



University of Venda

**FACTORS AFFECTING QUALITY NURSING CARE AT SELECTED PUBLIC HOSPITALS
IN VHEMBE DISTRICT, LIMPOPO PROVINCE, SOUTH AFRICA**

By

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DECLARATION

I, Thinavhuyo Sharon Ramunenyiwa declare that this dissertation titled, ***“Factors Affecting Quality Nursing Care at selected Public Hospitals in Vhembe District, Limpopo Province, South Africa”*** has not been submitted previously for a degree at this or any other university, and that it is my own work in design and in execution, and that all reference materials contained herein have been duly acknowledge.

Student's signature: SRamunenyiwa

Date: 01/02/2022

DEDICATION

This study is dedicated to God Almighty, the God of Host, My Creator, the reason for my sustenance and my existence. All the glory and honour unto Him, I am so grateful to Him.

I also dedicate this study to my children, Thendo, Mufhatu and my grandson Mulisa-Wandele, for their full support, sacrifices and encouragement all the way.

The study is dedicated as well to my late biological parents and my spiritual parents who contributed to the person that I am today.

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ABSTRACT

Globally, professional nurses play an important role in the provision of health care. The performance of nurses is linked to the productivity and provision of quality patient care. Quality nursing care is important when patients are hospitalized and depend on the care providers and systems of the hospitals. Poor nursing care may lead to lawsuits. This study describes factors affecting quality nursing care at three selected public hospitals in the Vhembe District of Limpopo Province. The study employed a quantitative and descriptive approach. Population was professional nurses who were in direct nursing care of the patients. Non-probability purposive sampling approach was used to select hospitals and professional nurses. The sample size was 230 nurses. Data were collected using a self-administered questionnaire after receiving ethical clearance from the University of Venda, approval from Department of Health Research Committee, Chief Executive Officers of the three-selected hospital and the District Executive manager. Data were analysed using Statistical Package for Social Science version [26.0]. Each step of the research process was measured for validity and reliability. Results are presented in the form of tables. Biographic results indicated that 88,6% of respondents were female professional nurses and 10, 8% of respondents of professional nurses were male. Regarding knowledge and attitude, 98% of respondents of professional nurses agreed that supervision by skilled nurses is necessary while performing nursing duties. Majority (97%) indicated that patients feel free to be nursed by professional nurses with a name tag on. Regarding system related factors, 98% of respondents indicated that health system guidelines positively influence quality nursing care. The key findings of this study revealed that several factors, including knowledge and caring attitude of a nurse related factors, patient related factors and system related factors affect quality nursing care in public hospitals. To improve quality nursing care, this study recommends that the Department of Health should channel resources towards increasing the number of staff, increase opportunities of further education and training, improve system related factors and ensure that principles are adhered to. For institutional and health system related factors, communication should be improved, hospital infrastructure needs maintenance and upgrading, medication should be made available, auditing should be regular, and appropriate disciplinary measures should be taken for inappropriate behaviour and mistakes. Key parameters that promote quality nursing care such as effectiveness, efficiency, timeliness, ethical, transparency, teamwork, respecting people's rights and their different cultures should be upheld. For patients, they should be active participation and patients' attitude and beliefs should be respected. Future research should be extended to private hospitals.

Keywords: Environment, Factors, Health, Nursing, Professional nurse, Quality nursing care, Satisfaction

LIST OF ACRONYMS AND ABBREVIATIONS

ALOS:	Average Length of Stay
CEO:	Chief Executive Officer
DEM:	District Executive Manager
DHIS:	District Health Information System
DoH:	Department of Health
SANC:	South African Nursing Council
SPSS:	Statistical Package for Social Science
UBR:	Utilisation of Bed Rate
WHO:	World Health Organisation

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CHAPTER ONE

OVERVIEW OF THE STUDY

1.1. Introduction

Globally, professional nurses play a vital role in the provision of health care. Hence, Awase, Bezuidenhout & Roos (2013) argue that the performance of professional nurses is linked to the productivity and provision of quality patient care in hospitals. Provision of quality nursing care is a concern to the whole world. Nursing care assists individuals or groups of people by improving their human condition. Caring is direct or indirect nurturing, skilful activities processes that help individuals depending on their needs, problems and values. Lawrence (2005) advises the care provider should give help in an empathetic, compassionate and supportive way.

1.2. Background

Aiken, Sermeus and van den Heede (2012) conducted a study in England involving 2063 discharged patients in 2010 between June and August where in 46 hospitals and 61 National Health Trusts participated in that study. The results revealed that 60% of discharged patients indicated that there are enough nurses to take care of them, 31% had no confidence in doctors and nurses, 46%% of nurses lacked time to complete the task of their patients resulting in the poor provision of quality care for patients. However, the concern is that the study did not reveal the categories of nurses involved. The findings of the study confirmed that a well-staffed hospital with professional nurses, promotes quality nursing care.

The University of Pennsylvania in the United State of America conducted a study about patient satisfaction in the school of nursing and found that patient satisfaction grows with nurse staffing. Patients responded that there are enough nurses with high qualifications providing bed care for patients which increased their satisfaction (Lippincott, 2018). However, the findings further revealed that poor patient care is associated with environmental factors such as poor working conditions; provider related factors such as lack of skills, knowledge and capability in performing other tasks and patient related factors such as personal beliefs, culture and poor cooperation. The study recommended that improvement can be through supporting visionary leadership, proper planning, education and training, availability of resources and effective management styles (Lippincott, 2018). A similar study was conducted in Iran by Mosadeghrad (2014) which involved two hundred and twenty health care workers, each with two focus groups. The results indicated that the quality of health care in Iran is a result of cooperation between the patient and the health care provider in a supportive environment.

Personal factors of the provider and the patient, factors pertaining to healthcare organisation, health care system, and service quality, all contribute to quality health care. The study further revealed that cooperation between the patient, nurses, patient culture, beliefs, attitude, and the health care system play an important role in providing quality nursing care (Mosadeghrad, 2014).

At Kenyatta National hospital in Kenya, NwajaK (2012) found that the quality of patient care had decreased, there was low employee capacity of 0, 98% and insufficient finance resource of 0,671. NwajaK also found that there was ineffective communication channels, poor working environment and insufficient resources to enable health care personnel to perform effectively. Muiriri & Ajodo (2012) point out that in Kanyan public hospitals, technological communication is still insufficient because many personnel are not computer literate yet.

On studying the utilisation of health services, in Gauteng, South Africa, Ncayiyana and Levin (2013) had 75% respondents reporting reduced quality of public health services. This was the major reason cited by these respondents for not visiting public health care services. Only 7% utilised the health care services while 4.3% sought health care services of any type. Ncayiyana and Levin recommended an improvement to the quality of public healthcare services and perception towards these services. They observed that healthcare quality increases the choice of health care provided and that this also improves the quality of patient care rendered.

In Makhuduthamaga sub-district in Sekhukhune District, Limpopo, South Africa Makunyane (2012) examined what affects the performance of nurses in eighteen public clinics involving all categories of nurses working in those clinics. Ncayiyana and Levin found that nurse performance in public institutions differs according to provinces and districts despite the roles of professional nurses stipulated in the Nursing Act 33 of 2005 by the South African Nursing Council (SANC). There have been studies to assess the state of health care provision in different health settings like public hospitals, clinics and other settings. Malwela (2013) indicates that quality assurance programmes have been instituted by the South African government to ensure patients' safety and satisfaction especially in community health hospitals. The Department of Health has employed quality assurance officers in each public hospital to monitor the programme. Mundalamo (2016) found that quality nursing care is compromised by lack of expertise, supervision and assessment of skills in paediatric wards in the Vhembe District. These findings motivated the researcher to do this study which examines factors that contribute to quality nursing care in Vhembe District hospitals.

1.3. Problem statement

The researcher is a lecturer and identified patient's dissatisfaction during student clinical accompaniment. Patient waiting time in a sampled institution for this study was 5 hours and 32 min in 2017. The national core standard waiting time is 1 hour as stated in the South African six ministerial health priorities. Patient dissatisfaction assessment through patient satisfactory questionnaires revealed that poor patient care is associated with attitudes and shortage of nursing staff. Hospitals offer in-service training to capacitate both nurses and professional nurses. Despite this, the provision of nursing care is still compromised, and patients complain that basic nursing care like feeding of helpless patients is not done. Despite the availability of standardised package for providing basic nursing care, hospital nursing audit team reports show gaps in the provision of quality nursing care. These challenges in the provision of high patient quality care motivated the researcher to conduct this study which sought to determine factors that impact on quality nursing care in selected hospitals of Vhembe District in Limpopo Province.

1.4. Rationale of the study

In the Limpopo Province, patient dissatisfaction assessment through patient satisfactory questionnaires revealed that poor patient care is associated with attitudes and shortage of nursing staff which is 30% and 67% respectively (Limpopo October Survey Results Final: 2 November 2017). The report further revealed that shortage of staff could have led to difficulty in nurses to provide quality nursing care to patients. The State of Limpopo Health System (2017) corroborates this stating that staff attitude is still a challenge in some Vhembe District health facilities. The researcher identified this gap regarding the provision of quality nursing care and decided to determine factors that contribute to the provision of a compromised health care in Vhembe District hospitals.

1.5. Purpose of the study

The study investigated factors that affect quality nursing care in selected hospitals in the Vhembe District.

1.6. Objectives of the study

The objectives of this study were to:

- Determine and describe factors affecting quality nursing care in the selected hospitals in Vhembe District.
- Recommend measures to promote quality nursing care.

1.7. Research question

The study was guided by the following question:

What are the factors that contribute to quality nursing care in Vhembe District, Limpopo Province, South Africa?

1.8. Significance of the study

Findings of this study may benefit patients when they receive good and sound nursing care and speed recovery. People will likely develop trust in the government health institutions and fully utilise their services. Nursing education may benefit by including the study recommendations in the curriculum. Hospitals may benefit when patients' stay in hospitals is reduced and there may also be a reduction of law suits against government hospitals, and others may benefit in the sense that the morale of health care providers such as nurses and doctors will improve due to job satisfaction leading to the provision of good quality nursing care. Policy makers may use the findings in the formulation of policy to provide quality patient care. This will promote compliance with the South African Nursing Council regulations and standards in all health institutions.

1.9. Theoretical Framework

This study used Imogene theory of goal of attainment. The theory emphasises the interacting systems of personal, interpersonal and social system and each system with its concepts. Its focus is on the interpersonal system and the interactions, communications, and the transactions between the nurse and the patient. The nurse and the patient set goals for health in a health setting. The nurse and the patient work together towards the achievement of health as a goal. The individual perception has an influence on the way the patient responds to events in her or his life (King, 1992).

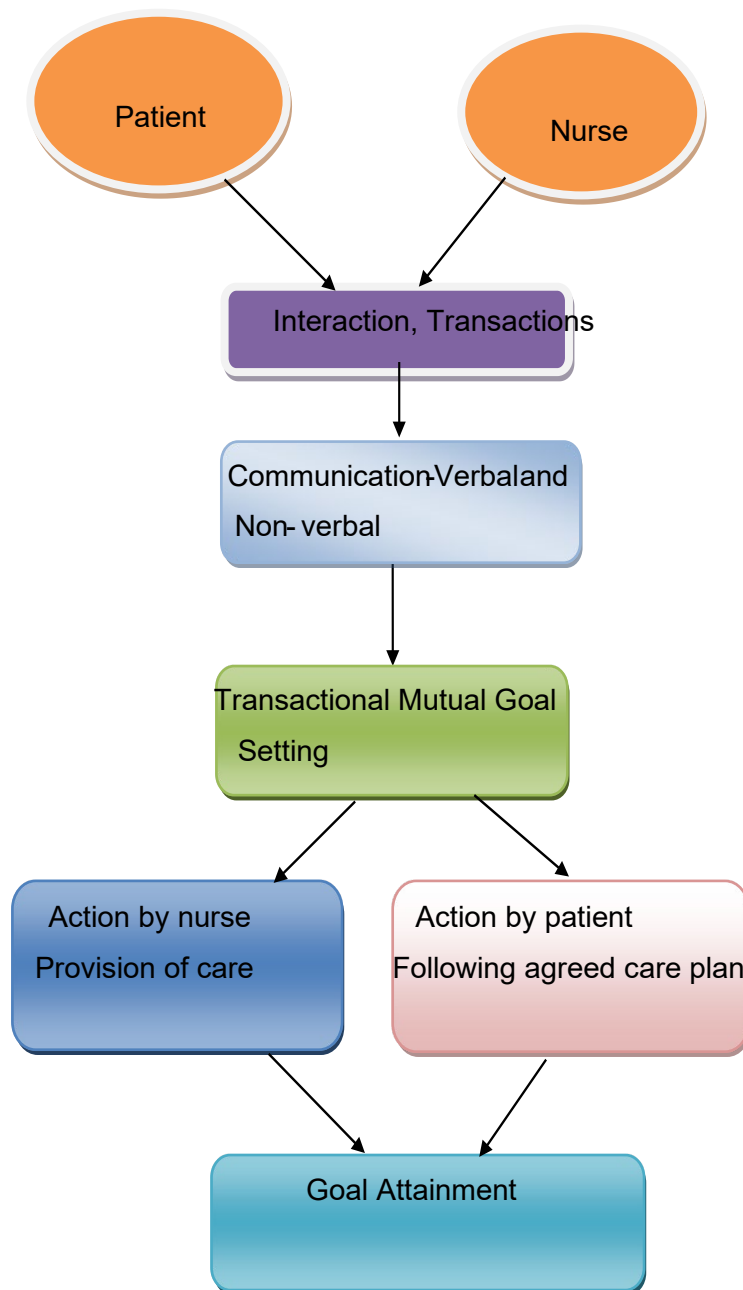


FIG 1.1 Imogene theory of goal attainment (Parker, 2015)

The figure above represents the relationship of concepts of transaction, communication and perception in King's theory. The professional nurse helps the patient with a problem in the hospital to eradicate that problem or maintain his / or her health so that he or she can function normally. During communication, the professional nurses share their information about their perception about the illness or problems that brought the patient to the hospital and the patient why he or she came to the hospital. The communication will be verbal or non-verbal, face to face and can be through writing. By this, the patient cooperates and participates actively in the nursing care. The professional nurse with the knowledge and skills, interprets information

in the nursing process to plan, implement, and evaluate nursing care the patient should receive to achieve the desired goal (Alligood & Tomey, 2014).

1.9.1. Assessment

The professional nurse in the health setting, with special knowledge and skills identifies the problem of the patient and collects data. The professional nurse assesses the level of patient's stress.

1.9.2. Nursing diagnosis

The professional nurse uses the data collected through history taking, observations like monitoring of temperature, blood pressure, pulse rate, respiratory rate, and he/she identifies problems, concerns and disturbances that need help.

1.9.3. Planning

After the diagnosis, a care plan of interventions to solve problems will be created by the professional nurse and other categories of nurses including enrolled nurses and other health care team members. Goals will be set, and decisions will be made about how to achieve those goals. During this stage, the patient participates actively in decision making on the means of achieving those goals (King, 1992). The professional nurses and other categories of nurses record the plan.

1.9.4. Implementation

During this stage, the actual activity to achieve goals is the continuous process of transaction. The professional nurse may open the nearby windows for a patient with an elevated temperature, change bed linen when they are dirty or soiled, and change the dressing when there is a need to do so.

1.9.5. Evaluation

This involves whether those activities done to alleviate the problem have been effective or not, if not, other plans can be executed. During this entire process recording is done. In this step, assessment of whether those goals that are set were achieved or not and the effectiveness of nursing care are done (King, 1992).

1.10. Definitions of Terms

1.10.1. Nursing

Nursing is defined by WHO as a collaborative and autonomous care of individuals of all ages, groups, and communities well or sick in all settings., including the promotion of health, prevention of illness, care of the ill, disabled and the dying. Nursing is a profession based on the interaction with others therefore caring appears as one of its central concepts (Chinn & Krammer, 2011). In this study, nursing is the execution of nursing activities by a nurse to patients in three selected public hospitals in Vhembe District, Limpopo Province, South Africa.

1.10.2. Health

Health is an ever-changing experience of a human being, adjustment to stressors in the internal and external environment with the maximum use of potential (Alligood & Tomey, 2010). In this study, health is state of satisfaction for patients who are admitted in the selected hospitals after interaction with professional nurses in the selected hospitals in Vhembe District, Limpopo Province, South Africa.

1.10.3. Factor

A factor is defined as something that influences a decision or a situation (Oxford Dictionary, 2010). In this study, the factor will be common characteristics or aspects like attitude, and knowledge of a professional nurse who will be participating in the study.

1.10.4. Quality nursing care

Quality nursing care is defined by the American Nurses Association (2003) as measures in meeting patients' ideas that are important to their health care needs. Quality nursing care is regarded as the excellent or best service in which a professional person looks after an individual (Booyens, 2012). In this study, quality nursing care refers to satisfaction that the patient and professional nurses will gain after interaction. It also refers to care provided by nurses to patients to the satisfaction of both the nurses and the patient.

1.10.5. Satisfaction

King describes satisfaction as a state when the goal of a patient and nurses are achieved (Alligood & Tomey 2010). In this study, satisfaction is a state of wellbeing of a patient admitted in the selected hospitals after interactions with professional nurses.

1.10.6 Professional Nurse

A professional nurse is a person who has met prescribed education requirements, has acquired and maintains the competencies to practice as a professional nurse, and is registered in terms of section 31(1) of the act (Government gazette, 2020). In this study, professional nurse refers to all professional nurses who are providing care to the patient in the hospital

1.10.7 Environment

Environment is embracing a physical environmental aspect which include warmth, diet, cleanliness, ventilation, light and absence of noise (Geyer, Mogotlane & Young, 2016). In this study, an environment is a pleasant working environment where patient are placed for professional nurses to provide quality nursing care.

1.11. Research Design and Methodology

This study adopted quantitative descriptive design where professional nurses were assessed on factors that contribute to quality nursing care in three selected public hospitals in Vhembe District, Limpopo Province, South Africa. Data were collected using self-administered questionnaires after the completion of voluntary consent forms by professional nurses. The content of the questionnaires composed of nurses' related factors which covered the knowledge, skills and attitude of professional nurses; patient related factors which covered the attitude of patients towards nursing care provided and system related factors which covered resources, policies, protocols and national core standards in providing quality nursing care. The questionnaire also had an open-ended question in which professional nurses were asked to list other measures for promoting quality nursing care. Data were analysed using SPSS version 26 with the assistance of a statistician. Findings were interpreted as percentages and frequencies and presented in the form of tables. A detailed methodology is discussed in Chapter 3.

1.12. Ethical Consideration

After receiving the ethical clearance certificate, permission was requested and received from the Department of Health and applications were sent to the Chief Executive Officers and Executive Managers of the selected hospitals. Then, the participants had the right to give voluntary informed consent. They were informed about what was expected and the nature of the study. Other ethical considerations were included and are discussed in detail in Chapter 3.

1.13. Layout of the chapters of the study

Chapter 1:	Overview of the Study
Chapter 2:	Literature Review
Chapter 3:	Research Methodology
Chapter 4:	Presentation and Discussion of the Results
Chapter 5:	Summary, Limitations, Conclusions and Recommendations

1.14. Conclusion

In this study, the introduction, background to the study, problem statement, study purpose, objectives, research question and significance of the study were outlined. The theoretical framework was discussed in the context of the topic and what the researcher intended to study. The next chapter discussed the literature review.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

The previous chapter discussed the overview and background to the study, problem statement, research purpose and objectives. The research question, rationale and significance of the study were also included, and the theoretical framework was discussed.

This chapter reviews literature related to factors affecting quality nursing care at selected public hospitals in Vhembe District Limpopo Province, South Africa. The purpose of the literature review is to investigate factors that affect quality nursing care in the selected hospitals in Vhembe. The review will focus on nursing, health factors, quality nursing care and satisfaction.

2.2. Nursing

Nursing is defined by WHO as a collaborative and autonomous care of individuals of all ages, groups, and communities well or sick in all settings, including the promotion of health, prevention of illness, care of ill, disabled and the dying. Nursing is a profession based on the interaction with others therefore caring is one of its central concepts (Chinn & Krammer, 2011). Nursing is defined as a service to mankind which enables people to attain and maintain good health and to prevent illness, or when illness occurs, helps and support them to overcome sickness and regain full health. Nursing should help and support the person for maximum use of potential left and should also sustain the person and his family so that he may die in peace and with dignity (Mellish, Oosthuizen & Paton, 2011). Nursing care is one of the major components of health care services (Buchanan, Dawkins, Lindo, Dzomeku, Atinga Tulukuu & Mantey, 2015). In this study, nursing is understood as the execution of nursing activities by a nurse to patients in selected public hospitals in Vhembe District, Limpopo Province, South Africa.

2.2.1 Origin of nursing

International historical background of nursing

Nursing in Britain

Florence Nightingale is regarded as a modern nursing pioneer (Karin & Masaudi Alavi, 2015). The history of professional nursing traditionally began with Florence Nightingale in Britain, who believed that nursing provides an ideal independent calling full of intellectual and social freedom for women. While working in filthy facility during the Crimean War in Britain, she provided patients with fresh air, clean environment, water and fruits. Florence Nightingale

made recommendations for sanitary improvements, she then established standards for clean and safe hospitals. Mortality was reduced from 60, 40 to 2.2%. Good sanitation and the training of nurses has an impact on the quality of nursing care. Since nursing deals with the life of an individual all the above recommendations aspects are necessary for the provision of good quality nursing care. This was an evidence that nursing is a respectable profession and there was a need for training. The experience gained during the Crimean War by Florence Nightingale influenced modern nursing development (Mellish et al., 2011). Before Florence Nightingale, patients were nursed in their homes by older women in the community and nurses were untrained and no patients records were kept and nursing was regarded as dedication to service on religious principles by Christians and Muslim world, Catholics nuns and military provided nursing-like service (Helmstader & Goden, 2011). Clearly, the nursing profession is vital in preserving the life of individuals, families and the community. Therefore, sound nursing care provided by trained and competent responsible and accountable professional nurses is important in keeping a healthy nation (Andree, 2016).

- **Nursing in Japan**

Nursing first emerged in Tokyo in 1869 and was referred through negative terminology such as hard, dirty, dangerous, low salary, few holidays, minimal chance of marriage and family and poor image. Nursing was done by untrained family members until the Japanese Red Cross started to give a little training on how to care for the sick in response to disaster relief after World War II. Student nurses were instructed in hygiene and sanitary conditions for hospitals. In 1883, two small nursing schools were opened by foreign missionaries on western models to give theoretical training. (Nursing Association, 2016).

- **Nursing in Ghana**

In Ghana, missionaries and medical officers bathed the patient, fed the sick, dressed wounds, and administered drugs under their medical supervision (Adu-Gyamfi & Brenya, 2016). Nursing in Ghana was firstly a male occupation in 1899, until the arrival of missionaries (Searle, 1965).

- **Nursing in South Africa**

Nursing in Africa started in South Africa. In South Africa, up until the 19th century, families nursed their own sick, assisted by women in the community with expertise and wisdom. Doctors would visit their patients in their homes and guided families in patients' care. Missionaries trained nurses at the beginning of the twentieth century in South Africa. The first

two nurses were Cecilia Makiwane, who served Lovedale Mission Hospital with selfless commitment for many years, and Mina Colani 1903 (Mellish et al., 2011).

2.2.2 The nature of nursing and the person in need of nursing

Nursing is a human activity

Nursing concerns human beings in need. Nursing embraces a specific body of knowledge in relation the health care needs of people in all stages of human life (Mellish et al., 2011).

- **Nursing is caring**

Nursing is regarded by the South African Nursing Council as a caring professional practised by a person registered under Section 31, which supports, cares for and treats a health care user to achieve or maintain health and where this is not possible, cares for a health care user so that the individual must live in a comfort and with dignity until death (Nursing Act, 33, 2005). Nursing is concerned about or interested in and have regard to show empathy and compassion to others (Mellish et al., 2011).

- **Nursing is unique**

Nursing is a unique profession and includes promoting and maintaining good health, preventing illness and rehabilitation and not only directed to curing the sick (Mellish et al., 2011).

- **Nursing is part of healthcare**

Nursing forms part of the team approach to health care, recognizing the value of other professional nurses (Mellish et al., 2011).

- **Nursing is interpersonal in nature**

Nursing exists only through interaction between human beings. A patient needs specific nursing care that only human beings can provide (Mellish et al., 2011).

- **Nursing is practical**

Nursing is practical in nature and nurses use their unique skills and knowledge to intervene in an individual life to bring change. Nurses use these skills and their specialized knowledge to prevent illness from occurring and promote optimum health (Mellish et al., 2011).

- **Nursing requires scientific knowledge**

The practical application of nursing care is based on scientific nursing knowledge, developed through nursing researchers applied from natural, social and medicine as an applied science (Mellish et al., 2011).

- **Nursing is a human science**

Nursing is a human science because it originated because of human beings and is an inseparable part of being human. Nursing did not develop from discoveries in a laboratory (Mellish et al., 2011).

- **Nursing is an Art**

Nursing is an art. In nursing science practice, nurses select skills necessary to nurse an individual from their knowledge of nursing science and blend them to create a unique package of caring for the patient, who has either organic, physiological or psychological problems (Mellish et al., 2011).

- **Nursing entails commitment**

The decision of becoming a nurse means making a commitment to accept the values and responsibilities of nursing and these include observation of ethical norms and standards of caring for the patient and the readiness to cooperate with other members of the health team. Nurses must accept the responsibilities of their education and training and maintain competence and must dedicate themselves to the aims and objectives of the nursing profession. These require constant effort on the part of the nurse (Mellish et al., 2011).

- **Nursing as the therapeutic use of self**

Nursing is said to be therapeutic when the nurse maintains a specific relationship with the patient, use knowledge, skills, and observing patient condition to plan, implement and supervise care programmes. Nurses participate actively in the regimen and support of educational programmes that prepare nurses for confident practice (Mellish et al., 2011).

- **History of nursing theories**

Nursing theories are a creative and rigorous structuring of ideas that project a tentative, purposeful, and systemic view of phenomenon (Wayne, 2021). Many theorists about nursing have developed. The goal of nursing theories is to improve patient care. Below are some of the nursing theories. In 1860, Florence Nightingale defined nursing in her environment theory as the act of utilizing the environment of the patient to assist him in his recovery. In 1955,

Virginia Henderson conceptualized the role of the nurse as assisting the sick or healthy individuals to gain independence by meeting fundamental needs.

In 1977, Imogene Kings' Theory of Goal Attainment stated that a nurse is considered part of the patient's environment and the nurse-patient-relationship is intended to meet goals towards good health. In 1977, Jean Watson developed a philosophy of caring which highlighted humanistic aspects of nursing which intertwine with scientific knowledge and nursing practice. (Wayne, 2021).

2.3. Health

WHO defines health as a state of complete, physical, mental and social wellbeing and not merely the absence of disease or infirmity. In this study health is viewed as a state of satisfaction of patients who are admitted in the selected public hospitals in Vhembe District, Limpopo Province, South Africa after interaction with professional nurses. WHO conceptualises health as a human right requiring physical and social resources to achieve optimum health. Health is an ever-changing experience of a human being, adjustment to stressors in the internal and external environment with the maximum use of potential (Alligood & Tomey, 2010). Health is that degree of wellness or wellbeing that the client experiences. It may have different meanings for each patient, the clinical setting, and the health care provider (Mellish et al., 2011).

In America, health is defined according to social and economy factors, physical environment, clinical care and behaviour influences. Comparing the health of the United States to that of other countries is an indicator of how healthy the nation is, and shows how a country should improve measures of health and create healthier communities. High health status increased 13% from 49, 7% to 56% adults between 2019 and 2020, air pollution decreased by 1% between 2015 and 2016 (America Health Rankings, United Health Foundation). Several studies done in the United States of America on different programmes revealed that progress or success in one programme correlate positively with the overall health status of the nation (Kang & Ho, 2020). However, the COVID-19 pandemic had a severe impact across the country and there was an increase of 17% from 2019 to 2020 in the overall US death according to the Centre for Disease Control and Prevention as reported on 3rd November 2021.

Healthcare in South Africa is administered by the Department of Health. About 80% of the population uses public healthcare and 20% uses private healthcare. South Africa ranks 49th out of 89 countries on the 2019 Global Healthcare Index. Basic health indicators in South Africa have improved recently due to surging government expenditure aimed at combating

communicable diseases. Mom Connect and Nurse Connect is a South African National DoH initiative which aims to support maternal health through cell phone based technology to offer maternal and child health free services helping the pregnant mother and empower the nurses with knowledge (National Health Research in South Africa, 2020).

2.4. Factors associated with patient care

A factor is defined as something that influences a decision on a situation (Oxford Dictionary, 2010). In this study, factors are common characteristics or aspects like attitude and knowledge of nurses and patients in selected public hospitals in Vhembe District. Attitudes are disposition of certain behaviour as a way of looking at things surrounding us. This can be through a spontaneous expression, body language or gaze. An attitude of caring, compassionate, effective communication, accountability, sense of duty obligation and collaboration with patients, families and other members of the health care team is important in the health care environment (Andree, 2016). Professional attitudes in nursing are composed of feelings and emotions that conform to their principles and serve as the basis for their behaviour (Fry, Veach & Taylor, 2010). Nurses should always be compassionate.

The attitude of the patient in the care given should be that of participating in the care according to National Patients Rights' Charter of a country. The NHS Constitution (2015) for England (London) Patients' Health Charter includes privacy, confidentiality, informed decision about one's health, rights to have a say about one's treatment, rights to be treated by qualified and experienced staff. Similarly, the Constitution of South Africa (Act No .108 of 1996) contains Patients' Rights Charter which stipulates the following: The patient has the right to access to health care, to be treated by a named provider, confidentiality and privacy, a healthy and safe environment that ensures physical and mental health or wellbeing, informed consent, ability to complain, participate in health care decision making, information about health care and costs and continuity of care. The Patients' Rights Charter also contains patient's responsibilities which include following safety rules, respect opinions of others and to treat others fairly. Therefore, a patient has the responsibility to promote and protect her or his rights as a patient.

The Oxford dictionary defines knowledge as facts, information, and skills acquired through experience or education, theoretical or practical understanding of a subject. Knowledge and awareness of mode and transmission of disease, basic hygiene principles and measures in public health crisis are important for developing effective control measures. Knowledge towards the COVID-19 disease created a positive response (Erfani, Shahriarirad, Ranjabar, Mirahmadi & Moghadami, 2020). Nursing care requires scientific knowledge and this

knowledge is the result of research by a person or teams. Knowledge requires experience and understanding.

2.5. Quality nursing care

Quality nursing care is defined by American Nurses Association (2003) as measures in meeting patients' ideas that are important to their health care needs. Quality nursing care is the excellent or best service in which a professional person looks after an individual (Booyens, 2012). For healthcare quality to exist, there should be optimal wellbeing which goes beyond curing of illness. This includes physical, spiritual, and emotional wellness in all states of life. A lack of health care quality may bring adverse health outcomes, and this may impact the quality of life and even result in death (Allen –Duck, Robison & Stewart, 2017). Quality care increases customer satisfaction. Quality assurance can contribute to increasing understanding of the role of nursing care in determining patient safety outcomes (Rapin, Amour & Dubois, 2015). In this study, quality nursing care is the satisfaction that the patient and professional nurses will gain after interacting. It refers to the care provided by nurses to patients to the satisfaction of both nurses and patients.

WHO, in “A vision for primary health in the 21st century” indicated that engaging the community in assessing the quality of health care results in increased patient safety and reduced risk. Although quality nursing care is vital to patient outcomes and safety, its meaningful improvement has been slow. Analysis of quality literature reveals that practising nurses are rarely involved in developing or defining improvement programs for quality nursing care. Quality nursing must be meaningful and relevant to nurses and uncovering of the meaning of quality nursing care could facilitate more effective improvement approaches (Burhans & Alligood, 2010).

Relationship between nursing care quality, staffing nurse job satisfaction, nurse practice environment and burnout, may affect the quality of nursing delivery (Koy, Yunibhand, Angsuroch & Fisher, 2015).

A study done in a regional hospital in Vhembe District, Limpopo Province, South Africa, revealed that intrinsic and extrinsic factors influence motivation in the workplace. The intrinsic factors which is the need to achieve professional growth, the need to take responsibility and the need to teach others in their rural hospital. About extrinsic factors, participants indicated that they would like the managers to facilitate their motivation by recognising their good work, giving positive feedback, reassessing salaries and other benefits, improving work conditions, ensuring that good interpersonal relations are maintained, making sure there is adequate

technical supervision, promoting effective communication and offering rewards for good performance. (Luhailima, Mulaudzi & Phetlhu, 2014).

2.6. Patient satisfaction

King describes satisfaction as a state when the goal of a patient and nurses are achieved (Alligood & Tomey, 2010). In this study, satisfaction is regarded as a state of wellbeing of a patient admitted in the selected public hospitals in Vhembe District after interactions with the professional nurses' and other categories of nurses. Patient satisfaction is a concrete criterion to evaluate health care and therefore quality of nursing care. Patients who are satisfied with their care, are more likely to follow medically prescribed regimens and contributing to the positive influence on health.

Buchanan et al., (2015) says satisfied patients are more likely to recommend the hospital to family and friends. Danna & Griffin, (2021) state that measurement of patient satisfaction must be taken into consideration based on food quality, empowerment and dignity, physical environment and good communication.

Karaca & Fisher (2017) argues that patients are more satisfied with the concern and caring by nurses and less satisfied with the information given on the literature on patient satisfaction with the quality of nursing care. Freitas, Silva, Minamasava, Bezera & Sousa (2014) advises that a good assessment instrument for measuring factors that determine patient satisfaction should be developed to improve nursing service quality.

2.7. Conclusion

This chapter reviewed literature related to factors affecting quality nursing care. Nursing health factors, quality nursing care and satisfaction concepts were defined. The chapter also discussed how these factors impact on nurses in the Vhembe District in executing their daily duties.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

Chapter 2 reviewed literature related to factors that affect quality nursing care. This chapter will describe the research methodology, including study design, study setting, population, sampling, sample size, instrument for data collection, validity and reliability of the instrument, data collection method, data analysis, ethical consideration and data dissemination.

3.2. Research Methodology

Brink et al, (2017) define methodology as a scientific and systematic ways of knowing about the reality. Denise (2012) says research methodology are procedures, strategies and steps of gathering the data.

3.3. Study Design

Burns, et al., (2015) defines study design as the blueprint for conducting a study. Adams, Hafiz, Khan, Robert & White (2010) say it is a master plan specifying the methods and procedures to collect and analyse necessary information. This study used the quantitative descriptive design. This correlated with the research objectives and the purpose of the study.

3.4. Quantitative Method

This study used the quantitative method which Burns, et al., (2015) define as a formal, objective and systematic research. The research used numerical data to get information. The process is used to describe variables, examine relationships among variables and to determine the cause and effect interactions between variables (Burns, et al., 2015). The researcher complied with the process of standardized methods and procedures where a questionnaire was used to collect data. The large samples gave the researcher an opportunity to draw conclusions and generalizations of the results. A quantifiable information which provides the summary of data was gathered on professional nurses regarding the relationship between the knowledge, attitude, experience of the professional nurses, the attitude, the culture of the admitted patients and the government systems, and their effects on the nursing care of the patients in Vhembe government selected hospitals.

3.5. Descriptive research design

Brink et al, (2015) defines descriptive design is a study where there is a description of phenomenon in a real situation, or groups. The design was used to categorize the information gathered in the three selected public hospitals in Vhembe District. In this study, 185 respondents participated in the study. Data was analysed and described in narrative form, tables, frequencies and percentages.

3.6. Study Setting

The study was conducted in three Vhembe District public hospitals, in Makhado under Thulamela Municipalities. The district is situated in the far north of the Limpopo Province. It shares borders with Botswana to the West, Mozambique to the East, North-West to the North West, and Zimbabwe to the North. The district covers 21407 square km of land with a total population of 1 294 722 people (Statistics SA, 2011). This is the largest district and has 4 local municipalities, namely: Collins, Chabane, Makhado, Thulamela and Musina (**Figure 2.1**).

The health status of the area:

The Ministry of Health provides free health services in public hospitals and clinics. The district has one referral hospital, seven district hospitals and 88 primary health care centres. Each community has clinics, mobile clinics and nearby hospitals. The district falls in the poorest socioeconomic Quintile 2 with an unemployment rate of 38, 7%. Agriculture mining and tourism are the main socioeconomic activities. Therefore, most people use public hospitals because private hospitals are expensive.

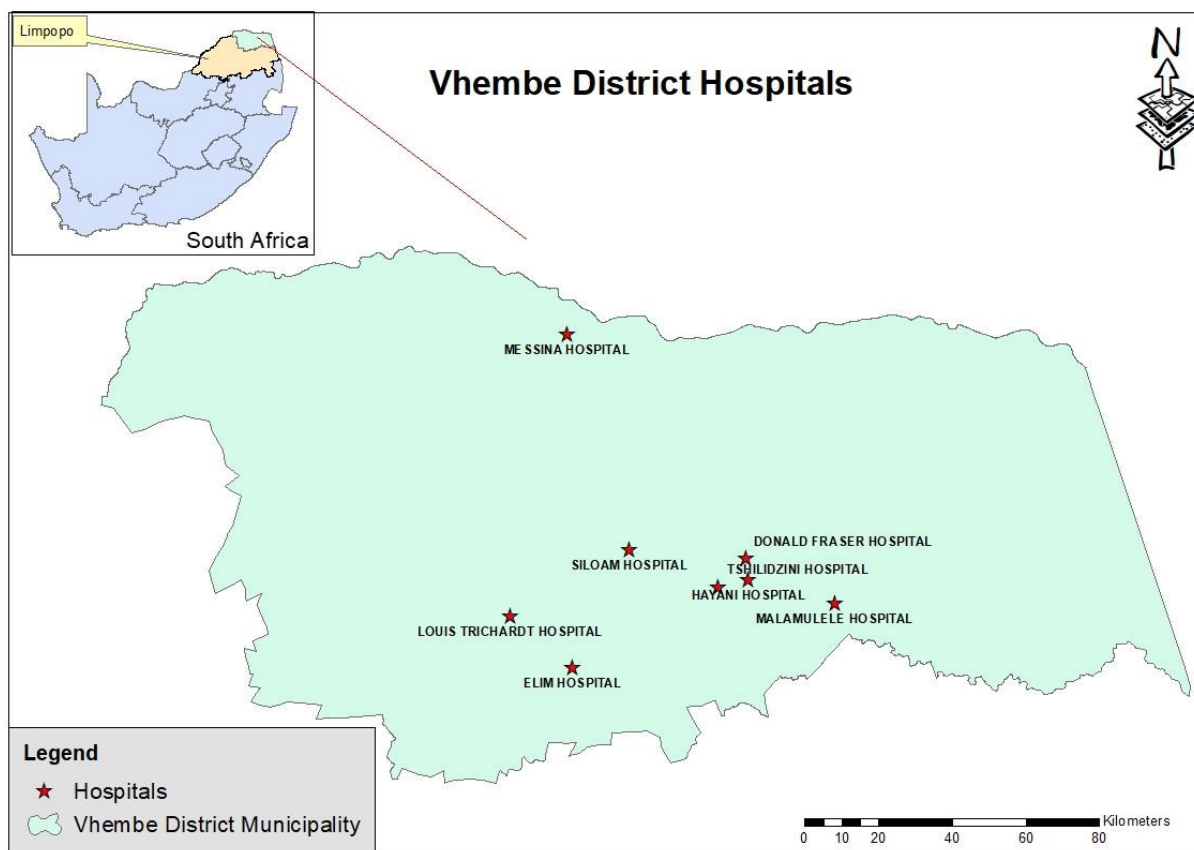


FIG 2.1 Vhembe District Map (Municipality Demarcation Board, 2016 and Community survey, 2016)

3.7. Population and Sampling

3.7.1. Target population

The target population is the total number of objects or individuals who have common characteristics the researcher is interested in (Brink et al., 2017). Polit and Beck (2012) also define target population as the accessible group of individuals with common characteristics which are accessible for the study. The target population in this study were all professional nurses working in the three selected government hospitals, in Vhembe District in Limpopo Province, South Africa. The researcher investigated factors that affect quality nursing care in the selected hospitals in Vhembe District. This category of nurses was chosen because a professional nurse is a supervisor of other categories of nurses and a custodian of patients.

3.7.2. Sample and sampling

A sample is a subgroup of a population, selected for a study because it possesses the characteristics the researcher is interested in (William & Mohamed, 2010). A sample can also be defined as a small portion of the objects, persons and events representing the population (de Vos et al., 2014). In this study, non-probability purposive sampling design was used and the

first sampling was of health institutions. The researcher used her judgment to select hospitals and professional nurses that provide care to admitted patients in these hospitals.

- **Sampling of health facilities**

Vhembe District has 8 public hospitals and three hospitals were chosen. Identification of government hospitals in Vhembe District were listed because large number of health users in Limpopo cannot afford private hospitals (De Vos et al., 2014). Depending on the number of bed occupancy, institutions with a higher number of bed occupancy were selected starting from the highest. Amongst the selected was Tshilidzini Hospital because it is a regional and a referral hospital and has high bed occupancy.

Table 3.1 Bed Occupancy, Bed Utilisation Rate and Average Length of Stay in Vhembe District hospitals

Name of the Institution	Bed Occupancy	Bed Utilization Rate	Average Length of Stay
Tshilidzini Hospital	400	74,5%	4.1
Siloam Hospital	350	79.7%	5.0
Donald Frazer Hospital	300	77.4%	4.6

Source: DHIS (2018)

- **Sampling of professional nurses**

A second sampling was of professional nurses in the clinical area who are in direct care of inpatients in hospitals in Vhembe District in the Limpopo Province because professional nurses are supervisors and custodians of patients. The non-probability purposive sampling method was used (De Vos et al., 2014). Respondents were selected based on the researcher's personal judgment. Sampling of respondents was done through a sampling guide by Stocker cited by de Vos et al., (2014) as shown in Table 3.2 below.

Table 3.2: Sampling size by Stocker cited by de Vos et al, (2011)

Facilities	Estimated number of populations	Number sampled	Percentage
Tshilidzini Hospital	271	90	45%
Donald Frazer Hospital	180	45	45%
Siloam Hospital	95	95	100%
Total	546	230	100%

3.7.3. Inclusion criteria

Inclusion Criteria are characteristics that a participant must have to participate as part of a target population (Burns et al., 2015). Included in this study were all professional nurses with at least 2 years of experience in clinical practice allocated in clinical areas, responsible for patient care in selected hospitals in Vhembe District who were on duty on the day of data collection. Male and female professional nurses of all ages participated in the study.

3.7.4. Sample size

The sample size is the number of respondents that are examined in research (Burns et al., 2015). In this study, sample size was 230 (two hundred and thirty professional nurses). However, 185 questionnaires were answered.

3.8. Measurement Instrument

Measurement is a process of assigning numbers to objects or situations in accordance with some rules. Burns et al, (2015) an instrument as a measurement device selected to measure each variable in a study. In this study, a self-developed questionnaire compiled in English was used to collect data. Some part of the questionnaire was adapted from Karaka & Durna's (2015) model. Questionnaires were used to measure variables and information of interest. The questionnaires comprised open-ended and closed-ended questions because this increase reliability of the responses, reduce bias and are easy to code and interpret (Polit & Beck, 2012). Respondents had to answer questions in written form. Administering the questionnaire was not expensive and encouraged respondents to be honest by providing anonymity.

The questionnaire had the following sections:

Section A: Biographical data

Section B: The nurse related factors which covered the knowledge, skills and attitude of professional nurses.

Section C: Patient related factors which covered the attitude of patients towards provided nursing care.

Section D: System related factors which covered resources, policies, protocols and national core standards in providing quality nursing care.

3.9. Pre-Test

The pre-test was done after the instrument was designed. A sample population with the same characteristic as the main study population was selected. Pretesting was done on a neutral population to help the researcher to assess the validity and reliability of the instrument before the main research. The researcher pretested the instrument at Louis Trichardt Memorial Hospital on 23 professional nurses which is 10 percent of the population. Louis Trichardt Hospital and professional nurses did not form part of the main study.

3.10. Validity and Reliability of the instrument

To get solid data for the research, validity and reliability of the research instrument is important.

3.10.1. Validity

Validity refers to the fact that each step of research process is suitable for the circumstances. Kumar (2018) says validity refers to the appropriateness of each step in the process of research. Burns et al., (2015) note that validity involves the truth, strength and value. These will be discussed under the following subtopics: content validity, face validity and construct validity.

- **Content validity**

Brink et al., (2017) states that content validity is when the instrument represents all the components of variables to be measured. In this study, the content of the questionnaires covered theoretical background to the study. The questionnaires content comprised biographic data of professional nurses, assessment on professional quality nursing care and practices displaying goal attainment attitudes towards quality nursing care.

- **Face validity**

Brink et al., (2017) indicates that face validity is when an instrument appears to measure what is supposed to measure. . In this study, face validity was ensured by presenting the proposal to the University Higher Degrees Committee.

- **Construct validity**

Construct validity is the extent to which the dependent variable or the outcome, or the response can be attributed to independent variable, the intervention or the treatment (Brink et al., 2017). Construct validity examines whether there is a relationship between the conceptual and operational definitions of variables. In this study, concepts were defined in relation to how they were applicable to the study. The researcher also subjected the tool to a statistician who gave some suggestions.

3.10.2. Reliability

Kumar (2018) defines reliability as when the same research instrument used gives similar results when repeatedly used. Reliability in this study was ensured by the pre-testing of the instrument at Louis Trichardt Memorial Hospital were 23 professional nurses who were not part of the population were given questionnaires to answer on three different occasions, one week apart. The instrument was considered reliable after this test (Brink et al., 2017). Cronbach correlation was used to measure the reliability or the internal consistency of the questionnaire. The results between zero and one showed that the instrument was reliable.

3.11. Plan for data collection

Data collection is the gathering of relevant information for the purpose of the research, specific objectives, questions or a study hypothesis. Burns et al., (2017) advises that the process should be precise and systematic in nature. In this study, the researcher familiarised herself with the tool used for data collection. Firstly, the questionnaires were checked by the supervisor. English was used as a medium of communication.

After the researcher had obtained the permission to access the health facilities from the Limpopo Health Department, appointments were secured with the facility managers to decide on the suitable time for data collection. Information letters and consent forms were signed prior to handing over of questionnaires to professional nurses and questionnaires were handed over using English as a medium of communication.

The researcher collected data for 3 months, from March to May 2021 from three selected public hospitals. This was done on arranged times to prevent disruption of routine. .

Questionnaires were compiled in English. In each hospital, the researcher was given an office where respondents came in twos. One hospital arranged for a venue at first, but the system seemed to be disturbing in as far as patient care is concerned and was stopped. Then following that, and in other hospitals, managers' offices, tea rooms or wards empty of patients were used. Nurses came in twos, group of three or four depending on the size of the room, to give allowance for good social distancing and ensure COVID-19 compliance for gathering in rooms. No one could enter the room without a face mask. At the entrance, there was a hand sanitizer to sanitize before entering the room. A body temperature of everyone entering the room was monitored using a digital thermometer. Social distancing of 1, 5 m – 2 m was maintained between individuals.

Respondents answered questions on their own although the searcher was present to help when needed. All completed questionnaires were handed over to the researcher immediately after they were filled. 180 questionnaires were filled in the presence of the researcher during different times of visitation at different hospitals. Only 5 questionnaires were answered in the absence of the researcher were collected at a later stage. Ethical aspects were ensured by the researcher. The response was not 100% because some questionnaires that were taken home were not brought back by some participants.

3.12. Plan for Data Management and Analysis

The researcher kept the data under lock and key where the information could be accessed by the supervisors and the researcher only. The researcher could not link the respondents to their names and the information they gave because codes were used instead of respondents' names.

The aim of the data management and analysis was to discuss steps and procedures that would be followed to interpret and analyse obtained data. The study findings formed a basis for generalization and recommendations. A computer was used for data analysis through the Statistical Software Package (SPSS 26.0). All answers were coded and entered in the software programme. Respondents were coded and no names were used. Data were frequently checked for missing or incorrect values. The statistical technique reduced data into manageable parts by summarising and describing different characteristics of the data which were then analysed. Descriptive approaches such as frequency distribution and measurement of relationships on how variables correlated were used. The data was analysed by the statistician with the use of SSPS version 26 and results were interpreted in terms of the framework and the headings of the questionnaires. Similar findings were scrutinized and grouped together, quantified and reported in numerical terms. The responses for opened

questions were analysed and grouped in numbers in terms of resources, staff development, communications and human rights.

3.13. Ethical Considerations

The proposal went through the University of Venda Faculty of Health Sciences Higher Degrees Committee and was approved by the University of Venda's Ethics Committee was issued with an ethical clearance certificate no SHS/20/PDC/441/3009. A letter of request for permission to conduct the study was submitted to the Limpopo Department of Health and a letter of approval was then submitted to Vhembe District Department of Health. Appointment was made with facility managers to explain the purpose as well as requesting permission to conduct the study.

3.13.1. The principle of justice

As advised by Burns et al., (2017), in this study, the researcher did not cause any form of harm or discomfort to the respondents. All respondents were treated fairly and equally, and agreements were honoured. Individual rights were considered and personal information collected was not linked with respondents' information because names were not used (Burns et al., 2017). The researcher did not divulge the information given by the professional nurses to any other person. Respondents were not discriminated through social, cultural, racial and sexual status.

3.13.2. Informed Consent

As recommended by Burns et al., (2017), the researcher explained to the respondents the purpose of a study; activities involved in a study. Introduction of research activities, description of risk and discomforts and benefits, assurance of anonymity and confidentiality were explained. The researcher provided consent forms for respondents to complete and sign prior to the commencement of the study. The researcher offered an opportunity for questions and answers to any questions for clarity. The researcher disclosed specific information in the informed consent document which was signed by participants who agreed to voluntarily participate in the study (Burns et al., 2017).

3.13.3. Right to Autonomy and confidentiality

The respondents have the right to autonomy therefore the researcher treated the respondents as autonomous by not using their real names or linking the information with their names. The information that the researcher collected from the respondents was not divulged to unauthorised people. As per Burns et al., (2017) advice, the respondents' identity was not linked to any response. The researcher ensured that the questionnaires that were completed

during respondents' spare time and were collected by the researcher. Completed questionnaires were kept safe from unauthorised people by keeping them in a safe which is under lock and key

3.13.4. Prevention from harm

Structuring of questions were carefully made, and respondents were monitored for any signs of distress and where possible intervention was made by debriefing.

3.13.5. Right to Privacy

The researcher kept the nature and quality of respondents' performance strictly confidential. The research report either oral or written was presented in a way that it cannot be linked to a respondent.

3.13.6. Professional Honesty

The researcher complied with professional honesty by analysing and reporting findings provided in the questionnaires in a complete and honest manner. The researcher did not fabricate data to support a preconceived conclusion.

3.14. Conclusion

This study used a descriptive, quantitative approach to assess factors affecting quality nursing care at selected public hospitals in Vhembe District, Limpopo Province, South Africa. The study population was composed of 230 professional nurses from three selected public hospitals. Questionnaires were used to collect data from professional nurses in selected facilities. One hundred and eighty-five questionnaires were completed and returned to the researcher. The researcher purposively selected the facilities with higher numbers of bed occupancy. The respondents were reached through the managers of hospitals where data were collected by handing questionnaires to professional nurses. Ethical principles were considered throughout data collection.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION OF THE RESULTS

4.1. Introduction

The previous chapter presented the methodology of the study regarding factors affecting quality nursing care at selected public hospitals in Vhembe District, Limpopo Province, South Africa. Chapter Four presents the analysis and interpretation of data obtained from one hundred and eighty-five (185) professional nurses who completed self-administered questionnaires from three selected hospitals in the Vhembe District. The objectives of the study were to:

- determine and describe factors affecting quality nursing care in selected hospitals of Vhembe District
- discuss and recommend measures to promote quality nursing care.

4.2. Results of the study

The data analysis starts with a demographic profile of the respondents, followed by descriptive statistics of nurses' related factors based on knowledge and caring attitude of a nurse, patient related factors, and system related factors. The results of the study were computerised and are presented in the form of frequencies and percentages. Frequency distribution was done through tables.

4.2.1. Biographic data

The respondents were asked to indicate their biographic characteristics and the results are summarised in Table 4.1. The following demographic characteristics were explained: age and gender and , qualifications of participants, the clinical areas allocated to participants, the years of experience as a qualified professional nurse, and whether the professional nurses have acquired a special skill or not in their areas. These biographic characteristics are essential as they also relate to quality nursing care.

Table 4.1: Respondents' biographic characteristics

Description		Frequency	Percent
Age	23-25 years	12	6.5
	26-30 years	3	1.6
	31-35 years	12	6.5
	36-40 years	15	8.1
	41 years and above	143	77.3
	TOTAL	185	100
Gender	Male	20	10.8
	Female	164	88.6
	Missing	1	.5
	TOTAL	185	100
Qualifications	2-year Diploma in General Nursing (Bridging Course)	86	46.5
	3-year Diploma in General Nursing	11	5.9
	4-year Diploma in General Nursing Science (General, Psychiatric and Community Nursing Science) and Midwifery	37	20.0
	Degree in B Cur in Nursing	47	25.4
	Missing	4	2.2
	TOTAL	185	100
Clinical areas allocated	Medical	30	16.2
	Surgical	29	15.7
	Paediatric	24	13.0
	Outpatient	19	10.3
	Casualty	15	8.1
	Maternity	22	11.9
	Psychiatry	8	4.3
	Theatre	6	3.2
	ICU	10	5.4
	Any other	10	5.4
	Missing	3	1.6
	TOTAL	185	100
Years after graduating	2-5 years	53	28.6
	6-10 years	33	17.8
	11-15 years	44	23.8
	16 years and above	54	29.2
	Missing	1	.5
TOTAL	185	100	
Skills in area allocated	Yes	57	30.8
	No	126	68.1
	Missing	2	1.1
TOTAL		185	100

The results presented in Table 4.1 show that 143 (77.3%) nurses in the selected public hospitals in Vhembe District are aged 41 years and above. There were also 164 (88.6%) female nurses compared to 20 (10.8%) male nurses. Most nurses 86 (46.5%) have a 2-year Diploma in General Nursing (Bridging Course) as their highest qualification, whereas 11 (5.9%) have a 3-year Diploma in General Nursing. Thirty (16.2%) of the participants are allocated to the Medical area, 29 (15.7%) to the Surgical area, 8 (4.3%) to Psychiatry and 6 (3.2%) to Theatre. In relation to number of years after the nurses have graduated, 54 (29.2%) have 16 years and above and 53 (28.6) have between 2 and 5 years. The nurses were also asked if they have skills in areas they are allocated, 126 (68.1%) said no, whereas only 57 (30.8%) said yes. This implies that few nurses are allocated in areas they are skilled, raising concerns about the quality of nursing care in the selected public hospitals.

4.2.2. Factors affecting quality nursing care

This section presents factors that affect quality of nursing care at selected public hospitals in Vhembe District, Limpopo Province, South Africa. These factors are associated with nurse patient related factors which focus on the knowledge and attitude of a nurse, patient related factors and system related factors.

- **Assessment of the knowledge and attitude of a nurse**

Knowledge and attitude of a nurse during the execution of nursing duties is important. The Oxford Dictionary (2011) defines knowledge as facts, information, and skills required through experience or education or the theoretical or practical understanding of a subject. A Four–Likert–scale was used, 1-agree to 4 strongly disagree. Professional nurses in this study indicated whether they had knowledge in the provision of nursing care. A similar study to evaluate the knowledge, attitude, and practice of Iranian nurses during the COVID-19 pandemic was done in 2020. Results revealed that 60,8% to 90% of the population have moderate knowledge about the disease and that knowledge created a positive attitude towards the COVID-19 pandemic (Erfai, Shahriarirad, Ranjar, Mirahmadizadeh & Mogadami, 2020). Therefore, knowledge and skills play an important role in the provision of quality nursing care.

Table 4.2: Knowledge and caring attitude of a nurse

		A	SA	N	D	SD	Mean	Median	Std. Dev
1	Professional nurses should guide other staff members in performing procedures	69(37%)	112(60%)	0	0	4(2%)	1.67	2.00	0.594
2	Professional nurses should have caring attitude towards patients	50(27%)	124(67%)	0	1(1%)	10(5%)	1.84	2.00	0.685
3	Nurses always refrain from doing harm	63(34%)	103(56%)	4(2%)	6(3%)	9(5%)	1.78	2.00	0.733
4	Nurses should explain treatments, tests and what to expect	80(43%)	92(50%)	0	6(3%)	5(3%)	1.65	2.00	0.678
5	Skilled nurses show competence	56(30%)	119(64%)	0	2(1%)	3(2%)	1.73	2.00	0.565
6	Ethical values are discussed in the clinical area	82(44%)	90(49%)	0			1.63	2.00	0.659
7	Professional nurses including other staff treat patients with respect and dignity	56(30%)	121(65%)	0	3(2%)	2(1%)	1.73	2.00	0.545
8	Nurses report on duty timeously	66(36%)	103(58%)	3(2%)	10(5%)	3(2%)	1.73	2.00	0.641
9	Nurses can perform duties with knowledge	65(35%)	11(60%)	0	3(2%)	1(1%)	1.67	2.00	0.539
10	Nurses greet patients with a smile	78(42%)	93(50%)	0	9(5%)	1(1%)	1.63	2.00	0.606
11	Professional nurses always wear distinguishing devices and name tags	67(36%)	103(58%)	2(1%)	11(6%)	2(1%)	1.72	2.00	0.626
12	Nurses attend to patients' needs as expected	75(41%)	97(52%)	0	9(5%)	2(1%)	1.66	2.00	0.625

Description: 4-point Likert-scale, A=agree, SA=strongly agree, D=disagree, SD= strongly disagree

The results show that 98% of the respondents believe that professional nurses should guide other staff members in performing procedures while only 2% disagreed. The study further indicates that professional nurses should have a caring attitude towards patients. This view was supported by 95% of the respondents whereas 5% disagreed. Ninety five percent (95%)

of the participants stated that nurses always refrain from doing harm and only 5% disagreed. Ninety seven percent (97%) of the nurses said nurses should explain to patients about treatments, tests and what to expect while only 3% thought otherwise. Ninety eight percent (98%) of the nurses indicated that skilled nurses show competence and ethical values in the clinical area and only 2% of the sample disagreed. Most participants (99%), stated that professional nurses including other staff, treat patients with respect and dignity. Ninety eight percent (98%) of the participants said nurses report on duty timeously and 2% indicated otherwise. Most participants (99%) believe nurses can perform their duties with knowledge while only 1% stated otherwise. Ninety five percent (95%) of the participants claimed that they greet patients with a smile and 5% said they do not. Ninety three percent (93%) participants said professional nurses always wear distinguishing devices and name tags and 7% disagreed. Ninety four percent (94%) of the participants said that nurses always attend to patients' needs and only 6% disagreed.

Furthermore, to deepen the understanding about factors affecting nursing quality care regarding knowledge and attitude, additional questions were asked focusing on nursing related factors. Respondents could respond by either yes or no on questions asked. The responses are presented in Table 4.3.

- **Nurse related factors**

Nursing factors in relation to the provision of quality nursing care. The responses are presented below in Table 4.3.

Table 4.3: Nursing related factors

DESCRIPTION	YES		NO	
	Frequency	Percent	Frequency	Percent
13 The unit is supervised by skilled nurses in that special area	177	95.7	8	4.3
14 Moral ethical codes of the profession are upheld by all	152	82.2	33	17.8
15 Delegation is done according to the scope of practice	180	97.3	5	2.7
16 You are knowledgeable about the nursing process	182	98.4	3	1.6
17 On admission, every patient is warmly welcomed	177	95.7	8	4.3
18 You display good communication and listening skills during interaction	182	98.4	3	1.6
19 Other categories of nurses display good communication skills	150	81.1	35	18.9
20 You show genuine compassion to patients	178	96.2	7	3.8
21 Professional nurses always encourage active participation of both nurses and patients	171	92.4	14	7.6
22 Nurses are delegated responsibilities and accepted them by signing in the delegation book	178	96.2	7	3.8
23 It is necessary that redress, openness and transparency, courtesy and information be part of Batho Pele	180	97.3	5	2.7
24 Patients' needs are professionally attended	174	94.1	11	5.9

The results show that 98% of respondents know about nursing processes and 98% display good communication and listening skills during interaction, 82.2% ensure moral ethical codes of the profession are upheld by all and 97% there is effective delegation of nursing duties. The findings further revealed that 98.4% of professional nurses know about the nursing process, 95.7% said on admission, every patient is warmly welcomed, 98.4% claimed that they display good communication and listening skills during interaction. 81.1% of the respondents said that other category of nurses also displays good communication skills. Most respondents (96.2%) indicated professional nurses show genuine compassion to patients, 92.4% of the professional nurses said they always encourage active participation of both nurses and patients, 96.2% indicated that nurses are delegated responsibilities and accepted them by signing in the delegation book. Regarding their response to Batho-Pele principles, 97.3% of respondents

indicated that it is necessary that redress, openness and transparency, courtesy and information be part of the nursing profession and 94.1% responded that patients' needs are effectively attended to.

- **Patient related factors**

Patients' attitude, beliefs and other factors have an impact in the provision of quality nursing care. Hence the researcher requested the professional nurses' opinions about patients' attitudes towards nursing care in Vhembe District. In another perspective, the nurses were also requested to indicate their views on the patient related factors in relation to quality nursing care. Again, 4-point Likert scale was used, and the findings are presented in Table 4.4 below.

Table 4.4: Patient related factors

		A	SA	D	SD	Mean	Std. Deviation
25	Patients attitudes towards nursing care is negative	75(41%)	27(15%)	66(36%)	11(6%)	2.07	1.000
26	Patients feel free to be nursed by nurses with name tags	72(39%)	104(56%)	3(2%)	2(1%)	1.65	0.572
27	Patients are free to give their confidential information to nurses than doctors	77(42%)	54(29%)	46(25%)	4(2%)	1.88	0.860
28	Patients wish to be involved in their care	98(53%)	68(37%)	13(7%)	1(1%)	1.52	0.652
29	Patients desires to be informed about their conditions, needs and treatments	90(47%)	83(45%)	6(3%)	6(3%)	1.57	0.614
30	Routine is adjusted daily to meet patients' needs.	99(53.5%)	74(40%)	4(2.2%)	4(2.2%)	1.51	0.652
31	It is necessary that human image, growth, and development be considered by nurses during interactions with patients	100(54%)	78(42%)	1(1%)	2(1.1%)	1.47	0.571
32	Patients articulate their perceptions about their problems	95(51%)	73(40%)	9(5%)	8(4%)	1.54	0.667
33	Nurses find it easy to provide nurses with privacy	84(45%)	71(38%)	21(11%)	1(1%)	1.67	0.695
34	The ward is adequately peaceful and quiet	81(44%)	47(25%)	47(25%)	10(5%)	1.88	0.901
35	Patients are satisfied about discharge instructions	105(57%)	57(31%)	14(8%)	9(5%)	1.54	0.752
36	Patients' needs are attended to immediately and effectively	89(48%)	76(41%)	13(7%)	7(4%)	1.61	0.668

Description 4point Likert-scale, 1 agree, 2 strongly agree, 3 disagree, 4 strongly disagree

The results presented in Table 4.4 show that mean ranges between 1.47 to 2.07, SD ranges between 0.571 to 1.00. The study findings revealed that most nurses strongly agree that patient attitudes affect the quality of nursing care.

Fifty seven percent (57%) of the participants, said patients' attitude towards nursing care is negative. Ninety-Seven (97%) of the participants indicated that patients feel free to be nursed by professionals with name tags. Seventy two percent (72%) of the participants agreed that patients are free to give their confidential information to nurses than to doctors. The data also indicate that 96% of the participants said patients' want to be informed about their conditions, needs and treatments. Ninety eight percent (98%) of the participants stated that routine is adjusted daily to meet patients' needs. Most participants (98%), specified that it is necessary that human image, growth, and development be considered by nurses during their interaction with patients. Eighty-eight (88%) of the participants said they easily provide for patients' privacy. Seventy-one (71%) of the respondents agreed that there is adequate peace and quiet in the ward and 90% specified that patients are satisfied with discharge instructions. Most participants (92%) indicated that patients' needs are attended to immediately and effectively.

- **System related factors**

The healthcare system delivered impacts on the quality of nursing care. Factors such as legislation policies affect the quality of nursing care, hence the researcher sought to find out the views of professional nurses on the hospital system in relation to quality of nursing care. Responses are presented in Table 4.5 below.

Table 4.5: System related factors

DESCRIPTION	YES		NO	
	Frequency	Percent	Frequency	Percent
37. A Policy or standard Operating Procedure on recording and record keeping is available	183	98.9	2	1.1
38. Mechanisms are in place in the unit for the patients to express their satisfaction and dissatisfaction	164	88.6	21	11.4
39. Any patient who is dissatisfied with the care rendered is attended to immediately after a complaint is lodged	173	93.5	12	6.5
40. A Policy Standard Operating Procedure on recording and record keeping is available	183	98.9	2	1.1
41. Standards Operating Procedure or Policy is available and is visible at every unit	171	92.4	14	7.6
42. Hospital environment is kept clean and quite	127	68.6	58	31.4
43. Standards Operating Procedure or Policy for controlling pain is in place	154	83.2	31	16.8

The results presented in Table 4.5 shows that most professional nurses (98, 9%) indicated that the policy or standard operating procedure on recording and record keeping is available, 88.6% indicated that mechanisms are in place in the unit for patients to express their satisfaction and dissatisfaction and 93,5% know that any patient who is dissatisfied with the care rendered is attended immediately after a complaint is lodged. Most professional nurse (98.9%) indicated that a Policy Standard Operating Procedure on recording and record keeping is available and 92.4% indicated that a Standards Operating Procedure or Policy is available and is displayed at every unit in the hospital.

- **Determine measures to promote quality nursing care**

This section discusses the measures to promote quality nursing care in selected public hospitals in Vhembe District, Limpopo Province. The professional nurses who responded to the research questionnaire were requested to respond to an open-ended question suggesting measures to promote quality nursing care. Similar findings were scrutinized and grouped together, quantified and reported in numerical terms. The responses were analysed and grouped in terms of human resources, 120 (65%), material resources, 93(50%), staff development 78 (42%), communications 41 (25%) and human rights 26(14%).

Table 4.6. Measures to promote quality nursing care

Measures to promote quality nursing care	Frequency	Percent
Human resource (More nursing staff required, and doctors and cleaners)	120	65
Material resource (equipment, medicines and hospital infrastructure)	93	50
Staff developments (trainings and workshops, courses, furthering education, diversification)	78	42
Communications (guidelines, auditing, standards operative procedures and core standards)	41	25
Human rights (Batho Pele principles, Respect rights, culture, attitude and ethics)	26	14

The researcher also employed ANOVA and independent t-test to understand the relationship between biographic factors of nurses and their perceptions about knowledge and caring attitude. The results of these tests are presented in Table 4.7.

Table 4.7: Comparison of knowledge and caring attitude scores according to Nurse biographic factors

Variable	Category	Number	M ±SD		p
Age	23-25	12	1.96+.75	F: 1.210	.308
	26-30	3	1.33+.58		
	31-35	12	1.83+.84		
	36-40	15	1.60+.51		
	41-above	143	1.72+.51		
Gender	Male	20	1.40±.50	2.818	.005
	Female	164	1.77±.55		
Qualifications	2-year Diploma in General Nursing (Bridging Course)	86	1.69 ±.53	F: 1.683	.172
	3-year Diploma in General Nursing	11	1.55 ±.52		
	4-year Diploma in General Nursing Science (General, Psychiatric and Community Nursing Science) and Midwifery	37	1.68 ±.65		
	Degree in B Cur in Nursing	47	1.87 ±.53		
Clinical areas allocated	Medical	30	1.58 ±.49	F: .859	.573
	Surgical	29	1.62 ±.48		
	Paediatric	24	1.94 ±.63		
	Outpatient	19	1.68 ±.58		
	Casualty	15	1.77 ±.78		
	Maternity	22	1.82 ±.39		
	Psychiatry	8	1.75 ±.46		
	Theatre	6	1.92 ±.20		
	ICU	10	1.75 ±.92		
	Other	10	1.70 ±.48		
Years after graduating	2-5 years	53	1.80 ±.62	F: 1.342	.262
	6-10 years	33	1.65 ±.52		
	11-15 years	44	1.61 ±.49		
	16 years and above	54	1.79 ±.55		
Skills in area allocated	Yes	57	1.74 ±.43	t:(181) = .51	.614
	No	126	1.69 ±.56		

The female nurses' mean knowledge and caring attitude score was statistically higher (1.77 SD 0.55) than that of male nurses (1.40 SD 0.50), and the difference was significant ($p = 0.005$). This implies that gender influences knowledge and caring attitude of a nurse unlike age, qualifications, clinical areas allocated, years after graduating and skills in area allocated. The questionnaire instrument was also tested for internal consistency in measuring the various factors that influence quality nursing care. The results on reliability analysis of the questionnaire items are presented in Table 4.8.

Table 4.8: Reliability analysis

Construct	Number of items	Cronbach alpha
Knowledge and caring attitude	12	.886
Nurse related factors continued	12	.687
Patient related factors	12	.782
System related factors	7	.477

The results presented in Table 4.8 shows that the questionnaire items on nurse related factors, and patient related factors have high Cronbach alpha, which show higher reliability of the instrument. Whereas questionnaire item on system related factors had poor reliability value. Cronbach's alpha is a measure of internal consistency (how closely related a set of items are as a group).

The questionnaire items on knowledge and caring attitude and patient related factors were transformed and tested for normality. This was done to determine an appropriate statistical test on the relationship between quality nursing care as influenced by other variables. The normality tests were done using skewness and kurtosis as presented in Table 4.8. Skewness measures the distortion or asymmetry that deviates from the symmetrical bell curve or normal distribution of data while kurtosis measures the tailedness of the probability distribution of a real random variable.

Table 4.9: Normality test: Knowledge, caring attitude and patient related factors

	Knowledge and caring attitude of a nurse	Patient Factors
Number of participants	185	182
Std. Error of Mean	.04091	.04100
Median	2.0000	1.5000
Std. Deviation	.55641	.55306
Skewness	.655	.832
Std. Error of Skewness	.179	.180
Kurtosis	2.889	1.367
Std. Error of Kurtosis	.355	.358

Results presented in Table 4.9 shows that skewness $< +2$ and kurtosis $< +3$ which denotes normal distribution of data and parametric tests are suited for this data. Thus, linear regression model was adopted.

The researcher employed linear regression analysis to understand the relationship between quality nursing care (knowledge and attitude dependent variable), biographic factors, patient related factors and system factors as dependent variables. The model summary for this relationship is presented in Table 4.9.

Table 4.10: Model summary

Model	R	R Square	Adjusted R Square	R Square Change	F Change	df2	Sig. F Change
1	.426 ^a	.181	.134	.181	3.841	156	.000

a. Predictors: (Constant), specialty in allocated area, Clinical areas allocated, Patient factors, Nursing related factors, Gender, Systems related factors, Age, qualifications, Years as qualified professional nurse.

The results from model summary 4.10 shows that R Square = .181, which is statistically significant ($p < .001$). This implies that the independent variables in this model accounts for a small variance (18, 1%) in quality nursing care in selected public hospitals. The ANOVA Table 4.10 explains how well the regression model fits the data.

Table 4.11: ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	7.508	9	.834	3.841	.000 ^b
Residual	33.879	156	.217		
Total	41.387	165			

Dependent Variable: quality nursing care. Predictors: (Constant), specialty in allocated area, Clinical areas allocated, Patient Factors, Nursing related factors, Gender, Systems related factors, Age, qualifications, Years as qualified professional nurse.

The ANOVA table shows that regression model is statistically significantly ($p < .001$) and predicts nursing quality care in public hospitals. The coefficients table provides further information which helps to determine whether the independent variables statistically significantly contribute to the model.

Table 4.12: Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	.943	.604		1.561	.121
Patient factors	.304	.067	.340	4.563	.000
Nursing related factors	.184	.428	.032	.429	.668
Systems related factors	-.395	.242	-.121	-1.635	.104
Age	.021	.037	.045	.585	.560
Gender	.282	.120	.175	2.351	.020
Qualifications	.009	.032	.023	.277	.782
Clinical areas allocated	.000	.000	.088	1.195	.234
Years as qualified professional nurse	-.001	.037	-.001	-.014	.989
Specialty in areas allocated	-.086	.094	-.080	-.921	.359

a. Dependent Variable: quality nursing care

The results presented in the coefficients table show that patient related factors ($p < .001$) and gender ($p = .020$) statistically significantly influence quality nursing care in the selected public hospitals. Table 4.10 shows that a point decrease in speciality in nursing areas, years as qualified professional nurse, and system related factors negatively affects nursing quality care. However, such a relationship is not statistically significant.

4.3. Discussion

4.3.1. Biographic data

Regarding years of experience, study findings revealed that 147 (79%) professional nurses are 41 years and above and 54 (29%) nurses have 16 years and above experience of working in hospitals. Experienced professional nurses are needed in nursing because their experience is necessary to mentor the young nurses in the profession. In Brazil, Titin Andri Wihastitu, Ida Rahmawati, Septi Dewi Rachmawati, Yulia Candra Lestari, Kumboyono & Kumboyono (2019) found that there is a difference between junior and senior nurses' actions, limitations and confidence in performing professional nursing in caring for Acute Coronary Syndrome patients. Due to more experience, senior nurses made fewer mistakes than junior nurses who were more energetic and emotionally involved. Experience is very important since nursing is a profession that deals with the preservation of human life. This reveals that age and experience could have a significant role in the nursing profession. The findings could affirm that age, and experience of nurses plays an important role in the nursing profession. There is good and sound quality nursing care as far as age and experience are concerned in the Vhembe District.

Literature on challenges, retirement and workforce retention reveal similar findings that older nurses experience health challenges which might lead to forced early retirement (Uthaman, Tse & Yuh, 2016). In Saudi Arabia, Machoti & Al-Omar (2019) found that older nurses are likely to have more positive hospital patient safety perceptions. Kieft (2018) observes that patients need nurses who have clinical experience in order to coordinate care. Globally and in Vhembe District, age and experience negatively affect the execution of nursing activities and the production of quality nursing. The Vhembe District has a great percentage of professional nurses who are 41 years and older. This age group may retire at short notice, leaving a great demand for experienced nursing personnel.

The study revealed that 164 (88, 6%) respondents are females and only 20 (10.8%), likely because nursing is regarded as feminine and women are seen as better carers than men. Similarly, the South African Nursing Council statistics indicate that there are 91 413 female nurses and only 6 3029 male nurses in South Africa (Statistics South Africa, 2017). Nursing was established as a women's profession through Florence Nightingale's efforts (Hus, Chen & Lou, 2010). These statistics reveals great gender difference and are concerning in so far as the provision of quality nursing care concerned. Significantly, Rizany, Hanyati & Handani (2018) stated that male nurses are more competent than female nurses. Therefore, the district must make concerted efforts to attract more male nurses.

Study findings also revealed that 86 (46.5%) nurses have a 2-year Diploma in General Nursing (Bridging Course) as their highest qualification followed by a degree in BCur in Nursing with 47 (25, 4%), whereas those with a 3-year Diploma in General Nursing are 11 (5.9%). Since the bridging course focuses on basic nursing care, this suggests that the provision of quality nursing care in Vhembe District public hospitals is sound. Clinical nursing services play an important role in the nursing profession. In Iran, Poortagh, Ebadi, Dahoudi Nayyereh, Salsali, Raalesifa & Pourgholqmamiji (2017) found that low quality of the clinical nursing services is accompanied with poor patient satisfaction, increased morbidity and mortality, extended length of stay, loss of reputation, loss of productivity, litigation risks and costs and loss of sufficient human resources. This indicates a need for further training of nurses in Vhembe District government hospitals. There is an evidence that adequate numbers of well-educated nurses working in acute care areas can reduce the risk of patient mortality. Hence most respondents said trainings, workshops, in-service training and further education can improve the quality of nursing.

As far as allocation to clinical area is concerned, this study, 30 (16.2%) nurses are allocated to the Medical area and 29 (15.7%) to the surgical area, 24 (13.0%) to Paediatrics 22 (11, 9%) to Maternity, 19 (10, 3%) to Out Patient, and 15 (8, 1%) to Casualty unit 8 (4.3%) Psychiatry

6 (3.2%) to Theatre and 10 (5, 4%) to ICU. Thus, the study reveals that medical units in Vhembe District have the largest allocation of nurses. Similarly, Sara Heath (2019) found that nurses are essential in improving the quality of care and experiences of patients. She further more found that nurses spend about 2 hours and 25 minutes with their patients in nine-hour shifts helping patients with activities like, mouth hygiene, bed bath, feeding and other basic nursing care which influence patients' experience. Clearly, the number of professional nurses in medical wards has a great impact in the provision of good quality nursing care. Therefore, more nurses are needed in medical wards. This study revealed that there are a few nurses in paediatric wards, theatres, intensive care unit and psychiatry wards. This is concern when the total nursing care of patients in Vhembe District public hospitals is considered.

In California, Phillips, Mallians and Bakerjian (2011) nurses are a constant presence at the bedside and regularly interact with physicians, pharmacists, families and all other health team members for patients. In Spain, Nevada Costa, de Andrade, Soars, Perez, Tomas & Bernardino (2018) found that competencies, abilities, experience and knowledge were are important when dealing with difficult situations and handling care of complex patients. . Therefore, the findings of this study indicate the need for more nurses in paediatrics, theatre and ICU wards because patients in these wards need close and continuous observation during their care.

The nurses were also asked if they have skills in areas they are allocated to and 126 (68.1%) said no, and only 30.8% (57) of the nurses said yes. This means that few nurses are allocated in areas in which they are skilled. Specialisation demonstrates a depth of knowledge in a given area. Another study revealed that speciality certifications can contribute to personal growth, clinical confidence, decision making ability and increased job satisfaction and most nurses with speciality certificates reported feeling more confident in their clinical abilities (Nursing Specialities, 2020). This implies that there is need for nurses with speciality areas to improve the quality of nursing care in selected public hospitals in Vhembe District.

4.3.2. Factors affecting quality nursing care

Study findings show that mean range between 1.63 to 1.84, with SD range of 0.539 to 0.733 and median of 2.00 on all the variables (1-12). This indicates that nurses strongly agree with the statements presented in Table 4.2. These results are consistent with what the content of the six ministerial priorities for South Africa. (National Core Standards, South Africa, 2011).

The caring attitude of nurses is important in the nursing profession since it is part of the six ministerial priorities for South Africa's health objectives. The ministerial priorities are to

improve the quality of the health of the people in the country and quality nursing care is part of this process. Findings also revealed that professional nurses agree they should guide other members of the staff. Leadership and Governance of ministerial priorities stipulate that professional nurses should provide supervisory support to other members of staff. According to the scope of practice of a professional nurse (R2598) as prescribed by the South Africa Nursing Council which is a regulatory body for nurses, supervision is also the responsibility of professional nurse.

Study findings revealed that nurses also strongly agree that nurse should always refrain from harming patients. Patients Charter Rights, and Bathopele and Clinical Governance state that patients are to be treated with respect, their rights upheld, should be given dignified attention and hygienic environment, where the issue of prevention of injuries and complications is clearly indicated. Ethical principles guide nurses in executing their duties with human dignity and respect. Nurses greeting patients with a smile, explaining to patients about treatments and tests and always attending to patients' needs fall under the domain of human dignity and respect.

Participants' responses indicated that nurses in the selected hospitals are providing good and sound nursing care. The National Core Standards dictates that nurses should attend to all patients' needs such as meeting their spiritual, physical and social and biological needs. Florence Nightingale concentrated in providing food, water and hygiene in executing her nursing duties (George, 2011).

Participants in this study strongly agreed that skilled nurses should show competence. Kieft, de Bouwer & Delnoij (2014.) argue that competence is sign of professional development in nursing. The Picker Institute Europe (2014) indicated that emotional support, empathy and respect for patients are factors that contribute to positive patient quality care. It encouraged nurses with expertise skills and clinical knowledge to provide patients with excellent nursing care. Therefore, one would conclude that in South Africa, the Patients' Right Charter and Batho Pele principles play a major role in the provision of quality nursing care.

- **Nurse related factors**

The researcher also employed ANOVA and independent t-test to understand the relationship between biographic factors of nurses and their perceptions about knowledge and caring attitude. The results of these tests are presented in Table 4.3.

The results show that 81,1% to 98.4% of the nurses indicated a yes to the questions presented in table 4.3. However, the minority (1.6% to 18, 9%) disagree with some of the question items

presented in Table 4.3. This implies that most nurses agree that the unit being supervised by skilled nurses in a special area, contributes to quality nursing care.

Furthermore, to deepen the understanding about factors affecting nursing quality, additional questions were asked requiring yes and no answers. The responses are presented in Table 4.4.

Participants indicated that units that are supervised by skilled nurses in a special area, with nurses possessing expert knowledge, good communication and listening skills, Batho Pele principles, with the ability to delegate, showing compassion to patients, warmly welcoming patients on admission, contribute to quality nursing care. Similarly, Schenk, Elizabeth, Brant, Van Son & Cathrine (2019) found that hospital environment and communication are essential in explaining patients' perceptions and attitudes as important in reducing harm in the hospital environment. In the current study, findings revealed that professional nurses are knowledgeable on ethical codes, delegation of the personnel according to the scope of practice prescribed by the South Africa Nursing Council.

The current study also revealed that ethical guidance and principles are important in health care and nursing profession. These include respect to individual and the consideration of human dignity and rights. Alligood & Tomey (2014) point out that the nursing process as a system to plan should implement, and evaluate nursing care the patient is receiving to achieve the desired goal. They also conclude that the knowledge and the practising of nursing process plays an important role in providing quality nursing care. Suhonen & Stolt (2018) also found that nursing process and organisational charting are organised to support individualized care at a ward level. The ability of good communication and listening skills are important in the nursing profession and nurses in this study also agreed on this point. The World Health Organisation (2013) encourages the need for patients and their families to participate in their care. Nurses in the study also agreed that patients should actively participate in their care.

In Ghana, Atakro, Armah, Atakro, Ahenkora, Alonso, Begaye, Bali, Akuoko & Gross (2019) found four models of patient participation. The paternalistic model is where decisions regarding patient care are taken by professional nurses on behalf of the patient. In the non-paternalistic model, decisions are taken by the patients with health professional as their agents. The shared model is when treatment options and outcomes of treatment are shared between patients and their professional nurses. Lastly, the Informed model is when patients are given information to decide on treatment options available to them in the current study, nurses indicated that patients participate in their care but it is not clear where amongst the four models discussed above this care falls. However, patients' active participation in their

care is important and necessary in the nursing profession. Therefore, one would suggest that more exploration be done on this aspect, because it is important in the provision of quality nursing care.

In the current study, participants agreed that nurses should show compassion to patients. Perez-Bret, Altiset & Rocafort (2016) define compassion as the sensitivity shown to understand another person's suffering and being willing to help and to promote the wellbeing of that person in order to find a solution to their situation. Thus, compassion is an indispensable part of nursing and patient care. In the current study, nurses said they show genuine compassion to their patients and accept responsibilities by signing the logbook.

Whitehead, Weiss & Tappen (2014) state that delegation is a transfer of authority to perform a nursing task from person to another while retaining the outcome accountability. They point out that the person to whom the task is delegated must accept responsibility so that the work delegated is successfully completed. Nurses in this study said delegated responsibilities are accepted and the book is signed by all. Openness, redress, transparency and courtesy are necessary as part of Batho Pele. Batho Pele is a principle that encourages putting people first in the provision of care to humankind. Clearly, compassion, delegation and Batho Pele principles are important factors in the provision of nursing.

The nurses' knowledge and execution of ethical principles, moral codes such as compassion to patients have a positive impact in the nursing profession. In clinical areas where compassion is practiced, there are few complaints from the patients and families. Instead, the hospital receives compliments this boosts the nurse's morale and their stress levels go down and they become more productive in their nursing care.

Using a 4-point Likert scale, nurses were also requested to indicate their perceptions about patients' factors relating to the quality of nursing care. The responses are presented in Table 4.5.

Study findings revealed that most nurses strongly agree that patient's attitude affects the quality of nursing care. The care given to patients should activate participation in care as stipulated in the Patients' Rights Charter of National Health of the country. The NHS Constitution (2015) for England (London) Patients' Health Charter includes privacy, confidentiality, informed decision about one's health, right to have a say about ones' own treatment and to express any concerns and complaints, right to be treated by qualified and experienced staff. Similarly, the Constitution of South Africa (Act No .108 of 1996), contains Patients' Rights Charter which states that the patient has a right to access health care, to be

treated by a named provider, confidentiality and privacy, a healthy and safe environment that ensures her or his physical and mental health or wellbeing, informed consent, complain, participate in health care decision making, information about health care and costs and continuity of care. The Patients' Rights Charter also contains patients' responsibilities which include the need to respect opinions of others and to treat others fairly. Therefore, a patient has the responsibility to promote and protect her or his rights as a patient.

The information above and the response of nurses in this study indicate that the knowledge and execution of Patient's Rights has a significant role in the nursing profession. Regarding patients being satisfied about discharge instruction, professional nurses in the study agreed that patients should be given clear discharge instructions. In Sweden, Lena, Chaboyer-Wendy & Mona (2017), revealed that by allowing participation in their care, patients were empowered and became fully engaged in their care, and active participation facilitated the development of patient –nurses' partnership

In Spain, Neves et al. (2018) indicated that the discharge plan is critical for continuity of care before a discharge. When nurses prepare a pre-discharge report, these instructions play an important part in the execution of nursing activities.

The researcher also sought to find out the perceptions of nurses about the hospital system in relation to the quality of nursing care. The nurse's responses are presented in Table 4.6 show that mean ranges between 1.47 to 2.07, SD ranges between 0.571 to 1.00. Study findings revealed that most nurses strongly agree that patient attitudes affect the quality of nursing care. The attitude of the patient in the care given should be that of activating participation in the care according to the Patients' Rights Charter of National Health of the country

- **System related factors**

Findings presented in Table 4.6 show that 68.6% to 98.9% of participants indicated that systems related factors influence the quality of nursing care. Ninety eight percent (98%) of the participants also agreed that Standards Operating Procedures are available and visible in each unit and 98% indicated that a policy on recording and record keeping is available. Standards Operating Procedures are important for the smooth and efficient running of every institution. Nurses in this study said Standard Operating Procedures are available in their units. Standards are the level of quality or attainment and procedures and are operational processes necessary to implement institutional policy and describe process and guidelines. These are administrative instructions designed to achieve the policy's objectives by providing an effective frame work. Therefore, the availability of governmental policies, standards, and guidelines in

Vhembe District are important and the execution of nursing activities in the district are in accordance with the policies, guidelines and procedures of the Department of Health.

In the US, Matt Kelly (2020) indicated policies, procedures and guidelines are important for an institution. Kelly indicated that procedures enforce compliance and help audit teams to identify fraudulent transactions. Procedures build a stronger corporate culture which leads to greater efficiency, lowers employee turnover and has fewer compliance failures. Therefore, policies, standards and guidelines are valuable in the provision of good quality nursing care. Nurses communicate amongst themselves and with other members of health care through written documents. Ninety three percent (93%) of participants said that dissatisfied patients are immediately attended to.

The Department of Health in South Africa has a system of managing complaints in each public hospital so that complaints are attended to immediately. The Standard Operating Policy for pain in government hospitals in Vhembe District is adhered to. Pain is discomforting and should not be accepted, otherwise nursing would be regarded as inefficient and inadequate. However, Oldland, Bottom, Hutchison and Redley (2019) showed that best clinical standards, provision of safe care, best broader organisational and system quality helps nurses in the provision of safe care. The healthcare system should have Standard Operational Procedures so that nurses can refer to them while executing their duties. Therefore, the nursing profession receives sufficient support from the department of health. This is important because nurses are the first contact with patients in the health care system and make the largest part of the health care group.

The study also revealed that 31.4% participants indicated that the hospital environment is not kept clean and quiet. This is a concern in the nursing profession because a dirty and filthy environment harbours microbe. This can cause infection, violating the ministerial health priority of prevention of infection. It can also complicate patients' illnesses will be resulting in them staying longer in hospital than necessary and some may even die. The researcher established that a noisy environment irritates and disturbs patients preventing them from sleeping well. Florence Nightingale's theory also concentrates on good personal hygiene. Schenk, Elizabeth, Bryant, Ruth, Van son and Catherine (2019) state that the hospital environment and communication is essential in explaining patients perceptions and attitudes about reducing harm to patients in hospitals. Therefore, the health care system plays an important role in the provision of high-quality nursing care.

4.3.3. Relationship between quality nursing care, patient and system related factors

The results presented in the coefficients table show that patient related factors ($p < .001$) and gender ($p = .020$) statistically significantly influence quality nursing care in the selected public hospitals. Table 4.10 shows that a point of decrease in speciality in nursing areas, years as qualified professional nurse, and system related factors negatively affect nursing quality care. However, such a relationship is not statistically significant.

4.3.4. Determine measures to promote quality nursing care

Findings presented in Table 4.12 show measures to improve quality nursing care in selected public hospitals as identified by the nurses who participated in this study. Where a hospital had adequate nursing staff and doctors, it had the highest frequency as identified by 90 nurses. This indicates that to improve quality nursing care additional staff are required to reduce the nurse patient ratio to improve quality nursing care. Similarly, 68 nurses said high quality nursing care can also be attained when necessary equipment is bought in the selected public hospitals. Furthermore, said that education through training workshops, in-service trainings, courses and diversification into other skills areas can also assist in improving the quality nursing care.

Participants indicated that good environment for both patients and nurses are factors that also contribute in the provision of quality nursing care. Similarly, Brooks, Margo, Brom & Houghton (2021) found that poor working environment lead to lower patients' satisfaction and high levels of nurse burn out.

In the current study, participants indicated that hospital infrastructure contributes to the provision of quality nursing care. Jamshidi, Parker and Hashemi (2019) also concluded that built environment can influence the healing process and that it has a direct impact on patients' outcomes including the reduction of levels of anxiety and stress.

Moreover, the current study revealed that teamwork has an impact on quality nursing in the Vhembe District. In Brazil, Bracarense, Parreira, Pedresh & Goulart (2019) found that positive teamwork is significant in the meaning of life. Thus, teamwork is an important aspect in the provision of high-quality nursing care.

Other aspects like the explanation of procedures to patients, supervision of personnel, auditing, and management of workload, off duties, DE unionisations of nursing fraternity, organisations, appreciation of work done and disciplinary hearing in an inappropriate behaviour were also mentioned by this study's participants. Dube, Kaplan & Owen (2016) indicate that there is a decline in the incidents of hospitals that experience failed unionisation.

Malihowsiki, Minkler & Stock, (2015) claim that unions affect the socio-political environment in which unions are operating creating future ability for healthy jobs and a healthy environment. Results do not agree with response of nurses in the study. In this study, few nurses were concerned about difficulties in correcting the inappropriate behaviours of nurses who are under unions. Labour unions which are not focused on the provision of patient care do not understand the responsibilities of nurses towards patient care against their rights. In this study, participants suggested that there should be a DE unionisation of nurses. Indeed, it could be beneficial if nurses joined unions which are health orientated.

4.4. Conclusion

In this chapter, data were analysed and summarised in tables indicating the percentages of respondents and their answers. Items in the research instrument's checklist were also summarised. The researcher could not generalise about factors affecting the quality of nursing care in the selected public hospitals in Vhembe District, South Africa because the population did not represent the whole district. The next chapter provides a summary of findings, recommendations, future research areas and study conclusion

CHAPTER FIVE

SUMMARY OF FINDINGS, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

5.1. Introduction

This chapter provides a summary, recommendations and conclusion of this study. The study was guided by the set-out objectives which are as follows; to describe factors affecting quality nursing care and to determine and recommend measures to promote high quality nursing care. These objectives of this study were attained guided by quantitative methods and descriptive research design. The study investigated factors that affect high quality nursing care in selected hospitals in Vhembe District, Limpopo Province, South Africa.

5.2. Objectives of the study

- **To describe factors affecting high quality nursing care**

The instrument that was used for data collection was a questionnaire distributed to nurses from selected government hospitals in Vhembe District, Limpopo Province South Africa. Assessment was done about the knowledge and caring attitude of nurses, patient related factors, and system related factors because these are important in the provision of high quality nursing care. Participants knew that professional nurses should guide other staff members, have a caring attitude, show competence in their skills, and treat patients with respect.

- **Determine measures to promote quality nursing care**

Participants were requested to list measures that promote high quality nursing care. They indicated that more nursing staff and doctors are needed, that adequate equipment should be made available, staff should be trained through workshops and in-service training, nurses should respect different cultures, and nurses should have a positive attitude and ensure they consider ethics.

5.3. Methodology

The chapter on methodology discussed the research design and methods. A quantitative approach and descriptive design were used in the study. The study population were 230 professional nurses in selected Vhembe District hospitals.

A pre-test was done whose results did not form part of the main study. For the study data, a sample of 185 participants answered a self-developed questionnaire. The results were presented in the form of tables. In accordance with the theoretical framework, questionnaires consisted of five sections. Validity and reliability were tested. Ethical principles of human

dignity, justice, informed consent, right to self-determination, right to autonomy and confidentiality were observed throughout the study.

5.4. Summary of findings

The results presented in Table 4.1 show that 143 (77.3%) of the participants in the selected public hospitals in Vhembe District were aged 41 years and above. There were also 164 (88.6%) females compared to only 20 (10.8%) male nurses. Eighty-six (46.5%) participants the 2-year Diploma in General Nursing (Bridging Course) as their highest qualification, 11 (5.9%) had a 3-year Diploma in General Nursing as their highest qualification.

The summary of findings with regards to the first objective on factors affecting the quality of nursing care included knowledge and caring attitude of a nurse (mean range 1.63 to 1.84; SD range 0.539 to 0.733; median 2 = strongly agree). The findings from ANOVA and independent t test indicates that the gender of nurses was statistically significant in influencing the mean difference about perceptions of knowledge and caring attitude of nurses in providing high quality nursing care (female mean 1.77 SD 0.55; male nurses 1.40, SD 0.50; and the mean difference was statistically significant $p = 0.005$). The nurses also concurred on several questionnaire items that (range 81, 1% to 98, 4%) nursing related factors affect quality nursing care at the selected public hospitals. Findings from responses about patient related factors had a mean range of 1.47 to 2.07, SD range 0.571 to 1.00, and median 2.00 on most items. This means that nurses strongly agreed that patient related factors affect nursing quality care. Interestingly, findings from this study revealed that most nurses (68.6% to 98.9%) agreed that system related factors also affect quality nursing care.

The study analysed the relationship between knowledge and attitude (dependant variable), and biographic factors, patient related factors and system related factors as independent variables. Findings revealed that biographic factors, patient related factors revealed that most nurses (68.6% to 98.9%) agreed that system related factors also affect nursing quality care.

The study analysed the relationship between knowledge and attitude (dependant variable), and biographic factors, patient related factors and system related factors as independent variables. Findings revealed that biographic factors, patient related factors and system related factors influence about 18.1% of the nurses' knowledge and attitude towards quality nursing care, (R-Square equal to .181). The outcome of the ANOVA test confirmed the model's best fit, in predicting a better outcome than using the mean with the ratio of improvement reached $F = 3.841$ and significant value $p < 0.001$. Firstly, patient related factors were found to be positively ($\beta = 0.340$) influencing knowledge and nurses' attitude on quality nursing care. Such

an association was found to be statistically significant at $p < 0.001$. Secondly, gender of the nurses, was found to be positively ($\beta = 0.175$) influencing the knowledge and nurse attitude in relation to high quality nursing care. Such an association was found to be statistically significant at $p < 0.05$ ($p\text{-value} = 0.020$).

5.5.1. Recommendations for the Department of Health

Below are recommendations from this study on ways to improve the quality of nursing care as pointed from the responses made by participants:

- Increased resourcing of public hospitals to improve quality nursing care. Resources required are in relation to finance, personnel, that is, doctors, nurses and especially skilled nurses and cleaners.
- Nurses should be given further education and training, and more male nurses should be hired.
- There should be more effective student nurses' accompaniment at clinical learning and community-based learning.
- Mismatch between available staff and patients or work workload is a critical factor that affects quality nursing care, and this should be addressed.

5.5.2. Recommendations for institutional and health system related factors

- There should be improved communication, hospital infrastructure, availability of medication, regular auditing, and taking appropriate disciplinary measures for inappropriate behaviour and careless mistakes.
- Further research should be conducted about the impact of different health care systems on the quality of nursing care.

5.5.3. Recommendations for professional nurses

Further recommendations emanating from this study revolve around upholding key parameters that promote quality nursing care. Such parameters include:

- Professional nurses should value effectiveness, efficiency, timeliness, ethical, transparency, teamwork, respecting the rights and culture of different people

5.5.4. Recommendations for patients

- Active participation of patients in their own should be encouraged.
- Patients' attitude and beliefs should be considered.

5.5.5. Recommendations for future research

Further investigation of factors that influence the quality of nursing care in different district municipalities, provinces and across South Africa should be conducted. Research should also be extended to private hospitals; this will allow for comparison of findings between public and private hospitals.

5.6 Limitations of the study

The findings of this study could not be generalized to the whole Limpopo province as the study was done only at three selected public hospitals in the Vhembe District and only professional nurses amongst other nurses participated in the study.

5.7 Dissemination of the findings

The results will be reported through journals and meetings with the Department of Health in the Vhembe District. A report will also be presented in the written form, verbal reports and workshops. A copy of document will be kept at the University of Venda library.

5.8. Conclusion

This research described factors that influence quality of nursing care at selected public hospitals in the Vhembe District, Limpopo Province, South Africa. Key findings revealed that several factors affect quality nursing care in public hospitals. These include, knowledge and caring attitude of a nurse, nurse related factors, patient related factors and system related factors. The study results indicate a need for channelling resources towards increasing staff, further education and training, improving system related factors and ensuring that staff and nurses in general uphold the principles of high quality nursing care. Overall, much can still be done to improve the quality of nursing care in public hospitals.

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LIST OF APPENDICES

Appendix A - Ethical Clearance certificate

ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:

Ms TS Ramunenyiwa

STUDENT NO:

17023743

PROJECT TITLE: Factors affecting quality Nursing care at selected hospitals in Vhembe district, Limpopo province, South Africa.

PROJECT NO: SHS/20/PDC/41/3009

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr SA Mulondo	University of Venda	Supervisor
Mrs JL Mafumo	University of Venda	Co - Supervisor
Ms. TS Ramunenyiwa	University of Venda	Investigator – Student

Type: Masters Research

Risk: Minimal risk to humans, animals or environment

Approval Period: September 2020 – September 2022

The Human and Clinical Trials 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 deviation 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

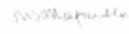
ISSUED BY:

UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: August 2020

Name of the HCTREC Chairperson of the Committee: Prof MS Mapulle

Signature:



Director Research and Innovation

Signature:




Appendix B - Letter requesting permission to conduct research (DoH) Limpopo province

P.O Box 917

Makhado

0920

Shamila Latif
18 College Street
Department of Health
Research Unit
Polokwane
0700

Request for permission to conduct research

Madam/Sir

I wish to apply for permission to conduct research at Tshilidzini Hospital, Donald Frazer and Siloam Hospitals in Vhembe District.

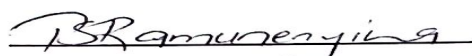
I am a student at the University of Venda doing Master's degree in Nursing Education in Health Science. My research topic is: "Factors affecting quality nursing care at selected hospitals in Vhembe District, in Limpopo, South Africa."

Questionnaires will be used to collect information from nurses.

The ethical clearance certificate is attached.

Thank you in advance.

Yours sincerely



T S Ramunenyiwa Student no: 17023743 Contact no 0828212712

Appendix C - Letter of permission to conduct research (DoH)



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Department of Health

Ref : LP_2020_10_029
Enquires : Ms PF Mahlokwane
Tel : 015-293 6028
Email : Kurhula.Hlomane@dhsd.limpopo.gov.za

Sharon Ramunenyiwa

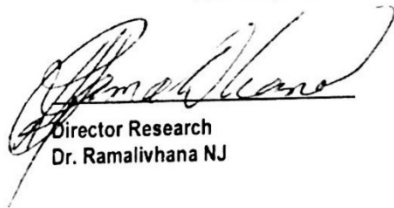
PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

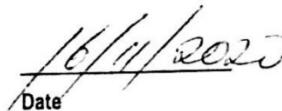
Your Study Topic as indicated below;

FACTORS AFFECTING QUALITY NURSING CARE AT SELECTED PUBLIC HOSPITALS IN VHEMBE DISTRICT, LIMPOPO PROVINCE, SOUTH AFRICA.

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following.
 - a. Present this letter of permission to the institution supervisor/s a week before the study is conducted.
 - b. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
 - c. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
 - d. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
 - e. The approval is only valid for a 1-year period.
 - f. If the proposal has been amended, a new approval should be sought from the Department of Health
 - g. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated


Director Research
Dr. Ramalivhana NJ


Date

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

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Appendix D - Letter requesting permission to conduct research (DEM)

University of Venda
Department of Advanced Nursing Science
Thohoyandou
0950

The District Executive Manager
Vhembe district
Thohoyandou

Request for permission to conduct research in the facility

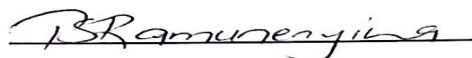
Madam/Sir

I wish to apply for permission to conduct research at your hospital. I am a student at the University of Venda doing a Master's Degree in Nursing. My research topic is "Factors affecting quality nursing care in selected hospitals in Vhembe District in Limpopo Province, South Africa.

Furthermore, I request your permission to do a study with staff members and to distribute questionnaires amongst professional nurses in the wards.

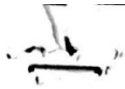
Thank you for your attention

Yours sincerely



T S Ramunenyiwa student no: 17023743 contact no 0828212712

Appendix E - Permission to conduct a study (DEM)



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH
VHEMBE DISTRICT**


Ref : S5/6
Enq : Muvuri MME
Date : ...23.11.2020

Dear Sir/Madam...RAMUNENYINA S

Re: Permission to conduct a research on the
“FACTORS AFFECTING QUALITY NURSING CARE”

1. The above matter has reference.
2. Your letter received on the 23.11.2020...requesting for permission to conduct an investigation is hereby acknowledged.
3. The District has no objection to your request.
4. Permission is therefore granted for the study to be conducted within Vhembe District. You are expected to submit the results to the District.
5. You are however advised to make the necessary arrangements with the facilities concerned.

Wishing you success in your endeavors.


CHIEF DIRECTOR: DISTRICT HEALTH

2020-11-26
DATE

Private Bag X5009 THOHOYANDOU 0950
OLD parliamentary Building Tel (015) 962 1000 (Health) (015) 962 4958 (Social Dev) Fax (015) 962 2274/4623
Old Parliamentary Building Tel: (015) 962 1848, (015) 962 1852, (015) 962 1754, (015) 962 1001/2/3/4/5/6 Fax (015) 962 2373, (015) 962 227

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Appendix F - Letter of information (research ethics committee)

RESEARCH ETHICS COMMITTEE

UNIVEN INFORMED CONSENT

Appendix B

LETTER OF INFORMATION

Title of the Research study: Factors affecting quality nursing care in selected hospitals in Vhembe District in Limpopo, South Africa.

Principal Investigator/researcher: Ramunenyiwa Thinavhuyo Sharon, Master's degree in Nursing Science

Co-Investigator/s/supervisors: Dr Mulondo S A and Mrs. Mafumo J L

Brief Introductions and purpose of the study: Quality nursing care is important especially when patients are hospitalized and depend on the care providers and systems of the hospitals for their care. Insufficient nursing care may lead to many problems.

The purpose is to describe factors which affect the quality of patient care at three selected public hospitals in Vhembe District of Limpopo Province.

Outline of the Procedures: All respondents are expected to give consent before participating after the researcher has fully disclosed important information about the study. The researcher will arrange with the hospitals managers to have appropriate venue for filling the questionnaires. Questions will be in English. An hour will be allocated for answering the questions.

Risks or Discomfort to the Participant: There will be no risk or discomfort

Benefits: The study will be of benefit to the body of knowledge since it will be published in journals.

Reason/s why the Participant May Be Withdrawn from the study: Respondents have the right to decide to participate in study or not without any punishment or discrimination. Respondents have the rights to withdraw participation or refuse to give any information if they do not feel comfortable.

Remuneration : There will be no remunerations for respondents.

Costs of the study: No costs of the study for respondents.

Confidentiality: Maintenance of confidentiality will be through anonymity and keeping information in confidence. No names will be required therefore there it will not be possible to link respondents with the information received.

General: Participation will be voluntary. Consent forms will be completed and written in English. The information letter written in English will also be handed over to respondents.

CONSENT

Statement of Agreement to participate in the Research Study:

I hereby confirm that I have been informed by the researcher, Ramunenyiwa Thinavhuyo Sharon, 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 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, Ramunenyiwa Thinavhuyo Sharon, herewith confirm 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:

Name of Legal Guardian (if applicable)

Date.....

Signature:

**Appendix G- Questionnaires about factors affecting quality nursing care SECTION A:
BIOGRAPHIC DATA**

Mark with an X in the appropriate space

1. Age

23-25	26-30	31-35	36-40	41-above

2. Gender

Male	Female

3. Which qualifications did you acquire?

2-year Diploma in General Nursing (Bridging Course)	3-year Diploma in General Nursing	4-year Diploma in General Nursing (General, Psychiatric and Community Science) and Midwifery	Degree in B Cur in Nursing

4. Clinical areas you are allocated

Medical	
Surgical	
Paediatric	
Outpatient	
Casualty	
Maternity	
Psychiatry	

5. For how many years have you been a qualified professional nurse?

2 - 5 years

6-10 years

11-15 years

16 years and above

5. Do you have any special skills in the area you are allocated?

YES

NO

SECTION B: NURSE-RELATED FACTORS

Select the most appropriate and mark with an X

ASSESSING KNOWLEDGE AND CARING ATTITUDE OF A NURSE

The following are moral and Ethical principles of caring attitude of nurses	Agree	Strongly Agree	Disagree	Strongly Disagree
1. Professional nurses should guide other staff members when they are performing procedures				
2. Professional nurses should have a caring attitude towards patients				
3. Nurses should always refrain from doing harm				
4. Nurses treat patients with respect and dignity				
5. Nurses explain about treatments, tests and what to expect.				
6. Skilled nurses show competence				
7. Ethical values are discussed in the clinical area				
8. Professional nurses including other staff treat patients with respect and dignity				
9. Nurses report for duty on time				
10. Nurses can perform nursing duties with knowledge				

11. Nurses greet patients with a smile				
12. Professional nurses always wear distinguishing devices and name tags				
13. Nurses attend to patients' needs all the time				

SECTION B: NURSE RELATED FACTORS CONTINUATION

State whether the following is YES or NO by marking with an X in an appropriate space

DESCRIPTION	YES	NO
13. The unit is supervised by skilled nurses in that special area		
14. Moral ethical codes of the profession are upheld by all		
15. Delegation is done according to the scope of practice		
16. You are knowledgeable about the nursing process		
17. Every patient on admission is warmly welcomed		
18. You display good communication and listening skills during interaction		
19. Other category of nurses display good communication skills		
20. You should show genuine compassion to patients		
21. Professional nurses always encourage active participation for both nurses and patients		
22. Nurses are delegated responsibilities and accept it by signing in the delegation book		
23. It is necessary that redress, openness and transparency, courtesy and information be part of Batho Pele		
24. Patients' needs are attended to accordingly		

SECTION C: PATIENT RELATED FACTORS

Select the most appropriate and mark with an X

DESCRIPTION	Agree	Strongly Agree	Disagree	Strongly Disagree
25. Patients attitudes towards nursing care is negative				
26. Patients feel free to be nursed by nurses with visible name tags				
27. Patients are free to give their confidential information to nurses than to doctors				
28. Patients wish to be involved in their care				
29. Patients desire that they be informed about their conditions, needs and treatments				
30. Routine is adjusted daily to meet patients' needs				
31. It is necessary that human image, growth, and development be considered by a nurse during interactions with patients				
32. Patients can say out their perceptions about their problems				
33. Nurses easily provide patients with privacy is easy				
34. There is adequate peace and quietness in the ward				
35. Patients are satisfied about discharge instructions because they are clear on what to expect when they leave the hospital				
36. Patients' needs are attended to immediately and accordingly				

SECTION D: SYSTEM-RELATED FACTORS

Select the most appropriate answer by answering Yes or No and mark with an X

DESCRIPTION	YES	NO
37. A Policy or standard Operating Procedure on recording and record keeping is available		
38. Mechanisms are in place in the unit for patients to express their satisfaction and dissatisfaction		
39. Any patient who is dissatisfied with the care rendered is attended to immediately after a complaint is lodged		
40. A Policy Standard Operating procedure on recording and record keeping is available		
41. Standards Operating Procedure or Policy is available and is visible in every unit		
42. Hospital environment is kept clean and quite		
43. Standards Operating Procedure or Policy for controlling pain is in place		

OPEN ENDED QUESTION

What do you think are the measures for promoting quality nursing care? List.

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.....

.....

.....

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Appendix H: proof of editing

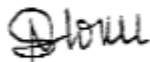
Editing and Proofreading Report

22 February 2022

This letter serves to confirm that I, Dr I. Ndlovu of the Department of English, Media Studies and Linguistics at the University of Venda, have proofread and edited an MA dissertation titled "Factors affecting quality nursing care at selected public hospitals in Vhembe District, Limpopo, South Africa" by Thinavhuyo Sharon Ramumenyiwa.

I carefully read through the document, focusing on proofreading and editorial issues. The recommended suggestions are clearly highlighted and can either be accepted or rejected using the Microsoft Track Changes Function.

Yours Sincerely



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