

## **ATTITUDES OF NURSES TOWARDS PATIENT CARE AT A RURAL DISTRICT HOSPITAL IN THE KWAZULU- NATAL PROVINCE OF SOUTH AFRICA**

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### **ABSTRACT**

It is important for nurses to have positive attitudes towards patient care if good quality care is to be provided. This study explored nurses' attitudes towards providing care to patients in one rural district hospital in KwaZulu-Natal from the perspective of the nurses themselves, and from the patients' perspective. We conducted an explorative qualitative study. Thirteen focus group discussions were conducted with professional/enrolled nurses, enrolled nurse assistants and patients. Discussions were audio-recorded, transcribed and analysed using a thematic approach. While some nurses were passionate about nursing for altruistic reasons, many nurses said they actively disliked nursing. Reasons were staff shortages, high patient loads, absenteeism, and poor interpersonal communication. Both nurses and patients reported incidences of poor patient care and even willful neglect of patients' basic care. Nurses blamed sub-standard nursing care on the attitudes of patients or patients' relatives, as well as on lack of management support. Patients described both positive and negative experiences of nursing care received. Poor attitudes of nurses, resulting in poor patient care, could severely undermine the ability of the health system to provide quality care and improve outcomes for patients. It is recommended that all hospitals assess nurses' attitudes regularly to ensure that patient care is not compromised.

**KEYWORDS:** absenteeism of nurses, abuse of patients, interpersonal communication, nurses' attitudes, nursing management, patient care, quality of nursing care

## INTRODUCTION

Nursing activities includes protection, promotion, improving health and abilities, prevention of illness/injury, alleviation of suffering, diagnosis, treatment, and advocacy for care of individuals, families, and communities (American Nurses Association, 2013). Nurses should display attributes of respect, compassion, wisdom, sensitivity and care (Rudolfsson & Berggren, 2012:772).

Caring is important in nursing (Gray, 2008:169). Finfgeld-Connett (2008:198) explains caring as an interpersonal process characterised by expert nursing, interpersonal sensitivity and intimate relationships. Nursing includes both technical or medical aspects and emotional aspects of care. Brilowski and Wendler (2005:642) acknowledge emotional and technical aspects to caring, listing attributes to caring as attitudes, actions, relationships, acceptance and variability. Opposite to caring is uncaring. Wiman and Wikblad (2004:427) describe uncaring attributes as being disinterested, insensitive, cold and inhuman.

Providing high quality care involves doing the right thing at the right time, and improving health outcomes for patients, families and communities (Uys & Naidoo, 2004). Unfortunately this does not always happen. Some researchers identified dissatisfaction among patients with the quality of care they received (Uys & Naidoo, 2004) and with uncaring nurses (Wiman & Wikblad, 2004:428). Other researchers found poor care provided for specific illnesses, such as HIV (Van Dyk, 2007:50) and Hepatitis C (Frazer et al., 2010:597), which was related to poor health worker attitudes.

Nurses need to have a positive attitude towards patients and patient care. Attitudes are "latent hypothetical characteristics that are inferred from external observable cues" (Ajzen, 2005:23). Health workers' attitudes affect behaviour, quality of care and health outcomes (Dias et al., 2012). Negative attitudes affect care with elderly patients (Jacelon, 2002:232) and other vulnerable patients such as Hepatitis C (Frazer et al., 2010). This study explored the attitudes of nurses to patient care in a rural district hospital and surrounding clinics in KwaZulu-Natal during October 2010 where 400 nurses were working.

The hospital's nursing vision is to provide optimal nursing services to the population within the catchment area. However, complaints were received about nurses' poor attitudes from patients and external health service users. These complaints were reported in the local press and a "complaints box" at the hospital's entrance.

## **STATEMENT OF THE RESEARCH PROBLEM**

This hospital received complaints about nurses' poor attitudes and poor standards of nursing care. Nurses' attitudes needed to be explored so that strategies could be implemented to improve the quality of care and address problems experienced by patients.

## **THE AIM OF THE STUDY**

The aim of the study was to explore the attitudes of nurses towards patient care at a district hospital in KwaZulu-Natal.

The objectives of the study were to explore the

- attitudes and behaviours of nurses towards patient care from the nurses' perspective
- attitudes and behaviours of nurses towards patient care from the patients' perspective
- factors that contribute to attitudes of nurses towards patient care

## **METHODOLOGY**

The study adopted an exploratory, qualitative research paradigm.

Focus group discussions (FGDs) were conducted on eight separate days from 6th October 2010 to 28<sup>th</sup> October 2010 in one rural district hospital in KwaZulu-Natal. The FGDs were conducted away from the clinical area by independent facilitators who were not staff members of the hospital. A FGD guide was developed, which included scenarios to stimulate discussion and participation. Experts in qualitative research methodologies reviewed the FGD guide before implementation.

Purposive sampling was used to identify participants from two target populations; selection of nurses and patients is described below.

- Nurse target population included professional nurses (PNs), enrolled nurses (ENs) and enrolled nursing assistants (ENAs). Nurse participants were selected from those on duty on the day of data collection based on their willingness to participate in an FGD about nursing care. FGDs with each category of nurses were conducted separately.
- Patient participants were approached in outpatient department and hospital wards and asked to participate in an FGD about nursing care. FGDs with male and female patients were conducted separately.

FGDs were undertaken by trained facilitators. FGDs with patients, ENs and ENAs were conducted in isiZulu and FGDs with PNs were conducted in English. All FGDs were audio recorded and transcribed verbatim. The isiZulu FGD transcripts were translated into English.

Two experienced researchers read the transcripts and developed a codebook of themes around the main topic. The two researchers then independently coded the transcripts using Nvivo software (Version 8.0). Differences in coding were discussed and codes and their definitions were cross-checked until consensus was reached. The codebook was expanded to include additional topic areas and themes as they emerged from the data. Themes were analysed and interpreted. Rich text and direct quotes were used to illustrate content, themes and subthemes.

Ethical permission was obtained from the University of KwaZulu-Natal (HSS/0212/010), and the KwaZulu-Natal Department of Health (HRKM076/10). Written informed consent was obtained from each participant. No remuneration was paid to participants. Confidentiality and anonymity were assured. Participants' names and identifying data were not recorded. Only the two researchers, analysing the data, had access to the audio recordings, transcripts and translations.

## DATA ANALYSIS

A total of 13 focus group discussions were held (Table 1).

**Table 1: Participants in focus group discussions**

Number of focus group discussions	Category of participants	Total number of participants
3	Professional nurses	17
3	Enrolled nurses	18
3	Enrolled nursing assistants	14
1	Male inpatients	5
1	Male outpatients	4
1	Female inpatients	4
1	Female outpatients	5

Common themes were identified within and across FGDs as reported from the nurses' and patients' perspectives. Table 2 shows the themes that emerged from the data in response to specific FGD questions.

**Table 2: Themes and subthemes from the data**

Questions asked in the FGDs	Source of data	Themes
Why did you choose to become a nurse?	Transcripts from FGD with PNs, ENs and ENAs	Altruistic reasons Financial reasons including payment during training
What do you like about nursing?	Transcripts from FGD with PNs, ENs and ENAs	Patients improve Knowledge
What do you dislike about nursing?	Transcripts from FGD with PNs, ENs and ENAs	Staff shortages Absenteeism Disease profile Lack of equipment and supplies Poor communication Poor management support
What behaviours have you observed in the hospital?	Transcripts from FGD with PNs, ENs and ENAs	Positive nurse behaviours Negative nurse behaviours
What behaviours have you observed in the hospital?	Transcripts from FGD with patients	Positive aspects of patient care Negative aspects of patient care

## Nurses' perspectives

### *Reasons for becoming nurses*

Nurse participants were asked why they chose nursing as a profession, and why they liked or disliked nursing. Some nurses reported choosing nursing for altruistic reasons, expressed a desire to be a nurse out of compassion and to care for the sick and suffering. Some “dreamed” of being nurses from a young age while others just felt they “wanted to help the sick who are unable to help themselves”.

One nurse expressed how she “wanted to contribute to this country’s health” as a result of seeing “people in government hospitals suffering”.

Many nurses reported that they felt rewarded when they helped patients to get well: “it is great when a person in a bad state came into the hospital and was under your care, and, when they leave the hospital they are all better. I get so happy”.

Others felt they benefited from the knowledge acquired during their training: “nursing has opened my eyes, because, in most of the times as black people, we believe in lots

of things: we assume it is witchcraft and things like that. But now I realised that hhawu (exclamation) .... As a nurse I can distinguish [between illness and witchcraft].”

However, some participants did not choose nursing because of a desire to care for people, but as a result of not having money for further studies “because of financial constraints, I could not get money to further my studies so we applied (for nursing) and got [the] post: I got into nursing by mistake”.

Some chose nursing because of the payment received during training, “I knew that when one goes to a nursing college one would get paid while they are still studying. So that is why I went to nursing. But I really didn’t like it.”

Some nurses admitted to actively disliking nursing because of staff shortages and the associated increased workload, absenteeism, the complexity of patients’ disease profiles, lack of equipment, poor communication and lack of support from management.

### **Staff shortages**

Many nurses from all categories complained about staff shortages, accompanied by increased workloads. One nurse stated: “The staff shortage is one of my dislikes in this profession; there are a lot of shortages in the ward. You end up over working yourself ... you end up feeling just down.”

Other nurses reported staff shortages due to absenteeism “due to staff shortages you find that perhaps, we are allocated in a ward where maybe there will be ten of you in that day [who should be on duty] and find that four of them are not there [are absent] and you are expected to do everything, all the work”.

### **Absenteeism**

Absenteeism was discussed by all categories of nurses indicating how absenteeism impacted on their workload. One nurse explained: “Maybe one of the staff members is not at work, maybe she is sick, and then you end up doing all the things in the ward alone. The person doing those things will end up getting sick, if that person [nurse] gets sick, who is going to take care of these patients? That will have a negative effect on our patients as well”. In some cases nurses openly admitted to taking time off: “because of this stress you will not come to work the following day, you just want to take the day off.”

### **Patients' disease profiles**

Other participants felt staff shortages and increased workload were compounded by the complexity of the disease profiles of patients. One participant stated, "... there are lots of diseases nowadays. Perhaps this person presents with three different diseases ... you see s/he has mixture of things". Others implied that patients were less able to help themselves now; one participant said: "you find that maybe 30 patients in that ward are unable to help themselves, they need to be bathed, you need to feed them and you are all alone, then there is also all the paper work".

### **Lack of equipment and supplies**

This was another major factor that contributed to nurses' dislike of nursing and caused many frustrations: "we do not know where the money goes. How can you work without the facilities and equipment? How can you push a person to work with their bare hands? You expect people to work and change their attitude, but you do not give them the supporting materials."

### **Poor communication**

Communication across the nursing hierarchy at ward level and from nursing management was reportedly problematic. Management and nurses communication styles contributed to some nurses' dislike of nursing as they felt humiliated and disrespected: "the ward supervisors, sometimes come and shout at the nurses in front of the patients, accusing them [the nurses] of something that they [are] not even sure of ... and start shouting at me in front of the patient and that is very degrading ... this is unacceptable".

One professional nurse just wanted to be treated like a human being: "I think management forget that we are human beings also. It does not mean that I am super strong. We as nurses: the way we are treated is like we are not human beings, it's like we have not got a mind; we are not allowed to think for ourselves."

### **Lack of management support**

Some nurses said nurse managers did not support them with regard to nursing related and/or personal issues.

One nurse was affected by the death of patients, but received no support from management to cope with these deaths: "The patients are dying in front of us. We are not strong. These things are happening. We have post-traumatic stress here at work. We don't get any support. We are no longer treated like human beings. I am not sure what we are anymore."

One nurse reported that lack of managerial support affects the quality of care provided to patients: “Management must understand the service that we are providing. We are dealing with human beings. If you treat me badly, what am I going to do with my patient? If I am crying now, I can’t go to my patient crying. It means I will be cross for the rest of the day . . . . They [management] must support us and understand us. That is not happening in the institution.”

One nurse explained: “If you have a social problem they will tell you that there is no such thing and then you may decide to go and see the doctor and take an off day.” As a result, nurses take time off work without permission.

Other nurses described cases of burnout: “If you have [to] come to work you can’t concentrate,” and “we become stressed and we burn out and then we cannot render nursing care to our patients, then there is no productivity.”

### **Nurses’ behaviours**

We explored nurse behaviour using two approaches. Nurses were first asked about behaviour they observed in the hospital in relation to patients and patient care. Using a scenario they were then asked how they responded to patients who did not follow their advice. Both positive and negative experiences were described.

Some nurses spoke of general positive behaviours observed at work: “you can see the positive attitude of a nurse taking care of a patient, that nurse will give that total nursing care to the patient until the patient gradually improves and is able to take care of himself or herself, some do have that positive attitude”. One nurse explained: “We wash them in the morning, we feed them and we give them their medicine. We do everything that we are supposed to do for them.”

Some nurses’ related positive ways in which they would deal with non-compliance from patients. Certain nurses were not surprised by non-compliance: “When they have forgotten you remind them nicely because you know that they are sick.” The provision of health education to both patients and relatives was reported as being fundamental to patients’ adherence to advice.

Negative behaviours observed in hospital related to rudeness: “some (nurses) do not care how they talk with the patients, they are rude to patients, they shout”. Other negative behaviours related to poor nursing care when patients were not helped to the toilet or being fed: “the nurses are not giving the patient food, the food will come and be placed next to the patient, until the ‘aunties’ come and take it away, that patient who is unable to feed herself”.



A few nurses even spoke about their own negative behaviours: “You know when you are working and you find that you are working very hard ... you find yourself becoming very harsh because of the work load”. One nurse expressed remorse about not treating patients well, especially if another nurse steps in to compensate for her negative behaviour: “Perhaps the patient will [ask] you ‘how is he supposed to take his pills?’ Perhaps a nurse will say, ‘How many times must I tell you! Stop irritating me!’ Then you walk away. That really hurts for him and you will regret how you have spoken to him. Perhaps he will go to another nurse and she will explain everything nicely. And it will haunt you because now you were rude to an old person and said ‘get out of my face!’”

Nurses occasionally blamed patients’ attitudes for the nurses’ negative behaviours: “Some of our patients ... come straight from home with attitude .... He might try and force us to change and then the conflict can happen because we will tell that patient. ‘No, we are working like this here.’ Then there is a conflict.”

Participants reported that if patients or relatives complained, sometimes nurses would isolate them by providing only essential care: “So that is why you find that nurses turn to have an attitude sometimes and perhaps ‘drag legs’ [will be reluctant] to help that person .... We will not be comfortable treating you [the patient]. We will just treat you according [to] what is written on the book. But, what is in the book -not all of it is helpful .... You [the patient] ends up suffering. And he [the patient’s relative] might ask [why this is happening], and we will just show him what is on the book. Do you see that?”

Some nurses became angry when patients did not adhere to their prescribed diets or medications: “You get ... [angry] if you see a patient this year when you saw the same patient with the same problem last year and you keep on telling the patient.”

### **The patients’ perspectives**

Patients were asked to comment on what they liked and disliked about the care they received in the hospital, what nurse behaviours they observed in the hospital, and how nurses acted when patients did not follow the nurses’ advice.

#### **Patient care**

Some patients were satisfied with the services and nursing care they had received in the hospital, or in the outpatients’ department: “This hospital is very helpful and the nurses treat us well.”

However, some patients disliked the hospital attributed to “a shortage of doctors” and “waiting for long hours”.

Other patients disliked the hospital because of the treatment they had received: “I had come with my child and for me, to have come there with a child and be scolded, hurt me very much. I didn’t like it. She told me to speak to my child otherwise a small coffin will leave my home and that didn’t sit well with me. I was like, my God, I hope my child will not [die] . . . . If we ask them something they yell and yell at us. And they speak to us very disrespectfully. You end up confused, not knowing how to approach them. Perhaps you want to ask about or for something, they shout and shout at you, and that really breaks your heart.”

Some patients would not inform the nurses if they did not comply with the prescribed treatment. Some patients admitted to withholding this information: “I do not admit it to nurses, I deny it, but my conscience would be saying, ‘liar woman’ [the respondent implies she did not follow the advice, and she will not admit this to the nurse].”

Some patients rationalised the inappropriate behaviour of nurses as being the patients’ fault: “Sometimes it is the patients who are impolite. Perhaps the nurse would politely say this must be done, but the patient would respond very rudely. Then you will ask yourself where would this person get help if he is being impolite to the person who was here to help him.”

## DISCUSSION

Patients reportedly experienced verbal abuse, rudeness and neglect, as described by both patients and nurses. Instances of abuse were openly described by nurses in the FGDs without shame, and without being rebuked by colleagues. This might indicate an accepted culture of abuse at this facility, similar to the phenomenon described by Jewkes et al. (1998:1782).

However, some nurses really cared for patients despite the challenging context of high workloads, staff shortages, lack of equipment, lack of management support, and burnout. Their greatest reward was the patients’ improvement and being discharged from hospital. Nurses should promote healing, support development, minimise distress and suffering, and educate people to understand and cope with their illness and treatments. Nursing is emotionally demanding, and nurses have to form relationships within a sensitive and often chaotic context while upholding the ethical codes of the profession (Smith et al., 2009:1630). Nursing involves strenuous physical work, washing patients, lifting them, walking them and generally providing all aspects of care that patients could not perform themselves. These require a special person with unique characteristics (Chokwe & Wright, 2012).

However, many nurses disliked nursing and admitted that nursing was their second career choice. Their nursing care reflected this attitude; nurses were verbally abusive to patients and relatives, and in some cases neglected patients by withholding care. Such behaviour contradicts the ethos of nursing and the nursing code of ethics. Nurses blamed their behaviour on various factors including staff shortages and related managerial issues, lack of respect from hospital managers, and patients' attitudes and behaviour.

The shortage of nurses is a problem within the South African health system, contributing to poor patient care, poor staff morale, and poor staff retention (Mokoka et al., 2010). In this study we found poor patient care and poor morale among nurses, some of whom justified a lack of care for their patients, citing stress and burnout due to staff shortages and high workloads. It is important that staff shortages are investigated and that hospital managers review nurse-patient ratios and absenteeism in all wards. Other management issues, such as lack of basic equipment, poor communication, lack of respect by managers, were reported as reasons for poor nursing care. Respect and good communication are fundamental to the smooth running of organisations and is a precondition for the way people interact as members of a community (Hammett & Staeheli, 2011:261). When senior nurses "correct" junior nurses, this should be done in a respectful and constructive manner away from the patients. Some nurses blamed their poor nursing care on patients' bad attitudes, complaints and lack of adherence to advice. This attitude violates the nursing code of ethics and needs to be addressed. Disciplinary actions should be taken to avoid the continuations of abusive practices. This study showed a lack of sanctions against nurses who abused their patients, since nurses continued to speak freely about these behaviours.

The views of patients also varied, echoing the findings of the nurses' FGDs. Some patients spoke about dedicated, helpful nurses who cared deeply about patients. In contrast, there were some reports of nurses' verbal abuse and neglect. Some patients said they were to be blamed for the nurses' shouting. This acceptance of blame by vulnerable victims has been recognised in the literature (Jewkes et al., 1998:1782). Patients are vulnerable and nurses need to act professionally regardless of patients' responses.

## **CONCLUSIONS**

Nurses and patients described poor nursing practices and abuse of patients, which are similar to findings reported by other studies. This problem should be addressed and no longer be accepted or excused by nurses' difficult working conditions. Any nurse who abuses patients must be disciplined. Staff shortages should be addressed, including issues of nurses' absenteeism rates. The problem of nurse-patient relationships requires investigations about the causes of these problems, and to identify possible solutions. Until nurses' poor attitudes are acknowledged and addressed, it will remain impossible

to provide good quality of nursing care to vulnerable patients attending the public hospital where this study was conducted.

## LIMITATIONS

This study only explored attitudes of nurses in one hospital, and further studies are required to determine if such findings can be generalised to other hospitals. The FGDs were conducted on the hospital premises. Although participants were assured of anonymity, they might not have discussed all their experiences freely in FGDs. Different information might have been obtained during in-depth individual interviews.

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