpumalanga province are experiencing a shortage of medical and material resources. Shortage of resources affects professional nurses since they know what must be done and they are competent to do so but they fail because they don't have the required resources.

Patients come to the PHC facilities for numerous reasons, but some return home not provided the services required. Professional nurses are forced to send patients away not provided the essential services due to a shortage of resources. Patients are sometimes sent home without prescribed drugs. When there is a shortage of drugs, patients become angry and aggressive causing emotional stress to the professional nurses.

Professional nurses working at the rural PHC facilities are also affected by the increased workloads caused by staff shortages and absenteeism and this contributed to long waiting times. Professional nurses in rural PHC facilities work beyond their scope of practice. They prescribe and dispense medications, perform minor procedures, conduct ante natal visits and also deliveries, do ordering of pharmacy stock. Professional nurses are expected to go all out to help patients daily on their own in the absence of medical doctors, pharmacists, and psychologists. The researcher decided to conduct a study on the challenges experienced by professional nurses providing health care services in rural PHC facilities in the Msukaligwa sub-district of Mpumalanga Province.

1.3 Significance of the study

The findings of this study may provide a deep understanding of the challenges experienced by professional nurses providing health care services to patients at rural PHC facilities. The findings from this study may influence the PHC managers to come up with strategies to address the rural PHC facilities challenges, for the benefit of professional nurses, patients, and the communities. The study findings revealed several challenges experienced by professional nurses when providing health care facilities. The findings of the study may add to the body of knowledge in nursing research.

1.4 Study purpose

The purpose of this study is to explore the challenges experienced by professional nurses providing health care services to patients in the rural PHC facilities in the Msukaligwa sub-district of Mpumalanga Province.

1.5 Research objectives

Objectives of this study are to:

- Explore the challenges experienced by professional nurses providing health care services to patients at the rural PHC facilities in the Msukaligwa sub-district of Mpumalanga province.
- Describe the challenges experienced by professional nurses providing health care services to patients at the rural PHC facilities in the Msukaligwa sub-district of Mpumalanga province.

1.6 Research question

- What are the challenges experienced by professional nurses providing health care services to patients at the rural PHC facilities in the Msukaligwa sub-district of Mpumalanga province?

1.7. Definition of Concepts

The following are theoretical and operational definitions of the key concepts used in this study:

1.7.1 Challenge

A challenge refers to something difficult to deal with or achieve (Cambridge dictionary, 2020). In this study, a challenge refers to any situation that hinders professional nurses to render quality nursing care.

1.7.2 Patients

A person who is under medical care (Oxford dictionary, 2019). In this study, a patient is a person who seeks medical care at the rural PHC facilities in the Msukaligwa sub-district of Mpumalanga province.

1.7.3 Professional nurse

A professional nurse is a person who is registered as such in terms of section 31 of the Nursing Act (SANC, 2005). In this study, a professional nurse refers to a person who has undergone prescribed training in an approved accredited institution and is registered with SANC.

1.7.4 Primary health care

Primary health care is society's approach to health and well-being focusing on the needs and preferences of individuals, families, and communities (WHO, 2019). In this study, primary healthcare means the healthcare provided in the community for people making an initial approach to the healthcare facilities for advice or treatment.

1.7.5 Provide

To give someone something that they need (Cambridge, 2020). This study, provide means of giving health care services to the communities of the Musikaligwa sub-district.

1.7.6 Rural primary health care facilities

Rural PHC facilities are facilities situated in any area that is not urban or metro (Collins dictionary, 2020). In this study, rural PHC facilities are facilities situated in a rural demographic setting.

1.8 Research methodology

Ossa (2019) defines research methodology as the body of practices that govern the acquisition of knowledge within a given field. It deals with a range of ways to make the most out of solving key research problems. It is a composite of philosophies, ideals, and foundations that drive the actions and methods that will be used.

The researcher employed a qualitative research approach. Qualitative research is a type of social science research that collects and works with non-numerical data and that seeks to interpret meaning from the data that helps us understand social life through the study of targeted populations or places (Crossman, 2020).

The researcher adopted a qualitative approach with a descriptive phenomenological design. The research was conducted in PHC facilities in the Msukaligwa Sub-district

of Mpumalanga province. The population was professional nurses providing health care services to patients at the rural PHC facilities in the Msukaligwa sub-district of Mpumalanga province, South Africa. Non-probability purposive sampling was employed to select the participants. The researcher used unstructured in-depth interviews. Tech's eight steps criterion as described by Creswell was employed to analyze the collected data.

Credibility, dependability, transferability, and confirmability were ensured to measure trustworthiness. Participants' respect, privacy, anonymity, and confidentiality were considered throughout the study. Freedom from harm, voluntary participation, and beneficence was employed throughout the study. In Chapter 3, the researcher describes the research methodology in detail.

1.9 Outline of the study

The layout of the study will be divided into five chapters as follows:

Chapter 1

Orientation to the study: Introduction and background, problem statement, the purpose of the study, objectives of the study, research questions, significance of the study, definition of concepts used in the study, research methodology, and the outline of the dissertation are covered under this chapter.

Chapter 2

Literature review: Chapter two discusses the literature review related to the challenges experienced by professional nurses providing healthcare services to patients in PHC facilities. The researcher focuses on what other scholars and authors have said about challenges experienced by professional nurses providing healthcare services to patients. The literature review provided relevant information and insights into the phenomenon.

Chapter 3

Research methodology: This chapter outlines the research methodology used in this study; it includes the research approach, research design, population, sample, and sampling techniques. Data collection methods and analysis as well as measures used to ensure trustworthiness and ethical considerations.

Chapter 4

Data presentation, analysis, and discussion: One major theme with five themes and nineteen sub-themes emerged. The themes that emerged from the major theme are shortage of manpower, shortage of resources, communication, the spread of infections, and confidentiality.

Chapter 5

Summary, limitations, and recommendations: Chapter five is the summary of the study, the conclusion, and recommendations are presented, and the limitations of the study. The study conclusions and recommendations based on the findings of the study are described

1.12 Summary

This chapter outlined the introduction, problem statement, research questions and objectives, research design and methodology, measures to ensure trustworthiness, and ethical considerations. Chapter two discusses the literature review related to the topic under study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Chapter one orientates the reader to the introduction and background, purpose, problem statement, significance, definitions, and a brief description of the research methodology. This chapter focuses on the literature reviewed by the researcher. Harvey (2020) defines a literature review as a comprehensive summary of previous research topics. Literature review acknowledges the work of previous researchers and in so doing, assures the reader that your work has been well-conceived. Sachder (2018) also defines literature review as one of the pillars on which the research ideas stand since it provides context, relevance, and background to the research problem being explored.

When appropriately conducted, literature review represents powerful information sources for practitioners looking for state-of-the-art evidence to guide decision-making and work practices. It enables one to have an overview and detailed knowledge of the area in question as well as references to the most useful primary source (Pare & Kitsiou, 2017). The literature review also helps researchers to develop a theoretical or conceptual framework for the topic under study (Brink, Van der Walt & Van Rensburg, 2018). To locate this study in terms of other studies on challenges experienced by professional nurses in rural PHC facilities, literature from the wide range of international and national academic journals, online publications, Google Scholar search, and data sources such as Science Direct and EBSCOHOST were consulted. The literature in this study included various challenges experienced by professional nurses in rural PHC facilities namely: infrastructure constraints, lack of material resources, shortage of medication, shortage of manpower, increased workload, ineffective support from management, skills development, and salary.

2.2 Challenges experienced by professional nurses in rural PHC facilities

The challenges experienced by professional nurses in rural health facilities literature search focused on infrastructure constraints, lack of material resources, shortage of medication, shortage of manpower, psychological stress, increased workload, ineffective support from management and skill development, and salary.

2.2.1 Infrastructure constraints

Infrastructure and supplies may not only influence patient health care but also motivation, performance, and the wellbeing of the professional nurses (Jaeger, Bechir, Harouna, Daugla, Moto & Utzinger, 2018). In Free State, Malakoane, Heunis, Chikobvu, Kigozi, and Kruger (2020) attest that burglar bars and windows were broken and thieves gained entry through the sluice room to steal computers. Shortage of security with some facilities with no security at all puts the safety of patients and staff at risk. Manyisa (2016) stated that professional nurses feared for their lives as they perceived a lack of security in a health care facility. They were not enough security measures taken to protect professional nurses from being assaulted. In Zimbabwe, Roets, Mangudu and Jan van Rensberg (2020) assert that the working distance to the PHC facility in rural areas is a challenge. Transport is known to bridge the problem of distance, and accessing public transport was a challenge, due to poor road conditions arising from lack of maintenance.

In kwabe district of Zimbabwe, Mwale (2016) proclaims that they don't have enough space for consultation hence they use the office of the operational manager with no waiting area for patients. Lack of space was reported as a major challenge in providing patient care in South Africa. Poor infrastructure was a risk factor for the transmission of airborne diseases, particularly Tuberculosis (TB). Chances of contracting TB were increased because of lack of isolation rooms which have led to mixing of high infectious multidrug-resistant tuberculosis (MDR-TB) patients and those with non-infectious disease (Manyisa, 2016). According to Sriram (2018), none of the PHC facilities had an examination area with sufficient privacy. In Nepal, Luitel, Jordans, Subba, and Komproe (2020) confirm that the lack of confidentiality within the PHC facility for consultation and counseling was a barrier to rendering quality nursing care.

There was no isolation room for patients with infectious diseases; there is a possibility of spreading infections from one patient to another. Mental health care patients were kept in the general wards due to a lack of consulting rooms (Docrat, Besada, Clear, Daviaud & Lund 2019; Mahomed & Beer 2018; Mokoena 2017). Dalinjong, Wang, and Homer (2018) found that patients in labor were sharing beds with other women during and after childbirth. There is a lack of basic essential inputs

including clean water, drugs, electricity as well as privacy. Professional nurses were not satisfied with service delivery care. Fogarty, Bobbins, and Burton (2020) found that the Medicines room was small and used as a kitchen for the PHC staff due to a lack of rooms.

2.2.2 Lack of material resources

The work environment that is characterized by insufficient resources may cause stress to professional nurses. Lack of resources creates barriers between patients and professional nurses. Patients assume that professional nurses are responsible for the lack of material recourses. Professional nurses are failing to provide quality care to the patients because they do not have enough resources. In the study conducted by Dekeseredy (2016) in rural Ontario, the findings show that there is a lack of resources leading to multiple challenges affecting patient care and safety. Lack of resources had a significant impact on the mental well-being of professional nurses. Professional nurses are stressed, frustrated, overwhelmed, and overworked because of a lack of resources. Lack of material resources include shortage of medical equipment's, shortage of water, inadequate support of electricity, and shortage of personal protective clothing,

2.2.2.1 Shortage of medical equipment

Dash, Aldersey, McColl, and Davison (2019) claim that the lack of necessary medical equipment led to the threatened provision of healthcare to patients. Moyimane, Matlala, and Kekana (2017) state that challenges of shortage of medical equipment affect patient care and service delivery negatively, leading to serious consequences to the image of the nursing profession. Dlamini and Visser (2017) affirm that sometimes the patient with difficulty in breathing may need oxygen which may not be available hence death. Mokoena (2017) claimed that patient diagnosis is delayed due to broken equipment. Shortage of equipment is affecting patient care negatively when the equipment is broken it takes time to repair or to order a new one, and this delays the commencement of treatment.

According to Sriram (2018), there was a shortage of assisted delivery equipment. In most facilities, it was reported that the equipment was old and in poor working condition and that maintenance and replacement of such equipment was a

challenge. Inadequate equipment impact negatively on service delivery and the quality of patient care (Manyisa & Van Aswegen, 2017). In Nigeria not all equipment that was present at the PHC facility was functional, some were not in good condition, and some were not working (Oyekale, 2017). Marie, Hannigan, and Jones (2017) state that there was an inconsistency of care services due to a lack of medical equipment. Chugai and James (2017) affirmed that professional nurses are crippled by unavailability and inadequacy of medical equipment and supplies, such as lifesaving supplies and equipment including IV drugs, adrenaline, oxygen and autoclaves, gauze, and cotton wools.

Essential equipment was either not available, not in working order, or not enough for the needs of the facility. This was often mentioned as the biggest challenge in providing care (Baker, Petro, Marchant, Perterson, Manzi, Bergstrom & Hanson 2018). There was a gross deterioration of medical equipment in PHC facilities (Manyisa & Van Aswegen, 2017). Shortage of equipment often led to sharing of equipment between patients, which compromised infection control (Mahomed & Beer, 2018).

The findings of the study on factors influencing recruitment and retention of professional nurses, doctors, and allied health professionals in rural hospitals in Kwazulu-natal Haskins, Phakhathi, Grant, and Horwood (2017) revealed that professional nurses are faced with the reality of inadequate and dysfunctional medical equipment they became discouraged and unhappy towards their nursing duties.

2.2.2.2 Shortage of water

According to Msomi (2017), the PHC facility once had no water supply but health care services continued to be rendered such as deliveries for women in labour. This was not safe for professional nurses and patients because infection control and prevention policies were not followed. Professional nurses who stayed in nursing home residences, in some of the days woke up in the morning and there was no water for bathing. In northern Ghana Dalinjong, Wang, and Homer (2018) stated that they are not satisfied with the overall quality of care provided due to a shortage of resources. They did not have sources of clean water and power supply. In Nigeria, Omuta and Aitokhuchi (2018) stated that professional nurses were worried about the

inconveniences to new mothers who have had to wait for family members to bring water from home before they could clean up and take a bath, following child delivery. In Uganda, overall alternative options for water storage were not available at the rural PHC (Mulogo, Matte, Wesuta, Bagenda, Apecu & Ntaro 2018).

2.2.2.3 Inadequate supply of electricity

When healthcare facilities do not have sufficient or reliable electricity supply, it becomes difficult to conduct deliveries for pregnant mothers at night and during emergencies using the lamps. Medical equipment cannot be charged and sterilized. The facilities cannot preserve life-saving vaccines for newborns, children, and adults (Adair-Rohani, Zukor, Bonjour, Wilburn, Kuesel, Herbert & Fletcher, 2013). In the study on assessment of primary health care facilities services readiness in Nigeria Oyekale (2017) asserted that some PHC facilities were unable to store vaccines due to lack of electricity. Afolabi, Fernado, and Bottiglier (2018) confirmed the lack of electricity and provision of PHC facility medical equipment.

2.2.2.4 Shortage of personal protective equipment

According to Jaeger, Bechir, Harouna, Douglas, Moto, and Utzinger, 2018) in Chad there was an inadequate amount of gloves. Gloves are essential for protecting staff and patients from nosocomial infections. Rajbangshi, Nambia, Houdhury, and Rao (2021) found that PNs were handling bleeding patients with bare hands, in the absence of hand gloves. In KZN province, there was inadequate medical equipment. Professional nurses were sometimes caring for the patient TB not donning masks (Mburu & George, 2017).

2.2.3 Shortage of medications

Medical drugs play an important role in saving lives. Shortage of medicines is the greatest challenge when providing healthcare in rural areas. Delay of essential supplies and stock-outs put pressure on professional nurses (Jaeger, Bechir, Harouna, Daugla, Moto & Utzinger, 2018). Nepal, Luitel, Jordans, Subba, and Komproe (2020) claim that patients buy treatment from pharmacies due to stock out of treatment at the PHC facilities. According to Marufu-Dzangare, Mlilo, and Chazzireni (2020), professional nurses were giving patients prescriptions for buying the medications at the pharmacy due to a shortage of medications.

In Chad, Jaeger, Bechir, Harouna, Daugla, Moto, and Utzinger (2018) attest that delays in the arrival of essential supplies and stock-outs put pressure on professional nurses. Allocating limited stocks and potentially withholding treatment to save it for someone more in need can be a challenging decision. Mokoena (2017) attests that patients are discharged without prescribed medications due to a shortage. Tusubira, Akiteng, Nakirya, Nalwoga, Ssinabulya, Nalwadda, and Schwarts (2020) found that there was rationing of medicines for certain patients. Professional nurses were reserving some basic medicines for a few patients typically elderly or emergency. Jaeger, Benchir, Harouna, Moto, and Utzinger (2018) revealed that there was inadequate Oral Rehydration Salt (ORS) and also a lack of antibiotics.

In Pakistan, Rabbani, Perren, Aftab, Zahidie, Sangrasi, and Qazi (2016) support that the unavailability of ORS, zinc, and antibiotics is a demotivating factor in terms of improving knowledge and performance. They have not received antibiotics to treat pneumonia for five years. The procurement of medication and other medical supplies was often delayed in Kwazulu Natal province. In India shortage of essential drugs such as folic acid and a shortage of contraceptives were also reported. Poor availability of drugs results in the patient seeking medical drugs at a private pharmacy (Karvande, Sonawane, Charan & Mistry, 2016).

In Zimbabwe, medical drugs were supposed to be delivered quarterly, but delivery lack consistency in both quantity and type ordered. Medical drugs for chronic conditions were rarely available and this harmed patient care. The non-availability of medical drugs leads to a high risk of relapse and non-adherence by patients suffering from chronic diseases (Roets, Mangundu & Jan van Rensberg, 2020).

In Nigeria professional nurses request the patients to return to the PHC facilities for the collection of medications (Mburu & George, 2017). It was noted that drugs are not readily available at the PHC facilities. Essential drugs were poorly available (Oyekale, 2017). A study on healthcare providers' perspective of providing primary healthcare services to persons with physical disabilities in rural Ghana, Dassan, Aldersey, McColl, and Davison (2019) revealed that professional nurses were experiencing a frequent lack of drugs and medical equipment in PHC facilities. Baker et al (2018) assert that professional nurses place orders of drugs and equipment according to their needs but often receive an insufficient amount.

In the study conducted by Olubumni, Maria, and Jabu (2019) in South Africa, the first-line drugs for chronic ailments like high blood pressure and diabetes mellitus were not always available and the stock-out period ranged from days to several weeks. Stock out of Enalapril and Hydrochlorothiazide was reported. There were challenges with the distribution and transportation of medical supplies, the depot did not deliver orders on time and took longer to be delivered. Even at the nearest hospital, they don't deliver the prescriptions on time due to a shortage of vehicles. Sriram (2018) also found that there is a shortage of drugs such as antifungals, anticonvulsants, and ointments. Docrat, Besada, Cleary, Daviaud, and Lund (2019) indicated that there was stock out of medications for depression, bipolar disorder, psychosis, epilepsy, and dementia. Lithium was the most frequently reported as stock out.

2.2.4 Shortage of manpower

The shortage of professional nurses affects patients waiting time, workload, and in-service training. PHC facilities with a high patient-to-nurse ratio may be forced to cut corners and spend less time on each patient to cope with the high workload, thus jeopardizing the quality of care. The shortage of nurses contributed to professional nurses not having time to attend in-services training (Mogakwe, Ally & Magobe, 2020). According to Manyisa (2016), the shortage of professional nurses was ascribed to high turnover rates, failure to replace nurses who had died or retired, and freezing of posts. Shortage of professional nurses leads to unmanageable patient load and disparity on the professional nurses. The nurse-patient ratio needs to be maintained as it highly affects patient care delivery. When there is a shortage of manpower, the infection rate and patient morbidity and mortality rates also increase.

Professional nurses undertake roles of other health professionals, hence they are left with minimal time to carry out their roles, functions, and responsibilities. They spend more time doing non-nursing roles (Chhugai & James, 2017).

In India, professional nurses are constantly exposed to vigorous physical and mental stress attributed to abundant workload, as there is an evident shortage of staff. Professional nurses are performing non-nursing duties and this makes the nurse-patient ratio quite poor, and professional nurses attend patients in more numbers than they are expected to (Verma & Srivastava, 2018). The lack of ancillary support

made it necessary for professional nurses to assume non-nursing duties that take them away from providing direct care to the patients. Professional nurses are performing secretarial, lab, housekeeping, and even security roles as additional tasks (Dekeseredy, 2016). The findings of the study conducted on retaining the health workforce in rural and underserved areas of India by Goel, Angeli, Bhatnagar, Singla, Grover, and Maarse (2016) revealed that the PHC facility was without a medical practitioner, laboratory technician, and pharmacist.

In a setting where staff shortages were reported, informal task shifting was possible because professional nurses vague job descriptions that led them to perform task that was beyond their expertise. Staff shortages and workload can jeopardize' professional nurses ability to display support, empathy, and friendliness to patients (Munabi-Babigumira, Glenton, Lewin, Fretheim & Nabudere, 2017).

Mwale (2016) in Kwabe district, Zimbabwe states that only two professional nurses run the PHC facility with a long queue of patients that need to be attended which caused frustration. Some patients discontinue treatment because of the long waiting times. The waiting time took 4 to 6 hours resulting in a high rate of default. In Free State Malakoane et al (2020) affirms the issue of long waiting time stating that patients come at 5 am and leave the facility at 16 hours because there is just one professional nurse. Msomi (2017) asserted that professional nurses leave the patients in labor alone and attend to other patients. They fail to monitor patients in labour closely. Due to a shortage of staff, professional nurses leave a patient in labor alone so that they could continue consultations with the queue. Patients pass bad remarks, shouting at the professional nurse telling them to work faster, and that they are lazy. The situation was aggravated by the professional nurses who would not report on duty because they were sick or did not come on duty for other reasons. Rahim, Kassam, Dang, and Sekiwunga (2019) further point out that there is a long waiting time due to staff shortages/ absenteeism.

In the study conducted by Haskins, Phakathi, Grant, and Horwood (2016) in Kwazulu- Natal they revealed that there is a shortage of staff and that it increases the workload to the staff on duty. When there's a shortage of professional nurses rendering services becomes challenging and such shortages would require them to skip certain duties. (Tjoflat, Melissa, Mduma, Karlsen & Sorei, 2018). Professional

nurses reported being overwhelmed and having a sense of being left alone. Professional nurses are doing consultations, dispensing medications, and rendering midwifery services (Jaeger et al, 2018). PHC facilities in rural Sierra Leone were understaffed thus contributing to additional work burden on those on duty (Wurie, Samai & Witter, 2016). In South Africa, the shortage of professional nurses can be attributed to many factors such as poor working conditions, poor communication, poorly resourced workplace, and low morale (Manyisa & Van Aswegen 2017). According to Baker et al (2018), professional nurses work alone in difficult conditions, not having other professional nurses to help during emergencies. Informal task sharing was also found and having to take the role of other staff not on duty. Being alone was experienced as a critical determinant of a professional nurse's capacity to provide care. Professional nurses who bore the sole responsibility for patients in the PHC facility described never being able to rest.

Yonge, Jackman, Myrick, and Konking (2018) mentioned that professional nurses always react and be very timely with what they do. Sometimes they take decisions and act appropriately. According to Dassan, Aldersey, McColl, and Davison (2019), there was inadequate staffing and they could not devote much time to their patients. Nesangani, Downing, Poggenpoel, and Stein (2019) affirm that the shortage of professional nurses in the rural PHC facilities was perceived as disempowering, as they were expected to do more in terms of their duties. Despite the shortage of professional nurses all the health care services in the PHC facilities had to run daily. The unavailability and long turnaround time of the ambulance to transfer patients to the hospital was perceived to be a risk to patients' lives. Sometimes they waited for an ambulance and it never came.

2.2.5 Increased Workload

Professional nurses are experiencing heavy workloads when experiencing difficulties in meeting the task requirements as delegated by the employer. The increased workload is the most predictor of burnout, lack of involvement, and dehumanization of patients by the professional nurses (Manyisa & Aswegen, 2017). Shortage of staff and increased workload are precipitating factors towards early retirement.

Increased workload pressure correlated with reduced occupational commitment and subsequent negative job satisfaction, impact patients' safety negatively. Professional

nurses are overworked but receive low salaries (Chamanga, Dyson, Loke & Mckeoun, 2020). The increased workload is aggravated by a shortage of staff performance of non-nursing duties (Haskins, Phakhathi, Grant & Horwood, 2017). Staff shortages were reported as a challenge that compromises the quality of care. Heavy workload limits the time that professional nurses had for conducting a thorough assessment of patients, also leading to professional nurses omitting some aspects of care (Munabi-Babigumira, Glenton, Lewin, Fretheim & Nabudere, 2017).

Jaeger, Bechir, Harouna, Moto, and Utzinger (2018) in the study on challenges and opportunities for healthcare workers in a rural district of Chad concluded that there is a mismatch between expected tasks and duties of the professional nurses. Due to limited resources and frequent absences, staffing is organized to cover main programmed activities in the morning with a single professional nurse covering all nursing duties. The professional nurses expressed being overwhelmed and having a sense of being left alone. They also expressed concern about the quality of care provided under such conditions. A task shift towards professional nurses treating even severe cases all by themselves increases responsibilities and burden. Manyisa (2016) complained about being too heavy and workload which they said caused fatigue and absenteeism among professional nurses. They were demotivated, frustrated, and burned out as they felt that management did not consider their health and safety as a priority.

In Tanzania, Nnoko, Nnyangau, and Odhiambo (2019) affirm that apart from the roster duties recording information on multiple documents increases professional nurses' responsibilities and workload during working hours. Professional nurses suffer from a high workload due to the daily integration of multiple PHC services, including new programs being introduced. Administrative duties were identified as being time-consuming. Professional nurses were under pressure to provide various reports to their managers, prepare the duty roster, and ensure the facility is running smoothly. Rajbangshi, Nambia, Houdhury, and Rao (2017) found that there was a burden of administrative work which rested on professional nurses' shoulders, even though they were not trained for it they had to juggle this task with providing clinical care in the PHC facility.

In Mpumalanga province, professional nurses must be at work all time and they are not given sufficient time to rest because their leave requests are often rejected due shortage of manpower. They complained that they were not respected as human beings and were required to do their work like machines. They also mentioned that they often must do work that is beyond their professional boundaries, which leads to stressful situations. They must assume the role of a teacher, guardian, counselor, technician, and coordinator which not only increases their responsibilities but exceeds their available resources. Increased responsibilities and overstretching of professional boundaries give risk to personal strain and occupational stress among the professional nurses (Dlamini & Visser, 2017).

Chhugai and James (2017) affirmed that a huge amount of workload and responsibilities on professional nurses can often lead to disturbed mental peace which will ultimately lead to less efficient care. Multiple tasks can pose a problem in the facility. According to Mburu and George (2017), professional nurses attend to a high volume of patients daily because most of the patients are coming from far, they need to be attended to on the same day to avoid a backlog. This leads to emotional burnout, stress, and frustration.

Manyisa and Van Aswegen (2017) mentioned that professional nurses with higher workloads tend to report more health problems as compared to those who have lesser workloads. Long working hours and heavy workloads harm the health and wellbeing of professional nurses. Rivaz, Momennan, Yektatalab, and Ebadi, (2017) in their study revealed that an imbalance workload was the most important cause of stress, dissatisfaction, and burnout. In-appropriate nurse-patient ratios, high workload, over time, the rapid turnout of patients, and conducting non-nursing tasks were the major causes of imbalanced workloads. Inadequate staffing and heavy workloads threatened patient safety and care quality. Imbalance workloads result in excessive fatigue and reduced productivity and a tendency of absenteeism. According to Onyango (2016), working hours were too long with few professional nurses in the working stations leading to overload. Professional nurses indicated that they would not prefer to continue working in this environment and that they would like to leave as soon as they get an opportunity for greener pastures. They want to leave the rural PHC facility for better job security, better pay, growth, and advancement of their careers.

According to Ngure (2018), the workload was related to greater staff shortages and the high number of patients. The nurse-patient ratio does not meet the WHO standard with nurses being outnumbered. Ogu, Ntoimo, and Okonofua (2017) mentioned that the number of patients is increasing and the professional nurses are few. (Mokoena, 2017) stated that professional nurses are performing non-nursing duties because of sickness and absenteeism of the other staff categories. When other personnel is absent professional nurses take over and perform their duties. Staff-absenteeism and performance of non-nursing duties lead to increased workload. Dassan, Aldersey, McColl, and Davison (2019) professional nurses are frustrated about the high workload.

2.2.6 Psychological stress

Professional nurses who experience high levels of occupational stress may consider leaving the nursing profession or using maladaptive coping techniques such as the use of alcohol. The lack of anonymity in the community and knowing their patients personally was at times stressful for the professional nurses but also beneficial to the patients because the professional nurses would be more attentive to them (Dekeseredy, 2016). Professional nurses run the risk of health problems and burnout because of their engagement in physically and mentally demanding tasks which involve working odd and long hours, shifts, and dealing with seriously ill patients (Manyisa & Aswegen, 2017). Professional nurses in S.A experience burnout which is associated with increased workload and lack of support from the management. The workload was a significant predictor of emotional exhaustion (Dubale et al, 2019). They are experiencing burnout and emotional strain. Professional nurses found it difficult in providing patient-centered care for various reasons including inadequate space, shortage of manpower, and high patient workload leading to professional nurses burnout (Ndwinga, Warren, Ritter, Sripad & Abuya, 2017).

In Limpopo province, South Africa, Mokoena (2017) affirms that professional nurses are not motivated because they are unable to give total nursing care. Not being able to provide care to the patients, strain professional nurses because they feel as if they have contributed to a poor prognosis. Jaeger, Bechir, Harouna, Moto, and Utzinger (2018) claim that inappropriate working conditions and lack of recognition, and sometimes even the feeling of unjust judgment by senior staff were the main factors

hampering motivation. Washeya (2018) stated that dysfunctional medical equipment and insufficient resources and physical environment lead to fear, anxiety, stress, and frustration among professional nurses and subsequently result in compromised nursing care and health care practices.

Munabi-Babigumira, Glenton, Lewin, Fretheim, and Nabudere (2017) indicated that professional nurses feel that they are stretched to the limit resulting in burnout, reducing staff motivation, and leaving them feeling unable to meet the demand of work. Baker et al (2018) stated that professional nurses are frequently overburdened and find it hard to manage due to a lack of resources and staff. This was experienced as affecting their performance negatively. Onyango (2016) revealed that professional nurses were dissatisfied with stressful working conditions in terms of the facility being overcrowded with patients, facility long working hours, and staffing levels. According to Moyimane, Matlala, and Kekana (2017), emotional reactions such as self-blame and guilt, feelings of being discouraged, and frustration and demotivation are caused by lack of resources. Demotivation of professional nurses was due to high workload, shortage of manpower, and poor quality of health care services provided to the community (Malakoane, Heunis, Chikobvu, Kigozi & Kruger, 2020).

2.2.7 Ineffective support from management

Managers do not support professional nurses regarding nursing-related and personal issues. When professional nurses report their social problems, they do not believe them and sometimes they don't grant them leave hence they consult the medical doctor so that they are granted leave days to address the challenges (Haskins, Phakhathi, Grant & Horwood, 2017). An insufficient financial reward which refers to overtime payment is a major challenge. Professional nurses were not motivated and expect the management to do more to boost their self-esteem and encourage them to stay in the rural facilities. They also suggest that any form of reward whether verbal or in the form of a certificate could suffice (Dlamini & Visser, 2017).

Lack of management support among supervisors and the managerial staff negatively affected professional nurses retention. In most cases, managers tend to ignore complaints raised by professional nurses or sometimes take time to attend to them (Haskins, Phakhathi, Grant & Horwood, 2017).

Professional nurses felt neglected and unappreciated by the management and this creates conflict and division in the workplace. They expressed their disappointment in the lack of support from the management (Wurie, Samai & Witter, 2016). According to Marie, Hannigan, and Jones (2017), professional nurses are dissatisfied with the level of respect or available opportunities to be listened to and talked to about the frustrating work environment. Manyisa (2016) mentioned that professional nurses described how most of the time they support the service rendered. Managers were said to be inconsiderate and often point out mistakes made by the professional nurses and this affected them negatively. Managers expected too much from them without providing the necessary resources.

The findings of the study conducted by Nesangani, Downing, Poggenpoel, and Stein (2019) revealed that patients are very much unappreciative of the care they receive from professional nurses. Professional nurses accused their operational manager of giving preferential treatment to some of their colleagues. Perceived favoritism by managers was revealed to have caused dissatisfaction among professional nurses. They voiced that their employer was only concerned with the number of patients they serve daily. Professional nurses compared the high number of patients to quantity instead of the quality of care they were supposed to render to patients.

According to Afolabi, Fernado, and Bottiglier (2018), poor management, lack of teamwork, and lack of support from operational managers and supervisors were observed as a strong demotivating factor. Professional nurses perceived that they were not adequately rewarded for the work they do. They were demotivated by staff shortages as this led to work overload for those on duty, which invariably led to staff burnout. Msomi (2017) attests that poor support of professional nurses in PHC facilities is an area that needs more attention from the sub-district management team. Baker et al (2018) revealed that there is limited support from the district health officials.

In a study of leadership styles in two Ghananian hospitals in a challenging environment, Aberese-Ako, Agyepang and Van Dick (2018) found that managers were not responding promptly to professional nurses' needs such as essential drugs, medical supplies, equipment, and infrastructure needed for quality service delivery. Baker et al (2018) stated that management doesn’t act whenever professional

nurses report deficiencies in infrastructure, request equipment, or claim allowances for working long hours. In Kenya, professional nurses were dissatisfied with the relationship between them and their patients and supervisors (Onyango, 2016). Professional nurses working environment was sometimes worsened by poor management. They felt unsupported in their work and complained that concerns about work place were sometimes left unheard and no solutions or feedback were given (Munabi-Babigumira, Glenton, Lewin, Fretheim & Nabudere, 2017). Mahomed and Beer (2018) stated that Management was not supportive and not visible.

2.2.8 Skills development and salary

In Chiana, Tao, Haycock-Stuart, and Rodgers (2016) claim that rural PHC facilities could not provide professional nurses with many opportunities to experience diverse skills, as the size of the healthcare facility was generally small in most rural areas and most of the patients were not severely ill and the equipment was not advanced and sometimes unavailable. Onyango (2016) revealed that no program promotes personal growth through financial support in the institution for higher learning and professional growth through continuous medical education. India is deficient in health system development and financing because health workforce education, training, and continuing field of education are given low priority. The inability of employers to provide safe, satisfying, and rewarding work conditions is another important factor for healthcare worker attrition in rural India. Due to poor working and living conditions, professional nurses prefer to immigrate within and across countries (Goel, Angeli, Bhatnagar, Singla, Grover & Maarse, 2016).

The institutional policy regarding career development was biased as it was based on favoritism. Promises regarding training were not always adhered to; hence this influenced professional nurses to resign (Haskins, Phakhathi, Grant & Horwood, 2017). In a study on the determinant of motivation among healthcare workers in the East Africa community Muthuri, Senkubuge & Hongoro (2020) revealed that professional nurses lacked training opportunities for professional education due to lack of management coordination, favoritism, and unfairness.

In a study on factors influencing retention of professional nurses in a public health care facility in Windhoek, Namibia, Washeya (2018) affirms that professional nurses experienced their remuneration packages as inadequate. They reported low salaries

as one of the main aspects that influence professional nurses' decision to leave public healthcare facilities. Munabi-Babigumira, Glenton, Lewin, Fretheim, and Nabudere (2017) revealed that professional nurses' salaries and benefits are insufficient for the work done, responsibility, and personal risk and for the additional responsibilities assigned to them. In rural SieraLeone, professional nurses were dissatisfied with their jobs and intended to leave their posts within one year. Job dissatisfaction was affected by inadequate living and working conditions, inconsistent financial remuneration, and a poor support system (Narayan, John-Stewart, Gage & Omalley, 2018).

2.3 Summary

This chapter presented a literature review on challenges experienced by professional nurses while providing health care services to patients, cited from studies conducted internationally, nationally, and provincially. The professional nurses in rural PHC facilities globally, internationally, nationally, and provincially complain of a shortage of manpower and material resources. They receive ineffective support from the management hence providing poor services to the patients. Chapter three describes the research methodology used in this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Chapter 2 describes a literature review related to the topic of this study. This chapter describes the research approach, design, population, where the study was conducted, sampling method, and sampling procedure that were used. In addition, the chapter also describes the tool and method that the researcher used to collect data, data analysis, and ethical issues as well as measures taken to ensure trustworthiness. Research methodology refers to the body of practices that govern the acquisition of knowledge within a given field. It deals with a range of ways to make the most out of solving key research problems. It is a composite of philosophies, ideals, and foundations that drive the actions and methods that will be used (Ossa, 2019). Research methodology is about how a researcher systematically designs a study to ensure valid and reliable results that address the research aims and objectives (Jansen & Warren, 2020). Furthermore, Bouchrika (2021) also defined research methodology as the systematic method to resolve a research problem through data gathering using various techniques, providing an interpretation of data gathered, and drawing conclusions about the research data.

3.2 Research Approach and design

3.2.1 Research Approach

The researcher employed a qualitative research approach. Qualitative research is a type of social science research that collects and works with non-numerical data and that seeks to interpret meaning from these data that helps us understand social life through the study of targeted populations or places (Crossman, 2020). It is the best research approach for describing, interpreting, contextualizing, and gaining in-depth insight into specific concepts or phenomena (Mccombes, 2019). The researcher explored the challenges experienced by professional nurses in rural PHC facilities. Qualitative research tends to collect data in the field at the site where the participants experience the issue or problem under study (Creswell, 2017). The researcher chose the qualitative research approach because it allows her to explore the meanings that

people attribute to their behavior, actions, and interactions with others (Crossman, 2020).

3.2.2 Research Design

Bhat (2019) defines research design as a framework of methods and techniques chosen by a researcher to combine various components of research in a reasonably logical manner so that the research problem is efficiently handled. The researcher adopted a qualitative approach with exploratory, descriptive, and phenomenological research designs to explore and describe the challenges experienced by professional nurses while providing healthcare services to the patients in the rural PHC facilities in the Msukaligwa sub-district of Mpumalanga province.

3.3.3.1 Exploratory design

According to Babbie (2016), exploratory research is done to satisfy the researcher's curiosity and desire for better understanding. The researcher employed an exploratory design because it is flexible and is bound to result in new ideas, revelations, and insights (Pratap, 2018). The exploratory design was also employed to gain a broad understanding of the phenomena under study. It was conducted to explore a phenomenon of interest, which was the challenges experienced by professional nurses providing healthcare services in rural PHC facilities.

3.3.3.2 Descriptive design

According to Cassandra (2018), descriptive research design aims to describe as well as to explain or validate some sort of hypothesis or objective when it comes to a specific group of people. The researcher employed a descriptive research design because it presents a detailed picture of the problem or situation and it mainly focuses on how, who, what, and when questions (Shamil, 2019). Professional nurses were allowed to describe the challenges experienced while providing healthcare services in rural PHC facilities, and the researcher managed to obtain in-depth rich information from the professional nurses.

3.3.3.3 Phenomenological design

The phenomenological research design was employed because the researcher wanted the professional nurses to describe the challenges experienced while

providing healthcare services in rural PHC facilities as well as how they interpret their experiences. The phenomenological research design was appropriate for this study as it is concerned with experiences. In attempting to describe the lived experiences, the researcher focuses on what is happening in the life of the individual, what is important about the experience, and which alterations are needed all through the participants' perceptive (Brink, Van de Walt & Van Rensburg, 2018).

3.3 Study setting

The study was conducted at nine PHC facilities in Msukaligwa Sub-district, Mpumalanga province. According to the Statistic SA (2016 community survey), Msukaligwa's population increased from 149377 in 2011 to 164608 people in 2016 which comprises the 11th largest population in the province and 14.5% of the total population of Gert Sibande district in 2016. The Msukaligwa Sub-district is predominately rural with key anchor towns that dominate the urban settlements (Msukaligwa Local Municipality, 2019). The Msukaligwa sub-district is a Category B municipality situated within the Gert-Sibande District in the Mpumalanga province. It is bordered in the north by the Nkangala district and Chief Albert Luthuli, in the South by Lekwa and Dr. Pixley Ka IsakaSeme, in the East by Mkhondo, and in the West by Govan Mbeki district. It is the largest of the seven municipalities that make up the district account for 19% of its geographical area. Msukaligwa municipality is situated in Ermelo city. Msukaligwa Sub-district has eleven PHC facilities and there is no district hospital. There is only one regional hospital providing level 1 services to the population of Msukaligwa. The main language spoken is Isizulu. In one PHC facility in Msukaligwa Sub-district headcount is 4432 per month's average of PNs is 09 this means that one PN is seeing 23 to 30 patients per day.

Table 3.1 shows the number of patients who attend the Musukaligwa PHC facilities in the years 2018 – 2020. Attendants of patients to the PHC services from the year 2018 to 2020 increased every year.

Table 3.1 Patients who attended Msukaligwa PHC facilities from 2018 – 2020

HEADCOUNT	**2018**	**2019**	**2020**
Under 5 years	7834	8790	7929
5-9 years	806	858	656
10-19 years	3140	3668	3190
20 years and older	32659	34198	31250
Total	**44439**	**47514**	**43025**

(District Health Information System, 2020)

3.4 Study population and sampling

3.4.1 Population

Brink, Van de Wart, and Van Rensburg (2018) define a population as the entire group of persons or objects that is of interest to the researcher, and which meet the criteria they are interested to participate in the study. In this study, the population was the professional nurses allocated at the PHC facilities in the Msukaligwa sub-district of Mpumalanga province, South Africa.

3.4.2 Sample and sampling technique

The sample is a subset of a population that is used to represent the entire group as a whole (Cherry, 2018). Sampling is a process of selecting the participants from the group of the population under study (Kenton, 2019). Non-probability, purposive sampling technique was used. According to Dudovskiy (2018), in non-probability sampling, not all members of the population have a chance of participating in the study.

3.4.2.1 A sampling of the PHC facilities

Non-probability purposive sampling technique was used in which the sample to be observed is selected based on the researcher's judgment about which ones will be the most useful or representative (Babbie, 2016). The researcher conducted the

study in the nine rural PHC facilities in the Msukaligwa sub-district, Mpumalanga province.

3.4.2.1 A sampling of the participants

The researcher adopted a non-probability purposive and convenience sampling technique. It involves seeking out individuals that meet certain criteria (Cherry, 2018). In this study, the sample was professional nurses who had more than two years of working experience in PHC facilities and who were available on the day that the researcher was conducting interviews.

Sample size

In qualitative research, the determination of sample size is contextual and partially dependent upon the scientific paradigm under which investigation is taking place (Boddy, 2016). A sample of 24 professional nurses employed in the rural public PHC facilities in the Msukaligwa sub-district of Mpumalanga Province for more than two years was interviewed.

3.4.3 Inclusion

Hornberger and Rangu, (2020) define inclusion criteria as the different requirements someone must meet to participate in the study. Furthermore, Patino and Ferreira (2018) define inclusion criteria as the key features of the target population that the researchers use to answer the research questions.

3.4.3.1 Inclusion criteria for PHC facilities

The researcher included:

- Public PHC facilities
- Rural PHC facilities

3.4.3.2 Inclusion criteria for the participants

The researcher included professional nurses who were employed:

- for 2 years and more
- at the rural Msukaligwa sub-district PHC facilities

3.4.4 Exclusion criteria

Exclusion criteria are those criteria that would lead a researcher to exclude certain elements, individuals, or objects from the population (Brink, V a de Wart & Van Rensburg, 2018).

3.4.4.1 Exclusion criteria for PHC facilities

The researcher excluded:

3.4.4.1.1 Private PHC facilities

3.4.4.1.2 PHC facilities in urban areas

3.4.4.2 Exclusion criteria for the participants

The researcher excluded the professional nurses who:

3.4.4.2.1 were employed for less than 2 years

3.4.4.2.2 were not employed rural Msukaligwa sub-district facilities

3.5. Unstructured in-depth interviews

The researcher used unstructured in-depth face-to-face interviews to allow the professional nurses to communicate much more freely and to provide more detailed descriptions of their experiences. In unstructured in-depth face to face interviews, questions are not pre-determined and interviews flow like a normal conversation, the participants can explain concepts in an informal way which shows their understanding of the subject in the study (Bhasin, 2019). The researcher was a key instrument meaning that she was an interviewer. The researcher developed one central question (see Annexure G) to allow the professional nurses to freely describe the challenges they experience. Unstructured in-depth face to face interviews allows the interviewer to dig deeper into the phenomenon under study (Marshall, 2016). The researcher observed non-verbal cues and asked probing questions. Unstructured in-depth interviews lack reliability because each interview is unique, and a variety of different questions are asked and phrased in different ways (Marshall, 2016). Unstructured in-depth interviews were used in this study because they enabled the

researcher to obtain a more detailed, rich understanding of the challenges of professional nurses in rural PHC facilities.

3.6 Pretesting

Pretesting is a method of checking that the research instrument work as intended and is understood by those individuals who are likely to respond to it (Hilton, 2017). Pretesting involves simulating the formal data collection process on a small scale to identify practical problems regarding data collection instruments, sessions, and methodology. It involves administering the interview to a group of individuals that have similar characteristics to the target study population, and in a manner, that replicates how the data collection will be introduced and what type of study materials will be administered as part of the research process (Hurst, Arulogun, Owalabi, Akinyemi, Uvere, Warth & Ovbiagele, 2015). Before the actual data collection, the researcher conducted a pre-test on two participants who are working in one rural PHC facility. The two participants who participated in the pre-test were included in the main study. This was done to evaluate if the central question was clear and to ensure that appropriate questions are asked and that questions do not make the participants uncomfortable. The researcher's interviewing skills are evaluated. During pretesting, the researcher discovered that some participants were not comfortable when interviewed in English. The participants were interviewed in their preferred language. The central question was clear and well understood by the interviewees.

3.7 Data collection

Data collection refers to the effective handling of information that is created during research, is about the organization of data from its entry to the research cycle through to the dissemination and archiving of valuable results. It consists of several different activities and processes associated with the data life cycle, involving the design and creation of data, storage, security, preservation, retrieval, sharing, and reuse, all considering ethical issues (Sanjeeva, 2018).

The researcher requested permission to collect data from the PHC facilities by submitting an ethical clearance (see Annexure A) and a research proposal to the Mpumalanga department of health. The approval letter from the department of health was used to request permission to conduct a study at PHC facilities. The approval

letter was submitted to the Msukaligwa sub-district office (see Annexure C). Permission to interview the professional nurses was sorted through submission of the letters to the operational managers of the PHC facilities (see Annexure D).

The researcher requested the operational managers to arrange staff meetings with all the professional nurses in the facility on the scheduled day. According to Creswell (2018), the researcher must not deceive the participants and the researcher must provide information leaflets that will inform the participants about the purpose of the study. The researcher explained the purpose of the study, ethical aspects, and the right to withdraw at any time of the study process with or without a reason.

The researcher met individually with the professional nurses who were willing to participate in the study and they agreed on the date, time, and place of the interviews. A day before the interview, the researcher reminded the participants about the appointments telephonically. The interviews were conducted in a private, quiet place at the selected PHC facilities at the time suitable to the participants. The participants voluntarily signed the consent forms.

Additional methods were used such as field notes, observation of non-verbal communication, and audiotape recorder with the permission of the participants. One interview lasted for approximately 35 to 45 minutes. The languages used during interviews were English and Isizulu. The researcher observed that there was no more new information after she had interviewed 24 participants, hence data saturation.

3.8 Data management and analysis

Data management is the way to organize and store data that the research study has accumulated in the most efficient way possible (Bouchrika, 2020). It concerns the organization of data, from its entry to the research cycle through to the dissemination and archiving of valuable results (Chigwada, Chiparausha & Kasiroori, 2017). Following data collection, the information from the tape recorder was transcribed verbatim by the researcher. The researcher carefully read the transcript to acquire a general sense of data. The data collected was stored on the CD-ROM disk, flash drive, and backup drive to avoid losing information. Consent forms that were signed

by participants were saved on the file stored in the briefcase. Audio records were also stored on the cloud drive and the flash drive.

Data analysis is defined as a process of cleaning, transforming, and modeling data to extract insights that support decision-making. The purpose of data analysis is to extract useful information from data and make decisions based on the data analysis (Calzon, 2021). Field notes were edited and made more readable and data collected was transcribed into written forms so that they can be studied in detail. The researcher scrutinized collected data by going through it repeatedly, to understand the meaning. Data were analyzed using Tesch's eight steps (Creswell, 2018).

Step1. Getting a sense of the whole

The researcher went through all transcriptions carefully and write down some of the ideas identified.

Step 2. Underlying meaning

The researcher picked one document created during an interview and read it thoroughly. The researcher examined the meaning of the data that was collected.

Step 3. Cluster similar topics

The researcher made a list of topics after completing the task for all participants. Similar topics were clustered together; topics were formed into columns, organized as superordinate themes, themes, and subordinate themes.

Step 4. Abbreviate topics as codes

The researcher used the list to abbreviate the data as codes writing them down next to the appropriate segments of the text. The categories and codes that emerged were listed.

Step 5. Topics turned into categories

The researcher found descriptive wording for the topics and turned them into categories. The researcher grouped topics that relate to each other to reduce the total list of categories. The researcher showed interrelationships by drawing lines

between categories. The final decision was made on the abbreviation of each category and alphabetized the codes.

Step 6. The final decision on abbreviations.

The researcher made a final decision on themes and sub-themes by assembling data material belonging to each category.

Step 7. Perform preliminary analysis

The researcher assembled data materials that belong to each category in one place and performed a preliminary analysis.

Step 8. Recode the existing data

The researcher recoded the existing data. The researcher sent the analyzed data to the analyst.

3.9 Trustworthiness

Trustworthiness refers to the trust that is given to the research process and the findings of the study. According to Brink, Van De Walt & Van Rensburg (2018), trustworthiness refers to the employment to ensure accuracy of findings. The researcher ensured trustworthiness based on four criteria namely: credibility, dependability, transferability, and confirmability.

3.9.1 Credibility

Credibility is defined as the confidence that can be placed in the truth of the research findings (Korstjens & Moser, 2018). In this study, the researcher ensured credibility through prolonged engagement and member checks.

3.9.1.1 Prolonged engagement

The researcher stayed in the field until data saturation was reached. In this way, the res researcher gained an in-depth understanding of the phenomenon and the participant's challenges. Prolonged engagement builds trust and rapport between the researcher and the participants, and the researcher gathered rich data because the participants were free towards the researcher and they were free to talk. The researcher spent a month interviewing the participants.

3.9.1.2 Member checks

Member checks are done by assessing the intentionality of the participants, correcting obvious errors, and providing additional information. The emerging findings of the study are taken back to the participants for the interpretations of the data, as well as the adequacy thereof, to be discussed and confirmed (Brink, Van de Walt & Van Rensburg, 2018). A member check was done to ensure that the facts have not been misconstrued.

3.9.2 Transferability

Transferability is the degree to which the results of qualitative research can be transferred to other contexts or settings with other participants (Korstjens & Moser, 2018). Transferability concerns the aspect of applicability where the researcher must provide a thick description of the participants and the research process, to enable the reader to assess whether the findings are transferable to other settings. The researcher provided detailed descriptions of the context in which data was collected, the study design, the setting where the study was conducted, and how data was analyzed.

3.9.3 Dependability

According to Moon, Brewer, Januchowski-Hartley, Adams, and Blackman (2016), dependability refers to the consistency and reliability of the research findings and the degree to which research procedures are documented, allowing someone outside the research to follow, audit, and critique the research process. The researcher described how data was collected, recorded, coded, and analyzed. The researcher also kept a detailed record of audio and field notes.

3.9.4 Confirmability

The findings, conclusions, and recommendations from this study are supported by data that was collected among participants. A tape recorder was used to record the unstructured in-depth interviews. The findings of the study were based on the analyzed raw data. The conclusions drawn are supported by analyzed data.

3.10 Ethical considerations

According to g to Hickey (2018), research ethics provides a guideline or set of principles that support researchers in researching so that it is done justly and without harming anyone in the process. Research ethics may be referred to as doing what is morally and legally right in research (Parveen & Showkat, 2017). Every step of the research project from formulating a research question to publication needs to be informed by ethics to ensure the integrity of the project (Hickey, 2018). Anyone involved in the research study needs to be aware of the general agreements shared by the researchers about what is proper and improper in the conduct of scientific inquiry (Babbie, 2016). Ethical considerations included the following: Permission to conduct research, Informed consent, Anonymity, Confidentiality, Care of the vulnerable groups, and protecting human rights.

3.10.1 Permission to conduct the study

The researcher presented the research proposal to the Department of nursing to improve the standard and quality. It was further presented to the School of Health Sciences for quality assurance. Thereafter it was submitted to the University's Higher Degree Committee to apply for ethical clearance. The proposal document and the ethical clearance were then submitted to the Mpumalanga provincial research committee in Nelspruit for approval to collect data at the PHC facilities. The provincial approval letter was submitted to the Msukaligwa sub-district office in application to the use of the PHC facilities and the professional nurse. The Msukaligwa sub-district office provided the researcher with an approval letter to collect data from the participants. The researcher sought permission from the participants after ethical considerations are addressed.

3.10.2 Informed consent

Informed consent is the major ethical issue in conducting research. Informed consent means that the participant knowingly, voluntarily, intelligently, and clearly and manifestly gives his consent (Fouka & Mantzorou, 2019). The participants were given enough information about the nature of the study and the procedures involved. Consent forms were given to the participants for them to sign voluntarily. They were also informed that they can withdraw from participating in the study at any time.

3.10.3 Anonymity and confidentiality

Anonymity means that data cannot be linked to a specific participant. The researcher ensured that the participants in the research and evaluation process cannot be identified (Hickey, 2018). The researcher used codes instead of the participants' names to ensure the anonymity of the participants.

Confidentiality entails that no information provided by the participant should be revealed or made available to any person (Brink, Van De Walt & Van Rensburg (2018). Transcripts of data from participants were kept under a securely locked filing cabinet not available to everyone.

3.10.4 Protecting Human Rights

According to Brink, Van De Walt, and Van Rensburg (2018), three basic ethical principles guide the researcher in protecting human rights, namely respect for persons, beneficence, and justice.

3.10.4.1 Principle of respect for persons

Individuals are autonomous, that is they have the right to self-determination, and individuals with diminished autonomy require protection. The researcher provided full information about the study and allowed the participants to make their own decision regarding participation. Some of the participants refused to be part of the study and the researcher respected their decision.

3.10.4.2 Principles of Beneficence

It states that the researcher should do well and above all do no harm. The researcher maintained this ethical principle throughout the research process by respecting the rights of participants, the right to freedom from harm, and the right to protection from exploitation. The researcher avoided inflicting psychological harm by asking questions delicately and being sensitive so that the participants should not feel uncomfortable during the interview.

3.10.4.3 Principles of Justice

The principle of justice includes the subject's right to fair selection and treatment and their right to privacy. The participants were selected based on the study

requirements and not because they are easily available or can be easily be manipulated.

3.11 Summary

This chapter described the research methodology which included the research approach, design, research setting, population, sampling, data collection process, data management and analysis, trustworthiness, and ethical considerations used in this research was discussed. The study trustworthiness of the study was described under credibility, dependability, confirmability, and transferability. Chapter 4 presents the analyses of the data and discussions of the findings of the research based on the themes and sub-themes that emerged.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, AND DISCUSSION

4.1 Introduction

Chapter 3 described the aspects of the research methodology in detail. This chapter focuses on demographic data of the participants, data presentation, description of the study findings, and data analysis. Unstructured in-depth individual interviews were used to interview the professional nurses on the challenges they experienced in providing health care services to patients.

The study research objectives are to:

- Explore the challenges experienced by professional nurses providing health care services to patients at the rural PHC facilities in the Msukaligwa sub-district of Mpumalanga province.
- Describe the challenges experienced by professional nurses providing health care services to patients at the rural PHC facilities in the Msukaligwa sub-district of Mpumalanga province.

4.2 Demographic data of the participants

The researcher used the non-probability purposive sampling method to select 24 participants who participated in the study. Majority of the participants (87.5%; n = 20) were females whilst the remaining 12.5% (n = 4) were males. Only three facilities had male professional nurses. Of all the participants, 7 were at most 35 years old (youths), 10 were between 36-45 years old whilst the remaining 7 were between 46 - 60 years old. The minimum, maximum, and the range of 25 years, 60 years, and 35 years are reported in the respective order. Table 4.1 shows the demographic profile of the participants. P stands for participants

Table 4.1 Demographic profile of the participants

Participants	Age	Gender	PHC work experience
P1	59	Male	8 years
P2	60	Female	38 years
P3	25	Female	2 years
P4	33	Female	6 years
P5	29	Female	4 years
P6	50	Female	2 years
P7	56	Female	7 years
P8	41	Female	4 years
P9	35	Female	2 years
P10	37	Female	2 years
P11	55	Female	15 years
P12	47	Female	7 years
P13	41	Female	12 years
P14	41	Female	2 years
P15	38	Female	2 years
P16	37	Female	4 years
P17	37	Male	2 years
P18	53	Female	3 years
P19	40	Female	3 years
P20	33	Male	2 years
P21	40	Female	2 years
P22	33	Female	2 years
P23	37	Female	2 years
P24	33	Female	7 years

4.3 Challenges experienced by professional nurses providing health care services

The study findings revealed numerous challenges experienced by professional nurses when providing health care services to patients at the rural PHC facilities in

the Msukaligwa sub-district of Mpumalanga province. The challenges are grouped into one major theme, themes, and nineteen sub-themes

Table 4.2 Challenges experienced by professional nurses

Major theme	Themes	Sub-themes
Challenges experienced by professional nurses	4.3.1 Shortage of manpower	4.3.1.1 Professional nurses 4.3.1.2 Medical practitioners 4.3.1.3 Pharmacy assistants 4.3.1.4 Administrative clerks 4.3.1.5 General assistants
	4.3.2 Shortage of resources	4.3.2.1 Guardroom, waiting for area and car shed 4.3.2.2 Shortage of stationary 4.3.2.3 Shortage of medicines 4.3.2.4 Inadequate support of electricity 4.3.2.5 Internet gadgets 4..3.2.6 Poor infrastructure 4.3.2.7 Inadequate accommodation 4.3.2.8 Shortage of water 4.3.2.9 Insecurity issues
	4.3.3 Communication	4.3.3.1 Negative attitude 4.3.3.2 Skills development
	4.3.4 Spread of infections	4.3.4.1 Poor hygiene
		4.3.4.2 Coronavirus disease of 2019
	4.3.5 Confidentiality	4.3.5.1 Lack of confidentiality

4.3.1 Shortage of manpower

Professional nurses providing health care services to patients at the rural primary health care facilities complain of a shortage of manpower as the common challenge. The findings of the study revealed that the Msukaligwa subdistrict had a shortage of professional nurses, medical practitioners, pharmacy assistants, administrative clerks, and general assistants. Shortage of the different health workers increases the burden on the services of professional nurses as they are compelled to their roles to

provide quality nursing care.

4.3.1.1 Professional nurses

The findings of the study revealed a shortage of manpower as one of the challenges experienced in the PHC rural facilities. In one of the PHC facilities, they were only four professional nurses, two with midwifery qualifications. In another facility, the participants reported that they had only three professional nurses, and one enrolled nursing assistant. If the enrolled nursing assistant is on leave, one professional nurse monitors the patients' vital signs. When one midwife is not on duty, the load of work increases. Sometimes, when the midwife is on leave, professional nurses without midwifery qualifications only take vital signs from pregnant women and tell them to come back on a set date.

> *"When professional nurses with midwifery are not on duty, pregnant women have monitored only the vital signs and advised to return to the PHC facility for ANC services on another date. The operational manager is the only one with PHC specialty."* (Participant 15)

Roets, Mangundu and van Rensberg (2020) asserted that in Zimbabwe professional nurses were expected to provide antenatal, intrapartum, and postpartum care even when they don't have midwifery qualifications due to a shortage of midwives. Professional nurses who retire, die, or get new employment are not replaced; this shows that at the facilities they were understaffed. Professional nurses providing health care services to patients at the rural PHC facilities work extra hard because of a shortage of manpower. Patients complain of long waiting queues. The shortage of manpower was evident when the professional nurses hardly get time for lunch.

> *"If the patients do not get the services they need, they complain, and report us to the top nurse managers. Sometimes we end up not going for lunch."* (Participant 3)

Yonge, Jackman, Myrick, and Konking (2018) also support the findings from this study when stating that there was only one professional nurse who was allocated for

the night shifts. In case of emergency, the situation became catastrophic. One professional nurse attends to more than 40 patients per day. In some of the PHC facilities, professional nurses do not offer total nursing care as they end up pushing quantity over quality.

There is less time for the professional nurses to meet patients' needs as there is less time to communicate with them in various ways. Lack of proper communication between professional nurses and patients can invariably affect health outcomes. Spending enough time on patients results in higher drug adherence rates, fewer medical errors, and thus improved health outcomes (Igumbor, Roomaney, Davids, Nieuwoudt & Lee, 2016).

The study findings revealed that absenteeism among them seemed to be one of the major causes of having a shortage of staff. Some professional nurses take annual leave while others take sick leave hence increased shortage of staff. Shortage of staff causes burnout especially when one professional nurse is left alone to provide various services.

> *" The facility is not conducive for the services that we are supposed to render. We have many patients from town and farms and the number of PNs is way less than the number of patients that we are rendering services to."* (Participant 6)

It was evident that when some of the professional nurses are not on duty, the remaining ones had to double their strength. This approach consequently leads to fatigue, overstretched, and unfocused which affects the service delivery (Al-Alawi, Mandhari & Johnsson, 2019). Nesengani, Downing, Poggenpoel, and Stein (2019) support the findings of this study when stating that absenteeism harms the morale of the remaining professional nurses.

Professional nurses at the PHC facilities are expected to provide service to all patients since the facility standard operating procedure states that if the patients get into the facility, they must be attended to. The participants further clarify that some of the patients arrive at the facility around knocking-off time and the professional nurses must attend them and knock them off very late. They are not paid for overtime work.

It becomes so difficult when there is only one professional nurse at the facility attending to all patients. One participant stated that:

> *"Yesterday I was alone and the patients were many. I provided the services to more than 40 patients. I was withdrawing patients' blood, attending to patients who came for family planning services, and when there is an emergency, I leave the patients and attend the emergency, and refer patients to the hospital. Most of the time we knock off late, due to of shortage of staff."* (Participant 11).

This was supported by Al-Alawi, Mandhari, and Johansson (2019) when stating that patients arrive very late and some come without an appointment. All patients want to be attended, resulting in a stressful environment and disruption to the professional nurses. Furthermore, in the Shiga community health dispensary in Murang'a County of central Kenya Waruru (2018) confirmed that there was only one professional nurse. For him to cope with all the patients, he had to ask the clerk, watchman, and a cleaner to do the basic healthcare tasks such as weighing infants, taking temperature, and dispensing prescribed drugs. According to the South African Nursing Council, allocating people who are not trained as nurses to render nursing is illegal.

4.3.1.2 Medical practitioners

Shortage of medical practitioners is a serious problem since patients that need to be assessed are referred to the hospital and this causes stress to patients as they must plan to reach the hospital and at times they end up not proceeding to the hospital because of lack of money. The ambulance is only called for emergency patients and other patients should find their way to the hospital.

Shortage of the medical practitioners at the PHC facilities affects the professional nurses because most of the patients need the renewal of the prescriptions. Patients are referred to the hospitals for renewal of their prescriptions. Sometimes the operational managers take the patients' files to the hospital for the medical doctor to

renew the prescriptions. She collected the files after a week using her transport which is seen as a sacrifice and Ubuntu.

> *"The medical doctor is not always available to assess the patients before they are referred to the hospital. Chronic patients' must be reviewed by the doctor."* (Participant 13)

However, all the participants applauded the work which was done by the dentist because they honor their visiting days that is once per week at the facility. The participants were also happy with the work which was done by the mental health coordinator who was always on time for reviewing their patients' prescriptions. It was found that professional nurses in the rural PHC facilities provide first-contact care including emergency care, ongoing care for all presenting physical complaints, and follow-up of patients with chronic conditions without the presence of a medical practitioner in the facility (Laurant, Van der Biezen, Wijers, Watananirun, Kontopantelis & Van Vught, 2018).

4.3.1.3 Pharmacy assistants

Some PHC facilities do not have a post for the pharmacy assistant. Professional nurses work harder to cover the nursing and pharmacy assistant functions. Professional nurses take patients' history, assess the patients, and dispense medications.

> "*We don't have the pharmacy assistant. we must also count stock visibility solution (SVS). You find that I'm busy attending to the patients then I must leave them expected to go and report to the SVS. It is too much for us, the workload is too much. We have allocated enrolled nursing assistants to order and receive the stock, which is the professional nurses' responsibility." (Participant 13)*

Professional nurses claim that they are working beyond their scope of practice as they were not trained to be pharmacy assistants. Shortage of pharmacy assistants gives the professional nurses too much pressure and increased workload.

Participant articulated that:

> *"We take the history of the patients, assess, test HIV and dispense medication. We don't have a pharmacy assistant and we start working late because I must arrive here in the morning and collect medications from the dispensary and pack them in the medicine cupboard in my consulting room. By that time the patients are waiting for me and the queue will be too long."* (Participant 4)

The findings of this study support the findings of the study done by Igumbo, Roomaney, Davids, Nieuwoudt, and Lee (2016) which revealed that professional nurses spend most of their time dispensing medications for the patients. Furthermore, Metsamuuronen, Kokki, Naaranlahti, Kurttila, and Heikkila (2020) claim that professional nurses spend time on dispensing, taking medicines from the cabinet, preparing medicines, labeling them, and educating patients on how to take the medications. This was further supported by Forgarty, Bobbins, and Burton (2020) when stating that professional nurses are experiencing increased workload at the PHC facilities, and dispensing services had to be incorporated into an already time-constrained patient consultation.

4.3.1.4 Administrative clerks

In some of the facilities, there were no administrative clerks for almost four years and professional nurses were performing administrative duties. In the other PHC facilities, there was only one clerk. When he is on leave, the administrative work is performed by the professional nurses hence delay in providing nursing functions

> *"I have trained to become a nurse, not a clerk so doing administration work. Providing nursing care services is demanding.*" (Participant 15)

> *"We retrieve files, open new files, and register patients' files. The administration work is done simultaneously with the nursing's functions."* (participant 1)

The management sometimes invites some clerical staff from Broad Reach to come and assist with administration work. Broad Reach is a private company that supports the department of health facilities; they focus mainly on HIV programs. Many files that are not captured on the computer get lost with the medical history of the patients. The driver is sometimes requested to assist in the administration room when the professional nurses are very busy with patient care.

> *"We are not having the clerk in our facility. We also work in the administration room to open files, retrieve files, register patients, and assess the patients."* (Participant 19)

According to Vandali (2020), professional nurses in India spend much time doing administrative work. This was further supported by Marie, Hannigan, and Jones (2017) when stating that professional nurses lack clarity over work roles, lack of job descriptions, multiple responsibilities, and role overlaps. Professional nurses were doing nursing duties, being a registrar, being a pharmacist, and also cleaning the facility.

4.3.1.5 General Assistants

In some PHC facilities, they had only one ground man. Some of the PHC facilities do not have general assistants. The professional nurses are responsible for cleaning the PHC facility environment. Cleaning was also done by the community health care workers who were at the facility for COVID -19 screening.

> *"We are having community health care workers but they don't clean properly. They do not do the damp dusting. PNs clean every morning." (*Participant 21)

In one of the PHC facilities, there was one general assistant on duty and the other one was on special leave. During lockdown COVID-19 level 5, some facilities expressed a shortage of general assistance, as those who were above 60 years of age were expected to stay at home.

4.3.2 Shortage of resources

Availability of resources determines the provision of quality services by professional nurses. Muthathi, Levin, and Rispel (2020) asserted that professional nurses claimed that they were not equipped with the necessary resources by the national or relevant provincial department of health. Furthermore, Rivaz, Momennan, Yektatalab, and Ebadi (2017) stated that shortage of resources is one of the barriers in the rural PHC facilities which leads to disruption, missed care, or delay in delivery of care and emotional tensions. The PHC facilities had a shortage of guardrooms, waiting areas, car sheds, stationary, medications, inadequate supply of electricity, internet, and gadgets, poor infrastructures, and shortage of water.

4.3.2.1 Guardroom, waiting area, and car sheds

Another challenge that professional nurses are experiencing at the rural PHC facility was that they had no proper structures like the guardroom and patients' waiting areas. The waiting area should have a big space to accommodate the population that needs the health services. When it is raining, patients are getting wet while waiting to get inside the facility.

> *"There is no waiting room in the PHC facility and the patients wait outside. When it's raining they get wet as there is no shelter outside."* (Participant 23).

Another participant confirmed

> *"During rainy seasons we are always looking outside to see if our cars are still in good condition hence this affects our work as we no longer concentrate on provision of care while cars are on the open space"* (Participant 5).

There is no shed in the parking area and therefore cars are not safe and there was a time when it was raining with hails and all the cars were damaged. There was no proper parking at the facilities, especially during the rainy season. During the rainy seasons, they don't have shelters for their cars. The cars are on the open in the parking area where they always look outside to see if their cars were still in good

condition or not.

4.3.2.2 Stationary

The participants were experiencing shortages of patients' files. For the professional nurses to use files they were supposed to photocopy. The last time they received the files was in 2017. The participants further revealed that their photocopying machine was not in good working condition.

Some of the participants also articulated that when the children come to the PHC facility for immunization, they bring along their road to health booklets knowing that the PHC facility is running short of stationery. The professional nurses are supposed to have the files to record the child's immunization history so that if the child's booklet is lost the facility can always have the child's record. There is a misfiling in the administration room resulting in patients getting new files every time and it is hard to trace the medical record.

> *"When the patients come to the facility and the file is missing, I would not know the medications that the patient is taking and I won't have the patient's history. I always advise the patients to go back home to take empty containers of the medications for reference and it is consuming for patients."* (Participant 7)

Patients get frustrated when the files are missing and the professional nurses tell them to go back home and get the empty containers of the medications they were using. In South Africa Mogakwe, Ally and Magobe, (2020) attest that there was a shortage of stationery. They didn't have antenatal cards and antiretroviral stationery. Professional nurses must leave the facility to make copies of stationary and it is time-consuming. This was further supported by Mothiba and Tladi (2016) in their study where they asserted that professional nurses were experiencing a shortage of Road to health card booklets.

4.3.2.3 Shortage of medications

There is a shortage of various medications namely: contraceptives, antibiotics,

antiretroviral drugs, and anthelmintic.

4.3.2.3.1 Contraceptives

There were no injectable contraceptives at the facilities and it's been more than a year without receiving them and the last time they received them, they were in small amounts and only lasted for a few days. Professional nurses always experience shortages of Nur-Iterate and Depo-Provera contraceptives. Shortage of injectable contraceptives mainly affects teenagers because most of them don't want any other type of contraceptives even though the professional nurse advises on other methods such as Implanon, condoms, and oral contraceptives. One of the participants affirmed that:

> *"When I advise them with other methods such as the Implanon, condoms and oral contraceptives a few choose another type of contraceptives but most of the youth refuses and end up living the facility because they are afraid that they might forget to take the pills and fall pregnant, also they do not want people at home to know that they are using contraceptives."* (Participant 22)

3.4.2.3.2 Antibiotics

The participants also revealed that benzylpenicillin injection was out of stock for a very long time. Benzylpenicillin treats patients with tonsillitis. When professional nurses assess a patient and diagnose that he/she has tonsillitis they end up referring the patient to the hospital and sometimes they substitute benzylpenicillin with other medicines. The professional nurses claim that if they do not treat tonsillitis with benzylpenicillin, patients usually complain of recurrence.

3.4.3.3 Antiretroviral drugs

Professional nurses were sending patients to the hospital pharmacy using their transport to collect Alluvia. They order enough stock but only two boxes are usually supplied and they get finished so quickly. Operational managers sometimes

communicate with the nearest primary health care facility and borrow from them. When the new ART drug dolutegravir was introduced in 2019, stable patients with suppressed viral load who are on the first regimen were given Alluvia and the newly diagnosed. A few months later participants were supposed to stop giving them alluvia as it was out of stock. The Eastern Cape province experienced the same as Kaletra became out of stock and borrowed from the nearby PHC facilities (Hodes, Price & Bungane, 2017).

3.4.3.4 Anthelmintics

In case of a shortage of Mebendazole, some of the patients raise the issue of not having money for transport to the hospital. It months without having Mebendazole in the facilities. Children are sent home and some are forced to go buy mebendazole at a pharmacy. Shortage of medications is a big challenge because they cannot render 100% services to patients without medication.

Mothiba and Tladi (2016) support the findings of this study when stating that in the rural PHC facilities in Capricorn District, Limpopo professional nurses were facing challenges of shortage of vaccines. Furthermore, Al-Alawi, Mandhari, and Johnsson (2019) stated that in Muscat Oman there was a shortage of diabetic and cardiovascular drugs and such challenges forced the patients to buy them from the pharmacies instead of getting them for free at the PHC facility.

4.3.2.4 Inadequate supply of electricity

Some of the procedures were delayed by load shedding. It is difficult to withdraw blood from the patients in darkness.

> *"We don't have a generator and is very crucial that we have one because when there is no electricity we struggle to render services to the patients."* (Participant 5)

In the administration room, they use cell phones to retrieve patients' files when there is no electricity. The administration room is too small so when there is no electricity the room becomes dark. Professional nurses felt that the administration room was too small there was a need for it to be extended. The clerks also need to register all the patients on the health patient registration system (HPRS) on the computer due to

lack of electricity they register patients on the register book. This creates a lot of work for the clerk as they should later transfer the information to the computer.

> "*Our administration room is small so when there is no electricity it becomes too dark and we use cell phones torch for light. Patients are registered in the book and later transferred to the computer."* (Participant 24)

In the dispensary room if there is no electricity it is too dark inside since it is well known that the dispensary room is not supposed to have windows and the windows are painted to avoid sunlight inside the room for medications safety. When professional nurses are dispensing medications, they use their cell phone's torch for light and this poses a danger of giving the patient wrong medications. The vaccines must maintain a specific temperature and lack of electricity may affect the effect.

Omuta and Aitokhuchi (2018) stated that babies were sometimes delivered in the night using candlelight and kerosene lanterns, because of lack of electric power. Furthermore, Cronk and Bartram (2018) attest that there was a lack of reliable electricity.

4.3.2.5 Internet and gadgets

The study revealed that Central Chronic Medicines Dispensing and Distribution (CCMDD) program is not running smoothly because they don't have internet and they are supposed to register the patients to get their medications at the external pick-up points. CCMDD is a program for chronic stable patients. The program makes use of private pick-up points for chronic medications. The main objective is to improve access to chronic medications for a stable patient. It helps to prevent overcrowding of patients in the facility since they will be collecting their medications on the other pick-up points. Due to lack of internet, professional nurses end up not registering patients but sometimes they get help from the Broad Reach supporting partners. The participants further revealed that the Broad Reach data capturers also help with capturing files.

> *"The files that need to captured on E.TIRE.NET, we put them aside and wait for Broad Reach data*

capturers to come and capture them" (Participant 6)

It is almost five months without having internet and this made their work difficult. However, most of the time the Broad Reach staff is willing to give us their cell phones or gadgets but sometimes they will be using their gadgets for their work purposes so even if they are willing to give them they cannot compromise their work. This makes professional nurses end up registering the patients on paper, and some register patients using their cell phones. One of the participants revealed that:

> *"Sometimes Broad Reaches staffs are willing to give us their cell phones or gadgets but sometimes they don't because they need to use their phones for their work purposes so we end up registering patients on paper."* (Participant 8)

Watkins, Goude, Gomez-Olive, and Griffiths (2018) shared the same views with the findings of this study when mentioning that professional nurses are using their mobile phones to retrieve blood results from the laboratory website and other clinical and administrative work. Within the district no Wi-Fi was available for the professional nurses to use, they use the internet on their mobile phones.

4.3.2.6 Poor Infrastructures

Professional nurses are experiencing infrastructural challenges at the PHC facilities. The structures at some facilities are dilapidated. The ceiling was falling apart and the doors were not properly closing. Some of the doors do not have handles and the lock system is out of order. In some of the facilities, the doors at the consulting rooms were not functioning they were not properly closing and privacy was compromised. Some of the participants reported that there was no fence and it was a challenge as everyone get access to the facility.

In one of the facilities, the ceiling in the waiting area was falling. The ceiling in the maternity room had fallen because there was a time when the geyser was licking. Although this was reported to the responsible authorities, the ceiling was not fixed yet. When it rains with thunderstorms, the water gets inside the facility and there is a high probability that one of the days they will find all the files wet due to the leaking roof. The participants also reported that the asbestos from the waiting area once fell

off on a three-month-old baby.

> *" We once had a challenge with asbestos from the waiting area it has fallen off and hit a three-month-old baby, fortunately, the baby was not injured, the baby was examined by the doctor and given some analgesics and he has given the date for follow-up"* (Participant 5)

This was supported by one of the participants who articulated that.

> *"This building is old it needs to be renovated. It is not safe for us to work here because it can fall at any time and injure us and the patients." (Participant 13)*

This clearly shows that professional nurses and the patients are not safe at the PHC facilities as the buildings are. The building needed to be renovated. The drainage system's sewage was out of order. The drainage was always leaking and there was always a bad smell. The plumbers always come to fix the drainage but it is not fixed simply because it is old and needs to be changed. The facility windows were broken and this makes it difficult whenever they want to do a Pap smear procedure because there is no privacy. In one of the facilities, professional nurses were using one toilet with the patients because the staff toilet was not locking so the patients had easy access to the toilet.

Manyisa and Van Aswegen (2017) in their study on factors affecting working conditions in public hospitals found that PHC facilities were old and falling apart and some had crumbling ceilings and gaping walls. Poor physical infrastructure is one of the key factors contributing to professional nurses' poor working conditions.

4.3.2.7 Inadequate accommodation

Some of the professional nurses are not having accommodation at the facilities so they were renting in the communities where they were people with backrooms and these places were so far from the facilities. The study findings revealed that professional nurses needed their transport to come to work because there was no public transport. The participants who were having accommodation at the facilities

reported that they were not feeling safe because there was no fence and anyone could have access to their houses.

Etiba, Manzano, Agbawodikeizu, Ogu, Ebenso, Uzochukwu, Onwujekwe, Ezumah, and Mirzoev, (2020) confirmed the results of this study when mentioning that in Nigeria the primary healthcare facility there was no fence, the water pump that they were using was misplaced. It was clear that professional nurses were experiencing too many challenges and this made their lives to be so difficult, worse due to the rural nature of the place they were not having water and they were having pit privy toilets. One of the participants reported that:

> *"These challenges will force me to take a transfer to go and work somewhere"* (Participant 19).

All the responses from the participants show that professional nurses at the rural facilities were experiencing too many challenges, and this made it difficult for them to render healthcare services. However, even though things were not easy for the participants they were working extra hard to the extent of working extra hours that were not paid. In Sierra Leone Wurie, Samai, and Witter (2016) support the findings of this study when stating that professional nurses were leaving soon after they were employed due to lack of accommodation.

4.3.2.8 Shortage of water

Workers in health care facilities need sufficient quantities of safe water to provide health care services. Without water, a health care facility does not meet the expected standard (WHO & UNICEF, 2019). Shortage of water was reported to be one of the major problems at the rural PHC facilities. The participants reported that they were not having boreholes. Some of the participants reported that the borehole in the facility was out of order and those who fixed it did not succeed. They complained that the water tank was too high. The participants also explained that the community supply water supply is on Mondays, Wednesdays, and Saturdays. When there is no water supply, sanitizers and buckets toilets are used.

One of the participants revealed that:

> "*When nature calls, we become frustrated when there is no water to flush the toilet. Flushing of the toilet is a burden"* (Participant 14)

Water as well as the availability of sanitation and hygiene infrastructure is essential to provide safe and quality health care. Without water, surfaces remain unclean and medical equipment cannot be sterilized and affecting access to toilets and handwashing (Marisa, 2017). WHO and UNICEF (2019) claim that water sanitation and hygiene services in health facilities are the most basic requirements of infection prevention and control of quality care.

However, through the ward councilor, the municipality was responsible for bringing water to the facilities and filling the water tank.

The water that they were getting from the local community company was dirty and they must be purified before they can drink it. Sometimes it is even difficult to wash hands because when you open the tap you find that the water is muddy. Water from the water tank is not safe to drink. It should first be boiled as the

must drink the water one must boil first because the water tank lead doesn't close properly. One participant revealed that:

> *"We don't have water in this area, We depend on trucks from a local community company called strike force, Tank water supplied to us is not clean. The municipal water suppliers are not reliable. They promise to supply water and end up not coming. The private companies supply us with impurified water."* (participant 17)

There was a time when the municipal told them to stop getting water from the local community company because it is not clean and told them that if anything happens because of dirty water they will answerable. Even though they threatened them, the municipality did not bring water to the facility they said they were tired of supplying them with water. They even said that they were doing them a favor and the department people were too relaxed to fix their problems. In cases where the municipality does not bring water the general assistant goes to the community using

a wheelbarrow to fetch water. In case the general worker is not on duty professional nurse has to look for water to drink and this affects their work as they no longer fully concentrate on their duties.

This is confirmed by Marisa (2017) when stating that in Ghana the nursing management dispatch valuable nursing staff to a lake located half a mile away to get water to clean floors. During water shortages, professional nurses adjust their expectations of patient care and should make choices that often compromise health outcomes.

It becomes difficult for professional nurses not to have water in the facility because there are stat doses medications that need to be given to the patients. Professional nurses do not give the stat doses like Flagyl and azithromycin due to lack of water.

There was a time when one facility was closed for a week because they had seen that it was difficult to function without water as they were compromising their health. The toilets were smelling bad and they were flies inside the facility. Professional nurses were unable to render health care services properly because when there is a shortage of water their hygiene is compromised. It is unhealthy to use a dirty toilet. Washing of hands following Pap smear procedure is a healthy personal hygiene practice.

> *"When you're busy with the patient there is a time when you feel that I need to wash hands, I cannot always sanitize hands especially after doing Pap smear procedure I must wash hands but sometimes it is not possible.*

When the facility was closed, the department started to fix the borehole which was out of order for a long time. When the facility was closed, the patients did not understand why they were not being attended to and they were furious and ended up mobilizing the community to come and destroy the participants' cars.

Rwanda piped water was reported as the primary source of water purified for drinking. When this source was unavailable, professional nurses resorted to boiled water (Huttinger, Dreibelbis, Kayigamba, Ngabo, Mfura, Merryweather, Cardon & Moe, 2017; Cronk & Bartram, 2018).

4.3.2.9 Insecurity issues

The study findings revealed that one of the challenges that the professional nurses are experiencing is that of not having strong security and this made them insecure and fear for their lives. The participants reported that they are having security officers but safety issues are not up to standard. The participants affirmed that they are having nurses home inside the facility where some of the staff are staying and people trespass through the fence. Professional nurses are having problems with their security officers because sometimes they would let drunkard patients inside the facility and the professional nurses only discover that the patient was drunk in the consulting room. There was an incident whereby there was an emergency patient who was holding a gun in his hand.

> *"There was a time when the white guy brought an emergency patient only to find that the person who is injured is carrying a gun in his hand and we had to ask the guy who brought him to take the gun out of the facility. We also went to the security officers to ask them how they allowed a person with a gun to enter the facility."* (Participant 1)

The professional nurses were no longer safe at their workplaces. They were living in fear thinking that anytime a drunkard person or a patient with a gun can come and shoot them in their consulting rooms. The securities were not having the right weapons if some armed robbers come to the facility there is nothing they can do other than run for their lives. Some of the PHC facilities do not have exit doors and the fire extinguishers were outside.

In Uganda security officers were using weapons such as sticks, spears, and torches to execute their duties (Katongole and Bigira, 2016). Jacqui (2019) in the study on security is not the only way to make hospitals safer in Australia found that professional nurses were feeling unsafe returning to the car park in the dark, often with no security personnel present. West Bank Palestine, Mariue, Hannigan, and Jones (2017) supported the findings from this study when stating that professional nurses were not safe in the employment areas.

4.3.3 Communication

The professional nurses were concerned with patients' Negative Attitude and Skills Development

4.3.3.1 Patients' Negative Attitude

The participants revealed bad attitudes by patients and their superiors as another challenge that they were experiencing at PHC facilities. The participant affirmed that other patients come to the facility with a negative attitude as they would want to get help as soon as they arrive at the facility even if other patients came before them. Some specific patients are known for negative attitudes and they make sure that they leave the facility when they have caused havoc.

> *"There are those specific patients whom we now know that even if we try to address them properly it won't help because they are in the fighting spirit. They don't respect us at all."* (Participant 4).

Most of the participants raised concerns about how their operational managers and PHC supervisors communicate with them. The manner of approach from the operational manager was not proper because when professional nurses do something wrong, the issue was not addressed well but rather they were shouted in front of other staff members and patients. The professional nurses developed low self-esteem. Professional nurses suggested that they should be a better way of reprimanding them than being screamed at like kids. When professional nurses see that they cannot stand the manager's behavior, they consult and the doctor book them off sick.

> *"When I get off sick I will go and stay at home and come back to work when I'm feeling okay."* (Participant 4)

When the PHC supervisors visit the facilities and find that the professional nurses did not register the patients on CCMDD, they shout at them even though they know that they would have not registered because of lack of access to the internet. The PHC supervisor ensures that the services are rendered despite the shortage of resources.

The male participants also complained that female patients do not feel comfortable when procedures like Pap smears are performed.

> *"It is hard to work with female patients especially the elderly ones, I remember I once had a patient who refused pap smears and said she cannot undress her underwear because I am of the same age as her son. Sometimes call a female professional nurse to come and assist me or to witness certain procedures, just to make the patients comfortable."* (Participant 17)

In all PHC facilities, professional nurses were not paid for overtime hours. Whenever they knock off late they record the hours in the book. Instead of being paid overtime, they end up using the hours for other commitments. However, it is difficult to get the hours since they always experience shortages of staff at the rural facilities.

> *"It not always possible to replace hours used for overtime because of shortage of manpower*." (Participant 7)

Some of the patients don't respect professional nurses and they even call them names especially when there is a shortage of staff because they wait for long hours and become impatient. In some other facilities, professional nurses don't support each other and there is no teamwork.

Mogakwe, Ally, and Magobe (2020) stated that the reason for non-compliance with quality standards at PHC facilities in Ekurhuleni was a lack of support from the supervisors who only interfere or blame the operational managers for wrongdoings. The blame creates a non-positive practice environment. Mburu and George (2017) state that professional nurses felt that they were neglected by management which only responded in a crisis. Furthermore, Muthathi, Levin, and Rispel (2020) support the findings from this study when stating that the operational managers felt that they lack control over the facility budget and supply chain management.

4.3.3.2 Skills Development

The other challenge that professional nurses were experiencing at the rural facility is a lack of communication. The media always talk about debriefing of the professional nurses. However, professional nurses were not even aware of debriefing they never had it in their facility. Professional nurses are not having access to the workshop schedule, sometimes they just hear from other professional nurses from other facilities saying they are attending the workshop. Due to the shortage of staff, the operational manager ends up not revealing workshops that are going on within the district to the staff knowing that if they go to workshops they will be no staff member left at the facility. Professional nurses are deprived of learning opportunities, thus, they are still using outdated information because they are not trained to use the new guidelines.

> "We don't attend workshops ever since I've worked here. I never saw the workshop schedule."
> (participant 20)

Wurie, Samai, and Witter (2016) support the findings of this study when stating that there is a lack of transparency in the available training opportunities for professional nurses. Professional nurses felt neglected and unappreciated by the management and this creates conflict and division in the workplace. Professional nurses expressed their disappointment in the lack of support from the management.

4.3.4 Spread of infections

Controlling the spread of infections in the health care facility is crucial. Good hygiene in rural PHC facilities plays a vital role in ensuring that patients and staff are not invaded by the microbes. Roffey (2020) mentions that good hygiene and environmental cleanliness reduce the risk of healthcare-associated infections. Contaminated health care surfaces play a huge role in the transmission of pathogens.

4.3.4.1 Poor environmental hygiene

The staff kitchen is next to the staff toilet. Sometimes when they go to the kitchen they find someone using the toilet and they end up using their consulting rooms like

kitchens. Even though the staff kitchen is next to the toilet if the management finds them eating in the consulting rooms, they shout at them.

> "*When the managers come they shout at us if they find us eating in the consulting room and they are aware that the toilet is right next to our kitchen."* (Participant 5)

The participants also revealed that when sewage pipes burst the whole facility smells and attracts flies. There are also high chances of an outbreak of diseases such as cholera and diarrhea if there is a sewage burst that goes for days unattended.

When the sewage pipes leak, the patients and community members become exposed to illnesses caused by waterborne diseases which may be present in seepage (Stacy, 2020). Furthermore, Earnshow (2017) illustrated that one of the causes of contracting typhoid is inadequate sewage disposal.

4.3.4.2 Coronavirus disease of 2019

The participants revealed that another challenge that they were experiencing at the facility was that of the Coronavirus (COVID 19) pandemic. There was a time when almost all the staff members were infected with COVID-19 and were never given emotional support by the managers. When they tested COVID-19 positive the management gave them a negative attitude, they acted as if they were ignorant and blamed for not adhering to the rules. One of the participants indicated that:

> *Coronavirus is highly infectious, There was a time when all staff members tested positive. Even when they called us to inform us about the COVID-19 positive results, they were not supportive. One had to go home for quarantine experiencing fear of death."* (Participant 07)

Following quarantine, professional nurses resumed their roles without support or counseling. They only got post COVID-19 post-assessment two weeks after they returned to work. The assessment was supposed to be done before the professional nurses come back to work to assess if they are fit to work.

''Following the Covid-19 pandemic sick leave, we just went back to work, without counseling."

According to WHO (2020), all health care workers who tested covid-19 positive must be provided with psychosocial support during quarantine and throughout the illness. After the quarantine when the healthcare worker is ready to resume work. They must undergo refresher training on infection prevention and control practices.

4.3.5 Confidentiality

Lack of confidentiality was one of the challenges. Professional nurses share one consulting room attending to two patients at the same time hence no patient's confidentiality. Patients fail to confide in professional nurses because they will be other people inside the consultation room. Professional nurses fail to give health education to patients regarding their illness in the presence of other patients. Lack of consulting rooms hinders them from rendering quality nursing care. The findings of the study also revealed that the doors don't close properly for them to promote confidentiality. This is supported by Manyisa and Aswegen (2017) who alluded that lack of space in the PHC facilities compromises patients' rights to confidentiality. In their study, they found that the facility was identified as being too small to cope with the demands since their catchment area is too large. Furthermore, Mogakwe, Ally and Magobe, (2020), concluded that inadequate infrastructure and the unavailability of space for different programs in the PHC facility compromise patient's privacy, hamper service delivery, and grossly affect the quality of care. It was found in Muscart Al-Alawi, Mandhari, and Johannson, (2019) that sharing of consulting rooms was a common practice. This practice was considered a challenge for all professional nurses.

4.4 Discussion of the findings

The study findings emerged as one major theme, 5 themes, and 19 sub-themes. The themes that emerged from the major theme are shortage of manpower, shortage of resources, communication, hygiene, and confidentiality. Shortage of manpower is an area of concern at Msukaligwa PHC facilities, most of the participants affirm that they are short-staffed. The shortage is evidenced by poor quality patient care caused by the increased workload.

Professional nurses were unable to provide some of the health care services to patients due to a lack of resources. The operational managers partially solved the challenge of lack of medications by borrowing amongst the PHC facilities in avoidance of patients going home empty-handed. Shortage of resources compromises quality patient care.

Some of the nurse managers displayed poor communication skills. Instead of reprimanding the professional nurses privately and calmly, they were shouting at them in front of their colleagues and patients. Professional nurses were not offered a chance to attend in-service training. Most of the participants claimed that they have not seen the workshop schedule. Professional nurses were concerned about poor PHC facilities' environmental hygiene caused by blocked sewage systems. Some of the PHC facilities did not employ cleaners whereas some had only one. In many PHC facilities, professional nurses share the consulting rooms and the patients' privacy is compromised. Patients fail to disclose personal health-related information to professional nurses because of the presence of other patients in the consulting room.

4.5 Summary

In this chapter data presentation, data analysis, and discussion of the study findings were presented. The study findings revealed challenges experienced by professional nurses when providing health care services to patients at the rural primary health care facilities namely: a shortage of manpower, shortage of resources, communication, hygiene, and confidentiality. Chapter 5 presents a summary of the study, limitations, and recommendations.

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS, AND CONCLUSIONS

5.1 Introduction

Chapter 4 focused on data presentation, analysis, and discussion. This chapter aims to provide a summary of the research process, draw conclusions from the findings of the study and make recommendations. The findings of the study revealed that participants are experiencing many challenges while providing health care services in rural PHC facilities. The population of the study was professional nurses providing health care services at the rural healthcare facilities in the Msukaligwa sub-district of Mpumalanga Province.

5.2 Study purpose

The purpose of this study was to explore the challenges experienced by professional nurses providing health care services to patients in the rural PHC facilities in the Msukaligwa sub-district of Mpumalanga Province.

5.3 Objectives of the study

The objectives of the study were to explore and describe the challenges experienced by professional nurses providing health care services to patients at the rural PHC facilities in the Msukaligwa sub-district of Mpumalanga province. The researcher explored the experiences of professional nurses providing health care services in rural PHC facilities. Professional nurses described the challenges that they are experiencing while providing health care services in the rural PHC facilities. The researcher observed that the objectives of the study were met.

5.4 Summary of the findings

The study employed a qualitative research approach, with explorative, descriptive, and phenomenological designs. This study was conducted at the Msukaligwa sub-district of Mpumalanga Province. Challenges experienced by professional nurses providing healthcare services in rural healthcare facilities were explored. Permission

to conduct the study was obtained from the University of Venda ethics committee and the Mpumalanga Health Research Committee. The study setting was the PHC facilities in the Msukaligwa sub-district of Mpumalanga Province. During the initial stage, the researcher made an appointment with the operational managers to explain the purpose, significance, ethical considerations, and informed concern.

The operational manager granted the researcher permission to conduct the study in the facility. The population is of professional nurses providing healthcare services at the rural PHC facilities for more than 2 years.

Participants were selected from the population using the non-probability purposive sampling method. The researcher introduced and explained the significance of the study about the objectives in detail. Informed consent was obtained from the participants. They voluntarily signed the consent forms before they were interviewed. Unstructured in-depth interviews were used as a method of data collection. Data saturation for this study was reached after 19 participants were interviewed. however, the researcher continued with 5 additional interviews to confirm saturation. Data collection occurred simultaneously with data analysis. Data were analyzed using Tesch's eight steps (Creswell, 2018). Data were transcribed verbatim and transcripts were coded by the researcher. Trustworthiness was ensured through credibility, dependability, transferability, and confirmability.

The study findings were categorized into one major theme, 5 themes, and 19 sub-themes on challenges experienced by professional nurses providing healthcare services at the rural PHC facilities. The findings of the study were supported by literature from previous studies on the topic related to challenges experienced by professional nurses providing healthcare services in rural PHC facilities.

5.5. Challenges experienced by professional nurses

5.5.1 Shortage of manpower

This theme emerged with five sub-themes which were discussed and concluded underneath namely, shortage of professional nurses, medical practitioners, pharmacy assistants, administration, and general assistants. Shortage of manpower is an area of concern in Msukaligwa PHC facilities, most of the participants affirm that they are short-staffed to an extent that they are unable to render quality patient

care. Participants further indicated that some healthcare professionals are resigning whereas some went on pension and their posts are not filled. Findings of the study revealed that most of the time few professional nurses are running the facility and if one gets sick or not on duty the remaining professional nurses must work hard and fast to cover all the services.

Shortage of manpower was associated with absenteeism and high staff turnover of nursing personnel and even throughout other categories such as administration clerks, medical practitioners, general assistants, and pharmacy assistants. Participants also believed that their workload is increased because their co-workers are often absent from work.

The study revealed that professional nurses are performing non-nursing duties such as cleaning the facility and dispensing medications. A participant mentioned that when the general assistant or the clerk is not on duty, professional nurses must perform the general assistant and clerical duties and perform their nursing duties which further increase workload.

Most of the time intervention is delayed due to a shortage of manpower for instance if there is no medical practitioner in the facility, of patients' diagnosis is delayed resulting in delayed initiation of treatment. Delay in diagnosing the patient leads to mismanagement and delayed referral to the hospital. In the absence of the midwives, pregnant women do not receive Antenatal service and they are given another date to

5.5.2 Shortage of resources

There must be adequate resources for any health care facility to function effectively. The study findings revealed that professional nurses experience a shortage of resources. There is no guard room for the security staff, no waiting area, thus in the rainy season, patients get wet while waiting to get inside the facility.

Participants were collectively concerned about the poor working environment. Some of the PHC facilities were not well maintained and this was evidenced by the broken door handles and windows. In some of the consulting rooms, there is no light as the bulbs are often not replaced.

Professional nurses do not feel safe when they execute the services because there is no fence surrounding some of the PHC facilities. The security personnel does not search every patient who enters through the facility's gate. Patients who are not searched sometimes enter the consulting rooms with guns and various types of weapons to threaten the professional nurses. Patients who are drunk enter the gate unnoticed and demand to be attended before those who arrived earlier.

There is a shortage of patients' files. Professional nurses spend a lot of time making copies of files. Participants shortage of medications such as family planning, antiretroviral therapy, deworming, and intravenous antibiotics. Operational managers had to borrow medications from the neighboring facilities as a short-term measure to provide health care services. Professional nurses claimed that shortage of resources had impacted negatively on their clinical experience and skills, which in due course led to low morale and frustration amidst them. They concluded that they were unable to provide PHC services comprehensively due to a lack of resources. The shortage of resources compromises quality patient care. Professional nurses are demoralized and the morale was low because of a lack of resources to provide health care services to the patients. The study indicated that poor infrastructure impacted negatively the participants.

Not all the PHC facilities were supplied with generators. Most of the generators are out of order, hence using candles and table lamps during the hours of load shedding. When there is no electricity it becomes difficult for the professional nurses to render nursing care because of darkness in the consulting rooms. The professional nurses were expected to enroll patients on CCMDD which requires internet. The PHC facilities were not supplied with data. They were assisted to enrol patients by Broad Reach partners who used their gadgets and data.

Some of the professional nurses were not accommodated at the facilities so they were renting in the community houses where they are people with backrooms. Those who were accommodated at the facilities reported that they were not safe because there was no fence.

Some participants in the study indicated that they don't have water in the facility and thus, they end up organizing some private companies to supply them with water. Professional nurses and general assistants had to push a wheelbarrow and go look

for water in the community so that they can have clean water to drink.

5.5.3 Interpersonal skills

The study findings further revealed that the managers were not communicating professionally with the professional nurses. They reprimand them in front of the patients. Mangers did not provide psychological support to professional nurses who tested COVID 19 positive.

Furthermore, the study stipulated that managers portrayed a negative attitude towards professional nurses. This impacted their confidence and competence in the working environment. Most of the participants claimed that they have not seen the workshop schedule and they don't get a chance to attend the workshop. Some of the participants revealed that some patients do not show respect.

5.5.4 Hygiene

The study revealed that professional nurses' and patients' health was compromised. The toilet was next to the kitchen staff, as a result, professional nurses ended up using their consulting rooms when on lunch. Sewage was always blocked and draining some dirty water outside the facility. When the sewage is blocked professional nurses cannot use the toilet they end up going outside the facility to look for a toilet, some use the bucket or help themselves in a blocked toilet.

5.5.5 Coronavirus disease of 2019

Coronavirus disease of 2019 issues emerged as one of the themes. Some participants were saddened by the way their supervisors handled the issue after they were infected by the covid-19 virus. The participant felt that their supervisors blamed them for being infected with Covid-19 and they did not offer them psychological support. After the isolation period, the participants revealed that they were not given chance to go for a Post-Covid-19 assessment.

5.5.6 Confidentiality

Participants indicated that they were attending to two patients in one consulting room at the same time resulting from a shortage of consulting rooms. Patients fail to confide in professionals due to a lack of privacy. Professional nurses fail to offer

health education on patients' illnesses due to the presence of other people in the consulting room.

5.6 Contribution of the study

The one-on-one unstructured interviews with the professional nurses brought a deeper understanding of the challenges experienced while providing health care services to the patients at the rural PHC facilities. The challenges experienced by the professional nurse will be known to the provincial health managers who may involve themselves in addressing them.

The study provides important recommendations that would be useful to the Mpumalanga department of health and the PHC district managers. If the findings and the recommendations of this study are taken into consideration, there will be improvements in health care service delivery in PHC facilities of the Msukaligwa sub-district.

5.7 Recommendation of the study

The researcher made the following recommendations based on the research findings:

5.7.1 Shortage of manpower

- The department of health should develop recruitment and retaining strategies to avoid high turnover.
- Before staff leaves the facility exit interviews must be conducted by the human resource management to establish the reason for leaving.
- The department of health must hire support staff so that professional nurses do not do non-nursing duties
- The district management should negotiate with the department of health for additional staff based on the PHC patient' statistics.

5.7.2 Shortage of resources

- The district PHC supervisors should continuously make follow-ups on the items ordered to address the shortage of resources.

- The public works department should ensure the safety of healthcare providers and patients through the installation of electric fences, cameras, and alarms
- The department of health must provide professional nurses with standard and safe accommodation
- Improvement of PHC facilities' infrastructures by the provincial public works department so that the environment be conducive to providing services.
- The district pharmacist should advocate and facilitate the speedy supply of medications to avoid a shortage of medications.
- The district management should negotiate with the provincial department of health for the renovation and the maintenance of the facilities,
- More consulting rooms should be built to avoid sharing
- The department of health should provide PHC facilities the generators
- Procurement policy should be reviewed by the department of health to assist in ordering resources of good quality

5.7.3 Communication

- Effective communications lines within the PHC facility should be strengthened by the district PHC supervisor.
- Debriefing programs should be established in case of disharmony amidst the professional nurses to provide psychological support by the district management.
- The district coordinators should improve the selection method for attendance of the workshops

5.7.4 Recommendations for further studies

It is recommended that further research be conducted on the following areas:

- There is a need to verify the findings of this study on a large sample of professional nurses and other nursing categories using the quantitative research method.

- It is necessary to explore professional nurses' challenges of providing health care services in rural PHC facilities in other provinces that share similar experiences with nurses working in the Mpumalanga Province.

5.8 Plan for dissemination and implementation of results

The researcher will circulate and share the document with all the stakeholders that were involved. The dissertations will be kept at the University of Venda library and database to enable other researchers to access the information. Another copy will be kept by the supervisor. Findings will be published as an article in an accredited journal and recommendations will also be presented in nursing managers' meetings, workshops and symposia, and conferences. The findings of this study will be disseminated to the Mpumalanga Provincial department of health office and PHC district managers.

5.9 Conclusion of the study

Professional nurses are the cornerstone of the nursing profession. Resolving the challenges experienced by professional nurses can change the image of the nursing profession and health care delivery. The purpose of the study was to explore the challenges experienced by Professional nurses providing health care services to patients in the rural PHC facilities in the Msukaligwa sub-district of Mpumalanga Province. The objectives of the study were to explore and describe the challenges experienced by professional nurses providing health care services to patients at the rural PHC facilities in the Msukaligwa sub-district of Mpumalanga province. The study findings revealed several challenges experienced by professional nurses providing health care facilities. Professional nurses at the Msukaligwa Sub-district are facing challenges of shortage of manpower, resources, and communication problems with their managers. They revealed that shortage of resources harms the provision of quality patient care. The findings of the study revealed that there is a shortage of manpower and resources which impact negatively the provision of patient care delivery. Shortage of manpower leads to increased workload for the remaining staff on duty thus working under pressure trying to attend to all patients and patient care is compromised. Absenteeism is another contributory factor to the shortage of manpower. Professional nurses are demotivated by the shortage of

manpower and resources which contributes to poor service delivery. Professional nurses felt that they don't get support from their supervisors; all they want from them is to render services to the patients without the resources. Professional nurses are ready to render quality patient care despite a shortage of resources. Based on the conclusion that the study question was answered and objectives were met. There is a need to address the challenges experienced by the professional nurses at the rural PHC facilities if the provision of quality health care services is a priority.

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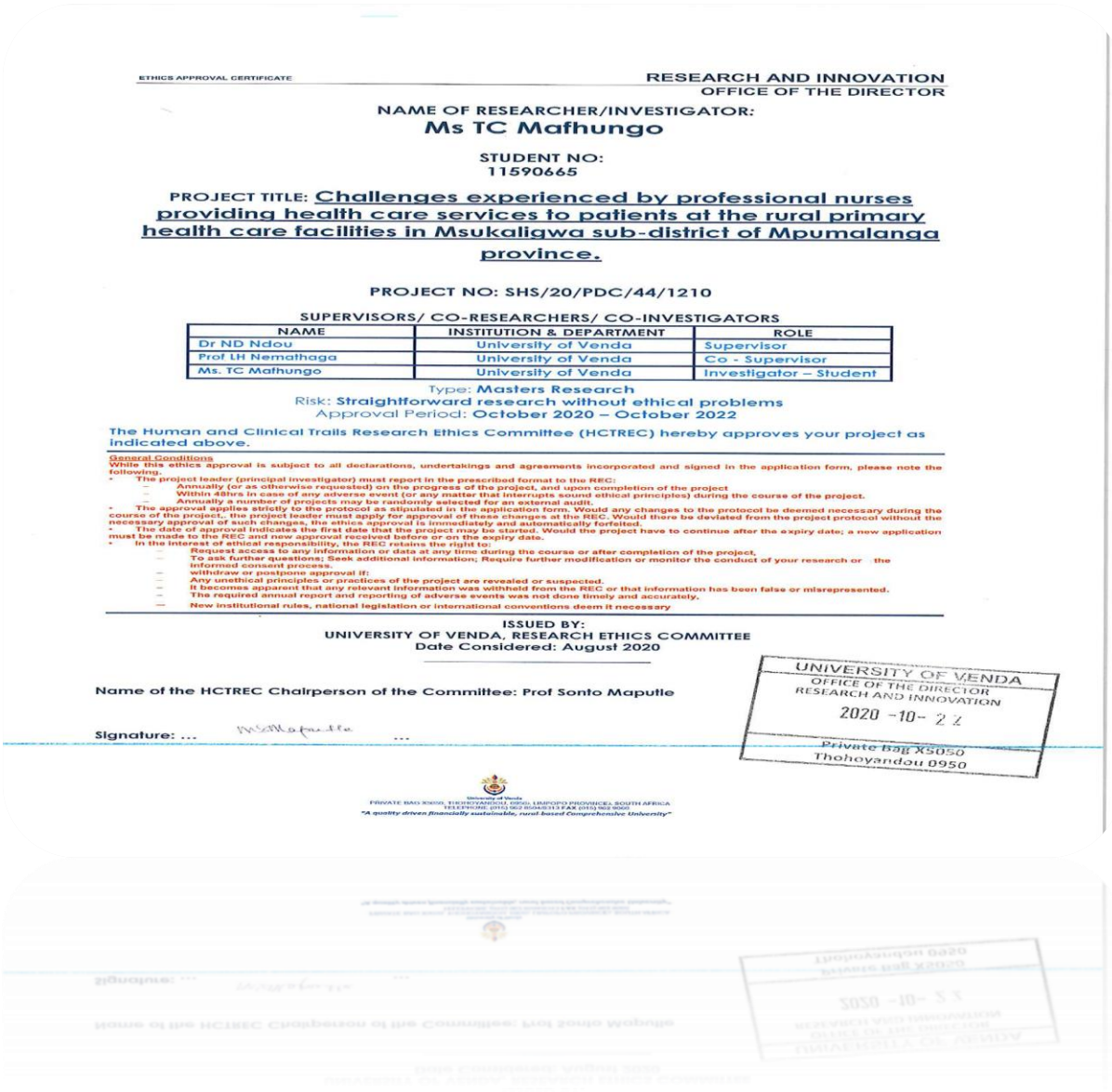
ANNEXURE A: Ethical clearance from the University of Venda



ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms TC Mafhungo

STUDENT NO:
11590665

PROJECT TITLE: **Challenges experienced by professional nurses providing health care services to patients at the rural primary health care facilities in Msukaligwa sub-district of Mpumalanga province.**

PROJECT NO: SHS/20/PDC/44/1210

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr ND Ndou	University of Venda	Supervisor
Prof LH Nemathaga	University of Venda	Co - Supervisor
Ms. TC Mafhungo	University of Venda	Investigator – Student

Type: Masters Research
Risk: Straightforward research without ethical problems
Approval Period: October 2020 – October 2022

The Human and Clinical Trails Research Ethics Committee (HCTREC) hereby approves your project as indicated above.

General Conditions
While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principal investigator) must report in the prescribed format to the REC:
  - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project
  - Within 48hrs in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
  - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project., the project leader must apply for approval of these changes at the REC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date; a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
  - Request access to any information or data at any time during the course or after completion of the project,
  - To ask further questions; Seek additional information; Require further modification or monitor the conduct of your research or the informed consent process.
  - withdraw or postpone approval if:
  - Any unethical principles or practices of the project are revealed or suspected.
  - It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.
  - The required annual report and reporting of adverse events was not done timely and accurately.
  - New institutional rules, national legislation or international conventions deem it necessary

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: August 2020

Name of the HCTREC Chairperson of the Committee: Prof Sonto Maputle

Signature: ...

UNIVERSITY OF VENDA
OFFICE OF THE DIRECTOR
RESEARCH AND INNOVATION
2020 -10- 22
Private Bag X5050
Thohoyandou 0950

ANNEXURE B: Letter to request permission to conduct research from Department of health: Mpumalanga province

P.O. BOX 1202

ERMELO

POSTAL CODE 2350

The provincial department of health

Research ethical committee

ERMELO

2350

Request for permission to conduct research

Topic: challenges experienced by professional nurses providing health care services to patients at the rural primary health care facilities in Msukaligwa Sub-district of Mpumalanga province.

Dear Sir/Madam

I **Mafhungo Thuso Charity** a Masters student at the University of Venda hereby request permission to conduct a study at the primary healthcare facilities in Msukaligwa Sub-district

The title of the study is Challenges experienced by professional nurses providing health care services to patients at the rural primary health care facilities in Msukaligwa Sub-district in Mpumalanga.

The purpose of the study

The purpose of the study is to explore the challenges experienced by professional nurses when proving health care services to patients at the rural primary healthcare

facilities in Msukaligwa sub-district Mpumalanga. This will be achieved through exploring and describing the challenges experienced by professional nurses in the rural PHC facilities in Msukaligwa Sub-district.

The significance of the study

The findings from this study may provide a deep understanding of the challenges experienced by professional nurses providing when health care services at the rural PHC facilities. The findings from this study may influence the PHC nurse managers to come up with strategies to address the rural PHC facilities challenges, for the benefit of professional nurses and the patients and the communities. The findings of the study may add to the body of knowledge in nursing research. The researcher hopes that this study may motivate prospective researchers to further investigate the experiences of professional nurses caring for patients at rural PHC facilities.

Researcher: Mafhungo T.C

Contact number: 0827359432

Email address: mafhungothuso@webmail.co.za

Signature:…… Date:……

Thank you

ANNEXURE C: Approval letter from Mpumalanga Department of Health

health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

Indwe Building, Government Boulevard, Riverside Park, Ext. 2, Mbombela, 1200, Mpumalanga Province
Private Bag X11285, Mbombela, 1200, Mpumalanga Province
Tel I: +27 (13) 766 3429, Fax: +27 (13) 766 3458

Litiko Letemphilo | Departement van Gesondheid | UmNyango WezeMaphilo

Enq: 013 766 3766/3511
Ref: MP_202010_015

Provincial Research Approval Letter

Ms Thuso Mafhungo
PO BOX 2102
ERMELO 2350

TITLE: **APPLICATION FOR RESEARCH APPROVAL: CHALLENGES EXPERIENCED BY PROFESSIONAL NURSES PROVIDING HEALTH CARE SERVICES TO PATIENTS AT THE RURAL PRIMARY HEALTH CARE FACILITIES IN MSUKALIGWA SUB-DISTRICT OF MPUMALANGA PROVINCE**

Dear Ms Mafhungo

The Provincial Department of Health Research Committee has approved your research proposal in the latest format you sent.

- Approval Reference Number: MP_202010_015
- Data Collection Period: 15/11/2020 to 20/05/2021.
- Approved Data Collection Facilities: GERT SIBANDE DISTRICT MUNICIPALITY OFFICES; CHRISSIESMEER/KWACHIBIKHULU CLINIC; DAVEL CLINIC; EMTHONJENI CLINIC (MSUKALIGWA); ERMELO CLINIC; LOTHAIR/SILINDILE CLINIC; NEW SCOTLAND CLINIC; SHEEPMOOR CHC; THUSSIVILLE/MN CINDI CLINIC & WARBUTON CHC.

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

Conditions:
- *Researchers not allowed to make copies or take pictures of medical records.*

Kind regards

DR C NELSON
MPUMALANGA PHRC CHAIRPERSON
DATE: 16/11/2020

MPUMALANGA
THE PLACE OF THE RISING SUN

ANNEXURE D: Letter of permision from the district

P.O. BOX 1202

ERMELO

POSTAL CODE

2350

Request for permission to conduct research

Topic: Challenges experienced by professional nurses providing health care services to patients at the rural primary healthcare facilities in Msukaligwa Sub-district Mpumalanga.

Dear Sir/Madam

I **Mafhungo Thuso Charity** a Masters's student at the University of Venda hereby request permission to conduct a study at the primary healthcare facilities in Msukaligwa Sub-district Mpumalanga.

The title of the study is Challenges experienced by professional nurses providing health care services to the patients at the rural primary healthcare facilities in Msukaligwa Sub-district in Mpumalanga.

The purpose of the study is:

The study aims to explore the challenges experienced by professional nurses providing health care services to patients at the rural primary healthcare facilities in Msukaligwa Sub-district in Mpumalanga. This will be achieved through exploring and describing the challenges experienced by professional nurses in rural primary health care facilities in Msukaligwa Sub-district. The findings from this study may provide a deep understanding of the challenges experienced by professional nurses in rural PHC facilities. The findings from this study may influence the PHC nurse managers to come up with strategies to address the rural PHC facilities challenges, for the benefit of professional nurses and the patients and the communities. The findings of

the study may add to the body of knowledge in nursing research. The researcher hopes that this study may motivate prospective researchers to further investigate the experiences of professional nurses caring for patients at rural PHC facilities.

If you have any queries on the matter which is not reflected in this correspondence, the contact details are as follows:

Researcher: Mafhungo T.C

Contact number: 0827359432

Email address: mafhungothuso@webmail.co.za

Signature …….. Date

ANNEXURE E: Information relating to informed consent

LETTER OF INFORMATION

Title of the Research Study: **CHALLENGES EXPERIENCED BY PROFESSIONAL NURSES PROVIDING HEALTH CARE SERVICES TO PATIENTS AT THE RURAL PRIMARY HEALTHCARE FACILITIES IN MSUKALIGWA SUB-DISTRICT IN MPUMALANGA.**

Principal Investigator/s/ researcher: Mafhungo Thuso Charity

Co-Investigator/s/supervisor/s : Dr Ndou N.D and Prof Nemathaga L.H

Brief Introduction and Purpose of the Study: professional nurses in rural primary health care facilities are experiencing many challenges, the environment their working in is characterized by poor infrastructure and inadequate resources. The purpose of this study is to explore and describe the lived experiences of professional nurses in rural primary health care facilities in the selected sub-district of Mpumalanga province.

Outline of the Procedures: The researcher will telephonically contact the participants who met the inclusion criteria and agreed to participate in the study in advance, and set the appointment date, time, and venue for the interview. The researcher will explain the ethical issues namely: confidentiality, issues of benefits and voluntary participation, and the right to withdraw from participating without giving any reason. If the participant agrees to participate in the study informed consent will be signed. Permission for audio recording will be obtained from each participant. The researcher will conduct data through unstructured in-depth interviews, this will allow the participants to explore and describe their lived experiences in rural primary health care facilities. The interview will last for 30 to 45 minutes. Central questions will be used and probing questions will be asked, determined by the response from the participants. The study will focus only on professional nurses in rural primary health care facilities for more than two years.

Risks or Discomforts to the Participant: No invasive procedures will be done to the participants but in case of adverse reaction the participants will be taken to the doctor while reporting to the CEO of the institution, the participant will be withdrawn from the study.

Benefits: The findings from this study may provide a deep understanding of the challenges experienced by professional nurses caring for patients at rural PHC facilities. The findings from this study may influence the PHC nurse managers to come up with strategies to address the rural PHC facilities challenges, for the benefit of professional nurses and the patients and the communities. The findings of the study may add to the body of knowledge in nursing research. The researcher hopes that this study may motivate prospective researchers to further explore the experiences of the professional nurses.

Reason/s why the Participant May Be Withdrawn from the Study: The participants have the right to withdraw at any stage of the research if they wish to do so. There is no harm or threats expected in participating in the study or to withdraw from the study.

Remuneration: No remunerations will be offered.

Costs of the Study: Participants will not be expected to pay anything towards the study.

Confidentiality: To ensure confidentiality, the Interview will take place in a quiet private place

Your anonymity will also be safeguarded by using pseudo names throughout the study.

No information will be linked to your name.

Research-related Injury: In case of research-related injury, the researcher will withdraw the participant from the study, refer to the Doctor and report the event to the managers of the institution and my supervisors at Univen for assistants. No compensation is available.

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

Please contact the researcher Mafhungo T.C at (0827359432) my supervisor DR N.D Ndou at (tel no.060 613 5281) 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

General:

Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population

ANNEXURE F: Consent for participation in research

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, (*Mafhungo T.C*), about the nature, conduct, benefits, and risks of this study - Research Ethics Clearance Number:
- 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 this research which may relate to my participation will be made available to me.

Full Name of Participant	Date	Time	Signature
I……	……	……	……

Mafhungo T.C hereby confirm that the above participant has been 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 G: Central question

May you please share with me the challenges that you are experiencing while providing health care services to patients *at the rural primary health care facilities?*

Follow-up questions will be asked to gain a deeper understanding of the challenges experienced by the professional nurses.

ANNEXURE H: Editing certificate

F&M Editing Services
"Your Success, Our Priority"

Proof of editing

Date: 08 August 2021

This is to certify that I have edited a Masters Dissertation for the following candidate

Name: Mafhungo Thuso Charity

Title: CHALLENGES EXPERIENCED BY PROFFESSIONAL NURSES PROVIDING HEALTH CARE SERVICES TO PATIENTS AT THE RURAL PRIMARY HEALTH CARE FACILITIES IN MSUKALIGWA SUB-DISTRICT OF MPUMALANGA PROVINCE

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ANNEXURE I: Interview transcript

Researcher: Mornings how are you?

Participant: I am good and you?

Researcher: I'm okay, may you please share with me the challenges that you have experienced while providing healthcare services to the patients in your facility?

Participant: shortage of staff

Researcher: so you're experiencing shortage of staff?

Participant: yes… sometimes you find that there is only three Professional nurses and we have a lot of services that we must provide so we have to stretch and work sometimes we don't get lunch. And the patients are always complaining. If patients don't get the services they go and report us and say they are from the PHC facility and we did not give them the services that they wanted. Of which I wanted to give the services but because of time and they are too many.

Researcher: how do you manage if there is shortage of staff? Or which strategy are you using?

Participant: one professional nurse attend the chronic patients, the one will attend mother and child stream and the other one will attend to the minor ailment.

Researcher: when is 16H00 you're knocking off time and there are still patients inside the facility what do you do?

Participant: we always inform them to come back early in the morning the following day so that we can offer them the healthcare services.

Researcher: so you return them home without offering healthcare services?

Participant: not always sometimes we knock off after 17H00 and no one is paying us overtime.

Researcher: so you sacrifice your knocking off time and continue rendering healthcare services to the patients?

Participant: yes and we don't get overtime money

Researcher: okay do you have any other challenges that you are experiencing?

Participant: were having shortage of equipment we don't have enough equipment. Especially when it comes to CCMDD programme now we don't have internet and we are supposed to register the patients to get their medications at the external pick up points. How are they expecting us to register the patients if they don't give us the internet?

(Central Chronic Medicines Dispensing and Distribution (CCMDD) is a programme for chronic stable patients. The programme make use of private pick up points for chronic medications, the main objective being to improve access to chronic medications for stable patient. It helps to prevent overcrowding of patients in the facility since they will be collecting their medications on the other pick up points)

Researcher: since you don't have internet how are you enrolling the patient on CCMDD?

Participant: sometimes we use paper based system of which it is a problem because the person who is employed for capturing patients who are registered on paper based she doesn't come to capture the enrolled patients. As a result patients don't get their medications at the pickup points and the very same patients came back to the facility again for the medication. So I have to dispense for the external and internal patients.

Researcher: for how long have you not been having access to the internet?

Participant: it's almost five months now

Researcher: did you report to the management?

Participant: yes we did they are all aware but they told us to use the internet from the supporting partners which is BroadReach. Sometimes BroadReach staff they are willing to give us their cell phones or gadgets sometimes they are not because even themselves they are using their phones for their work purposes.

Researcher: who is BroadReach staff are they from the department of health?

Participant: BroadReach is a private company which supports/ in partnership with the department of health and they are having staff allocated inside the department of health facility. Almost all of them are having gadgets with internet.

Researcher: okay

Participant: enrolling patients on CCMDD it's a challenge because sometimes BroadReach staff is not on duty so we fail to enrol patients like today they are not on duty.

Researcher: so you're saying you are only able to enrol patients on CCMDD if BroadReach staff is on duty?

Participant: they can only give us for an hour you find that I have many files and I cannot finish enrolling them within an hour. They will come and take their gadgets before I finish because they have their own duties that they need to perform using their gadgets.

Researcher: how do you feel when the patients that you have enrolled on the paper based coming back in the facility telling you that they did not get their medications?

Participant: it is demotivating because the management wants us to increase CCMDD statistics and they don't give us the internet to enrol the patients. It is demotivating to us as professional nurses what must I do this is beyond my capabilities I cannot provide the government with internet

Researcher: okay any other shortage of equipment's that you are experiencing?

Participant: the computers. My computer was not working for the past four months it only started working this months.

Researcher: did you ever report it?

Participant: yes they come and said they will fix it but it was never fixed, there was a cable that was not working and needed to be replaced it took them four months to replace it.

Researcher: what are you using computers for?

Participant: registering patients for statistics purposes.

Researcher: so all the patients that you attended to you register them on the computer?

Participant: yes

Researcher: since your computer was not working what were you using to register them?

Participant: I was using the register book and in the morning the data capture will come and take the register to capture and I have to wait for them to finish so that I can start working, this is waste of time even for the patients.

Researcher: so you stop working while waiting for the register from the data capture?

Participant: yes and I can't use any book to register the patients in the mean time they don't allow us to.

Researcher: why?

Participant: they said we lose the statistics because some services we don't record them properly and on the register book we just tick the services that we have rendered.

Researcher: okay I see

Participant: the other thing is the attitude from our management they don't treat us well.

Researcher: which management are you referring to, the operational manager or the primary health care (PHC) supervisors?

Participant: all of them there are the same. Our operational manager she is having bad attitudes towards us and this makes me feel bad. Sometimes I end up being upset from work I'm telling you. When I see that I cannot stand this one I go to the doctor and consult and the doctor will book me off sick. I'll go stay at home and come back to work when I'm feeling okay.

Researcher: so there is a time when you take sick leave when you're not sick?

Participant: yes. The manner of approach from our operational manager it's not proper. You find that yes I have done something wrong but there is a certain way that you must address me as a staff member. You can't shout at me in front of the patients, you must call me aside and tell me that I'm wrong there so that I can correct my mistakes.

Researcher: okay

Participant: but if you don't tell me how I am going to know that what I did was wrong. If you as an operational manager will go out and talk about me to other staff that have done this and this wrong as a staff member this doesn't sit well with me. It might makes one not to treat well the patients because you're not okay emotionally.

Researcher: you also talked about the PHC supervisors

Participant: the PHC supervisors when they come here let us say I did not register the patients on CCMDD they will come and shout at us but they know we don't have access to the internet that is why we did not register the patients. All they want to see is us rendering services.

Researcher: okay any other challenges?

Participant: we are having many patients, like they are a lot. You find that every day I attend to more than hundred patients. We no longer offer total nursing care we end up pushing quantity than quality you see. Yes the patients are right when they say we don't treat them well because I don't have time because they are too many. I'm trying to attend to all patients so that by 16H00 we are done attending to them. How is the patient going to find time to tell me about other social problems, I don't have time.

Researcher: because you're rushing to attend to other patients

Participant: yes so there is no total nursing care.

Researcher: okay no total nursing care

Participant: the other challenge is our building our staff kitchen is next to the toilet right next to the toilet.

Researcher: staff toilet or patient's toilet?

Participant: staff toilet and our management says we must not use our consulting room during lunch, when I went to the kitchen and someone is buys doing number two in the toilet and I am eating. When the management come they shout at us if they find me eating in my consulting room and they are aware that the toilet is right next to our kitchen.

Researcher: is it the only staff toilet that you are having?

Participant: yes for staff members.

Participant: we are unable to provide other services because of the space. They were telling us about youth friendly services which we must provide a consulting room. The management is telling us about the consulting room which they know is not available here so they want us to perform miracles.

Researcher: so they want you to create a consulting room for youth friendly services?

Participant: yes and where are we going to do that. Did you see us next door?

Researcher: yes I did when I arrived.

Participant: next door there are two PNs in one consulting room and also in this consulting room they are two PNs working here.

Researcher: so in one consulting room there are two PNs?

Participant: yes and we see two patients at the same time because of lack of space.

Researcher: okay how do you divide the space for the other PN?

Participant: nothing we don't do that we don't divide.

Researcher: what about patient's privacy?

Participant: patients are not having privacy in this facility.

Researcher: so patient's privacy is compromised?

Participant: yes because of our infrastructure it is wrong, yes they can report us and it's a valid case.

Researcher: is the management aware of all this?

Participant: yes they are aware and they are not doing anything about it. Last year they were renovating this place they knew the number of professional nurses that they supposed to be in the facility but they did not carter for the consulting rooms.

Researcher: they were having renovations and they did not add more consulting rooms?

Participant: yes they did the renovations but look at this window it's not closing properly. Even the celling the geyser is leaking so you see our infrastructure is bad.

Researcher: have you ever report they leaking geyser?

Participant: yes and they come and switch it off that's the option that they have.

Researcher: so it was never fixed?

Participant: they just switch it off and thats fixing it.

Researcher: do you have any other challenges that you are experiencing?

Participant: ooh yes on media they talk about debriefing that staff they must be given debriefing and we don't know what it is we never had it. Even if you can ask me what is debriefing I don't know what it is.

Researcher: you only hear it from media?

Participant: almost all of us here in this facility we were infected with corona virus and no one has ever come ad say how are you coping. Nobody came.

Researcher: how did almost of you get infected?

Participant: one staff member tested positive and all of us were called to be tested. The attitude they gave us after we tested positive they did not support us.

Researcher: how was their attitude?

Participant: it was very bad they acted as if we invited COVID to infect us. It was as if we wanted to be infected they end up blaming us. Even when they call us to inform us about the positive results they were shouting.

Researcher: after you have tested positive where did you go for isolation?

Participant: myself they forced me to go to quarantine centre they did not ask me if I will be able to isolate at home they just told me that you are going to the quarantine centre now.

Researcher: some of you went to quarantine centre and other isolated at their place?

Participant: yes.

Researcher: did you get the counselling and post COVID assessment?

Participant: we only got post COVID assessment two weeks after we return to work. We were just told to go back to work no support or counselling offered even going to the post COVID assessment we fought for it.

Participant: the other thing we are not safe at work for an example when you arrive by the gate did they search you?

Researcher: no.

Participant: you see if you were caring a gun to kill me I could have been dead by now. So we are not safe. Now this window doesn't open we must open it for ventilation and I am attending to patients with Tuberculosis so I am not safe at work.

Researcher: you're saying the security officers are not searching people when entering and leaving the facility?

Participant: yes they don't even myself when I go out they don't search me.

Researcher: okay other challenges that you still need to share with me?

Participant: mmmm I will be directing it to the wrong person our government must just see to it that we are safe and that the patients are safe and that this environment is safe to work in all this problems are contributing to safety.

Researcher: thank you very much.

Participant: my pleasure sister.