
***THE STUDY TO EXPLORE THE NATURE AND
EXTENT OF CULTURE SPECIFIC NURSING CARE
IN THE REGIONS G, D AND H
OF KWAZULU-NATAL***

BY

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**SUBMITTED INFULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF M. CUR
NURSING SCIENCE DEPARTMENT
UNIVERSITY OF ZULULAND**

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SUBMITTED : FEBRUARY 2001**

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TO WHOM IT MAY CONCERN

EDITING OF DISSERTATION


This is to certify that I have edited this dissertation to the best of my ability and declare it free of language errors.

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February 2001

DECLARATION

I, DAISY CATHERINE NGCOBO (Nee NONDLWANA) declare that *The study to explore the nature and extent of culture specific nursing care* is my own work and that all sources that have been used or quoted, have been indicated and acknowledged by means of complete references.


D.C. NGCOBO
DURBAN
FEBRUARY 2001

ACKNOWLEDGEMENTS

I wish to extend my sincere gratitude and appreciation to all the people who gave their full support and assistance in many ways during the study.

I am greatly indebted to my supervisor, Professor D. Nzimakwe for her wise and expert guidance, constructive corrections, comments, academic help and encouragement that contributed to the completion of the study.

I would also like to extend my sincerest gratitude and appreciation to the following:

- ▶ The KwaZulu-Natal Department of Health for granting me permission to conduct the study.
- ▶ The Principals of the nursing colleges of regions G, D and H for allowing me to use the students of their colleges as participants.
- ▶ The Medical Superintendents and Nursing Managers of the hospitals where the study was conducted for allowing the patients in their hospitals to participate.
- ▶ The respondents from hospitals and nursing colleges of regions G, D and H of KwaZulu-Natal, who took part in the study.
- ▶ Mrs V van Rooyen for typing this dissertation

ABSTRACT

The purpose of the research study was to explore and describe the nature and extent of culture specific nursing care in the clinical area of hospitals in the regions of G, D and H of KwaZulu-Natal, as well as to make recommendations for improvement.

Attitudes of patients and nurses and their perceptions with regard to culture congruent care were explored, as well as their attitudes to the inclusion of culture in the nursing curriculum and the promotion of respect for and understanding of the patients and clients.

The research design was a descriptive survey using both the qualitative and quantitative methods of investigation.

Interviews were conducted personally by the researcher, to elicit findings by using Guba's model of qualitative research. This model is concerned with the trustworthiness of the qualitative research. The student nurses filled in their own questionnaires without any intimidation from the researcher, and they returned them after completion.

Based on the findings of the study the following factors were found to prevent culture specific nursing care.

- ▶ Poor knowledge about the different cultures of the people leading to the misunderstanding of the values and beliefs of the clients and patients.
- ▶ Lack of sufficient knowledge about culture leads to inability to solve cultural problems of the patients and nurses being unable to advocate for the patients in their problems.

- ▶ There was a need for inclusion of cultural subjects into the curriculum of the students of nursing.
- ▶ As South Africa is a multicultural and multilingual country there is a need for an attempt to be made to teach nurses about some of the cultures, values and beliefs of the different peoples.
- ▶ The respondents were agreeable to the fact that many advantages would be achieved by rendering culture congruent care to patients and nurses, and by learning of the culture and languages of the people. This would enhance communication between patients and nurses and promote good relationships in the clinical area among doctors, nurses and patients.
- ▶ Ethical consideration was maintained throughout the study.

Based on the findings, the following recommendations were made:

- ▶ Inclusion of culture as a subject in the curriculum of nursing. This would help prepare nurses to be sensitive about the culture of the patients and therefore render culture congruent care in the clinical areas.
- ▶ The nurse educators to promote culture oriented nursing care during student accompaniment.
- ▶ Nurse educators to instil in students an understanding of and respect for all the people's cultural values and beliefs in the clinical area when students are exposed to such areas.
- ▶ Listening to and respecting the patients' requests to go and do cultural rituals at home as long as the patients are not critically ill and not at risk

of life. This pacifies the patients and even promotes compliance to treatment.

- ▶ Encourage students to learn more about other people's cultures as well as other people's languages, even if it is only to greet the other person in his or her own language.
- ▶ Nurse educators to include professional nurses in the clinical area to promote culture specific nursing care, as there must be collaboration between nurse educators and clinicians in student accompaniment and support.

OPSOMMING

Die doelwit van hierdie studie was om ondersoek in te stel oor die aard en voorkoms van kultuurspesifieke verpleegsorg in die kliniese area van hospitale in die G, D en H streke van KwaZulu-Natal, en om sekere aanbevelings te maak vir die verbetering van dienste.

Die houdings van pasiënte en verpleegsters en hulle persepsies ten opsigte van kultuurspesifieke sorg is nagevors, asook hulle houdings vir die insluiting van kultuur in die kurrikulum vir verpleegsters en vir die verbetering van respek en begrip vir pasiënte en kliënte.

'n Deskriptiewe opname is vir die navorsing gebruik met insluiting van beide kwalitatiewe en kwantitatiewe metodes van ondersoek.

Onderhoude is gevoer ten einde bevindinge te verkry gebaseer op Guba se model vir kwalitatiewe navorsing. Hierdie model is gerig op die betroubaarheid van kwalitatiewe navorsing. Die studenteverpleegsters het self hulle vraelyste ingevul sonder enige intimidasie deur die navorser, en het dit na voltooiing teruggehandig.

Op grond van die bevindinge van die studie is gevind dat die volgende faktore daartoe kan lei dat kultuurspesifieke verpleegsorg nie geïmplementeer kan word nie:

- Onvoldoende kennis van die verskillende kulture van die mense in die land wat lei tot misverstande oor die waardes en geloof van kliënte en pasiënte.

- Gebrek aan voldoende kennis oor kultuur lei tot 'n onvermoë om die kulturele probleme van pasiënte op te los en vir verpleegsters om vir pasiënte in te tree wanneer hulle probleme ondervind.
- Daar was 'n behoefte vir die insluiting van kultuurspesifieke onderwerpe in die kurrikulum vir die studenteverpleegsters.
- Die respondente het saamgestem dat daar talle voordele verbonde is aan die lewering van kultuurspesifieke sorg aan pasiënte en kliënte, en in die aanleer van die kultuur en taal van die mense. Dit sal bydra tot beter kommunikasie tussen pasiënte en verpleegsters en goeie onderlinge verhoudings tussen dokters, verpleegsters en pasiënte in die kliniese area, in die hand werk.
- Etiese aspekte is in ag geneem tydens die verloop van die ondersoek.

Gebaseer op die bevindinge, word die volgende aanbevelings gemaak:

- Insluiting van kultuur as 'n onderwerp in die kurrikulum vir die opleiding van verpleegsters. Dit sal help om verpleegsters sensitief te laat optree teenoor die kultuur van pasiënte en sodoende lei tot kultuurspesifieke sorg in die kliniese areas.
- Die opvoedkundiges^d betrokke by die opleiding van verpleegsters moet toesien dat verpleegsorg tydens studentebegeleiding met die inagneming van kultuur geskied.

- Opvoedkundiges moet by studente 'n begrip en respek vir alle mense se kulturele waardes en geloof kweek wanneer studente in die kliniese area hieraan blootgestel word.
- Om te luister na en ag te slaan op pasiënte se versoeke om huis toe te gaan ten einde sekere rituele uit te voer, op voorwaarde dat die pasiënte nie krities siek is nie of in lewensgevaar verkeer nie.
- Studente aan te moedig om meer te leer oor mense se kulture asook hulle tale, al is dit net om iemand in sy eie taal te groet.
- Opvoedkundiges moet professionele verpleegsters in die kliniese areas insluit ten einde kultuurspesifieke verpleegsorg te bevorder, aangesien daar samewerking tussen die opvoedkundiges en kliniese personeel moet wees tydens begeleiding ondersteuning van studente.

DEDICATION

This work is dedicated to:

- *My beloved late mother and father who nurtured me in love and encouragement in the nursing educational field.*
- *My husband for his continued loving support and encouragement.
"Fuze"!*
- *To my loving children for their patience, support, encouragement and hands-on help with doing the copying of some of my preparations.*

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CHAPTER 1

1 ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The introduction of a free democratic South Africa sensitive to respecting all cultural groups has influenced nursing to move towards the provision of culture specific care for all groups.

The conscientisation of people regarding culture and heritage has also led to the increasing awareness and recognition of South Africa's diversity of health care. Similarly nurse training role models contribute to an appropriate preparation of student nurses that are culture sensitive in their daily activities relating to the practice of nursing. This background will assist the neophyte to deal with the demands of diverse cultures. The practice of nursing should demonstrate the undertaking of the meaning of culture in nursing and the ability to apply culture sensitivity in health care. The researcher being a nurse educator is concerned about cultural diversity in South Africa and believes that providing culture congruent nursing care will address this problem while improving the quality of care for all citizens.

1.2 BACKGROUND TO THE STUDY

The researcher is involved in the clinical accompaniment of students in the clinical areas. There are instances where patients requested to go home to perform cultural rituals and were refused access to such rituals by a doctor who did not have understanding. In one such instance the student nurse had no influence and could not assist the patient, as a result the patient was denied a right to his culture. This reaction leads to failure in the management of diseases such as tuberculosis,

which results in known multiple drug sensitivity. It is therefore necessary to have respect for human dignity and for people's cultures.

1.3 RESEARCH PROBLEM

Patients who are exposed to Western medicines and hospitalisation, often request early discharge or pass-out in order to perform their rituals whilst being hospitalised, but the doctors refuse, leading to patients refusing hospital treatment. Nurses usually fail to convince the doctors to give such permission. They are usually not in a position to do this and culture specific nursing care does not take place.

1.4 AIMS OF THE STUDY

To determine the essence of culture sensitivity in the health care provided by student nurses to patients and make recommendations for culture congruent care programmes in the future.

1.4.1 Objectives of study

1. To identify culture sensitivity in the area under study.
2. To determine if nursing care provided is culture-sensitivity.
3. To identify knowledge and attitudes of nurses to culture-sensitivity.
4. To recommend culture-sensitive programmes in the practice of nursing.

1.5 MOTIVATION OF THE STUDY

The motivation for conducting this study emanated from the researcher's longstanding concern about the way cultural problems of the patients were dealt with both by doctors who did not understand them, and nurses who did not know how

to handle these problems, did not understand them, or even looked down upon them.

The researcher being a lecturer in a nursing college was often exposed to student accompaniment in the clinical area of the hospital. It was during these sessions of student accompaniment, that the researcher observed how students of nursing did not have hands-on experience of nursing in culturally diverse conditions. These students were unable to deal with cultural problems to the extent that patients would be unhappy because of being unable to have their cultural problems sorted amicably. This resulted in non-compliance to treatment which eventually led to lengthened stay in hospital.

Even the nurses themselves had a feeling of inadequacy as they could not meet their clients' total needs (Myrick, 1991:45).

1.6 SIGNIFICANCE OF THE STUDY

The findings of this study should help with the following:

- ▶ Improvement of nursing care in the clinical area where culture specific nursing care would be practised.
- ▶ Provision of respect and understanding for the different cultures of patients and clients cared for in the hospitals.
- ▶ Recognition of all cultural and language groups for better care without any prejudice and discrimination.
- ▶ Merging of the nursing profession into the transition and transformation processes presently taking place in the country.

- ▶ Recognition and respect for the patients' values, beliefs and customs as well as the ways of life of the diverse peoples in the country.
- ▶ Inclusion of culture specific nursing care into the curriculum of nursing in order to expose the student to culture enabling him or her to understand it and use it in the case of the patient.
- ▶ Being able to use transcultural nursing which takes into account the values, beliefs and ways of life of the people of diverse or similar cultures with the goal of using this knowledge in creative ways to provide culturally congruent care (Mashaba & Brink, 1994:208).

1.7 SCOPE OF THE STUDY

The study focused on student nurses of the 4-year diploma in nursing (General, Community, Psychiatry) and Midwifery, who are exposed to this training in the nursing colleges of the regions of G, D and H regions of KwaZulu-Natal, and patients nursed by these student nurses in the hospitals of the same institutions.

1.8 HOSPITALS AND COLLEGES WHERE PATIENTS ARE TREATED AND STUDENT NURSES ARE TRAINED

The hospitals and colleges involved are:

1.8.1 Region G

Charles Johnson Memorial hospital where medical patients - acute and chronic are treated as well as surgical patients, paediatric patients, maternity and psychiatric patients. The college attached to this hospital is Charles Johnson Memorial Nursing College where the 4-year training of nurses takes place. The hospital is used as a clinical facility for the students of nursing.

1.8.2 Region D

The hospital in this region is Benedictine Hospital which is a community hospital catering for medical patients - acute and chronic - as well as surgical patients, maternity, paediatric patients and psychiatric patients. The Benedictine Nursing College is attached to this hospital and the hospital is used as a facility for clinical exposure of the nurses.

1.8.3 Region H

The Ngwelezane Hospital which is a specialist hospital, is in this region. Here medical patients - acute and chronic - are nursed, as well as surgical, maternity, paediatric and psychiatric patients.

Other specialist problems arising in patients such as care of the eyes, critical care and so on are also treated.

The Ngwelezane Nursing College is situated in this area in conjunction with the hospital. The hospital is used as a clinical facility for the students of this college. The researcher undertook the present study in these three hospitals as they were the only ones in northern and southern Zululand offering the training of nursing in the 4-year course. The University of Zululand is the supervisory university to these colleges.

1.9 DEFINITION OF TERMS

1.9.1 Accompaniment

Generically "to accompany" means to escort, attend to, support, and co-exist with (Concise Oxford Dictionary, 1989:6). The South African Nursing Council defines

accompaniment as the conscious and purposeful guidance and support for a student based upon her unique needs, by creating learning opportunities that make it possible for her to grow from passiveness to involvement and to independent, critical practice. This accompaniment takes place in conjunction with direct involvement and physical presence of the tutor, supplemented by availability of guidelines and learning aids (Mellish & Brink, 1990:23).

Therefore, when a nurse educator accompanies a student it involves direction, support, supervision, assessment, assistance and evaluation of the student's actions in the clinical setting.

1.9.2 Culture

Culture is considered by anthropologists as a set of rules that provide the individual with a means of behaviour for interpreting the behaviour of others. This also implies that there are explicit and implicit rules. Explicit rules are easily learnt whilst implicit rules can be learned through talking with the people and observing their behaviour (Stanhope & Lancaster, 1992:92).

1.9.3 Ethnoculture

This is an ethnic collectivity, a group with common origins, a sense of identity and shared standards for behaviour (Stanhop & Lancaster, 1992:94).

1.9.4 Transcultural nursing

Transcultural nursing is a formal area of study and practice which takes into account the specific values, beliefs and ways of life of people of diverse or similar cultures with the goal of using this knowledge in creative ways to provide culturally congruent care (Mashaba & Brink, 1994:208).

1.9.5 Culture congruency

This refers to culture which is relevant and specific to a particular individual or group of people (Stanhope & Lancaster, 1992:95).

1.9.6 Culture specific care

This relates to discovering, synthesizing and integrating culture and care into all aspects of nursing. The idea of culture specific care came naturally as nurses are born, live and function and die within a culture (Mashaba & Brink, 1994:207).

1.9.7 Cultural diversity

This infers that, although broad cultural values are shared by most people, a rich diversity of values and beliefs exist, including variation in health, illness and beliefs (Stanhope & Lancaster, 1992:107).

1.9.8 Nursing in culture

This infers that schools of nursing have culture which is part of the sub-culture of nursing and of the education system in society. Nurse educators and other senior members of the profession lead and guide student nurses to acquire scientific information. In the process they formally and informally transmit values, attitudes and ethics of nursing education (Mashaba & Brink, 1994:209).

1.9.9 Culture-sensitivity

This refers to the ability to take into account specific values, beliefs and ways of life of the people of diverse or similar cultures with the goal of using this knowledge in creative ways to provide culturally congruent care to clients and patients (Mashaba & Brink, 1994:209).

1.9.10 Caring nurse training

Caring means an integrative commitment in which the one caring for others is able through a strong self-concept, ordering of life activities and an openness to the needs of others, to enact caring behaviours that are directed towards the growth of the one cared for, be it an individual or group (Jan Nyberg, 1989:56).

1.9.11 Training programme

This is a planned curriculum designed for the education of nurses in the practice of nursing leading to registration as a nurse (General, Psychiatric and Community) and midwifery (SANC Teaching Guides, 1985:1).

1.10 ORGANIZATION OF STUDY

- Chapter 1 - Presents an outline of the study.
- Chapter 2 - Discusses literature review.
- Chapter 3 - Discusses research methodology.
- Chapter 4 - Discusses analysis, and interpretation of data collected from patients and students.
- Chapter 5 - Discusses the report on findings, conclusions, limitations and Recommendations.

11 CONCLUSION

An introduction to the study was presented in this chapter. This consisted of a background to the study, the research problem, the aims and objectives of the

study. Student training in nursing colleges and patient care in hospitals of the regions under study, motivation of the study, significance of the study, scope of the study, definition of concepts and organization of the study.

CHAPTER 2

LITERATURE REVIEW

This chapter of the study deals with literature review about previous studies undertaken in the field of culture.

DEFINITION OF LITERATURE REVIEW

Literature review is a review of relevant literature conducted to generate a picture of what is known and not known about a particular situation (Burns & Grove, 1992:141)

2.1 INTRODUCTION

The increasing awareness and recognition of South Africa's diverse cultures has made Transcultural Nursing an essential component in the delivery of health services. Similarly, nurse training should serve as appropriate preparation for student nurses in their daily activities to ensure that they are sensitive to the demands of the diverse cultures in their midst. The curriculum should demonstrate the teaching of the meaning of culture in nursing, in culture congruent care, ethnoculture transcultural nursing, cultural diversity, culture specific care and in the day-to-day nursing care of patients and clients. Culture means the way of life of a certain people, which is learnt through socialization and enculturation of children and other people into the culture. Nurses should therefore be taught to be culture-sensitive in their care of patients (Mashaba & Brink, 1994:208).

2.2 THE CULTURAL CONSTRAINTS

During the apartheid era, only two cultures were respected and recognised, those being the English and Afrikaans-speaking cultures. As a result the other cultures,

especially Black cultures, were regarded as barbaric and non-important, in such a way that sick patients who requested doctors to go home and perform some of their cultural rituals, were disregarded. These patients suffered emotional and psychological stress and could not conform to comply to their medical care with the result that their conditions worsened.

Another issue which was the result of adhering of Black people to western cultures was the adoption of western methods of eating, often to their detriment. Because of poor circumstances, they adopted the habit of consuming large amounts of carbohydrate types of food resulting in obesity, leading to heart diseases, hypertension, diabetes mellitus and other problems. In doing this they forfeited the mixed nutritious diets which comprised the traditional diet of rural Blacks.

2.3 THE NEED FOR AN AFRICAN RENAISSANCE

2.3.1 Definition of African Renaissance

This refers to the revival of the art, literature, cultural beliefs and values of the African people. These values, arts, beliefs and culture of Africans were disregarded during the apartheid years (R Brown, Oxford Dictionary: 1993:24-44). The introduction of a free democratic South Africa was sensitivity for respect for all cultural groups in the country has placed a demand on nursing to render culture specific care for all people in their care. At the same time there is a fear that although it is expected that such care should be rendered, there has not been sufficient preparation for such care in the training of nurses up to now.

2.4 NURSING AND NURSING CARE

Why is it important to integrate culture into nursing?

Transcultural Nursing is a formal area of study and practice taking into account the values, beliefs and ways of life of people of diverse or similar cultures with the goal of using this knowledge in ways to provide culture congruent care (Leininger, 1978:1991b).

Culture specific care is one rendered with the knowledge of a particular culture in mind, for instance a Hindu culture, respecting their needs, wants, and ways of behaving as well as their values and beliefs. This puts the patient at ease and the patient is enabled to adhere and comply to the health care environment and medication with resultant quick recovery and returning home.

2.5 THE MEANING OF A CURRICULUM

A curriculum is a regular course of study or training as at a school or university (Buckley, 1978:1271).

2.5.1 The influence of culture on the curriculum

The researcher is a lecturer involved in student accompaniment in the clinical area of a health care service. Because of a discrepancy in student preparation of the diverse cultures of the people, problems are often encountered when the patient wants to go and perform cultural rituals at home. Even the doctors are not fully prepared for such encounters and the patient's request is often disregarded with resultant problems in the treatment of patients. The collapse of the apartheid rule also opened South African borders to many professionals from the other African countries, and these foreign communities are now found in abundance in South Africa.

These people bring with them foreign cultures and foreign ways of doing things, and therefore curricula to reorientate practising professions on culture specific care

need to be put in place. If a training programme does not have a component concerned with adapting to the various cultures in a multicultural society, this may be problematic for the health profession.

2.5.2 Culture and Nursing

Nursing is and will always be a transcultural adventure into the future with a challenge to cater for people in a rapidly changing and uncertain world. Nurses will always be challenged by people of diverse cultures whose daily living experiences may bring them joyous occasions but also unexpected human tragedies or unfavourable life conditions. Nurses stimulated by the use of transcultural research care findings will find new and rewarding ways to care for people of different cultural backgrounds (Leininger, 1989:42).

In 1994 Transition in Government brought about change in people's perceptions. Legislation that recognises human rights has been put in place demanding that existing practices, institutions and values be viewed afresh in terms of their compliance with the new era. Transcultural education is a vital activity in this modern society because it will equip nurses with sufficient knowledge to be able to care for the diverse people of South Africa (Green Paper, 1992:2).

2.6 NURSING IN SPECIFIC CULTURES

This means that schools of nursing have a culture which is part of the sub-culture of nursing and of the education system in society. Nurse educators and other senior members of the profession lead and guide student nurses to acquire scientific information. In the process they formally and informally transmit values, attitudes and ethics on nursing education (Mashaba & Brink, 1994:209).

2.7 CULTURAL DIVERSITY

This means that although broad cultural values are shared by most people, a rich diversity of values and beliefs exist, including variation in health and illness beliefs.

Knowledge and appreciation of culture differences will make nurses aware that certain disease conditions are prevalent in certain population groups in relation to their customs, norms and ways of doing things, and relatively non-existent in others. According to Kirkpatrick and Deloughery (1964) phenylketonuria is a chronic condition that is prevalent in infants of European descent but occurs rarely amongst blacks. On the other hand Sickle Cell Anaemia is found only in blacks from Central Africa. Such knowledge will facilitate culture specific care.

According to Stanhope and Lancaster (1992) all segments of the population share certain common elements in life patterns and basic beliefs. However, because of different cultural traditions and increasing mobility of a homogeneous culture, individuals tend to share the same attitudes, interests and goals. Generally all people like to follow the norms but discrepancies occur in all cultures. Nurses should therefore be knowledgeable about these cultural differences and be able to carry out culture specific nursing care as expected for the good of the patients and clients.

Health-related beliefs and practices may also be contributory to the causation of disease and illness. Boyle (1995) refers to culture as also to be able to influence the types of food eaten and the meaning of food with regard to health in a society.

2.7.1 Influence of culture on patient care

Caring means an integrative commitment in which the one caring is able through a strong self-concept, ordering of life activities and an openness to the needs of

others, to enact caring behaviour that are directed towards the growth of one cared for, be it an individual or group (Jan Nyberg, 1989:56).

Nursing must render personalised health care which is important in the issue of transcultural nursing care, as this means the ability of nursing to adapt health care to the individual's culture (Herbst, 1990 in *Nursing RSA Vol 5 No. 9*).

The nursing profession is challenged by the fact that we are living in a world of diverse cultures, so it is extremely important that adequate knowledge, strategies and measures are developed to promote transcultural aspects relating to nurses in order to meet the culture specific health care to be rendered to patients/clients.

2.7.2 Previous research studies on culture

The problem for research investigation is the idea that the influence of culture in nursing care is not new. Although Florence Nightingale did not leave nursing a legacy of works entitled "Transcultural Nursing Notes" she did leave a philosophy that helps nurses prepare for this sub-speciality of nursing. Miss Nightingale was fluent in Greek, Latin, as well as German, French and Italian and she travelled extensively and lived abroad for long periods. Her concern for the people of especially India underlines her transcultural interest, as indicated by her words "it is a truism to say the women who teach in India must know the language, religions, superstitions and customs of the women to be taught in India (McGee, 1992:5).

Transcultural nursing can be defined as a formal area of study and practice which takes into account the specific values, beliefs and ways of life of people of diverse or similar cultures with the goal of using this knowledge in creative ways to provide culturally congruent care (Leininger, 1991b).

Leininger (1981) an American nurse and Anthropologist as cited by McGee (1992:6), takes into consideration the system of treatment and care present within other cultures. She further argues that these folk systems need to be incorporated into professional health care, which might assist the individual in maintaining their health status and lifestyle, adapt to new circumstances or make major lifestyle changes in a culturally acceptable manner.

Leininger (1981) further argues that the study of different cultures is essential for nurses if they are to gain an understanding of the similarities and differences between people. This will include culturally determined aspects of health, illness and care and the application of this knowledge to patient/client care. Transcultural nursing includes analysis of different cultures and subcultures with the goal of using this knowledge to provide culture specific nursing care to people. Care is the distinguished feature of nursing and this takes many different forms such as comforting, touching and physical care, although the manner in which these acts are used and the importance attached to them varies from one culture to another (McGee, 1992:6).

2.7.3 Culturally-accepted nursing care

It is essential that nurses provide culturally acceptable health care services to patients in the clinical situation and avoid imposing their views on others, as this is unprofessional. The issue of informed consent comes in here as the patients must be provided with enough information to enable them to make informed decisions. Transcultural nursing care enables the nurses to avoid falling into the pitfall of the "super nurse syndrome, that my values and beliefs are correct and take precedence over someone else's values". If this attitude is not abandoned it will lead to patients losing trust in nurses and even going so far as avoiding contact with nurses, even at the risk of their own health and lives. The principles of communication across cultural boundaries must be promoted so that the nurse and

patient can communicate effectively and patients can receive appropriate health care which is culturally acceptable.

In promoting transcultural nursing education, teaching strategies should be open and student-centred as in problem-based learning. The curriculum content should include a range of issues in the cognitive and affective domains and the student nurse should be able to apply the understanding gained to patient/client care. Open and student centred teaching strategies create opportunities for both personal and professional development (McGee, 1992:20).

Discovering the needs of individuals or families of different cultures and environmental areas is a skill that ultimately guides the nurse to take appropriate action. Learning ways to accommodate cultural factors and to maintain certain values and practices that are beneficial and congruent to clients of different or similar cultures is a major goal of transcultural nursing. Faculty members help students discover how important this goal is when working with people of diverse cultures. Of major importance is that faculty members, nurse educators and nurse practitioners must be cognisant of their own cultural values, beliefs and biases so that they do not greatly interfere with the student's learning, faculty development and client care.

The researcher is also of the opinion that exposure to workshops and conferences in the different schools of nursing at other places in the country will expand the world view and knowledge of the educator of nursing and allow the educator to experience knowledge of "transcultural" nursing. This will equip him or her to be able to empower his/her students about transcultural specific nursing care, which can be applied in the nursing practice situation (Mashaba & Brink, 1994:209).

2.7.4 Culture and teaching strategies

Teaching strategies of transcultural nursing could begin by the teacher's general assessment of nursing students, identify who they are, what cultures they represent and the general interests or learning needs. In this way she or he discovers the student's way of life and values and possible ways of sharing the student's learning experience with others in class.

Every nurse should be aware of the dangers incurred when cultural exclusion and cultural blindness occurs. Every course offered should be geared towards developing cultural accommodation in all nurses.

The establishment of effective communication between a nurse of one culture and a patient of another is facilitated by the nurse's identification of areas of commonality between self and a patient, e.g. in a child health clinic the nurse should introduce herself as a nurse and a mother, that is if she has children. This common area of motherhood enhances communication. A language barrier can be an area of misunderstanding, therefore nurses need to learn a people's language as much as possible to prevent this becoming a barrier to good communication between the nurse and the patient, as indicated by Kirkpatrick & Deloughery, (1984) cited by Leininger (1984).

Haynes (1995) in her thesis on "The Relationship between Body Image and Culture" reports that the multicultural, multi-ethnic nature of South Africa presents the researcher with the ideal opportunity to examine the relationship between body image and culture. She reports an increasing prevalence of body image and eating disturbances amongst all the communities in South Africa, which suggests that we could only ignore such possible effects at our peril. It is clear that transcultural nursing enhances the understanding of the different cultural values, beliefs and customs which are responsible for the health/illness of the peoples of the land.

Nurses should therefore be equipped with enough information about how the different cultures live and maintain health and what contributes to their wellness or illness. (Haynes, 1995:33-34).

2.7.5 The influence of culture in health and illness

Perrot (1992) in his thesis on "The Development of Zulu Children's Concepts of "Health and Illness" takes note of Ngubane (1977) who points out that there are diseases based on Zulu cosmology whose causality is based on African Culture and which are known as *ukufa kwabantu* (diseases of the African people). It is these diseases that present a particular challenge to Western medicine. The relationship between people and their environment and between man and his environment an important one in Zulu cosmology. A Zulu conceives good health as not only consisting of a healthy body, but as a healthy situation in everything that concerns him. Good health means the harmonious working and coordination of his universe.

From the cited report it is clear that nurses need to know more about the different cultural groups and what contributes to their wellness or illness.

These measures promoting or contributing to transcultural communication and education in nursing will definitely lead to culture specific nursing care with favourable results for quality patient care.

In South Africa the challenge is to ensure that higher education which is multicultural and transcultural, can succeed in stimulating, directing and using the creative and intellectual energies of the entire population for the benefit of the diverse cultural groups in the country (Green paper Higher Education, 1996).

2.7.6 The consequences of poor transcultural nursing

Poor transcultural nursing care leads to misunderstandings between nurses and patients, inefficient nursing care, and hazardous treatment, as well as psychological problems in patients. This may harm the image of nursing in the eyes of the public. Another factor is that of international recognition of our country. People from other countries should receive cultural respect from the nursing discipline in meeting their health care needs as this will also serve to promote tourism as well as immigration of foreigners like the Japanese, Chinese, Nigerians and even Cubans from Arabic origin. This can be achieved through measures which promote transcultural nursing.

Studies in the sub-field of transcultural nursing have been mostly been done in America, which is a country with a long-standing multicultural tradition. This is the challenge that Monareng (1996) has written about, with great emphasis on the universities of America where foreign students are admitted to a maximum of 57,1% in the nursing faculty. These students are exposed to multicultural settings where they encounter a tremendous shock in social values, modes of behaviour in the classroom and outside, as well as in verbal and non-verbal communication. Monareng states that although some of these students hold senior positions in their home countries they lose their personal identities in the American campuses. The researcher in the context of this statement wishes to find measures which will promote culture specific nursing care to prevent such hazardous happenings in our own country to patients/clients, and even to the students in nursing institutions, as the researcher foresees that in the future there will be an exchange of students, also in the nursing discipline, as it has already started in the general higher education sector of the country.

Research studies in the field of transcultural nursing in the RSA are very few and there is still a big gap for more investigation, in order to find measures that will

promote culture specific nursing care, teaching communication and education in the nursing programmes. This will motivate nurses in the nursing discipline to learn the cultures of the people of the country and teach principles of culture specific care to students, so that patients/clients receive culturally healthy nursing care.

2.7.7 Transcultural counselling

Walz (1983) in his book on transcultural counselling needs, programmes and techniques states that cross-cultural group counselling reduces tension in a mixed school. The need to reduce tension between black and white students in a recently desegregated school caused counsellors to get involved. This section describes how cross-cultural group counselling can have a positive effect in helping students move from vocal and physical confrontation to dialogue and discussion as a way of resolving problems.

Walz (1983) states that when schools which were predominantly white included black students, there was a deterioration in relationships with mudslinging and verbal abuse until the formation by the students themselves, of a multicultural counselling committee. This committee at first consisted of Black students only, but eventually the black students wanted incorporation of white students into the committee: those who liked blacks, and those who were against blacks being included in their school. It is very interesting to note that the committee worked well together and made certain rules:

- (1) We cannot help each other if we refuse to be honest, let us therefore not allow previous ideas to get in our way.
- (2) Listen to what the other person is saying. Don't try to convince him or her that you are right. Listen to what he or she says just as you expect him to listen to you when you say something.

- (3) One of the best ways you can help others is to let them know that they are not alone in what they feel. If you experienced that, you will understand more about the way you felt, as you find yourself talking to others about how they feel.

2.7.8 Coping in transcultural situations

Gibson Cline (1989) in her investigation on Adolescence from Crisis to Coping, which was a thirteen-nation study, states that dramatic changes are taking place in many societies with important and sometimes unsettling effects on young people and their families. These include accelerating urbanization, increased travel, tourism and immigration, spread of telecommunication across cultural boundaries, shrinking families and earlier puberty combined with later marriage.

The picture is complex, e.g. while in the least economically developed countries poverty is a great problem, it is often in such societies that one also finds close family ties, and a spirit of community cooperation. In the industrially developed world, while there is much greater opportunity for education and employment, there is also often more divorce, isolation, violence and suicide. Despite these problems the youth constitute the greatest resource of all, as they have the energy, idealism and creativity which all societies need. This should be taken note of by nurses since even in health institutions young people of different cultural groups become ill too, and the nurses should know enough to be able to assist them to recovery so that they can go back and take their rightful places in their communities.

Els (1989) in his research on understanding, acceptability and preferences for advertisements in selected languages among blacks in Soweto, discovered that Blacks from different cultures had definite preferences with regard to advertisements — firstly in their own language of Tswana, Zulu or Xhosa; secondly the English language and thirdly the Ntuni languages.

2.8 CONCLUSION

The researcher is of the opinion that nurses nursing certain cultural groups in a diverse cultural society, should learn a language even if only to greet and say thank you in the other person's language. This puts the person at ease and they will begin to trust and respect the nurse, e.g. *Goeie môre Jamie, hoe gaan dit? Dankie!* Simple as this is, it will break some ice and allow a nurse to communicate better with patients of different cultural groups, leading to better health care and recovery of the patient.

CHAPTER 3

3 RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter deals with research methodology that includes the research design, target population, sample, research instrument, method of data collection and the plan for analysis of data. The area where this study was conducted is discussed. The area of study will be discussed first.

3.2 AREA OF STUDY

3.2.1 Regionalization of the Area

To provide effective services the Northern Natal area was divided into regions with boundaries.

This study was carried out in hospitals and colleges of the regions, G, D and H of KwaZulu-Natal. This region comprises the following areas and towns - Utrecht, Newcastle, Madadeni, Dannhauser, Dundee, Glencoe and Nqutu. Nqutu is the area where the actual study took place in the hospital called Charles Johnson Memorial Hospital and its adjoining nursing college, which also bears the name Charles Johnson Memorial Nursing College. All the other areas are urban areas though there is a sprinkling of rural settlements. The inhabitants of these areas are urban Whites, Coloureds, Indians and Blacks as well as semi-urban and rural inhabitants.

The total population of this region is 783 707 (Population data, 1993).

Housing

There are both modernised housing with appropriate infrastructure, sewage, water supplies, roads and electricity, except in the areas which are rural who are still dependent on water supply from taps on the roads. These areas also have highly specialised hospitals and clinics taking care of the people's health.

Historical development

Nqutu-area of study is a rural and semi-urban area. This place has a rich heritage of the battles of Isandlwana which took place between the Zulus and the English people in 1897. Monuments are scattered around the areas where such battles took place and is a popular tourist attraction. The area is mostly rural, with no appropriate infrastructure. Potable water is a great problem and often the cause of waterborne diseases. Poor sanitation is another cause of gastro intestinal diseases, dirt roads still dominate the rural areas and accidents occur in these places, especially at night. Houses are mostly mud huts and some are made of cement blocks with no planning or plumbing facilities.

Community development

There is a lot of development in this area. The hospital is a public hospital that was erected in 1953. It was founded by the late doctors Dr Barker, and Dr Maggie Barker. The hospital is centrally-situated with modern houses and not so modernized houses and huts around it. The taxi rank is also situated near the hospital (Nqutu Hospital Archives).

Law and Order

Law and order is enforced by the police in the centre of the town, as well as by the Department of Justice. The Education Department and the Department of

Social Welfare are near the police station. Taking into consideration the roads around the hospital and squatter areas where drinking of alcohol is rife, accidents and assault cases are admitted to hospital as well as infectious cases which are treated daily. Malnutrition is rife in children around this place due to poverty and unemployment.

Nursing Colleges

The nursing college is situated in the same vicinity as the hospital. It offers the four-year course of nurse training. There are also pre-schools, primary schools and high schools with standard 10 or grade 12 in the Nqutu area. It is the catchment area for the nursing college because from the following schools - Ekucabangeni High School, Lenega High School, Nhlalakahle High School and Mgazi High School students are trained as nurses in this college.

Hospital at Nqutu

The hospital is a community hospital catering for medical patients as well as acute, chronic, adult, paediatric, surgical, maternity and psychiatric patients. Mobile clinics as well as residential clinics have been established with nurses rendering health care services to the whole community including remote areas such as Manxili and Mangeni areas. Resident clinics have nurses catering for the whole community including areas which are remote like Manxili, Mangeni and Ntinini.

Region D

This area is between the Pongola river and Lower Umfolozi river.

Region D comprises the Pongola area and lower Mahlabatini area. It is composed of Pongola, Paulpietersburg, Vryheid, Ceza, Ulundi, Mahlabatini and Nongoma.

Nongoma is the area where King Zwelithini resides. This is where the great place Kwadlamahlahla, KwaKhethomthandayo are situated where the king and queens and princes and princesses reside and are brought up. The inhabitants of Nongoma are both urban and rural. In the urbanized areas around the hospital there are modernized houses with proper infrastructure. In rural areas mud huts and cement block houses are found with water supply from boreholes, springs and rain tanks, and pit latrines while some homesteads do not even possess pit latrines. It is because of such poor water supply and sanitation that waterborne diseases are found, cholera cases were found as recently as January 2001.

Benedictine is a community hospital which caters for medical patients, adult and chronic, paediatrics, acute and chronic as well as for surgical patients, maternity and psychiatric patients, and also infectious patients. There are also mobile clinics and resident clinics which look after patients in communities very far from hospital.

The Benedictine Nursing College gives nurse training to students from the area. Mlokothwa high school educates students from standard 6 to standard 10, some of which end up training as nurses at Benedictine Nursing College. The total population of this region is 612 070 (Population data, 1993).

Region H

This region comprises of Babanango, Mthonjaneni, Nkandla, Ngwelezana, Empangeni, Eshowe, Mthunzini, Mapumulo, Stanger, Appelsbosch and is located between the Lower Umfolozi river and the Lower Tugela river. It is an urban area as well as semi-urban and rural area. The urban areas and semi-urban areas of Empangeni, Eshowe have modernized houses and proper infrastructure, but the other areas which are more rural and in remote areas have poor water supplies from infected rivers and hence. Inhabitants suffer from waterborne diseases and

cholera which is presently rife from some of the rivers like the Mhlatuze river, where people fetch water, bathe and do their washing (*Sunday Times*, Jan, 2001). Ngwelezana nursing college is in the Empangeni area. Here students of nursing are trained in the 4-year course diploma for nursing. Total population 851 620 (Population data, 1993).

3.2.2 Sampling of Hospitals and Nursing Colleges

Three hospitals were conveniently sampled, these being in regions

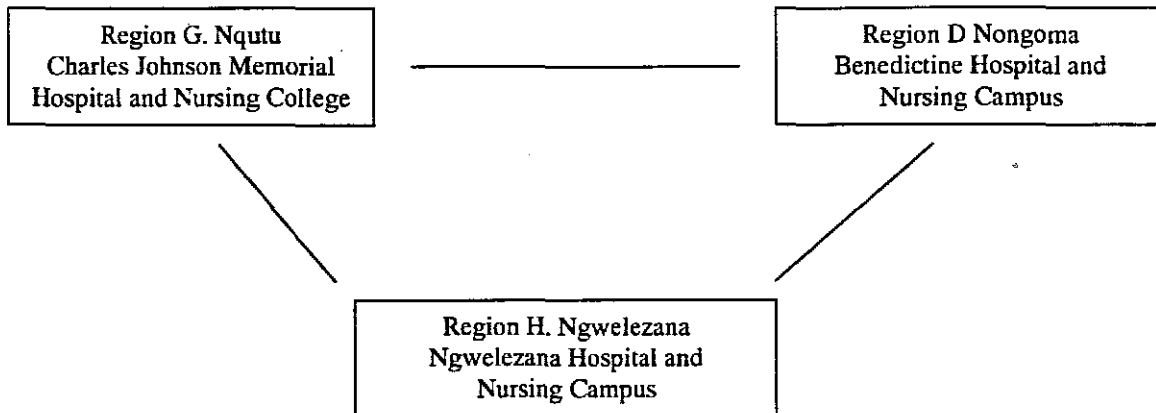
- D - Benedictine Hospital and Nursing College
- G - Charles Johnson Memorial Hospital and Nursing College
- H - Ngwelezana Hospital and Nursing College.

The institutions were conveniently sampled because they were the only institutions with a 4-year diploma in nursing training, and it was these nursing students who were going to be the subjects of the study as well as patients treated in these hospitals.

The study was carried out within the Nqutu, Nongoma and Ngwelezana magisterial districts, which are areas in regions G, D and H of KwaZulu-Natal.

The figure below is a schematic representation of the hospitals and nursing colleges used in the study.

Figure 3.2 Diagram showing hospital and nursing colleges



3.3 INTERVIEWING STUDENT NURSES AND PATIENTS OF THE DIFFERENT INSTITUTIONS

The researcher in this study interviewed the 40 nursing students doing the 4-year course in nursing as well as the patients who were hospitalised in the different hospitals of Regions G, D and H. Key areas discussed with students were:

- ⇒ Their knowledge about culture and sources of their information, whether from parents or tutors of their colleges,
- ⇒ Understanding and respecting of the patients' values and beliefs leading to better communication between nurses and clients,
- ⇒ Their stand on the inclusion of culture in the nursing curriculum,
- ⇒ Their views about learning the other people's languages, and
- ⇒ Rendering of culture specific nursing care and advocacy of the patient in his cultural needs.

Key areas discussed with the patients included:

- Their views regarding the knowledge of the nurses' knowledge about different cultures, which could enable them to render culture specific nursing care to clients and patients,
- their views about nurses being taught about the different cultures of the people,
- their opinions about inclusion of culture in the nursing curriculum of the 4-year course,
- their opinions about the way nurses solve their problems, especially cultural problems, and
- their views on the problems encountered where nurses were not knowledgeable about patients' cultural needs.

3.4 ORGANIZATION OF NURSING COLLEGES

There is one nursing college and two nursing campuses in the northern areas of KwaZulu-Natal where the 4-year diploma in nursing is offered.

These are:

Ngwelezana Nursing College - Region H.

Charles Johnson Memorial Nursing College - Region G.

Benedictine Nursing College - Region D.

3.4.1 Affiliation

The above nursing colleges are affiliated to the University of Zululand, which is situated in the Empangeni magisterial district of KwaZulu-Natal.

3.4.2 Clinical teaching linkage

The respective aforementioned utilize the clinical areas of the hospitals previously mentioned for their students' practica. The linkage which exists between the colleges and principals and the nurse managers of the hospitals which provide the clinical facility, enforces a good relationship for better care of the patients. Nursing students utilize clinical facilities of the hospitals to which their colleges are linked.

3.5 THE RESEARCH DESIGN

3.5.1 Types of research methods used

Qualitative approach

A qualitative research method was used in conjunction with the quantitative method, in order to elicit in-depth information on the topic of research.

Qualitative research is concerned with understanding individuals' perceptions of the variables under study; it seeks insight rather than statistical analysis (Bell, 1997:6).

The researcher used both methods to explore all aspects of the topic under study to get at the truth of the subject as expressed by the respondents.

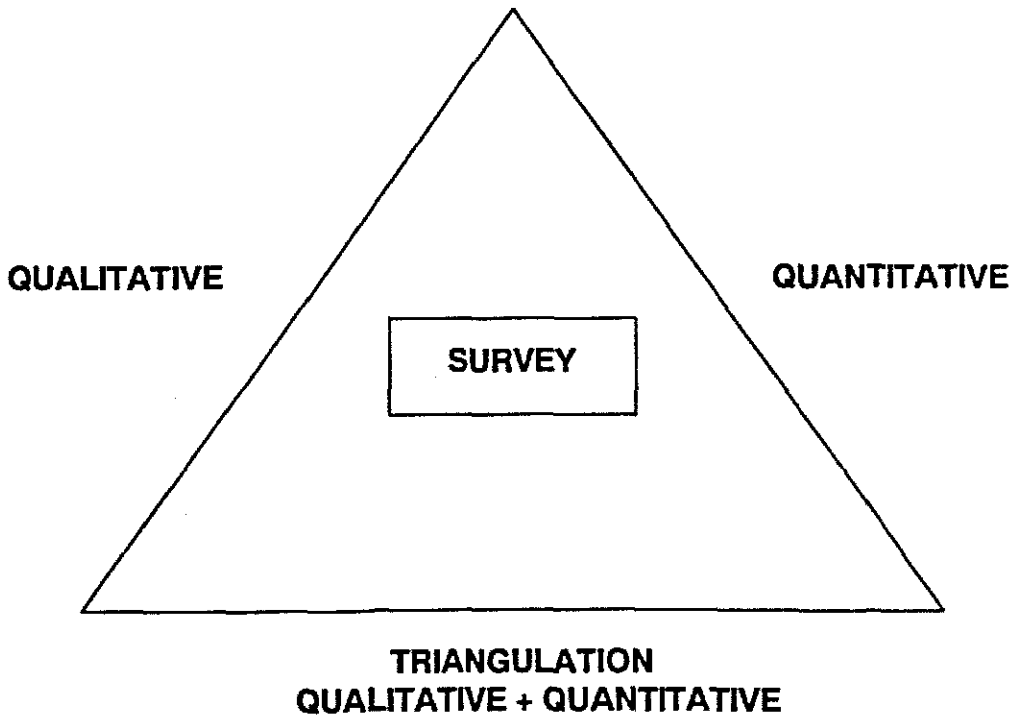
3.5.2 Triangulation

Definition

Triangulation, according to Cohen and Manion (1997:233) refers to the use of two or more methods of data collection in the study of human behaviour. According to De Vos, (2000:359) triangulation is used to designate a conscious combination of qualitative and quantitative methodology.

The above author believes the best approach is to mix qualitative and quantitative methods.

Figure 3.5.2 shows Triangulation schematically.



GUBA'S MODEL OF QUALITATIVE RESEARCH

3.5.3 Guba's model of qualitative research

This model is concerned with the trustworthiness of the qualitative research. It consists of four (4) criteria as follows:

1. Truth value

This refers to the extent to which the researcher is confident about the truthfulness of the research findings. This criterion makes use of respondents' lived experiences. This statement is confirmed by Brink (1999:120) in her phenomenological qualitative research method, where she states that the researcher should develop an awareness of the lived experiences of the respondents, without forcing prior expectations or knowledge about the process. The author further states that the researcher should take the phenomenon under study objectively as the subjects describe it (Brink, 1999:119).

(a) Obtaining qualitative data

The researcher in the present study ensured truthfulness and trustworthiness by conducting a follow-up interview of respondents who were freely verbalising their feelings, opinions, perceptions, experiences and knowledge about culture specific nursing care.

2. Applicability

The second criterion is concerned with the ability to generalise the findings to larger populations (De Vos, 2000:349) citing Krefting (1990). The author citing Guba (1981) states that applicability should be seen in the light of its ability to be fitted or transferred to similar contexts outside the area of study.

De Vos (2000:34-350) citing Lincoln and Guba (1985) stresses that it is the responsibility of the person who wishes to transfer the study to see that the study is in fact transferable and this should not be the burden of the original researcher.

3. Consistency

The third element of trustworthiness in Guba's model as outlined by De Vos (2000:350), seeks to answer the question that; in case the research is undertaken again, it shall consistently present the same results.

4. Neutrality

The last criterion of trustworthiness in this model is concerned with freedom from bias in the research procedure and results. Neutrality, according to De Vos (2000:350), is defined as the degree to which the findings are solely a function of the informants and that the condition of the methodology are not biased. This means that there should be no foreign or external interference other than what the respondents have produced uncoerced and uninfluenced. Citing Lincoln and Guba (1985), the author states that confirmability should be a criterion of neutrality and this should be achieved when truth-value and applicability have been established (De Vos, 2000:350) citing Krefting (1990). Brink (1999:119), discussing bracketing phenomenological qualitative research, asserts that the researcher should identify and set aside any preconceived beliefs and opinions one might have about a phenomenon under study. This means that the researcher should only discover that which he/she wants to discover and bracket out the world or whatever he/she preconceived before the study, so that all available perspectives of information can be considered with complete neutrality in studying the phenomenon in question.

The researcher in the present study ensured neutrality by distancing herself from nursing respondents and guarded against any untoward influence. The respondents were given the freedom to fill-in the questionnaires and answer as freely and as truthfully as possible. The researcher always stayed in the office and only came back to collect the questionnaires.

3.5.4 Descriptive survey

The research design used to obtain information from the population under study regarding the rendering of culture specific nursing care in the clinical area was a descriptive survey.

Brink (1984) citing Goode and Seates (1954) stated that a descriptive survey is directed towards ascertaining the prevailing conditions (facts that prevail in a group of subjects chosen for the study). Polit and Hungler (1995) indicate that the term "survey" can be used to designate any research activity in which the investigation gathers data from a portion of the population for the purpose of examining the characteristics, opinions and intentions of that population. It also focuses on the activity of the people involved.

This method is essentially a technique of quantitative description for the general characteristics of the group. It is an approach to problem-solving which seeks to answer questions as to the real facts relating to existing conditions. One of the advantages of descriptive survey is the examination of the frequency with which an event occurs or is associated with another event.

3.6 SAMPLE AND SAMPLING

3.6.1 Definition

A sample is a sub-set of a population selected to participate in a research study (Polit & Hungler, 1983:622).

3.6.2 Sampling of student nurses

Forty student nurses from the three colleges were selected for the study. These students were systematically sampled from second-year students, third-year students and fourth-year students. First-year students were still very junior and were not exposed to all areas of the clinical facilities yet, and so were excluded from the study. Fourteen students were selected from Ngwelezana College; fourteen from Charles Johnson Memorial Nursing College, and twelve from Benedictine Nursing College. Every fourth student in a class of 56 from each college was selected.

3.6.3 Sampling of patients

Convenient sampling of patients from the three hospitals was done. The researcher had to include patients from medical wards, surgical patients, maternity patients, and paediatric patients. Psychiatric patients were excluded because of their condition.

3.6.4 Interviews

The researcher did patient-to-patient interviews herself, Respondents were given enough time to respond to questions asked on the questionnaire, expressing their opinions, experiences, knowledge and perceptions. The student nurses filled in a

questionnaire stating their views, opinions and knowledge without any intimidation from the researcher.

3.6.5 The Pilot Study

Definition

The pilot study is a trial run of the main study (Polit & Hungler, 1983:40) and Brink (1996:60).

The pilot study was done in order to detect operational problems of the questionnaire, to test for feasibility of the study, validity and reliability of the instrument.

To do this 10% of the total population of patients and nurses were tested, that is four patients and four student nurses were tested. The results were referred to the supervisor of the researcher who approved of the instrument.

3.6.6 Permission to do the study

Permission to do a research project or study is essential as this protects and prevents abuse of the human rights of the respondents. The researcher consulted Head Office Department of Health Research section of KwaZulu-natal Province. Documents presented to this section were: (Mchunu, 1997:43).

- Letter requesting permission to carry out research.
- Letter from the research supervisor
- Research proposal
- Questionnaire to be used in the project.

The Head Office gave their written permission to carry out the research project letters to the principals of the nursing colleges were sent requesting the use of student nurses in the research study; here again, permission was granted, some telephonically. Also a letter to the medical superintendents of the three hospitals was written with attached comments confirming the fact that the researcher is a student at a university, together with permission from the supervisor and a research proposal was sent to them. Permission was granted.

Permission was also obtained from the respondents, students and patients. Anonymity, confidentiality and informed consent was guaranteed.

3.6.7 Research Instrument

Information was obtained from the research subjects by means of questionnaires. The two questionnaires were developed under the guidance and direction of the researcher's supervisor. The two questionnaires were directed at the patients and student nurses respectively.

3.6.8 Design of the questionnaires

The questionnaires were each divided into two sections:

- (i) Biographical data
- (ii) Items on the views, opinions and knowledge of the respondents on the subject of culture in nursing.

The student nurses' questionnaire consisted of the following questions:

- Knowledge about culture and source of origin of culture, whether from parents or from nursing college tutors.

- ▶ Encountering of cultural problems and solving of same.
- ▶ Understanding and respecting of the values and beliefs of the patients.
- ▶ Agree and disagree questions: four statements about inclusion of culture in nursing curriculum, exposure of students to culture specific nursing in clinical area, evaluation that should be done in the clinical area and inclusion of some culture specific nursing in yearly examination.
- ▶ How culture can be incorporated into the nursing curriculum as knowledge of the different cultures of the people of South Africa is crucial.
- ▶ Learning of some of the languages of the different peoples of South Africa.
- ▶ Nurses and the role of advocacy for the patients.

The patients' questionnaire was designed to cover the following:

- ▶ Enquiry from patients about the knowledgeability of nurses on culture and solving the cultural problems of patients.
- ▶ Advantages afforded to patients by nurses who possess knowledge about culture.
- ▶ Patients' opinions about the relationship of culture and nursing care. Four agree and disagree questions were posed on the following:
 - Cultural knowledge improving nursing care, promoting good interdisciplinary relationship and culture specific nursing enhancing the trust patients have in nurses.

- Honest opinions as to whether patients or clients would be served better by nurses knowledgeable in cultural nursing care.
- Give views why nurses do not support patients with cultural problems, have no knowledge of or look down on culture.

3.6.9 Format of the questionnaire

The two questionnaires consisted of both open-ended and close-ended questions. Statements and questions were formulated to establish the feelings, opinions, beliefs and knowledge of students and patients about culture specific nursing care in the clinical areas of hospitals.

Questionnaires were kept in a safe place in different containers clearly marked "patient questionnaires" and "student nurse questionnaires" for easy detection.

3.7 DATA COLLECTION

By definition data collection refers to the distribution and return of the questionnaires (Bell, 1997:85).

Data was collected from patients and student nurses. As data was supposed to be collected from regions G, D and H the researcher actually had to travel to the three areas, see the matrons and principals of the different institutions and make appointments to see students and the patients in the different areas. The researcher took eight (8) weeks to collect data from respondents in these areas as there were delays in replies from region H.

3.7.1 METHODOLOGY FOR DATA COLLECTION

The researcher divided the sample into two categories:

Category A was the Nursing Students

Category B was the Patients

Category A

The researcher secured appointments with the students through the Principals of the Nursing Colleges within these regions. Student nurses were released to participate in the study, and respond to interviews and the interview schedules during their tea and lunch breaks.

These interviews were conducted to groups of students to save time and the researcher was always available to respond to problems and clarify some information pertaining to the study. The students from all regions viz. G D and H were interviewed in this way.

The researcher explained about the research, i.e. what it was about, the purpose and what was required of the students.

The students were assured of anonymity and confidentiality of information obtained and that participation was voluntary, i.e. students who were unwilling to participate could be allowed to refrain from doing so. Measures against coercion of students were observed. The students gave an informed consent in writing and the document to substantiate this is found in Annexure J of the study. Data was collected after the interview schedules have been distributed to the subjects.

Each patient was interviewed by the researcher using the relevant data collection tool the check list. The researcher used the Guba's Model cited in De Vos (200:359) whereby Triangulation was used as it appears in page 32 of the Study Figure 3.5.2.

According to Cohen and Manion (1997:233), two or more methods of data collection can be used in the study. The researcher therefore used a descriptive survey, the quantitative approach to collect pertinent information regarding the biographic information from the subjects, while a qualitative research approach was used to collect information regarding culture specific nursing care from the subjects.

The researcher had to ensure the trustworthiness of the research and the Guba's Model of Qualitative research was applied consisting of the four criterias, i.e. trustworthiness, applicability, consistency and neutrality.

To obtain the truth value of the findings, the researcher developed an awareness of the respondents lived experiences by being as objective as possible.

The patients and nurses were interviewed in a quiet environment where they would freely verbalise their feelings, opinions, perceptions, experiences and knowledge about Culture Specific Nursing Care.

3.7.2 DATA COLLECTION FROM CATEGORY B – THE PATIENTS

Category B

Permission was obtained from the Provincial Department of Health for the researcher to conduct the study at the hospitals under study. The researcher approached the Senior medical Superintendents and the Deputy Directors of the institutions for permission to conduct the study based on the permission that was given by the Department of Health.

The researcher was referred to Chief Professional nurses in charge of the wards where information would be obtained. Fourteen patients were interviewed from each hospital and a convenient sample was collected.

The researcher further explained what the research was about, its purpose and what was expected of participants. Confidentiality and anonymity of participants was ensured and the patients were informed that participation was voluntary. An informed consent was obtained from each patient. For protection of patients, the psychiatric wards were excluded from participation with the understanding that such patients did not have the testamentary capacity.

The number of patients interviewed were forty and fourteen patients were interviewed in two hospitals and twelve in another hospital.

Applicability is the second criterion that is concerned with the ability to generalise the findings to larger populations De Vos (2000:349) citing Krefting (1990). The researcher in the present study made an allowance for transferability of findings to similar contexts or generalise findings to larger populations.

Consistency

The researcher has ensured that the information is handled in such a way as to provide consistency, should another study of this nature be conducted.

Neutrality

Neutrality is the last criterion of Guba's Model which is concerned with freedom from bias in research procedure.

The researcher had to be objective as possible to obtain data from the subjects and set aside pre-conceived beliefs and opinions that she might have had about culture sensitive nursing care.

3.8 CONCLUSION

Data collection was done of all the students and patients who formed the sample of the study. Analysis will be done in the next chapter acknowledging responses from all the participants.

CHAPTER 4

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION OF FINDINGS (STUDENT NURSES)

4.1 INTRODUCTION

This chapter presents analysis of data obtained from nursing students and patients who participated in this study. Analysis of open-ended questions was done manually and close-ended questions were analyzed in the same way. The questionnaires from the different colleges and hospitals are not analyzed separately except where specific points need to be highlighted. The data will be presented in the form of tables. Responses to open-ended questions are summarized and categorized into appropriate classifications through the process of content analysis (Polit & Hungler, 1991:513).

Table 4.1 Age distribution of student nurse n=40

Ages	Frequency	Percentage
20-29	28	70
30-39	11	27,5
40-49	1	2,5
Total	40	100

4.2 SECTION 1

4.2.1 Section 1: Biographic data - student nurses

4.2.1.1 Item 1.1 Ages

Table 4.1 Age distribution of student nurses N=40

According to table 4.1 the ages of student nurses in this study ranged from 20-49 which is an indication that they are adults and can aspire to maturity, and thus understanding of the patient's needs generally and culturally.

4.2.1.2 Item 1.2 Gender

Table 4.2 Gender distribution n=40

Gender	Frequency	Percentage
Female	34	85
Male	6	15
Total	40	100

Table 4.2 shows that of 40 student nurses who participated in the study 34 (85%) were females and only 6 (15%) were males. These findings support the general view that nursing is a female-dominated profession. More efforts should be made to recruit males as well in order to change this view. These findings compare to a study conducted by Brink (1984:124) on the registered nurse tutors in the Republic of South Africa where out of 233 respondents, 220 (94,4%) were female and 13 (5,6%) were male.

4.2.1.3 Item 1.3 Area of workTable 4.3 Area of work distribution n=40

Area of Work	Frequency	Percentage
Surgical wards	5	12,5
Medical wards	9	22,5
Paediatric wards	9	22,5
Maternity wards	9	22,5
Outpatient Dept	6	15
Operating Theatres	2	5
Critical Care Units	0	0
Total	40	100

The above table 4.3 displays how student nurses were distributed in the clinical area of the different hospitals in the regions G, D and H. This indicates that they were able to render nursing care to a variety of patients in the hospitals which is a very good preparation for culture specific nursing care for patients.

4.2.1.4 Item 1.4 Year of study of studentsTable 4.4 Year of study distribution n=40

Year of study	Frequency	Percentage
1st year	0	0
2nd year	23	57,5
3rd year	6	15
4th year	11	27,5
Total	40	100

The data in Table 4.4 reveals that there are more second-year students in training than the other groups of students, in the regions G, D and H of KwaZulu-Natal.

4.2.1.5 Item 1.5 Number of years experience in training

Table 4.5 Number of years experience distribution n=40

Number of years in training	Frequency	Percentage
Less than 1 year	0	0
1-2 years	23	22,5
3-4 years	8	20
4 years and above	9	22,5
Total	40	100

4.2.1.6 Item 1.6 Duration

Table 4.6 Duration in work area distribution n=40

Duration in area	Frequency	Percentage
Less than 1 year	4	10
1-3 years	22	55
3-4 years	14	35
Total	40	100

Table 4.6 shows that the majority of students were experienced in clinical exposure and nursing care of patients.

4.3 SECTION 2:

4.3.1 Experience of student nurses with culture in nursing

4.3.1.1 Item 1.7 Knowledge of Culture

Out of the 40 students who participated in the study, 32 (80%) students knew about culture, and only 7 (17,5%) students did not know anything about culture. One (2,5%) student did not respond to this question at all.

4.3.1.2 Item 1.8: Source of information about culture

Twenty-one (52,5%) student nurses heard about culture from their parents at home and nineteen (47,5%) students had learnt about culture from their tutors in the nursing colleges.

4.3.1.3 Item 1.9 Cultural problems

Twenty-two (55%) students had experienced cultural problems with their patients, and eighteen (45%) students did not.

4.3.1.4 Item 1.10 How cultural problems solved

In this item only 20 (50%) students were able to manage their patients' cultural problems out of the 40 students who were respondents. This indicates the need for inclusion of culture specific care in the nursing curriculum.

4.3.1.5 Item 1.11 Patients' response to problem-solving by nurses

This item was included in order to establish whether nurses were able to do problem-solving when patients encountered problems, including culture-oriented

problems. The report showed that only sixteen (40%) of the nurses managed to solve patients' cultural problems satisfactorily, twenty-four (60%) were unable to solve the patients' problems. This indicates the need for the teaching of culture specific nursing care to the nursing students on training and in the clinical area.

4.3.1.6 Item 1.12 Understanding of and respect for the patients' values and beliefs leads to better communication

This item was included in order to evaluate whether there could be better communication between the patients and nurses if nurses were to respect and understand their values and beliefs. Twenty-five (62,5%) of student nurses' responses, confirmed that this is indeed the case. The others did not respond to this question. Taking into consideration the majority of nurses' responses, the researcher feels there is room to instil in the nursing student this respect for and understanding of the patient's cultural values and beliefs in order to enhance the relationship between patients and nurses.

4.3.1.7 Item 13 Inclusion of culture in the nursing curriculum to ensure culture specific nursing care to patients

In this item the majority of student nurses agreed to inclusion of culture in the nursing curriculum as well as educating of students in the clinical area about patients' culture, as well as evaluating of same in yearly exams.

Table 4.7 Likert scale: Agree / Disagree / Unsure

Question	1	2	3	4
Agree	27	31	22	18
Disagree	4	2	8	11
Unsure	7	6	9	10

Table 4.7 displays the answers to the four questions posed to students on the Likert Scale of agree, disagree and unsure areas.

Twenty-seven (67,5%) agreed to first question of inclusion of culture into the nursing curriculum, Four (10%) disagreed and seven (17,5%) were unsure.

Thirty-one (77,5%) agreed with second question as to whether nurse educators were to teach students about culture specific nursing in the clinical area during clinical accompaniment; two (5%) disagreed with this six (15%) were unsure.

Twenty-two (55%) agreed with the third question as to whether culture should be evaluated in the clinical practice where nurses actually should render this care to patients, eight (20%) were unsure.

Eighteen (45%) were agreeable with the fourth question as to whether yearly exams should include culture specific nursing care, eleven (27,5%) disagreed and ten (25%) were unsure. The majority of the respondents were in agreement that culture should be included in the nursing curriculum to ensure culture specific nursing care to patients.

4.3.1.8 Item 1.14 Incorporation of culture into curriculum

Twenty-eight (70%) out of 40 student nurses gave their views on the incorporation of culture into the curriculum and the areas they thought it would fit in best. Twenty-eight (70%) of these agreed that it should be incorporated and twelve (30%) did not respond to this issue at all. The majority are for the inclusion of culture specific nursing care into the nursing curriculum.

- 4.3.1.9 Item 1.15 Knowledge of different cultures of multicultural peoples of the Republic of South Africa is necessary in order to empower nurses to render culture specific nursing care to patients

Thirty-one (77,5%) out of 40 student nurses were agreeable that nurses should learn about the different cultures of the people in order to be able to render culture specific nursing care to patients. Nine (22,5%) student nurses did not respond to this question. This shows that there is a need for nurses to be exposed to learning of the different cultures for rendering of complete total care.

- 4.3.1.10 Item 1.16 Should nurses learn the different languages of the people?

Out of 40 respondents, thirty-three (82,5%) are of the opinion that nurses should learn additional languages to enable them to render culture specific care to patients and to enable them to understand the other people's languages. Seven (17,5%) did not respond to this statement at all. This indicates that there is a need to learn one or even two additional languages.

- 4.3.1.11 Item 1.17 Knowledge of people's cultures in order to act as advocates and to render culture specific nursing care to patients

Thirty-seven (92,5%) of the 40 respondents felt it was necessary for the nurses to be knowledgeable about the people's cultures in order to render culture specific nursing care to patients and be patients' advocates. The researcher thinks that there is a need, especially in this transformed South Africa, to learn more about other people's cultures in order to be able to nurse patients from all walks of life.

4.4 DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION OF FINDINGS

4.4.1 Biographic data (Patients)

4.4.1.1 Item 2.1 Ages

Table 4.8 Age distribution n=40

Ages	Frequency	Percentage
18-19	2	5
20-29	8	20
30-39	14	35
40-49	2	5
50-59	4	10
60-69	4	1
70-79	6	15
Total	40	10

Table 4.8 indicates that the majority of respondents, who are patients, were in the 30-39 age group in the hospitals of regions G, D and H.

4.4.1.2 Item 2.2 Gender

Table 4.9 Gender distribution n=40

Gender	Frequency	Percentage
Female	22	55
Male	18	45
Total	40	100

Table 4.9 shows that females were slightly more than the males in this study, which is not of much significance.

4.4.1.3 Item 2.3 Area of hospitalization

Table 4.10 Area of hospitalization distribution n=40

Area of hospitalization	Frequency	Percentage
Surgical wards	16	40
Medical wards	22	55
Maternity	2	5
Total	40	100

Table 4.10 reveals that medically ill patients are in the majority; however, the frequency of surgical problems such as accidents, stab-wounds and other operable illnesses are also high.

4.4.1.4 Item 2.4 Treatment of patients

In this item the researcher wanted to find out whether patients were well cared for by nurses in the clinical area. All the patients stated that they were treated well and cared for by the nurses and that their health problems were met. It was very encouraging to hear this from the very people taken care of by nurses.

4.4.1.5 Item 2.5 Solving of patients' problems

Thirty-nine (97,5%) of patients reported nurses were able to solve their problems well. Only one (2,5%) of patients reported otherwise. The researcher feels that although a great number of patients agreed that nurses were able to solve their

problems, there is still room to do more. Culture specific nursing would close this gap.

4.4.1.6 Item 2.6 Duration of stay in hospital

Table 4.11 Duration of stay in hospital distribution n=40

Area of hospitalization	Frequency	Percentage
Less than 1 month	29	72,5
1-3 months	9	22,5
4-6 months	2	5
7-10 months	0	0
1 year and above	0	0
Total	40	100

The above table 4.11 shows that many patients were in hospital less than a month, that nine (22,5 %) stayed from between 1 month to 3 months and two (5 %) stayed in hospital for 4-6 months. This shows those who were in hospital for longer were probably suffering from chronic or infectious diseases and thus needed a longer stay for treatment. It is these patients who stay longer, who need the nurses' cultural support in their nursing care.

4.4.1.7 Item 2.7 Knowledge about culture

This item was to find out what nurses knew about culture, and their application of this knowledge in the clinical situation when rendering nursing care to their various patients. Thirty (75 %) of the patients acknowledged this of the nurses, but ten (25 %) thought nurses were not knowledgeable. The researcher is of the opinion this deficit needs to be remedied by ensuring that nurses obtain adequate knowledge of culture.

4.4.1.8 Item 2.8 Nurses unable to help with cultural problem

In this item the researcher wanted to see whether nurses could solve some of their patients' cultural problems. It was comforting to learn that the majority of patients thought nurses could help solve their cultural problems, and that only a minority of patients thought they could not, five (12,5%). There were five (12,5%) who did not want to commit themselves at all. The researcher feels there is room for improvement.

4.4.1.9 Item 4.2.8: Teaching nurses about the different cultures

In this item the researcher wanted to hear from the patients who were satisfied that nurses were able to solve their cultural problems, whether they still felt the nurses needed to be taught about the different cultures. The majority thirty-four (85%) felt nurses needed to know more about culture to enhance their nursing care to enable the nurses to solve problems including cultural problems, and to be able to help their patients in their cultural needs. This would enforce respect and understanding of the values and beliefs of the people, leading to good nurse-patient relationship. Only five (12,5%) respondents felt there was no need for this teaching of nurses.

4.4.1.10 Item 2.10 Advantages to patients of knowledgeability of nurses to culture

All the respondents felt there were vast advantages to the patients where nurses are knowledgeable about culture. Their views showed that they felt this enhanced nursing care, resulting in better communication between patients and nurses and that nurses would be better equipped to help their patients towards speedy recovery.

4.4.1.11 Item 2.11 Nursing and culture

In this item the respondents were asked to state their views on their stand with regard to nursing and culture. Many expressed the view that culture enhances nursing care. They also felt that with nursing incorporated with culture, the patients' beliefs and values of patients will be respected.

4.4.1.12 Item 2.12 Allowing cultural rituals whilst in hospital

In this item the respondents were asked whether they think cultural practices could be allowed whilst the patient was in hospital by being given a pass-out. The majority of respondents were of the opinion that patients who are not critically ill and not at risk could be given a pass-out to go and do his or her cultural rituals and then come back for further treatment in hospital. They claim that the patient would be better appeased and ready to comply with medical treatment for better recovery.

4.4.1.13 Item 2.13 Advantages of culture to nursing

Yes	-	38	=	95 %
No	-	2	=	5 %
Total	-	40	=	100 %

In this item thirty-eight (95%) of the respondents felt that culture enhanced nursing, improved the nursing care and help rendered to patients. In fact culture specific nursing care where cultural problems and needs would be taken care of was the best kind of nursing care. Only two (5%) thought otherwise.

CHAPTER 5

DISCUSSION OF FINDINGS, SUMMARY, LIMITATIONS OF THE STUDY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The study explored perceptions of student nurses and patients with regard to culture specific nursing care in the clinical area of nursing colleges and hospitals of the regions G, D and H of KwaZulu-Natal.

Literature that was reviewed, and general observations and information obtained through use of questionnaires and interviews, established that patients in their daily care in the clinical area needed nurses who were knowledgeable about culture, and would be able to solve cultural problems well. It also highlighted the fact that there was a need for nurses to learn more about the culture of the people, and learn to respect the values and beliefs of the different cultural groups of South Africa. It became clear that there should be greater attention to culture in the curriculum of the training of nurses.

Acquisition of cultural knowledge by nurses would enable them to perform their day-to-day functions in the clinical areas with free integration of culture in their practice.

5.2 DISCUSSION OF THE RESEARCH FINDINGS

Quantitative and qualitative research methods were used to collect data on attitudes and perceptions about the nature and extent of culture specific nursing care in the clinical areas of hospitals in the regions of G, D and H and KwaZulu-Natal. Patients and nursing students of these areas were selected as respondents of the study.

The following were the objectives of the study:

- ▶ To identify culture sensitivity among the students,
- ▶ to determine if nursing care provided is culture sensitive,
- ▶ to identify knowledge and attitudes of clients to culture sensitivity and
- ▶ to recommend culture-sensitive programmes in the practice of nursing.

The objectives of the study were met as will be indicated in the conclusion. The conclusion of the study is drawn from the following assumptions:

- ▶ Inability of students to do a hands-on nursing care in the solving of the patients' cultural problems.
- ▶ Poor knowledge about culture as related to the health care of the patients.
- ▶ Dissatisfaction of the patients as to the way their cultural problems are handled, or at times are even ignored.
- ▶ Resulting from poor handling of the patients' cultural problems, there is non-compliance to treatment and long stay in hospitals.
- ▶ Nurses feel inadequate as they cannot handle the patients' cultural problems.
- ▶ As the curriculum of nursing does not handle this adequately, there is a need for the inclusion of cultural care.

- ▶ Values and beliefs of patients were not understood and respected.

Recommendations for further research

- ▶ Need for inclusion of culture in the nursing curriculum which would enable the nurse educators to impress upon the students during student accompaniment according to Mashaba and Brink (1994) clinical teaching is the implicit function of the nurse educators, these authors who were both nurses actually say the nurse educator should go with student nurses to the clinical area to illustrate and demonstrate what and how to apply theory in a practical situation. In this case it will be culture congruent care.

5.3 SUMMARY

Based on the findings of the study the following summary can be made.

- ▶ Poor knowledge about the different cultures of the people leading to misunderstanding of the values and beliefs of the clients and patients.
- ▶ Lack of sufficient knowledge about culture leads to inability to solve the cultural problems of the people and nurses do not advocate for patients in their problems accordingly.
- ▶ There was a need for inclusion of cultural subjects into the curriculum of the students of nursing to empower students about culture.
- ▶ As South Africa is a multicultural and multilingual country, there is a need to teach nurses about some of these cultures, values and beliefs, to enable them to render culture congruent care to patients and clients.

5.4 CONCLUSIONS FROM FINDINGS

The literature that has been reviewed and the findings of the study, demonstrated that nurses exposed to the clinical areas did not have enough knowledge about culture and hence some were unable to solve the patients' cultural problems. They could not advocate for the patients sufficiently and sometimes patients were left dissatisfied by the handling of their problems. Both the nurses and patients were in agreement that cultural subjects should be included in the nursing curriculum to empower nurses with adequate cultural knowledge.

They all were in agreement about the advantages which culture congruent care would bring to the patients and nursing students. They were also agreeable about the learning of culture and other cultural languages to enhance communication between the patients and nurses, thereby promoting good relationships in the clinical area among doctors, nurses and patients.

It was also clear that respect and understanding of the patients' problems can take place only when nurses are knowledgeable about culture and the handling of cultural problems. This would also enable them to be patients' advocates in the day-to-day cultural problems encountered by patients and clients.

5.5 LIMITATIONS OF THE STUDY

During the process of the study problems not envisaged beforehand will always challenge researchers, irrespective of their carefulness in the preparation and methodology. Most studies show limitations that relate to conceptual, definitional and methodological problems (Nzimakwe, 1997:172).

The following were areas of limitations in this study:

- ▶ Financial constraints prevented the researcher from extending the research study to all the regions of KwaZulu-Natal where there are nursing colleges conducting the 4-year diploma in nursing.
- ▶ The researcher lives in the rural area of Nqutu away from libraries and so the availability of books dealing with culture were not easy to find.
- ▶ The researcher was not granted study leave from work and so it was very difficult to do the project.
- ▶ Some nursing colleges and hospitals took a long time before they would grant their permission, being sceptical about the authenticity of the researcher. Eventually the supervisor had to step in and write special letters to these institutions, before they granted permission.

5.6 RECOMMENDATIONS FOR FURTHER RESEARCH

Further studies on this subject of culture should be undertaken in all the nursing colleges of KwaZulu-Natal as well as in other provinces of South Africa. The researcher is of the opinion that such studies should include nurse educators and professional nurses as they would be the agents of change in the field of culture specific nursing care to the patients and clients of the hospitals which are the clinical facilities for nursing students.

Culture should be included in the curriculum of the education of nurses. This would help in the preparation of nurses to render culture-sensitive care to patients in the clinical area. This confirms the finding of Mashaba and Brink (1984:209) in that culture sensitivity involves the ability to take into account specific values, beliefs and ways of life of the people of diverse or similar cultures with the goal of using this knowledge in creative ways to provide culturally congruent care (Mashaba & Brink, 1994:209).

In terms of the findings and conclusions of this study the researcher makes the following recommendations:

- ▶ The nurse educators should promote culture orientated nursing care during student accompaniment.
- ▶ Nurse educators should promote understanding and respect for all the people's cultural values and beliefs in the clinical area when students are exposed to such areas.
- ▶ Listening to and respecting of the patients' requests to do cultural rituals is essential as long as patients are not critically ill and not at risk to die. This pacifies them, and it even promotes compliance with treatment.
- ▶ Students should be encouraged to learn more about other cultures as well as other languages even if it is only to greet the other person in his or her language.
- ▶ Nurse educators should include the professional nurses in the wards in their culture specific care. This can be achieved by means of in-service training as the professional nurses are always at the clinical area with the students and the patient rendering care.

Recommendations for further research

Further studies in this subject of culture should be undertaken in the nursing colleges of KwaZulu-Natal as well as in all other provinces of the Republic of South Africa. The researcher's undertaking is that such studies should include nurse educators and professional nurses as they would be the agents of change in this field of culture specific nursing care to the patients and clients of the hospitals which are the clinical facilities for nursing students.

BIBLIOGRAPHY

BELL, J. 1997. *Doing your research project*. Philadelphia: Open University Press.

BENNETT, N., CRAWFORD, M. & RICHES, C. 1992. *Managing change in education*. London: Open University in association with Paul Chapman Publishing Ltd.

BOYLE, J.S. 1995. *Transcultural concept nursing care*. Philadelphia: J.B. Lippincott Co.

BROWN, L. 1983. *Oxford English Dictionary*. London: Oxford University Publishers.

BUCKLEY, E. 1978. *Oxford English Dictionary*. London: Oxford University Publishers.

BURNS, N. & GROVE, S.K. 1993. *The practice of nursing research conduct, critique and utilization*. 2nd edition. London: W.G. Saunders Co.

DE REUCK, A.V.S. & PORTER, R. 1989. *Transcultural Psychiatry*. Great Britain: R.A. Churchill Ltd.

DE VOS, A.S. 2000. *Research at grassroots*. A primer for the caring professions. Pretoria: Van Schaik Publishers.

GOVERNMENT GAZETTE, 1994. Pretoria: RSA.

GREEN PAPER ON HIGHER EDUCATION. 1996. Pretoria: Republic of South Africa.

HAYNES, H.M. 1995. *Relationship between body image and culture*. Pietermaritzburg: Natal University Press.

HERBST, M.C. 1990. *Transcultural Nursing*. Nursing RSA. Vol. 5. No. 9. Pretoria: SANA.

HOWARD, K.I. & ATKINSON, R. 1988. *The teenage world*. New York: Plenum Medical Book Co.

KIRKPATRICK, S.M. & DELOUGHERY, G.L. 1984. *Issues and trends in nursing*. Chicago: Intercultural Press.

KROST, P. *Whatever happened to good nursing?* True Love, May 2000.

KUNENE, P.J. 1999. *Perceptions on the impact of nurses' strikes on nurses, the nursing profession and on quality of health care in KwaZulu-Natal Province*.

MASHABA, T.G. & BRINK, H.I.L. 1996. *Nursing education: an international perspective*. Kenwyn: Juta & Co. Ltd.

MASHABA, T.G. & BRINK, H.I.L. 1991. *Nursing education: an international perspective*. Kenwyn: Juta & Co. Ltd.

McGEE, P. 1992. *Teaching transcultural care*. New York: Chapman & Hall Ltd.

McGEE, P. 1992. *Teaching transcultural care*. New York: Chapman & Hall Ltd.

McGEE, P. 1992. *Teaching transcultural care*. New York: Chapman & Hall Ltd.

MCHUNU, S.A. 1997. *The nurse educators' perception of their clinical instruction role*. Durban: University of Zululand.

MONARENG, L.V. 1996. Teaching international students. *Nursing News*. Pretoria: SANA.

NZIMAKWE, D. 1997. *A health education model for schools in region F of KwaZulu-Natal province*. Durban: University of Zululand Press.

PERROT, M. 1992. *The development of Zulu children's concept of health and illness*. Pietermaritzburg: University of Natal Press.

POLIT, D. & HUNGLER, B. 1987. *Nursing research, principles and methods*. Toronto: J.B. Lippincott Co.

QUINN, F.M. 1995. *The principles and practice of nurse education*. London: Chapman & Hall.

REILLY, D.E. & OERMAN, M.A. 1992. *Teaching in nursing education*. Norwalk. Appleton: Century Croft.

SANC Regulation R425 of 22 February 1985 as amended.

SEARLE, C. 1987. *Professional practice: a South African nursing perspective*. Durban: Butterworths.

STANHOPE, N. & LANCASTER, J. 1992. *Community health nursing process and practice for promoting health*. St Louis: Mosby Yearbook Inc.

TREECE, E.W., & TREECE, J.W. 1982. *Elements of research in nursing*. St Louis: Mosby Yearbook Inc.

WORDSWORTH, R. 1994. *Concise English Dictionary*. Britain: Wordsworth Editions Ltd.

ANNEXURE A

**APPLICATION TO
THE DIRECTOR OF NURSING SERVICES
DEPARTMENT OF HEALTH
KWAZULU-NATAL**

P. O. BOX 207
NQUTU
3135
20 JUNE 2000

ATTENTION : DR. NKONZO MTHEMBU
DIRECTOR OF NURSING SERVICES
PRIVATE BAG X 9051
PIETERMARITZBURG
3200

Dear Madam

re : PERMISSION TO DO A RESEARCH STUDY IN REGION G,D & H
KWAZULU NATAL PROVINCE

I hereby wish to request permission to carry out a research study on student nurses and patients in the above regions.

I am a nurse educator working in C J M Nursing Campus and studying part-time Mcur in Nursing Education at the University of Zululand Umlazi Campus under the supervision of Professor D. Nzimakhwe of that University.

The topic of my study is a study to explore the nature and extent of Culture Specific Nursing in the health care services of Regions G & D & H of Kwazulu Natal Province.

The study will be carried out on students of Nursing in the Campuses of Region G, D & H as well as patients of the same Institutions during July of this year.

Thanking you.

I am your sincerely.

Daisy C. Ncobo Rnr.
DAISY C. NCOBO

ANNEXURE B

**APPLICATION TO CARRY OUT RESEARCH
AT NGWELEZANA HOSPITAL**

(67)

NGWELEZANA HOSPITAL

APPLICATION TO CARRY OUT RESEARCH

1. Personal details of researcher

Name : DAISY C. NGLOBO Persal No.: 61444839

Address : P.O. Box 207 NQUTU 3135

Employer : DEPT OF HEALTH, CJM NURSING CAMPUS
P/BAG X5555, NQUTU 3135

2. Personal details of Official Supervising the Project

Name : PROF. D. NZIMAKAWE ID/Persal No. 5628

Rank : PROFESSOR / HOD / Vice Dean

Address : P.O. Box 10 Isipingo 410 - UNIVERSITY OF ZULU

3. Details Regarding research if it is for study purposes

a) Present course followed: M CUR IN NURSING EDUCATION

b) Educational Authority : UNIVERSITY OF ZULULAND
UMCLADI CAMPUS DURBAN

4. Details of Research Project

Title : STUDY TO EXPLORE THE NATURE & EXTENT
OF CULTURE SPECIFIC NURSING IN KZN

Research Proposal attached: ~~YES~~ / NO:

Estimated time period : BEGIN: SEPT 1999 END: DEC 2000

5. Facilities Required 14 PATIENTS & 14 STUDENT NURS.
INTERVIEWS AND FILLING OF QUESTIONNAIRE
ONLY.
Specify:

ANNEXURE C

RECOMMENDATIONS AND APPROVAL TO CARRY OUT RESEARCH

NGWELEZANA HOSPITAL

RECOMMENDATION AND APPROVAL TO CARRY OUT RESEARCH

1. Personal Details of Researcher

Name: DAISY CATHERINE NGCIBO Persal No.: 61444839

ID. NO.: 4711210561088

Address: P.O. Box 207, NYUTU 3135

Employer: CJM NURSING CAMPUS, DEPT HEALTH. NYUTU 3135.

2. Recommendation by Study Leader / Research Committee Leader

I undertake to ensure that a copy of research project will be supplied to Head of Institution.

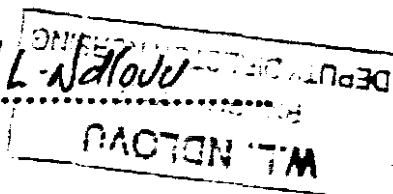
COMMENTS: The research proposal has been submitted and approved by the research committee. The student will abide by the rules and regulations of the institution.

Signed: [Signature] Date: 6/11/2000 Name: Prof D. Nsimakwe

3. Recommendation by Nursing Management (Institutional)

COMMENTS: Supported / Not Supported

Signed: [Signature] Date: 12/12/2000 Name: W.L. Ndlovu



4. PROJECT APPROVED / NOT APPROVED

SIGNED: [Signature] DATE: 12/12/2000
SENIOR MEDICAL SUPERINTENDENT

ANNEXURE D

DECLARATION TO UNDERTAKE PROJECT IN ACCORDANCE WITH THE REQUIREMENTS

6. I: DAISY CATHERINE NGCOSO agree undertake the above project in accordance with the requirements mentioned in the application form. I agree to carry out the project without incurring any expenses not budgeted for by the Department, and to bear the full responsibility for the project. Should be necessary to deviate from any procedure or to terminate the project I shall notify my supervisor.

I undertake to obtain full consent from patients who are legally in a position to give this.

I agree to submit all the results of the project to the Senior Medical Superintendent: Ngwelezane Hospital.

I understand that the Department in granting permission for the execution of the project places itself under no obligation and will not necessarily grant permission for Publication.

SIGN: B. Ngwabo DATE: 16/09/00

SIGN OF SUPERVISOR: [Signature]

ANNEXURE E

PERMISSION TO UNDERTAKE PROJECT CJM NURSING CAMPUS NQUTU

(70)

**PROVINCE OF KWAZULU-NATAL
ISIFUNDAZWE SAKWAZULU-NATALI**

**C.J.M. NURSING CAMPUS
P/BAG X 5555
NQUTU 3135**

**FAX: 034 - 2710094
ENQUIRIES: PRINCIPAL**

**TEL: 034 - 2711900
DATE: 14 04 00**

*Mrs D.C. Ngcobo
C.J.M. Nursing Campus*

Madam

*Permission is hereby granted for you to do research study at CJM
Nursing Campus.*

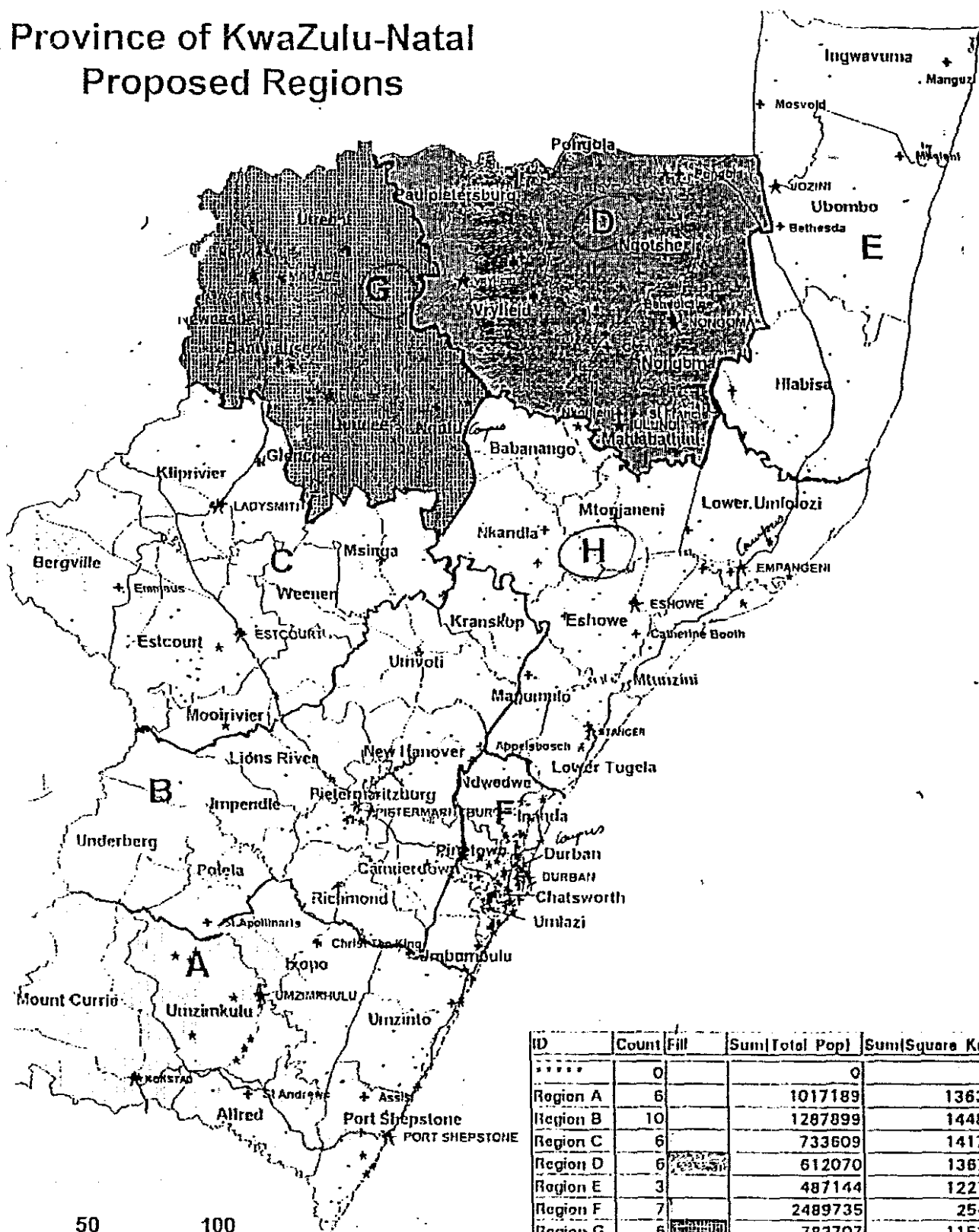
Wishing you all the best of luck and success in your studies.


N.K. MTHETHWA
NKM / mb

ANNEXURE F

**MAP OF REGIONS OF
KWAZULU-NATAL PROVINCE**

Province of KwaZulu-Natal Proposed Regions



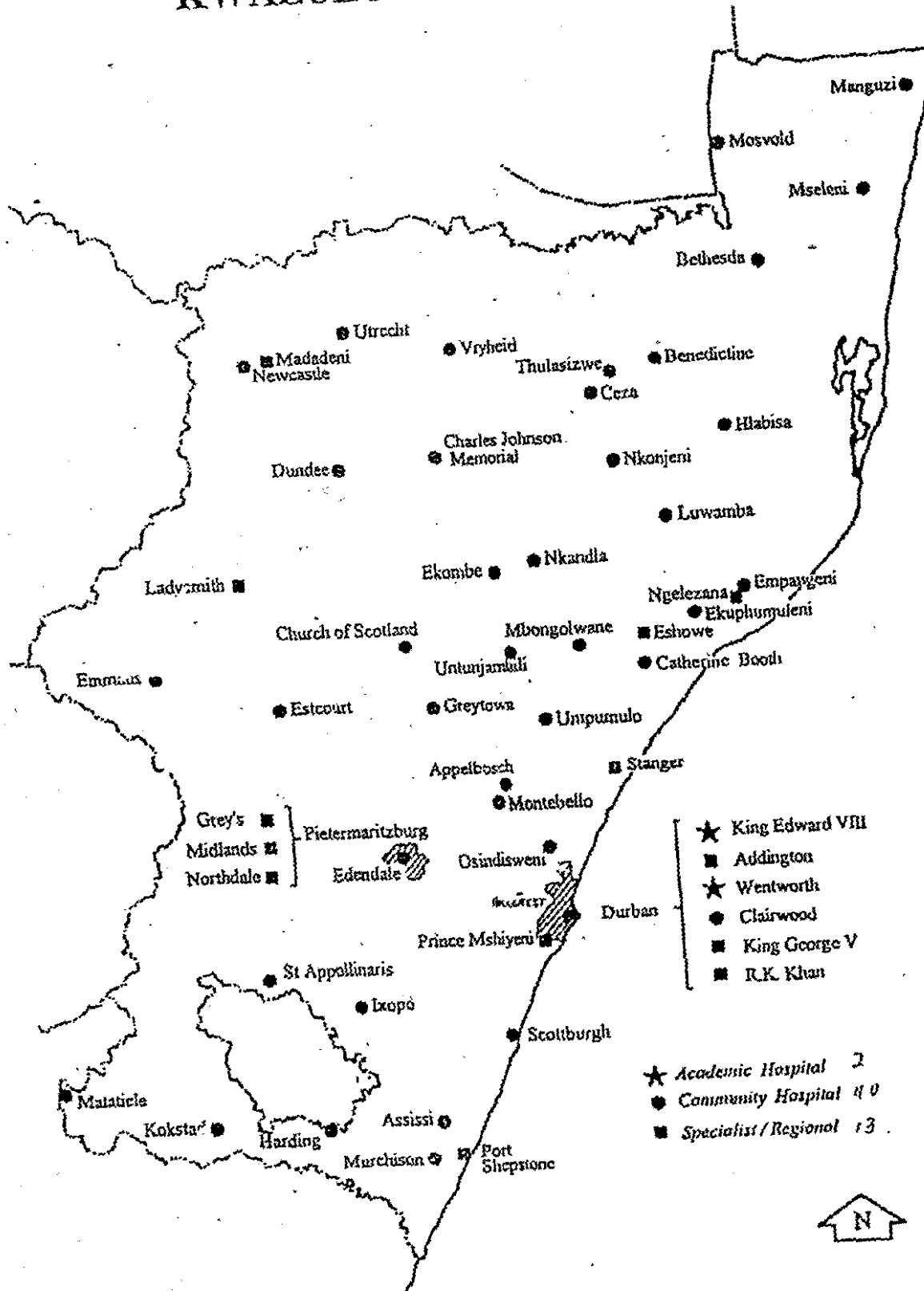
ID	Count	Fill	Sum(Total Pop)	Sum(Square Km)
****	0		0	0
Region A	6		1017189	13637
Region B	10		1287899	14489
Region C	6		733609	14174
Region D	6		612070	13670
Region E	3		487144	12273
Region F	7		2489735	2543
Region G	6		783707	11534
Region H	8		851620	11827

50 100
Kilometers

ANNEXURE H

**MAP OF KWAZULU-NATAL PROVINCE
HOSPITAL DISTRIBUTION**

KWAZULU - NATAL



ANNEXURE H

QUESTIONNAIRE

FOR

STUDENT NURSES

QUESTIONNAIRE FOR STUDENT NURSES

DATE YOUR RESPONSE BY DRAWING AN X IN THE APPROPRIATE BLOCKS

PERSONAL DATA

1 :
2 : Female _____
Male _____
3 : _____

4 : Which area do you work ?
Surgical wards _____
Medical wards _____
Obstetric wards _____
Maternity wards _____
Patient wards _____
Critical care wards _____
Operating theatre _____

5 : IN WHICH YEAR OF STUDY ARE YOU IN ?
1st year _____
2nd year _____
3rd year _____
4th year and above _____

6 : MANY YEARS OF EXPERIENCE DO YOU HAVE AS A STUDENT NURSE ?
Less than one year _____
1 year _____
2 years _____
3 years and above _____

7 : HOW LONG HAVE YOU BEEN WORKING IN THIS AREA ?
Less than one year _____
1 year _____
2 years _____

6. DO YOU KNOW ANYTHING ABOUT CULTURE

Yes

No

If yes briefly explain your knowledge and understanding of culture.

7. NAME THE SOURCE OF YOUR INFORMATION ABOUT CULTURE.

Home (parents)

Nursing College (Tutors)

8. TELL ME HAVE YOU EVER ENCOUNTERED CULTURAL PROBLEMS IN THE PATIENTS YOU NURSE ?

Yes

No

If yes please explain briefly the type of problem you encountered.

9. EXPLAIN IN A FEW WORDS THE WAY YOU SOLVED THE CULTURAL PROBLEM YOU MET.

10. WHAT WAS YOUR CLIENT / PATIENT'S RESPONSE TO THE WAY YOU MANAGED HIS / HER PROBLEM ?

Satisfied ?

Explain

Disatisfied ?

Explain

1. UNDERSTANDING AND RESPECTING THE VALUES AND BELIEFS OF THE PATIENT LEADS TO BETTER COMMUNICATION IN THE HEALTH CARE SITUATION.

2. INDICATE TO WHAT EXTENT YOU AGREE / DISAGREE WITH THE FOLLOWING STATEMENTS?

NB. For the following statements given, provide appropriate response by marking with an x.

AGREE DISAGREE NOT SURE

The 4 year curriculum for nurses should include cultural education for students. Nurse educators in their student accompaniment should expose students to culture specific nursing in the clinical area. Culture specific nursing should be evaluated in the clinical practice. Even in the examination carried out yearly this area should be included in the nursing questions and practices.

STATE IN YOUR OWN WORDS HOW YOU THINK CULTURE SHOULD BE INCORPORATED IN THE NURSING CURRICULUM.

CONSIDERING THE MULTICULTURAL PEOPLES OF THE REPUBLIC OF SOUTH AFRICA DO YOU THINK KNOWLEDGE OF THE DIFFERENT CULTURES OF THE PEOPLE IS NECESSARY TO EMPOWER NURSES WITH ENOUGH KNOWLEDGE IN ORDER TO RENDER CULTURE SPECIFIC NURSING CARE TO CLIENTS ? SUPPORT YOUR STATEMENT.

TAKING INTO CONSIDERATION THE DIFFERENT LANGUAGES OF THE PEOPLE OF SOUTH AFRICA, IN YOUR OWN OPINION HOW FAR CAN NURSES LEARN THESE LANGUAGES ?

- a) Learn enough to understand their cultures? Yes / No _____
State the reason for your answer. _____
- b) Not learn at all. Yes / No _____
State reasons for your answer. _____

NURSES SHOULD BE ADVOCATES OF PATIENTS THEREFORE IT IS NECESSARY FOR THEM TO KNOW THE DIFFERENT CULTURES OF THE PEOPLE IN ORDER TO AVOID UNNECESSARY MISUNDERSTANDING OF THE CULTURAL PRACTICES OF PATIENTS.

es

1

ANNEXURE I

QUESTIONNAIRE

FOR

PATIENTS

UNIVERSITY OF ZULULAND
QUESTIONNAIRE

ON :

A STUDY TO EXPLORE THE NATURE & EXTENT OF CULTURE SPECIFIC NURSING,

IN REGIONS C, D & H OF KWAZULU NATAL PROVINCE.

PRESENTED BY:

D C NGCOBO

M CUR STUDENT

SUPERVISOR:

PROF. D. NZIMAKHWE

NURSING SCIENCE DEPARTMENT

UNLAZI CAMPUS

QUESTIONNAIRE FOR PATIENTS

INDICATE YOUR RESPONSE BY DRAWING AN X IN THE APPROPRIATE BLOCK/S.

1. PERSONAL DATA

age :

sex :

MALE

FEMALE

2. IN WHICH AREA OF THE HOSPITAL ARE YOU HOSPITALIZED ?

surgical wards

medical wards

maternity

3. HOW LONG HAVE YOU BEEN HOSPITALIZED ?

less than a month

1-3 months

4-6 months

7-10 months

1 year and above

4. IN THE CARE YOU HAVE RECEIVED FROM NURSES HAVE YOU BEEN WELL TREATED ?

yes

no

Explain briefly your answer to the above statement.

5. CONSIDERING THE SOLVING OF YOUR PROBLEMS IN THE HOSPITAL DO YOU THINK THE NURSES ARE WELL EQUIPPED TO HELP SOLVE ALL YOUR PROBLEMS ?

yes

no

Explain your response briefly.

6. DO YOU THINK NURSES KNOW ENOUGH ABOUT YOUR CULTURE IN ORDER TO BE ABLE TO RENDER CULTURE SPECIFIC NURSING CARE ?

Briefly explain your response.

14. IN YOUR OPINION WHAT MAKES NURSES NOT TO SUPPORT THE PATIENT IN CULTURAL PROBLEMS ?

Not knowledgeable ?

Look down on culture ?

Explain.

ANNEXURE J

**CONSENT FORM
FOR RESPONDENT WHO PARTICIPATED
IN THE STUDY**

CONSENT FORM.

CULTURE

STUDY TITLE : A STUDY TO EXPLORE THE NATURE AND EXTENT OF SPECIFIC
NURSING IN REGIONS G, D & H OF KWAZULU/NATAL PROVINCE

Investigator: Mrs Daisy Catherine Ngcobo

Mrs D C Ngcobo is a registered nurse investigating the nature and extent of culture specific nursing in the regions G, D & H in Health Institutions of Kwazulu Natal. Although the study will not benefit you directly, it will provide information that will enable nurses to render culturally specific health care to patients and clients.

The study procedures involves no foreseeable risks or harm to you or family. The procedure includes responding to a questionnaire on the attitudes and feelings on the topic of investigation, and completion of a demographic data sheet. You are free to ask any questions from the investigator whose work tel number is 034 271 1900 ext 2280, and she will answer your questions .

Your participation in this is voluntary you are under no obligation to participate (voluntary consent)

The study data will be coded and so cannot be linked to you in anyway, your name, & identity will not be revealed while the study is being conducted or when the study is reported or published. All study data will be collected by Mrs D.C. Ngcobo and stored in a safe place, and not shared with any other person without your permission, except the research supervisor who is the investigator's mentor.

I have read this consent form and voluntarily consent to participate in the study .

Subject's Signature :

Witness Signature :

Date :

Date :

I have explained this study to the above subject and have sought his/her understanding for informed consent .

Investigator's Signature : *D. Ngcobo Rn*

Date : *25/09/00*